

## **The Way Forward: Findings and Recommendations**

After two and a half years of studying veterans' benefits as they exist under the laws of the United States, the Commission developed an understanding of current policies and practices that go into effect as a disabled service member leaves the military and enters the system of the Department of Veterans Affairs (VA). The Commission achieved this understanding through a scrupulous process that included surveys, studies, literature and demographic reviews, legal analyses, site visits, expert testimony, and public comments. An array of federal benefits and services are available to disabled veterans; overall, these benefits are generous, healing, and demonstrative of the gratitude of this Nation. Some benefits are also available to veterans' dependents and survivors. The Commission assessed all of these benefits from the standpoints of their appropriateness, their level, and the standards by which they are granted.

Although disabled veterans can access some benefits and services from the Department of Labor when seeking employment and from the Social Security Administration when seeking disability insurance, the majority of benefits for disabled veterans are offered by VA. Other disability benefits come from the Department of Defense (DoD), which renders much of the transition assistance in the form of Transition Assistance Program briefings, retirement programs, and health care (through Tricare) for the severely injured and their families.

The Commission found that inconsistencies and gaps must be addressed for veterans' benefits to be delivered more efficiently and effectively. Based on its findings, the Commission offers guiding principles and recommendations to point the way forward for delivering benefits and services to disabled veterans and their families. The following is a summary of the Commission's findings and recommendations from each of the preceding chapters.

### **Chapter 4: Rating Process and System**

At the heart of veterans' disability benefits is the VA Schedule for Rating Disabilities (Rating Schedule), which is used to identify a disabling condition and determine its level of severity. The Commission found the Rating Schedule to be

out of date and incongruous with current medical knowledge and practices in describing disabilities. This is especially true for mental disorders. The Rating Schedule lumps the 16 major diagnostic classes for mental disorders from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) into one body system. The Rating Schedule also relies on the Global Assessment of Functioning (GAF) Scale to judge the severity of mental disorders, and IOM found the GAF to be ineffective. VA should immediately begin to update the current Rating Schedule, beginning with the body systems addressing the evaluation and rating of posttraumatic stress disorder (PTSD), other mental disorders, traumatic brain injury, and the use of Individual Unemployability. VA should proceed through the entire Rating Schedule until it has been comprehensively revised. This revision process should be completed within 5 years. Then, VA should create a process for keeping the Rating Schedule up to date, including a published timetable and an advisory committee for revising criteria for each body system. This scheme should compensate for work disability, impairment of usual life activities, and loss in quality of life.

## **Chapter 5: Policies for Determining Eligibility for Benefits**

Although the Commission has found some of the VBA claims policies to be appropriate such as with “reasonable doubt” and “line of duty,” there are other issues that need a great deal of attention, such as with presumptions, PTSD, and the simplification of its “duty to assist.”

Presumption issues should be dealt with using a four-level classification scheme (Sufficient, Equipose Above, Below Equipose, Against) that determines a causal effect. The Commission agrees with this scheme proposed by IOM, but cautions VA not to ignore evidence that shows an association between a condition and an environmental or occupational hazardous exposure. There should also be a scientific review board and advisory committee established that can focus on these hazards and their implications for service members and veterans. Beyond these steps, DoD needs an overall integrated environmental and occupational hazards surveillance strategy to monitor the health of service members.

To correct the demonstrated disparity in average loss of earnings capacity of veterans with PTSD and other mental disorders, VA should adopt new rating criteria specific to PTSD based on the DSM as previously noted when it updates the Rating Schedule. Furthermore, VA should establish a holistic approach that couples PTSD treatment, compensation, and vocational assessment, and reexamines those compensated for PTSD every 2 to 3 years to encourage treatment and wellness. Because PTSD is known to be a condition that can relapse and remit, VA should consider offering a baseline level of benefits to include health care as an incentive for recovery.

PTSD exams should be conducted by a qualified and experienced practitioner in a face-to-face interview using the DSM criteria and their judgment on psychological testing. At least an hour should be allotted for these exams.

These examiners and raters should be well trained and certified with new data made available to them, especially regarding PTSD, the application of the GAF Scale, and military sexual assault.

## **Chapter 6: Appropriateness of the Benefits**

In addition to VA disability compensation, a spectrum of benefits is available to help disabled veterans return to the most productive lives possible after military service. These ancillary and special-purpose benefits include special monthly compensation; aid and attendance; automotive, housing, and clothing allowances; vocational rehabilitation; health care; insurances; and burial. The Commission found that in comparison to other programs in the United States and abroad, benefits for disabled veterans were inclusive and appropriate with two exceptions: the United States does not offer its veterans the same level of financial planning assistance or family support, especially for children, as do some other countries.

In relation to available ancillary benefits, the Commission found a few inconsistencies, primarily as they apply to veterans and active-duty service members with traumatic brain injury, severe burns, and polytrauma injuries. Changes are recommended to eliminate these inconsistencies.

The Vocational Rehabilitation and Employment (VR&E) program is underutilized, understaffed, and unable to effectively track its results. The young, wounded service members currently leaving the military could derive immediate assistance from this program, but the Commission fears they will miss the opportunity because of its weaknesses. The ability to perform the activities of daily living and to have improved functionality are important components of recovery. The VR&E program should be better equipped to help service-disabled veterans reach their goals of independent living, employment, or volunteerism. Recommendations to correct the flaws in the VR&E program include adding staff, improving performance measurement, expanding eligibility, and offering incentives for completing rehabilitation plans.

Finally, the Commission affirms that military retirement and VA disability are two different programs with different missions and payment offsets should cease. It also notes that for the severely injured who enter VA at a younger age, they do not financially keep pace with their peers and that these are the disabled veterans who most need concurrent receipt. Therefore, Congress should eliminate the ban on concurrent receipt for all military retirees and service members who separated from the military because of service-connected disabilities. Future priority should be given to veterans who separated or retired from the military under 10 U.S.C. chapter 61 with fewer than 20 years service and a service-connected disability rating greater than 50 percent, or a disability that is the result of combat.

## **Chapter 7: Appropriateness of the Level of Benefits**

The Commission recognizes that Individual Unemployability (IU) is a means to accommodate individuals with multiple lesser ratings but who are unable to work because of their service-connected disabilities. As the Rating Schedule is revised, every effort should be made to accommodate individuals unable to work within the basic rating system without the need for an IU rating. Eligibility should be based on the individual's service-connected disabilities, in combination with education, employment history, and medical effects of age on potential employability. An assessment of employability should be made by vocational rehabilitation experts.

Compensation rates should be adjusted to reflect equity and quality of life. Initially, for severely disabled service members, VA should pay a fixed rate up to 50 percent of the basic monthly compensation rate for a 3-year period. This stabilization allowance would address the unexpected costs of recovery. Also, caregiver support should be coordinated with Traumatic Servicemembers' Group Life Insurance (TSGLI). To further deal with issues of equity, Congress should authorize VA to develop a payment scale based on age at the date of initial claim and degree of severity for severely disabled service members. In the future, Congress should adjust VA compensation levels for all disabled veterans using the best available data, surveys, and analysis to achieve fair and equitable levels of income compared to the nondisabled veteran. However, this should never result in a reduction of benefits to any veteran.

Next, regarding quality of life, the Commission agreed that VA should develop a quality-of-life payment. In the short term, Congress should increase the compensation rate up to 25 percent for the loss of quality of life, and in the future use that rate as a baseline for the development and implementation of a quality-of-life measure in the Rating Schedule. In developing a measure for the loss of quality of life, VA should take into account the loss of ability, functionality, and other non-work-related effects of disabilities on veterans and their family members.

After having established that the benefits are appropriate, the Commission evaluated whether the level of the benefit was also appropriate and found some deficiencies in this regard. Although most ancillary benefits have been adjusted in the last 5 years, others had not. Two benefits (beneficiary travel and Service-Disabled Veterans' Insurance) have not been adjusted since their inception decades ago. Additionally, the aid and attendance allowance should be adjusted to fully pay for the level of assistance required by the veteran. Therefore, Congress should bring the current ancillary and special-purpose benefits to the levels originally intended (by Congress) and provide for automatic annual adjustments to keep pace with inflation. Additionally, Congress should review the profound impact of disabilities on a veteran's quality of life, consider increasing special monthly compensation, and determine whether additional ancillary benefits are warranted. Finally, Congress should also change the

commencement date for the period of VA compensation payment to begin on the effective date of the award.

In its study on lump sum payments, the Commission saw on the surface some positive attributes to such a program. But, the complexities involved in delivering veterans' benefits, the shifting needs and circumstances of the veteran over time, and the large up-front costs and long break-even period, the Commission concluded that it would become too burdensome and inefficient for VA to create a lump sum payment program, and so recommended against it.

## **Chapter 8: Survivors and Dependents**

Severely injured service members report that family support is the most important factor in their recovery. Some family members leave jobs, lose insurance, remortgage their homes, and neglect responsibilities and their own health to care for their wounded warrior. VA has limited means to support family members as caregivers. Therefore, Congress should authorize VA to establish and provide services for the families of severely injured veterans similar to those supplied by DoD, such as travel and per diem allowances. Congress should extend eligibility for the Civilian Health and Medical Program of VA to caregivers (if they are not already entitled as the veteran's dependent) and create a "caregiver allowance."

For survivors of retirees and in-service deaths, Congress should eliminate the offset between their Survivor Benefit Plan and Dependency and Indemnity Compensation. Additionally, VA should allow them, but not a creditor, to pursue the veteran's due, but unpaid benefits, and any additional benefits by continuing a claim that was pending when the veteran died, including presenting new evidence.

## **Chapter 9: Disability Claims Administration**

The Veterans Benefits Administration provides compensation, vocational assistance, insurance, and burial. These benefits are not automatic. Veterans must file claims for these benefits and often that is a complex process that can take months or years before assistance is realized. VA should improve claims cycle time by establishing a simplified and expedited process for well-documented claims and using best business practices and maximum feasible use of information technology. VA should also allow a veteran to state that the claim is complete, and waive the time period (60 days) allowed for further development. Furthermore, VA should review the current duty-to-assist process and develop policies, procedures, technologies, and communications and ensure that they are efficient and effective from the perspective of the veteran. VA should consider amending Veterans' Claims Assistance Act letters by including all claim-specific information on the first page and all other legal requirements on a separate form or on subsequent pages. In particular, VA should use plain language in stating how veterans can request an early decision in their cases. It should also reduce the appellate workload by focusing on improved accuracy in

the initial decision-making process by ensuring that there are adequate resources to dispose of the existing workload on a timely basis, and the technology for electronic records transfer between field offices and the Board of Veterans Appeals. To accomplish these goals, Congress should mandate and provide the appropriate resources to reduce the VA claims backlog by 50 percent within the next 2 years.

## **Chapter 10: Transition**

As disabled service members leave the military, they will encounter challenges during transition. Some of these are the Disability Evaluation System, Transition Assistance Program briefings, Benefits Delivery at Discharge (BDD), severely injured services, and a limited electronic transfer of their records from DoD to VA. The Commission has made several recommendations to improve this process.

DoD should realign the disability evaluation process and integrate it with VA. Under this intermediate system, the services would determine fitness for duty and those found unfit would be referred to VA for a disability rating determination. Furthermore, DoD should mandate that separation examinations be performed on all service members to ensure that all known conditions at the time of discharge are documented. Pending implementation of this new integrated system, all conditions that are identified as part of a single, comprehensive medical examination should be rated and compensated by DoD.

Congress should adequately fund and DoD should mandate the Transition Assistance Program briefings. This would ensure that all service members, including National Guard, Reserves, and medical hold patients are knowledgeable about benefits before leaving the military. They also should have greater access to the BDD process, and all service members should undergo a separation examination. Tricare copays and deductibles should be removed for the severely injured and their families to ensure their recovery from those injuries without financial burden.

The underlying philosophy for VA and DoD should be based on practices that support and encourage joint ventures, sharing agreements, and integration. VA and DoD should enhance their joint strategic plan to include specific milestones and designate a lead, responsible official, and involve the Department of Labor and the Social Security Administration in their collaborative efforts. Specifically, they should expedite implementation of compatible information technology systems and develop a detailed project management plan with specific milestones and lead agency assignment. DoD should be able to provide an authenticated electronic DD 214 to VA via this system. Ultimately, VA and DoD should improve record transfers. In the meantime, they must address issues of lost, missing, and unassociated paper records, as paper records will be a reality for many years to come.

VA and DoD should standardize a definition of the severely injured and compile a database of those individuals. They should also create an intensive case management program for severely disabled veterans with an identifiable lead agent to lessen the confusion for them and their families.

## **Conclusion**

The Commission believes that if these actions are implemented, a system for future generations of disabled veterans and their families will be established that will ensure seamless transition and improve their quality of life.

In some instances, the Commission's analysis was impeded by the inability to acquire data. For future analytical purposes, VA and DoD should be directed to collect and study appropriate data with sufficient restrictions to ensure privacy. In addition, VBA should retain essential information on veterans to preserve each veteran's history of benefits. VA and DoD should be granted statutory authority to obtain data from the Social Security Administration and the Office of Personnel Management only for the purpose of periodically assessing the outcomes of benefit programs.

Finally, the Commission urges Congress to establish an executive oversight group to ensure timely and effective implementation of the outlined recommendations. This group should be cochaired by VA and DoD and should consist of senior representatives from appropriate departments and agencies. To measure and assess the progress of this Nation's ability to care for disabled veterans, it is further recommended that the Senate and House Veterans' Affairs Committees hold hearings and require annual reports on the status of implementing these recommendations. The Commission hopes disabled veterans will enjoy a better future as a result.

Accordingly, the Commission made Recommendation 11.1 as a comprehensive measure applying to all recommendations.

### **Recommendation 11.1**

**Congress should establish an executive oversight group to ensure timely and effective implementation of the Commission recommendations. This group should be cochaired by VA and DoD and should consist of senior representatives from appropriate departments and agencies. It is further recommended that the Veterans' Affairs Committees hold hearings and require annual reports to measure and assess progress.**

## Statement of Alternative Views

One Commissioner submitted a statement of separate views regarding four aspects of this report. His statement appears in Appendix L.

## The Commission's Recommendations

Number <sup>1</sup>	Recommendation	Actionable By
CHAPTER 4		
4.1	The purpose of the current veterans disability compensation program as stated in statute currently is to compensate for average impairment in earning capacity, that is work disability. This is an unduly restrictive rationale for the program and is inconsistent with current models of disability. The veterans disability compensation program should compensate for three consequences of service-connected injuries and diseases: work disability, loss of ability to engage in usual life activities other than work, and loss in quality of life. (Specific recommendations on approaches to evaluating each consequence of service-connected injuries and diseases are in <i>A 21st Century System for Evaluating Veterans for Disability Benefits</i> , Chapter 4.) [IOM Rec. 3-1]	Congress
4.2	VA should compensate for nonwork disability, defined as functional limitations on usual life activities, to the extent that the Rating Schedule does not, either by modifying the Rating Schedule criteria to take account of the degree of functional limitation or by developing a separate mechanism. [IOM Rec. 4-5]	Congress

<sup>1</sup> Stars denote the highest-priority recommendations, as described in the Executive Summary.

Number <sup>1</sup>	Recommendation	Actionable By
4.3	VA should determine the feasibility of compensating for loss of quality of life by developing a tool for measuring quality of life validly and reliably in the veteran population, conducting research on the extent to which the Rating Schedule already accounts for loss in quality of life, and, if it does not, developing a procedure for evaluating and rating loss of quality of life in veterans with disabilities. [IOM Rec. 4-6]	VA
4.4	VA should develop a process for periodic updating of the disability examination worksheets. This process should be part of, or closely linked to, the process recommended above for updating and revising the Schedule for Rating Disabilities. There should be input from the disability committee recommended above (see IOM Rec. 4-1). [IOM Rec. 5-1]	VA
4.5	VA should mandate the use of the online templates that have been developed for conducting and reporting disability examinations. [IOM Rec. 5-2]	VA
4.6	VA should establish a recurring assessment of the substantive quality and consistency, or inter-rater reliability, of examinations performed with the templates and, if the assessment finds problems, take steps to improve quality and consistency, such as revising the templates, changing the training, or adjusting the performance standards for examiners. [IOM Rec. 5-3]	VA
4.7	The rating process should have built-in checks or periodic evaluations to ensure inter-rater reliability as well as the accuracy and validity of rating across impairment categories, ratings, and regions. [IOM Rec. 5-4]	VA
4.8	VA raters should have ready access to qualified health care experts who can provide advice on medical and psychological issues that arise during the rating process (e.g., interpreting evidence or assessing the need for additional examinations or	VA

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	diagnostic tests). [IOM Rec. 5-5]	
4.9	Educational and training programs for VBA raters and VHA examiners should be developed, mandated, and uniformly implemented across all regional offices with standardized performance objectives and outcomes. These programs should make use of advances in adult education techniques. External consultants should serve as advisors to assist in the development and evaluation of the educational and training programs. [IOM Rec. 5-6]	VA
4.10	VA and the Department of Defense should conduct a comprehensive multidisciplinary medical, psychological, and vocational evaluation of each veteran applying for disability compensation at the time of service separation. [IOM Rec. 6-1]	VA and DoD
4.11	VA should sponsor research on ancillary benefits and obtain input from veterans about their needs. Such research could include conducting intervention trials to determine the effectiveness of ancillary services in terms of increased functional capacity and enhanced health-related quality of life. [IOM Rec. 6-2]	VA
4.12	The concept underlying the extant 12-year limitation for vocational rehabilitation for service-connected veterans should be reviewed and, when appropriate, revised on the basis of current employment data, functional requirements, and individual vocational rehabilitation and medical needs. [IOM Rec. 6-3]	VA
4.13	VA should develop and test incentive models that would promote vocational rehabilitation and return to gainful employment among veterans for whom this is a realistic goal. [IOM Rec. 6-4]	VA

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4.14	In addition to medical evaluations by medical professionals, VA should require vocational assessment in the determination of eligibility for Individual Unemployability (IU) benefits. Raters should receive training on how to interpret findings from vocational assessments for the evaluation of IU claims. [IOM Rec. 7-1]	Congress and VA
4.15	VA should monitor and evaluate trends in its disability program and conduct research on employment among veterans with disabilities. [IOM Rec. 7-2]	VA
4.16	VA should conduct research on the earnings histories of veterans who initially applied for Individual Unemployability benefits past the normal age of retirement under the Old Age, Survivors, and Disability Insurance Program under the Social Security Act. [IOM Rec. 7-3]	VA
4.17	Eligibility for Individual Unemployability should be based on the impact of an individual's service-connected disabilities, in combination with education, employment history, and the medical effects of that individual's age on his or her potential employability. [IOM Rec. 7-4]	VA
4.18	VA should implement a gradual reduction in compensation to recipients of Individual Unemployability benefits who are able to return to substantial gainful employment rather than abruptly terminate their disability payments at an arbitrary level of earnings. [IOM Rec. 7-5]	VA
4.19	VA should adopt a new classification system using the <i>International Classification of Disease</i> (ICD) and the <i>Diagnostic and Statistical Manual of Mental Disorders</i> (DSM) codes. This system should apply to all applications, including those that are denied. During the transition to ICD and DSM codes, VA can continue to use its own diagnostic codes, and subsequently track and analyze them comparatively for trends affecting veterans and for program planning purposes. Knowledge of an applicant's	VA

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	ICD or DSM codes should help raters, especially with the task of properly categorizing conditions. [IOM Rec. 8-1]	
4.20	Considering some of the unique conditions relevant for disability following military activities, it would be preferable for VA to update and improve the Rating Schedule on a regular basis rather than adopt an impairment schedule developed for other purposes. [IOM Rec. 8-2]	VA
4.21	VA should seek the judgment of qualified experts, supported by findings from current peer-reviewed literature, as guidance for adjudicating both aggravation of preservice disability and Allen aggravation claims. Judgment could be provided by VHA examiners, perhaps from VA centers of excellence, who have the appropriate expertise for evaluating the condition(s) in question in individual claims. [IOM Rec. 9-1]	VA
4.22	VA should guide clinical evaluation and rating of claims for secondary service connection by adopting specific criteria for determining causation, such as those cited above (e.g., temporal relationship, consistency of research findings, strength of association, specificity, plausible biological mechanism). VA should also provide and regularly update information to compensation and pension examiners about the findings of epidemiological, biostatistical, and disease mechanism research concerning the secondary consequences of disabilities prevalent among veterans. [IOM Rec. 9-2]	VA
* 4.23	VA should immediately begin to update the current Rating Schedule, beginning with those body systems addressing the evaluation and rating of posttraumatic stress disorder, other mental disorders, and traumatic brain injury. Then proceed through the other body systems until the Rating Schedule has been comprehensively revised. The revision process should be completed within 5	VA

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	years. VA should create a system for keeping the Rating Schedule up to date, including a published schedule for revising each body system.	
<b>CHAPTER 5</b>		
5.1	Congress should change the character-of-discharge standard to require that when an individual is discharged from his or her last period of active service with a bad conduct or dishonorable discharge, it bars all benefits.	Congress
5.2	Maintain the present definition of line of duty: that service members are on duty 24 hours a day, 7 days a week.	No action required
5.3	Benefits should be awarded at the same level according to the severity of the disability, regardless of whether the injury was incurred or disease was contracted during combat or training, wartime or peacetime.	No action required
5.4	Maintain the current reasonable doubt standard.	No action required
5.5	Age should not be a factor for rating service connection or severity of disability, but may be a consideration in setting compensation rates.	No action required
5.6	Maintain the current standard of an unlimited time limit for filing an original claim for service connection.	No action required
5.7	DoD should require a mandatory benefits briefing to all separating military personnel, including Reserve and National Guard components, prior to discharge from service.	DoD
5.8	Congress should create a formal advisory committee (Advisory Committee) to the VA to consider and advise the Secretary of VA on disability-related questions requiring scientific research and review to assist in the consideration of possible presumptions. [IOM Rec. 1]	Congress and VA

Number <sup>1</sup>	Recommendation	Actionable By
5.9	Congress should authorize a permanent independent review body (Science Review Board) operating with a well-defined process that will use evaluation criteria as outlined in this committee's recommendations to evaluate scientific evidence for VA's use in considering future service-connected presumptions. [IOM Rec. 2]	Congress
5.10	VA should develop and publish a formal process for consideration of disability presumptions that is uniform and transparent and that clearly sets forth all evidence considered and the reasons for decisions reached. [IOM Rec. 3]	VA
5.11	The goal of the presumptive disability decision-making process should be to ensure compensation for veterans whose diseases are caused by military service and this goal must serve as the foundation for the work of the Science Review Board. The committee recommends that the Science Review Board implement its proposed two-step process. [IOM Rec. 4]	Congress
5.12	<p>The Science Review Board should use the proposed four-level classification scheme, as follows, in the first step of its evaluation. A standard should be adopted for "causal effect" such that if there is at least as much evidence in favor of the exposure having a causal effect on the severity or frequency of disease as there is evidence against, then a service-connected presumption will be considered. [IOM Rec. 5]</p> <ul style="list-style-type: none"> <li>• Sufficient: The evidence is sufficient to conclude that a causal relationship exists.</li> <li>• Equipoise and Above: The evidence is sufficient to conclude that a causal relationship is at least as likely as not, but not sufficient to conclude that a causal relationship exists.</li> <li>• Below Equipoise: The evidence is not sufficient to conclude that a causal relationship is at least as likely as not, or is not sufficient to make a scientifically informed judgment.</li> <li>• Against: The evidence suggests the lack of a</li> </ul>	Congress

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	causal relationship.	
5.13	A broad spectrum of evidence, including epidemiologic, animal, and mechanistic data, should be considered when evaluating causation. [IOM Rec. 6]	VA
5.14	When the causal evidence is at Equipose and Above, an estimate also should be made of the size of the causal effect among those exposed. [IOM Rec. 7]	Congress
5.15	The relative risk and exposure prevalence should be used to estimate an attributable fraction for the disease in the military setting (i.e., service-attributable fraction). [IOM Rec. 8]	VA
5.16	Inventory research related to the health of veterans, including research funded by DoD and VA and research funded by the National Institutes of Health and other organizations. [IOM Rec. 9]	VA
5.17	Develop a strategic plan for research on the health of veterans, particularly those returning from conflicts in the gulf and Afghanistan. [IOM Rec. 10]	VA
5.18	Develop a plan for augmenting research capability within DoD and VA to more systematically generate evidence on the health of veterans. [IOM Rec. 11]	VA and DoD
5.19	Assess the potential for enhancing research through record linkage using the DOD and VA administrative and health record databases. [IOM Rec. 12]	VA and DoD
5.20	Conduct a critical evaluation of gulf war troop tracking and environmental exposure monitoring data so that improvements can be made in this key DoD strategy for characterizing exposures during deployment. [IOM Rec. 13]	DoD
5.21	Establish registries of service members and veterans based on exposure, deployment, and	VA and DoD

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	disease histories. [IOM Rec. 14]	
5.22	Develop a plan for an overall integrated surveillance strategy for the health of service members and veterans. [IOM Rec. 15]	DoD
5.23	Improve the data linkage between the electronic health record data systems used by DoD and VA—including capabilities for handling individual soldier exposure information that is included as part of the individual's health record. [IOM Rec. 16]	VA and DoD
5.24	Ensure implementation of the DoD strategy for improved exposure assessment and exposure data collection. [IOM Rec. 17]	DoD
5.25	Develop a data interface that allows VA to access the electronic exposure data systems used by DoD. [IOM Rec. 18]	VA and DoD
5.26	DoD and VA should establish and implement mechanisms to identify, monitor, track, and medically treat individuals involved in research and other activities that have been classified and are secret. [IOM Rec. 19]	VA and DoD
5.27	VA should consider environmental issues such as blue water Navy and Agent Orange, Ft. McClellan and polychlorinated biphenyls, and Camp Lejeune and trichloroethylene/tetrachloroethylene in the new presumptions framework.	VA
* 5.28	VA should develop and implement new criteria specific to posttraumatic stress disorder in the VA Schedule for Rating Disabilities. Base those criteria on the <i>Diagnostic and Statistical Manual of Mental Disorders</i> and consider a multidimensional framework for characterizing disability caused by posttraumatic stress disorder.	VA
5.29	VA should consider a baseline level of benefits described by the Institute of Medicine to include health care as an incentive for recovery for	VA

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	posttraumatic stress disorder as it relapses and remits.	
* 5.30	VA should establish a holistic approach that couples posttraumatic stress disorder treatment, compensation, and vocational assessment. Reevaluation should occur every 2–3 years to gauge treatment effectiveness and encourage wellness.	Congress and VA
5.31	<p>The posttraumatic stress disorder exam process:</p> <ul style="list-style-type: none"> <li>• Psychological testing should be conducted at the discretion of the examining clinician.</li> <li>• VA should identify and implement an appropriate replacement for the Global Assessment of Functioning.</li> </ul> <p>Posttraumatic stress disorder data collection and research:</p> <ul style="list-style-type: none"> <li>• VA should conduct more detailed research on military sexual assault and PTSD and develop and disseminate reference materials for raters.</li> </ul>	VA and DoD
5.32	A national standardized training program should be developed for VA and VA-contracted clinicians who conduct compensation and pension psychiatric evaluations. This training program should emphasize diagnostic criteria for posttraumatic stress disorder and comorbid conditions with overlapping symptoms, as set forth in the <i>Diagnostic and Statistical Manual of Mental Disorders</i> .	VA
5.33	VA should establish a certification program for raters who deal with claims for posttraumatic stress disorder (PTSD), as well as provide training to support the certification program and periodic recertification. PTSD certification requirements should be regularly reviewed and updated to include medical advances and to reflect lessons learned. The program should provide specialized training on the psychological and medical issues (including comorbidities) that characterize the	VA

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	claimant population, and give guidance on how to appropriately manage commonly encountered rating problems.	
<b>CHAPTER 6</b>		
6.1	Congress should consider increasing special monthly compensation where appropriate to address the more profound impact on quality of life by the disabilities subject to special monthly compensation and review ancillary benefits to determine where additional benefits could improve disabled veterans' quality of life.	Congress
6.2	The amount of payment for aid and attendance should be adjusted to fully pay for the extent of assistance required.	Congress
6.3	Extend aid and attendance to severely injured active-duty service members who are in a status pending discharge.	Congress
6.4	The automotive and housing adaptation benefit should be modified to cover service-connected veterans who need this assistance and are not currently eligible—for example, severe burn victims.	Congress
6.5	Provisions should be made to accommodate changing life circumstances by allowing a specially adapted housing grant at least twice.	Congress
6.6	Eliminate the premium paid by service members for Traumatic Servicemembers' Group Life Insurance.	Congress
6.7	The maximum amount of coverage should be increased and up-to-date mortality rates should be used to calculate premiums for Service-Disabled Veterans' Insurance.	Congress
6.8	Expand eligibility for the Veterans' Mortgage Life Insurance to include service members of the Armed Forces who have received housing modification grant assistance from VA for severely disabling conditions.	Congress

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6.9	Access to vocational rehabilitation should be expanded to all medically separated service members.	Congress
6.10	All service disabled veterans should have access to vocational rehabilitation and employment counseling services.	Congress
6.11	All applicants for Individual Unemployability should be screened for employability by vocational rehabilitation and employment counselors.	Congress
6.12	The administration of the Vocational Rehabilitation and Employment Program should be enhanced by increased staffing and resources, tracking employment success beyond 60 days, and conducting satisfaction surveys of participants and employers.	VA
6.13	VA should explore incentives that would encourage disabled veterans to complete their rehabilitation plan.	VA
* 6.14	<p>Congress should eliminate the ban on concurrent receipt for all military retirees and for all service members who separated from the military because of service-connected disabilities. In the future, priority should be given to veterans who separated or retired from the military under chapter 61 with</p> <ul style="list-style-type: none"> <li>• fewer than 20 years service and a service-connected disability rating greater than 50 percent,</li> <li>or</li> <li>• disability as a result of combat.</li> </ul>	Congress
<b>CHAPTER 7</b>		
7.1	Congress should authorize VA to revise the existing payment scale based on age at date of initial claim and based on degree of severity for severely disabled veterans.	Congress

Number <sup>1</sup>	Recommendation	Actionable By
7.2	Congress should adjust VA compensation levels for all disabled veterans using the best available data, surveys, and analysis in order to achieve fair and equitable levels of income compared to the nondisabled veteran.	Congress
7.3	VA and DoD should be directed to collect and study appropriate data, with due restrictions to ensure privacy. These agencies should be granted statutory authority to obtain appropriate data from the Social Security Administration and the Office of Personnel Management only for the purpose of periodically assessing appropriate benefits delivery program outcomes.	Congress
* 7.4	Eligibility for Individual Unemployability (IU) should be consistently based on the impact of an individual's service-connected disabilities, in combination with education, employment history, and medical effects of an individual's age or potential employability. VA should implement a periodic and comprehensive evaluation of veterans eligible for IU eligible. When appropriate, compensation should be gradually reduced for IU recipients who are able to return to substantially gainful employment rather than abruptly terminating disability payments at an arbitrary level of earning.	VA
* 7.5	Recognizing that Individual Unemployability (IU) is an attempt to accommodate individuals with multiple lesser ratings but who remain unable to work, the Commission recommends that as the Schedule for Rating Disabilities is revised, every effort should be made to accommodate such individuals fairly within the basic rating system without the need for an IU rating.	VA
* 7.6	Congress should increase the compensation rates up to 25 percent as an interim and baseline future benefit for loss of quality of life, pending development and implementation of a quality-of-life measure in the Rating Schedule. In particular, the measure should take into account the quality of life	Congress

Number <sup>1</sup>	Recommendation	Actionable By
	and other non-work-related effects of severe disabilities on veterans and family members.	
7.7	Congress should create a severely disabled stabilization allowance that would allow for up to a 50 percent increase in basic monthly compensation for up to 5 years to address the real out-of-pocket costs above the compensation rate at a time of need. This would supplement to the extent appropriate any coverage under Traumatic Servicemembers' Group Life Insurance.	Congress
* 7.8	Congress should consider increasing special monthly compensation, where appropriate, to address the more profound impact on quality of life of the disabilities subject to special monthly compensation. Congress should also review ancillary benefits to determine where additional benefits could improve disabled veterans' quality of life.	Congress
7.9	DoD should reassess the policy of allowing separation without compensation for individuals found unfit for duty who are also found to have a preexisting disability for up to 8 years of active duty.	DoD
7.10	VA and DoD should adopt a consistent and uniform policy for rating disabilities using the VA Schedule for Rating Disabilities.	VA and DoD
7.11	DoD should reassess the ratings of service members who were discharged as unfit but rated 0 to 30 percent disabled to determine if those ratings were equitable. (Note: Commission data only went back to 2000.)	DoD
* 7.12	VA and DoD should realign the disability evaluation process so that the services determine fitness for duty, and service members who are found unfit are referred to VA for disability rating. All conditions that are identified as part of a single, comprehensive medical examination should be rated and compensated.	Congress, VA, and DoD

Number <sup>1</sup>	Recommendation	Actionable By
* 7.13	Congress should enact legislation that would bring the ancillary and special-purpose benefits to the levels originally intended considering cost of living and provide for automatic annual adjustments to keep pace with cost of living.	Congress
7.14	VA disability benefits (including Traumatic Servicemembers' Group Life Insurance), except VA compensation benefits received in lieu of military retired pay, should not be considered in state court spousal support proceedings.	Congress
7.15	Lump sum payments should not be considered to compensate veterans for their disabilities.	No action required
<b>CHAPTER 8</b>		
8.1	Congress should extend eligibility for the Civilian Health and Medical Program of the Department of Veterans Affairs to caregivers and create a "caregiver allowance" for caregivers of severely disabled veterans.	Congress
* 8.2	Congress should eliminate the Survivor Benefit Plan/Dependency and Indemnity Compensation offset for survivors of retirees and in-service deaths.	Congress
8.3	Allow the veteran's survivors, but not a creditor, to pursue the veteran's due but unpaid benefits and any additional benefits by continuing the claim that was pending when the veteran died, including presenting new evidence not in VA's possession at the time of death.	Congress
<b>CHAPTER 9</b>		
* 9.1	<p>Improve claims cycle time by</p> <ul style="list-style-type: none"> <li>• establishing a simplified and expedited process for well-documented claims, using best business practices and maximum feasible use of information technology; and</li> <li>• implementing an expedited process by which the claimant can state that the claim information is complete and waive the time period (60 days) allowed for further development.</li> </ul>	Congress and VA

Number <sup>1</sup>	Recommendation	Actionable By
	Congress should mandate and provide appropriate resources to reduce the VA claims backlog by 50 percent within 2 years.	
9.2	Change the commencement date for the period of payment to the effective date of the award. (See also Recommendation 10.7)	Congress
9.3	Reduce the appellate workload by focusing on improved accuracy in the initial decision-making process, enhance the appeals process by ensuring adequate resources to dispose of existing workload on a timely basis, and deploy technology for transferring electronic records between field offices and the Board of Veterans Appeals.	VA
9.4	VA should review the current duty to assist process and develop policy, procedures, and communications that ensure they are efficient and effective <u>from the perspective of the veteran</u> . VA should consider amending Veterans Claims Assistance Act letters by including all claim-specific information to be shown on the first page and all other legal requirements would be reflected, either on a separate form or on subsequent pages. In particular, VA should use plain language in stating how the claimant can request an early decision in his or her case.	VA
9.5	VBA regional office staff must receive adequate education and training. Quality reviews should be performed to ensure these frontline workers are well versed to rate claims. Adequate resources must be appropriated to hire and train these workers to achieve a manageable claims backlog.	Congress and VA
<b>CHAPTER 10</b>		
10.1	VA and DoD should enhance the Joint Executive Council's strategic plan by including specific milestones and designating an official to be responsible for ensuring that the milestones are reached.	VA and DoD

<b>Number<sup>1</sup></b>	<b>Recommendation</b>	<b>Actionable By</b>
10.2	The Department of Labor and the Social Security Administration should be included in the Joint Executive Council to improve the transition process.	VA and DoD
10.3	VA and DoD should jointly create an intensive case management program for severely disabled veterans with an identifiable lead agent.	VA and DoD
10.4	To facilitate seamless transition, Congress should adequately fund and mandate the Transition Assistance Program throughout the military to ensure that all service members are knowledgeable about benefits before leaving the service.	Congress
10.5	Benefits Delivery at Discharge should be available to all disabled separating service members (to include National Guard, Reserve, and medical hold patients).	VA and DoD
10.6	DoD should mandate that separation examinations be performed on all service members.	DoD
10.7	Disability payments should be paid from the date of claim.	Congress
10.8	DoD should expand existing programs that translate military occupational skills, experience, and certification to civilian employment.	DoD
10.9	DoD should provide an authenticated electronic DD 214 to VA.	DoD
10.10	VA and DoD should improve electronic information record transfers and address issues of lost, missing, and unassociated paper records.	VA and DoD
* 10.11	VA and DoD should expedite development and implementation of compatible information systems including a detailed project management plan that includes specific milestones and lead agency assignment.	VA and DoD

Number <sup>1</sup>	Recommendation	Actionable By
10.12	Congress should authorize and fund VA to establish and provide support services for the families of severely injured veterans similar to those provided by DoD.	Congress
10.13	DoD should standardize the definition of the term “severely injured” among the services and with VA, and create a common database of severely disabled service members.	VA and DoD
10.14	DoD should consider the findings of the Severely Injured Marines and Sailors Program and the Army Wounded Warrior Survey.	DoD
10.15	DoD and VA should make transitioning service members aware of Social Security Disability Insurance.	VA and DoD
10.16	Congress should consider eliminating the Social Security Disability Insurance minimum required quarters for severely injured service members.	Congress
10.17	DoD should remove Tricare requirements for copays and deductibles for the severely injured service members and their families.	DoD
10.18	Maintain the accessibility and stability of quality health care for all disabled veterans.	No action required
10.19	VA and DoD should fund research in support of the needs of veterans from Operation Iraqi Freedom and Operation Enduring Freedom.	VA and DoD
<b>CHAPTER 11</b>		
* 11.1	Congress should establish an executive oversight group to ensure timely and effective implementation of the Commission recommendations. This group should be cochaired by VA and DoD and should consist of senior representatives from appropriate departments and agencies. It is further recommended that the Veterans’ Affairs Committees hold hearings and require annual reports to measure and assess progress.	Congress



