



## Federal Update for April 7 - 11, 2014



### ***Disabled Vet SSA Claims ► Priority Treatment if Rated 100%***

Social Security claims from veterans with a Veterans Affairs Department disability compensation rating of 100 percent permanent and total have a new process that will treat their applications as high priority and issue expedited decisions. Carolyn W. Colvin, acting Social Security commissioner, said the new process is similar to the way the agency currently handles disability claims from wounded warriors. "We have reached another milestone for those who have sacrificed so much for our country and this process ensures they will get the benefits they need quickly," Colvin said. "While we can never fully repay them for their sacrifices, we can be sure we provide them with the quality of service that they deserve. This initiative is truly a lifeline for those who need it most." To receive the expedited service, veterans must tell Social Security they have a VA disability compensation rating of 100 percent permanent and total and must show proof of their disability rating with their VA notification letter. The VA rating only expedites Social Security disability claims processing and does not guarantee an approval for Social Security disability benefits, officials emphasized, noting that these veterans still must meet the strict eligibility requirements for a disability allowance. [Source: SSA News Release 18 Mar 2014 ++]

### ***POW/MIA Recoveries***

"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,000+), Korean War (7,921) Cold War (126), Vietnam War (1,642), 1991 Gulf War (0), and OEF/OIF (6). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the

single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to [http://www.dtic.mil/dpmo/accounted\\_for](http://www.dtic.mil/dpmo/accounted_for).

For additional information on the Defense Department's mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at <http://www.dtic.mil/dpmo> or call or call (703) 699-1169. The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:

## **Vietnam**

None

## **Korea**

- The Department of Defense POW/Missing Personnel Office (DPMO) announced 21 MAR that the remains of a U.S. serviceman, missing from the Korean War, have been identified and will be returned to his family for burial with full military honors. Army Cpl. Cristobal Romo, 19, of San Diego, will be buried March 22, in Riverside, Calif. In November 1950, Romo was a member of Company L, 31st Infantry Regiment, operating along the eastern banks of the Chosin Reservoir in North Korea. From Nov. 27 – Dec. 1, 1950, the Chinese People's Volunteer Forces overran U.S. positions and U.S. troops were forced to withdraw south along Route 5 to more defensible positions. Following the battle, Romo was one of many men reported missing in action. In September 2004, a joint U.S./Democratic People's Republic of North Korea (D.P.R.K.) team excavated a site south of the Pungnyuri-gang inlet of the Chosin Reservoir, and recovered human remains. The remains were sent to the Joint POW/MIA Accounting Command (JPAC) for analysis. From 2005 to 2012, the Armed Forces DNA Identification Laboratory (AFDIL) continued to conduct DNA analysis on recovered remains in the vicinity of Romo's loss. As technology advanced they were able to identify Romo. To identify Romo's remains, scientists from JPAC and AFDIL used circumstantial evidence and forensic identification tools, including mitochondrial DNA that matched Romo's sister and nephew, and autosomal DNA that also matched his sister.
- Marine Corps Cpl. William F. Day, Company H, 3rd Battalion, 11th Regiment, 1st Marine Division, lost Dec. 2, 1950, in North Korea was

accounted for on March 6 and will be buried with full military honors on April 5 in La Center, Ky.

- Army Pfc. Arthur Richardson, Company A, 1st Battalion, 19th Infantry Regiment, 24th Infantry Division, lost on Jan. 1, 1951, in South Korea was accounted for on March 21. A burial date has yet to be set.
- Marine Corps Cpl. William S. Blasdel, Company H, 3rd Battalion, 11th Regiment, 1st Marine Division, lost Oct. 28, 1953, in North Korea was accounted for on March 10 and will be buried with full military honors this spring in the National Memorial Cemetery of the Pacific.

Today, 7,889 Americans remain unaccounted for from the Korean War. Using modern technology, identifications continue to be made from remains that were previously turned over by North Korean officials or recovered from North Korea by American teams.

## **World War II**

None [Source: [http://www.dtic.mil/dpmo/news/news\\_releases/](http://www.dtic.mil/dpmo/news/news_releases/) Mar 2013 ++]

## ***DoD Suicide Policy Update ► SAV Act Introduced in Senate***

A new bill aimed at improving suicide prevention for veterans was introduced in the U.S. Senate on 28 MAR, as nearly 2,000 flags were planted within view of the Capitol — each one representing a current or former servicemember who had committed suicide so far this year. Sen. John Walsh (D-MT) introduced the, Suicide Prevention for America's Veterans Act (S.2182) which includes provisions extending combat eligibility for health care from five years to 15 years, and establishing a process for reviewing potentially wrongful discharges and reversing those which may have been caused by mental health issues.

Persons who served in a theater of combat operations after November 11, 1998, and were discharged on or after January 28, 2003, currently have special eligibility to enroll in the VA health care system for five years from your date of discharge or release, according to the Department of Veterans Affairs. The VA estimates that 22 veterans from current and previous wars die by their own hand each day. In an Iraq and Afghanistan Veterans of America survey of its membership this year, 47 percent said they knew a veteran of the two post-9/11 wars who had attempted suicide. "That's an epidemic that we cannot allow to continue," said Walsh, the

first Iraq War combat veteran elected to the Senate. "I think we all know a friend, a family member, a neighbor, a colleague that has been affected by this terrible tragedy." In an effort to visualize the number of troops who have committed suicide, IAVA members and supporters planted 1,892 flags on the National Mall, hoping that the field of red, white and blue would bring the problem to the attention of those strolling the grassy expanse.

"I'm hoping it'll just be a powerful visual for the scope of this issue," said Jeff Hensley, a Navy veteran of 21 years and IAVA member who was planting flags. "(For) most of us that are veterans and are closely connected with veterans ... it's personal to us. But outside of our community, I don't think the rest of the country really understand. Seeing something like this, it brings it home to the average person who may not have a direct connection." The event was part of IAVA's annual "Storm the Hill" campaign, which brings veterans to Washington to meet with leaders on veterans policies. Suicide prevention tops IAVA's 2014 agenda, and the group is pushing for the SAV Act to be passed by Memorial Day. "It's going to provide urgent care for people that these folks have been fighting for, that the folks representing by the flags ... could not get," said Paul Rieckhoff, IAVA founder and CEO. Rieckhoff urged Democratic and Republican lawmakers to work together on what he called a national priority. "It's a public health challenge. It's a security imperative, it's a moral imperative," he said.

For Hensley, who was among the "stormers," the bill - which was designed by the IAVA based on veterans' needs - offers a number of provisions that are promising for improving access and quality of care. "It's one thing to go out and reach out for help, it's another thing to actually get help that is informed and based on best practices," said Hensley, a counselor at an equine-assisted therapy program for veterans in Texas. "It really can make a difference." The bill also calls for increasing mental health professionals in the VA, ensuring training for mental health providers, improving suicide prevention programs, decriminalizing suicide attempts, and more collaboration between the VA and Defense Department. IAVA is hoping to connect one million veterans to suicide prevention resources this year. "If they can get help, it can prevent that," Hensley said. "It can change the entire trajectory of somebody's life. I think of the 8,000 veterans killing themselves every year, then I think what difference it could have made if they had gone on, got that little bit of help, changed the course of their lives and had so

much more to offer to all of us. It's just a waste." [Source: Stars and Stripes | C.J. Lin | 27 Mar 2014 ++]

## **TSGLI Update ► Proposed \$100K Cap Removal**

Two lawmakers have introduced a bill that would eliminate the \$100,000 cap on payments to wounded warriors for multiple, severe injuries under the Traumatic Servicemembers' Group Life Insurance program. But one big *unanswered question is whether the proposed legislation would apply retroactively* for those who previously received multiple severe wounds, or only to future service members who may suffer such wounds. The current law governing the TSGLI program is retroactive to 7 OCT 2001. "We're continuing to discuss" retroactivity, said Drew Pusateri, spokesman for Rep. Bruce Braley, D-Iowa, who is sponsoring the bill with Rep. Cheri Bustos (D-IL). Under current law, lump-sum TSGLI payments, which vary by injury, start at \$25,000 and run to a maximum of \$100,000 for injuries related to a single traumatic event. The loss of a hand, a foot, and eyesight, for example, each qualify for payment of \$50,000. But if a service member suffered all three injuries in one incident, the maximum payment would be \$100,000. From its inception, TSGLI has covered both on- and off-duty injuries — for example, injuries suffered in a car accident or mowing the lawn at an off-base home.

The proposed bill would not change that aspect of TSGLI, but it would provide higher uncapped payments only for losses incurred under specific conditions: during armed conflict; in training under conditions simulating armed conflict; hazardous service; or a traumatic event caused "through an instrumentality of war." The bill is the Taylor Morris Act, named for a quadruple amputee from Iowa who was injured in a roadside bomb blast in 2012 in Afghanistan while serving as a Navy explosive ordinance disposal technician. In a statement issued by Braley's office, Morris said he had no idea how drastically his life was about to change. "With multiple surgeries and years of rehabilitation, I was looking at a lifetime of costs," he said. "I was so very fortunate to receive help from so many people across the United States. But not every person who is critically injured has the same support. This bill [would] help ease the burden of at least one aspect of recovery." "The fact that more service members are surviving severe injuries due to immediate medical treatment is a great development," Braley said. "But this cap just isn't fair to our injured veterans and needs to be eliminated."

To qualify for TSGLI payments, troops must already be insured under the Servicemembers' Group Life Insurance program and pay an extra \$1 a month in premiums. Since the TSGLI program was enacted in late 2005, the Veterans Affairs Department has approved 14,514 claims and paid out almost \$812 million. About 57 percent of the paid claims have involved combat injuries suffered in a war zone. [Source: AirForceTimes | Karen Jowers | 25 Mar 2014 ++]

## ***Following is a Summary of Veteran Related Legislation Introduced in the House and Senate Since the Last Bulletin was Published:***

- H.R.4217: Military Commissary Sustainment Act. A bill to prohibit a reduction in funding for the defense commissary system in fiscal year 2015 pending the report of the Military Compensation and Retirement Modernization Commission.
- H.R.4232: Veterans Higher Education Opportunity Act. A bill to clarify the cancellation of loans of members of the Armed Forces under the Federal Perkins Loan Program.
- H.R.4234: Ensuring Veterans' Resiliency Act. A bill to direct the Secretary of Veterans Affairs to carry out a pilot program to reduce the shortage of psychiatrists in the Veterans Health Administration of the Department of Veterans Affairs by offering competitive employment incentives to certain psychiatrists, and for other purposes.
- H.R.4247: Disabled Veterans Jobs Opportunity Act. A bill to amend title 5, United States Code, to provide that disabled veterans with a disability rating greater than or equal to 70 percent receive preference with respect to employment in the competitive service, and for other purposes.
- H.R.4248: Veterans Education Outcomes Act. A bill to require institutions of higher education to disseminate information with respect to the completion rates, employment rates, and retention rates of recipients of GI Bill funding.
- H.R.4261: Gulf War Health Research Reform Act of 2014. A bill to improve the research of Gulf War Illness, the Research Advisory Committee on Gulf War Veterans' Illnesses, and for other purposes.

- H.R.4274: Honoring the Families of Fallen Soldiers Act Funding. A bill to amend the Honoring the Families of Fallen Soldiers Act to provide a permanent appropriation of funds for the payment of death gratuities for survivors of deceased members of the uniformed services in event of any future period of lapsed appropriations.
- H.R.4276: Veterans Traumatic Brain Injury Care Improvement Act of 2014. A bill to amend the Honoring the Families of Fallen Soldiers Act to provide a permanent appropriation of funds for the payment of death gratuities for survivors of deceased members of the uniformed services in event of any future period of lapsed appropriations.
- H.R.4314: Disabled Vet Student Loan Repayment Program. . A bill to amend title 38, United States Code, to establish a student loan repayment program for totally disabled veterans.
- H.R.4335: Clarify Veteran’s Estate Eligible for Accrued Benefits. A bill to amend title 38, United States Code, to clarify that the estate of a deceased veteran may receive certain accrued benefits upon the death of the veteran, to ensure that substituted claims are processed timely, and for other purposes.
- H.R.4344: Make Sexual Trauma a Presumptive Service Connected Condition. A bill to amend title 38, United States Code, to establish a presumption of service connection for mental health conditions related to military sexual trauma.
- S.2138: Veterans Hiring Act. A bill to provide a payroll tax holiday for newly hired veterans.
- S.2143: Veterans Entrepreneurship Act. A bill to increase access to capital for veteran entrepreneurs to help create jobs.
- S.2145: Veteran Voting Support Act. A bill to require the Secretary of Veterans Affairs to permit facilities of the Department of Veterans Affairs to be designated as voter registration agencies, and for other purposes.
- S.2179: Homeless Vet Active Duty Length of Service Waiver for Benefits. A bill to amend title 38, United States Code, to waive the minimum period of continuous active duty in the Armed Forces for receipt of benefits for homeless veterans, to authorize the Secretary of Veterans Affairs to furnish benefits for homeless veterans to homeless veterans with discharges or releases from service in the Armed Forces under other than honorable conditions, and for other purposes.

- S.2182: Vet Mental Health Care Improvement. A bill to expand and improve care provided to veterans and members of the Armed Forces with mental health disorders or at risk of suicide, to review the terms or characterization of the discharge or separation of certain individuals from the Armed Forces, to require a pilot program on loan repayment for psychiatrists who agree to serve in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes.

[Source: <http://www.loc.gov> & <http://www.govtrack.us/congress/bills> 29 Mar 2014 ++]

## ***Military Grooming Standards ► Tightening***

The Army is cracking down on tattoos, dental ornamentation and haircuts in a long-awaited update to uniform and appearance rules that could make it harder to enlist and advance up the ranks. The new rules aren't yet public, but a 57-page training program the Army posted online at <http://www.documentcloud.org/documents/1097843-uniform-policy-leaders-training.html#document> about the regulations indicates the service is tightening standards that had been relaxed to allow more people to qualify for service at the heights of the wars in Iraq and Afghanistan. Most notably, the new policy comes down hard on tattoos by redefining what "indecent" means, limiting the size and number of tattoos allowed and disallowing ink on the head, neck, wrists and hands. The training program does not specify how the decency standard has been redefined.

Soldiers who already have tattoos in off-limits areas will be allowed to stay in the service, but people who want to join up won't be allowed in if they have ink on their head, face, neck or wrists, or if they have tattoos whose content violates the Army's new, stricter standards. Enlisted soldiers with too much ink in visible areas won't be allowed to become an officer. To make sure everybody's following the rules, commanders will have to document all tattoos above the neckline and below the elbows or knees and file that information — including photos — in their soldiers' official records. After that, commanders will have to perform annual checks for new tattoos. Those found to have violated the rules "must be processed in accordance" with the new regulation, according to the document. It's not clear what that processing entails, but it notes that "most of the appearance and grooming chapter are punitive." That goes for restrictions on grooming, fingernails and jewelry, too.

For men, grooming standards remain largely unchanged, save for the addition of three off-limits hairstyles: the Mohawk, the horseshoe and the tear drop. Hair standards for women are laid out in more explicit terms that effectively reduce style options. Ponytails, though, are now allowed during physical training. Also specific to women: colored nail polish is now off-limits. Also new in the revision are rules that ban all manner of dental ornamentation, from gold caps to jewels to unnatural shaping. The rules also prohibit all kinds of willful self-mutilation, such as tongue bifurcation and ear gauging. [Source: Stars & Stripes | Matt Milham | 27 Mar 2014 ++]

## ***USS Arizona Memorial Stamp ► Priority Mail Express \$19.99 Stamp***

The U.S. Postal Service on 16 MAR honored the tranquil shrine that pays tribute to the 1,177 sailors aboard the USS Arizona who lost their lives Dec. 7, 1941, with the dedication of a Priority Mail Express \$19.99 stamp. “Today, nearly 100 years to the day that the Navy laid the keel to begin construction of the Arizona, we gather to pay tribute to its final resting spot,” said U.S. Postal Service Information Technology Vice President John Edgar in dedicating the stamp. “Not everyone will have an opportunity to visit Hawaii and see this memorial in person. But with this stamp, they’ll be able to see what it looks like and be reminded of what it stands for.”

The stamp artwork features an illustration of the white concrete memorial on the Hawaiian island of Oahu rising above the sunken ship in the shape of a bridge. Depicted under a sunny sky and bright clouds with an American flag fluttering overhead, the memorial is mirrored by its own reflection on the water below. Designed by art director Phil Jordan of Falls Church, VA, the stamp showcases the work of illustrator Dan Cosgrove of Chicago, IL. The USS Arizona Memorial Priority Mail Express stamp is available in sheets of 10 and also may be purchased individually.

Customers have 60 days to obtain the first-day-of-issue postmark by mail. They may purchase new stamps at local Post Offices, at [usps.com/stamps](https://usps.com/stamps) or by calling 800-STAMP-24. They should affix the stamps to envelopes of their choice, address the envelopes to themselves or others and place them in larger envelopes

addressed to: USS Arizona Memorial Cancellations, Marketing Department, 3600 Aolele Street Honolulu, HI 96820-9661. After applying the first-day-of-issue postmark, the Postal Service will return the envelopes through the mail. There is no charge for the postmark up to a quantity of 50. For more than 50, there is a 5-cent charge per postmark. All orders must be postmarked by May 13, 2014. The Postal Service also offers first-day covers for new stamp issues and Postal Service stationery items postmarked with the official first-day-of-issue cancellation. Each item has an individual catalog number and is offered in the quarterly USA Philatelic catalog online at [usps.com/shop](http://usps.com/shop) or by calling 800-782-6724. Customers may request a free catalog by calling 800-782-6724 or writing to: U.S. Postal Service, Catalog Request, PO Box 219014, Kansas City, MO 64121-9014.

“Let this stamp serve as a small reminder of the sacrifices made by the brave sailors who gave their lives here,” added Edgar. “Let this stamp achieve the same goal as the memorial it depicts — to always remember the Arizona.”

Scheduled to join Edgar in dedicating the stamp were U.S. Sen. (ret.) Daniel K. Akaka; U.S. Navy Rear Adm. Richard Williams, USN; Hawaii State Rep. K. Mark Takai; World War II Valor in the Pacific National Monument Superintendent Paul DePrey; and U.S. Postal Service Honolulu District Manager Greg Wolny. “The USS Arizona Memorial stamp will help Americans remember the toll of war, the sacrifice of our service members and the end of conflict,” said DePrey. “The memorial is an iconic structure symbolizing both loss and contemplation. By dedicating this stamp, we are continuing to bear witness to history.” [Source: [http://about.usps.com/news/national-releases/2014/pr14\\_014.htm](http://about.usps.com/news/national-releases/2014/pr14_014.htm) Mar 2014 ++]

## ***VA Health Care: Ongoing and Past Work Identified Access Problems That May Delay Needed Medical Care for Veterans***

### **What GAO Found**

GAO's ongoing work examining VHA's management of outpatient specialty care consults identified examples of delays in veterans receiving outpatient specialty care, as well as limitations in the Department of Veterans Affairs' (VA), Veterans Health Administration's (VHA) implementation of new consult business rules designed to standardize aspects of the clinical consult process. For example, for 4 of the 10 physical therapy consults GAO reviewed for one VAMC, between 108

and 152 days elapsed with no apparent actions taken to schedule an appointment for the veteran. For 1 of these consults, several months passed before the veteran was referred for care to a non-VA health care facility. VA medical center (VAMC) officials cited increased demand for services, and patient no-shows and cancelled appointments among the factors that lead to delays and hinder their ability to meet VHA's guideline of completing consults within 90 days of being requested. GAO's ongoing work also identified variation in how the five VAMCs reviewed have implemented key aspects of VHA's business rules, such as strategies for managing future care consults—requests for specialty care appointments that are not clinically needed for more than 90 days. Such variation may limit the usefulness of VHA's data in monitoring and overseeing consults systemwide. Furthermore, oversight of the implementation of the business rules has been limited and did not include independent verification of VAMC actions. Because this work is ongoing, we are not making recommendations on VHA's consult process at this time.

In December 2012, GAO reported that VHA's outpatient medical appointment wait times were unreliable. The reliability of reported wait time performance measures was dependent in part on the consistency with which schedulers recorded desired date—defined as the date on which the patient or health care provider wants the patient to be seen—in the scheduling system. However, VHA's scheduling policy and training documents were unclear and did not ensure consistent use of the desired date. GAO also reported that inconsistent implementation of VHA's scheduling policy may have resulted in increased wait times or delays in scheduling timely medical appointments. For example, GAO identified clinics that did not use the electronic wait list to track new patients in need of medical appointments as required by VHA policy, putting these patients at risk for not receiving timely care. VA concurred with the four recommendations included in the report and, in April 2014, reported continued actions to address them. For example, in response to GAO's recommendation for VA to take actions to improve the reliability of its medical appointment wait time measures, officials stated the department has implemented new patient wait time measures that no longer rely on desired date recorded by a scheduler. VHA officials stated that the department also is continuing to address GAO's three additional recommendations. Although VA has initiated actions to address GAO's recommendations, continued work is needed to ensure these actions are fully implemented in a timely fashion. Ultimately, VHA's ability to ensure and

accurately monitor access to timely medical appointments is critical to ensuring quality health care to veterans, who may have medical conditions that worsen if access is delayed.

### **Why GAO Did This Study**

Access to timely medical appointments is critical to ensuring that veterans obtain needed medical care. Over the past few years there have been numerous reports of VAMCs failing to provide timely care to patients, including specialty care, and in some cases, these delays have resulted in harm to patients.

In December 2012, GAO reported that improvements were needed in the reliability of VHA's reported medical appointment wait times, as well as oversight of the appointment scheduling process. Also in 2012, VHA found that systemwide consult data could not be adequately used to determine the extent to which veterans experienced delays in receiving outpatient specialty care. In May 2013, VHA launched the Consult Management Business Rules Initiative with the aim of standardizing aspects of the consults process.

This testimony highlights (1) preliminary observations from GAO's ongoing work related to VHA's management of outpatient specialty care consults, and (2) concerns GAO raised in its December 2012 report regarding VHA's outpatient medical appointment scheduling, and progress made implementing GAO's recommendations. To conduct this work, GAO reviewed documents and interviewed officials from VHA's central office. Additionally, GAO interviewed officials from five VAMCs for the consults work and four VAMCs for the scheduling work that varied based on size, complexity, and location. GAO shared the information it used to prepare this statement with VA and incorporated its comments as appropriate.