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And Much More . . .

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The Texas Veterans Commission does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

VETERANS ORGANIZATIONS SERVING TEXAS VETERANS

THE AMERICAN LEGION

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Mike Palmquist, Department Adjutant

VETERANS OF FOREIGN WARS

Alexander Vernon, Department Commander
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AMVETS

Debra Henderson, Department Commander
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DISABLED AMERICAN VETERANS

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6900 Alameda Road
Houston, Texas 77030-4200

VIETNAM VETERANS OF AMERICA

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Fritch, Texas 79036

PARALYZED VETERANS OF AMERICA

Wilbur "Buddy" Osborne, VARO, Houston, Texas
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MILITARY ORDER OF THE PURPLE HEART

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VETERANS OF WORLD WAR I

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PEARL HARBOR SURVIVORS ASSN.

Albert B. Block, State Chairman
12303 Blue Water Drive
Austin, Texas 78758

AMERICAN GI FORUM OF THE U.S.

Antonio G. Morales, National Executive Director
2711 West Anderson Ln., Suite 205
Austin, Texas 78757

In addition to the organizations listed above, veterans' assistance is offered in most counties through the local Veterans County Service Office.

Veterans' Preference for Federal Jobs

By law, veterans who are disabled or who served on active duty in the United States Armed Forces during certain specified time periods or in military campaigns are entitled to preference over nonveterans both in Federal civil service hiring and in retention during reductions in force.

Hiring Preference in Civil Service Examinations

◆ Candidates who pass an examination are ranked by their scores. Veterans eligible for preference are entitled to have 5

to 10 extra points (explained below) included in their scores if they pass an examination. A passing score is 70 or higher.

- ◆ Regardless of their scores, qualified veterans with compensable service-connected disability of 10 percent or more are placed at the top of most civil service examination lists of eligibles, except for scientific and professional jobs at GS 9 or higher.
- ◆ A Federal agency hiring candidates from an examination

list must consider the top three available candidates for each vacancy.

- ◆ An agency may not pass over a candidate with preference and select an individual without preference who has the same or lower score, unless the Office of Personnel Management approves the agency's reasons.
- ◆ Veterans may apply within 120 days after discharge for any examination open during their military service.

(See *Veterans' Preference* . . . on Page 4)

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Nimitz Museum Symposium to Examine War Crimes Trials

Leading scholars, legal experts and World War II veterans will gather in Fredericksburg, Texas, October 12-13, 1996, to examine Tokyo war crimes trials and compare them to similar WWII trials that took place in Nuremberg and Bosnian war crimes trials being conducted today.

"Justice in the Aftermath: Tokyo War Crimes Trials" will employ keynote speakers and presenters, including veterans who witnessed the war crimes trials at the conclusion of World War II, to compare the trials of the 1940s to those currently being conducted today by the International Tribunal in The Hague. The retrospective symposium is the ninth such annual conference to be sponsored by the Admiral Nimitz Museum and Admiral Nimitz Foundation.

One of the more popular sessions during the symposium is sure to be the one exploring the myth and reality concerning the infamous Tokyo Rose, who spread propaganda to Allied soldiers by radio. Historians and others will review the real story behind the woman known as Tokyo Rose, who was acquitted of war crimes but was later tried by the popular press.

Panelists and speakers will address a number of questions during the gathering at the new Fredericksburg High School auditorium. What was the role of General Douglas MacArthur? What constitutes a war crime? How are military personnel prepared to deal with war crimes? What is the role of command responsibility?

"Are top-level commanders responsible for what low-level personnel under their command do in the field without their leaders knowledge and are precedents set in post World War II trials still being applied today are two key questions to be addressed," said Bruce Smith, Director of the Nimitz Museum.

Gabrielle Kirk-McDonald, Chief Justice of the International Tribunal in The Hague, The Netherlands, has been invited to be the keynote speaker during the second day and has been asked to be on the conclusions panel. Bosnian war crimes currently are being heard before the World Court.

The first day, Saturday, October 12 will endeavor to place war crimes trials in a historical perspective through presentations by Steven Ratner, a University of Texas Law School professor; James Zobel, a MacArthur Memorial Museum archivist; and Peter Cook, a producer from WGBH in Boston. Among topics to be addressed are the role of General MacArthur in Far East war crimes trials and the Homma case--its prosecution, defense, external pressures and verdict.

The Saturday session also will feature a panel chaired by noted historians Dr. Theodore Cook and Haruko Taya Cook, co-authors of *Japan At War*. Appearing on the "Soldiers in the Dock: Japan's Military Elite on Trial" panel will be military veterans who played active roles in the war crimes trials: Hiroide Toshiro, Glenn McDole, William Gill, Jean Balch and Porter Newton.

Toshiro served as a U.S. Army Japanese interpreter during the war crimes trials in the Philippines and in Tokyo. McDole, a Marine who was taken prisoner of war on Corregidor, witnessed the execution of 150 POWs. Gill, an Army investigator, documented war crimes, including the notorious Unit 731 incident. Balch, who lives in Abilene, Texas was a tailgunner stationed aboard the USS Yorktown, and was shot down over China. Newton was an investigator and prosecutor during the war crimes trials.

Among those scheduled to speak the second day are award-winning NBC correspondent John Rich, who will share his perspective as a wartime reporter, and Richard Lael, author of *The Yamashita Precedent: War Crimes and Command Responsibility*. Lael will review the issue of race and the psychology of war crimes from World War II to today's war aftermath in Bosnia.

One of the social highlights of the symposium will be the Saturday evening "Stagedoor Canteen" dinner dance with the music of "Sentimental Journey." The orchestra will be conducted by Ted Connerly who will use actual scores from Big Band era greats such as Benny Goodman, Glenn Miller and Harry James. The dance will take place in the George Bush Gallery of the Pacific War at the Nimitz Museum. The cost of the symposium is \$40 for members of the Admiral Nimitz Foundation and \$50 for non-members. Dinner dance tickets are \$35 each or \$60 per couple. For symposium tickets, call ☎1-800-880-8598. For more information about the symposium, contact Helen McDonald at the Admiral Nimitz Museum at ☎(210)997-4379, ext. 228. Fredericksburg is located about 75 miles west of Austin and 65 miles northwest of San Antonio.



New Melanoma Life-Saving Therapy Being Offered to Veterans

One of the fastest growing and deadliest forms of skin cancer is malignant melanoma. Nationally, there are 38,000 cases referred to physicians annually. Once the melanoma tumor is surgically removed, a wide resection with or without skin graft is performed. Until now, no other non-surgical therapy has shown a significant impact on relapse-free and overall survival of melanoma patients.

At the South Texas Veterans Health Care System (STVHCS), one veteran-patient with deeply invasive malignant melanoma is undergoing a new life-saving therapy. High doses of Interferon alfa-2b are administered intravenously five days per week for one month. The patient will then self-inject his dosage subcutaneously (under the skin) three times per week for 11 months as an outpatient.

"Interferon has been around for years and is used in fighting multiple types of cancer. Based on a recent national study, a

favorable outcome of treatment with interferon in terms of impact upon frequency of relapse and death from melanoma has been accomplished. A confirmatory study by the Southwest Oncology Group is in progress," says Geoffrey R. Weiss, MD, Chief, Oncology Section, at the Audie L. Murphy Division of the STVHCS.

The Eastern Cooperative Oncology Group trial EST 1684 published in the Journal of Clinical Oncology in January 1996, showed evidence that interferon alfa-2b prolongs the relapse-free interval and overall survival of high-risk deeply invasive resected malignant melanoma. The STVHCS and Dr. Weiss are members of the Southwest Oncology Group and have participated in the confirmatory trial of interferon alpha-2b to patients with the same category of disease.

"This curative therapy has changed the standard of care for patients with deeply

invasive malignant melanoma and can have an important public health impact. Results show that this therapy is associated with 42 percent improvement in overall survival in a fraction of patients who are continuously disease-free after treatment with interferon," says Dr. Weiss.

Interferon is a protein that mimics a substance that normally appears in the body and "interferes" with virus reproduction. Side effects include severe headaches, chronic fatigue, liver function abnormality, high fever, and blood abnormalities.

The patient's melanoma began with a birthmark located on the left arm that turned into a scab. Within eight months, the scab began growing and was diagnosed as deeply invasive malignant melanoma. The veteran worked outdoors most of his 73 years at feed mills and cotton gins.★

South Texas Veterans Health Care System
U.S. Department of Veterans Affairs
August 2, 1996



Charles A. Buerschinger, Deputy Director, TVC; VA Secretary Jesse Brown; Alexander Vernon, Commander, VFW and TVC Commissioner; Douglas K. Brown, TVC Executive Director; and Jim Nier, VFW Commander-in-Chief gather at Commander Nier's Homecoming in El Paso. During the ceremonies, Doug Brown presented a commemorative letter to Commander Nier expressing the Commission's gratitude for his support to the Commission and veterans.

Veterans' Preference . . . (Continued from Page 1)

5-Point Hiring Preference

Five points are added to the passing examination score of a veteran who served:

- ◆ During the period December 7, 1941 to July 1, 1955; or
- ◆ For more than 180 consecutive days, any part of which occurred after January 31, 1955 and before October 15, 1976; or
- ◆ In a campaign or expedition for which a campaign medal has been authorized, including Lebanon, Grenada, Panama, and Southwest Asia (Desert Shield/Storm).

Medal holders who enlisted after September 7, 1980, or entered on active duty on or after October 14, 1982, must have served continuously for 24 months or the full period called or ordered to active duty. The service requirement does not apply to veterans with compensable service-connected disabilities, or to veterans separated for disability in the line of duty, or for hardship.

10-Point Hiring Preference

Ten points are added to the passing examination score of:

- ◆ A veteran who served at any time and who (1) has a present service-connected disability or (2) is receiving compensation, disability retirement benefits, or pension from the military or the Department of Veterans Affairs. Individuals who received a Purple Heart qualify as disabled veterans.
- ◆ An unmarried spouse of certain deceased veterans, a spouse of a veteran unable to work because of a service-connected disability, and a mother of a veteran who died in service or who is permanently and totally disabled.

Ten-point preference eligibles may apply for any job for which (1) a list of examination eligible is (or is about to be) established, or (2) a non-temporary appointment was made in the last three years.

General Requirements for Preference

- ◆ Preference applies in hiring from civil service examinations, for most excepted service jobs, and when agencies make temporary appointments, or use direct hire and delegated examining authorities from OPM.
- ◆ An honorable or general discharge is necessary.
- ◆ Military retirees at the rank of major, lieutenant commander, or higher are not eligible for preference unless they are disabled veterans
- ◆ Guard or Reserve active duty for training purposes does not qualify for preference.

- ◆ When applying for Federal jobs, eligible veterans should claim preference on their job applications. (Applicants claiming 10-point preference must complete SF 15, *Application for 10-Point Veteran Preference*).

Thirty Percent or More Disabled Veterans

- ◆ Veterans with 30 percent or higher compensable service-connected disability ratings are eligible for direct appointments without examination, which may lead to conversions to career appointments. Veterans should contact the Federal agencies where they would like to work for job opportunity information.
- ◆ If rejected for employment or retention because of disability or if passed over for hiring, these veterans are entitled to be notified by the agency, to respond to the agency's action, and to receive a copy of OPM's final determination. Once hired, disabled veterans can participate in the Disabled Veterans Affirmative Action Program and receive assistance in development and advancement opportunities.

Credit for Military Service

- ◆ When a candidate's work experience is evaluated in an examination, full credit is given for military service. Such service is either considered as an extension of the work the veteran did before entering the Armed Forces, or it is rated on the basis of the actual duties performed in the Armed Forces, whichever is more beneficial to the veteran. Also, military time may count toward civil service retirement and vacations.

Retention Preference

- ◆ Generally, employees who have preference in examinations and appointments also have preference over other employees in retaining their jobs in a reduction in force (RIF). However, certain employees who retired from military service are not eligible for preference for job retention purposes
- ◆ When layoffs are necessary, each nontemporary employee competes for retention with other employees who do similar work at the same pay grade and who serve under similar conditions. Among competing employees, the order of separation is determined by type of appointment, veterans' preference, length of service, and performance ratings.
- ◆ Veterans have preference in retention over non-veterans. Veterans with disability ratings of 30 percent or higher and whose performance has been rated acceptable have preference over nonveterans and other veterans.★



The "Outstanding VA Employee of the Month" selected for September 1996 is **Connie Weismuller, RN, Staff Nurse and Women Veterans Coordinator.** Connie is stationed at the **Lufkin VA Outpatient Clinic.**

Connie began her career as a Registered Nurse with the Department of Veterans Affairs in October 1975, as a staff nurse at the Houston VA Medical Center. Her current duties are to provide direct patient care, general and emergency care, and to facilitate activities of student nurses. Connie also coordinates activities for women veterans as the chair of the Women Veterans Committee.

Connie's husband, Johnny, is a local attorney and they have two children, Scott and Kenneth.

Connie's dedication to her career is evident by her positive attitude and her willingness to go the extra mile. She is instrumental in the success of the Women's Program at the Lufkin facility. Her patients rate her high for her nursing skills. She has also been beneficial to the Texas Veterans Commission with referrals to us as well as receiving clients we refer to her.

The Texas Veterans Commission is thankful for Connie's contributions to this Agency and to the veterans she serves. We are pleased to select her as the "Outstanding VA Employee of the Month" for September 1996.★

Moving Wall Coming to Texas

The Wall That Heals: The Official Traveling Wall of the Vietnam Veterans Memorial Fund is now being constructed in Waukegan, Illinois, and will be out on the road very shortly. Following an historic dedication on November 10, 1996, in Charleston, South Carolina, it will begin a nationwide tour, with a scheduled appearance in **Houston, Texas, from December 11-16, 1996;** and **San Antonio** later that month. The sites for the appearances were not available at press time, nor were the dates for San Antonio.

This enthusiastic endeavor will complement the Vietnam Veterans Memorial Fund's (VVMF) educational outreach efforts. The VVMF has distributed books to high school libraries throughout the country and has distributed funds for scholarships to various colleges or universities across the nation in order to benefit the children of Vietnam-era veterans.

For further information, please contact the Vietnam Veterans Memorial Fund, 815 Fifteenth Street, NW, Suite 600; Washington, DC 20005; or telephone (202) 393-0090. The fax number is (202) 393-0029.



TVC Accreditation

During 1996, we conducted our second accreditation training program for County Service Officers and Assistants (CSOs) under the provisions of 40 TAC 451.1 and 451.3. We are pleased to announce that fifteen CSOs successfully completed the program and earned the TVC Accreditation. They are as follows:

Richard Ambrose	Johnson County	Harold Haynes	Dallas County (Asst.)
Jesse Carrizales	Travis County (Asst.)	Gary Offineer	Travis County (Asst.)
Glenn Clark	Polk County	Olie Pope	Travis County (Asst.)
Gus Culwell	Cornal County	Charles Prewit	Jones County
Willie Dougherty	Travis County (Asst.)	George Ruiz	Bexar County
Dan Garcia	Taylor County	Hank Scheible	Denton Co. (Asst.)
Stoney Greene	Dallas County	George E. Simpson	Tarrant Co. (Asst.)
Harry Grim	San Patricio County		

Also, the following CSOs, who were among the first training program, successfully recertified for accreditation:

Patrick Conrad	Fort Bend County	Tomas Sanchez	Kleberg County
William McLemore	Travis County	Thomas Tvrdik	Hays County
Juan Mireles	Val Verde/Kinney Co.	Robert Van Riper	Tarrant County
Al R. Myers	Harris County (Asst.)		

At this time, we are again opening the program to CSOs who would like to participate in the program. All those interested should advise the Commission in writing **no later than November 22, 1996**, if they desire to participate in the Accreditation Program. Please direct all written responses to this Headquarters, ATTN: Richard M. Prete, Chief Information & Training. You may also contact him on the CSO WATS line for additional information.★

Tax Exemption for Texas Veterans

Disabled Texas veterans who meet certain requirements, their surviving spouses and minor children of a person who dies on active duty in the U.S. Armed Forces and are living in Texas are eligible for property tax exemptions on the appraised value of their Texas property. The exemption is mandatory and applies to taxes levied by all taxing authorities in the State. A veteran whose service-connected disabilities are rated less than 10% by the Department of Veterans Affairs, or a branch of the Armed Forces, is not entitled to a property tax exemption. For those rated 10% or more, the tax exemption below apply:

<u>Disability Rating</u>	<u>Tax Exemption</u>
10% - 30%	First \$5,000.00 of appraised value
31% - 50%	First \$7,500.00 of appraised value
51% - 70%	First \$10,000.00 of appraised value
70% or more	First \$12,000.00 of appraised value

first \$12,000.00 of appraised value of property. A veteran whose disability consist of the loss of use of one or more limbs, total blindness in one or both eyes, or suffers paraplegia, is exempt on the first \$12,000 of the appraised value of his property. A veteran who qualifies under more than one of the exemptions may not combine the exemptions, but may take the one providing the largest exclusion. The surviving spouse of a person who dies on active duty is entitled to exemption of the first \$5,000 of the appraised value. The first \$5,000 of appraised value of the child's property is exempt as long as the child is unmarried and under 21 years of age. The surviving spouse of a deceased veteran who, at the time of his death had a compensable disability and was entitled to an exemption, is also entitled to that exemption if she is unmarried. This law is administered at the local

A veteran whose disability is 10% or more, and who is 65 years or older, is entitled to exemption of the

(See Tax Exemption . . . on Page 7)

Texas One/Stop Moves Ahead

On June 1, 1996, the Texas Employment Commission (TEC) became the Texas Workforce Commission (TWC). Although attempts were made by the new administration to privatize the new agency, these efforts were not entirely successful. The new agency consists of employees from all state employment and training programs such as the Department of Health and Human Services JOBS program, the Texas Department of Commerce Workforce Division, the Texas Department of Education Proprietary School and Veterans Education and the former employees of the Texas Employment Commission.

In the midst of all this transition, the agency is accepting bids for One/Stop Career Centers. To date, there have been 21 Career Centers funded and now open for business. Veteran Services have been integrated into each of these centers by either assigning LVER/DVOP staff or outstationing staff on an as needed basis. In some remote locations where this is not feasible, local staff have been sent to NVTI for Case Management Training. In addition, efforts have been made to provide all One/Stop Center managers with Managing Veterans Programs training. In some cases the centers are managed by former TEC managers who have received this training.

In addition, Texas Workforce Commission's One/Stop Program has also requested and is reviewing the three-year plans for the twenty-one centers now in operation. The directions for the completion and acceptance of these plans include requirements that a detailed explanation of how veterans services are

integrated into the services provided in the centers and signed-off by a representative of VETS. This requirement has proven to be beneficial to keeping priority services for veterans an issue in the career centers.

Meanwhile, as required by HB 1863, the Texas Workforce Commission continues to move forward with the development of local workforce development boards. These boards will replace the Private Industry Councils and eventually be responsible for the operation of the One/Stop Career Centers and all employment and training programs operated on the local level. These centers will eventually replace all of the local SESA offices. To date, there have been six local boards approved by the Texas Workforce Commission.

One of the newly approved Workforce Development Boards submitted a three-year plan to the DVET that did not contain language providing veterans' priority of services. The DVET provided the planner with the language necessary to meet the requirements of the SGA. The planner refused to incorporate the language and elevated the issue to the TWC. Instructions were given to the planner that corrections were necessary or the plan could not be approved by the TWC.

The TWC has indicated that the agency intends to continue to administer the LVER/DVOP program and that these employees will continue to be merit system employees.★

Contributed by John McKinny, Texas DVET

Tax Exemption . . . (Continued from Page 7)

level by the various taxing authorities. To apply, obtain an application from the local appraisal district office. Application must be completed every year between January 1 and April 30.

If a veteran died, and never filed a claim with the Department of Veterans Affairs, the surviving spouse has one year to apply for the property tax exemption, providing that he/she is granted DIC Benefits. Veterans who have suffered the loss of use

of one or more limbs, or are totally blind in one eye or both or suffered paraplegia if the rating is less than 70%, must complete State Property Tax Board Form 11,22 (*Application for Disabled Veteran's or Survivor's Exemption*), or secure a letter from the attending physician which will indicate the medical problem. By following these conditions the veteran will be entitled to the \$12,000 property tax exemption of the assessed value of the property.★

Contributed by Jesse Garza, TVC Staff

News for the Persian Gulf Veteran

Persian Gulf Registry

Since August 1990, the United States has deployed more than 945,000 troops to the Persian Gulf. In November 1992, the Department of Veterans Affairs Persian Gulf Registry was enacted. The registry is a free, voluntary examination of any Persian Gulf War veteran who presents for evaluation whether or not the veteran is ill. The examination consists of an extensive history including questions on environmental exposures, vaccinations, nerve gas prophylaxis, a thorough physical examination, and baseline laboratory data.

The 10 most frequent complaints among the more than 57,000 veterans on the Persian Gulf Registry:

- ◆ Fatigue - 20.2%
- ◆ Skin rash - 18.2%
- ◆ Headache - 16.8%

- ◆ Muscle & joint pain - 15.6%
- ◆ Loss of memory & other symptoms - 13.2%
- ◆ Shortness of breath - 7.7%
- ◆ Sleep disturbances - 5.4%
- ◆ Diarrhea & other symptoms - 4.2%
- ◆ Chest pain - 3.5%
- ◆ Other symptoms involving head & neck - 3.3%
- ◆ No complaints - 13.4%

VA offers a toll-free information line at ☎1-800-PGW-VETS (1-800-749-8387) where operators are trained to help veterans with general questions about medical care and other benefits. Information also is available through a national computer bulletin board, VA-ONLINE, at ☎1-800-US1-VETS (1-800-871-8387) and through telnet://vaonline.va.gov via the Internet.★

New Guidelines for Persian Gulf Claims

The Department of Veterans Affairs (VA) will soon be issuing new guidelines for dealing with claims for undiagnosed conditions affecting veterans who served in the Persian Gulf and will review all claims of Persian Gulf veterans that have been previously denied. In a letter to all VA Regional Office Directors, Jack Ross, Acting Director of VA's Compensation and Pension Service, set forth the new guidelines to be reflected in the M21-1 manual pertaining to claims by veterans of the Persian Gulf. The new guidelines emphasize the requirement of the VA to assist a claimant in obtaining any available evidence, medical or non-medical, that will support

their claim for service-connection. Additionally, the new procedures require that the VA send a standardized letter for further development to any applicant prior to any unfavorable decision regarding the issue of service-connection.

As a result of the changes, one of the following reasons and corresponding codes for disallowing a claim for service-connection for an undiagnosed illness may be used: (1) the illness is diagnosed, (2) the illness is not chronic, (3) the illness is due to some other etiology, (4) the illness was not manifested within the two-year presumptive period, (5) there is no

illness shown by the evidence or, (6) the illness is not 10% or more disabling.

Regardless of the number of reasons for denying a claim, the VA will assign only one reason code in each case.

VA Central Office is requiring that Area Processing Offices (APOs) use reason code 4 whenever applicable as the reason for disallowing the claim. The change requires that this reason be given the highest priority and is to be the documented reason for the

(See "Guidelines..." on Page 9)

Morales Rules Reservists Entitled to Exemption From University Fees

Texas Attorney General Dan Morales on August 16, 1996, stated in a legal opinion that members of a reserve component of the armed forces who were on active duty during the Persian Gulf War and who have been honorably separated from active duty, are eligible for exemption from the payment of various dues, fees and charges at the state's universities.

Morales' legal opinion was in response to a question from Dr. Kenneth H. Ashworth, Commissioner of the Texas Higher Education Coordinating Board.

The Attorney General says in the opinion that the State Education Code requires an institution of higher education to exempt from the payment of such fees a resident of Texas who was honorably discharged from the U.S. armed forces after serving on active duty during the Persian Gulf War and other periods of service.

In response to a Texas Veterans Commission request for clarification, Morales ruled that the state law also applies to all reservists who were honorably separated from active duty but still serve in the reserves.★

Gulf Veterans Wanted for Study

University of Texas Health Science Center at San Antonio researchers are seeking Persian Gulf War veterans to volunteer for a study comparing health outcomes from various chemical exposures, says a university spokesperson.

In addition to Gulf War veterans, researchers also plan to study participants suffering from health problems related to Multiple Chemical Sensitivity (MCS), and

other subjects who have received implants (breast, temporomandibular joint, or others).

Participants will be asked to complete a questionnaire concerning their exposures and symptoms. To participate, volunteers must be at least 18 years old. No compensation or benefits are tied to participants' taking part in the study.

For a questionnaire, write or call Dr. Claudia Miller. Be sure, says Miller, to specify which category best fits your condition — Gulf War, implant or MCS — so university officials can send along a specific questionnaire. Contact: University of Texas Health Science Center at San Antonio, Department of Family Practice, 7703 Floyd Curl Drive, San Antonio, Texas 78284-7794; or call ☎(210) 567-4557, and ask for Dr. Claudia Miller.★

Guidelines . . . (Continued from Page 8)

denial in all cases in which it applies. The VA claims that this will promote uniform procedures and consistent statistics.

Additionally, the changes emphasize the importance and admissibility of lay evidence. VA is supposed to ensure that every claimant is sent a standardized letter requesting additional evidence, lay or otherwise, prior to an unfavorable decision when the evidence of record is not enough to warrant service-connection. Lay evidence is to be accepted as credible unless there is other evidence already established which counters the lay statement. Refer to CVA decision *Smith v. Derwinski*, 2 Vet.App 137 (1992),

38 CFR 3.304(d) and 3.102 as it pertains to validity of evidence.

All previously disallowed claims are to be reconsidered to determine if all obtainable evidence was accorded the proper weight and if a letter for additional development was sent to the claimant. If the required development letter was not of record, applicants should be informed that they have 60 days to provide additional evidence. If new evidence is provided as a result of the development letter that results in the establishment of service connection, the effective date will be the effective date of the original claim.★

Spina Bifida Benefits Legislation

The Department of Veterans Affairs (VA) has transmitted legislation to Congress that would provide medical benefits, vocational training, and cash assistance to children of Vietnam veterans who are born with spina bifida.

The proposal arises from a March report on Vietnam veterans and Agent Orange commissioned by VA from the National Academy of Sciences. The report concluded there is limited/suggestive evidence that the children of Vietnam veterans face an elevated risk of spina bifida, a congenital birth defect in which one or more vertebrae fail to develop fully, exposing a portion of the spinal cord.

"We are dealing with an emerging science, and Vietnam veterans have waited long as answers unfold," VA Secretary Jesse Brown said. "While unprecedented, this is an appropriate remedy that reflects our responsibility to the veteran, and to his or her family."

The VA legislation proposes an effective date of October 1996, and implementing regulations would follow enactment. An estimated 2,000 children of Vietnam veterans with spina bifida would be eligible, regardless of a child's age or marital status. While the veteran parent need not prove specific exposure to Agent Orange, eligibility would be limited to those natural children of veterans conceived after the date the veteran began military service in the Republic of Vietnam.

As envisioned under the bill, health-care services will be available to the veteran's offspring for disabilities

associated with spina bifida, with VA authorized either to provide care directly or make arrangements with private providers. The monetary benefit, intended to help the spina bifida victims meet their special needs, would be available at three monthly rates \$200, \$700 or \$1,200 — based on a VA rating of severity as specified in the ensuing regulations.

The monetary allowance would be subject to annual cost-of-living increases and would not be countable for purposes of any federal means-tested programs.

VA is required by law to presume disabilities are service-connected in Vietnam veterans when the weight of scientific evidence for an association with Agent Orange or other herbicides is at least equal to the evidence against. The new benefit proposal is an extension of that philosophy.

VA long has provided comprehensive medical evaluations to all Vietnam veterans, whether symptomatic or not, under the Agent Orange Registry Program. Free inpatient care is available to Vietnam veterans who need treatment for a condition that might be related to herbicide exposure if a VA physician determines that the illness cannot be attributed to another cause, again providing the veteran the benefit of the doubt.

For information about the Agent Orange Registry health examination or other medical services, Vietnam veterans should call their local VA medical center. Until the legislation for child

benefits is passed by Congress and signed into law, followed by development and publication of final implementing regulations, VA will not be able to begin processing disability claims from children of Vietnam veterans with spina bifida, but other benefits information is available from VA toll-free at ☎1-800-827-1000.

A plan for new benefits announced May 28 will provide assistance to Vietnam veterans with prostate cancer or acute and subacute peripheral neuropathy, which the National Academy of Sciences also determined had suggestive/limited evidence of an association with herbicide exposure (*See News Release, TVC Journal July/August 1996, Page 16*). VA expects to publish proposed regulations to implement those benefits shortly, raising to nine the list of presumptively service-connected diseases or conditions associated with herbicide exposure.

Because of the concerns about effects of wartime environmental exposures in children, VA also is developing a special center to study the potential adverse reproductive outcomes related to military service. A scientific peer review of proposals will begin this fall as an internationally recognized panel of experts in reproductive and developmental effects of exposure to environmental and occupational hazards screens the proposals for scientific excellence.

Funds will be released to the successful research team in late 1996, with up to \$300,000 annually provided for three fiscal years, plus another \$50,000 in non-recurring funds for equipment and startup costs.★

Inactive Reserve Discharges

The Department of Defense (DOD) is trying to identify former service members who received a less than fully honorable administrative discharge from the **inactive reserve**. Pursuant to a class action lawsuit and subsequent settlement agreement, discharge upgrades may now be provided to all former service members who received:

- (a) a less than fully honorable administrative discharge (such as "general," "undesirable," or "under honorable conditions");
- (b) while in the inactive reserves;
- (c) after April 19, 1971, (or such a discharge was reviewed by a Discharge Review Board (DRB) or Board for the Correction

- of Military Records (BCMR) after that date); and
- (d) that discharge has not already been upgraded to fully honorable.

Other than fully honorable administrative discharges were sometimes awarded for civilian misconduct which was not service related or impairing. The class action lawsuit was instituted to correct this situation.

For further information, please contact the nearest Texas Veterans Commission Veterans Counselor or your Veterans County Service Officer.★

TRICARE Update:

Health Care When You and Your Family Are Away From Home

TRICARE is a Department of Defense managed health care plan. It is designed to improve access to medical care for you and your family. The TRICARE Prime or Extra options should cost less than regular CHAMPUS, and let you have a health care provider who really knows about you and your family's medical needs. Understanding how the program works can be very confusing! Active duty members do not enroll in TRICARE, but may elect any of the TRICARE options for their families. The following information deals with accessing care when you and/or your family are away from your base and unable to contact the person you usually go to for health care. TRICARE calls that person your Primary Care Manager.

TRICARE PRIME ENROLLEES

Managed care plans, like TRICARE, want patients to either get all care from their Primary Care Manager or from specialists their Primary Care Manager refers them to. If you need care when you're away from home, call the Foundation Health Customer Service line (☎1-800-406-2832.) If your family members are enrolled in TRICARE Prime, they will have a TRICARE Prime member card, with this phone number on the back. When you call this number, a nurse called a Health Care Finder will assist you in authorizing any medical care and help you find an

appropriate medical provider. A Health Care Finder nurse is available 24 hours a day.

EMERGENCY SITUATIONS:

THERE IS NO NEED TO CALL ANYONE IN THE EVENT OF A TRUE EMERGENCY! GO THE NEAREST HOSPITAL AND GET CARE. It is important to call the Customer Service line within 24 hours, or as soon as possible, to let them know that has happened. They can authorize payment of the bills and to arrange any other care necessary. If your family members get medical care for an emergency, TRICARE will process the bill but you will have to pay a co-payment.

Always call the Health Care Finder for any care away from home that isn't an obvious emergency. If you don't, it can be costly for you! If you are a TRICARE Prime enrollee and you get care from a civilian provider without a referral or authorization it will be expensive. Even if the provider is CHAMPUS certified, you have to pay a \$300 per person or \$600 per family deductible and 50% of the allowed charges for all care that is not authorized. TRICARE calls this the Point of Service Option. The nearest TRICARE Service Center can answer questions you have about these payments.★

Contributed by Richard Krampe, TVC Staff

Reba Deaton has been chosen as the "Outstanding VA Employee of the Month" for October 1996. Reba is a Veterans Claims Specialist with the Hearing Officer Team stationed at the Waco VA Regional Office.

Reba began her employment with the Waco RO in July 1987 as a clerk/typist in the Centralized Transcription Unit. In January of 1990, she was assigned to Finance as an accounting clerk. She was then put on a special project, at the conclusion of which, she was transferred to the Adjudication Division. Her first assignment in adjudication was as a Program Support Clerk for the Adjudication Officer. In June of 1994, she joined the Hearing Officer Team as Veterans Claims Specialist.

Reba has the monumental task of not only scheduling the personal hearings, but she ensures that the veterans are notified as well as coordinating with the veterans' representative and maintaining control of the C-files. For the month of October alone, she scheduled 287 hearings. She is the contact point for every aspect of the hearing process which entails special efforts to meet the veterans' requests of scheduling around their work schedules, and cancellation and rescheduling of hearings as necessary.

The Texas Veterans Commission commends Reba's attention to detail and eagerness to always be willing to meet the request/needs of the veterans. We appreciate Reba and her contributions to the benefit of veterans, hearing officers, and representatives. We are honored to name Reba the "Outstanding VA Employee of the Month" for October 1996.★



Vicarious Traumatization of the Therapist

The following article, written by Dr. Christine A. Courtois, Ph.D., was given to our Tom Wood, TVC staff member, by Dr. Phyllis N. Sanchez, Ph.D., a colleague of Mr. Woods at the Central Texas Veterans Health Care System, Temple, Texas. Dr. Sanchez is aware of how events in patients' lives can have an emotional impact on those clinicians who work with them daily. According to Dr. Sanchez, Veterans Counselors are vulnerable to the type of stress described in the article. Furthermore, counselors are no less touched by the tragedies and sorrows or feel the helplessness when they can't ease pain of their clients. As veterans counselors, it is important to keep in mind how these traumas effect our emotions and our lives outside of the work place. We should always allow some time each day to care for ourselves.

VICARIOUS TRAUMATIZATION OF THE THERAPIST

Christine A. Courtois, Ph.D.

"I love my work but lately I find it contaminating my personal life. I have nightmares about the horrible things I hear about from my clients, my sex life has deteriorated, I'm irritable and distractible, I'm afraid for my kids and tend to overprotect them, and I don't trust anybody anymore. I don't know what is happening to me." . . . A Therapist

Many therapists, especially those who treat trauma survivors, have variations of this experience which has come to be known as vicarious traumatization. This term, first used by McCann and Pearlman (1), refers to "...the enduring psychological consequences for therapists of exposure to the traumatic experience of victim clients. Persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and persist for months or years after work with traumatized persons" (p.135). Vicarious victimization overlaps to some degree with burnout, which usually refers to a response to a work situation which is too demanding, stressful, and/or unrewarding. It also has elements in common with countertransference which generally refers to the activation of unconscious material in the therapist's psyche, evoked by the client and his/her dynamics and material. Vicarious traumatization is conceptualized as a special form of countertransference stimulated by exposure to the client's traumatic material. This article will detail some of the most common stimuli and will provide some suggestions for prevention and help for the helper.

Mental health professionals treating post-traumatic syndromes are increasingly aware of the personal hazards of their work. Victims constitute a difficult treatment population in general; however, victims of long-term human-induced trauma add a further level of difficulty. Victimization which is human-induced, premeditated, chronic, and progressive (all of these are found in family violence) involves betrayal, and coerces and confuses a less-powerful victim and is especially impactful both for the victim and the helper. So is war-trauma, torture, criminal assault, sexual violation, and homicide.

Therapists can be directly impacted by the nature of the trauma and its unique dimensions and characteristics. The aftereffects, especially those indicating dramatic post-traumatic deterioration and acute repercussions, can be especially disturbing. The client's previous interactions with medical and mental health personnel can upset the clinician if PTSD went undiagnosed and untreated, causing compounded reactions and additional challenge for the victim. Finally, the treatment process, including the quality of the therapeutic relationship, the victim's style, defenses, resistances, transferences,

ego resources, etc., and the progression of the treatment often evoke strong reaction.

Trauma treatment is often rigorous and requires the therapist's use of self and relationship to provide emotional containment and facilitation of the discharge and solution of traumatic material. The therapist is called upon to tolerate the story and attendant emotions while remaining psychologically available as support to the client. Reworking of traumatic material involves breaking through patterns of numbing/denial, accepting events and losses, grieving, abreacting, and making new sense or meaning of the victimization. Therapists engaged in treating trauma are called on to be closely engaged but with limits and boundaries delineated (2,3).

Vicarious Traumatization:

Schema Disruption in the Therapist

McCann and Pearlman (4) developed an interactive model and constructivist-self development theory to account for trauma response affecting the self and reactions to others. According to this model, victimization impacts

(See *Vicarious Traumatization* . . . on Page 13)

VA Approves 15 Millionth Home Loan

The Department of Veterans Affairs (VA) home loan program has passed the 15 million mark of guaranteed housing loans, marking five decades of service to veterans. The loan program's milestone was commemorated September 19, with a ceremony recognizing the 15 millionth loan, received by a disabled Vietnam veteran.

Since President Franklin Roosevelt signed the Servicemen's Readjustment Act of 1944 into law, the so-called GI Bill has secured more than a half-trillion dollars worth of financing for veteran or servicemember home loans. Last fiscal year alone, VA guaranteed more than 263,000 mortgage loans worth more than \$25 billion.

Historically, the largest war-era veteran group to use the home loan benefit was the World War II veteran, cumulatively accounting for more than 5 million loans, followed by 3.1 million Vietnam era veterans.

Of the 3.3 million loans currently active, about 40 percent are for Vietnam veterans, while about 25 percent are for veterans from the post-Vietnam period, including the Persian Gulf War. With the advancing age of the World War II population, these veterans now account for about 4 percent of current loans, about the same as for veterans of the Korean War.

Honorably discharged veterans and active-duty members are eligible for the VA home loan program, which guarantees between a fourth to half of the mortgage, depending on the value

of the property and whether it is for a conventional house or a manufactured home. Other loan uses can range from installation of solar heating to refinancing a mortgage at a lower interest rate.

One of the most valuable aspects of the VA home loan benefit is that there is no requirement for a downpayment, and home loans effectively may reach \$203,000. The government is not directly loaning the money, but guaranteeing a portion of it, and a subsequent buyer with credit approval may assume the loan under the original terms and the continuing government guaranty.

While the guaranty assists in securing a loan, the interest rate and terms largely have been deregulated to allow veterans a fair-market opportunity to shop for lenders and negotiate the terms most favorable to their financial situations.

It is estimated that some 29 million veterans and service personnel are eligible for VA home loan guarantees. Even though many veterans have already used their loan benefits, it may be possible for them to buy homes again with the VA guaranty using remaining or restored loan entitlement.

Veterans, servicemembers and reservists interested in more information about the VA home loan program may contact VA at ☎ 1-800-827-1000. Available electronically on the Internet at:

<http://www.va.gov/vas/loan/index.htm>

are a variety of brochures about the home loan program and policy and benefit summaries.★

Vicarious Traumatization . . . (Continued from Page 12)

and disrupts the schema an individual holds about the self and about others. Seven schema have been identified which are especially susceptible to trauma-induced alteration. These include: (1) the individual's personal frame of reference about self and others in the world; (2) safety; (3) dependency and trust; (4) power; (5) esteem; (6) independence; and (7) intimacy. In parallel process to the trauma victims they treat, therapists may have their self schema altered, and in this way experience vicariously or secondarily victimization. Referring to the therapist quote at the beginning of this article, we can see the disruption of several of these self-other schema at work-- nightmares: frame of reference and safety; sexual functioning: intimacy, trust, and safety; irritability: frame of reference and safety; fear, mistrust, overprotection of children: safety dependence and trust, and independence.

Therapist Self-Care

Trauma work is best not conducted in isolation. Immunization against vicarious victimization involves education regarding trauma syndromes and their treatment, the normalizing of responses, the recognition of the impact of the material on personal schema, and ventilation in a supportive environment. Prevention and management involve making boundaries

between personal and professional activities and including variety in each. Additionally, trauma therapists might want to carefully monitor their caseloads in terms of size and number of trauma cases, and engage in other activities to defuse some of the traumatic impact. Therapists cannot be totally immune to the effects of helping clients work through post-traumatic responses, and must expect to be affected as a price of the work; they can, however, take steps to provide some degree of protection and relief from the most insidiously destructive effects.

References:

1. McCann L. & Pearlman, L. (1990b). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131-149.
2. Chu, J. (1990). Ten traps for therapists in the treatment of trauma survivors. *Dissociation*, 1, 24-32.
3. Courtois, C. A. (1988). *Healing the incest wound: Adult survivors in therapy*. New York: W.W. Norton & Cop.
4. McCann L. & Pearlman, L. (1990a) *Psychological trauma in the adult survivor: Theory, therapy and transformation*. New York: Brunner/Mazel Publishers.

Christine A. Courtois is the Clinical Director of the Center for Abuse Recovery and Empowerment Psychiatric Institute of Washington, in Washington: DC.★

Contributed by Tom Wood, TVC Staff

Upgrade of Discharge - Clemency

Your request to have your discharge upgraded may be based on propriety or equity. Additionally, even though your discharge may have been entirely appropriate under the circumstances, you may apply to the appropriate service department's Board for Correction of Military Records (BCMR) for upgrade of your discharge from the appropriate service department on the basis of clemency. To evaluate your request for a clemency upgrade, the members of the Board will want to know about the quality of your military service prior to the misconduct that caused the discharge, the nature of that misconduct, and what you have done with your life since your discharge.

Often the quality of service and the nature of the misconduct are apparent to the Board from a review of your service records. If the records are missing or incomplete, however, you should tell the Board about your military service, especially your positive contributions to the military mission. You should also explain the misconduct that led to your discharge and provide any extenuating or mitigating factors. Finally, you should provide the Board with information on your activities since leaving the service.

Post-service information might include educational accomplishments, employment history, information about your family, contributions to your community, and character references from people who know you well and can vouch for your honesty and integrity. Any information that will tend to show that you have been a productive member of your community since your discharge will be helpful.

Many applicants don't send character references because they don't want to reveal the nature of their discharge to friends or acquaintances. This is unfortunate. It is not normally necessary for you to reveal the purpose of the character reference. You may request it for "personal reasons" and have it addressed "To Whom It May Concern." The author need only discuss your character and citizenship in general terms--it is not necessary for them to know about or comment on the discharge itself. The person providing the character reference should not send it directly to the BCMR, but should give it to you so you can attach it to your request.

The decision of the Board on your request will depend on many factors, but the primary factors are the quality of your military service before the misconduct that led to your discharge, the nature of that misconduct, and your good citizenship since your discharge. The upgrade of a discharge on the basis of clemency does not mean that the discharge was improper or unwarranted. It means simply that the secretary of the service department, acting through the BCMR, has decided that you have suffered the effects of the discharge long enough and that a degree of clemency is warranted.

This information is compiled to assist you. We do not wish to imply that following this advice will necessarily result in approval of your request. The Board will decide your case based on its evaluation of the evidence. ★

Contributed by Bertha C. Hall, TVC Staff

1997 NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC REGISTRATION OPEN

The 1997 National Disabled Veterans Winter Sports Clinic (NDVWSC) is scheduled to be held in Crested Butte, Colorado, March 23-28, 1997.

NDVWSC registration packets have been sent to all VA Medical Center Recreation Therapy service offices nationwide. If you know of any seriously disabled veterans who can benefit from this rehabilitation clinic, please assist them by making certain they complete an application at their local VA medical center so they can attend.

Registration packets are available through the Recreation Therapy Service office at any VA medical center or by contacting: Ms. Carla J. Carmichael, Coordinator, National Recreation Therapy Programs, Department of Veterans Affairs, Room 2C-110, 10 North Green Street, Baltimore, Maryland 21201, ☎410/605-7377.



Group Seeking Plutonium Facility Veterans

The Hanford Health Information Network is trying to contact people who may have been exposed to radiation released from the Hanford plutonium production facility in southeastern Washington state between 1944 and 1972. Veterans stationed at one of the bases listed below between 1944 and 1972 may have been exposed to radiation released from the Hanford Nuclear Weapons Facility:

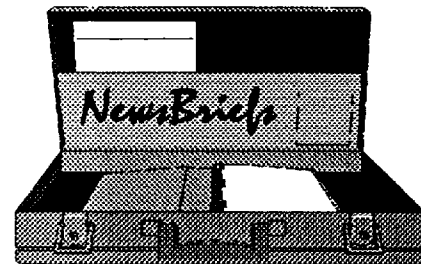
- ◆ Army Corps of Engineers at Hanford or along the Columbia River
- ◆ Camp Hanford
- ◆ Fairchild Air Force Base, Spokane, Wash.
- ◆ Farragut Naval Training Station, Lake Pend Oreille, Idaho
- ◆ Geiger Field, Spokane, Wash.
- ◆ George Wright Air Force Base, Spokane, Wash.
- ◆ Gowen Field, Boise, Idaho
- ◆ Larson Air Force Base, Moses Lake, Wash.
- ◆ Mica Peak Air Force Station, Spokane, Wash.
- ◆ Othello Air Force Station, Othello, Wash.
- ◆ Pasco Naval Air Station, Spokane, Wash.
- ◆ Spokane Army Air Field, Spokane, Wash.
- ◆ Umatilla Army Depot, Hermiston, Ore.
- ◆ Walla Walla Army Air Field, Walla Walla, Wash.
- ◆ Yakima Firing Range, Yakima, Wash.

The health effects of low-dose radiation are not widely understood. Veterans who are concerned about their health and the health of their family members are encouraged to obtain available information from the Hanford Health Information Network at ☎1-800-959-7660.★

Article from The Retired Officers Association Magazine, May 1996

Marine Casualty Section Updating Database

The U.S. Marine Corps Casualty Section, Personal Affairs Branch is currently updating their database. Their office serves as liaison between the government and family members of "unaccounted for" Marines. They are searching for the families of these "unaccounted for" Marines who served in Korea. Their office would like to have the name, relationship, address and telephone number of the Primary Next of Kin of any family member of the Marine who did not return from Korea. Once they obtain the information, they will send the family a quarterly newsletter that is published by the Department of Defense containing items on the POW/MIA issue. If you are able to locate a family member of one of these Marines, please contact Ann Hammers, Assistant Head, Casualty Section, Personal Affairs Branch, Human Resources Division, Department of the Navy, U.S. Marine Corps, 2 Navy Annex, Washington, D.C. 20380-1775; or call toll-free ☎1-800-847-1597.★



VA TO EXPAND CEMETERIES IN TEXAS

The Department of Veterans Affairs recently announced plans to expand two national cemeteries in Texas. Recently signed legislation approved the transfer of land from Department of Defense (DOD) to the Department of Veterans Affairs (VA) National Cemetery System, ensuring the continuation of burial services for authorized veterans and family members.

The Army is transferring 53 acres to the Fort Sam Houston Cemetery in San Antonio to provide 30,000 new gravesites and full service estimated until the year 2010.

The Fort Bliss National Cemetery in El Paso will be increased by the Army's transfer of 22 acres, providing 15,400 new gravesites on land west of the existing cemetery and estimate it's capacity to the year 2020.★

Contributed by Ben Ramirez, TVC Staff

TRAINING FOR NEWLY APPOINTED SERVICE OFFICERS

As a matter of interest, the next training session for newly appointed Veterans County Service Officers is scheduled for January 14 -17, 1997, at the Hilton Hotel, 113 S. University Parks, Waco, Texas. Monday, January 13, 1997, will be the travel day, with training beginning at 9:00 a.m. on Tuesday, January 14, 1997, and ending by noon Friday, January 17, 1997. By law, the Texas Veterans Commission is authorized to reimburse travel expenses; i.e., lodging, per diem and travel, for CSO's and Assistants. Others involved in veterans benefits programs are welcome to attend. For further information, please contact Richard M. Prete, TVC Headquarters, Austin; or call ☎512/ 463-5538 or on the CSO Headquarters WATS line.★

CSO DIRECTORY REVISIONS

Once again our Service Officers Correspondence Directory will be revised in January.

Please check your appropriate page and submit any changes and/or additions to the Texas Veterans Commission, P.O. Box 12277, Austin, Texas 78711; Attn: Richard M. Prete. If you prefer, you may fax the changes to us at (512) 475-2395.

All changes and/or additions must be received by this Headquarters no later than January 3, 1997.★

**FOR
IMMEDIATE
RELEASE**



Minimum Wage Law Clarifies Rules Governing Retirement Plan Contributions of Reemployed Veterans

According to _____, Veterans County Service Officer for _____ County, working Americans who leave their jobs temporarily for military service can now be sure their retirement plans won't suffer during their absence.¹

The law increasing the national minimum wage also amended the Internal Revenue Code to allow reemployed veterans to make or receive contributions to their pension and retirement plans for the period in which they were in military service. The amount of these payments, known as make-up contributions, can equal the amount that would have been contributed had the veteran never left civilian employment.

Before these changes to the tax code, the Internal Revenue Service set annual monetary limits on contributions and benefits allowed under certain retirement plans. These limits posed a potential conflict with provisions of the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994.

USERRA requires that a veteran returning to civilian employment after a period of active duty or required training is entitled to the restoration of pension profit sharing and similar benefits that would have accrued but for the employee's absence due to military service. USERRA also provides that employers reemploying returning veterans are liable for funding their share, if any, to the veterans' retirement plans.

Employers and veterans seeking more information about rights and responsibilities under USERRA should contact the state director of the Veterans' Employment and Training Service listed under U.S. Department of Labor (DOL) in the government section of the telephone book. TDD Message Referral phone is 1-800-326-2577, Voice phone: (202) 219-7316. You may also reach the DOL via the Internet at: <http://www.dol.gov> or to contact the VETS Headquarters in Austin, Texas call (512) 463-2207.

Veterans may also contact their employers, plan administrators or the Internal Revenue Service for information regarding their rights to pension, profit sharing and other retirement benefits. Employers seeking further information regarding the new provisions of the Internal Revenue Code are encouraged to contact the Internal Revenue Service.



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