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Texas Veterans Commission

Journal

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March/April 1998



TEXAS VETERANS COMMISSION JOURNAL

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Two New TVC Commissioners

The Governor's Office recently appointed **John A. Brieden, III**, and **James S. Duncan** to serve as Commissioners with the Texas Veterans Commission, replacing Ralph L. King and Samuel Bier, respectively.

Brieden, a Vietnam veteran, has served in numerous leadership positions with the American Legion, including Department Commander for 1996-95. A Texas A&M graduate, John was handpicked for the first Ranger Battalion since WWII, and earned

several ribbons and medals, to include the Soldiers Medal for Heroism. John is active in numerous community activities and has been in the insurance business in Brenham for over twenty years.

Duncan, now retired from the A/E industry, is a Korean War veteran, having received numerous citations, to include the Silver Star and Purple Heart. He has been active in veterans organizations, particularly the

Korean War Veterans Association on the national and state level. He is currently serving as Co-Chairman, Texas Korean War Veterans Memorial Committee, and was instrumental in finalizing plans for placement of the Memorial on the Capitol grounds.

We of the Commission look forward to working with these exceptional leaders and are confident of the valuable contributions they will offer to the Commission.★

Bertha Hall Receives VA Appointment

Acting Secretary of the Department of Veterans Affairs, Togo D. West, Jr., recently announced the appointment of **Bertha Cruz Hall** to the Department's Advisory Committee on Women Veterans. Bertha is a Veterans Counselor and the Women Veterans Coordinator for the Texas Veterans Commission, stationed at the VA Outpatient Clinic in Fort Worth.

The Committee, composed of twelve members,

was created in November 1983 and is charged with providing advice and consultation to the Secretary with respect to programs for women veterans. We extend our congratulations to Bertha and are confident of her commitment to not only women veterans, but to all veterans, as she has demonstrated that trait for over twenty years through her untiring efforts in assisting all veterans and their dependents.★

Medical Care Cost Recovery

The Department of Veterans Affairs (VA) is required by law to recover the government's cost of providing medical treatment to veterans for nonservice-connected conditions from group and individual health insurance carriers.

This means VA has the right to recover the cost of medical care from any health insurance contract providing coverage for you including

policies held by you, your spouse, your guardian, etc. Therefore, during application for treatment at a VA medical facility, you will be asked questions regarding your health insurance coverage. This process goes more quickly if you bring your insurance card(s) with you and provide VA with your insurance policy numbers. VA will contact your

insurance carrier to verify your coverage later.

Eligibility for VA medical care is not affected by your insurance coverage. Your eligibility is based, in part, on your financial status and the availability of particular services at your local VA medical facility. Other criteria obviously applies, too.

Contributed by Mike Mendoza, TVC Staff

VA Launches \$4 Million Primary Care Expansion

Using advances in telecommunications technology, the Department of Veterans Affairs (VA) has expanded primary health-care programs nationwide through its network of "Vet Centers," which routinely provide counseling services to combat or traumatized veterans.

In addition to \$3 million in equipment and startup operating costs related to telemedicine at 20 locations, an additional \$1 million is being provided to expand and enhance conventional primary care programs at 10 Vet Centers.

The Vet Center-linked initiatives will promote services such as health screenings for chronic diseases, health prevention programs, sexual trauma outreach and counseling, and psychosocial services. The programs will target special populations, including high-risk groups, minority veterans and veterans who face barriers to care, such as disabled and homeless veterans.

For example, the Navajo Vet Center outstation in Chinle, Arizona will provide health screenings for hypertension and diabetes as well as psychiatric assessments and

consultations with Native Americans on reservation lands, while the Philadelphia, Pennsylvania Vet Center will provide health screenings and follow-up medical care to a minority veteran population of primarily Puerto Rican and African-American background.

The 20 sites participating in telemedicine initiatives will link rural and urban Vet Centers, VA medical centers, and other community agencies and resources. Telemedicine uses electronic information and communication technologies to support health care over long distances through such applications as teleconferences or retrieval of networked records.

This initiative is part of VA's ongoing major effort to make its services more community-based. The program separate from VA's development of community-based outpatient clinics, another initiative designed to increase access points for VA health-care.

The Vet Center in Houston is a lease augmentation site; and the Vet Centers in Midland and Laredo are Telemedicine sites in Texas.★

New VA Clinics

The Department of Veterans Affairs (VA) is establishing 42 more community-based outpatient clinics around the country – improving accessibility to health care for America's veterans.

These clinics bring to 574 the total number of VA outpatient clinics nationwide now in operation or in the process of being activated – including 163 at VA medical centers.

Some of the new clinics will be 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 announcement marks the fruition of a grassroots planning effort by VA's

Veterans Integrated Service Networks (VISN's) in partnership with local veterans, labor organizations, and Congressional interests to find the best balance of ways to provide health care.

In addition to the new community-based outpatient clinics, primary care clinics were added to 30 counseling centers (Vet Centers) at the end of 1997. This is part of a general expansion of VA outpatient services through a re-engineering of the VA medical system to make high-quality health care available closer to veterans' homes.

The expansion of community-based outpatient clinics over the last two years has, in part, been made

possible by savings in other areas. For example, management of 42 VA medical centers has been consolidated into 20 integrated facilities which can now provide improved clinical services with no reduction in access to care. VA has closed 22,580 (or 43 percent) of its acute care hospital beds since 1994—with a corresponding decrease of more than 250,000 inpatient admissions per year. Over the same period, outpatient visits have risen by 6.6 million, for a total of more than 32.6 million clinic visits in 1997.

The new clinics in Texas, site selection pending, will be located in Alice, Beeville, Brownwood, Decatur, Denton, Eastland, Kingsland, McKinney, and Uvalde.★

Cold Injuries

Many veterans who served in bitterly cold locations during military service may now be eligible for Department of Veterans Affairs (VA) benefits as a result of a change in how VA evaluates cold-related injuries.

Deputy Secretary Hershel Gober said that wait has been far too long for too many veterans, but VA is beginning to better understand the long term effects of cold injuries. This knowledge is the basis VA needed to extend benefits and health care to veterans suffering from the effects of exposure to extremely cold environments.

VA has for years provided disability compensation for frostbite and cold-related injuries. However, previous criteria provided only for evaluating cold injury to feet due to cold for the purposes of rating disabilities. Based on current medical knowledge of long-term effects of cold injury, the new rule revises the criteria to include injuries to any body part due to cold exposure.

Conditions that may be related to cold exposure include peripheral neuropathy, circulatory problems, skin cancer in

frostbite scars, chronic night pain, arthritis of exposed parts and fungal infections.

During the past year, VA has developed a training videotape and conducted a nationwide tele-

conference to advise its physicians on revisions in medical examinations, which have been developed to recognize the long-term effects of cold injuries.

VA pays benefits to veterans or their survivors for injuries or illnesses veterans incur as a result of their military service. Monthly compensation rates currently range from \$94 for a 10 percent disability to \$1,924 for a disability rated at 100 percent. Veterans with service-connected disabilities also are entitled to health care at VA medical centers and outpatient facilities.

Veterans or their survivors who wish to file claims can contact the nearest VA regional office at 1-800-827-1000; the nearest Texas Veterans Commission office or Veterans County Service Officer for informa-

tion and assistance. Phone numbers are available in the government section of your phone book.★

Cold Injuries Worsen with Age

Dr. Susan Mather, Chief Public Health and Environmental Hazards with the Department of Veterans Affairs in Washington DC, contends that frostbite as a wartime medical problem is not new. Frostbite occurs when ice crystals form inside tissue destroying cells. Tissue exposed to extreme cold is left with damaged blood vessels and nerves. To a lesser degree, cold injury constricts vessels cutting off circulation, much like a tourniquet. Add to that the effects of aging and you have thousands of veterans who may not be adequately rated by VA. Exposure to extreme cold may cause complications. Some of the more common are as follows: diabetes, phlebitis, arthritis, fungal infections, skin cancer, frostbite scars, gait, modifications, loss of muscle mass, Raynauds Syndrome, and scaling of the skin with constant aching or sharp pains. Evaluation criteria is still being researched at this time, but affected veterans are beginning to file claims on disabilities related to exposure to extreme cold.

Military personnel who served in the European Theater of WWII and the Korean War, especially the Chosin Reservoir, where temperatures reached 30 degrees below 0, make up the largest group to be service-connected for residuals of frostbite. Forty and fifty years after injuries were incurred, veterans suffering the ravages of frostbite are discovering new issues adjunct to prolonged exposure to cold temperatures. It is estimated that 18,000 allied soldiers and Marines who fought at the Chosin Reservoir suffer from frostbite or cold injury.

Dr. Murray Hamlet of the Army Research Institute for Environmental Medicine, who has directed cold injury studies for the Army, stated that many of the soldiers and Marines refused aid for frostbite because medical facilities were overwhelmed with battle wounds. In doing so, veterans have no records to show where or how they were frostbitten. That one altruistic act may have caused some veterans compensation and, in some cases, even treatment for their disabilities due to exposure to extreme cold.

Veterans believing they suffer from secondary issues caused by extreme cold should be encouraged to file claims, ensuring these issues do not become forgotten.★

Contributed by Tim Kirwan, TVC Staff



Deborah Neal Root, M.D., a psychiatrist, has been chosen as the “*Outstanding VA Employee of the Month*” for March 1998. Dr. Root has been with the Waco VA Medical Center since January 1996. Within this time, she has become the **Director of Mental Health Clinic/Day Treatment Center.**

Her duties encompass managing medication of veterans including all veterans placed in residential care; and utilization review for admission and length of stay for the facility. She also travels to the Olin E. Teague Veterans’ Center to work in therapy and medication management for veterans with Post-Traumatic Stress Disorder (combat-related, sexual trauma, other trauma). Dr. Root conducts compensation and pension examinations for the Waco VAMC Department of Psychiatry, and handles the overflow of Mental Health Clinic patients and evaluations for appropriateness of admission.

Deborah enjoys her family of 5 cats and her hobbies include motorcycle riding, hiking, restoring cars, and working with computers.

The positive attitude and sincerity Deborah displays in the performance of her duties makes veterans and their families feel welcome. Her efficiency in providing assistance to veterans, visitors and staff sets an example for all of us. She has earned the friendship and admiration of those who come to know her. Texas Veterans Commission takes pride in recognizing Dr. Root for her service to veterans of this great state.★

Do You Need Audible Pedestrian Signals?

An Audible Pedestrian Signal is a device which emits an audible sound and lets the visually impaired know when it is safe to cross the street.

The audible sound may be a chirping noise, a cuckoo sound or one of many other audible sounds to announce that it is safe to cross. A quickened pace alerts that the light is about to change and the pedestrian shouldn’t attempt to cross. The chirping sound is not as objectionable to merchants as bells or horns would be. The signal time is adjustable by the installer and lasts long enough for one to cross the street. The device also has an automatic volume control and will increase the volume when background noise becomes loud.

The device does not sound each time the light changes. Often it is set up to only work when a button pressed at curb side indicates someone

wishes to cross the street. At the next cycle, traffic stops in all directions and the signal sounds letting the pedestrians know it is okay to cross. Currently most city and town streets have “walk/don’t walk” signals. That device does little to aid the blind or visually impaired to safely cross a busy street. Many times we don’t see the “walk/don’t walk” signs. The audible pedestrian signals aid many citizens. They aid the elderly who need a little longer to cross the street. They also aid the person using a walker, a wheelchair, pushing a baby carriage. and even children crossing for school. Street signs can be posted to alert drivers to stop in all directions. Compliance to “The Americans with Disability Act of 1990 (PL 101-336) Title 11, State and Local Access Laws” should help encourage your city or town to install the devices.

You may also consider requesting raised or ribbed boundaries on crosswalks. The edges would be ribbed or slightly raised to allow the long cane to detect the edge of the crosswalk and let you know you are still within the boundaries of the crosswalk and not wandering out of the boundaries into the road or intersection. The boundaries are painted a bright yellow or orange to let the motorist know that they are coming to an intersection used by the blind, visually impaired, elderly, handicapped, etc.

Cobble stones could also be used to mark the boundaries. In fact, any detectable surface is sufficient. A civil engineer in the local highway department may offer a suggestion as to what surface would work and not be damaged by weather.★

Contributed by the Blinded Veterans Association

Clear and Unmistakable Error

Public Law 105-11 is a law which makes it easier for veterans to appeal benefit rulings, including access to full appellate rights. Under the provision of this measure, veterans benefits claims decisions can be reviewed by the Court of Veterans Appeals (the Court) for cases of "clear and unmistakable error" (CUE) by VA regional offices and the Board of Veterans Appeals (BVA).

It adds new section 5109A to Chapter 51 - *Claims Effective Dates, and Payments*:

1. Authorizing that a decision by the Secretary of Veterans Affairs at the regional office level is subject to revision on the grounds that such decision by the regional office was clearly and unmistakably erroneous. If evidence establishes the error, the prior decision shall be reversed or revised.
2. For the purposes of authorizing benefits, a rating or other adjudicative decision that constitutes a reversal or revision of a prior decision on the grounds of CUE has the same effect as if the decision had been made on the date of the prior decision.
3. Review to determine whether CUE exists in a case may be instituted by the Secretary on the Secretary's own motion or upon the claimant's.
4. A request for a revision of a decision of the Secretary based on CUE may be filed at any time after that decision is made.

5. Such a request shall be submitted to the Secretary and shall be decided in the same manner as any other claim.

Chapter 71 Board of Veterans Appeals by adding new section 7111 - *Revision of Decisions on grounds of clear and unmistakable error*, is also amended to provide:

1. A decision by the Board is subject to revision on the grounds of CUE. If evidence establishes the error, the prior decision shall be reversed or revised.
2. For the purpose of authorizing benefits, a rating or other adjudicative decision of the Board on the grounds of CUE has the same effect as if the decision had been made on the date of the prior decision.
3. Review to determine whether CUE exists in a case may be instituted by the Board on the Board's own motion or upon request of the claimant.
4. A request for revision of a decision of the Board based on CUE may be filed at any time after that decision is made.
5. Such a request shall be submitted directly to the Board and shall be decided by the Board on the merits, without referral to any adjudicative or hearing official acting on behalf of the Secretary.
6. A claim filed with the Secretary that requests reversal or revision of a previous Board decision due to CUE shall be considered to be a request to the Board, and the Secretary shall promptly transmit any such request to the Board for its consideration.

Wheelchair Games Set in Pennsylvania

The 18th National Veterans Wheelchair Games (NVWG), the country's largest wheelchair sporting event, will be held in Pennsylvania for the first time in 1998.

The games, to be held in Pittsburgh July 7-11, are expected to attract more than 3,000 athletes, coaches and volunteers from all 50 states and to generate \$6 million in revenue. Participants will compete for medals in rugby, air guns, basketball, bowling, track, weightlifting, slalom, table tennis, motorized rally, archery, billiards, field events, softball, swimming, and a 5K road race. Football and equestrian exhibition events are planned.

The David L. Lawrence Convention Center will be the primary site for the expo, games, ceremonies and many of the indoor events. The University of Pittsburgh will be one of many sites for the athletic competition. The expo and all events will be open to the public to view,

free of charge. Event hotels located in downtown Pittsburgh will include the Doubletree and the Westin William Penn.

The first NVWG were held in September 1981 on the grounds of the VA Medical Center in Richmond, Virginia. That year, 71 disabled veterans from fourteen states participated in three days of competition in five different wheelchair sports.

Since 1985, the NVWG have been co-sponsored by VA and the Paralyzed Veterans of America (PVA). The fundamental purpose of the Games is to provide physically disabled veterans introductory experience in a variety wheelchair sports and to expose them to the myriad of organized wheelchair sports and recreation activities available nationwide. In doing so, the NVWG serve to encourage veterans to become aware of their abilities and potential while promoting a spirit of healthy activity and fellowship.

For general information, please contact:

Lynn R. Blank, Director or
Cheryl Werle, Coordinator
NVWG

VA Pittsburgh Healthcare System
7180 Highland Drive (001W)
Pittsburgh, PA 15206
☎412/ 365-4600 or 4601
(FAX) 412/ 365-GAME

Ed "Frenchy" DesLauriers
President
Keystone PVA
☎412/ 864-9323

To make a cash donation earmarked "1998 Veterans Wheelchair Games", please contact:

Ken Karbowski, Vice-Chair
Administration
☎412/ 688-6359 or
Patrick Doyle, Chair
Fundraising Committee
☎412/ 365-5121

For volunteer information, contact:

Peggy Donahoe, Chair
Volunteer Committee
☎412/ 365-5121★

VA Optometrists Fight the "Silent Thief of Sight"

Four million Americans, most over age 40, have glaucoma. Half, however, do not know they have the disease, according to The Glaucoma Foundation.

During National Glaucoma Awareness Month, the Department of Veterans Affairs' (VA) Optometry Service joined forces with The Glaucoma Foundation to encourage veterans, and all Americans, not to wait until they have lost some of their sight before finding out they have this insidious disease.

Glaucoma is a specific pattern of optic nerve drainage and vision loss caused by a number of diseases which can affect the eye. Most often it is

characterized by increased pressure within the eye.

"Glaucoma's symptoms are so subtle," said Dr. William Monaco, director of VA's Optometry Service, "that most patients don't know they have the disease until it has actually affected their sight. The only way to detect glaucoma is to have your eyes checked regularly by an eye care professional."

Veterans eligible for care at a VA medical center or clinic can receive a complete eye examination, including glaucoma testing.

"In more than 90 percent of all cases, blindness from glaucoma can be prevented through early detection and treatment," said Dr. Robert Ritch, Medical Director of The Glaucoma Foundation.

The Foundation maintains the only worldwide toll-free hotline for the disease, ☎1-800-GLAUCOMA, with operators providing free information, literature and referrals to glaucoma specialists. Veterans can find phone numbers of VA health-care facilities in telephone directories listed under "VA" or "Veterans Affairs" in the Federal Government section, or by calling ☎1-800-827-1000.★

Decision Review Office (DRO)

A test program has been implemented at some regional offices including those in Waco and Houston. The program is known as the Decision Review Officers Test. There are specific rules established for the program as a whole, such as jurisdiction and decision making authority, but variations in procedures will exist from one office to another. The program represents a significant expansion of the familiar local hearing officer program both in terms of the number of such positions at each station and, particularly, in the decision making authority with which they are vested. The objective of the DRO program is to both shorten and simplify the appeal process where possible and to reduce the burgeoning appeal workload within VA.

Each DRO (of which there are 10 in Waco and 5 in Houston) is given difference of opinion authority on a single signature basis. In other words, the DRO has the authority to view the same evidence in a different way and to reach a different conclusion. Such decisions were very rare in the past because of reluctance to refer a case to VA Central Office for the required approval. DRO's also now have authority to make clear and unmistakable error decisions without approval of the adjudication officer. One additional significant point - there is no authority to render a less favorable decision than the decision under review under difference of opinion.

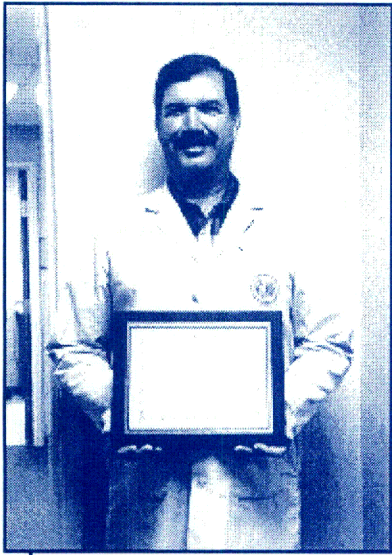
So what cases may a DRO decide? Generally any post-decision issue in which the appeal period has not expired and a notice of disagreement is filed. However, a notice of disagreement is not always required. The DRO

could assume jurisdiction without an NOD if the case can be favorably resolved on the basis of difference of opinion or clear and unmistakable error. In other words, the representative or the claimant may obtain DRO review without necessarily filing an NOD if the right ingredients are present. DRO's will also have jurisdiction in post-decision hearing requests either with or without an NOD. DRO's do not have jurisdiction in pre-determination hearings.

You might have already seen informal conference reports prepared by a Decision Review Officer in individual cases. Copies are provided to the claimant and the participating representative. These reports document for the record the issues under consideration and describe what actions were or will be taken (e.g., scheduling an examination, requesting additional evidence, etc.) in attempting to resolve the claim. Informal conferences are discussions between the DRO and the representative, the claimant or both. A report may also describe a proposed resolution of the claim. An informal conference may not take place in every case.

In some instances the disagreement may be totally satisfied with or without the need for further evidence. The common situation involves a partial grant, sometimes on issues which were not part of the disagreement. Claimants are given the opportunity at this point to indicate whether the partial grant will satisfy the disagreement either in whole or in part. The decision in this regard must be over the claimant's signature.

Contributed by Roger Warren and Linda A. Bryan, TVC Staff



January 1997
Ray Combs
Fort Worth VAOPC
Fort Worth, Texas



February 1997
Millie Ogilvie
Thomas t. Connally
VA Medical Center
Marlin, Texas



March 1997
Grace Beck, RN
Victoria VAOPC
Victoria, Texas

1997 Outstanding VA

July 1997
Joe Richey
& Staff
VA Vet Center
Midland, Texas

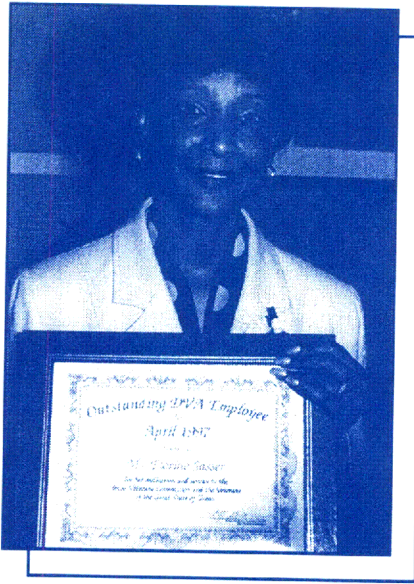


August 1997
Gerald W. Jones
North Texas Health
Care System
Dallas, Texas



September 1997
Rhonda W. Jacobson
Houston VARO
Houston, Texas





April 1997
 Florine Sasser
 Houston VAMC
 Houston, Texas



May 1997
 Juan A. (Tony) Ramirez
 Laredo VAOPC
 Laredo, Texas



June 1997
 Bernadette Mellott
 Audie Murphy
 VA Medical Center
 San Antonio, Texas

Employees of the Month

October 1997
 Virgilio Garcia
 McAllen VAOPC
 McAllen, Texas

November 1997
 Charles Honeycutt
 Waco VARO
 Waco, Texas

*(Also pictured are Jim Richman (l), TVC;
 and Larry Burks (r), Waco VARO)*

December 1997
 Mildred Erickson
 Austin VAOPC
 Austin, Texas



VA Headstones and Markers

The U.S. Department of Veterans Affairs (VA) provides headstones and markers for the unmarked graves of veterans anywhere in the world and for eligible dependents of veterans buried in national, state veteran or military post cemeteries. Flat bronze, flat granite, flat marble, upright granite and upright marble headstones and markers are available to mark the grave in a style consistent with the cemetery where the headstone or marker will be set. VA also has niche markers when the remains are interred in an urn.

VA headstones and markers are inscribed with the name of the deceased, the years of birth and death, and branch of service. Optional items that also may be inscribed at VA expense are: military grade, rank or rate, war service such as "World War II", months and days of birth and death; an emblem reflecting one's beliefs; valor awards; and the Purple Heart. Additional items may be inscribed at private expense. When burial is in a national, state veteran or military post cemetery, the headstone or marker is ordered through the cemetery. The cemetery will place the headstone or marker on the grave at no cost. Information on style, inscription, shipping and placement can be obtained from the cemetery.

When burial occurs in a cemetery other than a national, military post or state veterans cemetery, the headstone or marker must be applied for from the VA. When the burial occurs in a private cemetery, the grave must be unmarked.

If there is a family marker in place, which does not indicate the veteran information, then the veteran is eligible for a headstone or marker from the VA. A VA headstone or marker must not be used as a secondary marker or footstone.

The headstone or marker will be shipped at government expense to the cemetery. VA does not pay the cost of placing the headstone or marker on the grave at private cemeteries.

An allowance in lieu of a VA headstone or marker is no longer payable for deaths occurring on or after November 1, 1990. This allowance was eliminated by Congress in the Omnibus Budget Reconciliation Act of 1990.

To apply for a VA headstone or marker, complete VA form 40-1330 and forward it to:

Director, Office of Memorial Programs (403A)
National Cemetery System
Department of Veterans Affairs
Washington, DC 20420

Forms and assistance are available from any Texas Veterans Commission office or Veterans County Service Office. Their telephone numbers may be found in the state or county government telephone directories. You may also request a form on the Texas Veterans Commission web page: <http://www.main.org/tvc> or e-mail us at: texas.veterans.commission@tvc.state.tx.us ★

New Means Test Thresholds - 1998

The Department of Veterans Affairs (VA) has released the new Means Test Thresholds for 1998. All VA facilities were directed by VHA Directive 97-063, dated December 29, 1997, to begin using the new thresholds on January 1, 1998.

The following new Means Test Thresholds are effective January 1, 1998 through December 31, 1998.

1. Veteran with no dependents:
 - a) Category A: \$22,064
 - b) Category C: \$22,065+
2. Veterans with 1 dependent:
 - a) Category A: \$26,480
 - b) Category C: \$26,481+
3. Veterans with 2 dependents:
 - a) Category A: \$27,956
 - b) Category C: \$27,957+
4. Veterans with 3 dependents:
 - a) Category A: \$29,432
 - b) Category C: \$29,433+
5. Veterans with 4 dependents:
 - a) Category A: \$30,908
 - b) Category C: \$30,909+
6. Veterans with 5 dependents:
 - a) Category A: \$32,384
 - b) Category C: \$32,385+
7. Veterans with 6 dependents:
 - a) Category A: \$33,860
(Note: Add \$1,476 for each addition dependent above 6)
 - b) Category C: \$33,861+
(Note: Add \$1,476 for each addition dependent above 6)
8. The Medicare deductible for calendar year 1998 is \$764
9. The income and/or asset threshold for net worth development for calendar year 1998 is \$50,000.
10. Maximum annual Rate and Pension for calendar year 1998: Base rate: \$8,665 single; \$11,349 with 1 dependent; plus \$1,476 each additional dependent.

1998 Insurance Dividends

More than two million active policyholders of veterans' life insurance will share in the 1998 distribution of \$817 million in dividends by the Department of Veterans Affairs (VA).

Veterans will receive the payments on the anniversary date of their policies, with the individual dividend amount determined by age, type of insurance and length of time the policy has been in force. Recipients will automatically receive their annual dividend through one of nine payment options.

The dividends represent a return of trust fund earnings on the premiums paid by policyholders through the years. They reflect the fact that veterans are living longer than originally predicted and also are attributable to the higher than expected yields earned by the trust funds from investments in U.S. government securities.

Only those veterans with policies that have been kept in force when premiums were required are eligible for the pay-out.

Eligible veterans are those issued government life insurance policies in World Wars I and II or the Korean

Conflict who served between 1917 and 1956. Veterans of subsequent eras are covered by government insurance programs that do not pay dividends.

The largest group receiving 1998 payments will be 1.7 million veterans of World War II with National Service Life Insurance ("V") policies who will receive an average payment of \$409. Total payments are expected to reach \$682.6 million. Of the 91,882 eligible Texas policyholders, an estimated total of \$38,297,000 should be shared.

Dividends totaling \$4 million will be paid to the 20,336 mostly World War I veterans holding U.S. Government Life Insurance ("K"). The 1,265 eligible policyholders in Texas should share dividends estimated to be \$323,000.

Some 227,984 veterans who have maintained Veterans Special Life Insurance ("RS" and "W") can expect to receive dividends totaling \$104.9 million. An estimated \$4,585,000 should be shared among 9,953 eligible Texas policyholders. (See related article on Page 15).

Veterans who hold Veterans Reopened

Insurance policies ("J", "JR" and "JS"), currently numbering 78,160, will share a \$26.1 million dividend. There are 2,899 eligible Texas policyholders who will share \$981,000.

Although VA also administers a special life insurance program for disabled veterans and a program offering mortgage life insurance coverage, these policies have a different financial structure and neither pays dividends. For current active-duty servicemembers and reservists and more recently separated veterans, VA supervises a contract with a private underwriter for Servicemembers' Group Life Insurance, which also does not pay dividends.

Veterans who have questions about their policies may call the VA Insurance Center toll-free at 1-800-669-8477 or may send their e-mail to

VAinsurance@vba.va.gov.

PLEASE NOTE: Periodically, notices have surfaced in the veterans community suggesting that those who have not elected to maintain insurance are eligible for a special dividend if they contact VA. That is not true. Dividends are automatically sent to eligible policyholders.★

Gaylon Vinson, Team Associate at the Lubbock VA Outpatient Clinic, has been chosen as "Outstanding VA Employee of the Month" for April 1998. Gaylon entered the U.S. Army shortly after graduating from Roosevelt High School and was medically discharged after sustaining injury in April 1988.

As Team Associate, Gaylon is assigned to assist a specific physician and nurse in primary clinic. Duties entail scheduling/cancelling appointments, arranging medical files in order of appointments and directing patients to any needed specialty clinics. Gaylon also assists the TVC in obtaining medical records, dates of treatment and C&P exams and also refers veterans in need of our assistance.

He initially worked with the Department of Veterans Affairs as a Work-Study student in 1989 and five years later, after receiving an Associates Degree in Marketing and Management from South Plains College became a full-time employee. He is currently working on his Bachelor's Degree in Administrative Management at Wayland Baptist University.

Gaylon's hobbies include golfing, coaching youth and working on classic cars. A devoted family person and Christian, he finds working with veterans very rewarding and interfaces with the Commission in ensuring that veterans are receiving all benefits to which they are entitled. Gaylon is married to Angela, with whom he enjoys rearing their two children, Chelsey and Blake.★



Spina Bifida Children

In its most recent report, entitled "Veterans and Agent Orange: Update 1996," the National Academy of Sciences noted what it considered "limited/suggestive evidence of an association" between herbicide exposure and spina bifida in the offspring of Vietnam veterans. Spina bifida is a congenital birth defect, characterized by defective closure of the bones surrounding the spinal cord. The spinal cord and its covering (meninges) may protrude through the defect. Section 421 of Public Law 104-204 added a new chapter 18 to title 38, United States Code authorizing VA to provide certain benefits, including a monthly monetary allowance, to children suffering from spina bifida who are the natural children of veterans who served in the Republic of Vietnam during the Vietnam era. These children must have been conceived after the first day that the veteran arrived in the Republic of Vietnam. These children are entitled to:

- ❖ Monetary allowance
- ❖ VA Healthcare
- ❖ Vocational Training and Rehabilitation

On September 30, 1997 VA published regulations implementing the aforementioned legislation:

HOW TO ACQUIRE THESE BENEFITS

The first step in acquiring any of the above benefits is to file VA Form 21-0304, *Application for Spina Bifida Benefits* with any VA regional office. The regional office (RO) first determine the child's eligibility for these benefits before any of them are made available to the child. Once the local RO determines that the child meets the requirements, the child will receive an ID Card from the Health Administration Center in Denver, Colorado.

To date, approximately 600 children eligible for these benefits have been identified by the Spina Bifida Association of America (SBAA).

MONETARY ALLOWANCE

Dates of Eligibility

The child's date of birth if the claim is received within one year of that date, or, the date of claim, but not earlier than October 1, 1997. The effective date of discontinuance will be the last day of the month before the month in which the death of the child occurred.

Level of Disability

VA will determine the level of disability suffered by the child by the following formula:

- ❖ Level 1: The child is able to walk without braces or other external support (although gait may be impaired), has no sensory or motor impairment of upper extremities, has an IQ of 90 or higher, and is continent of urine and feces. The monthly payment will be \$200 per month.
- ❖ Level II: Provided that none of the child's disabilities are severe enough to be evaluated at Level III, and

the child: is ambulatory, but not with braces or other external support; or, has sensory or motor impairment of upper extremities, but is able to grasp pen, feed self, and perform self care; or, has an IQ of at least 70 but less than 90 or, requires drugs or intermittent catheterization or other mechanical means to maintain proper urinary bladder function, or mechanisms for proper bowel function. The monthly payment will be \$700 per month.

- ❖ Level III: The child is unable to ambulate; or, has sensory or motor impairment of upper extremities severe enough to prevent grasping a pen, feeding self, and performing self care; or, has an IQ of 69 or less; or, has complete urinary or fecal incontinence. The monthly payment will be \$1,200 per month.

Development

VA may accept statements from private physicians or examination reports from government or private institutions. VA will schedule an exam only in the absence of such information.

In the absence of medical evidence adequate to assess the level of disability, VA will rate at no higher than Level I.

Children under the age of one year will be rated no higher than Level I unless a pediatric neurologist or a pediatric neurosurgeon certifies that the child is severely disabled.

REASSESSMENT OF DISABILITY

VA will reassess disability:

- ❖ For children between the ages of one and 21, VA will reassess at intervals of no more than five years
- ❖ Thereafter, VA will only reassess if evidence indicates that the current rating is incorrect.

Health Care

Healthcare benefits available under this program are limited to those necessary for the treatment of spina bifida and related medical conditions. Beneficiaries should be aware that this program is not a comprehensive healthcare plan and does not cover care that is unrelated to spina bifida.

Administration of the program is centralized to VA's Health Administration Center (HAC) in Denver, Colorado. HAC is responsible for all aspects of the spina bifida health care program, including the authorization of benefits and the subsequent processing and payment of healthcare claims. All inquiries regarding healthcare benefits should be made directly to HAC.

Note: In order to allow the child to receive health care from VA, a VA Form 21-0304, *Application for Spina Bifida Benefits* must first be filed with the local RO.

(See "Children with Spina Bifida . . ." on Page 13)

Debt Management

The Debt Management Center (DMC) has contracted with the Medical Care Cost Recover (MCCR) staff to offset first party medical debts from compensation/pension benefits. This process has been alpha and beta tested and went live in February.

A group of approximately 26,000 accounts received letters from DMC during the week beginning February 9, 1998. The letter advised the debtor of the delinquent debt and provided payment options which include offset from their monthly benefit check. ***If the debtor takes no action, the debt will be offset from their check dated May 1, 1998.***

In all cases, the debtor was instructed to contact the MCCR coordinator at the medical center where the debt was incurred.

If service officers receive calls from these debtors, it is imperative that they instruct the debtor to contact the medical center. Only the medical center will have the authority to stop or reduce the withholding. DMC is acting in the capacity of a contractor for purposes of providing the offset service and passing the funds onto the medical centers for application. DMC will have no contact with the debtor nor will they reduce or stop a withholding unless instructed to do so by the appropriate medical center.

Letters for the beta test were released in November 1997 and offsets were taken from the January 30, 1998 benefit check. Some regional offices may have received calls regarding the differences in amounts on the monthly check..

If history repeats itself, as it normally does, you can expect many debtors will ignore the February letter and will see a reduction in their May 1, 1998 check. This is the largest mailing DMC will do on these cases since these are the older debts on MCCR's file. However, the offset process will be ongoing. Service officers need to be aware of the process so they can address questions regarding reductions in check amounts in the future.★

Children with Spina Bifida . . . Continued from Page 13)

Preauthorization Requirements

Preauthorization is not required for routine health care services and supplies that are clearly related to the treatment of spina bifida and associated conditions. These include hydrocephalus, urologic complications, latex allergies, decubitus ulcers, etc. Services not clearly related to the treatment of spina bifida require preauthorization. These include:

- ❖ emergency services (authorization must be requested within 72 hours of treatment)
- ❖ durable medical equipment
- ❖ home care
- ❖ professional counseling
- ❖ mental health services
- ❖ respite care
- ❖ substance abuse treatment
- ❖ dental services
- ❖ transplantation services
- ❖ travel (other than mileage for privately owned vehicles)
- ❖ training of family members

Requests for preauthorization are to be made to HAC by telephone or FAX:

By Phone: 1-800-733-8387

By FAX: 1-800-331-7807

If service is not urgent, preauthorization requests may be made by mail at the following address:

VA Health Administration Center
PO Box 65025
Denver, CO 80206-9025

Vocational Rehabilitation and Training

VA will provide an evaluation to a Vietnam veteran's child who VA has determined suffers from spina bifida. If this evaluation establishes that it is feasible for the child to achieve a vocational goal, VA will provide the child with the vocational training, employment assistance, and other related rehabilitation services.

Application

The child (or the child's parent or guardian, an authorized representative, or a member of Congress acting on the child's behalf) must file an application requesting an evaluation of the feasibility of the child's achievement of a vocational goal. The application may be in any form, but it must:

- ❖ Be in writing over the signature of the applicant or the individual applying on the child's behalf
- ❖ Provide the child's full name, address, and VA claim number, if any, and the Vietnam veteran's full name and Social Security number or VA claim number, if any; and
- ❖ Clearly identify the benefit sought.

The child is eligible for 48 months of full time training or the part time equivalent.

Any questions related to these new regulations should be directed to:

Matt Puglisi, Assistant Director
Veterans Affairs and Rehabilitation
(202) 861-2772.

CHAMPVA News

CHAMPVA is a healthcare benefits program for 1) dependents of veterans who have been rated by VA as having a total and permanent disability; 2) survivors of veterans who died from VA-rated service-connected conditions; or 3) who at the time of death, were rated permanently and totally disabled from a VA-rated service-connected condition. Under CHAMPVA, VA shares the cost of covered healthcare services and supplies with eligible beneficiaries.

The administration of CHAMPVA is centralized to the Health Administration Center in Denver, Colorado.

Due to the similarity between CHAMPVA and TRICARE (formally known as CHAMPUS—a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members), the two programs are easily and often mistaken for each other. Please note that CHAMPVA is separate from TRICARE and that there are distinct differences between them.

BENEFITS

In general, CHAMPVA covers most healthcare services and supplies that are medically and psychologically necessary. Upon confirmation of eligibility, applicants will receive program material that specifically addresses covered and non-covered services and supplies.

General Exclusions

- ◆ services determined by VA to be medically unnecessary
- ◆ care as part of a grant, study, or research program
- ◆ care considered experimental or investigational
- ◆ care for persons eligible for benefits under other government agency programs, except Medicaid and State Victims of Crime Compensation programs
- ◆ care for which the beneficiary is not obligated to pay, such as services obtained at a health fair
- ◆ care provided outside the scope of the provider's license or certification

- ◆ custodial, domiciliary, or rest cures
- ◆ dental care except treatment related to certain covered medical conditions
- ◆ medications that do not require a prescription (insulin excluded)
- ◆ personal comfort and convenience items
- ◆ services rendered by providers suspended or sanctioned by other Federal entities

ELIGIBILITY

The following persons are eligible for CHAMPVA benefits, providing they are not eligible for TRICARE or Medicare Part A as a result of reaching the age of 65:

- ◆ the spouse or child of a veteran who has been rated by a VA regional office as having a permanent and total service-connected condition/disability;
- ◆ the surviving spouse or child of a veteran who died as a result of a VA-rated service-connected condition or who, at the time of death, was rated permanently and totally disabled from a service-connected condition; and
- ◆ the surviving spouse or child of a person who died in the line of duty and not due to misconduct.

Notice to new & expectant parents: In order to establish CHAMPVA eligibility for a newborn child, the following must be accomplished prior to the submission of an application:

1. Obtain a Social Security Number for the newborn by applying to the nearest Social Security Administration office.
2. Establish dependency of the newborn to the veteran sponsor by contacting the local VA regional office.

Since the payment of claims is contingent upon the claimant's eligibility status, new parents are encouraged to take the above action as early as possible.

Medicare Impact: Individuals, 65 or older, who lose CHAMPVA eligibility by becoming potentially eligible for Medicare Part A or who

quality for Medicare Part A benefits on the basis of disability, may reestablish CHAMPVA eligibility by submitting documentation from the Social Security Administration (SSA) certifying their non-entitlement to or exhaustion of Medicare Part A benefits.

Otherwise eligible individuals under age 65 who are enrolled in both Medicare Parts A&B are potentially eligible for CHAMPVA as secondary payer to Medicare. To determine CHAMPVA eligibility, SSA documentation of enrollment in both Parts A&B is required.

Eligibility Definitions

Service-connected condition/disability - refers to a VA determination that a veteran's illness or injury was incurred or aggravated while on active duty in military service and resulted in some degree of disability.

Sponsor - refers to the veteran upon whom CHAMPVA eligibility for the applicant is based.

Spouse - refers to a wife/husband or widow(er) of an eligible CHAMPVA sponsor. In some instances, may include a remarried surviving spouse whose remarriage is either terminated by annulment or legally determined void when supported by appropriate documentation.

Child - includes legitimate, adopted, illegitimate, and stepchildren. To be eligible, the child must be unmarried and:

- ◆ under the age of 18; or
- ◆ who, before reaching age 18, became permanently incapable of self-support as rated by a VA regional office; or
- ◆ who, after reaching age 18 and continuing up to age 23, is enrolled in a full-time course of instruction at an approved educational institution.

NOTE: The eligibility of children is not affected by divorce or remarriage of the spouse or surviving spouse.

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

Reduction in Monthly Payments for VSLI ("RS" and "W")

Legislation was passed in 1988 permitting VA to increase payments to those receiving lifetime income as a result of the proceeds of Government Life Insurance. This was recommended by VA because of the significant interest earning on investments held to provide lifetime income payments. The original amount of monthly income payments will remain the guaranteed minimum payment amount.

The Secretary of Veterans Affairs has the authority, when necessary, to periodically adjust the payments to annuitants. Such adjustments are based on death claims paid and the accumulation of interest earned on investments.

Due to lower interest earnings on investments held to provide lifetime income payments, we were forced to reduce monthly payments in order to ensure that we have sufficient funds to pay all future claims. While it is true that today's economy is strong and investment earnings are generally higher, we are required by Congress to invest in Government Treasury Securities, which tend to provide a lower rate of return but are more secure. It should be pointed out that the new monthly award amount is still greater than the guaranteed monthly award amount. Beneficiaries will never receive less than the guaranteed monthly award amount.

This reduction was be effective for all payments made on or after January 1, 1998.★

CHAMPVA . . .

(Continued from Page 5)

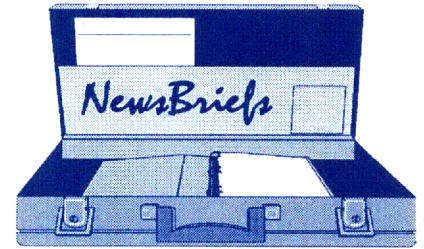
ASSISTANCE/HOW TO APPLY

Prospective applicants are encouraged to contact the Health Administration Center using the below listed toll-free telephone number for assistance or to obtain an Application for CHAMPVA Benefits (VA Form 10-10D). When calling for an application, please select the *application form* option from the voicemail menu. To help reduce the volume of telephone calls during business hours, please consider placing calls for forms during evening or weekend hours.

1-800-733-8387.

Applications may also be requested by
FAX at the following number:

1-303-331-7804.



FORMER OCHAMPUS OFFICE RENAMED

It's official. What used to be known as "OCHAMPUS" or "CHAMPUS headquarters" is now called the "TRICARE Support Office (TSO)." Any correspondence that would have gone to one of the offices at OCHAMPUS (examples: Benefit Services Branch or Office of Appeals and Hearings) should now be addressed to that office at: TRICARE Support Office, Aurora, CO 80045-6900.★

BOSNIA VETS NOW ELIGIBLE FOR AFEM

Recognizing the danger and hardship that U.S. troops must endure in Bosnia, President Clinton signed a bill in November that awards them the prestigious Armed Forces Expeditionary Medal. Clinton's approval of the FY98 Defense Authorization bill means that U.S. Bosnia veterans, based on receipt of the AFEM, will be eligible for veterans preference when seeking federal employment.

U.S. service members who participated in Operation Joint Endeavor or Operation Joint Guard are eligible for the medal. Also qualifying are individuals who served aboard a U.S. naval vessel operating in direct support of one or both of the operations and those who operated in air space above Bosnia-Herzegovina or other air space that will be defined later by the Pentagon.

Joint Endeavor lasted from November 20, 1995 to December 20, 1996. Joint Guard began December 20, 1996, and will end on a future date to be determined by the U.S. Secretary of Defense.★

DISPLAYING OF THE POW/MIA FLAG

Public Law 105-85 requires that the building containing the Office of the Secretary of Veterans Affairs display the POW/MIA flag on six specified days, Memorial Day, Independence Day, Flag Day, Armed Forces Day, POW/MIA Recognition Day and Veterans Day. However, Acting Secretary Togo West, Jr., has directed that it be displayed everyday, effective February 10, 1998. In the case of VA medical centers, display the POW/MIA flag on any day on which the U.S. flag is displayed. At U.S. Postal Service offices, the flag display day includes the last business day before one of the six designated dates that in any year is not itself a business day.★

TRAINING FOR NEWLY APPOINTED SERVICE OFFICERS

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

**FOR
IMMEDIATE
RELEASE**



DoD Seeks Families of Unaccounted for Korean War Servicemen

According to _____, Veterans County Service Officer for _____ County, the Department of Defense and the four military services are mounting an intense public outreach effort to locate family members of servicemen who remain unaccounted for from the Korean War. Tom Perry, Chief of the Air Force Missing Persons Branch said recently, "We have begun to open some doors in North Korea, and we need to re-establish contact with the families of our unaccounted-for servicemen.

As a result of two negotiated agreements, the U.S. conducted four joint operations inside North Korea during 1996 and 1997 to seek answers and to locate and recover the remains of U.S. servicemen lost during the Korean War. In the four operations, the remains of what are believed to be seven American soldiers have been recovered. One has already been identified and returned to his family for burial with full military honors.

Perry added, "As we're able to obtain additional circumstances of loss information or recover remains from North Korea, we'll need to inform the families. Unfortunately, in some cases, nearly 45 years have elapsed since the Air Force has had contact with many of our families. We need to know who the primary next-of-kin is to aid in future identifications. We'd welcome any lead family members can give us."

Family members of any unaccounted-for Korea-era servicemen are asked to provide their name, address and relationship of their loved one as soon as possible to the appropriate service casualty office. Each of the services has compiled a partial list of Korean War family contacts, but with more than 8,100 unaccounted-for servicemen from the war, the task is extremely difficult considering the time elapsed since the ceasefire in Korea.

Air Force families can call toll-free (800) 531-5501 or write by electronic mail via the Internet (POW-MIA@HQ.AFPC.AF.MIL). The Army's toll free number is (800) 892-2490. The Navy number is (800) 443-9298; and the Marine Corps' number is (800) 847-1597.



Texas Veterans Commission
P.O. Box 12277
Austin, Texas 78711
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texas.veterans.commission@tvc.state.tx.us
<http://www.main.org/tvc>

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