



## **Report to the Secretary of Defense**

# **Addressing Benefit Disparities for Wounded Warriors**

Report FY10-01

- **Recommendations to eliminate the disparity of benefits that exist for those severely injured Wounded Warriors who remain on active duty.**



## Addressing Benefit Disparities for Wounded Warriors

### TASK

In response to concerns about care and benefit disparities raised by United States Army service members severely injured in Iraq, the Defense Business Board (DBB) studied these concerns in order to bring them to the attention of senior leaders in the Department of Army and Department of Veterans Affairs. The Task Group limited its scope to those severely injured (as defined by Veterans Health Administration Directive 2009-018), determined unfit by the Physical Disability Evaluation System but approved for an exception to policy allowing the Wounded Warrior to remain on active duty.

James V. Kimsey and Frederic W. Cook led the effort to identify the differences between Veterans Affairs benefits and uniformed services benefits. The Task Group Military Assistant was COL Kevin Doxey, USA. A copy of the letter the Board members sent to the Secretary of Veterans Affairs and the Army Chief of Staff may be found at **Appendix A**.

### PROCESS

In addition to drawing upon the Board members' expertise in human resource and organizational management, the Task Group collected and analyzed background data on benefits and delivery of healthcare to both active duty service members and veterans. For example, the Task Group reviewed the March 2009 update of the "Deployment-related Health Outcomes, Emphasis on Global War on Terrorism, Operation Enduring Freedom (OEF), and Operation Iraqi Freedom (OIF)" and used it as a source document for cumulative data on injuries since October 7, 2001. A copy of this document may be found at **Appendix B**. The Task Group also reviewed current laws, regulations and implementation practices of those organizations responsible for delivering care and benefits to those severely Wounded Warriors who continue their service on active duty.

The Task Group consulted with key leaders such as, the Chief of Staff for Veterans Affairs, the Deputy Under Secretary of Defense for

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Military Personnel Policy, and the Acting Deputy Chief of Staff G1, United States Army. In addition, the Task Group solicited comments from Wounded Warriors on their experiences in obtaining medical care, rehabilitation, family support, and returning to active duty.

During the January 21, 2010 quarterly meeting, the Task Group presented their findings and draft recommendations to the full Board. A copy of the brief containing the final recommendations presented to and approved by the Board may be found at **Appendix C**.

### BACKGROUND

During the quarterly DBB meeting in April 2009, several U.S. Army service members severely injured in Iraq, and still on active duty, shared their experiences in receiving medical care, rehabilitation, family support and returning to active duty. They outlined how, as Wounded Warriors who remained on active duty, they did not receive certain benefits from Veteran Affairs – benefits that they would have received if they had retired from active duty, e.g. educational benefits for family members. Thus, these Wounded Warriors perceived that, by electing to (and being approved to) continue to serve their Country, their families are denied a benefit otherwise entitled to them. Another example cited was a case where a Wounded Warrior with an artificial leg tears his trousers. If retired and receiving Veterans Affairs benefits, the Task Group understands he would be entitled to a special allowance for clothing (as of 12/01/09 that benefit was \$716 per year). But, no such benefit is available on active duty.

Each Military Department administers its own programs for wounded or ill soldiers. For example, the Army has the Continuation on Active Duty (COAD) and Continuation on Active Reserves (COAR). The Army programs include all Soldiers with combat injuries and those who are wounded, ill, and injured. Although the Military Services have processes and procedures in place that evaluate and determine which severely injured Wounded Warriors will be allowed to remain on active duty, the delivery of needed benefits requires the leveraging of two sets of authorities—those that govern service members on active duty and those that govern veterans. The issuance of the “Certificate of Release or Discharge from Active Duty” determines which authority applies.

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Ensuring practical access to needed benefits for the severely injured service members who remain on active duty continues to present policy, process and interpretation challenges for the government agencies administering benefit programs. Each interpretation sets precedence that often leads to long term cost implications that government agencies are reluctant to absorb.

### OBSERVATIONS

There are authorities to extend certain veterans benefits to active duty service members under certain circumstances. For example:

- There is statutory authority to enroll service members in vocational rehabilitation if they are so severely disabled as to be likely to be found unfit. This provision permits the full range of services from counseling, assessments and placing them into training with Veterans Affairs picking up the costs – excluding the monthly stipend.
- The law also provides that Veterans Affairs can award Chapter 35 (U.S. Code Title 38) educational benefits to the family members of active duty service members who are permanently and totally disabled (for example a double amputee). Family members would be entitled to Chapter 35 even if the service member gets an exception to policy to remain on active duty—provided the service member is "100%" disabled.

The Board observed that there are benefits available to those service members who are severely injured and continue to serve on active duty. But, there is a lack of communication between the government agencies and the service member regarding how to fully utilize these benefits. Many benefits go unused because the service members are not aware they exist. Other benefits are not accessible because eligibility requirements dictate that the individual must have a "Certificate of Release or Discharge from Active Duty." Those Wounded Warriors who remain on active duty would not possess such a document.

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Since the authority to provide these benefits resides within Veterans Affairs, the respective Military Departments must work closely with Veterans Affairs to apply the right benefit at the right time regardless of where the authority lies. The Board observed that senior leaders in both the Department of Defense and Veterans Affairs are committed to ensuring that all benefits to service members are delivered in a timely manner. Both have efforts underway to improve communication and overcome these obstacles.

Although the number of severely injured Wounded Warriors approved to serve on active duty is currently relatively low, they will continue to grow as combat operations continue to generate Wounded Warriors. For example, the Army reports there were a total of 366 COADs and 174 COARs approved during the period from September 22, 2001 to December 31, 2009. Of the 366 total COADs, 224 have a greater than 30% disability rating and 15 were rated at 100% disability. Of the 174 total COARs, 19 have a greater than 30% disability rating and one was rated at 100% disability. These figures reflect all those who applied and were approved for COAD or COAR. It does not reflect those who are serving currently.

## **RECOMMENDATIONS**

Based on the findings above, the Board approved two overarching recommendations during its January 21, 2010, meeting:

1. Leverage existing authorities and seek new authorities, where necessary.
  - Encourage the Military Services to leverage their existing authorities, and those of the Department of Defense and Veterans Affairs, to ensure that severely injured service members obtain needed services and/or benefits that they otherwise would have been entitled to as a veteran – whether or not they are in an Active Duty status.
  - In those cases where there is a lack of authority to extend benefits, consider seeking additional flexibility.

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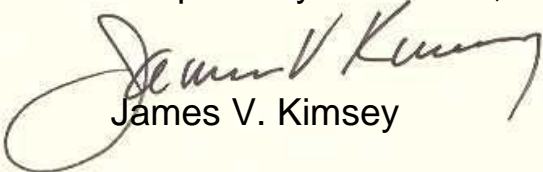
2. Continue to keep leadership focus on eliminating the benefits disparity for those severely injured Wounded Warriors who remain on active duty:
  - Identify and proactively raise disparity issues to the senior leaders in both Defense and Veterans Affairs within existing structures.

### CONCLUSION


We disagree with the conclusion that Wounded Warriors who elect to (and are approved to) remain on active duty and serve their country must accept the tradeoff of benefits. The Board is not recommending a “double dip” in benefits. The Board does, however, urge the Department to provide these Wounded Warriors with the same ancillary side benefits that he or she would be entitled to in the Veterans Affairs system while continuing on active duty.

As the Department continues to make progress across the Military Departments to improve the care for Wounded Warriors, the Department must also continue to broaden the scope and quality of its information sharing with Veterans Affairs. This is especially true for those military service members electing (and approved) to continue their service on active duty. These troops should be provided with top-quality care and benefits that reflect their service and sacrifice.

Respectfully Submitted,



James V. Kimsey



Frederic W. Cook

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**APPENDIX A**

**LETTER TO THE SECRETARY OF VETERANS AFFAIRS**

**AND**

**THE ARMY CHIEF OF STAFF**

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DEFENSE  
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DEFENSE BUSINESS BOARD  
1155 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1155

June 10, 2009

**COPY**

The Honorable Eric K. Shinseki  
Secretary  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Suite 1000  
Washington, DC 20420

General George W. Casey, Jr.  
Chief of Staff  
200 Army Pentagon, Room 3E672  
Washington, DC 20310-0200

Dear Secretary Shinseki and General Casey:

We the undersigned members of the Defense Business Board (DBB) have undertaken an initiative to identify and bring to your respective attentions certain issues facing wounded warriors that relate to differences between VA benefits and uniformed benefits for those electing (and approved) to continue their service on active duty.

### **Background**

During our quarterly DBB meeting in April, we were privileged to have as our guests for dinner several U.S. Army servicemen severely injured in the war for Iraqi freedom. In response to our questions they related their experiences in medical care, rehabilitation, family support, and returning to active duty.

### **Follow up**

At the request of the DBB Chair, Michael Bayer, the two of us agreed to identify specific issues faced by wounded warriors and to bring these issues to your attention for resolution. At our request, the attachment to this letter comparing active duty and VA benefits was prepared.



**Major Issues**

There are two big disparities, as identified by these wounded warriors, which need your attention. Specifically, severely injured service members who are eligible for disability retirement and VA benefits, but who elect (and are approved) for continued service on active duty, are not eligible for the following benefits that they would receive in the VA system:

1. Survivors' and Dependents' Educational Assistance
2. Vocational Rehabilitation Benefits

These disparities disadvantage wounded warriors who want to continue to serve their country on active duty, but require a sacrifice to their families to do so. We believe these disparities should receive your highest priority.

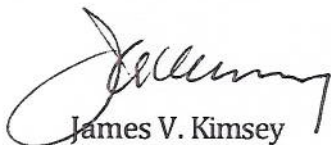
**Action Request**

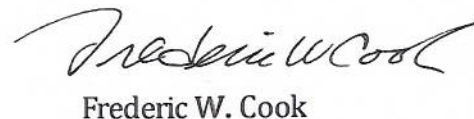
We respectfully request your personal attention to these issues. If a meeting would help advance the issues and answer your questions, we would welcome it. Our designated DBB staff member to coordinate with your staffs is Colonel Kevin Doxey, USA, at 703-697-5284.

If Congress needs to be contacted, we are ready to assist in an active and forceful way.

Thank you for your personal attention to these important changes that support the ideal of continued service by an all-volunteer force.

Respectfully submitted,

  
James V. Kimsey

  
Frederic W. Cook

Attachment

# VA Benefits Review

Recommended Changes for Active Duty  
Service Members

**\*\* Please Print in Color\*\***

# Background

In the context of severely injured service members who continue service on active duty, a prudent review and revision of appropriate VA Benefits for those who continue to serve ensures practical access for the service member and judicious implementation by governmental agencies.



# Current VA Benefit Authorizations

(Benefit Category)

- Veteran
  - Disability Benefits
  - Education & Training
  - \*Home Loan Guaranty
  - Vocational Rehab & Employment
  - Dependents' & Survivors' Benefits
  - \*Medical Treatment
  - \*Life Insurance
  - \*Burial Benefits
- Active Duty
  - \*Home Loan Guaranty
  - \*Medical Treatment
  - \*Life Insurance
  - \*Burial Benefits

\*Benefits Active Duty and Veteran in GREEN

# Recommended VA Benefit Changes

(Benefit Category)

- Veteran
  - Disability Benefits
  - Education & Training
  - Home Loan Guaranty
  - Vocational Rehab & Employment
  - Dependents' & Survivors' Benefits
  - Medical Treatment
  - Life Insurance
  - Burial Benefits
- Active Duty
  - \*Education & Training ✓
  - Home Loan Guaranty
  - \*Vocational Rehab & Employment ✓
  - Medical Treatment
  - Life Insurance
  - Burial Benefits

\*Recommended changes in RED



# Change 1

- Education and Training Benefits
  - Montgomery GI Bill
  - Reserve Educational Assistance Program
  - Veterans Educational Assistance Program (VEAP)
  - **\*Survivors' & Dependents' Educational Assistance** ✓
    - **\*Access to educational benefits to spouse/children of recovering service members who intend to remain on active duty**

\*Recommended change in RED to Active Duty Service Member

# Change 2

- Vocational Rehabilitation & Employment
  - \*Make vocational rehabilitation benefits available to recovering service members who intend to remain on active duty ✓

# Conclusion

- The modifications DO NOT represent additional authorizations
- The changes allow access to certain VA benefits by ACTIVE DUTY SERVICE MEMBERS if severely injured
  - Extends benefit to career service members
- Changes embody ideal of continued service by an all volunteer force

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## **APPENDIX B**

### **DEPLOYMENT-RELATED HEALTH OUTCOMES REPORT**

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## Summary Sheet–March 2009 Update

### **SUBJECT: Deployment-Related Health Outcomes, Emphasis on Global War On Terrorism, Operation Enduring Freedom, and Operation Iraqi Freedom**

- **Background:** This summary, fact sheet, and briefing slides reflect cumulative data since October 7, 2001, for Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF).
- **Deaths:** 4,900 deaths. OEF: 13 percent. OIF: 87 percent. Hostile action accounted for 79 percent of deaths.
- **Wounded in Action (WIA):** 33,815. OEF: 8 percent. OIF: 92 percent. About 54 percent return to duty within 72 hours (OEF: 35 percent, OIF: 56 percent). The WIA in-theater survival rate has been 97 percent.
- **Diseases and Injuries (D&I):** On average, of all health care visits, about 22 percent of military visits and 19 percent of civilian visits (mix of U.S. federal, U.S. contractor, and foreign civilians) are for injuries, of which 6 percent and 12 percent of the injuries, respectively, are due to hostile action.
- **Medical Air Transports Out of Theater:** Total of 54,971 Service members through March 3, 2009: 20 percent for battle injuries, 21 percent for non-battle injuries, and 59 percent for disease.
- **Amputations:** As of March 2, 2009, 1,180 OEF and OIF Service members have been reported to have suffered an amputation. 72 percent lost a limb or full hand/foot.
- **Traumatic Brain Injuries (TBI):** Through January 2009, 10,470 Service members have been seen in the Defense and Veterans Brain Injury Center (DVBIC) network. 89 percent were assessed as having mild TBI. These data do not include mild cases who never left theater.
- **Post-Deployment Health Assessment (DD Form 2796):** 1,439,109 Service members have been assessed at least once (378,020 since January 1, 2008). 23 percent have been referred for follow-up. Of those referred, about 90 percent have been seen by a health care provider in a military clinic or the purchased care network within 6 months of that referral.
- **Post-Deployment Health ReAssessment (DD Form 2900):** Of the 778,942 individuals reassessed to date (382,020 since January 2008), 21 percent have been referred for evaluation.
- **Recovering Service Members:** Data are not limited to veterans of OEF and OIF. The total number decreased by 0.9 percent in the last month (-2.9 percent AC, +2.3 percent RC). This was the 8th month of decline after a steady upward trend over the preceding 13 months.

- **Medical Evaluation Boards (MEB):** Army data through March 16, 2009, showed that the predominant categories of conditions prompting MEBs continue to be musculoskeletal (48 percent) and mental (20 percent) disorders.



## Fact Sheet – March 2009 Update

Subject: Data on Operations Enduring Freedom and Iraqi Freedom- October 7, 2001 to Present

| <b>Deaths (Source: Defense Manpower Data Center, Statistical Information Analysis Division) as of February 28, 2009</b>        |                                 |  |   |  |   |              |
|--|---------------------------------|--|---|--|---|--------------|
|  |                                 | <b>OEF</b>                                 | <b>OIF</b>  | <b>Total</b>                                   |   |              |
|  | <b>Total</b>                    | <b>655</b>                                 | <b>4,245</b>  | <b>4,900</b>                                   |   |              |
|  | Hostile                         | 436 (67%)                                  | 3,413 (80%)   | 3,849 (79%)                                    |   |              |
|  | Non-Hostile                     | 219 (33%)                                  | 832 (20%)   | 1,051 (21%)                                    |   |              |
| <b>Wounded-in-Action (Source: Defense Manpower Data Center, Statistical Information Analysis Div.) as of February 28, 2009</b> |                                 |  |   |  |   |              |
|  |                                 | <b>OEF</b>                                 | <b>OIF</b>  | <b>Total</b>                                   |   |              |
|  | <b>Total</b>                    | <b>2,713</b>                               | <b>31,102</b>   | <b>33,815</b>                                  |   |              |
|  | <b>RTD 72 hrs</b>               | <b>35%</b>                                 | <b>56%</b>  | <b>54%</b>                                     |   |              |
| <b>Disease and Injury OEF and OIF Combined (AFHSC Analysis of TMDS data for Jan. 1, 2005 thru March 25, 2009)</b>              |                                 |  |   |  |   |              |
|  |                                 | Svc. Members                               | Civilians   |  |   |              |
| Injuries, All Causes, Incl. Hostile Fire   |                                 | 22%  | 19%   |  | Figures are percentages of all outpatient encounters recorded in theater. Encounters numbered:<br>Military–1,531,252<br>Civilians–126,486 |              |
| Skin Disorders   |                                 | 7%   | 7%  |  |   |              |
| Mental Health  |                                 | 7%   | 2%  |  |   |              |
| Gastrointestinal   |                                 | 2%   | 3%  |  |   |              |
| Upper Respiratory  |                                 | 2%   | 2%  |  |   |              |
| <b>Medical Air Transports from CENTCOM (Source: TRAC2ES, Transportation Command) as of March 3, 2009</b>                       |                                 |  |   |  |   |              |
|  | <b>Total</b>                    | <b>54,971</b>                              |   |  |   |              |
| <b>Primary Diagnosis Category</b>  | Battle Injury                   | 10,963 (20%)                               |   |  |   |              |
|  | Non-Battle Injury               | 11,506 (21%)                               |   |  |   |              |
|  | Disease                         | 32,502 (59%)                               |   |  |   |              |
| <b>Amputations from OEF and OIF (Source: Amputee Center, Walter Reed Army Medical Center) as of March 2, 2009</b>              |                                 |  |   |  |   |              |
|  |                                 | <b>Army</b>                                | <b>Marines</b>  | <b>Navy</b>                                    | <b>Air Force</b>  | <b>TOTAL</b> |
| <b>No. of Individual Service Members</b>   |                                 | <b>917</b>                                 | <b>217</b>  | <b>26</b>                                      | <b>20</b>   | <b>1,180</b> |
|  | Limb, hand, and/or foot         | 647  | 170   | 19   | 11  | 847          |
|  | Fingers and/or toes only        | 270  | 47  | 7  | 9   | 333          |
| <b>Traumatic Brain Injuries (Source: Defense Veterans Brain Injury Center) as of January 31, 2009</b>                          |                                 |  |   |  |   |              |
| <b>Number. of Individual Service Members</b>   | <b>Total</b>                    | Penetrating                                | Severe  | Moderate                                       | Mild  |              |
|  | <b>10,470</b>                   | 2%   | 3%  | 6%   | 89%   |              |
| <b>Post-Deployment Health Assessments for All Deployments (Source: Armed Forces Health Surveillance Center)</b>                |                                 |  |   |  |   |              |
| (Note: Individuals are counted just once, for the interval during which they received their last assessment.)                  | <b>No. Individuals Assessed</b> | <b>Health (Excellent, Very Good, Good)</b> | <b>Referral for Follow-Up Indicated</b>                   | <b>Clinic Visits Documented After Referral</b> |   |              |
| January 1, 2003–March 16, 2009   | 1,439,109                       | 91%  | 23%   | 90%  |   |              |
| January 1, 2008–March 16, 2009   | 378,599                         | 91%  | 26%   | 89%  |   |              |
| <b>Post-Deployment Health Re-Assessments (Source: Armed Forces Health Surveillance Center)</b>                                 |                                 |  |   |  |   |              |
| January 1, 2005–March 16, 2009   | 778,942                         | 84%  | 21%   |  |   |              |
| January 1, 2008–March 16, 2009   | 382,020                         | 85%  | 23%   |  |   |              |
| <b>Recovering Service Members, All Services (Source: Services' Offices of the Surgeon General) as of March 1, 2009</b>         |                                 |  |   |  |   |              |
|  | <b>Total</b>                    | <b>Active (AC)</b>                         | <b>Reserve (RC)</b>                                       | <b>Change AC</b>                               | <b>Change RC</b>  |              |
|  | <b>11,827</b>                   | 7,180                                      | 4,647   | - 218 (-.9%)                                   | +105 (+ 2.3%)   |              |
| <b>Recent Medical Evaluation Board (MEB) Completions (as of March 16, 2009) (Source: Army Surgeon General)</b>                 |                                 |  |   |  |   |              |
| <b>Major Diagnostic Categories of Primary Conditions</b>   |                                 |  | <b>No. of Soldiers with Primary Diagnosis in Category</b> | <b>% of All Soldiers</b>                       |   |              |

|                                 |     | (N=947) |
|---------------------------------|-----|---------|
| Musculoskeletal System          | 456 | 48 %    |
| Mental Disorders                | 194 | 20 %    |
| Injuries                        | 72  | 8 %     |
| Nervous System and Sense Organs | 56  | 6 %     |
| ALL OTHER CONDITIONS            | 169 | 18 %    |

**APPENDIX C**

**BRIEF CONTAINING THE FINAL RECOMMENDATIONS PRESENTED AND  
APPROVED BY THE BOARD ON JANUARY 21, 2010**

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DEFENSE BUSINESS BOARD



# Addressing Benefit Disparities for Wounded Warriors

Mr. Jim Kimsey and Mr. Fred Cook

January 21, 2010

# Task Group Overview

**TASK:** Bring attention to disparities of benefits for severely injured service members who are eligible for disability retirement and veterans benefits but elected and approved for continued service on active duty

**TASK GROUP:** Jim Kimsey and Fred Cook

**MILITARY ASSISTANT:** COL Kevin Doxey, USA

# Methodology

- Collected and analyzed background benefits data
- Solicited comments from Wounded Warriors
- Consulted with Deputy Under Secretary of Defense for Military Personnel Policy
- Met with Acting Deputy Chief of Staff G1, United States Army
- Consulted with the Chief of Staff, Veterans Affairs



# Background

- During the quarterly DBB meeting in April, several U.S. Army service members severely injured in the war for Iraqi freedom shared their experiences in medical care, rehabilitation, family support and returning to active duty
- At the request of the Chairman, Defense Business Board two members of the Board agreed to identify specific issues faced by this special group – those severely injured Wounded Warriors who are retained on Active Duty and bring those issues to the attention of the Army and Veterans Affairs leadership
- Military Services have procedures and processes that evaluate and determine which severely injured wounded warriors will be retained on Active Duty
- Two sets of authorities—those that govern service members on Active Duty and those that govern veterans. The issues of the “Certificate of Release or Discharge from Active Duty” determines which authorities applies



# Challenges

- There is a significant number of authorities Veterans Affairs and the Department of Defense can bring to bear on issues facing these service members—but applying the right one at the right time is a very complex challenge
- Ensuring practical access to benefits and judicious implementation of those benefits by government agencies for these severely injured service members is subject to interpretation by those government agencies—each interpretation sets a precedence and will have long term cost implications that government agencies must consider
- Communication and transparency challenges facing the Veterans Affairs and the Department of Defense are further exacerbated by the unique situation these severely injured service members who continue to serve on Active Duty present
- Although these numbers are relatively low now they will continue to grow as the operations continue to generate Wounded Warriors and the Services continue to need the expertise these Wounded Warriors offer

# Findings

- Authorities do exist to extend certain veterans benefits to Active Duty service members under certain circumstances:
  - There is statutory authority to enroll service members who are so severely disabled as to be likely to be found unfit in Vocational Rehabilitation. This provision permits the full range of services from counseling, assessments and placing them into training with Veterans Affairs picking up the costs –excluding the monthly stipend.
  - The law also provides that Veterans Affairs can award Chapter 35 educational benefits to the family members of active duty service members who are permanently and totally disabled (for example a double amputee). Family members would be entitled to Chapter 35 even if the service member receives approval for an exception to policy to remain on active duty—provided the service member is "100%" disabled.
- Benefits are available to those service members that are severely injured and have elected (and approved) to continue to serve on Active Duty—but, there is a lack of communication between the government agencies and the service member to fully utilize these benefits.
  - Many benefits go unused because the service members are not aware they exist
  - Some benefits that certain Active Duty soldiers need are under the authorities of the Veterans Affairs and are not accessible through their respective Services
- Senior leaders in the Department of Defense and Veterans Affairs are interested in ensuring that all the benefits these service members are entitled to are given to them in a timely manner
  - Avenues do exist for the Department of Defense and Veterans Affairs to improve communication and overcome obstacles in delivering benefits e.g. The Deputy Secretary of Defense meets with his counterpart in Veterans Affairs on a regular basis to address a myriad of Wounded Warrior issues

# Recommendations

## 1. Authorities :

- Encourage the Military Services to leverage their existing authorities and those of the Department of Defense and Veterans Affairs to ensure that severely injured service members obtain needed services and/or benefits, they would have been entitled as a veteran whether or not they are in an Active Duty status.
- In those cases where there is a lack of authority to extend benefits—consider seeking additional flexibility

## 2. Continue to keep leadership focus on eliminating the disparity of benefits that exists for those severely injured Wounded Warriors who remain on Active Duty

- Identify and proactively raise disparity issues to the senior leaders in both Defense and Veterans Affairs within existing structures

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Questions

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