IRAQ and AFGHANISTAN VETERANS of AMERICA

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Red Tape

Veterans Fight New Battles for Care and Benefits

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EXECUTIVE SUMMARY

In February 2007, *The Washington Post* shocked America when it published a series of articles that chronicled the deplorable conditions faced by some wounded warriors receiving outpatient care at Walter Reed Army Medical Center. These servicemembers suffered grave injuries in war, but were welcomed home with overworked case managers and facilities that reeked of neglect from scattered mouse droppings to stained carpets.[1] For many injured troops, however, the problems run much deeper. And they cannot be solved with new carpets and a fresh coat of paint alone.

More than 35,000 troops have been wounded in Iraq and Afghanistan. Hundreds of thousands of others have suffered injuries not recorded in the official military tally. These new veterans and their families are shouldering an unacceptable burden: recovering from their injuries while navigating antiquated and deeply-flawed military and veterans' health care and disability systems.

As troops transition from the Department of Defense (DOD) to the Department of Veterans Affairs (VA), medical records and military service records regularly get lost in the shuffle, leading to lengthy waits for care. Injured veterans also face redundant and confusing DOD and VA disability systems. While less than half of the DOD and the VA's disability caseloads involve Iraq and Afghanistan veterans, these cases and their complexity have strained capacity in the two departments.[2] As a result, hundreds of thousands of veterans are forced to wait months, and sometimes years, for disability compensation.

While the VA and DOD have made efforts in recent years, including the development of a Joint Disability Evaluation System that promises to streamline the disability process, progress has been painfully slow. In the interim, America has learned that Walter Reed was merely the canary in the coal mine for a host of problems facing our nation's wounded heroes. The following report outlines these obstacles—from the moment a wounded servicemember returns homes, to their transition from the DOD to the VA, and to their long waits for VA care and disability compensation.

Our troops have served courageously overseas, they shouldn't find themselves returning home to fight a new, complex, frustrating enemy: red tape.

THE WALTER REED SCANDAL: AMERICA'S WAKE UP CALL

On February 18, 2007, *The Washington Post* published the first in a series of articles outlining the poor conditions, neglect, and bureaucratic hurdles faced by outpatients at Walter Reed Army Medical Center. Although many at the DOD expressed surprise at the squalid conditions faced by Walter Reed's patients, years of official visits, mainstream media coverage, and Congressional testimony had given key leaders ample opportunity to learn of these problems.[3] Nevertheless, the Walter Reed scandal shocked the nation, and called into question the ability of the DOD to provide timely and adequate care for troops returning from combat in Iraq and Afghanistan. It also highlighted a failure on the part of the military and the VA to seamlessly transition wounded troops through their separate and complicated disability systems.

In the immediate aftermath, Defense Secretary Robert Gates removed Walter Reed's top commander, Major General George W. Weightman, fired Secretary of the Army Francis J. Harvey, and called for an independent review panel to investigate.[4] Intense media scrutiny spurred the establishment of several commissions and congressional hearings to address the issue, most notably the President's Commission on Care for America's Returning Warriors, commonly known as the "Dole-Shalala Commission." As a result of these efforts, the military and the VA have taken several steps to reduce deficiencies in medical care and compensation for wounded troops, but delays and shortfalls still persist system-wide.

MILITARY HEALTH CARE AND BENEFITS SYSTEM LEAVES TROOPS WAITING

Long before the Walter Reed scandal focused the nation's attention on the plight of wounded troops, servicemembers injured in Iraq, Afghanistan, and earlier conflicts have faced obstacles seeking care and compensation. Injured troops face difficulties managing their outpatient recovery process, navigating the military's disability evaluation system, and experience a drop-off in quality of care when they transition from the DOD to the VA.

Extensive Delays in Care

Modern body armor and advanced battlefield medicine in Iraq and Afghanistan have made war more survivable for American servicemembers than ever before.[5] As a result, the wars' severely wounded—those who in previous generations would have likely died from their wounds—are flooding the military's hospitals and outpatient facilities. And despite the superior medical care offered by the DOD, some of the most seriously wounded troops are still experiencing substantial delays in care.

When servicemembers are injured in Iraq or Afghanistan, they are either cared for in-theatre and returned to duty, or if they need more specialized care, they are evacuated to Landstuhl Regional Medical Center in Germany for treatment. Those with catastrophic injuries are redeployed to a Military Treatment Facility, such as Walter Reed or Bethesda's National Naval Medical Center, in the United States.

The Pentagon has led the health care industry by mandating the use of digital medical records at all DOD medical centers. Through this innovative effort, medics in-theatre can see how their patients fare after being evacuated and then use this information to improve their combat life-saving techniques. Military doctors using the system in the U.S. know exactly what procedures and tests were performed before the servicemember arrived in their hospital. However, the DOD's system has undergone multiple revisions in the past few years, and has never been universally adopted. Billions have been invested in several different digital tracking systems, and squabbling within the Defense Department over which of the digital tracking systems to use has kept any system from being fully deployed.[6] For example, the Joint Patient Tracking Application (JPTA), developed in 2004 and costing $1 million to track wounded troops from combat life-saving to long-term hospital care in the United States, was only used at 13 of 70 military treatment centers in the United States, as of March 2007.[7] JPTA's replacement, the Theater Medical Data Store (TDMS) has been mired in complaints; military clinicians are reporting significant delays from the time medics enter the data in-theatre to when it becomes available to treating physicians.[8] As a result, wounded troops are suffering through redundant tests, misdiagnoses, and delayed treatment.

In addition, injured troops face extensive bureaucratic hurdles with their care management. Some wounded warriors have lingered for months and sometimes years on "Medical Hold" status without direction on their care plan or the future of their military service.[9]

In response to these widely-reported deficiencies, the Army has taken several steps to become more patient-focused, including establishing Warrior Transition Units (WTU) to address the administrative needs of soldiers.[10] Within each of the 35 WTUs, an injured servicemember is assigned a team of three key staff—a primary care manager, a nurse case manager, and a squad leader—who manage the servicemember's care. The Marines, Navy, and Air Force have since stood up similar units.[11] While every injured soldier now has someone overseeing his or her progress as they move through the system, these troops are still waiting two months to a year before they are medically discharged or returned to active duty—about two or three times longer than the Army's goal.[12] The Army failed to properly predict the number of wounded soldiers, and as a result, the Warrior Transition Units have been overwhelmed, under-staffed, and under-resourced.[13] The Army has moved to correct the staffing shortfalls, and as of January 2009, most WTUs were fully-staffed, according to the Government Accountability Office (GAO).[14] However, staffing needs can fluctuate given the number of troops in need of care and personnel turnover. Given the military's increased presence in Afghanistan, the Army must find more accurate ways of forecasting the needs of its WTUs.

Some wounded warriors have lingered for months and sometimes years on "Medical Hold."

Navigating the Military's Arduous Disability Evaluation Process

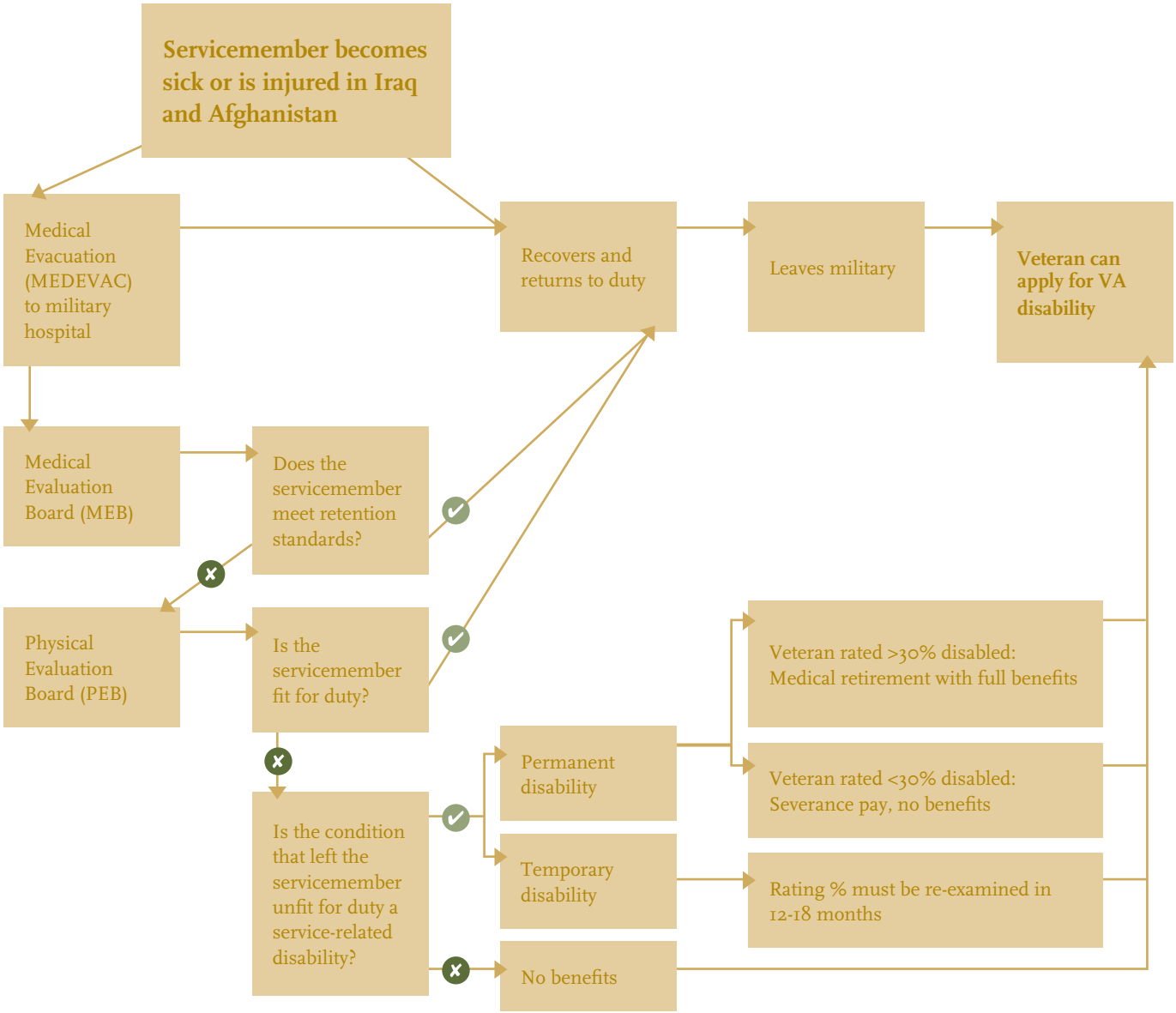
Once their medical condition has stabilized, injured troops can enter the military's disability evaluation system, where they are evaluated to determine fitness for duty and level of disability (from 0 percent to 100 percent disabled, depending on the severity of the injury). Those found unfit for military duty receive a medical discharge and single lump-sum severance payment. The most severely wounded are medically retired with a monthly pension and health care coverage for their families for life.

"[The military] generally does not make it easy to get help."
—Dale, Iraq and Afghanistan Veteran, Massachusetts

The DOD's disability system is focused primarily on the servicemember's ability to perform his or her duties in the military, and not on future loss-of-earnings or quality of life. In addition, the military generally rates only one condition when deciding a servicemember's disability. For example, a soldier severely injured by a roadside bomb could have injuries to his legs, hearing loss, a brain injury, and Post-Traumatic Stress Disorder (PTSD), but he will only get rated for one of these problems, instead of the sum total of the disability. In some cases, it has not been the most disabling condition that gets rated—as in the case of one Army sergeant who was unable to continue serving because of a degenerative eye disease, but was rated 10 percent disabled for his shin splints.[15] And once wounded troops receive their disability ratings, there is no mechanism for appealing the decision, leaving them with improper compensation for life.

The Arduous Military Disability Evaluation System

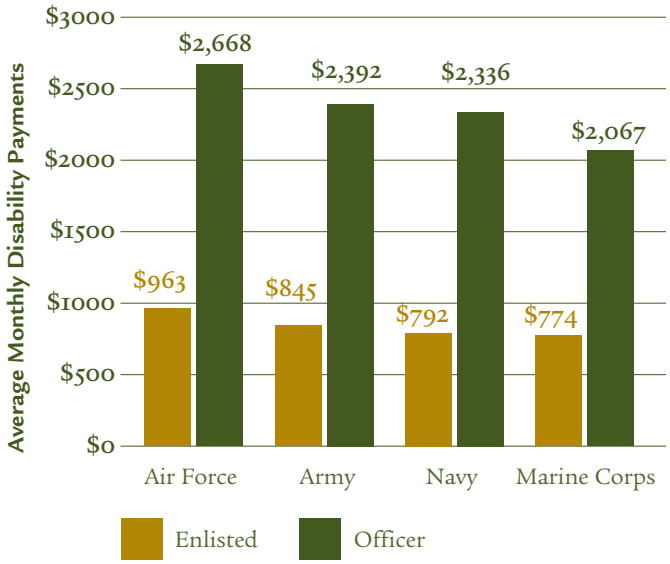
The process of applying for benefits is arduous and confusing. The following chart simplifies the military's disability evaluation and compensation system.



While the military requires that the disability process be conducted in a "consistent and timely manner," the DOD has left it up to the individual services to set up their own disability processes.[16] As a result, there is concern about the equity of each service branches' system. For example, despite the fact that they have higher injury rates and could be expected to suffer greater casualties in Iraq and Afghanistan, Marines and soldiers lag behind sailors and airmen in average disability payments awarded (see chart, p. 5).[17] In addition, the DOD requires that all injured troops be referred for evaluation within one year of the diagnosis of their condition if they are not able to return to duty, and moved through the Medical and Physical Evaluation Boards in 30 to 40 days respectively.[18] The GAO has found, however, that the DOD is not monitoring compliance by the services or exercising adequate oversight on the training of disability staff.[19] The Army itself has admitted that it does not meet DOD goals for quick and effective processing of disability claims.[20] As a result of the processing delays, with the exception of those with catastrophic injuries,[21] wounded

troops often face an unacceptable burden: chaperoning complicated paperwork through the military's bureaucracy while recuperating from serious injuries.

Tremendous Inequities Exist Between Services for Disability Compensation Payments



Saving Money at the Expense of Our Troops?

Advocates have long suspected that the military might be taking advantage of troops' confusion regarding the disability process to give servicemembers lower rates of compensation. According to LT. GEN (retired) Terry Scott, the former Chairman of the Veterans' Disability Benefits Commission, the military "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."[22] Ron Smith, deputy general counsel of Disabled American Veterans (DAV), has said, "People are being systematically underrated. It's a bureaucratic game to preserve the budget."[23]

Many advocates point to the Army's own data to make their case:

- 27 percent of Army personnel found medically unfit for duty between 2000 and 2006 were assigned 0 percent disability ratings, in contrast to 3 percent of sailors and 4 percent of Marines and Airmen.[24] Overall, 13,646 soldiers were found to be too disabled for military service, but not disabled enough to receive any military disability benefits.

- The rate of approval for reservists' permanent retirement disability claims has decreased from 16 percent in 2001 to just 5 percent in 2005.[25]

> "INSTEAD OF LETTING ME STAY IN AND GIVING ME THE HELP I NEEDED, THE MILITARY FIGURED IT WOULD BE EASIER TO KICK ME OUT."
> *—Shawna, Iraq Veteran, Georgia*

- Between 2001 and 2007, 22,500 troops were discharged from the military with a 'personality disorder'.[26] Personality disorder discharges have also increased by 40 percent in the Army since the invasion of Iraq.[27] Many of these soldiers, particularly those with head injuries, seem to have clear cases for a disability rating—and yet are being told they have pre-existing conditions and therefore are not entitled to compensation for their injuries.[28] Recently, the military has put a moratorium on all personality disorder discharges; however, they have yet to conduct an audit on past cases to rectify any improper discharges.

- In addition to low disability ratings, temporary ratings are also on the rise.[29] Receiving a temporary disability rating—instead of a permanent one—leaves wounded troops in limbo for as long as five years as the military continues to monitor their condition, and can potentially lower their ratings and benefits levels. While the military's Temporary Disabled Retired List (TDRL) has kept some troops from lingering in hospitals for years and helped others move to retirement sooner, the DOD does a poor job of communicating its function to servicemembers. The end result is that temporary retired troops live in fear of having their benefits cut when they go in for evaluations every 18 months. Some have reported that the stress from being on the TDRL is more extreme than the stress suffered from their injuries.

ANYTHING BUT SEAMLESS: TRANSITIONING FROM THE MILITARY TO THE VA

In addition to the problems *within* the DOD and VA health care and benefits systems, there are also problems with the transition *between* the two systems, including lost paperwork, a drop-off in the quality of care, and the lack of coordination between two distinct disability rating processes. As a result, veterans are suffering considerable delays in care and benefits instead of the "seamless transition" they have been promised.

Since 1998, the DOD and VA have been working to improve their ability to exchange patient health information electronically, but progress has been slow.[30] After nearly ten years of waiting, Congress mandated the VA and DOD to jointly develop and implement fully interoperable electronic health record systems by September 30, 2009.[31] While the VA and DOD may have met the deadline to start sharing medical records electronically, it's clear that there is still a long way to go to achieve "full interoperability."[32] As House Veterans Affairs Chairman Bob Filner has expressed, the Interagency Program Office tasked with the challenge "may meet the deadlines of the mandate, but clearly the spirit of the law has been ignored."[33]

In April 2009, President Obama announced a new federal initiative: the Joint Virtual Lifetime Electronic Record (JVLER).[34] The JVLER promises to integrate medical and service data from the VA, DOD, and the private sector to ensure a lifetime of care, and create electronic records to reduce errors and lost paperwork. However, very little of the plan to achieve this end goal has been made public, and it's still uncertain when the JVLER will be implemented.

Information-sharing aside, while they have come a long way in recent years, VA hospitals and clinics are not always as ready as their military counterparts to cope with the unique injuries suffered by Iraq and Afghanistan veterans.[35] For example, although Traumatic Brain Injury (TBI) is known as the "signature wound" of the Iraq War, it took several years and substantial pressure from Veterans Service Organizations (including IAVA) before the VA mandated TBI testing for returning troops in 2007.[36] This unfamiliarity with new and complex injuries means that the most severely injured transitioning troops can face a serious decline in the quality of their care when they enter the VA system.

> **"[THERE NEEDS TO BE] A COMPETENT TRANSFER OF SERVICE RECORDS BETWEEN THE ARMY AND THE VA. UNFORTUNATELY, NEITHER MAINTAINS COMPLETE RECORDS SO THAT IS IMPOSSIBLE.**
>
> *—Anthony, Iraq Veteran, Texas*

Troops moving from the DOD to the VA system face the confusion of two separate disability systems. Whether a veteran gets a disability rating from the DOD or from the VA will have a dramatic effect on the amount of money they will receive. However, a lack of understanding of the systems leaves many troops without the full compensation to which they are entitled. As the Army Inspector General has said, "A majority of Soldiers interviewed do not know or understand the differences between Army and Department of Veterans Affairs (VA) disability ratings."[37] Some frustrated troops just abandon the process altogether. Without adequate understanding of the two systems, veterans are less likely to apply for and receive the full range of benefits they have earned.

THE WAY FORWARD: THE JOINT DOD/VA DISABILITY EVALUATION SYSTEM

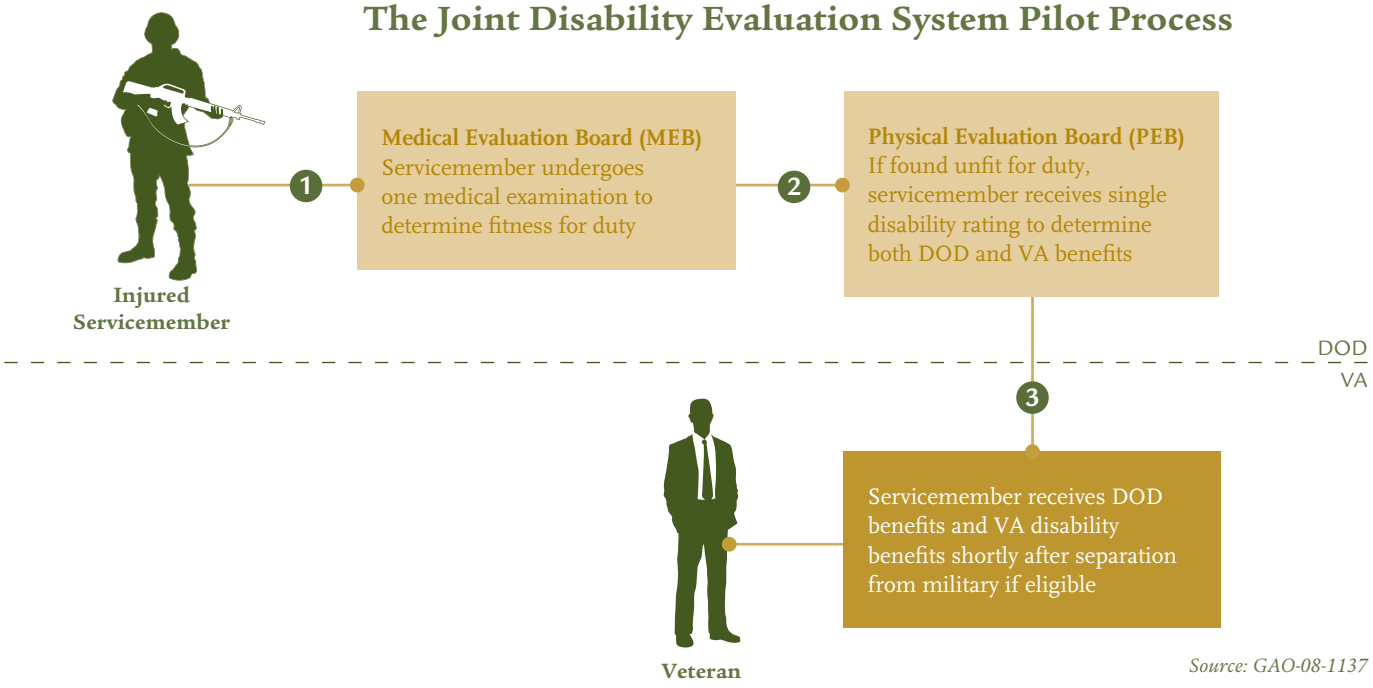
Following the Walter Reed scandal, the Task Force on Returning Global War on Terrorism Heroes, the Independent Review Group, the Dole-Shalala Commission, and the Veterans' Disability Benefits Commission all recommended the adoption of a joint disability evaluation system for wounded troops.[44] Congress authorized a pilot program as part of the 2008 defense bill, and in November 2007, the DOD and VA launched the DES.[45] Initially launched at three Washington-area military hospitals, the pilot program has three goals: a single disability exam to determine fitness for duty, a single disability rating to determine compensation, and expedited VA benefits to allow medically retired veterans to begin receiving payments within a month of their separation from the military.[46] Before the DES pilot, injured troops were forced to endure two separate, confusing, and lengthy processes before determining eligibility for benefits. According to the Deputy Undersecretary of Defense for Military Personnel Policy Bill Carr, the new system will drastically reduce time spent in the system and replace the old "unfriendly, redundant and lethargic" process.[47]

Under the new pilot program, an injured servicemember undergoes a comprehensive physical performed by the DOD to determine eligibility for continued military service. If the servicemember is found unfit for continued service, the VA then determines a servicemember's disability rating, which is used to calculate and award both DOD and VA disability benefits, if eligible. After separation from the military, the veteran receives their VA benefits almost immediately.

Since its implementation, almost 5,500 servicemembers have participated in the pilot. The VA has found that pilot participants report higher average satisfaction than servicemembers undergoing the current system.[48] It has also resulted in a significant improvement in the time it takes to process an individual case, most notably in the elimination of delays between separation or retirement and the award of VA disability benefits.[49] In the spring 2010, the VA plans to make public additional satisfaction surveys taken one year after participation.[50]

As a result of its success, plans are underway to expand it to six additional military installations by March 2010, bringing the total to 27 facilities nationwide.[51]

The Joint Disability Evaluation System Pilot Process



Source: GAO-08-1137

The DOD and the VA have taken steps in recent years to help streamline this process. In May 2007, the DOD and VA established the Wounded, Ill, and Injured Senior Oversight Committee (SOC) to address the shortfalls identified in the care of recovering servicemembers exposed by the Walter Reed scandal, and the numerous recommendations stemming from the task forces and commissions called for in response.[38] The SOC is responsible for several initiatives, including the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, the Joint Disability Evaluation System (see inset), and the National Resource Directory—an online public resource for recovering servicemembers, veterans, and their families.[39]

In response to recommendations made by the Dole-Shalala Commission, the SOC also developed the Federal Recovery Coordination Program (FRCP). The program is intended to provide seamless care to the most severely injured warriors and their families. Each servicemember participating in the program is given an individual recovery plan to track and manage their care and transition through the phases of recovery, rehabilitation, and reintegration.[40] There has been some worry, however, that the program is not fully-staffed;[41] as of January 2010, there were only 20 Federal Recovery Coordinators to handle about 419 cases.[42] Additionally, only about one-third of eligible Iraq and Afghanistan veterans are taking advantage of the program, fueling concerns that few veterans and their families know it is available.[43] The DOD and the VA must ensure its coordinators can effectively handle their caseloads, and conduct better outreach to the catastrophically wounded and their families.

The VA and DOD have also taken strides to reduce the redundancy and red tape in their disability evaluation processes. In November 2007, the VA and DOD launched a joint pilot disability evaluation system (DES). While the DES is not perfect, it is a major step forward and should be rapidly expanded to replace the inefficient existing systems.

THE MOST FAMOUS LOGJAM IN WASHINGTON: THE VA HEALTH CARE AND BENEFITS SYSTEM

Once in the VA system, wounded warriors and their families often face new hurdles. At the VA, medically-retired troops, now "veterans," join the millions of other veterans who seek VA care and benefits in the months or years after their military service. Unfortunately, extensive backlogs are delaying treatment and compensation for far too many.

Waiting for VA Care

The Veterans Health Administration (VHA), one of three divisions of the VA, runs 153 veterans' hospitals nationwide, as well as hundreds of community clinics and Vet Centers.[52] The VA has nearly 8 million veterans enrolled in its health care system, and it sees about 6 million patients annually, including more than 419,000 veterans of Iraq and Afghanistan.[53]

Overall, the VA provides much higher quality of care than the nation's private sector hospitals, according to the Agency for Healthcare Research & Quality, and has higher prescription accuracy and patient satisfaction rates as well.[54] This is in part because the VA has the most advanced electronic medical records system in the nation. Veterans of Foreign Wars, AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and IAVA agree that VA health care is "equivalent to, or better than, care in any private or public health-care system."[55]

The pressing problem with the VA is not the quality of care, but a lack of access to the system. Although the VA does very little outreach,[56] the influx of new veterans and increased demand from previous generations of veterans have strained the VA, often leading to long waits for care. Enrollment is expected to grow, and not only because troops are continuing to return from Iraq and Afghanistan. With the current downturn in the economy, new veterans coping with unemployment or lower-wage jobs will also turn to the VA, rather than civilian employers' health insurance. Increasing demand may further limit veterans' access to the system.

When veterans began returning home from Iraq and Afghanistan, the VA was caught unprepared, with a serious shortage of staff and an exceedingly inadequate budget. Between April 2005 and April 2006, the number of veterans waiting for their first primary-care appointment to be scheduled increased from 15,211 to 30,475.[57] Wait times varied regionally, but for some patients, lasted six months or more.[58] The problems weren't limited to primary care alone; the backlog was especially severe for veterans seeking mental health treatment. By October 2006, almost one-third of Vet Centers, the VA's walk-in counseling centers for combat veterans, admitted they needed more staff.[59] As a result of shortages of mental health professionals, veterans seeking mental health care in 2007 got about one-third fewer visits with VA specialists, compared to ten years earlier.[60] Even a former VA Deputy Undersecretary, Dr. Frances Murphy, admitted that waiting lists render mental health and substance abuse care "virtually inaccessible" at some clinics.[61]

In recent years, wait-times for primary and specialty care at the VA have improved, but approximately 8 percent of patients—or more than 450,000 veterans—are still waiting more than 30 days for their desired appointment.[62] Moreover, the VA Office of the Inspector General suggests that wait times may be even longer than the VA admits.[63] Perhaps taking these wait-times into account, outpatients rating VA health care service as "very good" or "excellent" has dropped dramatically in the last year, from 78 percent in FY2008 to 56 percent in FY2009.[64]

More than 450,000 veterans are waiting more than 30 days for their desired appointments.

As if lengthy waits were not enough of a burden, getting to these appointments is often another major obstacle for wounded veterans. About 3 million veterans, or 37.8 percent of veterans enrolled in the VA system, reside in rural areas,[65] and as of 2003, "more than 25 percent of veterans enrolled in VA health care—over 1.7 million—live over 60 minutes driving time from a VA hospital."[66] This number is likely to rise because the missions in Iraq and Afghanistan have relied heavily on recruits from rural areas often underserved by VA hospitals and clinics.[67] To help address this rural divide, the VA has established four mobile health clinics to serve 24 rural counties, announced the opening of ten new rural outreach clinics in 2009, and launched 50 new mobile counseling centers.[68] But the VA still has a long way to go in terms of improving access to the system for all underserved veterans.

LIMITS ON VA ELIGIBILITY

While many veterans struggle to get access to VA services, others have lost their VA eligibility altogether. In 2003, the VA stopped accepting new "Priority 8 veterans," those who do not have a service-connected disability and whose annual incomes exceed certain standards.[69] No longer covered by the VA, almost a million of these veterans lack any health insurance at all.[70] In 2009, the VA began opening its doors to approximately 266,000 Priority 8 veterans, due to record VA budgets in the last four fiscal cycles.[71]

Iraq and Afghanistan veterans are protected from Priority 8 status by a special exemption if they seek VA care within five years of their service.[72] So far, only about half of eligible Iraq and Afghanistan veterans have sought VA care, and many don't know they are eligible. In 2010, the VA plans to conduct an outreach campaign to notify new veterans of this special exemption, so that more Iraq and Afghanistan veterans take advantage of the program.

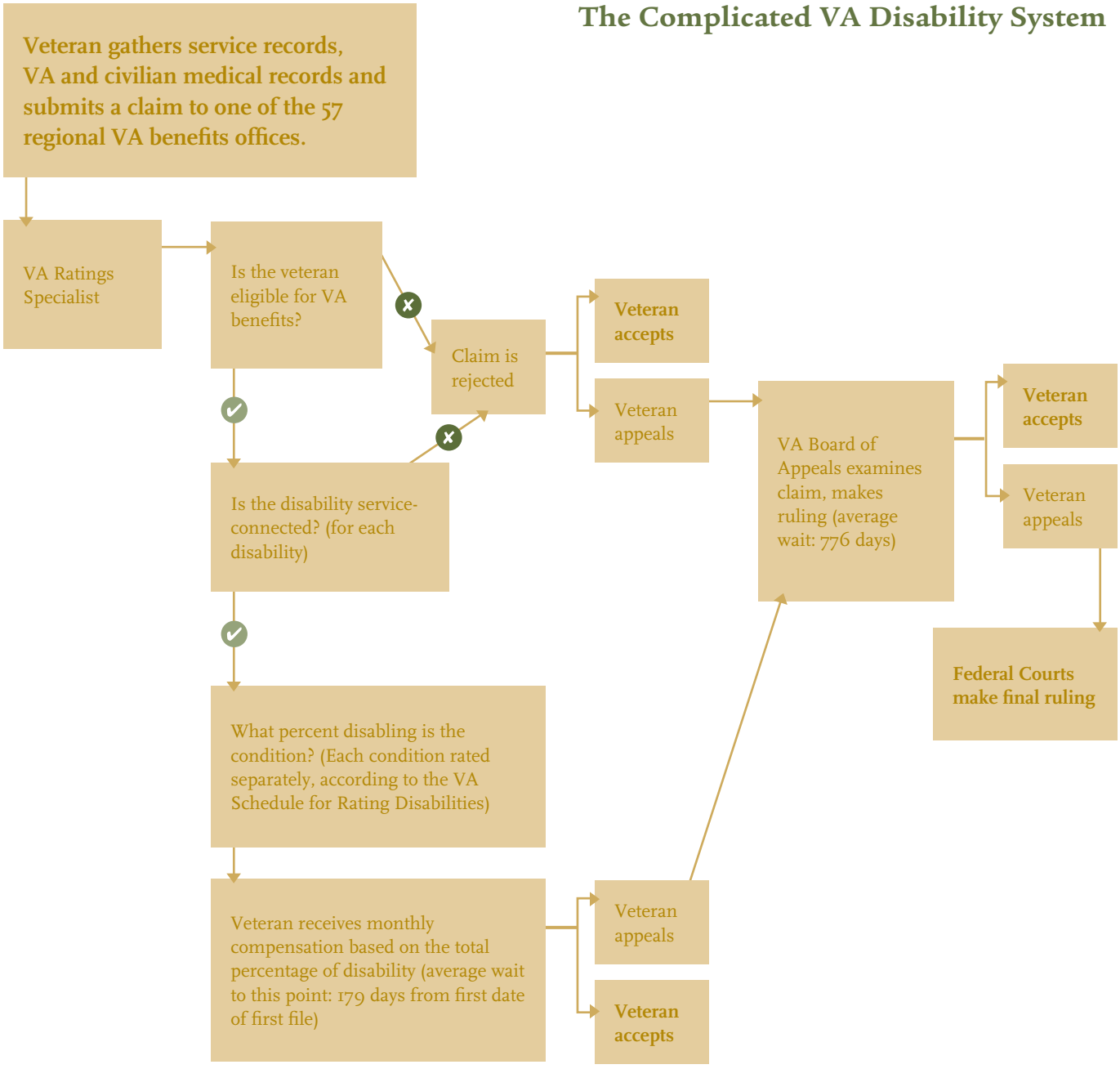
Waiting for VA Benefits

Whether or not they receive compensation or a pension from the military, injured troops can usually seek compensation from the Veterans Affairs disability system.[73] In addition to monthly disability payments for the veteran and his or her family, a VA disability rating can also affect veterans' eligibility for VA health care.

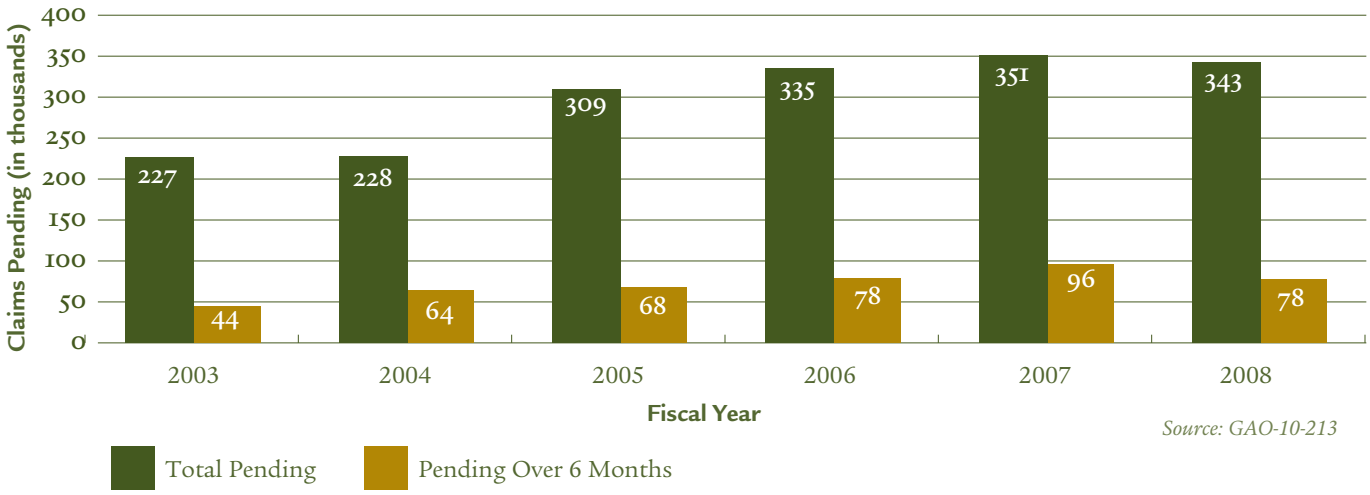
The VA disability system requires separate physicals, exams and paperwork, and has different ratings and compensations than the military system. Among the differences, the VA will rate a veteran for multiple injuries, instead of just one, and for pre-existing medical conditions aggravated by military service; VA disability ratings may be revised over time; and the VA evaluates a veteran's disability based on conditions that may negatively affect their opportunities for civilian employment or their quality of life.

However, the VA disability system is excessively complicated to navigate. The following chart outlines, in broad terms, the disability evaluation system of the Department of Veterans' Affairs:

The Complicated VA Disability System



VA Claims Backlog Continues to Remain Unacceptably High

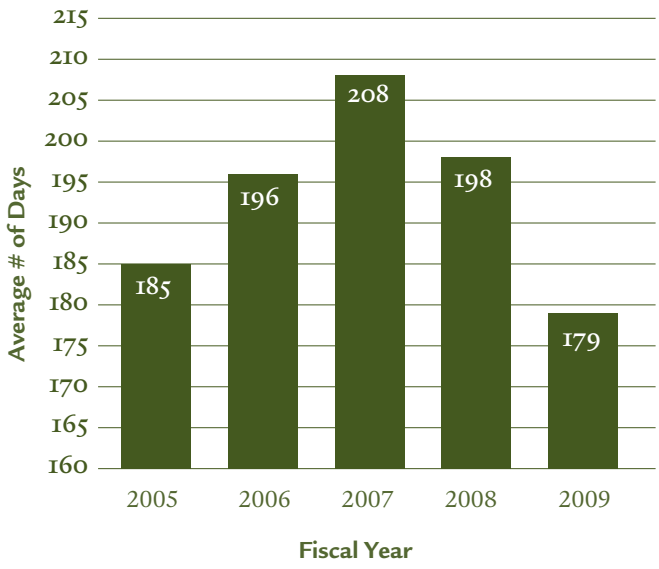


Source: GAO-10-213

After disabled veterans have gathered all of their documentation from the military, VA and civilian doctors, and filled out their paperwork, they can expect to wait months before receiving compensation. As of January 2010, there were 423,202 compensation claims pending, and the VA benefits backlog as a whole was nearing 1 million claims.[74] While they make up less than half of the VA's caseload, the wars in Iraq and Afghanistan are dramatically increasing the number and complexity of disability claims that the VA must process. As of May 2009, almost 314,000 Iraq and Afghanistan veterans are receiving disability compensation.[75] In 2007, before the recent increase of troops in Afghanistan, it was predicted that the VA "will see 638,000 new first-time claims in the next five years due to the Iraq war."[76]

In 2009, the VA processed a disability claim at an average of 179 days, almost two months longer the stated VA's goal of 125 days.[77] Some veterans have been forced to wait more than a year to hear back on their claim.[78] Often unable to work because of their injuries, many veterans awaiting claims processing have few options but to rely on friends and family for support, or to fall into debt. For the most part, Iraq and Afghanistan veterans receive "priority" in claims processing, and on average receive their claim result in 110 days.[79] However, with the number of claims only expected to rise as a result of the aging veteran population, the size of the military's active-duty force, and an increase in the amount and complexity of claims, new veterans may not be shielded for long from the growing backlog.

Average Days Waiting for a Claims Decision



Source: VA Performance and Accountability Report for FY 2009

NEW BENEFIT, NEW BACKLOG

The New GI Bill, a Case Study in Delayed VA Benefits

In 1944, President Franklin Delano Roosevelt signed the original GI Bill into law, ensuring that millions of combat veterans coming home from war would be able to afford an education. In the summer of 2008, the new "Post-9/11" GI Bill was enacted, marking the single greatest investment in veterans and their families since World War II. This historic benefit has the opportunity to send hundreds of thousands of new veterans to college, and change the economic future of an entire generation of Americans.

In August 2009, the Post-9/11 GI Bill went into effect and 183,647 applied to take advantage of it. Unfortunately, tens of thousands of veterans who flocked to schools to take advantage of this generous new benefit were met with confusion, anxiety and delayed benefits. The VA grossly underestimated the amount of work necessary to process this new wave of GI Bill claims, contributing to a mounting backlog. Compounding the problems, the VA failed to communicate with student-veterans and schools about the new benefit, leading to widespread uncertainty throughout the implementation process.

In the end, thousands of veterans have been left to fend for themselves: struggling to pay their rent, pleading with schools to defer their tuition bills, and in some cases, dropping out altogether.

Gross Underestimation of Workload

The VA had 13 months to prepare to administer the Post-9/11 GI Bill before it went into effect. Initially, the VA attempted to find an outside contractor to automate the processing of new claims, but that route was stymied by VA missteps and a strong union backlash. This resulted in the loss of several critical months that could have been used to lay the groundwork for implementing the new GI Bill. And the VA severely underestimated the time and resources necessary to process new GI Bill claims in a timely manner.

A Flawed and Antiquated Processing System

Handling a Post-9/11 GI Bill claim at the VA is a lengthy and laborious two-step process, involving processing paperwork from the veteran and the school. Each step takes about an hour for the VA claims processor to complete,[80] four to six times longer than with the old GI Bill. Although the VA hired 760 new claims examiners to handle the expected increases in workload,[81] the GI Bill backlog still skyrocketed. From August 2009 to January 2010, the average processing time for a Post-9/11 GI Bill claim has risen nearly three-fold.[82] With the average processing time now at 48 days, thousands of veterans have gone through an entire semester before they received their first checks.[83]

These problems could have been much worse, given only a quarter of those projected by the VA to use the new GI Bill have applied for the benefit. If all 400,000 students chose to enroll, the delays could have been catastrophic. The VA has since hired an outside contractor to supplement processing capacity, but it remains to be seen how this will affect the delays.

Massive Communications Failures

The VA does very little outreach to veterans about the benefits it provides, and the new GI Bill is no exception. Instead of launching a substantive public information campaign designed to educate veterans on their benefits, veterans were directed to the VA's GI Bill hotline and website. In a matter of months, the hotline was overwhelmed by the number of veterans seeking answers to their questions, and as a result, almost 90 percent of callers never got through to the VA.[84] And although much improved, the VA website still leaves student-veterans scouring for information.

Initially, the VA publically and privately deflected responsibility for the delays by attempting to blame late paperwork submissions from schools.[85] After a firestorm of media and criticism from veterans' groups, the VA finally took decisive action by requiring mandatory overtime; shifting personnel within VA to increase processing capacity; and issuing emergency $3,000 checks to all student veterans eligible for the new benefit. Over 62,000 veterans took advantage of these emergency checks. In spite of these stop-gap efforts by the VA, the backlog of claims continues to grow, and pressure on waiting student veterans has only intensified.

What Happens in 2010 and Beyond?

Another wave of veterans will be enrolling in school in 2010, but the VA is still unprepared to deliver GI Bill benefits in a timely manner. The VA's long-term solution to address the issue of delays is to completely automate the processing of Post-9/11 claims. They have contracted with the military's Space and Naval Warfare Systems Center (SPAWAR) to develop a new system scheduled to be operational by December 2010. However, the VA's own Office of Inspector General (IG) stated that there were "significant problems" with this contract and that the VA "had essentially abdicated" its oversight to SPAWAR.[86] Although the VA claims that IG's concerns will not affect the December 2010 delivery date,[87] it is clear that strict oversight is necessary to ensure that every student-veteran eligible will get the benefits they have unquestionably earned.

The VA disability system was outdated years before many Iraq and Afghanistan veterans were born. Despite decades of technological innovation, a veteran coming home from Vietnam used the same paper-based system as those coming home from the combat theatres today. Every VA Secretary in the last decade has vowed to tackle the claims backlog, including Secretary Shinseki who plans to tackle it with a "brute-force solution."[88]

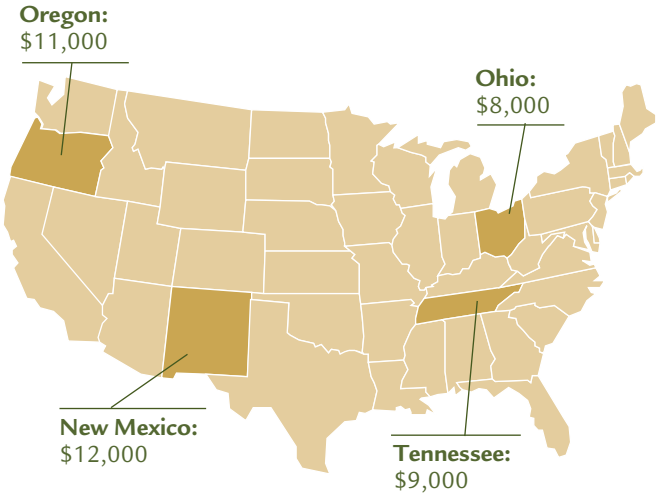
In an effort to reduce the wait time for benefits, the VA has increased claims processing staff, redistributed workloads, and implemented the joint pilot with the DOD to perform disability evaluations.[89] The VA's claims processing staff has increased by 57 percent from FY2005 to FY2009.[90] The VA also established four additional resource centers designated exclusively to develop rating claims and two more resource centers to review appealed claims.[91] In addition, the VA increased efforts to assist servicemembers in filing claims before separating from the military to expedite delivery of VA benefits.[92]

However, these brute-force efforts are not enough. The VA still predicts significant challenges in tackling the backlog. Even with the hiring of almost 4,000 new claims processors, the VA expects productivity will decline due to the challenges of training and integrating new staff.[93] A VA official says it takes at least two years for new claims processing employees to be fully trained.[94]

> **"THE VA DISPLAYS A LEVEL OF INEFFICIENCY THAT WOULD HAVE HAD ME FIRED FROM MY LAST JOB."**
> *—Mike, Iraq Veteran, North Dakota*

Additionally, widespread inconsistencies in VA claims decisions are a major problem. Veterans applying at certain regional VA claims offices have a better chance of receiving benefits than veterans submitting similar claims to offices in other parts of the country.[95] For example, average annual disability payments are $7,556 in Ohio but $12,395 in New Mexico (see chart).[96]

Widespread Inconsistencies in VA Claims Decisions



Source: Institute for Defense Analyses, December 2006

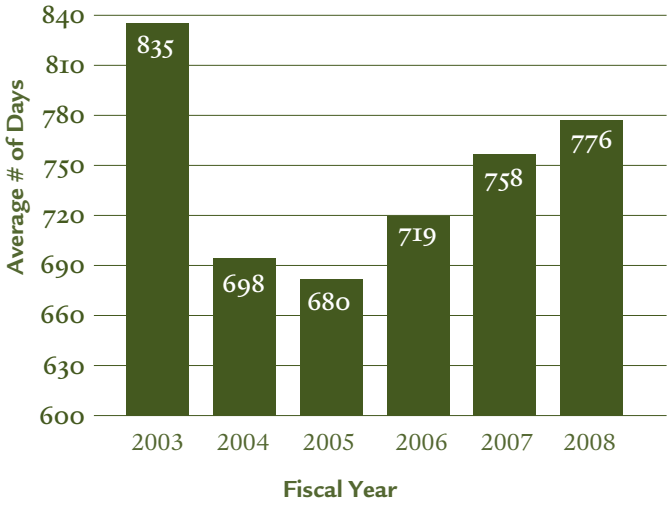
Furthermore, wounded veterans who approach the VA without professional assistance receive less than half the compensation awarded to those who are represented by a lawyer or service organization.[97] Such wide variation in claims decisions casts serious doubts on the efficiency and the accuracy of the claims process.

Overall, the current VA system rewards the quantity of claims processed, not the quality of processors' decisions. The VA's inaccuracy is a huge source of the claims backlog. According to the VA's own numbers, 17 percent of ratings decisions are not accurate.[98] And this number may be low; a recent VA Inspector General report found errors in as many as 25 percent of claims decisions at the VA regional office in Roanoke, VA.[99] Almost 67 percent of claims filed in the first half of 2009 were reopened claims, which include instances where the veteran is dissatisfied with the disability rating or where the claim was previously denied.[100]

Injured veterans who contest a wrong decision face a drawn-out appeals process which takes, on average, a staggering 776 days.[101] That's more than two years of waiting for disability payments, a pathetic standard.

In order to create a system that provides timely and accurate disability benefits to veterans of all generations, the VA must refocus its efforts to effectively train its new workforce and link performance reviews to both quantity and quality of claims processed. Only then can stories of VA backdating claims or shredding paperwork finally become a distant memory.[102]

Veterans Wait More Than Two Years for Resolution of Appeals



Source: GAO-10-213

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IN PERSON: CASEY ELDER

Specialist Casey Elder served in Baghdad from 2003 to 2004 in support of Operation Iraqi Freedom. In April 2004, while on patrol with her Military Police unit, Casey's Humvee was struck by an Improvised Explosive Device (IED) that slammed her hard enough to separate her shoulder, resulting in permanent joint and nerve damage.

Years later, she realized the full extent of her injuries. Suffering from balance problems, short-term memory loss, and frequent migraines, Casey began having difficulty at school. Unable to concentrate and study, she felt overwhelmed, which resulted in two academic suspensions. Despite the 2 hour drive each way, she sought help from the VA.

After several series of tests and a misdiagnosis, the VA determined that Casey was suffering from a Traumatic Brain Injury. After a full neurological exam, she filed a VA disability claim for TBI in January 2009. Despite the clear evidence for a disability rating, Casey's claim was denied by the VA eight months later, leaving her without proper compensation. In September 2009, she filed an appeal, and is still awaiting a decision on her case. Casey could join thousands of other veterans who have been force to wait as long as two years to hear back on the status of their appeal.

CUT THE RED TAPE—PERMANENTLY

For years, a wide array of government agencies, commissions, task forces, and veterans' advocates have urged sweeping reform of the military and veterans' care and benefits systems. In response, the DOD and VA have taken some solid steps to respond to the recommendations offered by these various experts, from the Joint Disability Evaluation System to hiring "recovery coordinators" to guide seriously wounded troops through the health care and disability system. The Wounded Soldier and Family Hotline Call Center was also established to offer wounded troops and their families a way to seek assistance in resolving issues with the recovery process. Since its inception, the hotline has received more than 21,000 calls and has been instrumental in resolving over 3,500 issues.[103]

Even with these steps, bold, urgent action is still desperately needed to ensure comprehensive change. Accessing VA services remains a challenge for far too many, and the military and VA disability systems deserve a complete overhaul. Service and health care records must be made electronic and interoperable between the two departments to ensure a seamless transition, and proper care and compensation for life.

The Administration and Congress must also make reducing the inexcusable VA claims backlog a priority in 2010. Veterans of all generations deserve a modern disability system that digitizes records, holds processors accountable for the accuracy of their work, and removes unnecessary steps in the evaluation process. A new, cost-effective system will make the federal government more efficient, saving taxpayers' money. Investing in veterans has also proven to reap tremendous dividends for society as a whole. But these critical reforms will require a radical culture shift at the VA. Employees of the agency are highly-dedicated; however, the VA's leadership must adopt a new customer service-driven model that puts veterans first.

When they return home from war, our wounded warriors deserve more than endless red tape and bureaucratic hurdles.

For all of IAVA's recommendations on troops and veterans' health care and benefits, see our Legislative Agenda, available at www.iava.org/dc.

RECOMMENDED READING

For more information about the mental health effects of war, please see the IAVA report: "Invisible Wounds: Psychological and Neurological Injuries Confront a New Generation of Veterans." All IAVA reports are available at **www.iava.org/dc**. For more information on the new GI Bill, visit IAVA's one-stop New GI Bill resource center at **www.newGIBill.org.**

You can also learn more about veterans' care and benefits from the following sources:

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