



DISABLED AMERICAN VETERANS

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Service Bulletin

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AMERICAN RECOVERY AND REINVESTMENT ACT **PAYMENT TO CERTAIN RECIPIENTS OF FEDERAL BENEFITS**

www.va.gov/recovery

<http://www.socialsecurity.gov/pubs/10519.pdf>

On February 17, 2009, President Barack Obama signed into law the *American Recovery and Reinvestment Act* (ARRA). This law provides for a one-time economic recovery payment of \$250 to people who get certain types of Federal benefits.

The law provides for a one-time payment for certain individuals who receive Social Security, Supplemental Security Income (SSI), Railroad Retirement and veterans benefits. Persons who were eligible for one of these benefits at any time during the months of November 2008, December 2008 or January 2009, may be eligible for the one-time payment. To receive the payment, the address of record must be in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands.

The Department of Veterans Affairs (VA) will spend more than \$1.4 billion as part of ARRA to improve services to America's veterans. VA's Internet site provides current information about VA's work to deliver its portion of Recovery Act funds into the economy to benefit Veterans. VA plans include improving medical facilities and national cemeteries, providing grants to assist states in acquiring or constructing state nursing homes and extended care facilities, and to modify or alter existing facilities to care for veterans.

VA will dedicate ARRA funds to hire and train 1,500 temporary claims processors to speed benefits delivery to veterans and pursue needed information technology initiatives for improved benefits and services. Funds will also be used to oversee and audit programs, grants, and projects funded under ARRA.

As part of the President's recovery plan, VA will also make one-time payments of \$250 to eligible veterans and survivors to mitigate the effects of the current economy. These payments will be issued as early as June 2009. VA estimates \$700 million in payments will be made to eligible beneficiaries as part of this measure. To be eligible for the \$250 payment, VA

beneficiaries must have received compensation, pension, dependency and indemnity compensation (DIC), or spina bifida benefits at any time between November 2008 and January 2009. No application is necessary. VA will use its existing payment records to determine eligibility for the \$250 payment.

Beneficiaries will receive their payments the same way they receive their monthly VA benefits (either by direct deposit or mail). VA will inform beneficiaries and the public when releasing the payments. This payment is not countable in determining eligibility for VA pension or Parents' DIC. The law allows one \$250 payment per individual. The payment is tax-free. VA beneficiaries who also receive benefits from the Social Security Administration or Railroad Retirement Board will be paid through those agencies, and will therefore not receive the payment from VA.

For more information, including circumstances in which persons will not be eligible to receive the payment, consult the information available at the Internet links provided above.

DEPARTMENT OF VETERANS AFFAIRS (VA)

<http://www.va.gov>

VA Continues Notification for Veterans Affected by Endoscopy Reprocessing Issues

In early April 2009 VA announced 3,174 veterans have been notified of the results of testing they underwent recently, conducted because of improperly reprocessed endoscopy equipment that may have been used in their care. These veterans, in the Tennessee, Georgia and South Florida areas were among 10,555 veterans sent letters offering free testing.

VA patients, who believe that they may have been exposed to cross contamination, were patients that received endoscopic procedures at the VA's Murfreesboro, Tenn., facility from April 2003 to December 2008; VA's Augusta, Ga., hospital from January 2008 to November 2008; and, the VA's Miami hospital from May 2004 to March 2009.

As of April 1, 2009, 28 veterans have tested positive for Hepatitis B, Hepatitis C, or the Human Immunodeficiency (HIV) Virus. Five veterans tested positive for Hepatitis B virus; eleven for Hepatitis C; and one for HIV. Of the positive test results, eleven were tested at VA's Murfreesboro, Tenn. facility, and six were tested at VA's Augusta, Ga., hospital. These results do not indicate that there is any relationship between these patients' conditions and the endoscopy procedures they underwent. However, VA is conducting an epidemiologic investigation to look into the possibility of such a relationship.

While reviews indicate that the transmission of Hepatitis B and Hepatitis C virus as a result of endoscopy procedures is extremely small and that transmission of HIV through endoscopy has never been reported, VA will appropriately counsel and care for these patients, no matter what the source of their infections may be.

VA is continuing the process of testing and counseling veterans who may be affected by this issue. The Department has added additional personnel at its Murfreesboro, Augusta and Miami hospitals to ensure that affected Veterans receive prompt testing and appropriate counseling. It is attempting to locate individuals whose letters have been returned as undeliverable, and to

reach out to homeless Veterans with no known address. Affected veterans are notified about their test results as soon as their results are verified. VA patients and their families may call 1-877-575-7256, 24 hours a day, seven days a week, for additional information.

VA Implements National Safety “Step-Up”

VA implemented a special training campaign on safety – called a “Step-Up” – from March 8 to 14, 2009 at all medical centers and outpatient clinics to ensure VA staff follow the highest standards for patient safety.

The nationwide Step-Up is the culmination of a VA education program to implement stronger procedures and better accountability at VA health care facilities. The training was triggered by VA inspections that found reprocessing of endoscopic equipment did not follow the manufacturer’s exact instructions at two VA medical centers. The facilities -- located in Murfreesboro, Tenn., and Augusta, Ga. -- have already taken corrective action. VA officials are not aware of any patients having been harmed by improperly reprocessed equipment. Although risks are small, the department is being conservative and notifying patients who might have been treated by the affected equipment.

Normal activities continued during the Step-Up at all VA facilities, but with extra emphasis on safety and proper processing protocols. Specific efforts included retraining on reprocessing endoscopes, establishment of easily-tracked accountability for instrument processing, and training on standard operating procedures by facility leadership.

VA Identifies Problem with a Transcription Services Contract

During a routine internal inspection, the VA discovered a contractor providing medical transcription services who was not following the Department’s rules for protecting medical information. Although there is no evidence that any patient information was disclosed as a result of the violation, VA has suspended the contractor from receiving any sensitive information from the Department until the contractor guarantees compliance with VA’s standards for information technology (IT) security.

The issue involves a contractor whose employees create written transcripts of recordings made by health care professionals while performing physical examinations, reporting on surgeries, and taking patients’ histories. VA officials found the contractor’s employees used computers that do not adhere to government policy on security. Based on this incident, the Secretary has launched an intensive examination of all VA’s contracts to ensure all contractors properly safeguard information about VA patients, veterans and employees.

Stimulus Bill Provides \$198 Million for Filipino Veterans

VA is accepting applications for a new benefit for Filipino veterans who aided American troops in World War II -- a cash payment authorized through the newly enacted American Recovery and Reinvestment Act. Claims are now being accepted from Filipino veterans eligible for one-time payments of \$9,000 for non-U.S. citizens and \$15,000 for Filipino veterans with U.S. citizenship.

VA and the Embassy of the United States in Manila have announced locations in the Philippines where veterans can apply immediately. The list has been posted at <http://manila.usembassy.gov>. To receive information by mail, United States residents may call 1-800-827-1000. Philippine residents may call 632-528-2500 (within Metro Manila) or from outside Manila at 1-800-888-5252. In addition, Filipino veterans may request information via email at <https://iris.va.gov>. The VA Regional Office in Manila will process all claims for this benefit. Therefore, U.S. residents should mail the application to the Department of Veterans Affairs, Regional Office, PSC 501, FPO AP 96515-100.

Extensive outreach is planned to alert World War II Veterans throughout the Philippines. Claims must be submitted by Feb. 16, 2010, a year after the bill's signing. The payments do not affect other benefits veterans may be receiving.

2009 VA Life Insurance Programs for Veterans and Servicemembers

<http://insurance.va.gov/inForceGliSite/GLIhandbook/glibooklet.htm>

The 2009 edition of the booklet, VA Life Insurance Programs for Veterans and Servicemembers, has been issued by the VA Regional Office and Insurance Center in Philadelphia, PA. The booklet is available for printing or downloading at the internet site above.

VA Fast Letter 09-15: Overview of Changes made by Public Law 110-389, The Veterans Benefits Improvement Act of 2008

This letter provides guidance regarding statutory changes in the Act that impact delivery of VA disability benefits. Sections of the Act either amend current parts of Title 38, or will require VA to amend existing regulations. Some of the changes include:

- Amendment of 38 U.S.C. § 1112(b)(2) by adding osteoporosis as a presumptive disability in former prisoners of war, if it is determined the veteran has post-traumatic stress disorder.
- Creation of a new statute, 38 U.S.C. § 1156, Temporary disability ratings, that provides for a temporary disability rating for a veteran who submits a claim within one year from discharge or release from active duty.
- Creation of a new statute, 38 U.S.C. § 5121A, Substitution in case of death of claimant. It provides that if a claimant dies while a claim or appeal for any benefit under a law administered by the Secretary is pending, a living person who would be eligible to receive accrued benefits due to the claimant under section 5121(a) may, not later than one year after the date of death of the claimant (on or after October 10, 2008), request to be substituted as the claimant for the purposes of processing the claim to completion.
- Amends 38 U.S.C. § 3512 to change the delimiting date to 20 years for the eligibility period for survivors' and dependents' educational assistance for certain spouses of individuals with service-connected disabilities that become total and permanent in nature no later than three years after discharge.
- Amends 38 U.S.C. § 3105 by providing for a waiver of the 24-month limitation on program of independent living services and assistance for veterans with a severe disability incurred in the post-9/11 global operations period.

DEPARTMENT OF DEFENSE (DOD)

Fiscal Year 2008 DOD Sexual Assault Report Released

[http:// www.sapr.mil](http://www.sapr.mil)

The Department of Defense released the “Fiscal 2008 Report on Sexual Assault in the Military” on March 17, 2009. The report on sexual assault, prepared by the Sexual Assault Prevention Office (SAPRO), provides Congress with an overview of the Sexual Assault Prevent and Response Program and data on alleged sexual assaults involving members of the armed forces.

In fiscal 2008, the department received a total of 2,908 reports of sexual assault involving service members, representing an eight percent increase from fiscal 2007. There were 753 restricted reports filed in fiscal 2008. The restricted reporting option allows a military member to obtain care confidentially without initiating an investigation. This year 110 victims converted their report from restricted to unrestricted. The report also showed that court-martial actions substantially increased from 30 percent in fiscal 2007 to 38 percent in fiscal 2008, meaning that military commanders referred eight percent more cases to trial.

DoD Launches New Sexual Assault Awareness Campaign

<http://www.MyDuty.mil>

As part of Sexual Assault Awareness Month, the Department of Defense launched a new social marketing campaign in April 2009 called Our Strength is for Defending. This research-based prevention strategy is designed to empower servicemembers to intervene in situations where possible sexual assaults may occur.

The campaign’s informational materials and public service announcements address topics such as active bystander intervention; crime reporting; supportive behavior for victims of sexual assault; and services provided by sexual assault response coordinators and victim advocates within each of the armed forces. The campaign was developed with the assistance of Men Can Stop Rape, an organization that has successfully deployed sexual assault prevention programs throughout the United States and several countries.

Special events will be held by all of the armed forces in an effort to promote awareness of the strategy and to highlight the department’s efforts to ensure all service members understand their role in preventing sexual assault.

DOD Announces End to “Stop Loss”

<http://www.defenselink.mil>

The Department of Defense announced plans in March 2009 to eliminate the current use of Stop Loss, while retaining the authority for future use under extraordinary circumstances. Stop Loss is the involuntary extension of a service member's active duty service under the enlistment contract in order to retain them beyond their initial end of term of service date.

The Army Reserve and Army National Guard will mobilize units without employing Stop Loss beginning in August and September 2009, respectively. The Regular (active duty) Army will deploy its first unit without Stop Loss by January 2010.

For soldiers Stop Lossed during fiscal 2009, the department will provide a monthly payment of \$500. Until the department is able to eliminate Stop Loss altogether, this payment will serve as an interim measure to help mitigate its effects. The department intends to provide Stop Loss Special Pay to eligible service members until the point of separation or retirement, to include that time spent on active duty in recovery following redeployment. Stop Loss Special Pay will begin on the date of implementation, and will take effect for those impacted on or after Oct. 1, 2008.

Stop Loss Special Pay implements the authority granted by Section 8116 of the “Consolidated Security, Disaster Assistance, and Continuing Appropriation Act, 2009.” The appropriation is available to secretaries of the military departments only to provide Special Pay during fiscal 2009.

UNITED STATES GOVERNMENT ACCOUNTABILITY OFFICE (GAO)

GAO REPORT 09-289: Military Disability Retirement: Closer Monitoring Would Improve the Temporary Retirement Process

<http://www.gao.gov/products/GAO-09-289>

TDRL caseloads within the Department of Defense (DOD) grew by 43 percent, from 9,983 in fiscal year 2003 to 14,285 in fiscal year 2007. The disabilities most prevalent among TDRL placements were musculoskeletal, mental, or neurological in nature. Among those with mental and neurological disabilities, the incidence of post traumatic stress disorder and conditions related to traumatic brain injury increased substantially across the services.

Although the experiences of temporary disability retirees varied, some outcomes were more common than others. DOD-wide, very few who were placed on the list between calendar years 2000 and 2003 returned to military service. Further, about half received a final determination within 3 years and, of those who ultimately received permanent disability benefits, 73 percent had final disability ratings that were no different than their initial ratings. Finally, only 7 percent of TDRL placements, DOD-wide, received a final disability rating that qualified them for permanent disability payment amounts higher than their TDRL payments.

DOD and the services do not effectively manage key aspects of the TDRL process. The military does not systematically examine physical evaluation board (PEB) stability decisions for accuracy and consistency or routinely compile information on TDRL outcomes to better inform its assessments of stability. According to TDRL administrative staff, ensuring that medical reexaminations are done in TDRL cases at least once every 18 months is often a challenge. However, the military does not monitor the extent to which this requirement is met.

Moreover, there is limited use of nonmilitary physicians to perform reexaminations, which could reduce burdens on medical treatment facilities. Finally, military procedures do not ensure consistent enforcement of TDRL rules. Information about the TDRL that the services provide is not always clear or complete and can be difficult to access. PEB findings forms provided to temporary retirees do not fully explain why service members are placed on the list or what is required of them.

Temporary retirees reported that counseling related to PEB decisions was inconsistent and lacking in follow-through. Information from military pamphlets, brochures, fact sheets, and Web sites is often incomplete or difficult to find. Temporary retirees participating in our focus groups expressed considerable confusion about and dissatisfaction with their limited access to information and points of contact.



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