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Texas Veterans Commission

Journal

Vol. 21, No. 3
May/June 1998



TEXAS VETERANS COMMISSION JOURNAL

Table of Contents May/June 1998 Vol. 21, No. 3

<p>51st Annual Statewide Conference Veterans Service Officers Pg. 2</p> <p>Announcing the 1st Annual "Bent Shaft" Veterans Counselor Golf Tournament Pg. 2</p> <p>VA Announces Major Expansion of Primary Care in North Texas Pg. 3</p> <p>Blount v. West Pg. 4</p> <p>"Forgotten Widows" to Receive Benefits Pg. 4</p> <p>Outstanding VA Employee - May 1998 Pg. 5</p> <p>Which Veterans Pay for Which Services at VA Health Care Facilities Pg. 5</p> <p>Foreign Medical Program Pg. 6</p> <p>Evaluation of Shell Fragment Wounds Pg. 7</p> <p>Gulf War Veteran Benefits Rule Becomes Final Pg. 8</p>	<p>The Forgotten Vietnam Veterans of 1975 Pg. 9</p> <p>Well Grounded Claims Pg. 10</p> <p>STVHCS Inpatient/Outpatient Care Update Pg. 10</p> <p>Direct Deposit for Insurance Payments-NSLI Program Pg. 11</p> <p>Outstanding VA Employee - June 1998 Pg. 11</p> <p>Frostbite (Cold Injuries) Pg. 12</p> <p>CUE Requests Deferred Pg. 13</p> <p>VA Insurance Hoax Resurfaces; New Target - Persian Gulf Vets Pg. 13</p> <p>PTSD - By Any Other Name Pg. 14</p> <p>Researchers Need Help from Female Vietnam Nurse Veterans Pg. 15</p> <p>NewsBriefs Pg. 15</p> <p>News Release Pg. 16</p>
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The Retired Officers Association**
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VISIT OUR WEB SITE: <http://www.main.org/tvc>



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51st Annual Statewide Conference for Veterans Service Officers October 6 - 9, 1998

Holiday Inn Airport - Select
77 NE Loop 410
San Antonio, Texas 78216
210/349-9900
\$70.00/Single; \$80.00/Double

Travel Day:
Monday, October 5, 1998
TVC Accreditation Test:
Monday, October 5, 1998, 4:00 p.m.

Cut-off for Hotel Reservations:
September 5, 1998 (No Exceptions!)

MAKE YOUR RESERVATIONS EARLY ~ ~ ROOM AVAILABILITY FIRST COME, FIRST SERVED!

When making your reservations, please be sure to indicate that you are attending the Texas Veterans Commission's Conference for Veterans Service Officers.

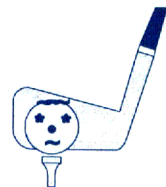
Persons with disabilities who plan to attend this conference and who are in need of auxiliary aids or services e.g., interpreters for persons who are hearing impaired, readers, large print, or braille, are requested to contact Richard M. Prete, TVC Headquarters, at 512/463-5538 three (3) weeks prior to the meeting so that appropriate arrangements may be made. For further information, please contact Richard M. Prete, TVC Headquarters, Austin Phone 512/463-5538; or on the CSO Headquarters WATS line.

Announcing the 1st Annual "BENT SHAFT" Veterans Counselors Golf Tournament

Monday, October 5, 1998

1:00 p.m (1300 hrs)

Cedar Creek Golf Course
8250 Vista Colina
San Antonio, TX 78255



\$40.00 per person, includes cart, green fees & prizes

If interested, contact Jim Van Marter, Potter/Randall CSO to reserve a spot.

Mondays: 806/ 655-6247; Tuesdays: 806/ 379-2255

Reservations no later than September 21, 1998.

VA Announces Major Expansion of Primary Care in North Texas

Plans for a major expansion of primary health care services to veterans in North Texas and two counties in southern Oklahoma were announced in March by the Veterans Affairs North Texas Health Care System (VANTHCS).

The plans will make health maintenance and preventive health care much more convenient and accessible to an eligible veteran population of nearly 38,000, according to VANTHCS officials.

Referred to as Community-Based Outpatient Clinics (CBOCs), the expanded primary care services, such as routine exams, lab tests, prescriptions, and immunizations, generally will be provided through contracts between the VANTHCS and private sector providers. The new CBOCs announced recently are expected to begin serving patients in June. These CBOCs, and their service areas, are:

Decatur - Archer, Baylor, Clay, Jack, Montague, Throckmorton, Wise, and Young counties

Denton - Denton and Cooke counties;
Eastland - Eastland, Hood, Palo Pinto, Parker, and Stephens counties;

McKinney - Collin County

These CBOCs will be in addition to two others that were previously in

development and are scheduled to begin serving patients in spring:

Bonham - Delta, Grayson, and Lamar counties in Texas; Bryan and Choctaw counties in Oklahoma; (veterans in Fannin County will use the Sam Rayburn Memorial Veterans Center in Bonham);

Pleasant Grove - Dallas County; to be operated by Parkland Memorial Hospital under a contract with the VANTHCS.

Already in operation are CBOCs at Diamond Hill in Fort Worth and at The University of Texas Health Center in Tyler. Historically, eligible veterans with a medical problem had to travel to a VA medical center, such as the Dallas VA Medical Center, in order to receive the care to which they are entitled. For veterans in rural areas and even for other veterans not located near the medical centers, the difficulty of traveling to the main facilities discouraged them from seeking preventive care or early diagnosis and treatment.

Since 1996, the Veterans Health Administration has stepped up efforts to make primary care more accessible to veterans. The announcement in March, along with the other two CBOCs located at Diamond Hill in Fort Worth and The University

of Texas Health Center in Tyler marks the most significant extension to date of this policy shift according to Alan Harper, VANTHCS Director.

In another important change, the VA has expanded its eligibility criteria for these CBOCs to include veterans who have a service-connected rating greater or equal to 10 percent. Enrollment will be "first-come-first-served." To receive health care at any of the CBOCs, veterans must go through a simple enrollment process, which also will confirm their eligibility. Enrollment will be limited by contractor capacity as well as VA budget.

By enrolling in the CBOC program, veterans are in effect selecting a primary care provider at a location close to their home. These veterans still will be able to receive specialty care through the VANTHCS.

"These new primary clinics and provider networks symbolize our transition to an organization that improves access and provides a truly coordinated continuum of care grounded in ambulatory and primary care," said Mr. Harper.

To request an enrollment form, a veteran should call Dorothy Benavidez at the Dallas VA Medical Center, (214) 372-7985.★

E.J. Niedermaier, World War I Veteran, Dies at Age 102

E.J. Niedermaier was drafted off his family's Iowa farm in 1918 -- one of 4.7 million young American men sent to the other side of the Atlantic to fight "The War to End All Wars." When he came home in July 1919 from World War I, all he got was \$60 and a ticket home. He spent the rest of his life working to make sure that Americans would not forget the sacrifices and heroism of his fellow doughboys -- or the veterans who followed them in other wars this century.

Edward John Niedermaier, Texas State Commander of Veterans of World War I, died April 4, 1998, at age 102. He born in July 1895 to German immigrants who had settled in Eudora, Kansas. The family later moved to an Iowa farm.

In Dallas, where he had lived since 1966, E.J. was guaranteed to show up at Memorial Day observances every year. He also worked to revive public interest in Veterans Day, the November holiday that began as a commemoration of the day the World War I armistice was signed.

E.J., also a member of the Veterans of Foreign Wars and the Disabled American Veterans, often addressed his fellow soldiers about what they had won for their country. In 1995, when he was 100 years old, E.J. braved a chilly November wind to represent the few remaining WWI veterans at a ceremony in Dallas conducted by the Greater Dallas Veterans Council.

E.J. was buried with full military honors in Norman, Oklahoma.★

Blount v. West

The Court of Veterans Appeals has recently released *Blount v. West*, which raises an interesting but beneficial point of law.

Cludie Blount is a 98-year old widow of a World War I veteran who died in 1967. The veteran was in receipt of a 100% rating for service-connected disabilities for more than 20 years at the time of his death. Mrs. Blount filed, within a month of the veteran's death, for Dependency and Indemnity Compensation (DIC) or alternatively, nonservice-connected death pension. The regional office granted death pension but denied DIC. Eligibility Verification Reports (EVR's) were subsequently filed each year, and there were periodic increases in the monthly amount of pension she received.

In 1994, the regional office received a statement asking why Mrs. Blount was not entitled to DIC benefits. Her statement was considered a claim, and shortly thereafter, DIC was granted under the provisions of 38 U.S.C. § 1318 — the law that gives the ten-year rule for DIC — with an effective date of one year prior to the filing of the claim.

Soon afterwards, she filed a Notice of Disagreement (NOD) contending that a Clear and Unmistakable Error (CUE)

existed because VA did not assist her in her DIC claim when the law changed in 1978 that instituted the ten-year rule. The Board of Veterans' Appeals (BVA) denied the claim, finding that VA did not have the duty to notify claimants of a new law and that separate law precludes an earlier effective date beyond the one year.

The court, after an oral argument, ruled the following:

"In 1978, after the enactment of Public Law 95-479, the VA was obligated under 38 U.S.C. 241(2)(1976) to inform her and all parties then in receipt of VA nonservice-connected death pension of the availability of the new basis for DIC" (Emphasis added)

The court seemed to find of interest the fact that even if VA was not statutorily obligated to so inform Mrs. Blount, VA not doing so was in error because they were, at the same time, informing other similarly situated, potential beneficiaries of new entitlements enacted in the same public law.

The court thus held that the EVR submitted by the appellant in 1978, which was the basis for the regional office to grant continued benefits, was in the

nature of an application for continued entitlements to VA death pension, within the meaning of 38 U.S.C. § 5110(g). Thus, the application for death pension necessarily included a claim for DIC, specifically for section 38 U.S.C. § 410(b) (now section 1318) submitted within one year of the effective date of Public Law 95-479. The court held that the above mentioned facts mean that VA is still obligated to adjudicate that 1978 DIC claim. The court ordered the Secretary of Veterans Affairs, not later than ten days after the date of the court order, to advise the court whether he is inclined to provide the appellant with equitable relief under 38 U.S.C. § 503(a) to correct the administrative error.

Judge Steinberg also asked that the Secretary take steps now to notify all VA death pension recipients of the availability of DIC benefits pursuant to 38 U.S.C. § 1318.

Please keep in mind this very important court case when you are reviewing any of your EVRs. If the veteran was service-connected at 100% for ten years or more, and an EVR was filed within one year of the implementation of P.L. 95-479, immediately file a claim citing this court case.★

"Forgotten Widows" to Receive Benefits

Certain widows of military retirees, who were left out of the military's Survivor Benefit Plan (SBP) when it started in 1972, became eligible for a monthly payment of \$165 December 1, 1997, as part of the Fiscal Year 1998 Defense Authorization Act.

"Forgotten widows" were inadvertently created when Congress passed the law creating the SBP option for uniformed services retirees eligible to draw retired pay. In 1978, another law extended SBP option to Reserve retirees who had not reached age 60, the age at which Reserve retirees begin drawing retired pay. In the process, these laws created a class of "forgotten widows," those whose husbands had retired from service and died before being able to enroll in SBP. Two categories of widows qualify for this annuity:

1. Surviving spouse of a retired (regular or reserve) service-member who died before March 21, 1974 and was

already drawing military pay at the time of death. This widow must not have ever remarried; cannot have received Dependency and Indemnity Compensation (DIC) from VA; or Minimum Income Widow (MIW) benefits from the VA.

2. A surviving spouse of a Reserve member who had over 20 years of qualifying service (but less than 20 years of active duty) at the time of death, and died between September 21, 1972 and October 1, 1978, inclusive. In addition, the widow must not have ever remarried, and cannot have received DIC or MIW from the VA.

DoD is developing application procedures which will be published at a future date. For additional information call or write your Retirement Services Officer (RSO).★

Contributed by Sandra E. Brock, TVC Staff

The Texas Veterans Commission has been chosen **Ann Alvarez, San Antonio VA Office**, as the “*Outstanding VA Employee of the Month*” for May 1998.



Ann is a Veterans Benefits Counselor (VBC) and has been with VA since March 1991. She began her VA career in the Houston Regional Office in the typing pool and was selected as a VBC in May 1995. She was transferred to San Antonio VA Office in October 1996.

Ann’s hobbies are reading and baking. She also loves to spend time with her beautiful 9 year old, Katelin.

Ann’s enthusiasm in helping veterans and their families is evident on a daily basis. She is eager to help the Texas Veterans Commission by obtaining essential information needed to help develop claims quickly and by referring veterans seeking information on state benefits to the TVC.

We want to recognize Ann for giving our veterans her very best and a job well done by naming her the “*Outstanding VA Employee of the Month*” for May 1998.★

Which Veterans Pay for Which Services at VA Health Care Facilities

	<i>Inpatient Copayment</i>	<i>Outpatient Copayment</i>	<i>Prescription Copayment</i>	<i>Nursing Home Copayment</i>	<i>Insurance Billing</i>	<i>Insurance Balanced Billing</i>	<i>Insurance Deductible/ Copayment</i>
Priority Group 1	NO	NO	NO	NO	YES-If care was for NSC Condition	NO	NO
Priority Groups 2, 3, 4,	NO	NO	YES-If less than 50% SC & medication is for NSC Condition	NO	Yes-If care was for NSC Condition	NO	NO
Priority Group 5	NO	NO	NO	NO	YES	NO	NO
Priority Group 6 (WWI & Mexican Border)	NO	NO	YES	NO*	YES-If care was for NSC Condition	NO	NO
Priority Group 6 (Veterans receiving care for exposure or experience*)	NO*	NO*	YES	NO*	YES-If care was for NSC Condition	NO	NO
Priority Group 7	YES	YES	YES	YES	YES	NO	NO

* = All applicable copayments will be assessed to veterans when the care is for conditions not related to their exposure or experience.

SPECIAL CATEGORIES OF VETERANS = (Agent Orange, Ionizing Radiation, Persian Gulf, and female veterans receiving sexual trauma counseling are subject to means test copayments when the treatment they are receiving is not related to their exposure or experience. The initial registry examination and first follow-up visit to receive results of the examination are not billed to the health insurance carrier. However, subsequent care provided, whether or not related to exposure, if it is nonservice-connected will be billed to the insurance carrier.

PRESCRIPTION COPAYMENT EXEMPTION = All veterans receiving prescriptions for NSC condition who meet the low income criteria are exempt from the prescription copayment.

Foreign Medical Program

The Foreign Medical Program (FMP) is a healthcare benefits program for US veterans with VA-rated service-connected conditions who are residing or traveling abroad (Canada and Philippines excluded). Under FMP, VA assumes payment responsibility for certain necessary medical services associated with the treatment of those service-connected conditions.

This information is designed for veterans with VA-rated service-connected conditions who are planning to move or travel abroad. More specifically, this addresses the procedures for obtaining healthcare services for service-connected conditions while in a foreign country and how to file a claim for VA payment or reimbursement.

With the exception of medical services received in Canada and the Philippines, all foreign provided services are under the jurisdiction of the FMP Office in Denver, Colorado.

The FMP Office is responsible for all aspects of the program including application processing, verification of eligibility, authorization of benefits, and payment of claims. Inquiries concerning VA matters such as compensation and pension exams and disability ratings should be directed to your servicing VA regional office (see *Assistance with Other VA Issues* at end of this article for more information).

Services provided in Canada and the Philippines are under separate jurisdictions as indicated below.

MEDICAL SERVICES IN CANADA AND THE PHILIPPINES

Information on how to obtain medical services in Canada or the Philippines, including procedures for filing claims, can be obtained by contacting the following offices:

Canada

VAM&RO Center (136FC)
North Hartland Road
White River Junction, VT 05009-0001
USA

Phone: 802/295-9363, Ext. 5620; FAX: 802/296-6367

Philippines

VA Outpatient Clinic (358/00)
2201 Roxas Blvd.
Pasay City 1300
Republic of the Philippines

Phone: 011-632-833-4566; FAX: 011-632-521-5056

APPLICATION PROCESS/REGISTRATION

Although pre-registration for eligible veterans is not necessary, veterans who are permanently relocating to a country under the FMP Office's jurisdiction are encouraged to notify the FMP Office upon establishing a permanent foreign mailing address (see below for FMP address and telephone number). At that time, arrangements will be made for FMP registration and

the mailing of the detailed program material. Included in the program material will be an FMP Handbook which will provide detailed information on benefit coverage and limitations, how to select healthcare providers, and claim filing instructions.

Veterans who are simply traveling and are not planning on a permanent relocation need not bother with notification. Program information, however, is available upon request.

BENEFITS

Generally, as long as the service is medically necessary for the treatment of a VA-rated service-connected condition, it will be covered. In addition to the general exclusions listed below, the services must be accepted by VA and/or the U.S. medical community such as the American Medical Association and the U.S. Food and Drug Administration.

General Exclusions

- ◆ procedures, treatments, drugs or devices that are experimental or investigational
- ◆ family planning services and sterilization infertility services
- ◆ plastic surgery primarily for cosmetic purposes
- ◆ chiropractic services
- ◆ procedures, services and supplies related to sex transformations
- ◆ non-acute institutional care, such as, long-term inpatient psychiatric care and nursing home care
- ◆ day care and day hospitalization
- ◆ non-medical home care (aid & attendance)
- ◆ abortions, except when the life of the mother would be endangered if the fetus were carried to term
- ◆ travel, meals and lodging

ASSISTANCE

With the exception of services obtained in Canada and the Philippines, assistance with any other aspect of the Foreign Medical Program can be obtained by writing to the following address: (This address is also to be used when submitting claims.)

VA Health Administration Center
Foreign Medical Program (FMP)
PO Box 65021
Denver, Colorado 80206-9021
USA

Phone: 1-303-331-7590; FAX: 1-303-331-7803

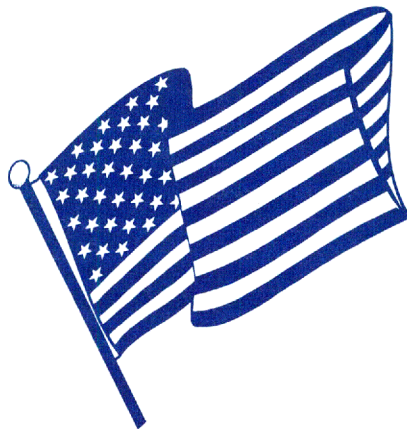
Assistance with Other VA Issues

While the FMP Office is responsible for medical services obtained for the treatment of VA-rated service-connected conditions, please note that VA regional offices are responsible for establishing service-connected conditions. In addition to compensation and pension ratings, VA regional offices are also responsible for

(See "Foreign Medical Program . . . on Page 7)

Fly the Flag

*Memorial Day
Monday
May 25, 1998*



Show Your Colors

*Flag Day
Sunday
June 14, 1998*

Evaluation of Shell Fragment Wounds

In reviewing several claims folders for quality, it has been noticed a particular problem with rating decisions involving gunshot or shell fragment wounds. VA has expedited claims for the seriously wounded during each period of war or conflict. At the conclusion of World War II, Korean Conflict and Vietnam War, many veterans were given expedited ratings for the purpose of compensation or vocational rehabilitation. Many ratings were accomplished for the purpose of Paragraph 28 (38 C.F.R. §4.28) or pre-stabilization. That does not mean that the evaluations were correct under the existing laws in effect at that time. It is very important to mention that the section of the Code of Federal Regulations dealing with rating disabilities from missile injuries (Part IV) has not been updated since 1946. It is vital that you have an understanding of the rating process.

It is reasonable to state that shell fragment wounds (other than mere superficial injury) must not be rated

as scars. When there is penetration to a muscle, nerve or tendon, the injury must be rated under a muscle (Diagnostic Code 5300 series) or nerve (8200 through 8700 series). Part IV of the C.F.R. explains the impact of missiles on muscles or muscle groups (§§4.48 through 4.73). If the veteran has had a bone fracture or comminuted fracture, the code will mandate a specific rating. For example, a shell fragment wound resulting in a compound comminuted fracture and definite muscle or tendon damage must be considered as a severe disability (§4.72). A through-and-through gunshot wound must be considered at least moderate.

There are several complications to be considered. You must be cognizant when there are two muscle groups involved, when there is both muscle and nerve damage, when there is debridement of a wound or delayed primary closure. Each of these factors establishes a minimum level of severity. The older ratings will give much credit to the veteran's account that he is not

having any significant distress. Remember that a penetrating injury to a muscle or nerve has a lasting effect. There will always be muscle fatigue or weakness compared to the previous strength. Muscle injuries result in anatomical or structural damage that should not be minimized by the tenacity of the claimant to "make due" or cope with a disability. The one caution is to examine the function performed when muscle or nerve damage is being assessed. There is the possibility of pyramiding, if function is being duplicated. When two muscle groups are involved, there will only be one evaluation (elevated one level), unless a completely different function is involved.

One must be aware to request extra-schedular ratings for the exceptional case and be cognizant of the amputation rule when there is an evaluation of an extremity as a whole. All individual evaluations cannot combine to a level exceeding amputation of the extremity at the highest point of disability.★

Foreign Medical Program (Continued from Page 6)

administering educational benefits, vocational rehabilitation and other benefit programs. Inquiries related to any of these regional office matters should be directed to the servicing VA regional office.

Veterans in Mexico

Department of Veterans Affairs
Regional Office (362/21)
6900 Alameda Road
Houston, TX 77030-4200
USA

Phone: 1-713/791-1444, Est. 3386
FAX: 1-713/794-3757

Veterans in all Other Countries

Department of Veterans Affairs
Regional Office (372/21 SFU)
1120 Vermont Ave, NW
Washington, DC 20421
USA

Phone: 1-202/418-4230
FAX: 1-202/418-4381

Gulf War Veteran Benefits Rule Becomes Final

The liberalization of a requirement for a special Gulf War veteran compensation benefit has been adopted as a final rule by the Department of Veterans Affairs (VA).

The change, which already was in force under an interim rule published in April 1997, extends to December 31, 2001, the period in which undiagnosed illnesses in Gulf War theater veterans may appear and be eligible for compensation. This effectively removes as an issue for determining compensation the length of time after service in which such a condition arises. VA expects that, by 2002, results of ongoing research will have shed enough light on any latency periods of Gulf-related illnesses to allow the department to reevaluate its existing policies at that time.

When the interim rule was first published a year ago, the change was made retroactive to claims filed as of November 1994, when Public Law 103-446 was enacted. This law directed VA to compensate Gulf War veterans for undiagnosed illnesses.

Before the changes took place, undiagnosed illnesses must have arisen within two years of leaving the Gulf theater for VA to provide compensation. Unaffected by the change are requirements that the symptoms of any illness be chronic, undiagnosable and at least 10 percent disabling. More than 1,500 Gulf War theater veterans have received compensation benefits for undiagnosed illnesses.

The final rule on the change to undiagnosed illness compensation was published in the Federal Register on March 6.

For more information about Gulf War veterans compensation, contact the nearest Texas Veterans Commission or Veterans County Service Office listed in the government section of your telephone book.★

GulflINK

<http://www.gulflink.osd.mil>

Provides:

- Current News
- Guidance on help for Gulf War veterans
- Medical information
- Case narratives of Gulf War incidents
- Press releases
- Two-way communication via brostker@gillness.osd.mil
- *GulfNEWS* newsletter
- Declassified intelligence documents and operational documents
- Inspector General & CIA reports
- Event calendar

WORLD WIDE EFFORTS

DoD's CCEP

The Comprehensive Clinical Evaluation Program (CCEP), provides an in-depth medical evaluation to Gulf War veterans who are currently in one of the active or reserve components, or are retired. To register, call 1-800-796-9699, DSN: 878-3261, or FAX: 408/ 644-9256. For those overseas who do not have DSN access, the direct line for CCEP is 408/ 583-2500. Hours are Monday through Friday, 6:00 a.m. to 4:00 p.m., pacific coastal time - in military terminology, time zone "Uniform."

VA Persian Gulf Registry

offers a free, complete physical examination with basic laboratory studies to Gulf War veterans not on active duty. Call 1-800-PGW-VETS (1-800-749-8387) with questions about care and benefits, and to schedule examinations. For those overseas, call the nearest U.S. Embassy and ask for the Foreign Benefits Unit. Information is also available via the world wide web: <http://www.va.gov>

DoD Incident Reporting Line

focuses on examining incidents which occurred during the Gulf War, the hazardous exposure that may have resulted from these incidents, and the broader implications of such incidents. Veterans who have information to offer may call 1-800-472-6719 or DSN: 878-3261.

Gulf War Records are Needed for Review

- **ARMY:** As Executive Agent, the Army is searching for all operational records from the Gulf War and reviewing these records for information that could be related to veterans' health problems. Individuals with knowledge of the whereabouts or disposition of Army records should contact the Department of the Army, Gulf War Declassification Project at 703/681-4219, DSN: 761-4219, or FAX: 703/681-6556. Mail records to: Gulf War Declassification Project, 5111 Leesburg Pike, Suite 401, Falls Church, VA 22041-3206. E-mail: pgwrecords@cmh-gwdp.army.mil
- **NAVY/USMC:** Individuals with knowledge of the whereabouts or disposition of Navy/Marine Corps Gulf War era documents should contact the DoN Gulf War Declassification Project at 703/681-3999, DSN: 761-3999, or FAX: 703/681-5790. Mail records to: Department of the Navy, Gulf War Declassification Project, 5111 Leesburg Pike, Suite 400, Falls Church, VA 22041-3092. E-mail: yeol@cmh-gwdp.army.mil
- **AIR FORCE:** Individuals with knowledge of the whereabouts or disposition of Air Force records should contact the Air Force Gulf War Declassification Team at 334/953-6999, DSN: 493-6381, or FAX: 334/953-6356. Mail records to: Department of the Air Force, SAF/AAZG, 600 Chennault Circle #1405, Maxwell Air Force Base, AL 36112-6424. E-mail: gaf@max1.au.a.mil★

The Forgotten Vietnam Veterans of 1975

By John Mallon

Veterans who served in Vietnam, Thailand, Laos, or Cambodia or in their contiguous waters and airspace between July 1, 1958, and March 29, 1973, are eligible for the Vietnam Service Medal, which honors their service in the war. But thousands of service members who served in country, on ships off-shore, and in the air over Vietnam after March 29, 1973, are not eligible for this medal-or for the Republic of Vietnam Campaign Medal awarded to those who served six months in the warzone between March 1, 1961, and March 28, 1973.

The U.S. Military Assistance Command Vietnam (MACV) went out of business on March 29, 1973, when all but a handful of American troops flew out of Vietnam. But the war was by no means over. American bombing campaigns, for example, continued in Cambodia, Laos, and in parts of Vietnam.

Very few American troops were left on the ground in South Vietnam at the end of 1973. But over the next 17 months--until the war's last engagement, the May 12-14, 1975, *Mayaguez* incident--thousands of American military personnel served in and around Vietnam, putting themselves in harm's way while the war between North and South Vietnam continued.

Hundreds of American servicemen were killed between March 29, 1973, and April 30, 1975, the day that South Vietnam was taken over by the North Vietnamese and Viet Cong. Additionally, thirty-eight Americans were killed and three remain missing in the *Macagues* rescue mission.

Because Americans who served in Vietnam after March 28, 1973, are not eligible for the Vietnam Service and Campaign Medals, delegates at Vietnam Veterans of American's (VVA's) 1995 and 1997 National conventions passed a resolution urging the President of the United States to issue an executive order that would extend the eligibility date for the Vietnam Service Medal to May 30, 1975. That same resolution also asks Congress to extend the ending date of the Vietnam War and the Vietnam era to May 30, 1975. Those who served in Vietnam in 1975, however, are eligible for a special

award, the Humanitarian Service Medal. President Gerald Ford, who took office in August 1974, signed an executive order on January 19, 1977, his last day in office, establishing the medal to honor those who served after April 1, 1975. The award was approved by the Pentagon in 1979. The Humanitarian Service Award is given to members of the armed forces who "distinguished themselves by meritorious direct participation" in any Pentagon-approved "significant military act or operation of a humanitarian nature." Those who served in Vietnam after April 1, 1975, are eligible for this award if they took part in:



- Operation Eagle Pull (April 11-13, 1975), the evacuation of the American Embassy staff from Phnom Penh, Cambodia.

- Operation Baby Lift (April 4-May 9, 1975), in which thousands of homeless South Vietnamese children were airlifted to the United States.

- Operation Frequent Wind (April 29-30, 1975), the evacuation of more than one thousand Americans and some six thousand

South Vietnamese from Vietnam to U.S. aircraft carriers in the South China Sea.

- The April 1 - August 1, 1975, evacuation of the U.S. Embassy in Vientiane, Laos.

Also eligible for the award are veterans who took part in Operations New Life and New Arrivals which processed Vietnamese orphans and refugees in Guam and in the United States.

Any service member who took part in these missions is qualified to receive the Humanitarian Service Medal. Those still in the armed forces could contact their unit administration offices and provide proof that they served in one of the operations. Veterans need to send a Standard Form 180 or letter providing proof that they took part in one of those operations to: National Personnel Records Center, 9700 Page Boulevard, St. Louis, MO 63132-5200.★

*Article from VVA Magazine, February/March 1998
VVA Member, John Mallon, is an ex-Marine who lives in Nebraska.*

Well Grounded Claims

One of the concerns of Service Officers assisting veterans in filing a claim for compensation with VA is whether the claim is well grounded, and if the adjudicators are complying with the duty to assist.

According to the U.S. Court of Veterans Appeals, a well grounded claim is a plausible claim which is meritorious on its own or capable of substantiation. Such a claim need not be conclusive but only possible to satisfy the initial burden. (*Murphy vs. Derwinski*, 1 vet, App. 78,81 [1990]). There are three basic requirements for a well grounded claim for compensation.

1. A current condition exists that is supported by medical evidence.
2. Medical or credible lay evidence indicating onset of a condition in service or a pre-existing condition was aggravated by military service.
3. A link (nexus) between the current condition and the onset of

that condition while serving on military duty. (38 C.F.R. 3.303 (b)).

Under 38 U.S.C. 5107(A), "A person who submits a claim for benefits under a law administered by the Secretary shall have the burden of submitting evidence sufficient to justify a belief by a fair and impartial individual that the claim is well grounded." This statute can be interpreted in many ways, however, as representatives we should not view this to mean our clients must present evidence beyond a shadow of a doubt. Remember, *Murphy vs. Derwinski* mentions a claim need not be conclusive, only possible to satisfy the initial burden.

This then brings us to examine what is meant by VA having a duty to assist. The statutory authority for the duty to assist is 38 U.S.C. 5107(a) as mentioned above. Nothing in the statutory language

prohibits VA from broadening its scope concerning duty to assist. In fact, VA has adopted a nationwide policy that requires compliance with the duty to assist even when the claim filed is not well grounded. VA Adjudication Procedure Manual M21-1, Part 111, Chap 1, para 1.03a (dtd 2/23/96) states: "Before a decision is made about a claim being well grounded, it will prevail while development is undertaken." Therefore, if the regional office finds that a claim is not well grounded, then, as representatives we should request that the regional office determine whether the above cited M21-1 substantive rules were followed. If the rules were not followed, then VA form 646 should be accomplished contending that the denial of the claim as not well grounded would harm the claimant's effective date. The claimant should be informed by the regional office of the evidence needed that would constitute a well grounded claim.★

Contributed by Revlon Belle, TVC Staff

STVHCS Inpatient/Outpatient Care Update

As part of the South Texas Veterans Health Care System's (STVHCS) ongoing effort to provide veterans with the highest quality and efficient medical care and services, the following points of interest are the most recent changes in our health care treatment arena:

- The Audie L. Murphy Division's Medicine Unit (6A) closed 10 beds, effective March 13, to accommodate the expansion of the Coronary Care Unit, Telemetry, and the Cardiac Catheterization Lab. Acute care patients will be accommodated on other units. This change will leave ALMD with 434 operating beds.
- Also, effective March 13, was the activation of the \$2.7 million Outpatient Surgery Suite. The types of outpatient surgeries to be conducted in the new suite include:

- cataract
- carpal tunnel release
- minor laparoscopic procedures
- laser prostetectomies
- urologic procedures (stone extractions, cystoscopies)
- all pediatric procedures
- orthopedic (orthoscopy)
- minor oral surgery (tooth extraction, lesion removals)

- Congress has approved STVHCS's request for four community-based outpatient clinics throughout South Texas - Alice, Beeville, Uvalde, and Kingsville (*NOT Kingsland, as erroneously reported in our previous issue*). These CBOCs are added to the system's three clinics in South Bexar County, Del Rio/Eagle Pass and Brownsville to improve accessibility to health care for America's veterans.★

Direct Deposit for Insurance Payments - NSLI Program

In keeping with the Debt Collection Improvement Act of 1996 (DCIA), insureds and their beneficiaries will be able to receive their National Service Life Insurance payments by direct deposit. (Such direct deposit, for the purpose of complying with the DCIA, herein means electronic transfer funds.)

The DCIA mandates that recurring Federal payments be made by direct deposit. For the Government Life Insurance programs, this means that monthly award payees must receive their payments by direct deposit. Most monthly award payments go to beneficiaries in the form of death awards paid in monthly installments. A smaller number are paid to insureds who qualify for disability payments or who receive endowment or surrender proceeds in monthly installments.

Each payee in this group will receive an "invitation" letter explaining the new law and an application for applying for direct deposit. The application is to be completed and returned to the Philadelphia Insurance Center so the payee can be placed on direct deposit. This

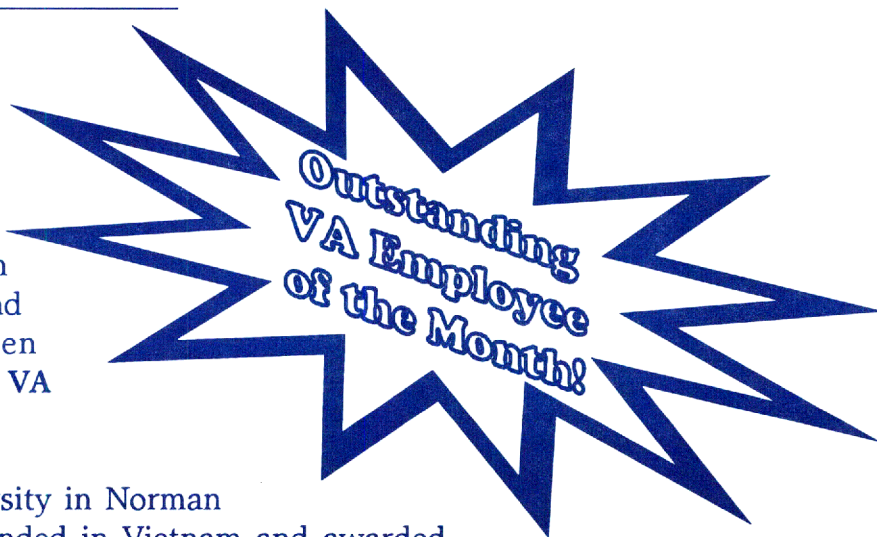
mailing will not be sent to payees with foreign addresses.

The mailing began in April 1998 and will take approximately ten months to complete. The first direct deposit payments will be made beginning in June 1998. Generally, most applications should be processed within thirty to sixty days of being returned to the Insurance Center.

As stated in Treasury Department regulations, the applications will also provide a "waiver" section. By signing the waiver section of the application and returning it to the Insurance Center, the payee is stating that direct deposit would cause them certain hardships. These payees will continue to receive their payments by check.

The Insurance Center will also make direct deposit available, on a voluntary basis, and to in-force policyholders and to one sum award recipients, beginning January 1, 1999. It is envisioned most one sum award payees will still wish to receive their payment in the form of a single check or checks.★

Albert "Chip" Logue has been chosen as the Texas Veterans Commission's "Outstanding VA Employee of the Month" for June 1998. Chip began his VA career in 1980 at the Waco Regional Office and for the past eleven years has been their representative at the Amarillo VA Medical Center.



Chip was attending Oklahoma University in Norman when drafted into the military. Wounded in Vietnam and awarded the Purple Heart, he rehabilitated at Brooke Army Hospital. He said his status as a disabled veteran helps him relate to the problems encountered by the veterans he assists.

Chip has received numerous awards for his outstanding service to veterans which include the DAV's "Outstanding Disabled Veteran in Texas" award, DAV Citation of Merit, as well as a letter of commendation from past VA Secretary Edward Dewinski.

The Texas Veterans Commission is pleased to recognize Chip Logue as the "Outstanding VA Employee of the Month" for June 1998, in appreciation for the support given to the Amarillo TVC Office and the veterans of the Great State of Texas.★

Frostbite (Cold Injuries)

Frostbite (cold injury) is very difficult to explain and even harder to evaluate. This should not be the case, however, because this type of disability has been around throughout military history. Over the years, this disability has been called by many different names, all of which were correct at the time they were used to describe what is now known as a "cold injury." Some of the names previously used include chilblains, trenchfoot, immersion foot and frostbite.

There have been recent attempts to effectively and accurately evaluate this disability by both private and Department of Veterans Affairs physicians. However, most physicians are not sufficiently trained to recognize the residual effects of cold injuries and correctly evaluate "cold injuries." Efforts are now under way to train doctors so they may properly diagnose this disability and related residuals. To assist physicians, especially those involved in examinations to determine compensation and pension benefits, Cold Injury Protocol Worksheets have been developed and should be provided to all physicians who examine veterans who have experienced the residuals of cold injuries.

A training video is now available to assist physicians in diagnosing "cold injuries and residuals." Perhaps when physicians better understand the symptoms, they will be able to properly diagnose "cold injuries" regardless of the body parts affected.

As always, it is incumbent upon service officers and veterans counselors who represent veterans to completely develop their claim(s) to the maximum extent possible. Therefore, all advocates must be trained in recognizing symptoms and residuals of "cold injuries".

Many veterans, especially former POWs, are reluctant to file for an

increased evaluation of their current service-connected disabilities relating to residuals of cold injuries because they fear their current evaluation may be reduced. A majority of these veterans are unaware of expanded entitlements resulting from legislation recently passed, effective January 12, 1998, which has liberalized the laws and regulations governing cold injuries.

In fact, veterans advocates and service officers should ensure provisions outlined in 38 CFR 4.100, 4.101, 4.102, and 4.104, are properly applied and should encourage veterans who have been exposed to extreme cold to resubmit claims and documentation to support an increase in their service-connected ratings for the residuals of cold injuries.

This is where confusion and/or misrepresentation come in. Other disabilities may overlap, contribute or mimic the residuals of "cold injuries." This is yet another reason individuals who assist veterans must be able to separate effects caused by "cold injuries" from other similar disabilities.

If this was not difficult enough, another problem complicates the whole process when service-connection is being considered for "cold injuries." This problem is the unavailability of service medical records. Many medical doctors never properly documented treatment provided for "cold injuries." Therefore, it becomes extremely difficult to provide new and material evidence to VA. It also is most difficult to get compensation and pension doctors to properly identify residuals of "cold injuries."

Fortunately, VA has an administrative method to handle this particular problem (see paragraph 4.29, "Procedure When Service Records Are Unavailable", which is a part of change 41 to M-21-1, part 111,

dated July 12, 1996). It is extremely important that service officers ensure the provisions of this paragraph are carried out by VA. Then, and only then, can a service officer or veterans advocate accede, albeit reluctantly, to a determination that the service medical records are simply unavailable.

The following references should be reviewed and considered when frostbite (cold injury) is being evaluated for service-connection.

1. Regulatory Amendment 4-97-2. Effective January 12, 1998. Paragraphs of 38 CFR affected are 4.100, 4.101, 4.102 and 4.104.
2. Cecil Textbook of Medicine, 18th Edition; Wyngaarden and Smith; p. 379
3. Merck Manual, 16th Edition, page 2511
4. Physicians Guide for Disability Evaluation Examinations (now on-line, special reference to cold injuries)
5. Video (VCR cassette) on how to recognize and treat individuals who have incurred frostbite (cold injuries)
6. Literature which has information on this subject include:
 - a. Blair, Lt. Col. Joseph R, M.C., "sequel to Cold Injury in One Hundred Patients: Follow-up study Four Years after the Occurrence of Cold injury", The Journal of The American Medical Association, April 6, 1957; 163(14); 1203-1208
 - b. Glick, R. and Parhami, N., "Frostbite Arthritis", Journal of Rheumatology, 1979; 6:456-60
 - c. Katsas, A., Carcinoma on Old Frostbites, American Journal of Surgery, 1977; 133: 377-78
 - d. Orr, Lt. Col. K. D., M.C., and D. C. Fairer, M.C., "Cold injuries in Korea during Winter of 1950-51, Military Medicine. May 1952; 3:177-220
 - e. Taylor, Major, Mark Steven, M.C., "Frostbite Injuries during Winter Maneuvers: A Long-Term Disability," Military Medicine, August 1989; 154(8):411-12

(See "Frostbite ..." on Page 13)

CUE Requests Deferred

Public Law No. 105-111, section 1(b), creates a new section 7111 in title 38 U.S.C., giving the Board of Veterans' Appeals (the Board or BVA) the authority to revise prior BVA decisions on the grounds of clear and unmistakable error (CUE). To that end, the Board has imposed a temporary stay on adjudication of requests for such revision until implementing regulations are published.

This action is based on 38 U.S.C.A. § 501(a), which authorizes the

Secretary to "prescribe all rules and regulations which are necessary or appropriate to carry out the laws administered by the Department." Section 501(a) clearly contemplates that new regulations may be required for the effective implementation of new laws that are enacted and require administration by the Department.

It follows that implementation of new statutory responsibilities pursuant to the Act may be deferred for a reasonable time pending the promulgation of "necessary or appropriate" rules and regulations. Issuance of such regulations will necessarily take time, especially in view of legal requirements for public notice and opportunity for comment before agency rules can take effect. After final regulations are promulgated, the Board will lift the stay on adjudication of CUE requests.★

VA Insurance Hoax Resurfaces; New Target - Persian Gulf Vets

The rumor that VA will pay a special insurance dividend to veterans is again causing problems for VA, veterans and service officers. This rumor began more than 40 years ago and, while every attempt is made to control this problem, it seems the hoax continues to grow. This time the hoax is worse than usual. VA has indicated it receives as many as 20,000 requests a week for this non-existing benefit. Veterans are told that VA was sending a check for hundreds of dollars—a so-called insurance dividend—to any veteran who requested it.

In more recent years, however, bogus brochures have been targeting America's newest generation of wartime veterans - the Gulf War Veterans. The current hoax focuses on holders of Servicemen's Group Life Insurance. The phony applications claim dividends or refunds have been recently authorized by Congress. In fact, there

is no such dividend for veterans who do not keep their insurance in force and no legislation has been proposed in Congress.

The hoax applications are usually unwittingly printed in magazines, newspapers and newsletters, or distributed in handbills. Attempts to trace the origin of the hoax have been unsuccessful, but it is believed that its life has been perpetuated by the innocent duplication of bogus information.

You are reminded that each inquiry must be handled appropriately to ensure that the veteran does not have an active insurance policy that would pay a dividend in accordance with existing law. You are also reminded that VA will not pay dividends on policies that have lapsed or those policies that covered active military duty personnel during their service.★

Frostbite . . . (Continued from Page 12)

- f. Texas Veterans Commission Journal, Vol. 19, No. 1, January-February, 1996, Pages 6-7. (Information on Frostbite, Cold Injuries taken from VFW Technical Information Bulletin, September 14, 1995.)
- g. Department of Veterans Affairs News Release dated October 16, 1996
- h. "Cold Injury Protocol Examination", page 10, Chosen Few Newsletter
- i. Academic American Encyclopedia, "Frostbite", page 346; 1995★

Contributed by Wayne Miller, TVC Staff

PTSD - By Any Other Name

We spend a lot of time reviewing veterans' claims folders to help them file various claims and more often than not, Post Traumatic Stress Disorder is one of the Service-Connected Disabilities I am researching.

The more of these claims I do, the more obvious it is that Post Traumatic Stress Disorder has more than one alias. Over the years, especially during the last decade, PTSD and its diagnoses have been refined, redefined and fine tuned to meet the ever increasing medical knowledge on this subject.

It is our feeling and philosophy that the veteran is not properly served until the claim folder has been checked for early treatment records of what could be symptoms of PTSD.

If your veteran (client) is of the Second World War, he or she may have been treated for "shell shock", "combat fatigue" or "combat stress." If they participated in the Korean War you might find treatment for the previously mentioned problems or "war neurosis", "anxiety neurosis", "anxiety reaction" or perhaps "anxiety depression."

Veterans participating in other military actions in the Congo, Lebanon, Dominican Republic, Grenada, Panama, Somalia or Haiti may have been diagnosed with "gross stress reaction" or "combat related stress." This also could be true of any combat veteran who fought in Vietnam, Laos, Cambodia or Desert Storm. As you can see from this ever growing list of neuropsychiatric disorders that Post Traumatic Stress Disorder has been called and has been diagnosed by many names.

Today we have PTSD in three categories: Acute PTSD, Chronic PTSD and/or Delayed PTSD. These are the diagnoses that are commonly found in most VAMC treatment records and in clinical reports.

If any of the previously listed neuropsychiatric disorders are mentioned by your veteran during an interview, especially if he or she indicates treatment for the disorder, you may consider filing a claim for PTSD. Remember to also take into account all the non-combat related PTSD claims you may encounter.

You now can focus on the disorder by asking your veteran about some of the problems commonly shared by those who are suffering from PTSD.

The following list is a few of the tell-tale signs of PTSD: Depression, isolation, rage, avoidance of feelings, alienation, survival guilt, anxiety reactions, sleep disturbance, nightmares and intrusive thoughts. If your client gives a positive response to questions about these signs, he or she may well suffer from Post Traumatic Stress Disorder.

There are a number of treatment options open to the veterans, and if they are willing to be helped, there is help to be had. The first step is facing the demon and giving it a name, "PTSD."

Just like the veteran, this is not a path that should be traveled alone — find help, seek help and find someone to assist you with this task. It can only help the veteran if the veteran seeks your help.

The Environmental Support Group (Who, What, When and Where)

The Environmental Support Group (ESG) was formed to aid the Department of Veterans Affairs and the veteran in the verification of stressors that the veteran has indicated are contributing factors to his or her claim for Service-Connected Post Traumatic Stress Disorder. The Group does research on World War II, Korea, Vietnam and more recent conflicts. Additionally, they research peacetime disasters such as fires, earthquakes, aircraft crashes and acts of terrorism.

But, first things first. The ESG has changed its name to the U.S. Armed Forces Center for the Research of Unit Records (USASCRUR).

VA published a guide, "Development of Stressors to Support Claims for PTSD", in July of 1997, announcing the name change and producing a comprehensive guide to help develop evidence in support of submitted stressor letters. The guide lists documents available to VA to help prove, or in some instances, disprove the stressors.

The guide contains maps, locations of unit assignments, points of contact for various records, lists of reports available and a section on getting problem information. The memo goes on to detail how all the reports that are available originated and how they are titled.

The following is a partial list of the reports, records, journals, and histories that are on file:

- ◆ Order of Battle Reports
- ◆ United States Army-Vietnam (USARV) Station List
- ◆ Military Assistance Command - Vietnam (MACV) Strength Reports
- ◆ Morning Reports
- ◆ Casualty Reports
- ◆ Aircraft Accident (incident and combat Crash Reports)
- ◆ Daily Journals
- ◆ Operational Reports-Lessons Learned (OR -LLS)
- ◆ Combat Operations After Action Reports (COAAR's)
- ◆ Situation Reports
- ◆ Unit and Organization Histories.

As you can see there is a wealth of information at VA's disposal and, if the veteran can supply the correct data to VA, then the stressor can be easily verified. It is very important to get as much information on the event in question from the veteran so verification can be done fast and efficiently.

This is a valuable tool for us to use and a working knowledge of its makeup can make getting PTSD claims granted a lot easier.★

Contributed by James M. Davenport, TVC Staff

Researchers Need Help from Female Vietnam Nurse Veterans

The "Vietnam Nurse Veteran Psycho-physiology Study" sponsored by the U.S. Department of Veterans Affairs is looking for female Vietnam nurse veterans to participate.

Little is known about the long-term consequences of combat theater assignment on female military personnel. Through anecdotal accounts and survey/interview studies, researchers leave come to appreciate the psychological stressors that were experienced by women who served in Vietnam. About 50% of women who served "in country" have reported some symptoms of distress after coming home.

Research efforts so far have provided some basic information but much more is needed in order to understand the complex issues surrounding combat theater assignment of female military personnel. The purpose of this study is to expand this knowledge base by exploring the biologic responses of female Vietnam nurse veterans.

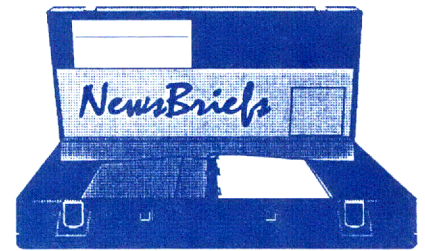
Although there is more than a decade of research and numerous publications looking at psychobiological consequences of combat on male theater veterans, there are no published biologic trials with female Vietnam theater veterans. Results of studies with male veterans can not necessarily be applied to female veterans. The new study will provide data that will help researchers to better understand the similarities and differences in the ways that females and males respond to stressful experiences.

The study is being conducted with a national outreach that is unique, and provides an opportunity to gather a large enough data pool to provide important information about female Vietnam veterans.

Interested female Vietnam nurse veterans will be contacted for an initial screening which will be accomplished by telephone or mail. Qualified nurse veterans will be invited to travel to the laboratory in New England for further testing. Travel expenses will be paid by the study.

In order to qualify for the study, a female must have served in an active duty nurse assignment in the U.S. Armed Forces during the Vietnam era in Vietnam, Laos, Cambodia or in the surrounding waters or airspace of these countries. Participation will include an in-depth interview, and a physiological assessment including heart rate, skin conductance, an EEG, and neuroendocrine measures.

To obtain more information about this study, contact Meg Carson, R.N., Ph.D., Vietnam Nurse Veteran Psychophysiology study, VA Research Service, 228 Maple St., 2nd Floor, Manchester, NH 03103. Dr. Carson may be reached by phone at (603)626-6588.★



SENATE CONFIRMS TOGO D. WEST, JR. AS SECRETARY OF VETERANS AFFAIRS

The Chairman of the Senate Committee on Veterans Affairs, Senator Arlen Specter, R-Pa., announced that the U.S. Senate has confirmed the Honorable Togo D. West, Jr., as Secretary of Veterans Affairs.

On the Senate floor, Chairman Specter said, "Mr. West is an articulate and dedicated public servant. It appears to me that Togo D. West, Jr. has the prerequisite qualifications. . . to lead the Department, and to provide the health and benefits services which our veterans have come to expect and deserve."★

DIRECTOR NAMED FOR DFW CEMETERY

Jimmy S. Adamson, an Air Force veteran with more than a decade of experience as an administrator with the National Cemetery System, has been named the first director of the Dallas-Fort Worth National Cemetery.

Mr. Adamson, previously served as director of the Long Island National Cemetery in Farmingdale, NY. As director, he is responsible for all burial and maintenance operations at the cemetery. His previous positions also included director of the national cemeteries at Wilmington, NC; Fort Gibson, OK; Chattanooga, TN; and Fort Logan.

Mr. Adamson received an associates degree in business from the Westark College in Fort Smith, AR. He served in the Air Force from 1969 to 1973. He and his wife, Denise, have one child.★

SOUTHEAST TEXAS STAND DOWN '98

The Houston Area Homeless Veterans Task Force will host the "Southeast Texas Stand Down '98" on the following dates in cities listed:

July 24 - 25, 1998 in Houston
August 21 - 22, 1998 in Galveston
September 25, 1998 in Beaumont

The Task Force is seeking volunteers from veterans organizations and employment area businesses. Following is a list of the various committees and a brief description of each. If you can participate on any committee, please contact Linda Green at (713)794-7848.★

Contributed by Vince Morrison, TVC Staff

TRAINING FOR NEWLY APPOINTED SERVICE OFFICERS

The next training session for newly appointed Veterans County Service Officers is scheduled for July 14-17, 1998, Hilton Hotel, 113 S. University Parks Drive, Waco, Texas. Monday, July 13, 1998, will be the travel day, with training beginning at 9:00 a.m. on Tuesday, July 14, 1998, and ending by noon Friday, July 17, 1998. By law, the Texas Veterans Commission is authorized to reimburse travel expenses; i.e., lodging, per diem and travel, for CSO's and Assistants. Others involved in veterans benefits programs are welcome to attend. For further information, contact Richard M. Prete, TVC Headquarters, Austin; or call ☎512/ 463-5538 or on the CSO Headquarters WATS line. You may also respond via e-mail to: texas.veterans.commission@tvc.state.tx.us.★

**FOR
IMMEDIATE
RELEASE**



SBP's New Disenrollment Feature

According to _____, Veterans County Service Officer for _____ County, Public Law 105-85, enacted November 18, 1997 (FY'98 DoD Authorization Act), provides an opportunity to disenroll from the Survivor Benefit Plan (SBP). The law change sets the effective date 180 days after enactment. No premiums will be refunded to those who opt to disenroll.

SBP Purpose: SBP is offered to meet the impact associated with loss of military retired pay. Participation helps the member provide his/her survivors the ability to continue pursuit of their life goals without significant interruption. Thus, where there is expected assistance or income while the member is alive, there exists the opportunity to partially replace the lost asset which results from the member's death and discontinuation of pay.

SBP Design: SBP is intended to be as simple, flexible and good a value as possible. To the extent it has these traits, members participate at higher levels with greater satisfaction. This Plan modification increases SBP's flexibility by offering a one year window following two years of retirement during which the member can reconsider continued protection. The retired member may be better able to assess SBP's role in his/her family's overall financial plan at the time due to active participation in the job market and financial adjustments which resulted from military retirement. Those who elect to disenroll risk making the wrong decision, so any action taken should be vary cautiously considered.

Who Should Not Disenroll?

- ◆ Those whose continued participation provides needed income protection for their spouses or survivors at a reasonable price. If SBP will allow your survivors to pursue their life goals without significant interruption, keep it.
- ◆ Those experiencing financial crisis. The future comparison of premiums to benefits is very favorable, while stoppage of SBP benefits may cause financial crisis for your survivors.
- ◆ Those over age 65. The comparison of expected premiums to expected benefits is very positive at this age. The tax benefit of tax-free SBP premiums provides a lifelong, inflation-protected annuity.
- ◆ Those whose spouse is currently ill or has a reduced life expectancy. When a spouse is lost, spouse coverage (costs) are suspended, but can be resumed upon remarriage — but disenrollment is forever.

Remember, your Retirement Services Officer (RSO) is your SBP source. Contact your RSO if you need more information on SBP.

★ ★ ★

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