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Vol. 27, No. 3
May/June 2004

NATIONAL WORLD WAR II MEMORIAL WASHINGTON, DC

Dedication Ceremony - Saturday, May 29, 2004



Atlantic Arch with Washington Monument

Rendering by Joowan Lee

Courtesy of the National World War II Memorial

TEXAS VETERANS COMMISSION JOURNAL

MAY/JUNE 2004

Vol. 27, No. 3

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Web: www.tvc.state.tx.us

Local Benefit Inquires: 512/463-5538; Fax 512/475-2395
Veterans' Benefit HOTLINE: 1-800-252-VETS (8387)



Please send updates/corrections/comments
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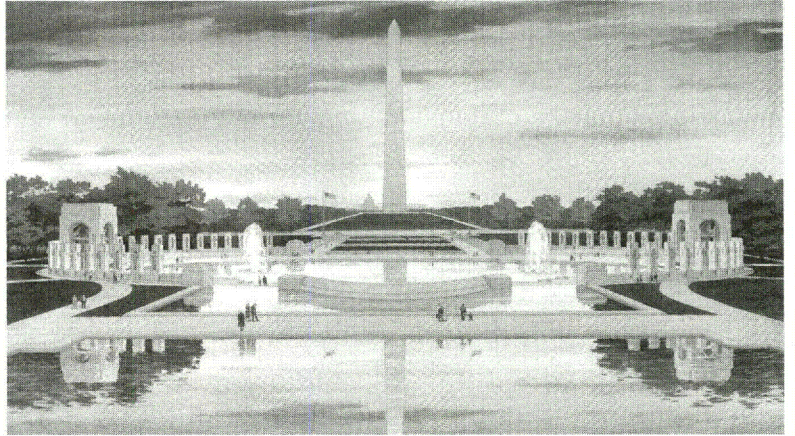
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WWII Memorial Design

Memorial Design The National World War II Memorial design recognizes that the site itself pays special tribute to America's WWII generation. The memorial design creates a special place within the vast openness of the National Mall to commemorate the sacrifice and celebrate the victory of WWII, yet remains respectful and sensitive to its historic surroundings. The vistas from the Washington Monument to the Lincoln Memorial and the site's park-like setting are preserved, and the double row of elm trees that flank the memorial will be restored. Above all, the design creates a powerful sense of place that is distinct, memorable, evocative and serene.



Memorial Plaza The memorial plaza and Rainbow Pool are the principal design features of the memorial, unifying all other elements. Two flagpoles flying the American flag will frame the ceremonial entrance at 17th Street. The bases of granite and bronze will be adorned with the military service seals of the Army, Navy, Marine Corps, Army Air Forces, Coast Guard and Merchant Marine. Ceremonial steps and ramps lead from 17th Street into the plaza. A series of 24 bronze bas relief panels along the ceremonial entrance balustrades will depict America's war years, at home and overseas. Announcements of the memorial will be located at the 17th Street ceremonial entrance.

Curvilinear ramps at the north and south approaches provide access to the plaza for visitors walking along the existing east-west pathways between the Lincoln Memorial and Washington Monument. These ramps provide a gentle entry to the plaza. Granite benches follow the curvilinear rampart walls.

Memorial Arches Two 43-foot arches serve as markers and entries on the north and south ends of the plaza. Bronze baldachinos are an integral part of the arch design. Four bronze columns support four American eagles that hold a suspended victory laurel to memorialize the victory of the WWII generation. Inlaid on the floor of the arches will be the WWII victory medal surrounded by the years "1941-1945" and the words "Victory on Land," "Victory at Sea," and "Victory in the Air." These sculptural elements will celebrate the victory won in the Atlantic and Pacific Theaters.

Embracing Arms and Pillars Fifty-six granite pillars celebrate the unprecedented unity of the nation during WWII. The pillars are connected by a bronze sculpted rope that symbolizes the bonding of the nation. Each state and territory from that period and the District of Columbia will be represented by a pillar adorned with oak and wheat bronze wreaths and inscribed with its name. The 17-foot pillars are open in the center for greater transparency, and ample space between each allows viewing into and across the memorial.

Commemorative Area Within a commemorative area at the western side of the memorial is recognized the sacrifice of America's WWII generation and the contribution of our allies. A field of 4,000 sculpted gold stars on the Freedom Wall will commemorate the more than 400,000 Americans who gave their lives. During WWII, the gold star was the symbol of family sacrifice.

Rainbow Pool and Waterworks The historic waterworks of the Rainbow Pool will be completely restored and will contribute to the celebratory nature of the memorial. The design provides seating along the pool circumference for visitors. Semi-circular fountains at the base of the two memorial arches and waterfalls flanking the Freedom Wall will complement the waterworks in the Rainbow Pool.

Landscaping Two-thirds of the 7.4-acre memorial site will be landscaping and water, allowing the memorial to nestle comfortably within its park-like setting. The ceremonial entrance has three large lawn panels between the monumental steps. The double row of elm trees will be restored to their original splendor, and a replanting plan will replace unhealthy trees. A landscaped contemplative area will be located at the northwestern corner of the site. Canopies of flowering trees will augment re-seeded lawns.

Materials The memorial will be constructed of bronze and granite. Granite was chosen for its aesthetic appeal, superior strength, and durability. Water resistance was another important criterion. The two principal stones selected for the memorial are "Kershaw" for the vertical elements and "Green County" for the main plaza paving stone. "Kershaw" is quarried in South Carolina, while "Green County" is quarried in Georgia. Two green stones – "Rio Verde" and "Moss Green" – will be used for accent paving on the plaza. Both are quarried in Brazil. "Academy Black" and "Mount Airy" will be used to reconstruct the Rainbow Pool. "Mount Airy," quarried in North Carolina, is the original coping stone of the Rainbow Pool. To enhance the aesthetic appearance of the water surface of the pool, an apron of "Academy Black," quarried in California, will be used for the vertical interior surfaces.★

Source: National World War II Memorial; www.wwiimemorial.com

Karen S. Rankin, Brig Gen, USAF (Ret), Named New TVC Commissioner



Governor Rick Perry appointed Karen S. Rankin, Brig Gen, USAF (Ret), of San Antonio, Texas, as the newest member of the Texas Veterans Commission for a term that expires on December 31, 2009.

Brigadier General Karen Rankin served as executive assistant to the Secretary of the Air Force, as Commander of the 3700th Technical Training Wing, Sheppard AFB, TX; as Commander of the 81st Training Wing at Keesler AFB, MS; and most recently as Director of Plans and Programs at HQ Air Education and Training Command at Randolph AFB, TX. She retired in 1998.

Rankin has a masters degree in personnel management, is a graduate of the Air Command and Staff College, the Industrial College of the Armed Forces, the Executive Development Course of the University of New Hampshire and the CAPSTONE Executive Development Program, National Defense University.

After retirement, she served as Director of Planning, Defense Systems Group, AAI Corp, Hunt Valley, MD. Subsequently, she was with Johnson Controls, Inc. as Director of Air Force Programs focused on business development. Karen currently serves as senior associate with Keystone International, consulting in strategic planning, leadership studies and development of organizational value structures.

Rankin is also active in various community and national organizations. She chairs the San Antonio Veterans Affairs Commission, and is on the Board of Directors for the USO Council in San Antonio and Fisher House, Inc. She also chairs the Military Affairs Committee for the Greater San Antonio Chamber of Commerce and the Diploma Plus Administration Committee for the Downtown Rotary of San Antonio. Karen serves on the San Antonio Military Missions Task Force. Karen is the immediate past President of the Alamo Chapter of the Air Force Association (AFA) and is Chair Emeritus of the AFA San Antonio Birthday Ball. She is also on the National Board of Directors of the Military Officers Association of America, Vetjobs.com and is immediate past National President of the Air Force Women Officers Associated (AFWOA).

Rankin is married to retired Colonel Bill Rankin, USAF. They have two sons: David, a junior at Trinity University and Samuel, a freshman at the US Air Force Academy.

We congratulate Commissioner Rankin on her appointment and look forward to working with her in ensuring that Texas veterans and their families receive the benefits they have earned.★

**57TH ANNUAL STATEWIDE TRAINING
CONFERENCE FOR VETERANS SERVICE OFFICERS
Austin, Texas
September 21 - 24, 2004**

★ ★ ★

**See inside the back cover or visit our
website at www.tvc.state.tx.us for all the details.**

VA Secretary Green-Lights Chiropractic Care for America's Veterans

The American Chiropractic Association (ACA) and the Association of Chiropractic College (ACC) commended Department of Veterans Affairs (VA) Secretary Anthony Principi for issuing an historic and far-reaching blueprint for formalizing the full inclusion of chiropractic care into the massive veterans health care system in the United States.

Secretary Principi's decision today to implement more than three dozen recommendations made by a multi-disciplinary health care advisory panel will dramatically improve the quality of care available to millions of veterans in the U.S. and increase access to chiropractic care for every veteran who wants or needs to see a doctor of chiropractic. The Secretary's bold action originated with legislative directives from Congress in 2002 and 2003 — passed at the urging of the ACA, the ACC and America's veterans — to establish a permanent chiropractic benefit through the VA system and authorize the VA to hire and employ doctors of chiropractic as care providers.

"This is a great victory for veterans and an historic new opportunity for doctors of chiropractic across America," said ACA President and U.S. Navy veteran Donald Krippendorf, DC. "Secretary Principi always makes certain that veterans come first. He's done so today by acting decisively to bring chiropractic care into veterans hospitals from coast-to-coast and to make doctors of chiropractic full partners in providing care to all those who answered our country's call to serve."

Since the creation of the VA health system, the nation's doctors of chiropractic (DCs) have been kept outside the system and all but prevented from providing proven, cost-effective and much-needed care to veterans, including those among the most vulnerable and in need of the range of the health care services DCs are licensed

to provide. In 2002, 4.5 million patients received care in VA health facilities, including 75% of all disabled and low-income veterans. Although the VA health care budget is roughly \$26 billion, in 2002, less than \$370,000 went toward chiropractic services for veterans.

Secretary Principi specifically acknowledged that the goal is "to ensure that chiropractic care is ultimately available and accessible to veterans who need it throughout the VA system."

Several key elements of Secretary Principi's blueprint were strongly supported by the ACA and the ACC, including:

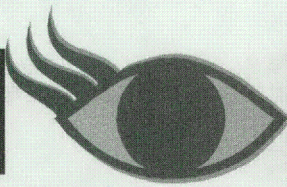
- VA's endorsement of the integration of full-scope chiropractic care (under applicable state law) into all missions of the VA health care system, including patient care, education, research and response to disasters and national emergencies, and VA facilities across the country.
- VA's endorsement of a successful and patient-friendly model — essentially based on the operations of Bethesda National Naval Medical Center — of full integration of doctors of chiropractic as partners in health care teams.
- Inclusion of chiropractic care into the VA's funding of research into treatment of service-connected conditions.
- Inclusion of chiropractic colleges and students in training programs at VA facilities.
- Establishment of a goal to ensure continuity of chiropractic care for newly discharged veterans who have been receiving chiropractic care through the Defense Department health care system.

Jean Moss, DC, President of the ACC, commended Principi's decision to integrate chiropractic care into the VA health system, saying, "The administration, faculty and students of chiropractic colleges across America are delighted that Secretary Principi has taken steps to ensure that DCs can now directly contribute to the health and well-being of veterans. I am pleased, too, that chiropractic college students will become eligible to participate in internship programs at VA hospitals and that a fair share of federal research funding will be directed to further documenting the efficacy and cost-effectiveness of chiropractic care."

Dr. Krippendorf added, "The ACA is a membership organization that is comprised of thousands of hard-working health professionals who are pillars of their communities in all 50 states. Our advocacy for full inclusion of chiropractic care in the VA system is part of our broader campaign to ensure that DCs and their patients are treated fairly in all of the Federal government's health care programs and initiatives. We've made great progress across the board, but the fight for fairness continues and the ACA is ever vigilant."

In addition to legislation authorizing the VA to employ chiropractors (Public Law 108-170), ACA-backed bills to test expanded access to chiropractic services under Medicare (Public Law 108-173) and to accelerate the implementation of chiropractic care in the military (Public Law 108-136) were also signed into law by President Bush in 2003. In 2004, the ACA will make it a priority to ensure that Secretary Principi's recommendations are speedily implemented, and work with Congress on new legislation to ensure that chiropractic patients are never wrongly denied access to care. There are about 60,000 DCs in the U.S. and an estimated 25 million chiropractic patients. ★

SOURCE American Chiropractic Association
Web Site: <http://www.acatoday.com>



TVC REGIONAL WOMEN VETERAN COORDINATORS NAMED

TVC's Women Veterans Program Manager, Delilah Washburn, recently appointed Regional Women Veterans Coordinators. They are:

Graciela Gibson	TVC El Paso Veterans Health Care Center	West Texas Region
Paula Taylor	TVC Fort Hood	Central Texas Region
Sandra Brock	TVC Fort Sam Houston	South Texas Region
Anita Cordero	TVC Dallas VAMC	North Texas Region
Hattie Russom	TVC Houston RO	East Texas Region

★ ★ ★

Duty to Assist Law Requires VA to Give More Help to Veterans

The "duty to assist" law adopted in 2000 significantly increases VA's responsibility for fully developing claims for compensation and pension before such claims can be denied. 38 U.S.C. § 5103A(d)(2) and its implementing regulation, 38 CFR § 3.159 place the responsibility for acquiring records under the control of the government squarely on VA. Additionally, the new law requires VA to give a veteran a compensation and pension (C&P) examination where such an examination might make a difference in the final outcome of a claim.

Before passage of this law, there was no duty to assist veterans with their claims until they had submitted evidence sufficient to satisfy the threshold for a well-grounded claim. Now, VA is obligated to obtain all pertinent evidence and information it has access to, to specifically inform the veteran of any evidence or information VA cannot obtain without the veteran's help, and to order a C&P examination with a request for opinion where the claim requires it.

Once VA has assembled all the pertinent evidence and information concerning a claim, the claim can be denied if, and only if, the evidence conclusively shows the condition is not directly or indirectly related to service. If a C&P examination might make a difference by diagnosing a current disability and/or establishing a nexus to service, VA is now required to order such an examination and request a nexus opinion.

38 CFR 3.159(c)(4) requires VA to order a C&P examination with a request for opinion as to relationship to service whenever there is: (1) "competent lay or medical evidence" of a "current diagnosed disability or persistent or recurrent symptoms of disability; (2) "an event, injury or disease in service"; and (3) "the claimed disability or symptoms may be associated with the established event, injury, or disease in service."

In *Charles v. Principi*, No. 01-1536, October 3, 2002, the Court of Appeals for Veterans Affairs found that Charles' sworn testimony at a 1999 RO hearing that he had

experienced ringing in the ears during his World War II service, and that he had had ringing in the ears since that service, constituted competent lay evidence of a current disability. Therefore, the Court stated, Charles was entitled to a medical nexus examination and opinion from VA to establish service-connection for tinnitus.

The duty to assist law requires VA to go the extra mile, if necessary, to establish the relationship of a disability to service or a service-connected disability. At times, however, there may be reasons why it is in the best interest of the veteran to acquire a nexus opinion from his or her own private physician instead.

Although the new duty to assist law does not change the way evidence is weighed in arriving at the final decision on a claim, it significantly changes VA's responsibility to make sure all pertinent evidence and information have been obtained before making such a decision.★

Contributed by Charles Reed, TVC Staff

TWC Names Veterans' Services Coordinator

The Texas Workforce Commission (TWC) has named George McEntyre as its Veterans' Services Coordinator. Prior to this position, McEntyre spent three years as a welfare policy team leader for TWC, assisting in the development of policies for workforce boards to implement the welfare program. A disabled veteran, he also represented the Agency on the Governor's Committee on People with Disabilities.

"George McEntyre is an excellent choice to head TWC's veterans unit," said Larry Temple, TWC Executive Director. "He possesses the experience needed in our workforce programs, both in the field and at the state level, to provide the support and assistance Texas veterans need."

McEntyre's first plan of action has been to reinforce the unit's reputation as being one of the best veterans services units in the country. He also intends to push for veterans groups and organizations to take a more active role in workforce board meetings in order to get their voices heard on their issues.

"My principal goals," said McEntyre, "are to improve the relationship and coordination with federal, state and local veterans organizations."

Assisting the new veterans coordinator is Gregory White, TWC's program specialist for veterans services. White, a military retiree for more than 20 years, transferred from the Contract Management Department.

McEntyre is currently focusing on strengthening and improving training by coordinating specialized training for workforce development boards and TWC staff from the National Veterans Training Institute. Additionally, he's putting more emphasis on rehabilitation and employment training, including the follow-up training.

McEntyre also is looking to develop a Veteran's Guide, which will be distributed to every Disabled Veterans Outreach Program (DVOP), Local Veterans Employment Representative (LVER) and each workforce center throughout Texas. To round out his aggressive plans for Texas veterans, he plans to organize a conference for staff members of the DVOP and LVER Programs statewide.

The veterans services unit is fully staffed, however, another 20 positions will be added to provide Texas veterans the best assistance and services TWC offers.

For more information about TWC's veterans services program, visit the veterans service's web page at <http://www.twc.state.tx.us/svcs/vetsvcs/vetsvcsprog.html>.

The Texas Workforce Commission is a State agency dedicated to helping Texas employers, workers and communities prosper economically. For details on TWC and the services it offers in unison with its network of local workforce development boards, call (512) 463-8556 or visit www.texasworkforce.org.★

*O*utstanding VA Employee of the Month May 2004

Patricia L. Forest, M.D., Supervisory Physician for Primary Care of the **Central Texas Veterans Health Care Service in Temple** is the "*Outstanding VA Employee of the Month*" of May 2004.

Dr. Forest was born in Ft. Smith, Arkansas and graduated from Georgetown High School in May 1970. She graduated, summa cum laude, from East Carolina University in May 1980, obtaining a M.D. degree from the same university in May 1984. She did her residency training in Internal Medicine at Scott and White Hospital and Clinic and Olin E. Teague VA Medical Center in Temple, Texas from June 1984 through July 1987. She was licensed by the State of Texas in December 1985 and received a diploma, American Board of Internal Medicine in September 1987. She is also a member of the Texas Medical Association and Bell Country Medical Society Alliance.

As well as being the Supervisory Physician for Primary Care at the Central Texas Veterans Health Care Service, Dr. Forest is an Assistant Professor for Texas A&M Medical School and has been actively teaching students and residents since 1990.

Dr. Forest works closely with the TVC staff for the benefit of veterans of Central Texas. She has assisted this office numerous times in resolving both medical issues and issues relating to veterans' claims. She is a caring physician and goes to great lengths to support veterans with their health care. We continually receive favorable comments about her compassion for her patients and her ability to resolve issues of concern to the veterans of Central Texas.★

What's New

at the Veterans Land Board?

AMARILLO TEXAS STATE VETERANS HOME GETS VA FUNDING COMMITMENT

Home will serve as model for future Texas State Veterans Homes

Jerry Patterson, Chairman of the Texas Veterans Land Board, announced the U.S. Department of Veterans Affairs has set aside about \$8 million for a new Texas State Veterans Home in Amarillo. Patterson said the VA funding commitment is the first step in a long process that should result in a veterans home opening in the last quarter of 2006.

"A couple of days after becoming chairman, I approved construction of an Amarillo veterans home once funding was available," Patterson said. "Now that the VA has set aside money for two-thirds of construction costs, we can start designing the home. Once that's done and the VA signs off on our plans, they'll cut a check for us and we can start building."

The VA funding is a matching grant that will cover 65 percent of construction, equipment and design costs for the home. The state's 35 percent match will come from either Texas Veterans Land Board funds, or revenue bonds, neither of which use taxpayer dollars. Once the VA approves the final grant application, construction should start in spring 2005.

The Texas State Veterans Home in Amarillo will have 120 beds, of which 30 will be certified for Alzheimer's care. The home will serve as a model for future Texas State Veterans Homes. Plans call for the facility to have sufficient utilities, laundry and kitchen facilities, and dining and common areas, to care for 160 residents should future expansion become necessary.

Texas Veterans Land Board member Mike Ussery, of Amarillo, has been exploring the possibility of a partnership between Texas Tech University Health Sciences Center at Amarillo and the future veterans home.

Because the VA subsidizes a significant portion of a veteran's cost to stay in a Texas State Veterans Home, the daily rates are well below market average and include the cost of medications. A veteran currently pays \$58-\$68 a day for a semi-private room in a Texas State Veterans Home. The average cost to stay in a private Texas nursing home is about \$100 a day, which often doesn't include the cost of medications.

In September 2002, the city of Amarillo was one of 40 Texas communities to submit a proposal to host one of two new state veterans homes. The VLB, which Patterson chairs, chose El Paso and McAllen to host the two new homes, and Amarillo was chosen to host the next veterans home when more VA funding became available.

Currently, there are four Texas State Veterans Homes. The Big Spring home, roughly equidistant from Abilene, Lubbock, Midland, Odessa and San Angelo, serves West Texas and still has openings for residents. The Floresville home, about 30 miles from San Antonio, serves Central and South Texas. The Temple home, located midway between Austin and Waco, serves Central and East Texas. The Bonham home, located north of Dallas near the Red River, serves North and East Texas. Construction has started on new homes in El Paso and McAllen, and both should be open in early 2005.

Each home provides a broad spectrum of health care services, a comprehensive rehabilitation program, special diets, recreational activities, social services, a library, and a certified, secured Alzheimer's unit with its own secure outdoor courtyard.

For additional information on Texas State Veterans Homes, Texas State Veterans Cemeteries and land, home and home improvement loans for Texas veterans, call 1-800-252-VETS (1-800-252-8387), or visit the Texas Veterans Land Board Web site at www.texasveterans.com.

★ ★ ★

Attention Texas Veterans

The Texas Veterans Land Board Offers
State Benefits to Meet Your Needs



- Land Program
up to \$40,000
- Housing Program
up to \$240,000
- Home Improvement Program
up to \$25,000
- Texas State Veterans Homes
Temple, Floresville, Big Spring, Bonham
Coming soon to El Paso and McAllen



For more information
1-800-252-VETS
www.texasveterans.com

Texas Veterans Land Board
Jerry Patterson, Chairman
P.O. Box 12873
Austin, Texas 78711-2873



VA Seeks Former POWs For Possible Benefit Awards

The Department of Veterans Affairs (VA) is reaching out to former prisoners of war not currently using VA benefits and urging them to contact VA to find out if they are eligible for health care, disability compensation or other services.

“Former prisoners of war sacrificed heroically for their country during wartime,” said Secretary of Veterans Affairs Anthony J. Principi. “It is now the nation’s turn to serve them, to ensure they receive all the benefits and all the honors they have earned.”

More than 21,000 former POWs already receive compensation from VA. Within the past year, the department has mailed information about benefits to another 4,700 known ex-POWs not on its rolls. However, VA estimates there could be as many as 11,000 more POWs for whom it does not have an address.

In recent years, VA has expanded policies to cover increasing numbers of former POWs as new illnesses have been found related to captivity.

Nine out of ten former POWs are veterans of World War II, and their service predates the use of Social Security numbers as a military “service number.” That, coupled with the decades that

have elapsed since their service, makes it difficult for VA to track down those who have not opened a file with VA in recent years.

VA recently enacted policies making it easier for former POWs, detained 30 days or more, to obtain compensation for specific illnesses. In July 2003, VA added cirrhosis of the liver to the list of diseases presumed to be linked to captivity and entitling former POWs to disability compensation. Additionally, a December 2003 change in the law now allows former POWs detained for less than 30 days to get benefits for certain physical and psychological conditions.

Former POWs have a special eligibility for enrollment in VA medical care and are exempt from making co-payments for VA pharmaceuticals, as well as inpatient and outpatient medical care. They have the same eligibility as other veterans for extended care. Free treatment for any dental condition is now available to all former POWs.

More information about VA benefits and services for former POWs is available at www.vba.va.gov/bln/21/Benefits/POW or call toll-free at 1-800-827-1000.★

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Events in the heart of
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**AMERICA'S
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Observance Service
at 12:00 Noon to 12:40
Air Force Reserve 457th
Fighter Squadron with
301st Fighter Wing
Flyover

Texas Honors  the Fallen

MEMORIAL DAY/TEXAS



Remember Honor Celebrate

Monday, May 31
Auditorium Shores
Austin, Texas

FOR VOLUNTEER OPPORTUNITIES, PRICES, MILITARY DISCOUNT INFO,
TRIATHLON DETAILS, MUSIC LINEUP, SPONSOR LISTS, BENEFICIARIES, ETC.,
PLEASE VISIT THE OFFICIAL WEBSITE:

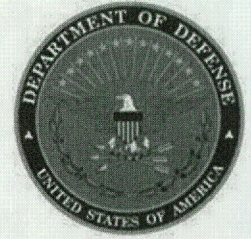
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Memorial Day - a time to
pause, reflect and honor all
those who have sacrificed
for the freedoms we enjoy.

MEMORIAL DAY
Remembrance
Celebration

Texas Honors the Fallen
Benefit Concert
Beginning at 1:45
(Gates open at 1:15)
Benefiting Fallen Patriot
Fund & Fallen Hero Last
Wish Foundation
(Tickets Available
through Star Tickets)

DoD Health Officials Concerned Over Military Suicides



By Sgt. 1st Class Doug Sample, USA

American Forces Press Service

The number of suicides in Iraq has the full attention of Defense Department health officials, who are asking soldiers suffering from combat related stress to seek medical assistance.

In an interview with American Forces Radio and Television Service, Dr. David N. Tornberg, deputy assistant secretary of defense for clinical and program policy, said suicide deaths are a "primary concern" for his office.

"It's very important for anyone who is feeling stressed to come forward, to speak to their chaplain, to speak to a mental health practitioner or physician, to speak to someone in your line of authority," he said.

Especially troubling to Tornberg is an Army report by mental health experts that revealed soldiers committed suicide at elevated rates during 2003, with those deployed to Iraq and Kuwait experiencing the greatest increase.

DoD officials have reported a drop in the number of suicides this year, with no suicides reported in January or February, and just one in March.

Tornberg said males ages 18-25 with financial, legal and relationship problems compose the largest risk group for suicide.

According to DoD statistics, there were 24 suicide deaths in 2003 in Kuwait and Iraq — a rate of 17.3 per 100,000. The overall Army suicide rate during the same time period was 12.8 per 100,000 soldiers.

Still, officials say the Army suicide rates of 12.2 for 2003 and 11.9 from 1995 to 2002 remain lower than the national average of 21.5 per 100,000 for males ages 20 to 34 — the age span for most U.S. soldiers in Iraq.

Though the military has several comprehensive programs in place to address the mental health needs of service members, Tornberg said more emphasis will be placed on suicide prevention training for leaders and troops, beginning before and after the deployment cycle.

Prior to deployment, service members receive mental health screenings, and during the course of deployment, mental health support teams are available to provide assistance as needed, Tornberg said.

Upon redeployment, service members go through a "re-integration" process designed to help their transition back into family life. Service members are also re-screened for mental health problems. "Follow-on services are available if they should encounter any difficulties," he said.

Tornberg said last year the military conducted a first-of-its-kind

study of service members in a battle zone.

Mental health experts surveyed 756 soldiers in Iraq between late August and early October.

The study consisted of hundreds interviews of soldiers, their leaders, and support forces such as behavioral health and medical-care providers and unit ministry staffs.

"They learned a lot from that trip," he said. "First and foremost, it reaffirmed the fact that the battlefield today, despite all training, is a very stressful environment."

Surprisingly, Tornberg said the majority, some 77 percent of the troops interviewed, did not feel an "excessive" degree of stress, and felt they were managing their stresses well. He said he believes they considered the stress levels they anticipated as the benchmark in determining whether they experienced "excessive" stress.

Still, he said recommendations in the report have called for making behavioral health care more accessible to soldiers in combat and other high-stress environments "so that mental health professionals are actively available and ready down at the battle lines."

He said the study further revealed a need to optimize the well-being of soldiers by enhancing environmental and living conditions in theater.

One of the significant developments in the Iraq study, he said, was the success of combat stress control teams. He said the teams have been used in the past, but that DoD has substantially increased the program and its focus.

Plans are to have combat stress teams "fully integrated" into the battlefield and readily available to provide intervention as close to the front as possible, he said.

"There is just no substitute for having those services readily available," he said. "It's worked marvelously well in uplifting the mental health of the troops."

He noted that 96 percent of soldiers who have ready access to mental health resources are able to return to their units.

Tornberg said each service has its own stress management program to acquaint service members to the various reactions to stress and the appropriate management of those conditions.

The Army's Applied Suicide Intervention Skills Training, or "ASIST" program, is a computer-based program that, along with classroom training, offers soldiers and leaders training involving suicidal behavior.

The Army introduced the program about three years ago to give
(See "DoD Health Officials . . ." Continued on Page 9)

Reserve Component - Pay Bills But Save Your Receipts



Last year, the President signed legislation for Fiscal Year 2004 that authorized three new temporary provisions to enhance access to TRICARE medical and dental benefits for eligible Reserve Component sponsors and their family members. Recently, the Department of Defense announced plans to implement the new provisions under its 2004 Temporary Reserve Health Benefit Program. Eligibility for some of the new temporary TRICARE enhancements began November 6, 2003, and end for all on December 31, 2004.

Eligibility for two of the temporary provisions (sections 703 and 704) was effective November 6, 2003, but TRICARE policy, data and contract changes were needed before either could be implemented and claims paid. The 704 provision, which was implemented by TRICARE Management Activity (TMA) earlier this week, temporarily extends TRICARE eligibility under the Transitional Assistance Management Program (TAMP) from 60 or 120 days to 180 days for Reserve Component sponsors who separate from active duty federal service November 6, 2003, through December 31, 2004. Effective March 17, 2004, TAMP-eligible sponsors and family members who were saving their receipts may apply for TRICARE reimbursement by submitting a TRICARE claim form, a copy of their itemized bill, an

explanation of benefits and proof of payment if the bill was already paid to their TRICARE regional claims processor. Contacts and additional information on claims processing are available on the TRICARE Web site at www.tricare.osd.mil/claims/default.cfm.

TMA will soon be able to implement the second temporary provision (703). This provision authorizes TRICARE medical and dental benefits for Reserve Component sponsors activated in support of a contingency operation for more than 30 days and for their family members. TRICARE eligibility under this provision begins the day the sponsor receives delayed effective date active duty orders or 90 days before the date the active duty period begins, whichever is later. The effective date for benefits under this program was November 6, 2003.

However, until TRICARE is able to make payments for claims under this provision, Reserve Component sponsors and eligible family members who receive medical and dental care from November 6, 2003, to the present, are encouraged to pay those bills and save their receipts. Beneficiaries may apply for TRICARE reimbursement once implementation begins and claims filing procedures are announced by TMA.

The third and final temporary provision (702) is under development. This provision is limited to Reserve Component sponsors who are either unemployed or employed but not eligible for employer-sponsored health coverage and their family members. This provision will pay for medical care only. Claims under this benefit are not eligible for payment retroactive to November 6, 2003. This provision, when it is implemented, will require an enrollment application and payment of a premium. TRICARE is working now to develop this provision, which requires many contract and personnel system changes. We anticipate that this effort cannot be completed for several months. The authority for this temporary provision expires on December 31, 2004.

Sponsors and family members who need help understanding their TRICARE benefits or processing TRICARE claims, may contact their regional TRICARE beneficiary counseling and assistance coordinator for assistance. A list of names and telephone numbers for assistance is available at www.tricare.osd.mil/bcacdirectory.cfm.

Future updates on the three temporary programs for Reserve Component families will be posted to the TRICARE Web site at www.tricare.osd.mil and the Reserve Affairs Web site at www.defenselink.mil/ra. ★

Source: www.tricare.osd.mil

DoD Health Officials . . . Continued from Page 8

anyone who might come in contact with a person at risk of committing suicide the tools to intervene.

A "Soldiers, Leaders and Communities Saving Lives" suicide prevention campaign launched earlier was aimed at teaching soldiers how to recognize early signs of suicidal behavior and how to respond.

In February, the Army set up a toll-free crisis hotline to help curb suicides among soldiers during high-stress periods.

Tornberg urged service members who are having problems dealing with stress to come forward and address their issues. He also wants service members to look out for comrades who may be displaying signs of stress. "It would be important to talk to that individual," he said, "but also seek help for him or her as well."

He said many service members don't seek help from a mental health professional because they see that as a "sign of weakness" or believe a stigma is attached to seeking help.

"It is absolutely not" he said. "Reaction to stress is a condition experienced throughout society, not just in the military — particularly in the young, particularly in the aged," he explained. "It's something that we as a society have to address. And the stigma is something that we want to be removed."

He said service members should seek help for stress disorders just as they would for an ankle sprain.

For further information or links to related sites, please go to www.defenselink.mil. ★

Benefits for Children with Spina Bifida Born to Certain Korean War Veterans

The Veterans Benefit Act of 2003 provides for a program of vocational training for children with Spina Bifida born to veterans who served in or near the DMZ in Korea. The spina bifida conditions are covered under United States Code 1821. This section applies to all forms of spina bifida except for spina bifida occulta. Under this vocational rehabilitation program, a child with spina bifida qualifies for benefits regardless of age or marital status as long as the child is a natural born child of a veteran of covered service in Korea as determined for purposes of section, and was conceived after the date on which the veteran first entered service.

The veterans of covered service in Korea is any individual without regard to the characterization of that individual's service who served in the active military, naval, or air service in or near the Korean demilitarized zone (DMZ), as determined

by the Secretary of Veteran's Affairs in consultation with the Secretary of Defense during the period beginning on September 1, 1967, and ending on August 31, 1971. It has been determined by the Secretary after consultation with the Secretary of Defense that documentation available showed those periods of exposure to herbicide on the DMZ in Korea could have been from April 1968 to July 1969. The units currently considered as being exposed to herbicide with record available to the Department of Veteran Affairs after consultation with the Department of Defense are as follows:

The four combat brigades of the 2nd Infantry Division:

1/38th Infantry, 2/38th Infantry, 1/23rd Infantry, 2/23rd Infantry, 3/23rd Infantry, 3/32nd Infantry, 1/9th Infantry, 2/9th Infantry, 1/72nd Armor, 2/72nd Armor, 4th and 7th Calvary.

3rd Brigade of the 7th Infantry Division:
1/17th Infantry, 2/17th Infantry, 1/73rd Armor, and 2/10th Calvary.

Veterans who served in these units may be eligible for benefits under exposure to herbicide. Their children may be eligible to vocational rehabilitation training if they have spina bifida as a result of a veterans exposure to herbicide.

The United States Code section 1821 only applies to vocational rehabilitation with the cited dates of September 1, 1967, and ending on August 31, 1971. These dates are not to be confused with the actual units and dates currently used to approve veterans benefits for exposure to herbicide due to service on the Korean DMZ. This benefit can be applied for by completing and submitting to Vocational and Rehabilitation VA Form 28-1900.★

Contributed By Pablo Castellano, III, TVC Staff

CHAMPVA Policy for Some Surviving Spouses Extended

An extended deadline will allow more time for some remarried surviving spouses of veterans to seek health care insurance under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

"I am pleased that this extension will allow VA to provide health care benefits to more widows and widowers of veterans," said Secretary of Veterans Affairs, Anthony J. Principi. "This is another illustration of VA's long-term commitment, not only to veterans, but also to their surviving family members."

The extension applies to CHAMPVA-eligible spouses who remarry after a veteran's death. The surviving husband or wife lost access to CHAMPVA benefits if they remarried before their 55th birthday and before February 4, 2003.

Under rules announced last March, those survivors had until February 4, 2004, to apply for reinstatement of their CHAMPVA coverage. Today's announcement gives them until December 16, 2004, to apply for reinstatement.

To be eligible for CHAMPVA, people must be family members of veterans who have a permanent and total service-connected disability, who died of a service-connected condition or who were

totally disabled from a service-connected condition at the time of death.

In general, CHAMPVA covers most health care services and supplies that are medically and psychologically necessary.

People who want an application for this benefit or more information can contact VA's Health Administration Center at 800-733-8387.

Surviving spouses who remarry at a younger age and lose their CHAMPVA benefits can have these benefits restored if their later marriage is annulled or ends due to death or divorce. Similarly, widows or widowers of any age who lost benefits under VA's Dependency and Indemnity Compensation (DIC) program due to remarriage are eligible for reinstatement of monthly DIC payments if their subsequent marriage ends.

This restoration policy has been in effect since 1998, but VA officials are concerned widows or widowers may overlook this benefit if a subsequent marriage ends years later. VA's average payment to surviving spouses is about \$12,720, including adjustments for minor children, survivors who are housebound or who need a home aide, and other factors.★

June 2004

Outstanding VA Employee of the Month

Selected for the “*Outstanding VA Employee of the Month*” for June 2004 is **Captain Al Newman**, the **Operations Officer for the Police Service at the Amarillo VA Medical Center**. He began his career as a police officer at the Boston Outpatient Clinic, and transferred to Amarillo in 1995.

Al has been instrumental in providing improved services to veterans and their families whenever possible. He ensures that only qualified and conscientious drivers are assigned the responsibility of transporting veterans to and from appointments via VA shuttle service and other means. He is quick to provide assistance to veterans whenever needed, and without hesitation. Al’s sense of humor while providing these services does not diminish his professional approach to his job as a police officer.

Al is well respected by anyone who comes in contact with him, and he continuously demonstrates a willingness to work with the patients and their families so as to make their visits to the Amarillo VA Medical Center as comfortable, safe, and pleasurable as possible. The Texas Veterans Commission is proud to name Captain Al Newman as “*Outstanding VA Employee of the Month*” for June 2004.★

Panel Recommends Improved Vocational, Employment Services

On March 30, 2004, Secretary of Veterans Affairs Anthony J. Principi received a comprehensive report, *The Vocational Rehabilitation and Employment Program for the 21st Century Veteran*, from an independent Department of Veterans Affairs (VA) task force that calls for improved vocational rehabilitation and employment services for disabled veterans.

“Restoring the capabilities of disabled veterans is a critical and necessary component of our obligation to service members injured or disabled in our defense,” said Principi. “We must continuously improve our services to meet the needs of veterans seeking our assistance.”

Principi created the 12-member Vocational Rehabilitation and Employment (VR&E)

Task Force in May 2003. He charged the group with giving the VR&E program an “unvarnished, top-to-bottom independent examination, evaluation, and analysis.” Members of the task force included representatives from the public and private sectors with expertise in disability issues, vocational rehabilitation, clinical practices, data management and employment placement.

Among other enhancements, the task force recommended that VA improve the independent living program and expand current services to National Guard and reserve personnel.

A total of 110 recommendations were submitted to Principi. The recommendations were shaped by public fact-finding sessions, field site visits,

discussions with subject matter experts, analyses of prior reports and comments from both VA field staff and veterans.

The government’s role in vocational rehabilitation for veterans began during the World War I era. Congress has directed VA to assist disabled veterans in achieving and maintaining suitable employment. If employment is not feasible for a disabled veteran, VA can assist the veteran to develop skills for independent living.

“A responsive and effective program is especially important during this time of war,” said Dorcas R. Hardy, task force chairman. “The task force is confident that VA’s Vocational Rehabilitation and Employment Program will become a model for public-sector vocational rehabilitation and employment services.”★

The task force report is available at http://www.va.gov/opp/vre_report.htm.

Protecting Senior Texans – Health & Safety for Seniors

The Office of the Attorney General seeks to protect senior Texans and other health-care service consumers from abuse, neglect, and exploitation. The Office of the Attorney General receives referrals from client agencies to pursue civil actions against long-term care facilities and to investigate incidents for criminal prosecution. The AG's Elder Law & Public Health Division takes civil legal action to ensure quality treatment in nursing homes, assisted living facilities, and home health agencies. The AG's Medicaid Fraud Control Unit investigates and refers to prosecutors cases involving abuse, neglect or exploitation in Medicaid-funded facilities.

Abuse includes involuntary seclusion, intimidation, humiliation, harassment, threats of punishment, deprivation, hitting, slapping, pinching, kicking, any type of corporal punishment, sexual assault, sexual coercion, sexual harassment, verbal abuse, or any oral, written, or gestured language that includes disparaging or derogatory terms, regardless of the person's ability to hear or comprehend. Neglect means the failure of a caretaker to provide the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain.

Exploitation includes a caretaker's using the resources of a senior for monetary or personal benefit, profit, or gain. Seniors may need help with their finances, but unless they hand control over to another person, they have the same right as anyone else to receive, spend, invest, save, or give away their money. A family member, "friend," or nursing home may not take control of a senior's money without that person's permission. Also, a resident of a nursing home or other facility may review all of his or her records. This includes medical, nursing, financial, social, contractual, and legal records. These records may not be released without the individual's

permission, except when required by law or when the resident is transferred to another facility.

If you suspect a problem, discuss the matter with the nursing home, assisted living facility, or home health agency administrator. If you are aware of a specific act of abuse, neglect, or exploitation, you are required by law to report it. If the victim is in a nursing home or assisted living facility, or is in his or her home and using a home health agency, call the Texas Department of Human Services at 1-800-458-9858. Otherwise, call Adult Protective Services at 1-800-252-5400.

If a person complains about poor care, or if a family member speaks up about poor conditions at a facility, it is a violation of the law for the nursing home or any of its employees to intimidate or retaliate in any way against the resident or the family. A nursing home must have an effective procedure for receiving complaints and for responding to those complaints.

Seniors may need help with their finances, but unless they hand control over to another, they have the same right as anyone else to receive, spend, invest, save, or give away their money. If a family member, "friend," or nursing home takes control of a senior's money without that person's permission - you should call the Adult Protective Services or a private attorney for advice.

A resident of a nursing home or other facility may review all of his or her records. This includes medical, nursing, financial, social, contractual, and legal records. These records may not be released without the individual's permission, except when required by law or when a resident is transferred to another facility.★

Source: Texas Attorney General's website; <http://www.oag.state.tx.us/elder/elder.shtml>
Consumer Protection Division: Protecting Senior Texans

Troops to Teachers Still Wants You!

(by Meryl Kettler, Texas TTT Coordinator)

The Texas Troops to Teachers Program is actively seeking retired military members with bachelor's degrees who want to become public school teachers. Texas continues to lead the nation in the number of Troops to Teachers participants, with over 1000 hires. Nationwide, more than 6300 prior military members have taken advantage of the services offered by TTT to help them get trained, certified, and hired in public school classrooms.

Part of the reason that Texas has attracted such a great number of teachers from the military is that the state has excellent non-traditional teacher certification programs, targeted toward the mid-career changer with

a bachelor's degree. Texas now has 60 alternative certification programs, which allow a person to be trained for the classroom and actually be hired as a teacher while completing the certification process. Some of these programs provide training through university classes, some in local program classes, and some are even offered over the Internet.

Troops to Teachers funding has been a tremendous help to eligible veterans who are becoming teachers. Financial aid is available to degreed military retirees, and certain long-term reservists or National Guard members in drilling status. An applicant can receive up to \$5000 to

pay for a teacher certification program. Or, if participants teach on a high-needs campus, they could receive \$10,000 as a bonus. Texas participants have received over \$700,000 in stipend and bonus funds over the last two years.

For more information on Troops to Teachers call the Texas state office at 1-800-810-5484. Meryl Kettler, the state coordinator, and her assistant, Dale Reynolds, can advise on TTT funding eligibility and options for achieving Texas certification.★



The Fiduciary Program

The Fiduciary Program administered by the U.S. Department of Veterans Affairs has the primary function of protecting the interests of a minor or an adult who is incapable of managing his or her financial affairs through effective estate supervision. The fiduciary is simply a person or legal entity charged with the duty of managing the estate of the minor or incompetent adult. VA supervised fiduciaries are both court-appointed and federal fiduciaries.

The Field Examiners and Estate Analysts are charged with handling the day-to-day operations of the program. The Field Examiners are responsible for the investigative services in fiduciary and non-fiduciary matters. The work of the examiner is usually performed away from the office. The majority of the work is

done in locations convenient to the client. These locations include: private residencies, banks, courts and law offices. The Estate Analyst shares in the work of the Field Examiner and also is responsible for the duties that are judgmental in nature. The Estate Analyst does most of their work at the VA regional office.

The Fiduciary Program's Responsibilities Include:

- Assessing the competence, adjustment, and personal welfare of beneficiaries for the purpose of evaluating their need for assistance in VA matters
- To determine the payee best suited to the needs and situation of the beneficiary
- To arrange for the utilization of benefit

funds for the beneficiary and dependents, if any

- To protect assets from loss of diversion
- To assure that fiduciaries, beneficiaries and other persons involved are fully advised of all potential federal and state benefits
- To act on behalf of the Supervised Direct Payment (SVD) beneficiaries by asserting and protection their entitlement to VA and other state and federal benefits
- To protect federal funds from fraud, waste and abuse

For further information, please contact the nearest Texas Veterans Commission office, Veterans County Service Office or VA Veterans Benefit Representative.★

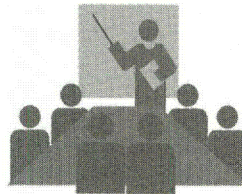
Contributed by Dwight Marshall, TVC Staff

Training for Newly Appointed Service Officers Scheduled

As a matter of interest, the next Training Session for Newly Appointed Service Officers is scheduled for July 20-23, 2004, at The Holiday Inn-Waco, 1001 Martin Luther King, Jr. Blvd, Waco, Texas. Monday, July 19, 2004, will be the travel day, with training beginning at 9:00 a.m. on Tuesday, July 20, 2004, and ending by noon Friday, July 23, 2004.

The Texas Veterans Commission is authorized to reimburse travel expenses; i.e., lodging, per diem and travel, for CSO's and Assistants who have not already attended initial training. Information regarding the The Holiday Inn-Waco, as well as directions, is available on our website at www.tvc.state.tx.us/Training.htm.

For others involved in veterans benefits programs wishing to attend, or for further information, contact Cruz Montemayor at TVC Headquarters in Austin at (512) 463-6564 or on the CSO Headquarters WATS line.★



TVC to Hold A Free Veterans' Benefits Seminar

Learn everything you wanted to know about veterans' benefits at a Texas Veterans Commission benefits seminar!

The TVC will be hosting a free seminar at the Holiday Inn - Waco on Monday, July 19, 2004, from 6:00 - 7:00 pm. in the Baylor Bear Room.

Meet one-on-one with veterans counselors and other representatives from a variety of organizations that deal specifically with veterans and veterans' benefits. Veterans and their families are encouraged to attend. For further information, contact Amanda Palm, TVC Marketing Manager, at (512) 936-6677 or on the Veterans HOTLINE at 1-800-252-VETS (8387).

*Remember, the seminar is free and refreshments will be provided.
We look forward to seeing you there!*

Veteran-Owned Small Businesses to Benefit from P.L. 108-183, Veterans Benefits Act of 2003

On December 16, 2003, President Bush signed the Veterans Benefits Act of 2003, Public Law 108-183, which Section 308 provides sole source and restricted competition to small business concerns owned and controlled by service-disabled veterans. According to Scott F. Denniston, Director of the Office of Small and Disadvantaged Business Utilization at the U.S. Department of Veterans Affairs, it is imperative that Service-Disabled Veteran-Owned (SDVO) and Veteran-Owned (VO) small businesses receive their fair share of Federal procurement awards.

Denniston said that Secretary Anthony Principi has reaffirmed the three percent for contract awards to SDVO and has established a VA-wide goal of awarding seven percent to VO. The Veteran-Owned and Service-Disabled Veteran-Owned Small Businesses Task Force was created to develop a plan to increase VA's

achievements to these two groups and Secretary Principi has approved all 16 recommendations of the Task Force.

As Secretary Principi states in the Task Force Preamble, "I can think of no other more deserving category of small business than those owned by individuals who have been disabled through their service to this country."

VA's Center for Veterans Enterprise (CVE) has developed a database, VetBiz Vendor Information Pages (VIP), which is comprised of VO and SDVO small businesses and can be found on their website, www.vetbiz.gov. There is no cost for veterans to sign-up their company on VIP. By certifying that their company is 51% owned and controlled by a veteran, it ensures buyer's confidence.



In a memorandum from Angela B. Styles, Administrator, Office of Federal Procurement Policy, dated April 29, 2003, she encourages all Federal agencies to focus contracting on small businesses owned and operated by veterans, including service-disabled veterans. She went on to highlight VIP as a tool to assist agencies in locating VO and SDVO small businesses. For further information, you can contact Gail Wegner, Deputy Director, CVE, at (202) 303-3260, Ext. 5239 or via email at Gail.Wegner@mail.va.gov.

Denniston said, "VA is committed to our veterans and providing business opportunities to veterans who own small businesses is altogether consistent with our mission to serve our Nation's veterans."

For further information, please contact Phil Richardson, (202) 565-7835 or via email at Phil.Richardson@mail.va.gov.★

National Cemetery Burial Locations Online

More than three million records showing where veterans have been buried in Department of Veterans Affairs (VA) national cemeteries are now available online. The innovation will make it easy for anyone with Internet access to search for the gravesite locations of deceased family members and friends.

The nationwide grave locator contains more than three million records of veterans and dependents buried in VA's 120 cemeteries since the Civil War. It also has records of some burials in state veterans' cemeteries and burials in Arlington National Cemetery from 1999 to the present.

The records date to the establishment of the first national cemeteries during the Civil War. The Web site — at www.cem.va.gov — will be updated nightly with information on burials the previous day.

The site displays the same information that visitors to national cemeteries find on kiosks or in written ledgers to locate gravesites: name, dates of birth and death, period of military service, branch

of service and rank if known, the cemetery's location and phone number, plus the grave's precise location in the cemetery.

The home page, "Burial and Memorial Benefits," allows the reader to select the Nationwide Gravesite Locator to begin a search.

State cemetery burial records are from those cemeteries that use VA's database to order government headstones and markers for veterans' graves. Since 1999, Arlington National Cemetery, operated by the Department of Army, has used that database.

The information in the database comes from records of interment, which before 1994 were paper records, kept at each cemetery. VA's interment records contain more information than what is shown on the Internet and cemetery kiosks. Some information, such as identification of the next of kin, will not be shown to the public for privacy reasons. Immediate family members with a government identification card may request to see the full record of a burial when they visit a national cemetery.★

Texas Veterans'

H O T L I N E

1-800-252-VETS (8387)

The Veterans **HOTLINE** is a joint venture of the **Texas Veterans ommission** and the **Texas Veterans Land Board**.

Keep Retired Pay Records Current

Too often, the Defense Finance and Accounting Service (DFAS) hears about survivors who have been denied Survivor Benefit Plan (SBP) benefits because the retiree failed to update retired pay records when the retiree married, divorced, remarried, was widowed or gained a child. DFAS hears from surviving spouses who did not receive the retired pay for the portion of the last month the retiree was alive because this money went to someone else whom the soldier had named at retirement.

DFAS hears from former spouses who lost SBP because neither the former spouse nor the retiree notified the DFAS within a year of the divorce that SBP was part of the divorce by sending a letter and a copy of the decree.

To make sure your spouse (or former spouse) is prepared, keep a file of information that your spouse (or former spouse) will need when you die. Make sure your spouse (or former spouse) knows what benefits to expect or not to expect. Clip this article to your files as a reminder to keep your retired pay records current when your status changes.

Note: The SBP "paid up" provision which allows retirees to stop paying SBP premiums after 30 years of premium payments and reaching age 70 goes into effect October 1, 2008.

REMEMBER: YOU are responsible for updating your retired pay file information at DFAS-CL within one year of the event if you marry, remarry, have a child, are widowed or divorced and need to make or update a Survivor Benefit Plan (SBP) election.★

*Source: Army Echoes
Issue 1, Jan-Apr 2004*



SBP ANNUITY

The Passing of the 2004 National Defense Authorization Act allows the surviving spouse to choose how SBP annuity is applied.

As we know, the annuity is off set dollar for dollar if the survivor is awarded DIC. But now the surviving spouse can select the SBP benefit to go to the children. In doing so, the way is open for the spouse to receive full DIC. It is important to note this allows a larger amount of monthly entitlements because SBP is not to be offset for dependent children. The children's benefits remain in effect until they are 18, or 22 if a full time student.★

CONCURRENT RECEIPT

Public Law 108-136, the National Defense Authorization Act for Fiscal Year 2004, contains a provision to restore the retired pay currently deducted from retirees' account due to their receipt of Department of Veterans Affairs (VA) disability compensation. This Act modifies the law preventing retirees from receiving full retirement pay if they are also receiving VA disability compensation.

Concurrent receipt of military retirement pay and VA disability compensation is for retirees with 20 or more years of service and a VA disability compensation rating of 50% or more. This program will be phased in over a 10-year period, which began on January 1, 2004, with the first payments being made on February 1, 2004. The Defense Finance and Accounting Service had identified qualified retirees and will make the adjustment to their retired pay. No action will need to be taken by the qualified retirees to enroll in the program.

The present rates are:

\$750 if 100%	\$250 if 70%
\$500 if 90%	\$125 if 60%
\$350 if 80%	\$100 if 50%

These amounts will increase each year until January of 2014, when eligible retiree's will receive pay entitlement and VA disability compensation with no reduction.★

*Source: Defense Finance and Accounting Service
Contributed by Mike O'Connell, TVC Staff*

2003 JOURNAL INDEX

The Index of Texas Veterans Commission JOURNAL Articles published during 2003 has been posted on our website at www.tvc.state.tx.us/TVC_Publications.htm

If you do not have access to the Internet, please contact us on the CSO Wats Line, the Veterans' HOTLINE or locally at 512/463-5538 to request a copy. You may also request a copy via fax to Attn: Nancy Gamroth at 512/475-2395.★

★ FOR IMMEDIATE ★ ★ R E L E A S E ★

Electrical Licensing for Certain Veterans

According to _____, Veterans County Service Officer for _____ County, the Texas Department of Licensing and Regulation is encouraging all recently discharged military veterans who held a military occupational specialty in the electrical field to apply for licensure with the State of Texas.

The test for the Journeyman Electrician and Master Electrician will be waived (grandfathered) if proof of experience can be provided and verified; this is only valid through June 2004. After June 2004 the military experience will count but the exam for each respective category will apply.

There are three categories in which they can apply according to their level of experience:

Electrical Apprentice - An applicant for a license as an electrical apprentice must be at least 16 years of age and be engaged in the process of learning and assisting in the installation of electrical work under the supervision of a licensed master electrician.

Journeyman Electrician - An applicant for a license as a journeyman electrician must:

- (1) have at least 8,000 hours of on-the-job training under the supervision of a master electrician;
and
- (2) pass a journeyman electrician examination administered under this chapter.

Master Electrician - An applicant for a license as a master electrician must:

- (1) have at least 12,000 hours of on-the-job training under the supervision of a master electrician;
and
- (2) pass a master electrician examination administered under this chapter.

For more information visit the TDLR website at <http://www.license.state.tx.us> or call toll free at 1-800-803-9202 or locally in Austin, (512) – 463-6599.



57th Annual Statewide Training Conference for Veterans

Service Officers

September 21 - 24, 2004

(Travel Day: Monday, September 20, 2004)

Doubletree Hotel
6505 IH 35 North
Austin, Texas 78752
512/ 454-3737

Room Rate
\$69.00-Single/Double
Cut Off: August 30, 2004
NO EXCEPTIONS!

When making your reservations, please be sure to indicate that you are attending the Texas Veterans Commission's Training 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 Cruz Montemayor, Director of Administration & Training, TVC Headquarters, at 512/463-6564, or on the Austin CSO WATS Line, three (3) weeks prior to the Conference so that appropriate arrangements may be made.

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

Conducted by:
Texas Veterans Commission
Austin, Texas
512/463-6564; (FAX) 512/ 475-2395
info@tvc.state.tx.us www.tvc.state.tx.us
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