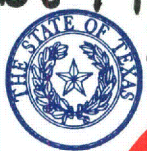


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Texas Veterans Commission

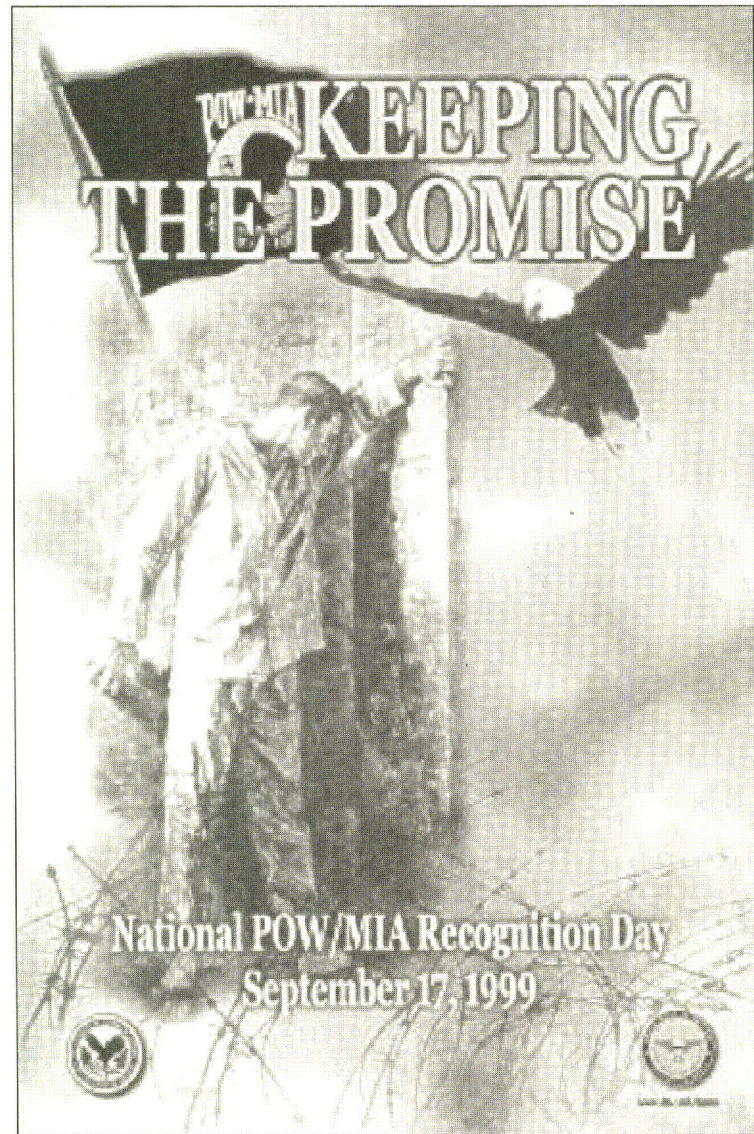
# Journal

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Texas State Documents

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# TEXAS VETERANS COMMISSION JOURNAL

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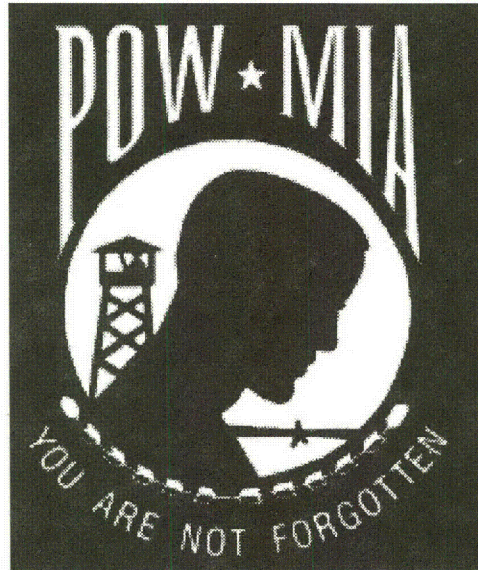
# **Background: National POW/MIA Recognition Day**

Until July 18th, 1979, no commemoration was held to honor America's POW/MIAs, those returned and those still missing and unaccounted for from our nation's wars. That first year, resolutions were passed in the Congress and the national ceremony was held at the National Cathedral, Washington, D.C. The Missing Man formation was flown by the 1st Tactical Squadron, Langley AFB, Virginia. The Veterans Administration published a poster including only the letters "POW/MIA" and that format was continued until 1982 when a black and white drawing of a POW in harsh captivity was used to convey the urgency of the situation and the priority that President Reagan assigned to achieving the fullest possible accounting for Americans still missing from the Vietnam War.

National POW/MIA Recognition Day legislation was introduced yearly, until 1995 when it was deemed by Congress that legislation for special days would no longer be proclaimed by Congress. However, the President continues to sign a proclamation each year. In the early years, the date was routinely set in close proximity to the League's annual meetings. In the mid-1980's, the American Ex-POWs decided that they wished to see the date established as April 9th, the date during World War II when the largest number of Americans were captured. As a result, legislation was passed in 1984 that included a July date, but established April 9th as the commemoration date for 1985.

The 1984 National POW/MIA Recognition Day ceremony was held at the White House. At that most impressive

ceremony, the Reagan Administration balanced the focus to honor all returned POWs and renew national commitment to accounting as fully as possible for those still missing. Perhaps the most impressive Missing Man formation ever flown was that year, up the Ellipse and over the White House. Unfortunately, the 1985 ceremony was canceled due to inclement weather, a concern that the League had expressed when the April 9th date was first proposed.



Subsequently, in an effort to accommodate all returned POWs and all Americans still missing and unaccounted for from all wars, the National League of Families proposed a date in September, usually the third Friday, not associated with any particular war and not in conjunction with any organization's national convention. Nearly all National POW/MIA Recognition Day ceremonies have been held at the Pentagon; however, on September 19, 1986, the national ceremony was held on the steps of the U.S. Capitol facing the Mall, again concluding with a flight in Missing Man formation.

**National POW/MIA Recognition Day Ceremonies** are now held throughout the nation and around the world on military installations, ships at sea, schools, churches and fire stations.

**The focus is to ensure that America remembers its responsibility to stand behind those who serve our nation and do everything possible to account for those who do not return.**

## **National POW/MIA Recognition Day**

**Ceremony at the State Capital  
Friday, September 17, 1999**

The 3rd Annual National POW/MIA Recognition Day Ceremony will be held on the south steps of the Capitol in Austin at noon on Friday, September 17, 1999. The Ceremony will be hosted by Senator Carlos Truan, Chairman of the Senate Committee on Veteran Affairs and Military Installations.★

# ***The Anthrax Vaccine & Squalene Controversy***

## ***What is the Threat to U.S. Forces?***

Several countries at odds with the United States have developed, or are developing, weapons of mass destruction. Iran, Iraq, Syria, Libya and North Korea are a few of these countries. Weapons of mass destruction include nuclear, chemical and biological weapons. There is a great deal of evidence suggesting that these nations plan to use these weapons against U.S. forces in the event of a conflict.

## ***What are Biological Weapons?***

Biological weapons are simply virulent diseases that are delivered and spread by weapons systems (artillery shells, missile warheads, aircraft bombs). Anthrax is the biological weapon most favored by other nations because it is:

- Highly lethal
- Easy to produce in large quantities
- Relatively easy to develop as a weapon
- Easily spread over a large area
- Easily stored and dangerous for a long time

## ***What is Anthrax?***

Anthrax is a disease normally associated with plant-eating animals (sheep, goats, cattle, and to a lesser degree, swine). It is caused by the bacteria *Bacillus anthracis*. Once common where livestock were raised, it is now controlled through animal vaccination programs. Anthrax still occurs in countries where animals are not vaccinated, mainly in Africa and Asia. It occurs less frequently in many countries, including the United States.

Human infection with anthrax usually results from direct contact with infected animals or animal products such as wool, meat or hides. However, when anthrax is used as a biological weapon, people become infected by breathing anthrax that is released into the air.

Inhalation anthrax is the disease that results from breathing anthrax.

## ***What Happens to People Who Become Infected with Inhalation Anthrax?***

They die within three days over 95 percent of the time. Few people survive inhalation anthrax.

Symptoms of inhalation anthrax can begin as early as 24 hours after breathing the spores. Initial symptoms include: fever, cough, and weakness and usually progress to breathing problems, shock and death.

## ***Why Vaccinate?***

Vaccines prevent illness by stimulating the body's natural disease-fighting abilities. They are among the most powerful tools developed by modern medicine for keeping people healthy. Vaccines are routinely used in the United States to protect against diseases such as mumps, measles, whooping cough, and polio. Vaccines have small risks, however. Most vaccines cause some soreness in the arm where they are injected. Some vaccines cause flu-like symptoms, and a very small number of people actually become infected with the disease a vaccine is meant to prevent. As part of force protection, military personnel are given additional vaccines to protect against naturally occurring diseases encountered when deploying overseas, such as typhoid, hepatitis, and yellow fever. Vaccines also help protect against biological weapons. In a sense, vaccines are as integral to protecting troops as are flak jackets and helmets.

A safe and effective licensed vaccine against anthrax is available. The Department of Defense (DoD) therefore established the Anthrax Vaccine Immunization Program (AVIP) in May 1998. All active and reserve servicemembers will be vaccinated against anthrax within the next few years. Vaccinations were first given to those deploying to high threat regions like Korea and the Persian Gulf.

## ***What is the Anthrax Vaccine?***

The anthrax vaccine is used to protect people against anthrax. This vaccine does not contain living organisms, and is not new. Human anthrax vaccine was developed over 40 years ago and has been routinely used in the U.S. since 1970, when the Food and Drug Administration licensed it. Veterinarians, livestock handlers and laboratory workers have used the drug safely.

The Michigan Department of Health once manufactured the vaccine, but its plant was sold to a private firm several years ago. That firm was cited during an inspection for

paperwork errors. There is no evidence that the vaccines shipped for use were contaminated or faulty.

## ***What are the Side Effects?***

Reactions that occur are most often the same from any vaccinations, such as sore arm, redness and slight swelling. These reactions are temporary.

Approximately 200 incidents of side effects have been reported among servicemembers, which is less than 0.0008% of all those vaccinated.

There are no known long term side effects reported in the 29 years that the drug has been in use.

## ***Is the Anthrax Vaccine Associated with Gulf War Veterans' Illnesses?***

No. Approximately 140,000 servicemembers in the Persian Gulf during the Gulf War were administered the anthrax vaccine. Every independent expert scientific panel that has investigated Gulf War veterans' illnesses has dismissed the likelihood that the anthrax vaccine is associated with those illnesses.

## ***Have Some Servicemembers Refused the Vaccine?***

Yes. Approximately 200 have refused to take the vaccine, which represents a tiny number of refusals as compared to the number that has taken the vaccine. Those that have refused have been punished, and several dozen have been kicked out of the military with less than honorable discharges. As few as they number, they each represent an individual who will likely be ineligible for veterans' benefits, and carry the stigma of their discharge for the rest of their lives.

## ***Anthrax and the Department of Veterans Affairs (VA)***

VA will assist DoD in administering the anthrax vaccine to members of the National Guard and Reserves. Florida will initiate a pilot program in January 2000, and VA will eventually vaccinate a minimum of 900,000 personnel. DoD will provide the vaccine and reimburse VA for the costs associated with this cooperative program.

*(See "Anthrax..." on Page 3)*

## **Anthrax . . . (Continued from Page 2)**

Units will not arrive en masse for their shots at VA hospitals. Rather, individual servicemembers will schedule individual appointments at the nearest VA medical facility. The idea is to get the servicemembers vaccinated without overwhelming VA medical facilities or disrupting unit training schedules.

### **What is the Controversy Regarding Squalene?**

A recent Vanity Fair article ("The Pentagon's Toxic Secret, 11 May 1999 issue) claimed that researchers have discovered the cause of Gulf War Syndrome. The cause, according to the article, is squalene, which was allegedly used as an adjuvant in the anthrax vaccine administered to Gulf War veterans. The article claims that squalene was secretly put into the anthrax vaccine administered to servicemembers in the Persian Gulf during the Gulf War. The article claims that some researchers found squalene in some disabled Gulf War veterans' blood, and it then makes the leap of faith in blaming squalene for "Gulf War Syndrome."

The Department of Defense adamantly denies that the anthrax vaccine was contaminated with squalene. The General Accounting Office (GAO) recently found no evidence supporting the claim that squalene was put into the anthrax vaccine.

### **What is Squalene?**

Squalene is a naturally occurring fatty substance found in some foods and beauty care products. It is also produced naturally by the human body. There is no evidence that it does any harm to people or animals. On the contrary, a quick search of the available medical literature finds that squalene is used to reduce elderly patient's cholesterol levels, among other positive health uses. It is under study as a potential adjuvant in vaccines.

### **What is an Adjuvant?**

An adjuvant accelerates the body's immune response. Some vaccines use an adjuvant to speed-up the process whereby the body develops an immunity to a particular disease. Squalene is not used in any U.S. vaccines.

### **Gulf War Veterans' Illnesses.**

There are quite a few sick Gulf War veterans, and the causes of some of their illnesses remain unexplained. Over one hundred quality investigations have been completed or are underway, and they will help explain why some Gulf War veterans are ill. The anthrax vaccine, and squalene, as far as we know today, is not associated with any illnesses in Gulf War veterans.★

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## **PTSD & the Aging Veteran Population**

It has become apparent over the last two or more years that an epidemic of Post-Traumatic Stress Disorder has broken out. This may be a gross overstatement of the point, but there does seem to be a direct correlation between the marked number of claims being filed and the age of the veterans filing those claims.

Simply put, there are a lot of claims for PTSD being filed by World War II and Korean War veterans. After interviewing enough of these claimants to get a representative cross-section, I have found the following to be true in most cases.

- ♦ Because of the advance age of the veteran he or she has a lot of extra time on their hands to think about the past and remember those glory days of yesterday.
- ♦ This being done, these remembrances of the past also include the good times they had as well as the bad.
- ♦ These bad memories seem to almost overwhelm the veterans and these long suppressed memories now become part of their daily lives.
- ♦ They now are forced to seek help in coping with the bad dreams, flashbacks and all the rest that goes along with reliving these past memories.
- ♦ One of the coping tools that the veteran might use is to join (or rejoin) a national service organization, post, or other organizations of similar design.
- ♦ This often has the reverse effect the association was intended to have. By associating with other veterans he or she may not only relive their own combat experiences, but may have to relive the memories of the others in the group.

- ♦ By the time the veteran has reached a level of problems that he or she can no longer handle, you (the counselor) are usually asked to become involved.
- ♦ From this point on this is just like any other PTSD claim except for the difficulties of reconstructing events of 48 to 58 years ago and dealing with the failing memory of veterans.
- ♦ It is also important to note that the veterans should be directed to seek the proper medical attention and to follow up on the recommendations of their health care providers.
- ♦ If you stay on top of the veteran's claim you can help perfect this claim, get the veteran the benefit he or she seeks and in the process provide the much needed support that it takes to cope with these types of problems.

These claims are sometimes extremely difficult to handle because of the vast amount of time that has gone by and even more difficult by the veteran's reluctance to actively participate in the claims process. It is to your advantage to encourage the veteran to give of his or her first hand knowledge of the events in question so the stressor can more easily be researched. This becomes even more critical when the veteran does not have the necessary combat decorations and other material to back the claim.

In conclusion, I feel if we are sensitive to this problem and recognize it early on in the claims process, we can effectively help with solving the problem of getting the claim granted to the veteran's satisfaction and feeling that you have given it your personal best.★

# Veterans Mortgage Life Insurance

The Veterans Mortgage Life Insurance program, known as VMLI, is unique among the life insurance programs that the Department of Veterans Affairs administer. This program, which began in 1971, provides mortgage life insurance, meaning that the insurance proceeds are intended to pay off a mortgage, and are paid directly to a mortgage lender rather than a beneficiary.

The only veterans who are eligible for VMLI are those who have been issued a Specially Adapted Housing Grant through VA's Loan Guaranty Service. The receipt of this grant provides automatic eligibility. There are no other requirements except that the veteran be below age 70 and, of course, have a mortgage.

VMLI is a very small program, covering only about 3,600 veterans at the moment. Because of this, there is not a lot of familiarity with the program rules and requirements among service officers and even VA's own Veterans Service Representatives (a.k.a. VBCs). Below are answers to some of the most frequently asked VMLI questions.

## ***How do I become eligible for VMLI?***

You will have received notification from VA that a grant to build, purchase or modify a home was approved. This is usually a "PH" grant of \$43,000 (increased from \$38,000 as of October 1, 1998), but receipt of an "AH" grant (maximum of \$8,250 increased from \$6,500 as of October 1, 1998) also provides VMLI eligibility.

## ***How do I apply?***

Usually, when you receive a housing grant, the VA employee who has assisted you, known as the Specially Adapted Housing Agent, will help you complete the application for VMLI. If you don't apply when you get the grant, the agent also sends a copy of the grant document to the VA Insurance Service, which will send you an invitation letter, VMLI pamphlet and application, VA Form 29-8636, *Veterans Mortgage Life Insurance Statement*.

## ***If I don't want to apply right away or I don't have a mortgage, can I apply later, or is there a closed period?***

There is no closed period for VMLI. You have lifetime eligibility once you receive the Specially Adapted Housing Grant.

## ***How much VMLI can I get?***

VMLI coverage is equal to the amount of your outstanding mortgage, except that the maximum amount of coverage can't exceed \$90,000. For example, if you have an outstanding mortgage balance of \$80,000, your VMLI coverage is \$80,000. If you have an outstanding mortgage balance of \$100,000, your VMLI coverage is \$90,000.

## ***Does that amount stay constant?***

No. VMLI is decreasing term insurance. As you make mortgage payments and your mortgage balance decreases, your VMLI reduces concurrently. If your mortgage is above \$90,000, VMLI won't start to decrease until you have paid your mortgage down to the \$90,000 level.

## ***How are VMLI premiums calculated?***

Premiums are calculated based on the age of the veteran, the duration of the mortgage and the amount of the mortgage.

## ***How are VMLI premiums paid?***

It is required that VMLI premiums be deducted from the veteran's monthly VA Compensation payment. If the veteran for some reason is not receiving compensation, VA will arrange for premiums to be paid directly.

## ***Do I name a beneficiary for VMLI, like in the other VA insurance programs?***

No. In the event of the death of a veteran who has VMLI, the VMLI payment is made directly to the lender (mortgage company, bank, etc) who holds the veterans mortgage.

## ***What if I got VMLI to cover a particular mortgage and then refinanced that mortgage, so I have a different lender?***

Since VMLI covers distinct mortgages, it is vital that you keep the VA Insurance appraised if you refinance your mortgage, so your coverage can be adjusted accordingly.

## ***When I refinanced, I borrowed additional money on top of what was left on my old mortgage. Will that be covered under VMLI as well?***

If you have borrowed extra money when you refinanced, VA may be able to cover it under VMLI if it was used for the purposes of improvements to your home or property. If it was used for other purposes, such as education, the purchase of an automobile, travel, or to consolidate credit card debt, VA can not cover it under VMLI.

## ***Will VMLI cover a second mortgage I obtained on my home?***

The same principal applies as if you have borrowed extra money on a refinanced loan. VA may be able to cover the second mortgage under VMLI, if it was used for the purposes of improvements to your home or property.

## ***If my VMLI has begun to reduce because my mortgage has been paid down, but then I refinance and borrow a large sum of money for home improvements, will my VMLI be restored to the full amount?***

No. There is a limit of \$90,000 per veteran on the same home. If VMLI is ever reduced because the mortgage is reduced, the amount of that reduction can never be reinstated. VA refers to this as "used entitlement."

## ***If I sell my present home, which is covered by VMLI, and buy a new home can I get VMLI on the new one?***

Yes. You are eligible for VMLI up to the maximum of \$90,000 on your new home.

## ***Does the new home have to be specially adapted to be covered under VMLI?***

No.

*(See "VMLI..." on Page 13)*

**A**rnold Uribe, Lead Clerk for MAS at the VA Medical Center in Big Spring, Texas, is nominated for the "Outstanding VA Employee of the Month" for July 1999. He began his VA career in 1987.

As Lead Clerk, Mr. Uribe is responsible for training all the clerks, preparing reports, and ordering supplies and forms. He also oversees the volunteers in his section and helps others when the need arises.

Mr. Uribe is a veteran of the U.S. Navy, retiring in 1982 after 27 years of dedicated service. He is a native of Big Spring.

In his spare time, Mr. Uribe enjoys outdoor activities and raising goats. When asked what his favorite activity is, he replies, "helping people." That caring and thoughtful attitude toward our veterans has earned him the appreciation and respect of the patients and his co-workers.

Mr. Uribe's eagerness to refer veterans to the Texas Veterans Commission for assistance has also earned him the title of "Outstanding VA Employee of the Month" for July 1999.★



## ● **Community Out-Based Clinics**

*What is a Community Out-Based Clinic (CBOC) and is there one near you?*

A CBOC is defined as a VA operated clinic (in a fixed location or mobile) or a VA funded or reimbursed health care facility or site that is geographically distinct or separate from the parent medical facility. A health care facility must have the necessary professional medical staff, diagnostic testing and treatment capability, and referral arrangements needed to ensure continuity of health care for currently eligible as well as potentially eligible veteran clients

Since VA began operating Community Out-Based Clinics throughout the country in mid-1995, quality health care has been more accessible to veterans in remote areas. These clinics are beneficial to both the veteran and VA. For the veterans, shortened hospital stays, reduced travel distances, shortened waiting times for follow-up care and more timely attention to medical problems may result.

The CBOCs have been established with existing resources. Savings resulting from parent facility efforts to find ways to do existing work more efficiently are being used to fund and staff the clinics. Some of the clinics are located in existing space in the community to be leased by VA, while others may provide services through a contract with an existing community service provider, such as a private group practice.

The locations of CBOCs in Texas are as follows (as of February 1999):

Abilene, TX	Decatur, TX	Greenville, TX**	Pleasant Grove, TX
Alice, TX	Del Rio, TX	Hamilton, TX	San Angelo, TX
Beeville, TX	Denton, TX	Kingsville, TX	Stamford, TX
Bonham, TX	Eagle Pass, TX	McKinney, TX	Tyler, TX
Brownsville, TX	Eastland, TX	Monahans, TX**	Uvalde, TX
Brownwood, TX	Fort Stockton, TX	Odessa, TX	
Cleburne, TX**	Fort Worth, TX	Palestine, TX	

\*\* = Scheduled for opening in 1999

For further information on the CBOCs, contact the nearest Texas Veterans Commission Office, Veterans County Service Office, or U.S. Department of Veterans Affairs office.★

# Veterans Preference Act of 1944

The Veterans Preference Act of 1944, amended, provides for preferential consideration of veterans and certain dependents who are employed by the Federal Government. The Act provides additional points to be added to the "passing scores" on examinations for eligible Federal Government appointments. Preferential consideration is granted to veterans and certain dependents and survivors, they are called "Preference Eligibles". The points may be used to obtain a specific appointment, job restoration, and in meeting physical requirements of civil service positions. Some preference eligibles may also file applications after a competitive examination has been closed, under specific conditions.

**Veterans Preference - General:** Five-point preference is given to ex-servicemen, and women separated under honorable conditions who served on active duty in any branch of the Armed Forces of the United States in wartime (including the period April 28, 1952 through July 1, 1955), or in peacetime campaigns or expeditions for which campaign badges or service medals have been authorized, or for more than 180 consecutive days (other than an initial period of active duty for training) which began during the period January 31, 1955 through October 14, 1976, inclusive. Effective October 1, 1980, veteran's preference was ELIMINATED for non-disabled military retirees who retire from the service at or above the rank of Major or its equivalent.

## **Minimum Service Requirements for Preference:**

- ♦ Persons who entered active duty in the Armed Forces after October 14, 1976, the closing date for performing peacetime service which qualifies for veterans preference, do not qualify for preference unless they are disabled veterans under 5 U.S.C., 2108 or served during a war or in a campaign or expedition for which a campaign badge has been authorized. A list of campaigns and expeditions is available in the Federal Personnel Management 296-33, sub chap 7.
- ♦ Section 408 of public Law 96-342, enacted September 8, 1980 for Department of Veterans Affairs and other veterans benefits for the definition of preference eligible under the civil service laws.
- ♦ Accordingly, to qualify for veterans' preference in federal employment, a person who enlisted after September 7, 1980, or enters active duty on or after October 14, 1982, and has not previously completed 24 months of continuous active duty, must (a) perform active duty in the Armed forces during a war or in a campaign or expedition for which a campaign badge has been authorized; (b) served continuously for 24 months or the full period called or ordered for active duty.

(See "Veterans Preference . . ." on Page 7)

## **Announcing the 2nd Annual "BENT SHAFT" Veterans Counselors Golf Tournament**

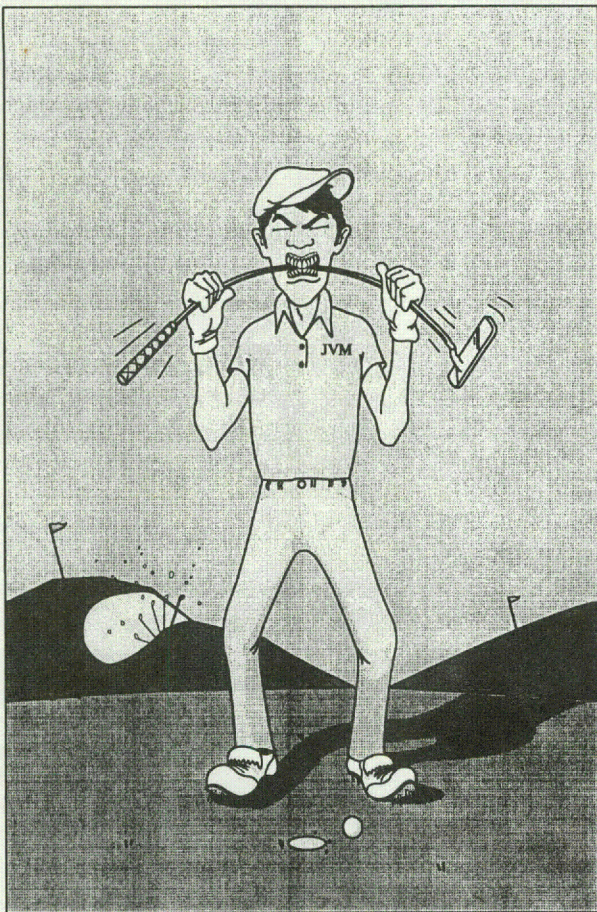
**Monday, September 27, 1999  
1:00 p.m (1300 hrs)**

**Mesquite Golf Course  
825 N. Hwy 67  
Mesquite, Texas**

**\$45.00/ person, includes cart, green fees, range balls,  
prizes & hamburger buffet following the completion of play.**

**For further information or if interested, contact Jim Van Marter  
TVC Amarillo VAMC @ 806/ 355-9703, EXT. 7051**

**Reservations no later than September 15, 1999.**





## **Veterans Preference. . . (Continued from Page 6)**

- ♦ Exclusions in the law accepts a person who (a) is discharged or released from active duty for a disability incurred or aggravated in line of duty or under 10 U.S.C., 1171 or 1173 for hardship or other reason; or (b) has a service-connected disability which VA determines is compensable.
- ♦ The service requirement does not affect eligibility for Veterans Readjustment Appointments or for veterans preference based on peacetime service exceeding 180 days from 1955 to 1976 or other qualifying service prior to September 8, 1980.

**Veterans Preference - Disabled:** Ten-Point preference is given to ex-servicemen and women separated under honorable conditions who served on active duty in any branch of the Armed Forces of the United States in either wartime or peacetime, and who (a) have a service-connected disability; or (b) are receiving compensation, disability retirement benefits or pension under public laws administered by the Veterans Administration\*, Army, Navy, Air Force, Coast Guard or Public Health Service. A veteran who has been awarded the Purple Heart Medal for wounds received in action is considered to have a service-connected disability rated as "no percent" for compensation purposes by the Veterans Administration\* is entitled to disability preference if VA determines that a disability of some degree exists.

Veterans with service-connected disability of 30% or more receive additional benefits, including appointment without competitive examination, with a right to be converted to career appointments and retention rights over other preference eligibles in reduction-in-force. Veterans with

disabilities of 30% or more also have the right to advance notification, an opportunity to respond and to receive a copy of the final OPM determination when:

- ♦ They are considered ineligible for a position due to physical requirements of the position;
- ♦ They would be passed over by an agency and a non-preference eligible selected in the course of filling a position from a civil service certificate; or
- ♦ They are deemed for retention in a position during a reduction-in-force due to the physical requirements of the position.

**Veterans Preferences - Spouses:** Ten-point preference is given to the wife or husband of a veteran separated under honorable conditions who served on active duty in the Armed Forces of the United States, and whose service-connected disability disqualifies him or her for appointment to civil service positions along the general line of his or her usual occupation. A veteran and spouse can not at the same time receive preference based on the veteran's service, and the spouse loses right to preference if the veteran is rehabilitated. Also, if the veteran's service was not during a war, or in a campaign or expedition for which a campaign badge or service medal has been authorized, or during the period of April 28, 1952 through July 1, 1955, the spouse loses preference when the veteran dies.

**Veterans Preference - Surviving Spouse:** Ten-point preference is given to the surviving spouse of a veteran separated under honorable conditions who served on active duty in the Armed Forces of the United States in wartime, in a peacetime campaign or expedition for which a campaign badge or service medal has been authorized, or during

the period April 28, 1952 through July 1, 1955, until he or she remarries.

**Veterans Preference - Mother:** Ten-point preference is given to the mother of a veteran who (a) dies under honorable conditions while on active duty in any branch of the Armed Forces of the United States in wartime, in a peacetime campaign or expedition for which a campaign badge or service medal has been authorized, or during the period April 28, 1952 through July 1, 1955, or (b) has a permanent and total service-connected disability which disqualifies him or her for civil service appointment to a position along the general line of his or her usual occupation.

It is further required that the mother is, or was married, to the father of the veteran on whose service she bases her claim and she either (a) lives with her totally and permanently disabled husband (either the veteran's father or the husband of her remarriage); or (b) is the widow of, or is divorced or permanently separated from, the father of the veteran and has not remarried; or (c) is remarried and is the widow of, or is divorced or permanently separated from the husband of her remarriage.

Eligibility for 10-point preference must be established by submission of Standard Form 15 and the necessary proof. Even though they might be already federally employed, to give maximum protection to job status, those eligible should apply through their local personnel office.★

\* = Since the law was enacted, the Veterans Administration has been named the Department of Veterans Affairs (VA).

Submitted by Graciela Gibson, TVC Staff

## **Hanson Named VA Assistant Secretary**

John Hanson, a native of Tuscaloosa, Alabama, was sworn in as Assistant Secretary for Public and Intergovernmental Affairs in the Department of Veterans Affairs (VA) on July 8, 1999.

Hanson, who will direct policies governing VA's news media and public and internal communications programs, as well as intergovernmental and consumer affairs activities, most recently was VA's Deputy Assistant Secretary for Intergovernmental Affairs.

Before his 1994 VA appointment, he was on the national staff of The American Legion at its Washington, DC, headquarters for

more than 10 years, where he served as deputy director for public relations and director of the Legion's veterans affairs and rehabilitation division.

Hanson worked for the National Governor Association from 1979 to 1983, and served on the staff of Governor George Busbee of Georgia from 1976 to 1979.

Hanson attended the University of Alabama and graduated from Georgia State University in 1977 with a B.A. in journalism and political science. He is a Vietnam-era veteran of the U.S. Air Force.★

# The War Against Cancer

Although there may never be a single cure for all different types of cancer, doctors now have medicines available that insure a cancer diagnosis is no longer necessarily a death sentence. Better detection methods allow them to diagnose cancer sooner and begin treatment at an earlier stage.

Today pharmaceutical company researchers have developed approximately 50 anti-cancer drugs and are currently researching over 300 medicines for cancer and cancer related conditions. They are trying to "starve" tumors by cutting off their blood supply with compounds called angiogenesis inhibitors, using a process called photodynamic therapy. They are also developing light-activated drugs to treat cancer. These innovative treatments offer hope for the future.

Can cancer be prevented? Some external factors may be controlled. Cigarette smokers are about 10 times more likely to develop lung cancer than non-smokers. Oral cancer and cancers of the larynx, throat esophagus and liver occur more frequently among heavy alcohol drinkers. About 90% of the 800,000 annual cases of skin cancer could be prevented by using adequate protection against the sun's ultra-violet rays. High fat diets have been associated with an increased risk of breast, colon, prostate and lung cancer. However, at this time, those associations have not been proven.

The seven early warning signs of cancer of the American Cancer Society's list are as follows:

1. Change in bowel or bladder habits
2. A sore that does not heal
3. Unusual bleeding or discharge
4. Thickening or lump in the breast or any part of the body
5. Indigestion or difficulty swallowing
6. Obvious change in wart or mole
7. Nagging cough or hoarseness

Fatigue and loss of appetite are other symptoms. However, these symptoms can also be caused by less serious conditions.

With the National Cancer Act of 1971, the U.S. committed itself to waging a "War on Cancer". The war is not won. We have not yet found the so-called "magic bullet", single medicine or treatment that will cure cancer.

Significant progress has been made in understanding cancer and in developing more effective treatments. Lives have been improved and extended as a result of ongoing advances in research and development of new drugs.

*Contributed by Judith A. Blanchard, TVC Staff*

## What is Cancer?

*Cancer is a group of many related diseases. All forms of cancer involve out-of-control growth and spread of abnormal cells.*

*Normal body cells grow, divide, and die in an orderly fashion. During the early years of a person's life, normal cells divide more rapidly until the person becomes an adult. After that, normal cells of most tissues divide only to replace worn-out or dying cells and to repair injuries.*

*Cancer cells, however, continue to grow and divide, and can spread to other parts of the body. These cells accumulate and form tumors (lumps) that may compress, invade, and destroy normal tissue. If cells break away from such a tumor, they can travel through the bloodstream or the lymph system to other areas of the body. There, they may settle and form "colony" tumors. In their new location, the cancer cells continue growing. The spread of a tumor to a new site is called metastasis. When cancer spreads, though, it is still named after the part of the body where it started. For example, if prostate cancer spreads to the bones, it is still prostate cancer, and if breast cancer spreads to the lungs it is still called breast cancer.*

*Leukemia, a form of cancer, does not usually form a tumor. Instead, these cancer cells involve the blood and blood-forming organs (bone marrow, lymphatic system, and spleen), and circulate through other tissues where they can accumulate.*

*It is important to realize that not all tumors are cancerous. Benign (noncancerous) tumors do not metastasize and, with very rare exceptions, are not life-threatening.*

*Cancer is classified by the part of the body in which it began, and by its appearance under a microscope. Different types of cancer vary in their rates of growth, patterns of spread, and responses to different types of treatment. That's why people with cancer need treatment that is aimed at their specific form of the disease.*

*In America, half of all men and one-third of all women will develop cancer during their lifetimes. Today, millions of people are living with cancer or have been cured of the disease. The risk of developing most types of cancer can be reduced by changes in a person's lifestyle, for example, by quitting smoking or eating a better diet. The sooner a cancer is found, and the sooner treatment begins, the better a patient's chances are of a cure.*

# VA Studying Treatments for Gulf War Illnesses

More than 30 VA medical centers across the country are participating in the first large-scale clinical trials for treatment of the unexplained illnesses of Gulf War veterans. The Department of Veterans Affairs is leading a \$20 million effort with the Department of Defense to learn more about ways to improve the health of veterans suffering from symptoms such as fatigue, muscle and joint pain, and problems with memory and thinking.

"Despite the lack of a comprehensive clinical case definition of the symptom complex often called Gulf War veterans' illnesses, VA has identified subgroups of patients for whom certain therapies may be appropriate," said John R. Feussner, M.D., VA's Chief Research and Development Officer and chairperson of the Research Working Group of the Persian Gulf Veterans Coordinating Board.

One study will focus on exercise and cognitive behavioral therapy (CBT). CBT is a highly structured treatment strategy that teaches techniques for diminishing the severity of symptoms. CBT and exercise training have been shown to be effective in treating many chronic ailments, including cancer, coronary artery disease, asthma and various conditions characterized by pain and/or fatigue. A second project will test whether a hypothetical infectious cause for the symptoms can be effectively treated with an antibiotic.

The exercise/behavioral therapy trial will involve 20 sites across the country and 1,300 veterans. Participants will receive their care exclusively from specially designated clinics and will work with a health care provider if specially assigned to the study. The trial will test whether the two forms of therapy—separately or in combination—improve physical function in veterans with at least two of the otherwise unexplained symptoms of fatigue, muscle and joint pain, and memory and thinking problems. Volunteers will receive aerobic exercise training, cognitive behavioral therapy, both, or usual and customary medical care in the trial clinic.

By studying a large number of veterans at multiple sites, this trial is designed to demonstrate definitively whether exercise alone or in combination with behavioral therapy improves health. The trial is

not aimed at curing Gulf War veterans illnesses but will evaluate non-drug therapies for reducing the severity of symptoms and thus allowing veterans to function at a higher level.

The other treatment trial will test whether the antibiotic doxycycline (a tetracycline) improves the health of veterans who test positive for infection with the common microorganism *Mycoplasma* and have at least two of the three symptoms of fatigue, muscle and joint pain, and memory and other neurologic problems. One current hypothesis for the unexplained ailments of Gulf War veterans is infection by a *Mycoplasma* species known as *Mycoplasma fermentans*.

Some veterans have reported that doxycycline helps to treat their ailments, but a large-scale, scientific study is needed to systematically test this therapy. The new trial will involve more than 400 veterans at 30 medical centers. To be eligible, volunteers must test positive for infection with *Mycoplasma* and must have at least two of the three symptoms of fatigue, muscle and joint pain, and memory and other neurologic problems. Participants will be randomly assigned to receive a 12-month course of doxycycline or an inactive placebo. Because of the importance of this health problem and the need for a scientifically valid study, veterans who receive the placebo will make a critical contribution that potentially could benefit many veterans suffering from GWI.

Gulf War veterans in Texas interested in volunteering for either of the clinical trials may contact the study coordinator at the nearest participating Texas site listed below. In other states, contact your nearest VA facility for the location of your nearest participating site.

#### ***Exercise/Behavioral Therapy Trial Participating Sites***

Houston, TX (713) 794-7668  
San Antonio, TX (210) 617-5300, ext. 4061

#### ***Antibiotic Treatment Trial Participating Sites***

Houston, TX (713) 794-7543

## ***Location Changes for Two VA Facilities in Texas***

***Beaumont VA Outpatient Clinic & San Antonio  
TVC Office/VA Office/Outpatient Clinic Moving***

The VA Outpatient Clinic in Beaumont has moved to its new facility at 3420 Veterans Circle, Beaumont, Texas 77707. The new phone numbers are 409/ 981-8550; 1-800-833-7734.

Effective September 1, 1999, the VA Office, VA Outpatient Clinic, Texas Veterans Commission office and other offices now housed at the 3601 Bluemel Road relocate to: 5788 Eckhart Road, San Antonio, Texas 78240. The new Texas Veterans Commission office phone number is: 210/ 699-2356. The main clinic phone number is unavailable at this time. ★

# ***Need-Based Vocational Rehab Benefit***

A program specifically designed to help disabled veterans is the 50 year-old vocational rehabilitation benefit. Veterans may be eligible for program benefits if they have a service-connected disability rated at 20 percent or higher. They must not have received a dishonorable discharge.

Vocational rehabilitation is designed to help veterans who, because of their disability, cannot prepare for, obtain or retain employment consistent with abilities aptitudes and interests. This assistance can include funding college education, technical training, skills assessment, career and vocational counseling.

If possible, apply for vocational rehabilitation services while still on active duty using VA Form 28-1900, Disabled Veterans Application for Vocational Rehabilitation.

Veterans with only a 10 percent service-connected disability may be eligible for benefits if the disability causes a serious employment handicap.

Once VA certifies eligibility for vocational rehabilitation, work will be done to determine entitlements.

It will be necessary to schedule a skills assessment. The detailed assessment results will be forwarded to the local VA office, where the veterans will meet with a counseling psychologist to discuss vocational rehabilitation needs.

Once entitled to education benefits, VA will pay all expenses, tuition, books required, materials such as pens and paper, and even a computer. Veterans also will receive a small stipend each month for living expenses, based on the amount of time in school (full time, part time) and on the number of dependents.

The department will take care of any medical and dental services necessary to continue training for up to four years. The program must be completed within 12 years of notification of entitlement benefits.

Denied applicants may appeal the decision to the local VA. For more information on vocational rehabilitation, contact the nearest Texas Veterans Commission officer, Veterans County Service Office or the Department of Veterans Affairs. Telephone numbers are listed in the government section of your local telephone book.★

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## ***Third-Party Reimbursement***

VHA Directive 99-014, dated April 1, 1999, provided detailed instructions for the application of recoveries from third-party health plans (Medigap and non-Medigap). Specifically, these instructions state that the insured veterans responsible for VA copayment(s) for their VA health care will not be billed for those copayments until the veteran's health plan either:

1. Remits payment in an amount that does not fully satisfy the veteran's VA copayment debt for that episode of care; or
2. Denies payment, in which case the veteran remains responsible for the entire VA copayment debt for that episode of care; or
3. Fails to respond within ninety days after submission of VA's claim either by remitting payment or requesting additional information (such as VA records), in which case the veteran remains responsible for the entire VA copayment for that episode of care. Any subsequent reimbursements received from such a health plan, however, must always be applied to the veteran's debt in accordance with the attached directive with appropriate funds.

It is felt that this is significant in that in the past some VA medical facilities were billing veterans a copayment at the same time they were billing the veteran's health plan. If the health plan providers reimbursed the entire or partial amount, then the veteran's account was given a credit. In some cases, this caused an undue financial hardship on the veteran. These new instructions should eliminate this problem.★

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## ***Decision Review Officer Program***

The Veterans Benefits Administration (VBA) recently announced that the Hearing Officer Program has been abolished and is now replaced by the Decision Review Officer (DRO) Program, due to the overwhelming support received from veterans service organizations.

VBA stated that veterans would be given a choice between electing intervention by the DRO or pursuing the appeal through the traditional appellate process.

The DRO will explain decisions and resolve dissatisfaction through direct contact with both the veteran/claimant and his/her representative, if any.

A joint VA (DRO) veteran/claimant agreement will be entered into identifying all relevant issues, evidence available, and basis for the appeal prior to a DRO decision.

For more details on this popular program, contact the nearest Texas Veterans Commission Office or Veterans County Service Office.★

# The Texas Rehabilitation Commission

Veterans who do not qualify for vocational rehabilitation through the VA may have another source of assistance through Texas Rehabilitation Commission (TRC). The vocational rehabilitation program through TRC helps people who have a physical or mental disability prepare for, find or keep employment.

Gaining skills needed for a career, learning how to prepare for a job interview, or getting accommodations needed to stay employed are a few of the ways TRC helps people with disabilities increase productivity and independence. *TRC serves people with a wide variety of disabilities, some of major disability groups are:*

- ◆ Mental Illness
- ◆ Hearing Impairment
- ◆ Impaired Function of arms or legs
- ◆ Back Injury
- ◆ Alcoholism or Drug addiction
- ◆ Mental Retardation
- ◆ Learning Disability
- ◆ Traumatic Brain Injury

*Services are provided based on individual needs. Some of the service are:*

- ◆ Medical, psychological and vocational evaluation to determine the nature and degree of the disability and to help find the individuals job capabilities.
- ◆ Counseling and guidance to help the individual and family plan vocational goals and to adjust to the working world.
- ◆ Training to learn job skills in trade school, college, university, on the job or at home.
- ◆ Hearing examinations, purchasing of hearing aids and other communication equipment, aural rehabilitation and interpreter services for the deaf and hearing impaired.
- ◆ Medical treatment and/or therapy to lessen or reinforce the disability.
- ◆ Assistive devices such as artificial limbs, braces, wheelchairs, and hearing aids to stabilize or improve functions on the job or at home.
- ◆ Rehabilitation technology devices and services to improve job functioning.
- ◆ Training to learn appropriate work behaviors and other jobs and to meet employer expectations.
- ◆ Job placement assistance to find jobs compatible with the person's physical and mental ability.
- ◆ Follow-up after placement to ensure job success.

The TRC Counselor will work with the individual to decide on an employment goal and develop a program of vocational rehabilitation services to achieve the goal. The Counselor will provide the applicant with choices of doctors, employers, other agencies and resources to carry out services. The Texas Rehabilitation Commission is 80% federally funded and 20% state funded. Anyone interested in this program may call 1-800-628-5115 for more information.★

*Submitted by Bertha Cruz Hall*

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**D**avid Carter, NT Manager  
IRM at the Dallas VA  
Medical Center, has been  
chosen for the "VA Employee of the  
Month" for August 1999.

David began his VA career in 1989 as a medical clerk in MAS. He was promoted to Medical Records Technician in 1991. He transferred to the Information Resource Management Service (IRM) as a telecommunications technician in 1994 and later was promoted to computer specialist in 1996. He is currently the alternate systems manager for the North Texas Health Care System's VISTA Computer System, responsible for the administration of the NT network.

David is married and has two daughters. His hobbies include auto racing, fishing and computers. David is a veteran of the U.S. Army, having served for over 2 years.

David has proven himself as a true advocate of veterans services at the Dallas VA medical facility, starting in release of information. He explains to veterans on how to obtain records from other VA facilities so that all would be in one record. Since transferring to the IRM, David has been instrumental in his assistance to the Texas Veterans Commission, bringing our office on line with the VAMC and the Inter-net worldwide. We are honored and pleased to name David Carter the "Outstanding VA Employee of the Month" for August 1999.★



# ***Soldiers' & Sailors' Civil Relief Act***

If you're one of the thousands of reserve component service members called to active duty in support of Operation Allied Force (or any other operation), you're protected by a law that can save you some headaches, and possibly more than just a few dollars.

Under provisions of the Soldiers' and Sailors' Relief Act of 1940, you may qualify for any or all of the following: (1) Reduced interest rate on mortgage payments; (2) Reduced interest rate on credit card debt; (3) Protection from eviction if your rent is \$1,200 or less; (4) Delay of all actions, such as bankruptcy, foreclosure or divorce proceedings. In addition to the protections involving debt payments and civil litigation, the act guarantees service members the right to vote in the state of their home of record and protects them from paying taxes in two different states.

Most provisions of the act are automatic, but those involving debt payments are not. Under the act, service members on active duty can have mortgage and credit card interest rates reduced to a fixed rate of six percent. In order to qualify for the reduction, however, service members must be able to demonstrate what is called "material effect". "Material effect" is a term that refers to how military

service impacts people's lives and their ability to meet their obligations.

Essentially, this means that service members entering active duty must be able to show their military income is less than their pre-service income and that the loss affects their ability to meet financial obligations. Regardless of profession, a "material effect" can be claimed if active duty service causes a loss of income. This protection is most widely used by reserve component service members called to active duty for long deployments, such as during the Gulf War, current Bosnia operations, and now, Operation Allied Force. A professional person in the Guard or Reserve who is called to active duty is more likely to show a loss of income. Members whose income increases with active duty would not qualify for the interest rate cap. Obtaining an interest rate reduction requires service members to notify their creditors and mortgage lenders in writing of their intent to invoke the six-percent rate cap.

Notification must include proof of mobilization and placement on active duty status, as well as documentation of reduced income, such as a leave and earnings statement. The interest rate reduction is only

temporary. Reserve component service members activated for a six-month deployment to Bosnia, for example, would be required to notify their creditors once their active duty service ends. The interest rate prior to deployment then would be reinstated. The term "material effect" also refers to the overall protection of service members' rights in civil proceedings. Service members involved in civil litigation can request a delay in proceedings, if they can show their military responsibilities preclude their proper representation in court. This provision is most often invoked by service members who are on an extended deployment or stationed overseas.

The Act is one of the most powerful and protective tools service members have in asserting their rights under the law while on active duty. It has stood the test of time and court challenges, all the way to the U.S. Supreme Court. Service members could not ask for better protection than what this Act provides. Service members who encounter personal financial or legal problems should immediately contact their unit or installation legal assistance office to see if they are protected by the Soldiers' and Sailors' Relief Act of 1940.★

*Article from Veterans of Foreign Wars  
Technical Information Bulletin  
Vol. XXXVII, No. 12*

## ***Inscription on Tomb to Change***

The Tomb of the Unknowns probably never again will contain a symbolic victim of the Vietnam War, the Pentagon recently said.

A new inscription on the crypt instead will honor those who remain missing.

Defense Secretary William Cohen "has determined not to inter remains in the tomb unless and until it can be assured in perpetuity that the remains of the American serviceman would be forever unidentifiable," said Rudy de Leon, Undersecretary of Defense for Personnel and Readiness.

Scientific advances, particularly the use of DNA matching, make it possible to identify eventually all remains the United States has collected so far.

for those of a pilot whose exhumed body was identified last year.

The Vietnam War crypt at the Tomb of the Unknowns at Arlington National Cemetery has remained empty since the body of Air Force 1st Lt. Michael Blassie was removed in May last year.

Blassie's body was identified using DNA technology.

On National POW/MIA Day, September 17, Cohen will dedicate a new inscription on the crypt cover that will read:

*"Honoring and keeping  
faith with America's  
missing servicemen."*



There still are more than 2,000 Americans listed as missing from the Vietnam War.★

This means there are no suitable unknown remains to substitute

# Loan Guaranty: Requirements for Interest Rate Reduction Refinancing Loans

The Department of Veterans Affairs (VA) has amended their loan guaranty regulations concerning the requirements for Interest Rate Reduction Refinancing Loans (IRRRLs). Under the final rule, in order to generally obtain an IRRRL, the veteran's monthly mortgage payment must decrease. Also, the final rule provides that the loan being refinanced must not be delinquent or the veteran seeking the loan must meet certain credit standard provisions. VA believes these changes are necessary to ensure that IRRRLs provide a real benefit to veterans and protect the financial interest of the government.

## **Effective Date: May 24, 1999**

Under the authority of chapter 37 of Title 38 United States Code, VA guarantees loans made by lenders to eligible veterans to purchase, construct, improve, or refinance their homes (the term veteran as used in this document includes any individual defined as a veteran under 38 U.S.C. §§ 101 and 3701 for the purpose of housing loans). VA has amended their loan guaranty regulations by revising the requirements for VA-guaranteed IRRRLs. The IRRRL program was established by Public Law 96-385 (October 7, 1980). IRRRLs are designed to assist veterans by allowing them to refinance an outstanding VA-guaranteed loan with a new loan at a lower rate. The provisions of 38 U.S.C. §§ 3703(c)(3) and 3710(e)(1)(C) allow the veteran to do so without having to pay any out-of-pocket expenses. The veteran may include, in the new loan, the outstanding balance of the old loan plus reasonable closing costs, including up to two discount points.

The final rule generally requires that the monthly payment (principal and interest) on the new loan be lower than the monthly payment on the loan being refinanced. VA believes that with the four exceptions discussed below, there is no legitimate reason for allowing the monthly payment (principal and interest) on the new loan to be as high or higher than the monthly payment on the loan being refinanced. The final rule is intended to prevent the veteran's monthly payment from increasing because of extensive costs added to the loan (including closing costs), even though the interest rate is lowered slightly. This is consistent with the Congressional intent of the IRRRL program as expressed in House Report No. 96-1165 (July 21, 1980, at p. 3) which states "[t]he bill is intended to assist veterans by allowing their monthly payments to be reduced."

The final rule also provides that the monthly payment reduction requirement would not apply to four limited situations where VA believes that other factors offset the risk of loss from an increase in monthly payment. These four situations are cases in which an adjustable rate mortgage (ARM) is being refinanced with a fixed-rate loan; cases in which the term of the new loan is shorter than the term of the loan being refinanced; when the increase in monthly payment is attributable to the inclusion of energy efficient improvements, as provided in 38 U.S.C. § 36.4336(a)(4); and, when the Secretary approves the new loan, on a case-by-case basis, in order to prevent an imminent foreclosure.★

*Article from Veterans of Foreign Wars  
Technical Information Bulletin  
Vol. XXXVII, No. 13*

## **VMLI . . . (Continued from Page 4)**

***My mortgage company was just sold and my mortgage is now held by a different company. Will that effect my VMLI coverage?***

It won't effect your coverage if there have not been any changes to your mortgage terms. However, VA should be kept up to date on the name and address of your new lender and your new loan account number.

***I make extra principal payments on my mortgage every month. Does this have any effect on my VMLI?***

Yes. Prepaying your mortgage balance could effect the terms of your mortgage because it might shorten the period that you will have to pay on it. This, in turn, effects the premium that we charge. As a general rule, you should inform VA if you

make prepayments totaling \$3,000 or more, so that VA can adjust your premium. Generally, VA can make such adjustments once per year.

***Can I keep VMLI indefinitely?***

Under the law, VMLI ceases on the veteran's 70th birthday.

***Is VMLI ever discontinued for any other reason?***

Only if the mortgage is paid off, the mortgaged property sold, or the veteran voluntarily cancels it.

***What if I forget to report these changes?***

In the past, VA has sent routine reminder letters asking veterans in the VMLI program to keep VA appraised of any changes in their mortgage status. That practice was temporarily

discontinued but will be resumed again shortly.

***Which VA office handles the VMLI program?***

Since August 1998, the VA Insurance Center in Philadelphia has handled the VMLI program. Their mailing address for VMLI purposes is:

Department of Veterans Affairs  
Regional Office and Insurance Center  
ATTN: VMLI (310/295E)  
P.O. Box 7208  
Philadelphia, PA 19101

Phone: 1-800-669-8477  
(press "0" to reach an Insurance Specialist)

Fax: 1-215-381-3561

# Medal Request Backlog

The Army Reserve Personnel Command in St. Louis has been responsible for processing and issuing medals and awards to replace those that have been lost, stolen, or never issued. Late last year, they reported a backlog of nearly 100,000 such requests. In an effort to improve the response time, the Department of the Army and the National Archives and Records Administration (NARA) have signed a memorandum of understanding transferring the medal replacement function to NARA's National Personnel Records Center (NPRC) which is also located in St. Louis.

Under the memorandum of understanding, if all individual requester's DD Form 214 or orders indicate an award or medal, NPRC will process the request and forward the documentation to the Army's Depot in Philadelphia, which sends out the medal or award to the requester. If the request is not properly documented, it will be forwarded to the Army Personnel Command in Washington, DC for a determination. NPRC already handles medal and award replacements for the U.S. Air Force.

The processing of backlogged requests will be handled through a combination of additional staffing and overtime. To facilitate the processing of a request or inquiry concerning replacement medals and awards, the following information should be included in a letter or on the Standard Form 180:

- ◆ full name of service member
- ◆ service number or Social Security number
- ◆ branch of service
- ◆ approximate dates of service
- ◆ the specific request and the reason for request
- ◆ the veteran's signed and dated authorization (if someone other than the veteran is submitting the request), and
- ◆ a return address

*Requests and inquiries concerning discharged and retired active duty personnel should be sent to:*

National Archives and Records Administration  
National Personnel Records Center  
9700 Page Blvd.  
St. Louis MO 63132-5100

*Request and inquiries for reservists should be sent to:*

National Archives and Records Administration  
National Personnel Records Center  
One Reserve Way  
St. Louis, MO 63132-5100

For further information, contact the nearest Texas Veterans Commission office, Veterans County Service Office or the Department of Veterans Affairs.★

## Retiree Dental Plan Premiums Drop

The uniformed Services division of the Delta Dental Plan of California, recently announced that annual premiums for the TRICARE Retiree Dental Program (TRDP) will fall this year by up to \$34.00 for full family coverage.

Monthly rates are scheduled to drop between .42 and .70 cents for single coverage, .89 cents and \$1.43 for two person coverage and \$1.98 and \$2.85 for family coverage. Actual reductions over the first year rates depend upon which of the five regions the subscriber lives in, based on his or her ZIP code.

The new rates reflect lower administrative cost for the program that now covers an estimated 400,000 Uniformed Service retirees and their family members. The premium schedule calls for a rate adjustment beginning each contract year.

"Premiums are based on the anticipated annual cost to administer the contract", explained Lowell Daun, DDS, a senior vice president at Delta Dental. "With 400,000 of the 4.2 million eligibles now enrolled in the program, we've successfully achieved an economy of scale in accordance with our projections that let us provide a modest price break in years two and three of the

contract, followed by only modest increases for inflation in the final two years."

Delta officials hope the lower fees for 1999 will trigger more interest in the retiree dental plan among the newest crop of Uniformed Services retirees, as well as those who have thus far postponed their enrollment.

"It should be apparent by now to anyone who has actually compared TRDP with any other commercially available dental program that dollar for dollar, this program offers great benefits at a terrific value, particularly because it also offers the freedom to choose one's own dentist," said Dr. Daun.

The TRICARE Retiree Dental Program is a voluntary dental program - the nation's largest. This means enrollees maximized their benefits by choosing one of nearly 24,000 "DeltaSelect USA" dentists, or they can choose any licensed dentist. The in-network dentist agrees to bill Delta directly for the covered services, honor Delta's fee schedule and abide by the program's

(See "Premiums . . ." on Page 15)



# More Korean War Records Located

DPMO archival researchers recently located some Army Forces Far East (AFFE) Korean War-era POW/MIA accounting records for the period from 1950-1956 at the National Archives (Washington National Records Center).

These archival searches have proved useful as analysts work to piece together the fates of Americans missing in action from all conflicts. These records include United Nations Command unconfirmed POW lists from 1951-1953 and background data for the lists of 944 (the September 1953 and April 1954 versions). Other records include additions and deletions to the POW/MIA Master List from the Air Force, Army, Navy and Marine Corps for the period from 1951-1954.

To streamline the process of cataloguing and retrieving such documents, DPMO archival researchers and analysts scanned over 4,800 pages of data into an electronic collection. These documents may now be moved electronically from location to location.

The records also include casualty questionnaires completed by repatriated POWs, lists of POWs mentioned in propaganda broadcasts, and data on POW camps. U.S. Army and State Department personnel declassified a large portion of these documents. Following analysis, records that pertain to specific MIA servicemembers are provided, through the military service casualty offices, to family members.★

## Premiums... (Cont. from Page 14)

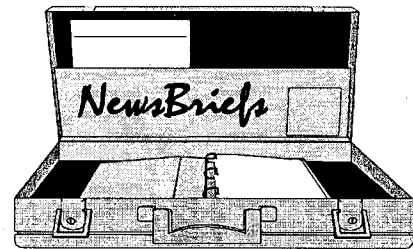
processing policies. Enrollees who choose a non-network dentist first pay that dentist's regular fees, then submit a claim to be reimbursed by Delta in accordance with its out-of-network fee schedules.

Program information, online enrollment and an online dentist directory are all available at Delta's Uniformed Services web site at [www.ddpdelta.org](http://www.ddpdelta.org). Enrollees can also submit customer service inquiries and download claim forms from this site. And, by entering their ZIP code, prospective and current enrollees can find out about exact premiums for their region.

For those who do not have Internet access, program information and enrollment services (as well as customer service) are available by telephone. For enrollment information, call toll free 1-888-838-8738. For customer service call 1-888-336-3260.

Delta Dental Plan of California is a non-profit dental service corporation with about 12.5 million subscribers nationwide. Headquartered in San Francisco, it is the largest member of the Illinois-based Delta Dental Plans Association, whose independent member companies together cover about 30 million Americans in dental HMO, PPO and traditional benefit programs.★

*Contributed by Jim Van Marter, TVC Staff*



## PARKING PRIVILEGES FOR CERTAIN VETERANS

SB 416, enacted by the 76th Texas Legislature and signed by Governor George W. Bush on June 19, 1999, provides that vehicles displaying Disabled Veteran, Congressional Medal of Honor, Former Prisoner of War, Pearl Harbor Survivor and Purple Heart Recipient License Plates are exempt from the payment of parking fees, including a fee collected through a parking meter, charged by a governmental authority other than a branch of the federal government. NOTE that these vehicles are only exempt from the parking fees if they are being operated by or for the transportation of the person who registered the vehicle with the above mentioned license plates.

If you need further information regarding this legislation, please contact your local Texas Department of Transportation Office, Vehicle Titles and Registration Division.★

## THE MOVING WALL COMING TO TEXAS THIS FALL

"The Moving Wall", first built in 1984, is a half-size replica of the Washington, D.C. Vietnam Veterans Memorial. When John Devitt attended the 1982 dedication in Washington, he felt the healing power of "The Wall". He vowed to take that healing to persons who did not have the opportunity to go to Washington. Three of these Moving Walls now travel the USA spending about a week at each site.

This fall, "The Moving Wall" will travel to two sites in Texas. The schedule is as follows:

October 29 - November 4  
VFW Post 3893  
SH 105 West  
P.O. Box 630986  
Nacogdoches, TX 75961-0986  
for further information, contact  
Revlon Belle  
409/ 569-9670

November 7 - November 13  
University of Houston  
Center for Military History, Inc.  
P.O. Box 891312  
Houston, TX 77289-1312  
for further information, contact  
Elias Sanchez-Perez  
1-800-926-5281  
E-mail: [elias@uh.edu](mailto:elias@uh.edu)

## E-MAIL ADDRESS FOR TRICARE INFORMATION CHANGES

The e-mail address that you can use to get TRICARE information sent to you electronically has changed again. The new e-mail address is:

[tricare-on@csdmail.medcom.amedd.army.mil](mailto:tricare-on@csdmail.medcom.amedd.army.mil)

To get on the electronic mailing list, just address a message to the above e-mail address, and send it. Don't use a subject on the message; and leave the body of the message blank.

Once you join the on-line mailing list group for TRICARE news releases, you will receive an electronic copy of each news release about policy or rule changes, new benefits, etc., as soon as it is published.★

**FOR  
IMMEDIATE  
RELEASE**



## ***VA Proposes Birth Defects Benefits Legislation***

According to \_\_\_\_\_, Veterans County Service Officer for \_\_\_\_\_ County, the Department of Veterans Affairs (VA) is developing legislation that would benefit children with birth defects, which may be related to their mothers' service in Vietnam.

The proposal is part of Secretary West's response to a VA-commissioned report on Vietnam veterans and Agent Orange from the National Academy of Sciences (NAS). While the NAS concluded in the report that there is inadequate/insufficient evidence that children of Vietnam veterans faced an elevated risk of birth defects, Secretary West said an internal VA study completed after the NAS review provided "compelling evidence" associating women's Vietnam service with birth defects.

Women Vietnam veterans were excluded from many birth defect studies reviewed by NAS because of their relatively small number. The results of a VA study of 90 percent of the 4,410 women Vietnam veterans surviving as of January 1, 1992, showed the risks of having a child with certain birth defects were significantly elevated.

Approximately 2.6 million veterans, 7,484 of them women, served within the borders of South Vietnam and in adjacent waters.

VA already provides benefits for spina bifida, a congenital defect of the spine, in children of veterans who served in the Republic of Vietnam during the Vietnam War. The Department also presumes service-connection for chloracne, porphyria cutanea tarda (a liver disorder), prostate cancer, acute and subacute peripheral neuropathy (nerve impairment), soft-tissue sarcoma, Hodgkin's disease, multiple myeloma, respiratory cancers (lung, bronchus, larynx, and trachea), and non-Hodgkin's lymphoma in Vietnam veterans.

Dioxin is a compound found in certain herbicides, including Agent Orange, used in Vietnam. The law presumes that all military personnel who served in Vietnam and later suffer certain diseases were exposed to herbicides.

Vietnam veterans who believe they have health problems that may be related to their Vietnam service or exposure to herbicides while serving in Vietnam should contact the nearest VA medical center or regional office, the nearest Texas Veterans Commission office or Veterans County Service Officer. Phone numbers are in the government section of your local directory.★



# 52nd Annual Statewide Conference for Veterans Service Officers

September 28-October 1, 1999

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LBJ Freeway @ Coit Road  
Dallas, Texas 75251  
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September 27, 1999**

**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.

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For further information, please contact:

Richard M. Prete

TVC Headquarters, Austin

Phone 512/463-5538; or on the  
CSO Headquarters WATS line.

E-mail:

[texas.veterans.commission@tvc.state.tx.us](mailto:texas.veterans.commission@tvc.state.tx.us)

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