

**U.S. House of Representatives
Committee on Veterans Affairs**

May 29, 2014

“Defined Expectations: Evaluating VA’s Performance in the Servicemember Transition Process.”

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I would like to thank Chairman Runyon for holding this important hearing on the Integrated Disability Evaluation System (IDES). I am honored to have been asked to participate.

Introduction

In my opinion, there are only two professions required of a strong democracy: the Legislator and the Servicemember: each the weapon of the other. Healthy Servicemembers are the weapons of the Legislator while the Legislator is the weapon of wounded, injured and ill Servicemembers. We’ve served as your weapon. On behalf of disabled and medically separated Veterans, we respectfully request that you harness the full potential of your weaponry to fix this system and maintain the strength of our democracy.

I present the following long and short term recommendations:

Long-Term Recommendations

1. Establish a Consolidated Disability Evaluation System.

The Integrated Disability Evaluation System (IDES), the disability ratings process by which Servicemembers are evaluated and declared eligible for compensation is timely, burdensome and inefficient. The VA and DoD must consolidate the Departments’ disability systems with the shared goal to promulgate policy and prescribe uniform guidelines, procedures and standards to eliminate redundancy inherent in adjudicating claims using dual disability rating systems.

2. Create a Sole Source Disability Rating.

The military rates only “fitting” conditions while the VA rates all service connected injuries resulting in two different ratings for qualifying Servicemembers. The DoD and VA will need to reach a consensus on the definition of qualifying conditions and events and the rate at which those conditions and events are to be compensated. Understandably, a bias in favor of the current, more generous VA system will result in a corresponding rise in retirement and medical costs.

3. Information Sharing.

Plans to roll-out shared use technology by 2017 will enhance and improve agency accessibility to health care records. The plan is both necessary and ambitious. However, the current lack of available technology is only part of a much larger problem. Government agencies, among them the DoD and the VA, must generate Memorandums of Agreement allowing agencies to openly share information. This will likely require a change in agency culture from one of independence to dependence on sharing information and resources.

Interim Recommendations

1. Fiscal Set Aside.

Veterans in the Servicemembers Transition Process frequently complain about the receipt of timely payments once his or her claim has been adjudicated. To date, the receipt of benefit payments can take from 90 days to a year or more to process. While uncertain of the legal or tax implications, I recommend that once a Servicemember enters Federal service (Active Duty, Reserve or Guard) a percentage of the Servicemember's salary be escrowed until the IDES or (retirement) process is complete. The funds set aside could then be automatically reimbursed to the Veteran as a lump sum payment used to bridge the gap between the date of retirement (or separation) and receipt of any long-term or separation benefits.

2. Complete a Comprehensive Staffing Needs Assessment.

The Office of Personnel Management must undertake a comprehensive staffing needs assessment to: a) properly assess the cost/benefit of properly staffing the IDES system, and b) research areas where backlogged claims exist to determine whether problems of redundancy and inefficiency are functions of process or staffing related to organizational behavior, poor training, and/or a lack of incentives.

Staffing at the appropriate level will go a long way towards: a) eliminating the current claims backlog and, b) reducing the amount of time it takes to assess individual claims. Increasing staff means a short-term increase in personnel costs offset by a reduction in both the amount of time it takes to process claims and the number of Servicemembers anxiously awaiting claims adjudication.

3. Manage Fraud, Waste and Abuse.

The system is replete with opportunities for fraud, waste and abuse. The underlying premise of the adjudication process is to provide compensation and benefits for long-term injuries and illnesses. Any system which compensates Servicemembers for injuries and illnesses must also incentivize healing and recovery. It isn't a politically popular notion. However, necessary if ballooning costs are to be reduced and full recovery a goal.

A comprehensive assessment of where opportunities for fraud, waste and abuse exist must be conducted and measures put in place to mitigate such opportunities. Examples include: encouraging physician second opinions, eliminating redundancy in paperwork, and information sharing not just between agencies but within.

4. Organizational Change.

We have got to change the organizational culture which punishes Servicemembers (directly or indirectly) for sustaining wounds, injuries or illnesses. In the current climate, Servicemembers deemed unfit to fight or conduct acts of physical fitness are cast aside and labeled; often unfairly, as lazy or cowardly. I do not advocate group hugs on the battlefield. However, leadership training must encourage compassion, dignity and respect. Likewise, service providers, whether military or civilian, must receive similar training.

Toxic leaders (military and civilian) and service providers must be either retrained or moved out of leadership or positions of authority to mitigate damage to wounded and/or recovering Servicemembers.

Thank you.