STATEMENT OF
JAMES TERRY SCOTT, LTG USA (RET)
CHAIRMAN
VETERANS' DISABILITY BENEFITS COMMISSION
BEFORE THE
UNITED STATES SENATE
JOINT HEARING OF THE ARMED SERVICES and
VETERANS AFFAIRS' COMMITTEES
ON
APRIL 12, 2007

Chairman Levin, Chairman Akaka, Ranking Member McCain, Ranking Member Craig, and Members of the Committees:

It is my distinct pleasure to appear before you on behalf of the Veterans' Disability Benefits Commission (the Commission.) As you may recall, the Commission was established by the National Defense Authorization Act of 2004. The law charged the Commission with studying benefits available for disabilities and deaths related to military service, specifically:

- The appropriateness of the benefits,
- The appropriateness of the level of benefits, and
- The appropriate standards for determining whether the disability or death of a veteran should be compensated.

We are committed to meeting that charge for the betterment of all of our nation's veterans. Many of us, who are combat veterans ourselves, have watched a new generation return from the battlefield to face the challenges of severe wounds/illnesses, unemployment, family adjustments, and mental health issues. We are ever-mindful of these challenges as we carry out our study of the benefits under the laws of the United States that compensate and assist veterans and their survivors for disabilities and deaths attributable to military service.

We have identified thirty-one research questions for further analysis, which are enclosed for the record. Commission staff, aided by the Institute of Medicine (IOM) and the Center for Naval Analyses (CNA), is in the process of methodically addressing these questions. Additionally, we have conducted a series of eight site visits throughout the country, held monthly open public meetings, and have heard from the Department of Veterans Affairs, the Department of Defense and the Services, the Department of Labor, the Social Security Administration, Veterans Service Organizations, The Military Coalition, Professional Associations, Congressional staffers, and individual veterans and family members.

The Commission has not completed its work, is not scheduled to present its report until October 1, 2007, and has not reached conclusions at this time.

I must emphasize that my comments today are my own and do not represent the views of the other members of the Commission. However, I believe my fellow Commissioners are in agreement that a great deal of improvement is needed in the overall processes and procedures that affect the transition from military to veteran status, and most emphatically when it involves the transition of our sick and injured service members.

The recent media attention on Walter Reed Army Medical Center and more generally on the treatment and disability evaluation of soldiers, sailors, marines, and airmen have led to several Congressional hearings, both in the House and Senate. I believe that this intense scrutiny is appropriate and necessary.

Your Committees are specifically interested in the comparative analysis that the Commission is undertaking to assess the level of consistency between disability ratings assigned by DoD and VA. This analysis is continuing but preliminary results are available and should contribute to the dialogue on the issue.

The Commission became concerned with the consistency of DoD and VA disability ratings because of anecdotal allegations presented by individuals to the Commission, a 2002 RAND study, and the 2006 GAO report assessing the DoD Disability Evaluation System.

You may not be aware that the 1956 Bradley Commission also analyzed this issue and interestingly found that at that time the military was more generous in its ratings than VA.

In order to assess consistency of ratings between DoD and VA, the Commission asked its contractor, the Center for Naval Analyses (CNA) to compare DoD rating decisions with VA ratings. The Commission requested data in the Fall of 2006 from the Army, Navy, and Air Force on all disability separations and disability retirements from 2000 to 2006. The Navy Physical Evaluation Board handles both Navy and Marine Corps disability decisions, but we separated the data for the two Services. As a result, 65,087 records were provided initially. The data was compared with data from VA and preliminary results were presented by CNA to the Commission at its March 22-23, 2007, public meeting. These results were posted to the Commission's website and shared with Senate staff.

Subsequently, on April 2, 2007, in a meeting with DoD, Commission staff was informed that the data provided by Army and Navy was not accurate in that it omitted records for individuals initially placed on TDRL for a period of stabilization and later permanently rated. Revised data was provided by Army and Navy to CNA on April 4, 2007. The revised data included a total of 83,004 records and significantly affected the analysis. The revised data was quickly analyzed and preliminary results are provided in this statement. I emphasize that these are preliminary results with more complete analysis to follow.

The disability ratings shown in Table 1 are the combined or overall ratings assigned by DoD. Those found unfit for military duty who have less than 20 years of service and are rated less than 30 percent disabled receive a severance payment but no continuing retirement payment, are not eligible for health care coverage for themselves or their families, and no other benefits from DoD. As can be seen, overall 19 percent of those rated by DoD are in the 30-100 percent range. The percentage rated 30 percent or higher ranges from 13 percent for the Army to 36 percent for the Navy. The individuals rated 30 percent or higher will receive continuing military disability retirement, health care coverage for themselves and their families, and many other military retirement benefits.

Table 1. Veterans with DoD disability ratings (2000-2006)

Combined disability rating	Army	Navy	Marines	Air Force	Total
0-20%	44,307 (87%)	8,603 (64%)	7,769 (82%)	6,862 (73%)	67,541 (81%)
30-100%	6,369 (13%)	4,849 (36%)	1,748 (18%)	2,497 (27%)	15,463 (19%)
Total	**50,676**	**13,452**	**9,517**	**9,359**	**83,004**

The Army data contained 13,646 records (27%) out of the total of 50,676 soldiers who were found unfit for duty yet assigned zero percent ratings. Navy, Marine Corps, and Air Force assigned zero percent ratings to about 400 individuals or less each. We discussed this with the Army and their explanation is that these soldiers were found unfit but with symptoms whose severity did not qualify for a compensable rating of at least 10 percent. We note, however, that whether the DoD rating is zero, ten, or twenty percent, the severance payment from DoD is the same. Of the Army zero percent ratings that matched with VA records, the average VA disability rating was 56 percent for those with 20 or more years of service and the average was 28 percent for those with less than 20 years of service and receiving severance. I suggest that an in-depth analysis of these zero percent ratings be conducted to ascertain the reasons for these ratings.

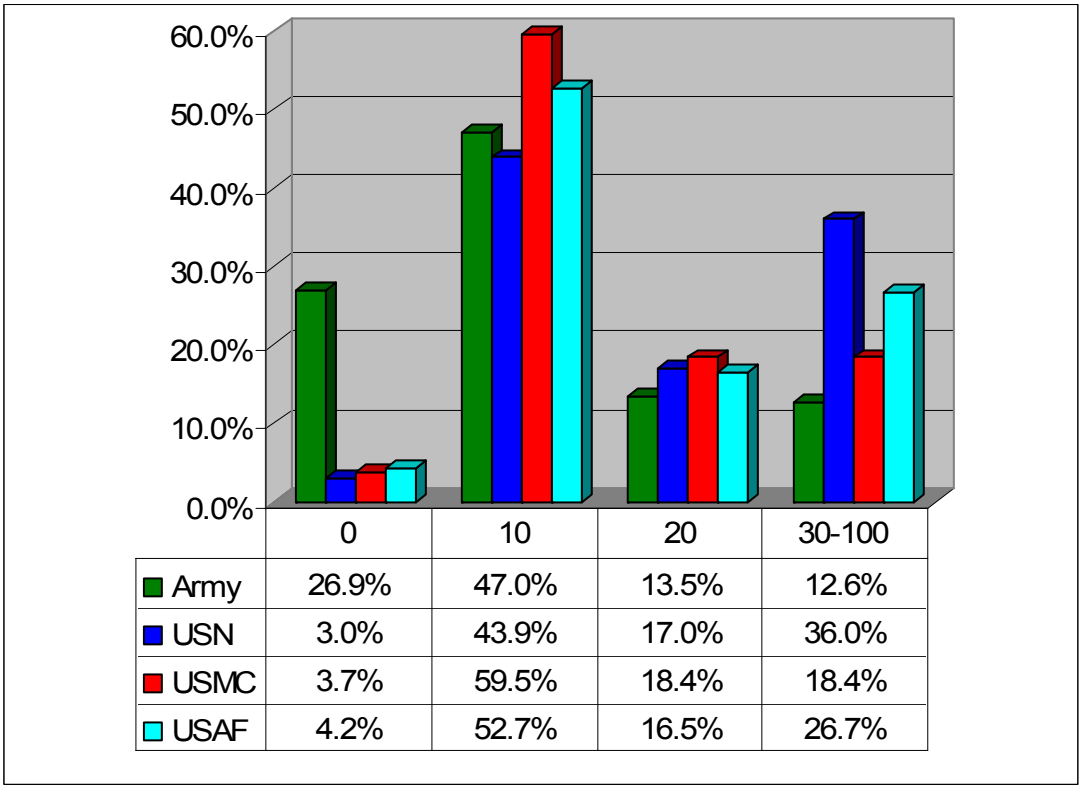
It is important to note that DoD only rates the condition or conditions that DoD finds makes the individual unfit for duty. To our knowledge, this policy is set forth in DoD directives and is not set by statute. VA rates all claimed conditions and determines whether or not each condition is service connected. For veterans rated by both agencies, DoD rated only one condition 83 percent of the time. For cases in which DoD rated one condition, VA rated an average of 3.7 conditions.

CNA compared the DoD records to data requested by the Commission from VA on all 2.6 million service-disabled veterans as of December 1, 2005. Records on service personnel separated or retired after 2004 would generally not be found in

the VA data because their claims would not have been processed. Focusing on the individuals receiving DoD disability ratings from 2000 to 2004, 78 percent had also received ratings from VA by December 2005. We have requested current data from VA which will be used to update the comparison in the coming months.

Looking at the differences among the Services, Figure 1 shows that the ratings by the Navy, and to a lesser extent the Air Force are significantly different than those of the Marines and Army in the proportion of ratings in the 30-100 percent range.

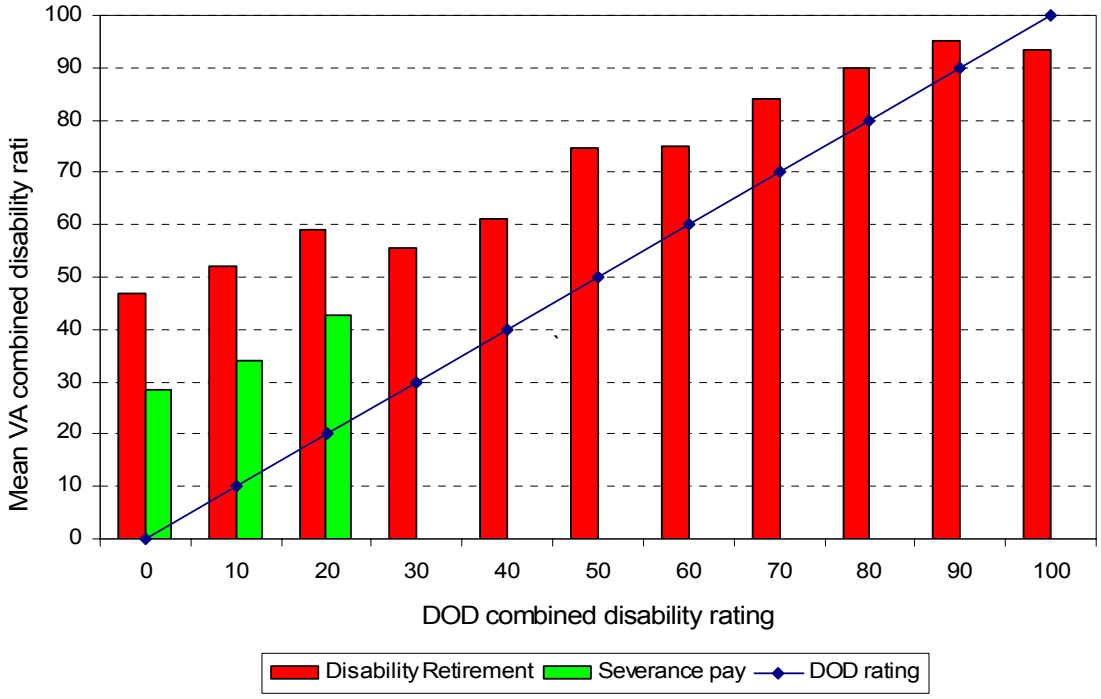
Figure 1. Distribution of veterans by DoD disability rating



	0	10	20	30-100
Army	26.9%	47.0%	13.5%	12.6%
USN	3.0%	43.9%	17.0%	36.0%
USMC	3.7%	59.5%	18.4%	18.4%
USAF	4.2%	52.7%	16.5%	26.7%

Comparing the combined ratings by DoD to the combined ratings by VA, Figure 2 shows that VA ratings (represented by the bars) are higher on average than DoD ratings (shown on the horizontal scale and the diagonal line) at almost all levels. The green bars to the left represent those with less than 30 percent ratings and less than 20 years of service; these were provided severance pay only. For example, the green bar at the far left shows that for those assigned a zero percent rating by DoD, VA rated them an average of 29 percent. Likewise, the red bar 4th from the left shows that for those rated 30 percent by DoD, VA rated them an average of 56 percent. The difference is more pronounced for those rated less than 30 percent but eligible for retirement with 20 or more years of service as represented by the first three red bars to the left.

Figure 2. Comparison of Average VA Rating with DoD Ratings
(N = 52,573)



Of all of those rated by DoD as zero, ten, or twenty percent, VA rated them at 30 percent or higher 59 percent of the time.

The number of conditions rated is very different between VA and DoD, as can be seen in Table 2, and we believe that this difference accounts for the largest portion of the difference in the overall ratings by DoD and VA. In general, VA rated 2.4 to 3.3 more disabilities than DoD.

Table 2. Average Number of VA Disabilities vs. the number of DoD disabilities

Service	Number of DoD Disabilities	Number of Veterans	Average Number of VA Disabilities	Difference
Total	1	42,922	3.7	2.7
	2	7,557	5.2	3.2
	3	1660	6.1	3.1
	4+	434	6.8	2.8
Army	1	25,696	3.6	2.6
	2	4,583	5.2	3.2
	3	902	6.3	3.3
	4	239	7.0	3.0
Navy	1	8,013	3.8	2.8
	2	1250	5.3	3.3
	3	336	6.1	3.1
	4+	139	6.4	2.4
USMC	1	5,375	3.6	2.6
	2	614	5.3	3.3
	3	124	6.0	3.0
	4+	56	6.9	2.9
USAF	1	3,840	4.2	3.2
	2	1,110	4.8	2.8
	3	298	5.7	2.7

Note: the Army data caps the number of disabilities at 4 and the Air Force cap is 3. The Air Force data only contains a single, combined percentage rating so records with more than one disability could not be considered in the analysis of individual disabilities.

Because of the difference in the number of conditions rated, it is important to analyze the ratings assigned by DoD and VA to the same diagnosis experienced by the same individual.

CNA found 26,447 matches of individual diagnoses and analyzed the seven most frequent diagnoses:

- Lumbosacral or Cervical Strain
- Arthritis
- Intervertebral Disc Syndrome
- Asthma
- Diabetes
- Knee Impairment
- PTSD

Six other diagnoses among the 20 most frequent diagnoses were also selected:

- Traumatic Brain Injury
- Migraine
- Seizure Disorder
- Bipolar
- Major Depressive Disorder
- Sleep Apnea

Together, these thirteen diagnoses comprise 16,169, or 61 percent, of the individual diagnoses matched.

CNA found that overall 73 percent of those diagnoses rated 0-20 percent by DoD were also rated 0-20 percent by VA showing general agreement between VA and DoD from the individual diagnosis perspective. In some cases the VA rating was lower, but more often VA was higher. However, for individual veterans with a combined rating of 0-20 percent from DoD, only 41percent were also rated 0-20 percent by VA. This shows the propensity for VA to give higher ratings overall due to rating more conditions.

However, for eight of the thirteen diagnoses, where DoD rated cases at 0-20 percent, VA rated cases from 30-100 percent. These include:

1. Sleep Apnea	100% of the time VA rated 30-100%
2. Seizure disorder	39% of the time VA rated 30-100%
3. PTSD	87% of the time VA rated 30-100%
	55% of the time VA rated 50-100%
4. Asthma	58% of the time VA rated 30-100%
5. Traumatic Brain Injury	40% of the time VA rated 30-100%
6. Bipolar	71% of the time VA rated 30-100%
7. Major depressive disorder	73% of the time VA rated 30-100%
8. Migraine	73% of the time VA rated 30-50%

CNA found that DoD rated 107 of 123 cases of sleep apnea as zero percent disabling, yet unfit. VA rated all 107 cases in the 30-100 percent range with 98

rated at 50 percent and one at 100 percent. 105 of the 123 cases were Army. The DoD directive provides instructions for using the VA Rating Schedule that, in effect, changes the criteria for many conditions. DoD instructions regarding sleep apnea profoundly change the criteria. For some conditions such as knee impairment, the DoD criteria is more specific and more measurable than the VA criteria, while for other conditions such as sleep apnea, the DoD criteria is less specific and less measurable.

Of the thirteen individual diagnoses analyzed, the VA ratings were statistically significantly higher than all of the Services for 8 diagnoses: lumbosacral, intervertebral disc syndrome, asthma, sleep apnea, diabetes, migraine, seizure disorder, PTSD, bipolar, and major depressive disorder. The difference was significant for 12 of 13 diagnoses for Army; the only exception being the knee. The Air Force was significantly different for 11 of the 13 diagnoses, the Navy was significant for 10 of 13 diagnoses, and Marines were significantly different for 8 of the 13 diagnoses.

Table 3. Statistical Significance of Individual Diagnoses

	Difference between VA and DOD is statistically significant*			
Diagnosis	**Army**	**USAF**	**USMC**	**Navy**
Arthritis	√			
Lumbosacral or Cervical Strain	√	√	√	√
Intervertebral Disc Syndrome	√	√	√	√
Knee Condition				
Asthma	√	√	√	√
Sleep Apnea	√	√		√
Diabetes	√	√		√
Traumatic Brain Injury (TBI)	√	√		
Migraine Headaches	√	√	√	√
Seizure Disorder	√	√	√	√
PTSD	√	√	√	√
Bipolar Disorder	√	√	√	√
Major Depressive Disorder	√	√	√	√

*Check marks indicate that the mean VA rating is statistically higher than DoD's rating at the 5-percent level.

Graphic presentations of these thirteen individual diagnoses are enclosed for the record.

Inconsistency in ratings between VA and DoD can largely be explained by two factors. One, DoD only rates the disability or disabilities that DoD determines makes the service member unfit. Second, DoD does not use the VA Rating Schedule in the same way that VA does. Variance in ratings among the Services and between VA and the Services can also be partially explained by the differences in mission between the Services and the disability determination

standards they set. It is also apparent that DoD has strong incentive to assign ratings less than 30 percent so that only separation pay is required and continuing family health care is not provided.

DoD issues DoDI 1332.38, which describes the *Physical Disability Evaluation*, and DoDI 1332.39, *Application of the Veterans Administration Schedule for Rating Disabilities*. Army, Navy, and Air Force each provide their own directives to the field on how to implement title 10 USC and the DoD Instructions based upon the unique needs and missions of their Services. Army issues AR 600-60, *Physical Performance Evaluation System* and AR 635-40, *Physical Evaluation for Retention, Retirement or Separation.* Navy issues SECNAV 1850.4E, *Department of the Navy Disability Evaluation Manual*. Air Force issues the *Physical Evaluation for Retention, Retirement or Separation* or AFI 36-3212.

The 2006 GAO study found that DoD delegates to the Services and does not maintain accountability or monitor compliance over the Disability Evaluation System. The Services are allowed to establish different time frames for line of duty determinations, Medical Evaluation Board (MEB) referrals, MEB compositions, MEB appeals, Physical Exam Board (PEB) responsibilities and compositions, and training. RAND (2002) "identified 43 issues regarding variability in policy application across or within the military departments…that affect the performance of the DES."

GAO also found that there is no common DoD database that tracks disabled service members and each Service's database is different. This lack of a common database complicated the CNA comparison of DoD and VA ratings considerably. GAO also found that there is no consistency in MEB/PEB training, or in the use of counselors.

While DoD asserts that it follows the VA Schedule for Rating Disabilities, the instructions issued by DoD and the Services, in effect, change the criteria contained the Rating Schedule and how the Rating Schedule is applied.

After discharge, the former service member must file a claim for disability with VA. A service member can either go through a Benefits Delivery at Discharge (BDD) process in which they file their claims while still on active duty, or they must file a claim at one of VA's 57 regional offices after discharge. Either way, the VA process largely duplicates the process the veteran faced before discharge. As mentioned before, almost 80 percent of those discharged by DoD as unfit for duty subsequently file disability claims with VA. To the veteran, this means another round of applications, examinations, determinations, and time. Currently, the VA is experiencing a backlog of approximately 400,000 cases and takes an average of 177 days to rate a claim. When a panel of disabled service members appeared before the Commission, they told us that even 1 to 2 months without financial support creates a hardship upon them and their families.

Waiting up to 6 months certainly would put these disabled service members at a socio-economic disadvantage that could lead to other complications.

The Commission is also aware that there are variances in how those 57 VA regional offices rate claims. This was reported by the VA Office of the Inspector General in May 2005. VA has since contracted with the Institute for Defense Analysis to conduct an analysis of the reasons for variations in ratings among VA Regional Offices. We understand that this study will be completed shortly and the Commission has requested a briefing on the results. In addition, the Commission contracted with the Institute of Medicine (IOM) to evaluate the VA Schedule for Rating Disabilities (VASRD) and make suggestions for improvement. The IOM report should give us a better understanding of the best way to evaluate veterans' disabilities and compensate for them.

Training and certification for medical examiners and raters were also essential issues brought to the attention of the Commission. It is evident that VA is making a concerted effort to improve the examination process by improving training, developing templates for use by the examining physicians and routinely assessing the quality of exams. Yet, to date the templates are not mandatory and certification is not required.

Thus, both VA and DoD face challenges to improve rating veterans and service members for disability. The CNA comparison of ratings is continuing but even at this preliminary stage, it is apparent that service members are not well served by the current process to evaluate disabilities and award benefits. I believe that both short-term and long-term changes are needed to ensure equity.

For the short term, I would immediately require DoD to evaluate and rate all disabilities that are identified as part of a comprehensive medical examination. It is unfair to discharge service members with ratings that reflect only one disability when often other disabilities are present and identified. This is particularly true since Army rates so many soldiers as unfit but at zero percent rating. In addition, I recommend that a thorough joint VA/DoD analysis of the DoD and Service instructions in comparison with the VA Rating Schedule be undertaken. This analysis should carefully consider the soon to be released analysis of the VA Rating Schedule by the Institute of Medicine.

Another short-term action could greatly improve a service member's financial stability during transition. An obstacle to an effective financial transition is the current statutory requirement that disability compensation payments cannot be paid from the effective date of entitlement but are required to be delayed until the first day of the second month after they are entitled. This is true even for those filing a claim within one year of discharge whose entitlement date is the day after the date of discharge. This requirement was enacted as a budget saving provision in the Omnibus Budget Reconciliation Act of 1982[1]. While this

[1] Public Law 97-253, § 401, 96 Stat. 763, 801, now 38 USC § 5111.

restriction might seem reasonable from a cost savings standpoint, it means that service members do not receive any disability benefits for up to two months after discharge. For example, a veteran discharged on August 2, 2006, could not be paid disability benefits for the partial month of August and could not be paid September benefits until October 1. Before this statutory change, the veteran would have received payment from the effective date which was August 3. Veterans still have to provide for themselves and their families, especially those who are unable to work. I would recommend that Congress consider changing this requirement.

For the long term, beyond disability ratings, there are other issues that should be addressed in the context of the broader goal of improving the transition from active duty military member to veteran status. In general, the goal should be to transition the person in a way that respects his or her service to our country and provides appropriate continuity of health care, financial payments, and care for dependents and family members.

I would recommend that serious consideration be given to a major realignment of the decision-making process used to decide if service members are unfit for duty and eligible for military disability retirement or separation with severance pay and for VA disability compensation.

The major features of such a realignment should be:

1. The Services determine fitness for duty
2. If a service member is found unfit, the service member's case should be referred to VA before discharge
3. VA would rate and assign the percentage of disability of all service-connected disabilities found on exam
4. VA/DoD would share the cost of the exam process
5. VA/DoD must utilize a common, electronic patient and personnel record system while maintaining quality control over existing paper records

I believe that fitness for duty is the primary and most important issue for the Services. They each have their own unique needs for manpower to meet their missions. A service member's ability to perform their Military Occupational Specialty (MOS) based on their office, grade, rank or rating should be evaluated against the good of the service. That should continue. Currently, the Medical Evaluation Board (MEB) determines fitness for duty. The Services can find someone fit and return them to full duty, or issue a "profile" that limits duty. If a service member is found unfit under the current process, a Physical Evaluation Board (PEB) assigns a disability rating.

I suggest that the responsibility for assigning a disability rating be turned over to VA and that the DoD MEB/PEB structure be streamlined. This would provide the

service member with a single, objective rating that would apply to both military disability retirement or severance pay and to VA disability compensation. In essence, this would expand the Benefits Delivery at Discharge process that VA has implemented and relieve DoD of the burden of making the rating decision. The disability rating should be completed prior to discharge in order to provide continuity of financial and healthcare support.

Key to this realignment would be the development and implementation of a single, comprehensive medical examination protocol that would be used by both DoD and VA. This protocol would require examining all conditions that were found on exam, and not be restricted to the "unfitting" conditions. Service members would not be subjected to multiple examinations. At some locations, it may be appropriate for the examinations to be conducted by VA medical staff and at other locations DoD staff could conduct them. Training and certification of all examiners will be essential for consistent, high quality examinations.

I realize that funding of both program administration and disability benefits are of concern for both DoD and VA. Budgetary considerations are very important. But neither the taxpayer nor the service member being discharged for disability cares whether the costs are covered by the DoD budget or the VA budget or some combination of the two. They care that the person disabled in the service of our country is provided with prompt and appropriate compensation, health care, and other benefits.

In order for transition from military to veteran status to be seamless, effective, and efficient, VA and DoD absolutely must develop and use a common electronic system for both medical records and military personnel records. Extensive discussion of common IT systems has occurred over the years but this remains an illusive goal, not a reality. You are well aware of the problems. Our Commission has found it very difficult to fully understand the current status of compatibility between VA and DoD systems. It has also been difficult to assess the future plans of the two departments. Goals, objectives, and milestones are often vague and not well defined. I understand that the Congress has struggled with conflicting information about many of these same issues. Despite claims to the contrary, VA and DoD do not currently use compatible systems. Too much attention may be focused on developing the perfect system so that interim, short-term solutions are ignored. The DoD ALTHA system may provide a more modern platform than VA's VISTA, but in the meantime significant capability residing in the older VA system is not available to DoD users. For example, inpatient discharge summaries and digital images from CAT scans, MRIs, and X-rays have been included in VA's VISTA for many years but are not yet available in DoD's ALTHA. This means that those records and images cannot be transferred to VA upon discharge. Quick fixes are needed now to solve this problem.

If DoD and VA were required to use compatible IT systems that allowed for the immediate electronic transfer of all medical records and military personnel records, then processing new disability claims would be expedited. This may well be one of the most important steps that can be taken to speed up claims processing for those leaving the military.

An effective transition demands caring for the families of the disabled, especially in the event of severe or catastrophic disability. Currently, DoD has considerable latitude to provide the families of the severely injured with transportation, expenses, and lodging. VA is currently severely limited in what it is statutorily authorized to provide for families. This should be corrected as soon as possible. I was heartened to learn of legislation recently passed by the House of Representatives that would increase the mileage rate paid to veterans for Beneficiary Travel but this does not solve the problem for those severely wounded and disabled or their families.

DoD has an array of programs that assist with reunion and reintegration and can authorize Individual Travel Orders and per-diem to non-medical attendants. However, there is no statutory authority for VA to provide any level of support to these same families when the service members leaves the military and transfers to a VA Medical Center. VA is able to provide very limited long–term financial support in the form of Aid and Attendance or Housebound stipends for veterans rated 100 percent only. The amount may not be sufficient for the severely disabled to maintain independent living. And even these VA benefits are reduced during prolonged periods of hospitalization.

In conclusion, I hope that the issues and recommended solutions outlined here today will be beneficial to your Committees. The Commission is analyzing these issues and its other research questions in depth. When the analysis is completed in October we will provide you with a comprehensive report that includes recommendations that you, and the two Departments can act upon. I look forward to sharing the full report with your distinguished Committees in the Fall. In the meantime, the Commission is available to assist you in any of your deliberations.

Veterans' Disability Benefits Commission
List of Research Questions
Version 2 (10-4-05)

1. How well do benefits provided to disabled veterans meet Congressional intent of replacing average impairment in earnings capacity?

2. How well do benefits provided to disabled veterans meet implied Congressional intent to compensate for impairment in quality of life due to service-connected disabilities?

3. How well do benefits provided to survivors meet implied Congressional intent to compensate for the loss of the veterans/service members' earning capacity and for the impairment in quality of life due to service-connected death?

4. How well do benefits provided to disabled veterans and survivors meet implied Congressional intent to provide incentive value for recruitment and retention?

5. Should the benefit package be modified?

- **a. Would the results be more appropriate if reduced quality of life and lost earnings were separately rated and compensated?**
- **b. Would the results be more appropriate if the level of payment was higher before some normal "retirement age" and lower thereafter?**
- **c. Are there negative unintended consequences resulting from the current benefit structure? Does the receipt of certain levels of compensation provide a disincentive to work or undergo therapy?**
- **d. To what extent should VA modify its compensation policies if data from certain categories of service-connected veterans demonstrate little or no measurable loss of earning capacity and/or quality of life?**

6. How well do the medical criteria in the VA Rating Schedule and VA rating regulations enable assessment and adjudication of the proper levels of disability to compensate for both the impact on quality of life and impairment in earnings capacity?

7. How does the adequacy of disability benefits provided for members of the Armed Forces compare with disability benefits provided to employees of Federal, State, and local governments, and commercial and private-sector benefit plans?

8. How do the operations of disability benefits programs compare?

a. **The role of clinicians in the claims and appeals processes, and the required number of staff for this function.**
b. **The role of attorneys and legal staff in the claims and appeals processes, and the required number of staff for this function.**
c. **Compensation Claims Process**
d. **Appeals Process**
e. **Training and certification of staff and client representatives**
f. **Quality Assurance/Control Program**

9. Pertinent law and regulations require that disability compensation be based on average impairment of earnings capacity, not on loss of individual earnings capacity.

a. **Would the results be more appropriate if factors such as the individual's military rank, military specialty, pre-service occupation, education, and skill level were taken into consideration in determining benefits?**

b. **Would the results be more appropriate if the effect of the veteran's medical condition on his or her occupation were taken into consideration in determining benefits?**

10. Should lump sum payments be made for certain disabilities or level of severity of disabilities? Should such lump sum payments be elective or mandatory? Consider the merits under different circumstances such as where the impairment is to quality of life and not to earnings capacity.

11. Should universal medical diagnostic codes be adopted by VA for disability and medical conditions rather than using a unique system? Should the VA Schedule for Rating Disabilities be replaced with the American Medical Association Guides to the Evaluation of Permanent Impairment?

12. Are benefits available to service disabled veterans at an appropriate level if not indexed to cost of living and/or locality? Should the various benefits that are presently fixed be automatically adjusted for inflation?

13. Should VA's definition for "line of duty" change? If so, how?

14. To what extent, if any, should VA policies relating to presumptive conditions be changed?

15. Should certain rating principles related to service connection be modified? (See questions below:)

a. **To what extent, if any, should "age" factor into determining entitlement to service connected compensation?**
b. **To what extent should the benefit of the doubt rule be reconsidered or redefined?**
c. **To what extent should service connection on a "secondary" basis be redefined?**
d. **To what extent should service connection on an "aggravation" basis be redefined?**

16. Do changes need to be recommended for the Individual Unemployability (IU) benefit?

17. Because Vocational Rehabilitation and Employment (VR&E) benefits are an integral part of the compensation package for many service connected veterans, what changes, if any, are needed in this program?

18. Should there be a time limit for filing an original claim for service connection? (does not include claims for service connection on a presumptive basis)

19. Currently, a pending claim terminates at the time of the veteran's death even when dependents remain. To what extent, if any, should this law be changed?

20. Certain criteria and/or levels of disability are required for entitlement to ancillary and special purpose benefits. To what extent, if any, do the required thresholds need to change?

21. What recommendations, if any, should the Commission make in regards to Concurrent Receipt policies?

22. Should the Commission explore and recommend changes to the "duty to assist" law? If so, how?

23. Should the Commission explore the Character of Discharge Standard?

24. Should compensation payments be protected from apportionments and garnishments?

25. In regards to Post Traumatic Stress Disorder (PTSD), what policy changes, if any, need to be recommended?

26. To what extent is the coordination between the Department of Veterans Affairs (VA) and the Department of Defense (DoD) adequate to meet the needs of service members/veterans, particularly the needs of service-connected disabled veterans?

27. To what extent is the coordination for seriously injured and disabled service members/veterans adequate within VA between the Veterans Health

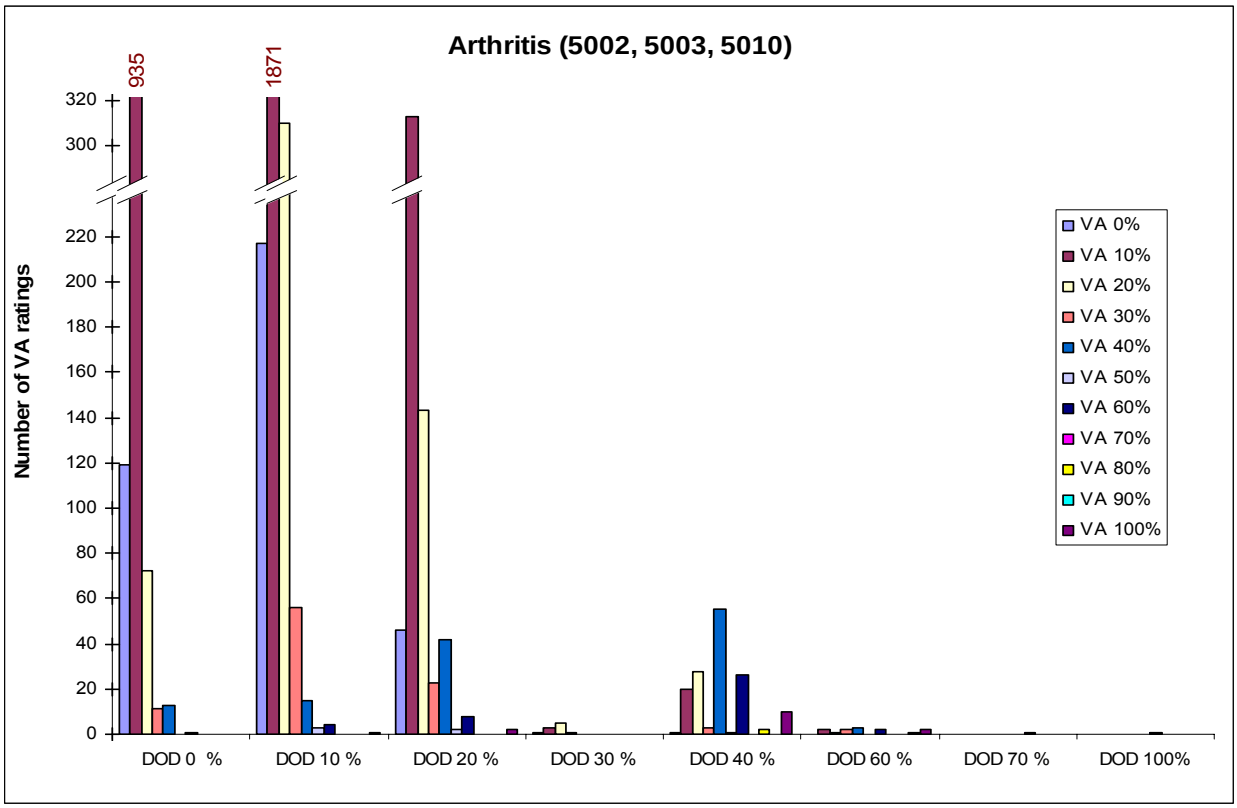
Administration (VHA) and the Veterans Benefits Administration (VBA) and internally within each of the Administrations? What are the internal and external impediments, challenges and gaps, and how might these barriers be overcome?

28. To what extent is the coordination adequate within DoD between the Office of the Secretary of Defense for Personnel and Readiness, Health Affairs and Force Management Policy, and the branches of Service. What are the internal and external impediments, challenges and gaps and how might these barriers be overcome?

29. To what extent do DoD and VA provide disabled members/veterans the means and the opportunity to succeed in their transition to civilian life? What are the adequacy, quality, and timeliness of the benefits provided by each agency?

30. What policy and cultural shifts must be made to produce a common, shared, bi-directional data exchange of information and access to medical and personnel records between VA and DoD and within VA between VBA and VHA?

31. To what extent are the training, education and outreach programs (of DoD, VA, and DOL) adequate to ensure that the greatest number of active duty, Guard and Reserve personnel are informed of the full range of Federal government veteran benefits and services and provided tools such as a statement of education and military occupational specialties experiences adaptable to civilian job searches?



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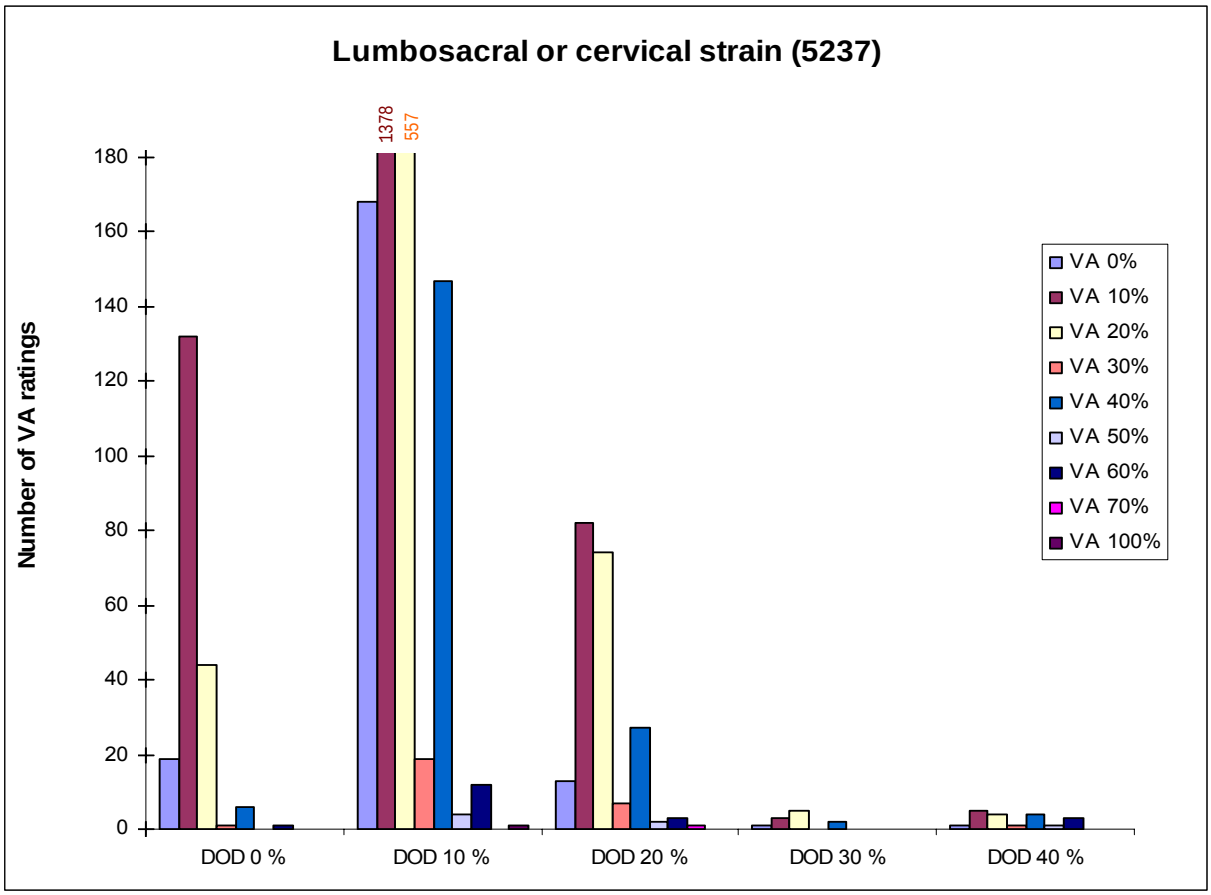
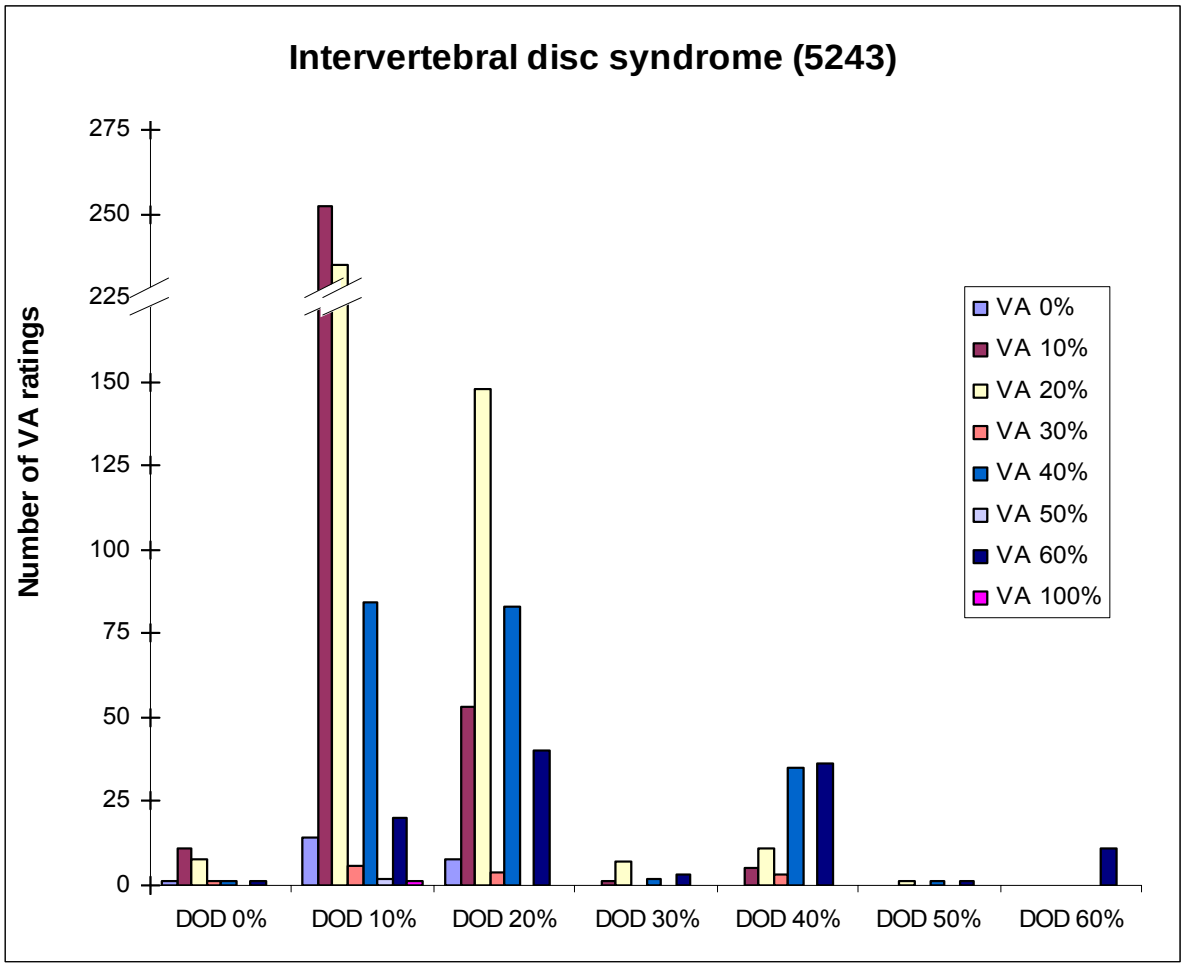
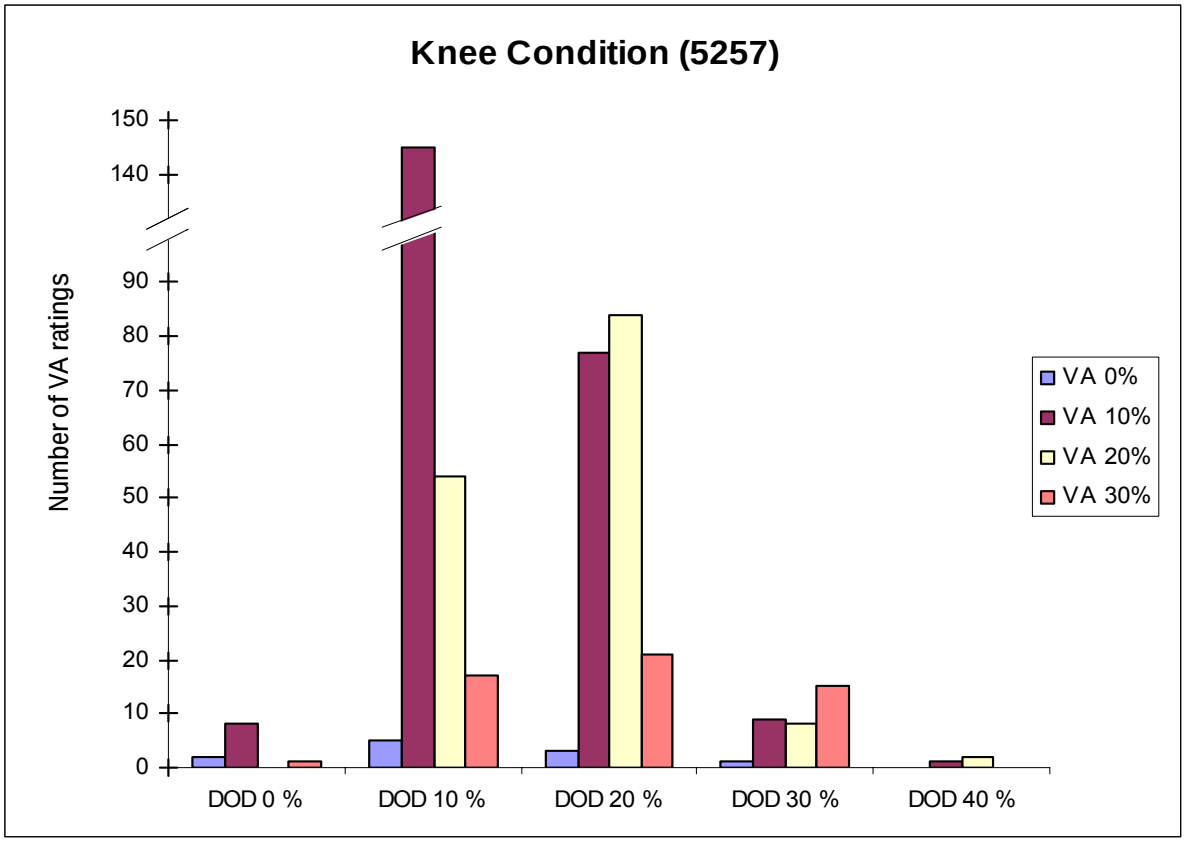
VA 0%	119	217	46	1	1	0	0	0	384
VA 10%	935	1,871	313	3	20	2	0	0	3,144
VA 20%	72	310	143	5	28	1	0	0	559
VA 30%	11	56	23	1	3	2	0	0	96
VA 40%	13	15	42	0	55	3	0	0	128
VA 50%	0	3	2	0	1	0	0	0	6
VA 60%	1	4	8	0	26	2	0	1	42
VA 70%	0	0	0	0	0	0	1	0	1
VA 80%	0	0	0	0	2	0	0	0	2
VA 90%	0	0	0	0	0	1	0	0	1
VA 100%	0	1	2	0	10	2	0	0	15
Total	1,151	2,477	579	10	146	13	1	1	4,378



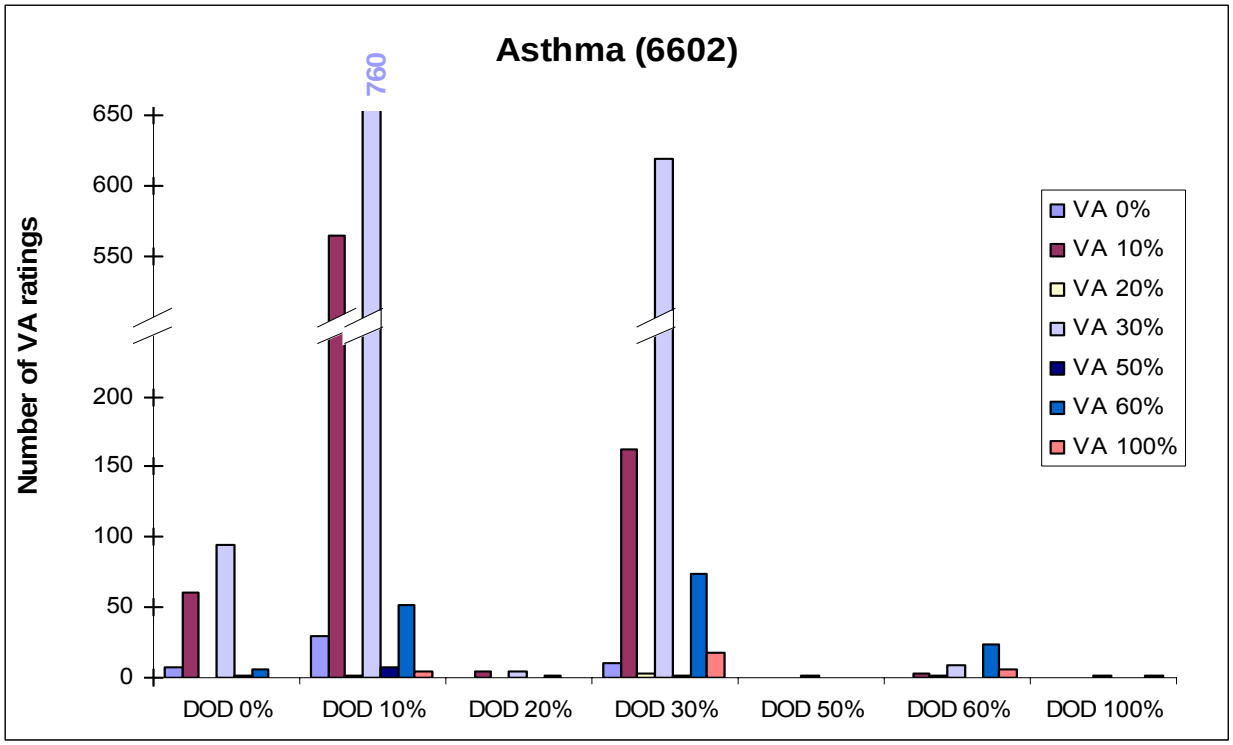
	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 40%	Total
VA 0%	19	168	13	1	1	202
VA 10%	132	1,378	82	3	5	1,600
VA 20%	44	577	74	5	4	704
VA 30%	1	19	7	0	1	28
VA 40%	6	147	27	2	4	186
VA 50%	0	4	2	0	1	7
VA 60%	1	12	3	0	3	19
VA 70%	0	0	1	0	0	1
VA 100%	0	1	0	0	0	1
Total	203	2,306	209	11	19	2,748



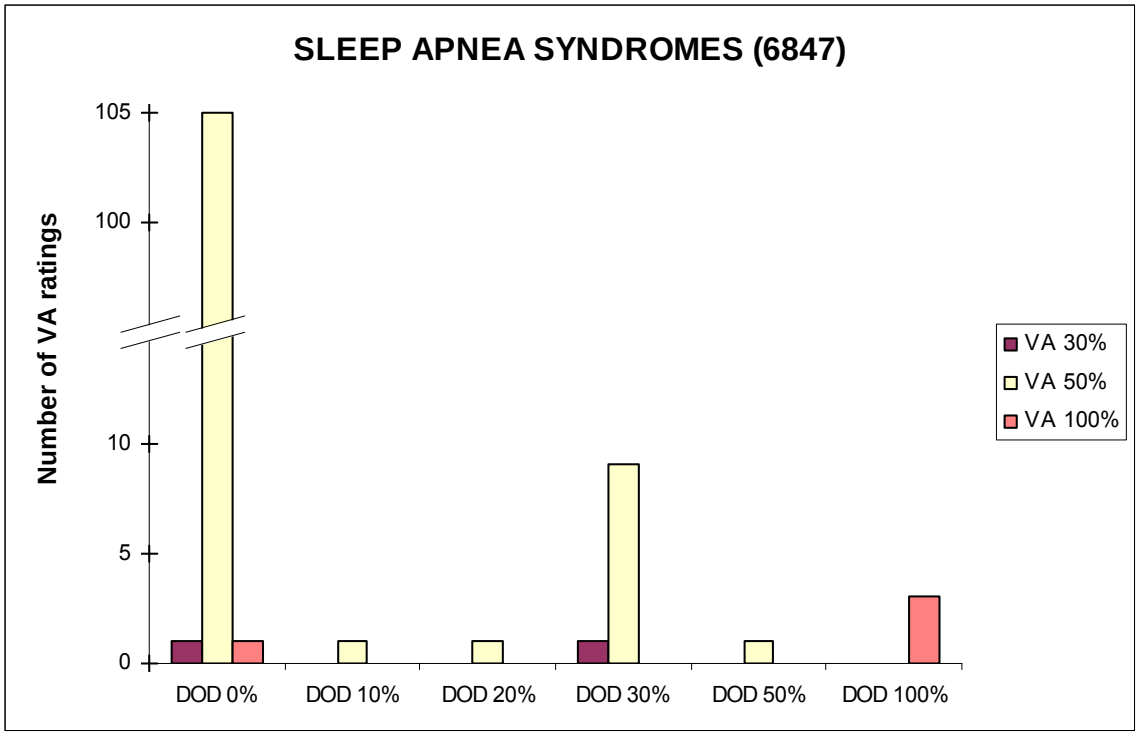
	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 40%	DOD 50%	DOD 60%	Total
VA 0%	1	14	8	0	0	0	0	23
VA 10%	11	252	53	1	5	0	0	322
VA 20%	8	235	148	7	11	1	0	410
VA 30%	1	6	4	0	3	0	0	14
VA 40%	1	84	83	2	35	1	0	206
VA 50%	0	2	0	0	0	0	0	2
VA 60%	1	20	40	3	36	1	11	112
VA 100%	0	1	0	0	0	0	0	1
Total	23	614	336	13	90	3	11	1,090



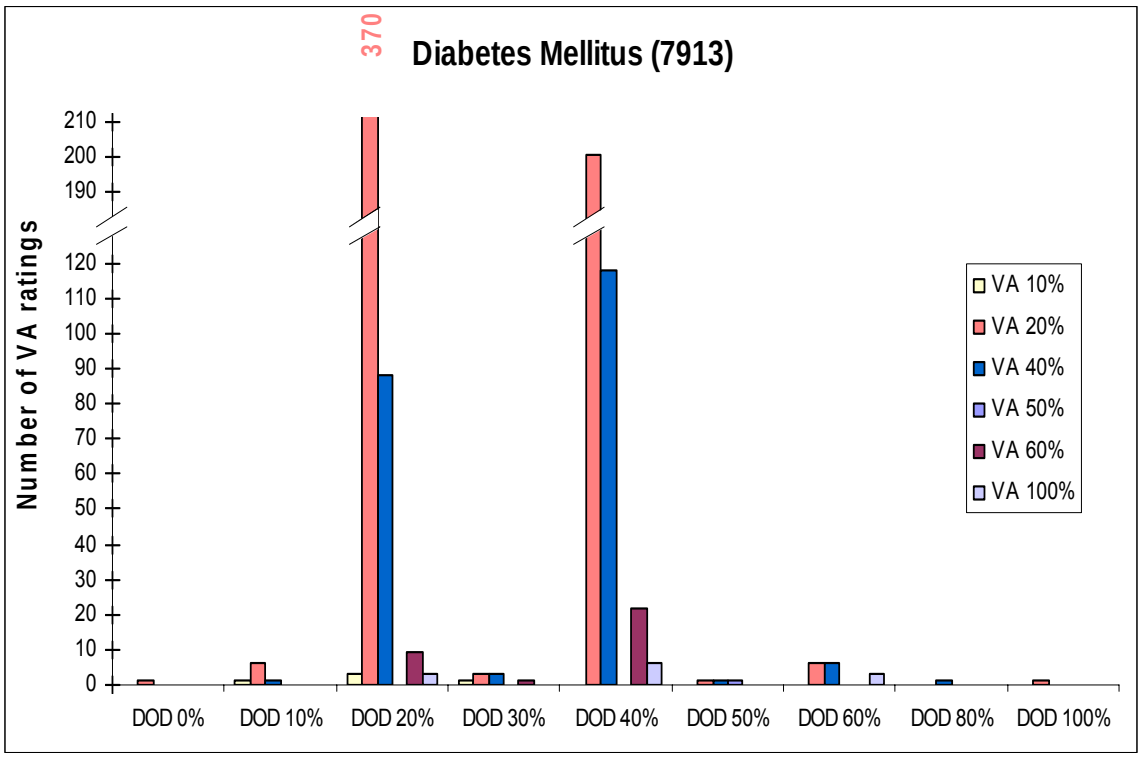
	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 40%	DOD 60%	Total
VA 0%	2	5	3	1	0	0	11
VA 10%	8	145	77	9	1	1	241
VA 20%	0	54	84	8	2	0	148
VA 30%	1	17	21	15	0	0	54
VA 40%	0	0	0	0	1	0	1
Total	11	221	185	33	4	1	455



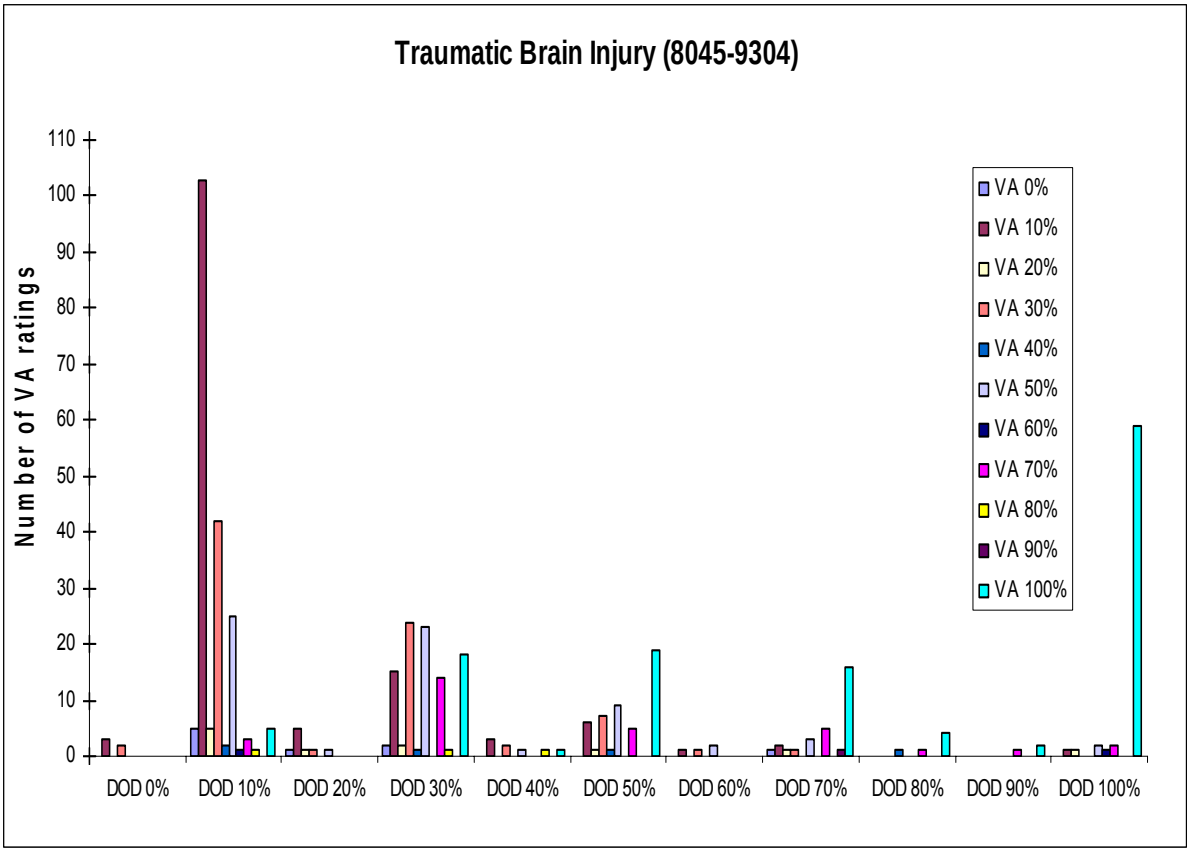
	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 50%	DOD 60%	DOD 100%	Total
VA 0%	7	29	0	10	0	0	0	46
VA 10%	61	565	4	162	0	3	0	795
VA 20%	0	1	0	3	0	1	0	5
VA 30%	95	760	4	619	1	9	1	1,489
VA 40%	0	0	0	0	0	0	0	0
VA 50%	1	8	0	2	0	0	0	11
VA 60%	6	51	1	74	0	23	0	155
VA 100%	0	4	0	17	0	6	2	29
Total	170	1,418	9	887	1	42	3	2,530



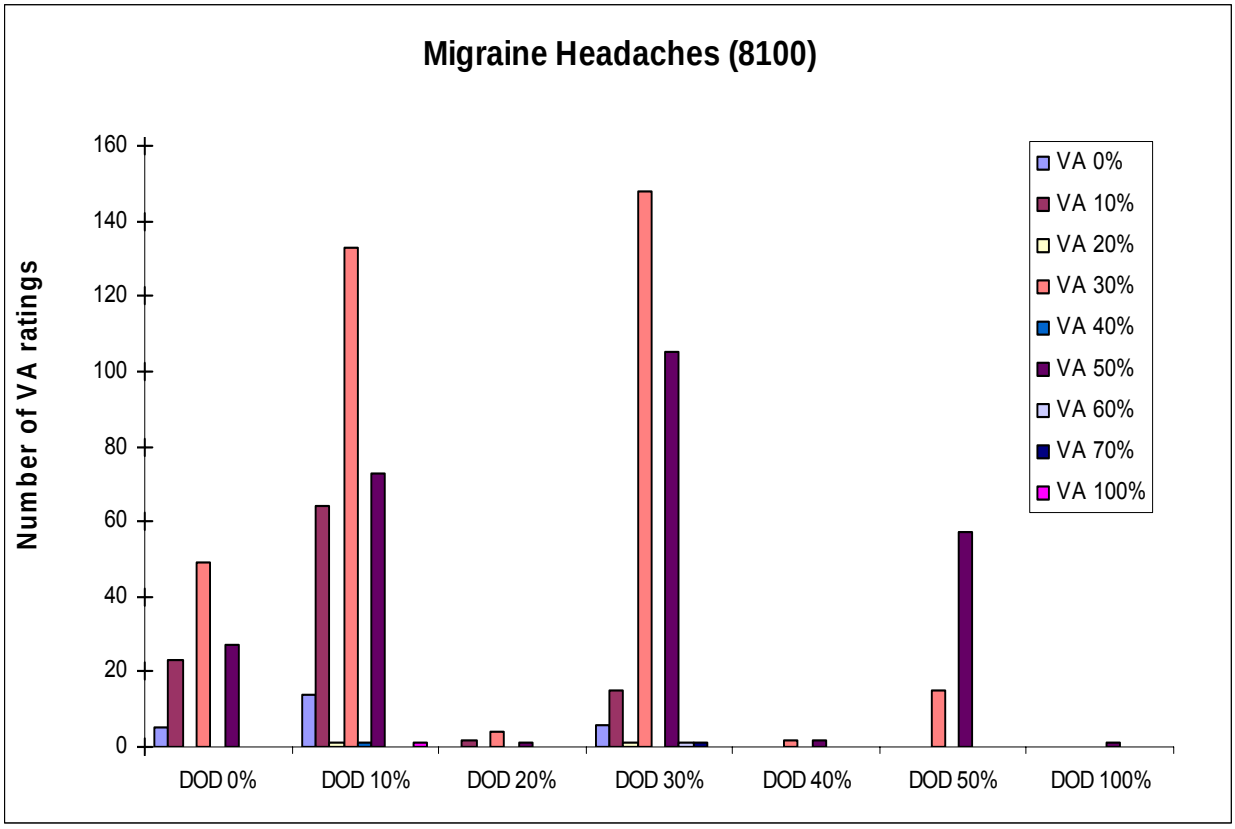
	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 50%	DOD 100%	Total
VA 30%	1	0	0	1	0	0	2
VA 50%	105	1	1	9	1	0	117
VA 100%	1	0	0	0	0	3	4
Total	107	1	1	10	1	3	123



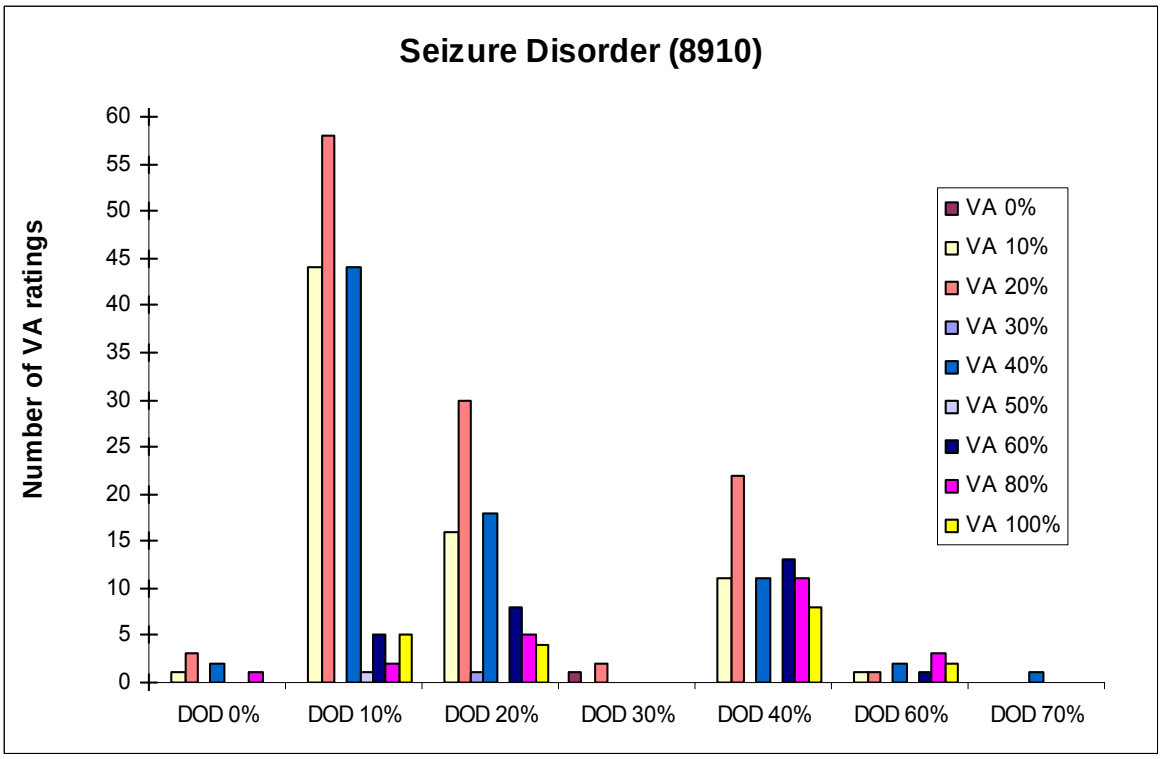
	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 40%	DOD 50%	DOD 60%	DOD 80%	DOD 100%	Total
VA 10%	0	1	3	1	0	0	0	0	0	5
VA 20%	1	6	370	3	201	1	6	0	1	589
VA 30%	0	0	0	0	0	0	0	0	0	0
VA 40%	0	1	88	3	118	1	6	1	0	218
VA 50%	0	0	0	0	0	1	0	0	0	1
VA 60%	0	0	9	1	22	0	0	0	0	32
VA 100%	0	0	3	0	6	0	3	0	0	12
Total	1	8	473	8	347	3	15	1	1	857



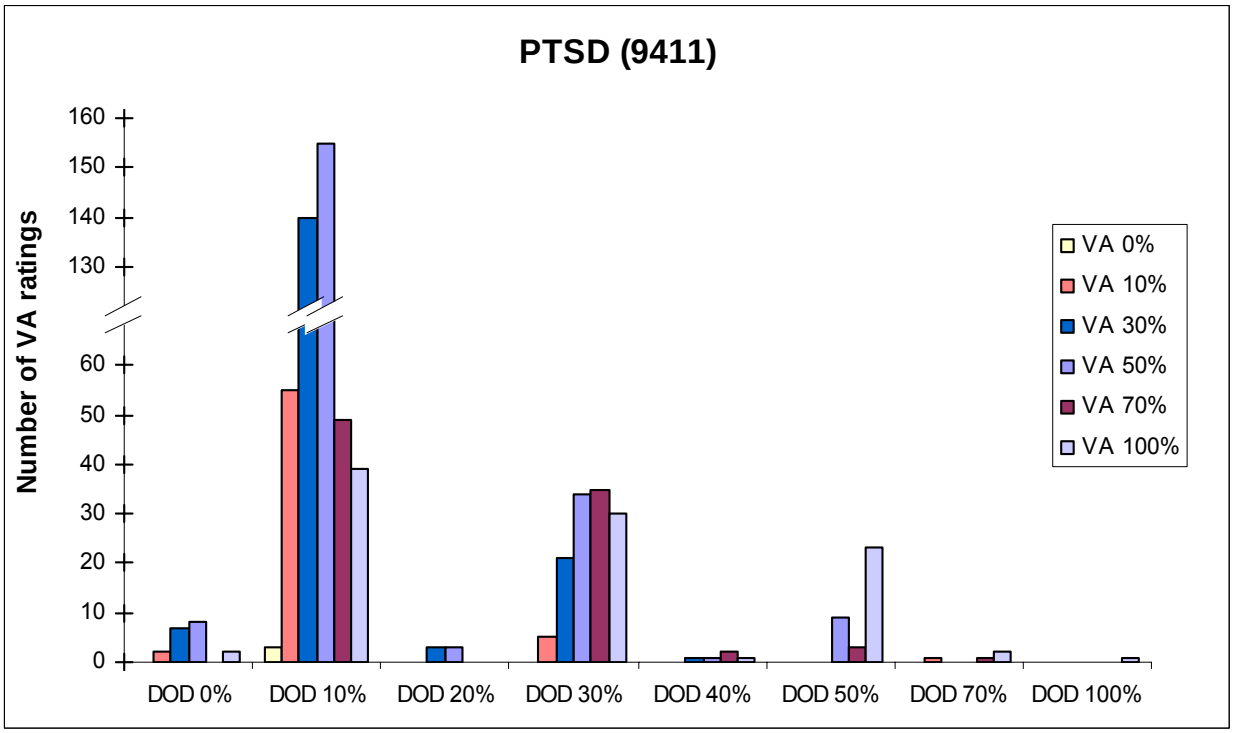
	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 40%	DOD 50%	DOD 60%	DOD 70%	DOD 80%	DOD 90%	DOD 100%	Total
VA 0%	0	5	1	2	0	0	0	1	0	0	0	9
VA 10%	3	103	5	15	3	6	1	2	0	0	1	139
VA 20%	0	5	1	2	0	1	0	1	0	0	1	11
VA 30%	2	42	1	24	2	7	1	1	0	0	0	80
VA 40%	0	2	0	1	0	1	0	0	1	0	0	5
VA 50%	0	25	1	23	1	9	2	3	0	0	2	66
VA 60%	0	1	0	0	0	0	0	0	0	0	1	2
VA 70%	0	3	0	14	0	5	0	5	1	1	2	31
VA 80%	0	1	0	1	1	0	0	0	0	0	0	3
VA 90%	0	0	0	0	0	0	0	1	0	0	0	1
VA 100%	0	5	0	18	1	19	0	16	4	2	59	124
Total	5	192	9	100	8	48	4	30	6	3	66	471



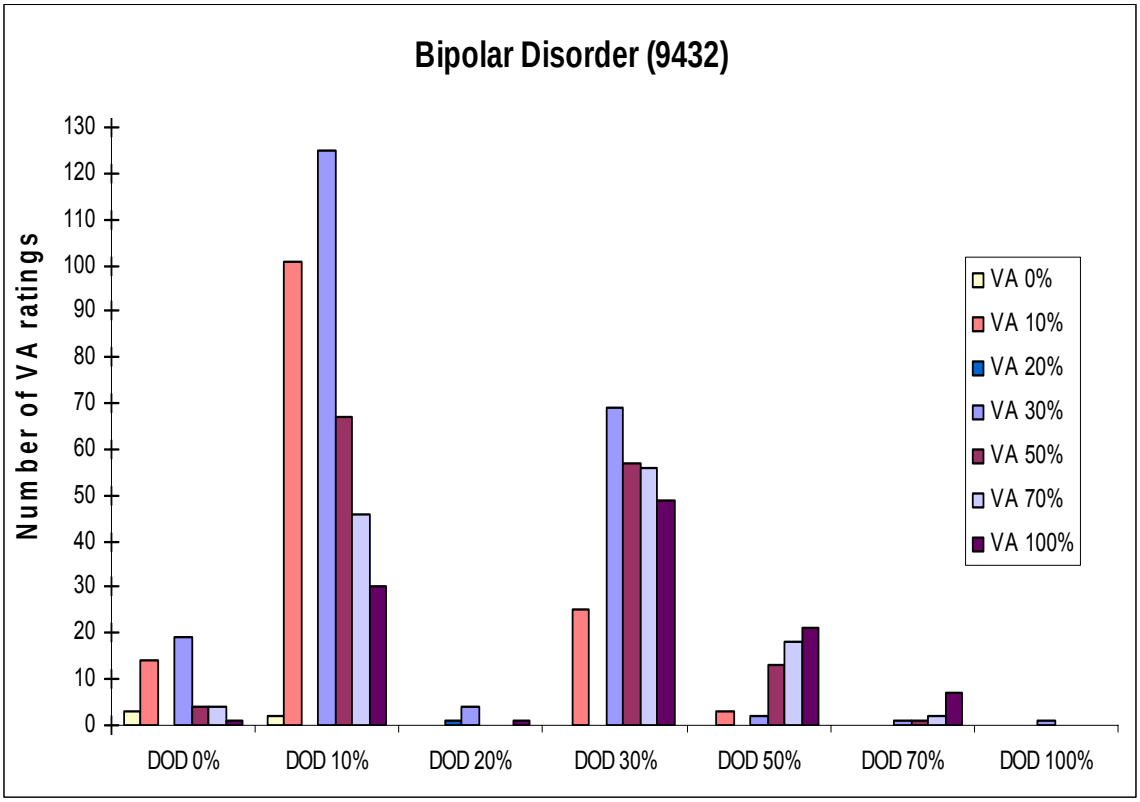
	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 40%	DOD 50%	DOD 100%	Total
VA 0%	5	14	0	6	0	0	0	25
VA 10%	23	64	2	15	0	0	0	104
VA 20%	0	1	0	1	0	0	0	2
VA 30%	49	133	4	148	2	15	0	351
VA 40%	0	1	0	0	0	0	0	1
VA 50%	27	73	1	105	2	57	1	266
VA 60%	0	0	0	1	0	0	0	1
VA 70%	0	0	0	1	0	0	0	1
VA 100%	0	1	0	0	0	0	0	1
Total	104	287	7	277	4	72	1	752



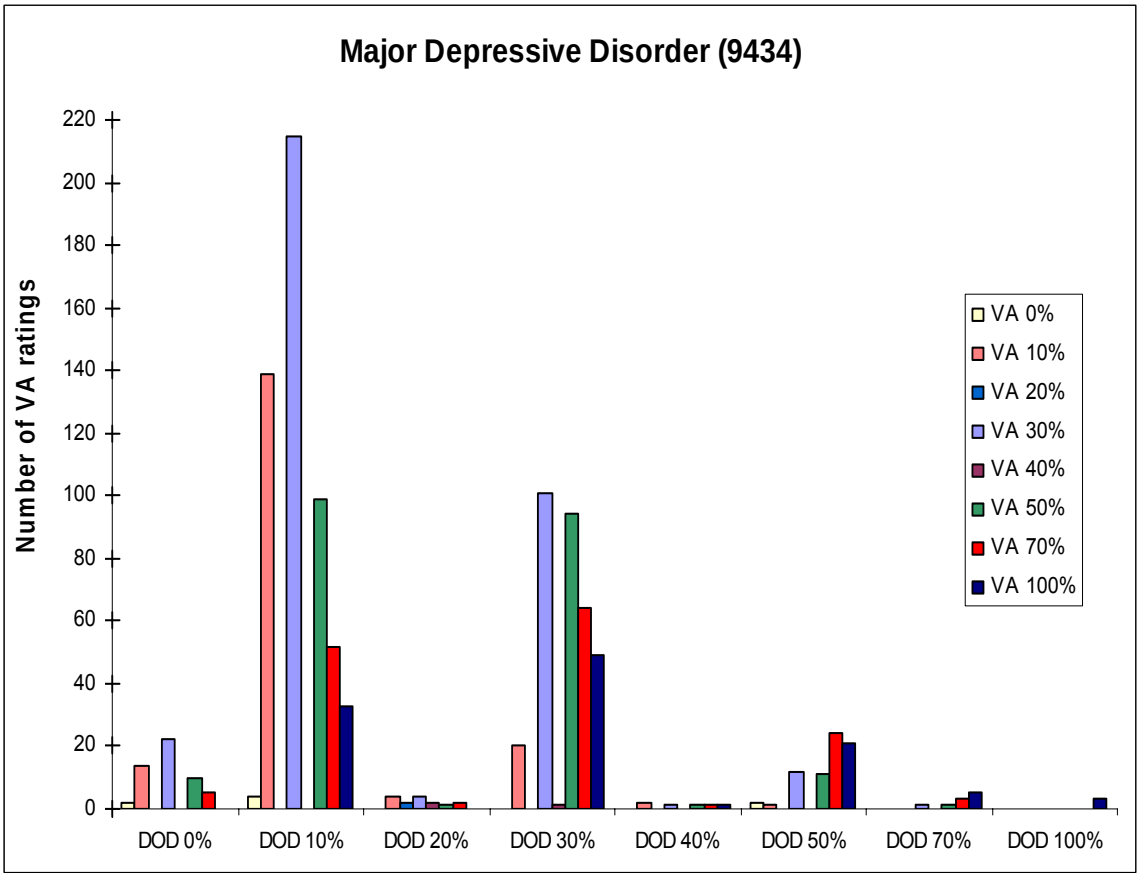
	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 40%	DOD 60%	DOD 70%	DOD 80%	DOD 90%	DOD 100%	Total
VA 0%	0	0	0	1	0	0	0	0	0	0	1
VA 10%	1	44	16	0	11	1	0	0	0	0	73
VA 20%	3	58	30	2	22	1	0	0	0	1	117
VA 30%	0	0	1	0	0	0	0	0	0	0	1
VA 40%	2	44	18	0	11	2	1	0	0	1	79
VA 50%	0	1	0	0	0	0	0	0	0	0	1
VA 60%	0	5	8	0	13	1	0	0	0	0	27
VA 80%	1	2	5	0	11	3	0	3	0	1	26
VA 100%	0	5	4	0	8	2	0	1	1	7	28
Total	7	159	82	3	76	10	1	4	1	10	353



	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 40%	DOD 50%	DOD 70%	DOD 100%	Total
VA 0%	0	3	0	0	0	0	0	0	3
VA 10%	2	55	0	5	0	0	1	0	63
VA 30%	7	140	3	21	1	0	0	0	172
VA 50%	8	155	3	34	1	9	0	0	210
VA 70%	0	49	0	35	2	3	1	0	90
VA 100%	2	39	0	30	1	23	2	1	98
Total	19	441	6	125	5	35	4	1	636



	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 50%	DOD 70%	DOD 100%	Total
VA 0%	3	2	0	0	0	0	0	5
VA 10%	14	101	0	25	3	0	0	143
VA 20%	0	0	1	0	0	0	0	1
VA 30%	19	125	4	69	2	1	1	221
VA 40%	0	0	0	0	0	0	0	0
VA 50%	4	67	0	57	13	1	0	142
VA 70%	4	46	0	56	18	2	0	126
VA 100%	1	30	1	49	21	7	0	109
Total	45	371	6	256	57	11	1	747



	DOD 0%	DOD 10%	DOD 20%	DOD 30%	DOD 40%	DOD 50%	DOD 70%	DOD 100%	Total
VA 0%	2	4	0	0	0	2	0	0	8
VA 10%	14	139	4	20	2	1	0	0	180
VA 20%	0	0	2	0	0	0	0	0	2
VA 30%	22	215	4	101	1	12	1	0	356
VA 40%	0	0	2	1	0	0	0	0	3
VA 50%	10	99	1	94	1	11	1	0	217
VA 70%	5	52	2	64	1	24	3	0	151
VA 100%	0	33	0	49	1	21	5	3	112
Total	53	542	15	329	6	71	10	3	1,029