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OVERCOMING ACCESS BARRIERS TO DISABILITY BENEFITS IN THE AIR RESERVE COMPONENT (ARC)

by

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ABSTRACT

This paper examined the following research question: how can barriers to access to disability benefits in the Air Reserve Component (ARC) be overcome? Utilizing the problem solution framework, this paper first reviewed the barriers to access. The key findings were that the primary barriers are a lack of education, access to misinformation, practical barriers to application, and concern about career impact. Several alternative solutions were considered, including frontloading training, flagging the process to initiate a LOD determination during medical treatment, sending automated reminders to members after they complete a period of service, and offering the Department of Veterans Affairs (VA) portion of Transition Assistance Program (TAP) between three and nine months after separation. These alternatives were evaluated by cost effectiveness, how effectively they convey information to ARC members, and effort required by ARC members. The recommendation after this evaluation was that frontloading education is the best way to help ARC members overcome barriers to access to disability benefits. However, follow-up surveys should be conducted to determine whether training is effective, and whether members later applied for VA benefits.

Introduction

Since 2001, the activation of reserve component (RC) members has been the largest mobilization of the reserve force since World War II.[1] In the Air Force, the RC is comprised of the Air National Guard (ANG) and the Air Force Reserve (AFR). These groups are referred to as the Air Reserve Component (ARC). ARC members, like their active duty counterparts, are eligible for benefits provided by the Department of Veterans Affairs (VA) if members incur an illness or injury during service. Similarly, if an Air Force member of any component is injured or ill during service, that member may be considered for medical separation or retirement. These processes are complex for any service member, but are especially complex for ARC members. An active duty (AD) service member serves usually for a continuous period of time until separation or retirement. At that time, whatever illnesses or injuries the member has accumulated during service are evaluated, and the VA gives a rating. If the member develops an illness or injury that prohibits the member from future service, that person is evaluated for medical separation or discharge. For an ARC member, this process is more complicated, as periods of service may be brief, may be deployments, or may include a previous lengthy period of active duty. Ailments or injuries may worsen when a member is not on active duty orders or may not be identified until after a period of service concludes. The application process for VA benefits can be more burdensome for an ARC member who is separated from the base resources an AD member has. In addition to the distance from base resources, there are additional barriers to ARC members accessing VA benefits, which can have lifelong impacts. This paper asks: How can barriers to access to disability benefits in the Air Reserve Component (ARC) be overcome?

This research paper will use the problem/solution framework. An in-depth explanation of the impact of physical and mental health conditions on ARC members, as related to their benefits and ability to serve, is important to understand the problem. This requires a discussion of the Department of Defense Instructions (DoDIs) and Air Force Instructions (AFIs) governing the Line of Duty (LOD) determination process and the Integrated Disability Evaluation System (IDES). It also requires a thorough explanation of the implications for an ARC veteran receiving VA benefits, including disability compensation and other impacts. This includes a review of literature on the topic, discussing the history of changes to the law to attempt to address this problem. Criteria to answer the research question will be addressed, and solutions proposed. Each alternative solution will be evaluated. Finally, this paper will include recommended solutions.

Problem

Congressional interest in the topic historically has focused on ensuring equity of support for reserve veterans, especially since the total force has relied on reserve members heavily in the 2000s.[2] Over a third of veterans of this era, despite being younger veterans, have incurred health impacts during their service. A VA report released in 2018, based upon data gathered in 2016, revealed that 35.9% of veterans who served in the post-9/11 period reported a service-connected disability. Of those, 38.1% report a VA rating of 70% or higher.[3] Reservists have at least as many health concerns after periods of deployment as active duty members. For example, in 2016-2017, more reservists reported "health concerns" and "exposure concerns" after a deployment than their active duty counterparts.[4] A positive measure of progress is that considering the data from 2003 through 2017, the gap between active duty and reserve reporting health and exposure concerns has narrowed in recent years.[5]

In 2009, the Senate asked the Secretary of Defense (SecDef) for a report on the number of reserve component personnel eligible for wounded warrior programs, and planned or existing programs for reserve component members and their families. In response, the Department of Defense provided an April 2010 *Report to Congress Regarding Wounded Warrior Support Services for National Guard and Reserve Personnel*.[6] The report noted that as of 12 December 2009, 7,295 RC members had been injured in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) combined, and listed programs available to RC wounded warriors.[7] (As of 16 November 2018, the number of RC members injured in these conflicts total 9,494.[8]) In 2010, Congress updated the law regarding pre-separation counseling, to now include mandating training for members who serve for 180 days on active duty.[9] However, this change has not improved education enough, as a 2013 RAND report found that reserve members still lacked access to resources for applying for disability benefits.[10] These benefits impact RC members in ways that are different, and often more significant, than their AD counterparts.

Members with service-connected disabilities are eligible for varying veterans' disability benefits, including financial benefits and health care benefits. A service-connected disability is defined in the Code of Federal Regulations (CFR) that govern the VA. Service connection is defined in §3.303 as a series of principles. The general principle is as follows:

> (a) *General.* Service connection connotes many factors but basically it means that the facts, shown by evidence, establish that a particular injury or disease resulting in disability was incurred coincident with service in the Armed Forces, or if preexisting such service, was aggravated therein.[11]

A disability is service-connected if it began while someone was in a period of active-duty service, or if it got worse while the person was in active duty service. This does not require any uniquely military cause to the illness or injury, such as becoming ill while being deployed, or being injured during performance of a military task. The same principle applies if a condition

existed before a period of service, but was aggravated (worsened) during a period of service. Determining service-connection requires interpretation and may not be clear; the VA regulation states that doubt falls in favor of the veteran.[12]

One of the reasons that RC members do not apply for VA benefits is that they make eligibility and severity determinations without even making an application; they self-select out of eligibility for benefits. The 2010 "National Survey of Veterans, Active Duty Service Members, Demobilized National Guard and Reserve Members, Family Members, and Surviving Spouses" queried demobilized National Guard and Reserve members about whether they had applied for disability benefits. Just over 26 percent of those surveyed had applied for disability benefits.[13] Those surveyed who had not applied expressed several different reasons for not applying. A majority of respondents explained "that they did not have a service-connected disability (47.4%) or that they did not believe that they were entitled or eligible (30.7%)."[14] Just under a quarter of respondents had reasons unrelated to their health, as over "12 percent indicated that they were unaware of the VA service-connected disability program and another 10.5 percent believed that applying was too much trouble."[15] This survey highlights several concerns, which include whether members understand eligibility for VA benefits, and how to access benefits.

The Department of Veterans Affairs recognizes that individuals often seek help filing disability claims. The VA website (as of November 2018) has a section on how to "Get Help Filing a Claim." This section begins as follows: "If you need help filing a claim or appeal, you may want to work with an accredited attorney, a claims agent, or a Veterans Service Officer (VSO). We trust these professionals because they're trained and certified in the VA claims and appeals processes and can help you with VA-related needs."[16] VSOs provide a significant,

usually no-cost benefit to veterans by helping to represent claimants. These organizations represent significant numbers of veterans. An example of an organization that employs VSOs is Disabled American Veterans (DAV), which is one of the largest such organizations. According to DAV's 2017 Annual Report, the organization "provided representation for more than 250,000 pending claims for veterans and their families before the VA, resulting in more than $4.3 billion in new and retroactive benefits."[17]

A recognized disability can be the basis for a VA claim and significant financial compensation. As of December 1, 2018, a veteran with a 10 percent disability will receive monthly compensation of $140.05, and a veteran with a 20 percent disability receives $276.84, regardless of the veteran's number of dependents.[18] The compensation for disabilities above 20% is more complicated, and depends on factors such as whether the person has a spouse or children. For members with a 30% to 100% disability, the compensation levels range from $428.83 up to $3,625.99 a month.[19] These benefits are not taxable for income purposes.[20] Additionally, a retired service member may receive both military retirement and disability benefits, but only if that person's disability rating is at least 50%. This is called Concurrent Retirement and Disability Pay (CDRP).[21] For many former AD members who receive retirement and a disability rating under 50%, the financial impact of a VA rating may primarily be reduced taxable income. That member may waive retired pay to receive the disability payment, also known as an offset.[22] For an ARC member, who may not receive retirement until the age of 60, VA disability payments, even for lower ratings, provide the member with more financial benefit than a retired AD member already receiving retirement pay.

VA disability benefits also provide enhanced eligibility benefits with regard to VA health care. Veterans are generally eligible for VA health care as long as they served for at least two

years and did not receive a dishonorable discharge.[23] However, enhanced eligibility is available for those with a service connected disability. Priority in VA health care is divided into eight groups. Several factors are considered in determining priority, such as income and eligibility for other benefits, but the percentage of service-connected disability is a primary discriminator. Members with a 50% disability rating or higher receive the highest priority group for care.[24] Finally, there are additional benefits to VA disability recognition, such as veterans hiring preference. Although many veterans are eligible for a 5-point veterans' preference, veterans with any service-connected disability rating at all are eligible for a 10-point veterans' preference.[25]

As discussed below, the service-connection aspect of a disability is related to whether a member receives a medical separation, medical discharge, or is simply deemed unfit to continue service (in the case of RC members). Historically, there has been a gap in outcomes and processing times between reserve component and active duty members.[26] Outcomes includes both VA benefits and medical retirement or medical separation. The gap in outcomes is complicated for several reasons. Robert E. Robertson, Director, Education, Workforce, and Income Security Issues for the Government Accountability Office (GAO) explained this in his 2006 Congressional testimony. In reviewing data from 2001-2005 in the Army, he noted that "Army reservists with impairments that made them unfit for duty were less likely to receive either permanent disability retirement or lump sum disability severance pay than their active duty counterparts."[27] However, the factors that went into making these determinations were not available for analysis, making the data unreliable, as Robertson noted. At that time, Army reserve cases took longer to process on average as well, though the explanations for the delay was not detailed in the statistics.[28]

Determining whether a member is able to continue serving or be medically discharged is different between ARC and AD members. This distinction is found in the DoDIs and AFIs which form the basis for the Line of Duty (LOD) process and Integrated Disability Evaluation System (IDES) process.[2930] DoDI 1241.01 *Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements* and AFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation (INCAP) Pay* govern the LOD process. Many active duty service members have only encountered LOD determinations when a fellow service member dies or may be permanently disabled from an injury, which are common examples of the LOD process for AD members.[31] AFI 36-2910 requires that LOD determinations occur any time an ARC member receives medical care on active duty orders. It reads, "For ARC, in addition to the situations listed above, an LOD determination must be made when: 1.6.8.1. The member incurs or aggravates an illness, injury or disease, or receives any medical treatment while serving in any duty status, regardless of the member's ability to perform military duties…"[32] The plain language of the AFI is that ARC members on orders should receive LODs when they receive medical treatment for any new or worsening condition. A finding that the injury, illness, or disease occurred or was worsened during duty is a finding of in the line of duty (ILOD). For ARC members, these LODs are important for three reasons. First, they form the basis for a later VA claim if necessary, so that the member can receive VA disability benefits, health care, and other benefits. Second, they may lead to MEDCON orders and INCAP pay (which are extensions or service to treat a service-connected illness or injury, and pay to compensate for lost military or civilian pay due to an ILOD condition, respectively).[33] Third, they form the basis for the possibility of medical separation or retirement, and thus a referral to the DES.

DoDI 1332.18, *Disability Evaluation System (DES)* and AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation* govern the IDES process. The majority of AFI 36-3212 discusses active duty members whose condition interferes with service and leads them to be referred into the DES. These members may be returned to duty, medically separated, medically retired, or temporarily retired.[34]

When an ARC member enters this process, it begins with a different threshold question: is the underlying condition ILOD? If the condition or injury is ILOD, the member may be processed under the IDES.[35] However, if a member is disabled without an identified service connection to the disability, that member is processed for a fitness determination.[36] A member may then be found fit or unfit to continue serving. If a member is found unfit for service, then that person is no longer eligible to work toward a military retirement unless he or she is already retirement eligible, or has served for at least 15 years (with some additional conditions).[37] This eligibility determination is based entirely on years of service, not active duty days or points. So, an ARC member with ten years of active duty time, and four years of USAFR or ANG time may be determined unfit to continue serving if he or she incurs an injury or illness while not on active orders which interferes with the member's ability to serve. Data from 2012, before the *Affordable Care Act*, found that ARC members without an identified service-connected disability may not receive healthcare or have challenges with receiving care.[38] Members are more likely to have healthcare today, but may still face financial and career burdens of reporting medical issues incurred while in a non-duty status. This may disincentivize ARC members to report health issues, especially mental health concerns. In 2011, the GAO identified four key barriers to veterans accessing VA mental health care. These key barriers were "stigma, lack of understanding or awareness of mental health care, logistical challenges to accessing mental

health care, and concerns about VA's care."[39] Reserve component members, according to the GAO report, face these and the additional barrier of fear that seeking mental health care might impact their civilian or military careers.[40] A subcategory of these RC members is ANG technicians, whose civilian jobs depend on their ability to serve in an ANG position. These practical concerns are further complicated by the additional barriers to applying for disability benefits.

These barriers can occur for demobilizing RC members at the end of a deployment, which may actually be the best time to report health conditions and seek VA care. In 2010 Daniel Bertoni, Director Education, Workforce, and Income Security Issues gave testimony on behalf of the GAO to the Subcommittee on Disability Assistance and Memorial Affairs, Committee on Veterans' Affairs, House of Representatives. His presentation's title speaks to its conclusions; the report is "Veterans' Disability Benefits: Opportunities Remain for Improving Accountability for and Access to Benefits Delivery at Discharge Program."[41] In his presentation he noted a logistical problem for "demobilizing servicemembers of the National Guard and Reserves, who typically remain at a base for only 2 to 5 days before returning home, and are generally unable in this brief time to complete requisite exams or obtain required copies of their service medical records."[42] These practical items are prerequisites to being able to file a completed claim.

Although the end of a deployment may be a practically challenging for demobilizing members to seek care, they report serious concerns about their health. A 2013 RAND report discussed this in the context of making recommendations for increasing access to resources for returning RC members. The report surveyed Guard and Reserve members returning from deployment, and found that their first and second concerns, respectively, were "service member

mental and emotional health," and "medical concerns and health care."[43] With more than 40% of interviewees citing these concerns, this data is helpful in considering access to benefits in the greater context of reintegration. Although there are programs designed to address these concerns, they are not uniformly accessed. The top two reasons members cited for failure to access DoD resources were "a lack of awareness of resources" and "accessibility."[44] The RAND report also noted that reintegration occurs more smoothly when a service member is not injured. Although this report does not focus on disability, the analysis of factors that make service members utilize DoD resources is important in determining how to improve ARC access to disability resources.

In addition to barriers to seeking resources, RC members and AD members with the same injuries do not receive the same outcomes, as discussed in the 2006 Congressional testimony cited above. A 2012 RAND report went into further detail on the referral of RC members into the DES system. This report on healthcare coverage for RC members was contracted by the DoD, as part of an overall review of military compensation.[45] The report includes data and comparisons by type of injury of disability between active duty and reserve. One conclusion is "DES referral rates for PTSD for previously deployed RC members are also lower despite evidence that the incidence of PTSD is at least as high in the RC."[46] Additionally, the report found that significant numbers of RC members did not have the health care to cover conditions that were not service-related. The author proposed several possible reasons for the lower numbers of RC members referred to the DES. These begin with the need for a referral, which RC members may be less likely to receive because "RC members are less likely to be in treatment by a military provider who is trained to identify individuals with potentially duty-limiting medical conditions… RC members may be less likely to seek a referral, for several

reasons. They may be deterred by the requirement for a line-of-duty decision. If they want to remain in service, RC members may find it easier to perform the more limited duties of part-time service when they are not activated."[47]

With the Internet, ARC members can often find misinformation about the IDES process and VA disability process. A major forum is *PEB Forum*, which is hosted by an attorney, but not all comments are reviewed for accuracy.[48] *Reddit* has many discussions of the military disability process, which are unfiltered, include disputes about the process, and are evidence that service members are reaching out to the Internet for information. There are enough discussions of the topic on *Reddit* to warrant a whole category page.[49] Even *Nolo*, a commercial legal website, currently has an article posted with an outdated explanation (and inaccurate) of how one can seek a review of their VA rating if recommended for separation or discharge.[50] A well-intentioned service member can go his or her entire career hearing misinformation from the Internet and fellow Airmen, basing decisions on inaccurate information.

The corollary to the harm RC military members face if they do or do not report medical conditions is the harm to military readiness if RC members are not medically able to serve. Reserve and Guard units depend on the experience of their members, and their preparedness to deploy. Just as military readiness is harmed by any member's disability, the potential failure for RC members to self-report medical concerns or treatment creates additional potential impact. Congress and military leadership recognized this, which has led to changes in the law, and additional government-sponsored research.

In 2010, Congress updated the law establishing Transition Assistance Program (TAP) to require pre-separation counseling all service members, which includes education on disability benefits.[51] The governing DoDI requires this education of RC members with 180 days of

continuous service who have not received Veterans Benefits briefings within the last three years.[52] The Air Force education requirement reflects this change.[53] Although this is progress, TAP does not fully educate all attendees. The 2010 National Survey of Veterans gathered data on attendance at TAP and whether the attendees found the programs to be helpful. From this, the survey found "[a]bout 43 percent [of attendees] agreed or strongly agreed that the VA briefing portion of the TAP provided them with a thorough understanding of their benefits."[54] RC members agreed in slightly lower numbers, with 39% of attendees agreeing or strongly agreeing with that statement.[55] However, although members did not overwhelmingly report a thorough understanding of their benefits, they found the briefing beneficial. Of RC members, "[c]lose to 95 percent of those who attended a TAP/DTAP workshop indicated that the VA benefits portion of the briefing was 'Somewhat beneficial' or 'Very beneficial.'"[56]

Ensuring access to care for disabled veterans may make moral sense, but it does not make financial sense. The incentives for providing care have been largely political. For example, so far this examination has focused on veterans with an honorable or general (under honorable conditions) discharge. Veterans separated with under other than honorable conditions (UOTHC) service characterizations, or with bad conduct discharges and dishonorable discharges (which can only occur from a court-martial), may not be eligible.[57] Even these potential barriers are complicated, as a person might be able to pursue a discharge upgrade or a VA Character of Discharge Review.[58] However, recent law and policy changes have expanded care to veterans with UOTHC service characterizations. For example, in 2017, VA mental health care was expanded for veterans with UOTHC discharges for emergency situations.[59] Changes to the law in 2018, originally proposed as the *Honor Our Commitment Act*, expanded mental and behavioral health care to certain groups of members with UOTHC discharges, primarily those

who were deployed. This legislation received bipartisan support, and was introduced to address the problem of military members "who had been given bad paper discharges [less than honorable discharges] after they were diagnosed with PTSD or TBI [traumatic brain injury]."[60] These recent changes focus on mental health care, but do not address the physical aspects of care.

In order to help RC members overcome the barriers to accessing VA benefits, solutions must address the root problem and be feasible. The barriers identified in the literature point to misinformation of members, practical and logistical barriers, and fears to career impact. One challenge to proposing solutions is that any solution must able to be implemented consistently. In theory, the law and policies in place educate and allow every veteran to seek and receive VA benefits after any period of active duty in which an injury or illness is incurred. The processes involved in accessing care can be affected by the individuals involved in the process. In the 2010 Congressional testimony, Mr. Bertoni of the GAO reported, "We found that commanders' and supervisors' support for transition services, such as VA-sponsored benefits briefings, can vary by base."[61] In that context, the testimony was discussing command support for attendance at the briefings, which should no longer be as problematic, as attendance is now mandatory.[62] However, the basic concept of human variables still applies. Successfully overcoming barriers to access to VA benefits requires that the individuals involved in the process help, not hinder, the process. These individuals include the medical providers involved in the LOD, legal and command reviewers in the LOD process, TAP briefers, and individuals who assist in compiling claims.

Criteria for Evaluating Solutions

There are several criteria to consider in evaluating a proposed solution. For the sake of this analysis, the criteria are cost effectiveness, effective education of members, and ease of use for RC members.

Any successful proposal must be cost effective. One of the challenges involved with putting money into overcoming barriers to access to disability benefits is that injury and illness, health care within the military, disability benefits, and VA care all incur costs. Investing in ensuring that more veterans receive benefits is an investment in more government spending. Additionally, the costs come from various sources. For example, addressing barriers such as improving training on access to VA benefits and the LOD process impacts base funds and manpower, as these are base-level programs. In this context, cost is always an issue, as base resources are finite and constrained.

Proposals should effectively educate servicemembers. This criterion arises from the research reviewed above that which found that access to benefits was hindered by issues of misinformation or failure to understand the process. Going back to the 2010 *National Survey*, "12 percent indicated that they were unaware of the VA service-connected disability program."[63] Even those who are aware of the program often self-selected out, due to believing that they did not have a disability, or that it was not severe enough.[64] This will also address the issue of misinformation from peers and the Internet. Medical conditions, especially mental health conditions, are complex, and RC members may be concerned about the impact of seeking mental health care on their military or civilian careers.[65] Servicemembers who try to educate themselves may not be able to find information that applies to their circumstance, as medical conditions, required medication, and career duties are all considered in the case-by-case analysis of whether

a member can continue to serve.[66] As such, a criterion for determining if a policy is successful is whether it provides veterans, specifically RC veterans, with accurate information and the resources to answer questions that may arise in the future. However, even providing accurate information may not lead to effective education. In order to determine whether education is effective, members should be tested on their knowledge after training, and long-term impacts of training tracked.

Similar to considering cost and manpower to the government, a successful solution must be easy for RC members to use. This is because the barriers identified previously were often practical, or believed to be practical. The over 10% of veterans who did not apply for benefits because they believed it to be "too much trouble"[67] may have understood the process and determined that the likely outcome was not worth the effort required, or may have suffered from misunderstanding. The few days RC members spend at a base after a deployment is generally too short to "complete requisite exams or obtain required copies of their service medical records."[68] A successful proposal must not require significant hours of effort or travel for a RC member, or take significant investigation or research on the member's part. Additionally, any proposal that requires a RC member to do additional research could leave that person vulnerable to misinformation.

Potential Solutions

This section suggests four potential solutions to help ARC members overcome the barriers discussed above to accessing VA benefits. These potential solutions are frontloading training, offering the VA portion of TAP between three and nine months after separation, flagging the need for an LOD determination in military treatment facility (MTF) intake paperwork and sending automated reminders to members after they complete a period of service.

In theory, all of these solutions could be implemented, and as such, they are not strictly alternatives. In evaluating these solutions, they will be prioritized against each other based on the identified criteria.

Training on access to VA benefits is mandated at the end of a period of service, and is conducted through TAP training. Training could be added early and periodically during service, in addition to training at the end of a period of service. Specifically, this training would explain the LOD process, IDES process, and VA benefits at the beginning of a period of active service for RC members. The training would not go into the detail of how to apply for benefits conducted in TAP training, or into detail on the IDES process (which the majority of servicemembers, both AD and RC, never enter). It would, however, provide the basic references for these processes. The most practical times to offer these trainings would be during the annual periodic health assessment (PHA) and when a member begins a period of active duty service of over 30 days. A period of active duty service over 30 days entitles the member to Tricare benefits, and is a long enough time that the person might be more likely to become ill or injured during this period of service. Training does not require a classroom setting; it could be as simple as a handout explaining references and processes. Additionally, during a PHA, a member could be asked if they have any questions about any conditions that might require a LOD determination, any questions about the LOD process, or any questions about their eligibility for VA benefits. The provider would not have to be able to answer all of these questions (though the provider should be knowledgeable about the LOD process), but could point the member to the appropriate resources. Although there a variety of ways training could be offered, for the purposes of this examination, frontloaded training at the beginning of a period of service will be examined.

Offering the VA portion of TAP between three and nine months after separation is another potential solution. This may not require offering additional briefings, because the briefings are already offered. It would simply change the timeline requirement. However, depending on demand, additional briefing timeslots or locations may be required.

Flagging of the need for an LOD in MTF intake paperwork would require minor changes, implemented system-wide. The AFI governing the LOD process places the responsibility for initiating an LOD on the medical provider.[69] In contrast, the DoDI governing the LOD process places this responsibility on the RC member, unless the member's command has already initiated an LOD determination.[70] Whenever patients use a MTF, they have to indicate their military affiliation. Flagging whether an LOD is required could be part of the paperwork a person completes when using an MTF. For a person who indicates that he or she is a RC member, completed paperwork could require a simple yes/no question: Are you here to receive treatment for an illness or injury?[71] Treatment for an illness or injury is in contrast to routine care, such as a PHA or annual dental checkup. If the person answers "yes," that would flag the need for an LOD determination, in accordance with AFI 36-2910.

Another alternative is utilizing automated emails to remind recently demobilized service-members, or service members transitioning to the reserves, of deadlines and processes for applications for benefits. During the separation or demobilization process, members may be busy with finding a new job or returning to civilian work. The process of applying for VA benefits may be complicated by the need to gather medical records during limited time on base, and the member may be moving. This proposal is intended to address the demands on the demobilizing member's time. Specifically, members who are demobilizing or transitioning from the active duty to the reserves could opt-in to automated emails with monthly reminders. This

would begin from the date of separation or demobilization, until the one year deadline to submit a new notice of intent to file a claim with an effective date at the end of the period of service (entitling the member to backpay).[72]

Evaluation of Alternatives

Each of these alternatives will be evaluated by the identified criteria. These criteria are cost effectiveness, effective education of members, and ease of use for ARC members. Frontloaded training is divided into two alternatives: classroom training and distance education.

Frontloaded Classroom Training

Cost effectiveness

Frontloading training for servicemembers will incur additional cost. If the training is a traditional classroom training, the training would require significant manhours to create, distribute, and give. First, training would have to be developed in a standardized plan to be implemented Air Force wide. Then, the training would have to be distributed to Air Force bases, with the trainers being trained. Next, individuals would either have to be hired to provide training, or it would have to be assigned as an additional duty. This would likely be assigned to the Airman and Family Readiness Center, as they are already in charge of the TAP program.[73] Additionally, providing and tracking the training would entail manhours. This would be offered only for ARC members beginning a period of active duty mobilization. However, this includes members who are not mobilizing as an organization, but mobilizing individually. Thus, the training may not be able to be offered in a large group setting, but required individually, incurring additional manhours. Whether an individual is mobilizing as part of a unit or by themselves would impact the cost in manhours significantly. For a unit mobilizing together, it could be incorporated into other briefings. This would be cost effective in that it would allow for

interactive training, require limited additional coordination, and add only a short period of time to other required briefings.

Effectively convey information

The next criterion is that additional training should effectively convey information. Training could address the barriers to access VA benefits including the LOD process, the application process for VA care, and timelines for application for benefits. Members would be trained on these administrative requirements before an injury or illness occurs. In-person training allows individuals to ask questions. Of course, the quality and effectiveness of training is always dependent on a human element. The same training provided by two different individuals could vary in effectiveness based on the presenter's classroom skills and background knowledge. Thus, any training should require significant feedback to measure its effectiveness. At the conclusion of the training, a short test could measure whether basic concepts have been conveyed. Ideally, additionally feedback would be gathered after the individual is eligible to apply for benefits. This would be conducted shortly after the conclusion of the mobilization, asking participants if they applied for any of the services discussed in the training. If not, members should be asked why. These questions should echo those asked during the *National Survey of Veterans.*[74] Increasing the effectiveness of training by seeking additional feedback will factor into cost effectiveness; monitoring the effectiveness of training will incur additional costs in manhours to gather and review feedback and implement changes based on the results.

Lastly, offering standardized training combats some of the danger of misinformation. If servicemembers have questions later and they discuss the issue with a similarly situated member of their unit, the other member would have attended the same briefing as well and would have been exposed to accurate information. No amount of training can end access to misinformation

on the Internet or what is commonly known as "barracks lawyering," in which someone purports to be able to answer complex questions without the requisite knowledge. However, more training is the best way to combat the danger of misinformation from friends and the Internet.

Effort requirement for servicemembers

Attending training should require limited effort for servicemembers, but this depends on the context of the member's mobilization. A member of a unit attending a series of pre-mobilization briefings would not expend any effort arranging attendance at an additional training briefing. However, for an individual who is mobilizing individually, this would be an additional checklist item that could be difficult to fulfill, especially depending on trainer availability and the amount of time a member has at a base before beginning a mobilization.

Frontloaded Training through Distance Education

Cost effectiveness

Training that is done through distance education, such as a computer-based training (CBT), also incurs costs. A training would have to be developed. Once a training is developed, there would not be a need to train the trainer at every location it is offered, resulting in lower-cost training. Members could complete the CBT on their own schedule. Because completion would be tracked automatically, it would not be hard to monitor, though someone, such as the unit deployment manager (UDM) would have to follow up with individuals who did not complete the training. Determining cost effectiveness is tied to effectiveness of the training, discussed next.

Effectively Convey Information

Distance education may effectively convey information. It may have additional benefits that classroom training does not. Links to helpful websites, applications forms, lists of VSOs,

and other items can be included and accessed through the training. These links would help members get their questions answered, or begin the application process, any time after the training. In order to determine the effectiveness of the training (and improve it), the same feedback cycle discussed regarding classroom training should be implemented. Feedback should be required in developing the training, while members are taking the training, and six months after the mobilization is completed. While developing the training, sets of students should be tested on their comprehension to work toward creating an effective training plan. These focus groups should also give feedback. Members who receive the training would be required to complete a test to ensure both that the training itself is effective, and that the member has paid attention and understood the material. This would create measurable feedback about whether the basic information on access to benefits has been conveyed. Finally, surveying members regarding whether they applied for benefits after the mobilization addresses whether the training met the objectives, just as discussed in the section above regarding classroom training.

Effort required by servicemember

The amount of effort that a service member expends in completing the training will vary based on the individual's circumstance. If the member has ready access to the training, then it will only require the length of time that the training takes to complete. Assuming the training is easily available (not on the .mil network, requiring a networked computer) the amount of effort required to complete the training would be standardized by the length of the training.

Flagging LOD in MTF Intake Paperwork

Cost effectiveness

Flagging the need for an LOD at intake may address some of the root problem that leads members to be unable to claim VA benefits, specifically failure to have a condition documented

as service-connected. Considering the criteria of cost, making a standardized change to MTF intake paperwork will incur limited costs. The costs would be primarily in manhours, determining what the forms should state, communicating this to MTFs, updating forms, and printing any new hardcopies (which would incur some supply costs). If a member identifies himself or herself as an ARC member on orders (already a requirement in most MTF) the paperwork could ask, "Are you here for treatment for an illness or injury?"[75] That would flag to the provider and member that an LOD is required. Although it is not the member's responsibility (per AFI 36-2910) to pursue an LOD, it may signal to the member to follow-up if an LOD is not accomplished. The effectiveness of this alternative entirely depends on the actions of the individuals involved.

Effectively convey information

Flagging the need for an LOD determination conveys information by itself. Over time, a mobilized ARC member may be educated on the triggers for an LOD. Just by being informed of the need for an LOD determination, the member may begin to understand the requirements. However, this alternative has limitations. Without an accurate explanation of what an LOD means, there is a danger of misinformation. Without an explanation for how to follow-up and apply for a VA service-connected disability, the member's access to VA benefits may be delayed. Additionally, this proposed solution does not address the needs of AD members transferring into the reserve component. These members would be benefited if medical issues arose during later periods of active service, but would not be affected during their initial claim as they separate from the AD component.

Effort required of ARC members

This proposal does not put any direct additional burden on ARC members. Although it would create additional requirements for the medical personnel initially, LOD tracking is supposed to occur already. The governing AFI requires that unit effectiveness inspections (UEI) review whether these LOD determinations are processed.[76] Flagging the need for an LOD every time an ARC member received treatment for an illness or injury on active orders does not create any obligation. An ARC member may follow up on a missed LOD, but is not required to.

Automated Emails

Cost effectiveness

Automated emails reminding servicemembers of filing deadlines could encourage VA applications. This proposal requires both expense in creating automated emails and manhours in enrolling individuals to receive the emails. An existing commercial system could be used to create this process, which might be more cost effective than creating a new system. Any system that maintains servicemembers' data, DoD or commercial, creates a potential vulnerability. Thus, determining cost effectiveness includes determining whether the DoD is willing to take on the cost of developing a system in order to maintain control of servicemembers data, or if the cost of using a commercial system is worth any associated risk. Using a commercial system allocates the risk of a data breach to the commercial provider, as opposed to being able to control it within the DoD. In order to be successful, the automated system must accurately include a person's service dates, and successfully avoid the usual pitfalls of emails (such as the spam folder). If the system fails, someone who relies on it might be in a worse position than they would have been otherwise.

Effectively convey information

Automated emails can serve an important educational role. The emails could include helpful information about VA benefits, points of contact, and other relevant resources. However, the success of automated emails in an educational sense entirely depends on the receiver successfully receiving the email, reading it, and understanding the information. Either due to technology failings or the member's inattention to the topic, an email can be overlooked. An automated reminder email does not incorporate a quality check that a training incorporates, such as a post-test.

Effort required of ARC members

This proposal is aimed at reducing the effort required by servicemembers by reminding them of deadlines. Receiving automated emails requires no effort at all, but an ARC member must still act upon the email. Overall, the amount of effort required to access VA benefits would be unchanged. However, if the person is farther away from base resources when he or she receives automated reminders than at separation, it may take more effort for a person to apply for VA benefits. The overall effort required of ARC members should be unchanged, unless members delay application because they will be reminded of it later.

Offer the VA portion of TAP between three and nine months after separation

Cost effectiveness

Because TAP is offered routinely, offering the training would not incur additional cost to the Air Force. However, enabling the member to attend training would incur varying costs, depending on the member's circumstances. If the training were offered during a member's normal period of RC service, it would only take time from the member's duties. However, if it is not offered during those times, training would incur cost in activating the member to be on orders for the event and potentially for travel. Thus, the member's drill pay would factor into the

cost, or travel, per diem, and base pay may be incurred if the member has to travel on an active duty tour to attend training. It is more expensive to travel a member to attend a training months after a mobilization than directly at the end of the mobilization. Thus, it is only cost effective if it trains members more effectively in this later period (discussed below). However, delaying training may not address other barriers to access to disability benefits, such as access to medical records, VSOs, and other practical aspects of applying for benefits.

Effectively convey information

Offering the VA portion of TAP three to nine months after separation allows individuals to focus on the other aspects of TAP training, such as budgeting, interview skills and transitioning to civilian life. The VA benefits training currently offered in TAP may be more effective when members are in a less busy time, and when their focus is not on returning to civilian employment and family. Additionally, because only the VA portion of the TAP briefing would be given, members would not be fatigued from the other days of briefings offered during TAP. This aligns the findings of the National Survey of Veterans, that although less than 40 percent of RC members attending the VA portion of TAP training reported "a thorough understanding of VA benefits," nearly 95 percent expressed that the VA portion was "somewhat beneficial" or "very beneficial."[77] VA benefits are complex, and after a single briefing it is reasonable that less than half of attendees would thoroughly understand the benefits, but that the vast majority of attendees would recognize that valuable information was being explained. Thus, delaying the briefing would allow individuals to focus more carefully on VA benefits.

Effort required of ARC members

TAP is required, and thus delaying a portion of it may not require any additional effort for ARC members. However, this depends on the member's individual circumstances. As

discussed above, if a training is offered during a member's normally scheduled duty time, no additional effort is required of the member. Delayed training may require less effort, as the person may be less busy at that time. However, if the member has to be mobilized to attend a training, or take on an additional drill period, that may require travel. In sum, this factor depends on the individual's circumstances. One other concern with this is enforceability issues. The VA briefing portion of TAP is required. Allowing members to delay it removes the item from the outprocessing checklist, and creates an item that must be followed up with after the mobilization. Practically, this would be one more item added to a member's readiness chart (such as being up-to-date on CBTs, PHAs, and other requirements).

Results

Analyzing each of these alternatives includes factors that differ by individual. First, to analyze frontloaded training, factors differ based on whether someone is mobilizing individually or as a unit. For the member who is mobilizing individually, a CBT is a cost-effective way to educate a member, requiring only the time it takes to complete the training. For the member who is mobilizing as part of a unit, a group briefing requires only the time it takes to attend the training, and allows members to ask questions of the trainer, and benefit from hearing the questions others ask. Flagging the need for an LOD in MTF intake paperwork is very low cost, but does not create any additional obligation to pursue an LOD. This is simply a reminder to the provider and servicemember that an LOD is needed. Additionally, although the LOD a necessary step in applying for VA benefits, this only addresses one barrier in the application process. Automated emails can educate ARC members, but may incur costs and create data vulnerabilities. Additionally, they do not address some of the barriers facing ARC members, such as access to base resources. Instead, a member may delay the application process, due to

having opted-in to a reminder process. Delaying the VA portion of TAP (optionally) for ARC members has varying impacts depending on a member's individual situation. For a member who is on duty during a normally scheduled briefing, this would allow the member to focus on the benefits application process. However, for other members who have to be sent on orders to attend the briefing, delayed training may incur costs without addressing some of the other barriers to access to VA benefits, such as access to base resources and medical records (depending on where the briefing is given).

Recommendations

Any one of these proposed alternative solutions may offer some benefit to ARC members. However, the best recommendation is to offer education early, at the beginning of a mobilization or upon entry into the ARC. Frontloading training helps to improve against all the barriers to access. It addresses misinformation and lack of information, providing standardized education for all ARC members. Frontloaded training may improve the LOD process, so that servicemembers are aware that their records should include LODs for treatment of any illness or injury while on orders. Although it is not a member's responsibility to pursue an LOD, the member would be able to recognize when an LOD has not been initiated. Attendance at a TAP briefing may be more beneficial, because members have some baseline familiarity with the issues surrounding VA benefits. Then, when members receive TAP briefings, they may be able to ask better-educated questions. Although this proposal does not extend the amount of time a member has on base after a mobilization, members may be aware of the importance of (and prioritize) gathering their medical records and being seen at an MTF. Finally, in order to determine whether the training is effective, follow up surveys after mobilizations should be conducted to determine whether members were injured or ill, received LODs, and applied for

VA benefits. Whether the barriers to access to VA benefits have been overcome is best measured by the final result: whether members were able to apply for, and (when appropriate) receive benefits.

Conclusion

As the Air Force relies on its RC members in historic numbers, and as RC members continue to incur service-connected disabilities, it is important to ensure that they have access to VA disability benefits. The barriers to access to these benefits are complex, and could be addressed in part through all of the proposals addressed. However, frontloaded training should be prioritized as it best addresses the root causes of barriers to access to disability benefits.

Notes

(All notes appear in shortened form. For full details, see the appropriate entry in the bibliography.)

1. Kapp and Torreon, "Reserve Component Personnel Issues," 7-8.
2. This is evidenced by the Office of the Assistant Secretary of Defense, *Report to Congress Regarding Wounded Warrior Support Services for National Guard and Reserve Personnel*.
3. "Key Statistics by Veteran Status," U.S. Department of Veterans Affairs.
4. "Deployment Health Assessments," Armed Forces Health Surveillance Branch.
5. Ibid.
6. Office of the Assistant Secretary of Defense, *Report to Congress Regarding Wounded Warrior Support Services.*
7. Ibid., 1.
8. "Conflict Casualties," *Defense Casualty Analysis System*.
9. Pre-separation counseling; transmittal of medical records to Department of Veterans Affairs.
10. Werber et al., *Support for the 21st Century Reserve Force*.
11. "Principles Relating to Service Connection," *Code of Federal Regulations*, 38 CFR §3.303.
12. "Reasonable Doubt," 38 CFR §3.102.
13. Westat, *National Survey of Veterans*, 200.
14. Ibid.
15. Ibid.
16. "Get Help Filing," U.S. Department of Veterans Affairs.
17. "DAV 2017 Annual Report," Disabled American Veterans, 5.
18. Department of Veterans Affairs, "Veterans Compensation Benefits Rate Tables."
19. Ibid. The compensation rates are updated annually and depend on several factors, such as the percentage disability, whether the person has children, and whether the person requires "aid

and attendance" or "A/A." The presense of a child, spouse, dependent parent, need for aid and attendance, and combination of these factors, all impact the benefit amount.
20. Internal Revenue Service, "Information for Veterans."
21. Defense Finance and Accounting Service, "Concurrent Retirement and Disability Pay."
22. "Entitlement to Concurrent Receipt of Military Retired Pay and Disability Compensation," 38 CFR §3.750.
23. Department of Veterans Affairs, "Eligibility for VA Health Care."
24. Department of Veterans Affairs, "Health Benefits."
25. U.S. Office of Personnel Management, "Application for 10-Point Veteran Preference."
26. Testimony Before the Subcommittee on Military Personnel, "Military Disability Evaluation," 2.
27. Ibid, 10.
28. Ibid.
29. AFI 36-2910, *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation (INCAP) Pay*.
30. AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*.
31. AFI 36-2910, *LOD Determination*, para. 1.6.
32. Ibid., para. 1.6.8.
33. Ibid., para. 5.1, 6.1.
34. AFI 36-3212, *Physical Evaluation for Retention*, para. 3.29
35. Ibid., para. 8.2.
36. Ibid., para. 8.19.
37. 10 USC §12731b.
38. Hosek, *Healthcare Coverage and Disability*, 11.
39. GAO, *VA Mental Health*, 2.
40. GAO, *VA Mental Health*, 12.
41. Testimony Before the Subcommittee on Disability Assistance and Memorial Affairs, "Veterans' Disability Benefits."
42. "Veterans' Disability Benefits," 10.
43. Werber et al., *Support for the 21st*, 56-57.
44. Ibid., 128.
45. Hosek, *Healthcare Coverage and Disability*.
46. Ibid., 63.
47. Ibid., 32.
48. PEB Forum.
49. Reddit.com, "Veterans Benefits."
50. Wadsworth, "How to Appeal."
51. Pre-separation counseling; transmittal of medical records to Department of Veterans Affairs. *US Code*. Vol. 10, sec. 1142 (2011).
52. DoDI 1332.35, *Transition Assistance Program (TAP)*, Enclosure 3., Para. 3.a.
53. AFI 36-3009, *Airmen and Family Readiness*, para. 3.12.
54. Westat, *National Survey of Veterans*, 104.
55. Ibid., 198.
56. Ibid.
57. Department of Veterans Affairs, "Eligibility for VA Health."
58. Ibid.

59. Department of Veterans Affairs, "VA Secretary Formalizes Expansion."
60. "Murphy's 'Honor Our Commitment Act.'"
61. Testimony Before the Subcommittee on Disability Assistance and Memorial Affairs, "Veterans' Disability Benefits," 10.
62. GAO, *Transitioning Veterans*, 8.
63. Westat, *National Survey*.
64. Ibid.
65. GAO, Mental Health, 12.
66. AFI 36-3212, *Physical Evaluation for Retention*, para. 6.8.2.
67. Westat, *National Survey*.
68. Testimony Before the Subcommittee on Disability Assistance and Memorial Affairs, "Veterans' Disability Benefits," 10.
69. AFI 36-2910, *Airmen and Family Readiness*, para. 2.2.2.
70. DoDI 1241.01, *Reserve Component (RC) Line of Duty*, Encl 3, para. 2.a.(1)
71. AFI 36-2910, *LOD Determination*, para. 1.6.8.1.
72. Department of Veterans Affairs, "Disability Compensation Effective Date."
73. AFI 36-3009, *Airmen and Family Readiness*, para. 3.12.
74. Westat, *National Survey of Veterans*
75. AFI 36-2910, *LOD Determination*, para. 1.6.8.1.
76. Ibid., para. 2.1.5., Ibid., Attachment 7.
77. Westat, *National Survey of Veterans*, 198.

BIBLIOGRAPHY

Air Force Instruction (AFI) 36-2910. *Line of Duty (LOD) Determination, Medical Continuation (MEDCON), and Incapacitation (INCAP) Pay*, 8 Oct 15.

AFI 36-3009. *Airmen and Family Readiness Centers*, 30 August 2018, para. 3.12.

AFI 36-3212. *Physical Evaluation for Retention, Retirement, and Separation*, 2 February 2006, IC 2, 27 November 2009.

Defense Casualty Analysis System. "Conflict Casualties." Accessed 16 November 2018. https://dcas.dmdc.osd.mil/dcas/pages/casualties.xhtml.

Defense Finance and Accounting Service. "Concurrent Retirement and Disability Pay." Accessed 12 November 2018. https://www.dfas.mil/retiredmilitary/disability/crdp.html.

Department of Defense (DoD) Instruction 1241.01. *Reserve Component (RC) Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements*, April 19, 2016

Department of Defense (DOD) 5500.07-R. *The Joint Ethics Regulation (JER)*, including Changes 1-7, 17 November 2011.

Department of Defense (DoD) Instruction 1332.35. *Transition Assistance Program (TAP) for Military Personnel*, IC 1, 9 November 2018.

"Department of Veterans Affairs." *Code of Federal Regulations*, title 38 (2018): 0-77, 38 CFR §3.303. https://www.ecfr.gov/cgi-bin/text-idx?SID=a2624d40c337b48385d74b0db962b190&mc=true&tpl=/ecfrbrowse/Title38/38tab_02.tpl.

Department of Veterans Affairs. "Compensation." Accessed 16 December 2018. https://www.benefits.va.gov/COMPENSATION/resources_comp01.asp.

Department of Veterans Affairs. "Eligibility for VA Health Care." Accessed 12 November 2018. https://www.va.gov/health-care/eligibility/.

Department of Veterans Affairs. "Health Benefits." Accessed 12 November 2018. https://www.va.gov/healthbenefits/resources/publications/hbco/hbco_enrollment_eligibility.asp.

Disabled American Veterans. "DAV 2017 Annual Report." Disabled American Veterans. Accessed 2 December 2018. https://www.dav.org/wp-content/uploads/2017_Annual_Report.pdf.

Government Accountability Office (GAO). *Transitioning Veterans: Oversight Needed to Enhance Implementation of Transition Assistance Program*. GAO 14-144. Washington, D.C., 2014. https://www.gao.gov/assets/670/661361.pdf.

Government Accountability Office (GAO). *VA Mental Health: Number of Veterans Receiving Care, Barriers Faced, and Efforts to Increase Access*. GAO-12-12. Washington, D.C., 2011. http://www.gao.gov/assets/590/585743.pdf.

Hosek, Susan D. *Healthcare Coverage and Disability Evaluation for Reserve Component Personnel*. RAND Report MG-1157. Santa Monica, CA: RAND, 2012.

Internal Revenue Service. "Information for Veterans." Accessed 12 November 2018. https://www.irs.gov/individuals/information-for-veterans.

Kapp, Lawrence, and Barbara Salazar Torreon. "Reserve Component Personnel Issues: Questions and Answers." Congressional Research Service, 4 Oct 18, 7-8, available at https://fas.org/sgp/crs/natsec/RL30802.pdf.

"Murphy's 'Honor Our Commitment Act' Included in FY18 Omnibus Appropriations Bill." News release. Chris Murphy United States Senator for Connecticut. 22 March 2018. https://www.murphy.senate.gov/newsroom/press-releases/murphys-honor-our-commitment-act-included-in-fy18-omnibus-appropriations-bill.

Office of the Assistant Secretary of Defense. *Report to Congress Regarding Wounded Warrior Support Services for National Guard and Reserve Personnel*. Washington, DC: Office of the Assistant Secretary of Defense, April 2010.

Physical Evaluation Board Forum. Accessed 12 November 2018. https://www.pebforum.com/.

Pre-separation counseling; transmittal of medical records to Department of Veterans Affairs. *US Code*. Vol. 10, sec. 1142 (2011).

Reddit. "Veterans Benefits." Accessed 12 November 2018. https://www.reddit.com/r/VeteransBenefits/.

Special rule for members with physical disabilities not incurred in line of duty. *US Code*. Vol 10, sec 12731b (1999).

Testimony Before the Subcommittee on Disability Assistance and Memorial Affairs, Committee on Veterans' Affairs, House of Representatives. "Veterans' Disability Benefits: Opportunities Remain for Improving Accountability for and Access to Benefits Delivery at Discharge Program." Washington, DC: February 24, 2010.

Testimony Before the Subcommittee on Military Personnel, Committee on Armed Services, House of Representatives. "Military Disability Evaluation: Ensuring Consistent and Timely Outcomes for Reserve and Active Duty Service Members." Washington, DC: April 6, 2006.

U.S. Armed Forces, Armed Forces Health Surveillance Branch. "Deployment Health Assessments." Health.mil. July 2017. https://health.mil/Reference-Center/Reports/2017/08/01/Deployment-Health-Assessment-August-2017.

U.S. Department of Veterans Affairs. "Key Statistics by Veteran Status and Period of Service." U.S. Department of Veterans Affairs. Accessed 14 November 2018. https://www.va.gov/vetdata/docs/SpecialReports/KeyStats.pdf.

U.S. Department of Veterans Affairs. "Get Help Filing Your Claim or Appeal." U.S. Department of Veterans Affairs. Accessed 2 December 2018. https://www.va.gov/disability/get-help-filing-claim/.

U.S. Department of Veterans Affairs. "Disability Compensation Effective Date." U.S. Department of Veterans Affairs. Accessed 4 December 2018. https://www.va.gov/disability/about-disability-ratings/effective-date/.

U.S. Office of Personnel Management. "Application for 10-Point Veteran Preference." https://www.opm.gov/forms/pdf_fill/sf15.pdf.

"VA Secretary Formalizes Expansion of Emergency Mental Health Care to Former Service Members With Other-Than-Honorable Discharges." News release. U.S. Department of Veterans Affairs. 27 Jun 2017. https://www.va.gov/OPA/pressrel/pressrelease.cfm?id=2923.

Wadsworth, Margaret. "How to Appeal the Physical Evaluation Board For Military Separation or Retirement." NOLO. Accessed 20 Nov 18. https://www.nolo.com/legal-encyclopedia/appeal-physical-evaluation-board-military-separation-retirement.html.

Werber, Laura, Agnes Gereben Schaefer, Karen Chan Osilla, Elizabeth Wilke, Anny Wong, Joshua Breslau, and Karin E. Kitchens. *Support for the 21st Century Reserve Force: Insights on Facilitating Successful Reintegration for Citizen Warriors and Their Families*. RAND Report RR 206. Santa Monica, CA: RAND, 2013.

Westat. *National Survey of Veterans, Active Duty Service Members, Demobilized National Guard and Reserve Members, Family Members, and Surviving Spouses*. Report Submitted to: Department of Veterans Affairs. Rockville, MD, October 2010.