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## Newsline The military

# Experts: Troops face crapshoot seeking disability benefits

By Kelly Kennedy  
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As members of the Veterans' Disability Benefits Commission wrestle with simplifying the disability benefits systems of the departments of Defense and Veterans Affairs, they have found they aren't the only ones mystified by the systems' complexity.

Of the counselors who help former service members through the VA system — which uses the same disability rating schedule as the military — 84 percent said the system isn't easy to navigate. And out of 437 raters — the people who make decisions about disability ratings — 99 said the regulations and policies they use are inconsistent.

As veterans and service members complain that the system is unfair and does not rate similar injuries equally, 51 percent of counselors told researchers from the Center for Naval Analyses that if several raters from the office rated a service member for post-traumatic stress disorder, it was unlikely that they would all come up with the same rating.

Daniel Harris, an analyst for the center, told the commission March 22 that raters and counselors have the most trouble with cases dealing with mental health disorders, musculoskeletal issues, and sensory organs such as eyes or ears.

And even as 87 percent of counselors said medical cases are becoming more complex, 80 percent said they felt they were not well trained.

"It's not a process that's easy for the veterans or for the [veterans services officers] who assist them, Harris said. "Making it not only clearer for clients, but ... for raters might be helpful."

Eric Christensen of the Center for Naval Analyses presented a breakdown of military disability ratings by percentage and service from 2000 to 2006.

The data showed that:

■ Airmen are 14 percent more likely than other service members to receive lifetime disability retirement pay rather than one-time severance pay.

■ One-fourth of soldiers who go through the system receive a zero percent disability rating even as they are found unfit for duty.

■ About 93 percent of all service members get severance payments for ratings of 20 percent or lower rather than the disability benefits that include medical care for the rest of their lives.

■ Only 3 percent of Marines going through the system from 2000 to 2006 received disability retirement pay rather than severance pay.

Christensen also said that in a comparison of VA and Defense Department ratings for the same injuries, the VA tended to rate at least 7 percent higher — even though both use the same rating schedules and have the same legal mandates.

For mental health issues, the differences are startling. The military tends to hand out ratings of 10 percent for bipolar disorder, which the VA upped to 38 percent.

The military also tends to award 10 percent ratings for major depressive disorder, which the VA upped to 34 percent.

"No one's going to convince me this system is spotless," commission member Ken Jordan said. "It won't hurt this system to have a really good scrub, line by line, piece by piece."

The commission has looked at the issue for the past year under a congressional mandate to evaluate the military and VA disability ratings systems for the appropriateness of benefits, the level of benefits, and standards for determining which disabilities should be compensated.

The commission is due to submit a report in October, but members acknowledge it's a tough challenge because the system has not been overhauled since World War II's "Greatest Generation" went through it.

Now as Generation Y endures wars in Afghanistan and Iraq, they bring their own questions:

If several injuries by themselves don't disqualify a person for service, might the combination do so?

If a service member decides to stay in the military with a traumatic injury, such as an amputation, is he ultimately losing benefits he would gain by medically retiring, such as combat-related, tax-free income?

How should a service member be compensated for a lost career — and should he have to pay back his disability severance before receiving VA benefits?

Are there injuries that should

be added to the list of issues that could, depending on their severity, disqualify a person from service?

Could having only one physical exam for both the military and VA streamline the process and help conquer year-long waiting times to get benefits?

Some questions have been easily answered in past meetings. For example, service members should be given, as they have for the past couple of centuries, the benefit of the doubt if they say they have injuries that are service-connected.

Other questions have been more difficult: The commission ultimately decided that Social Security benefits should not be offset by disability benefits gained from the Defense Department.

The commission's hearings have not attracted much media attention. But the issues it has covered directly correlate to the outpatient treatment of wounded service members hitting the headlines over the past six weeks.

The meetings March 22 and 23 were set up specifically to look again at how the ratings are managed between the military and VA systems.

Christensen's presentation seemed to address whether each service should be following the same rules. The Army and Navy have taken Defense Department regulations a step further and created their own rules for managing the way people are rated, while the Air Force goes strictly by the DoD directive.

Christensen said the Air Force also tends to rate more injuries than the other services.

Retired Army Lt. Col. Mike Parker, who has helped several service members fight their cases, said the other services tend to pick one injury or issue and rate only that — a practice he called cherry-picking.

Commission member Terry Scott said there are a slew of issues to examine.

"Do we conclude that there should be one evaluation?" Scott asked. "Should the service make the decision of fit or unfit, and then the VA does the disability evaluation?"

Should the system continue as is, but with better training and resources for the people who manage it, or should it be vastly simplified so it's easier for everyone to understand?

"That's really got to be where we get [to] at the end of the day," Scott said. "But we're probably not ready to go there yet." □

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KEN JORDAN  
VETERANS' DISABILITY  
BENEFITS COMMISSION

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