

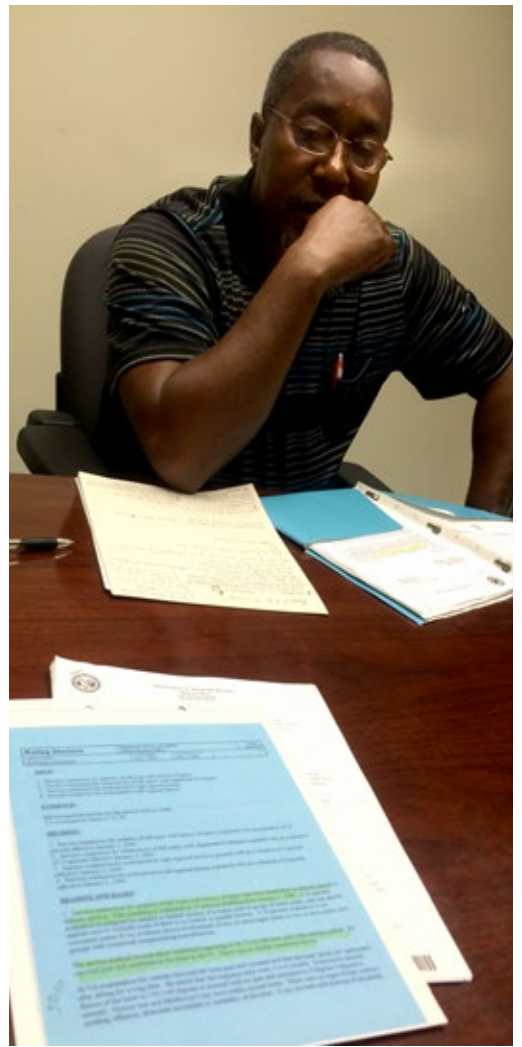
# Veteran Appeals Experience

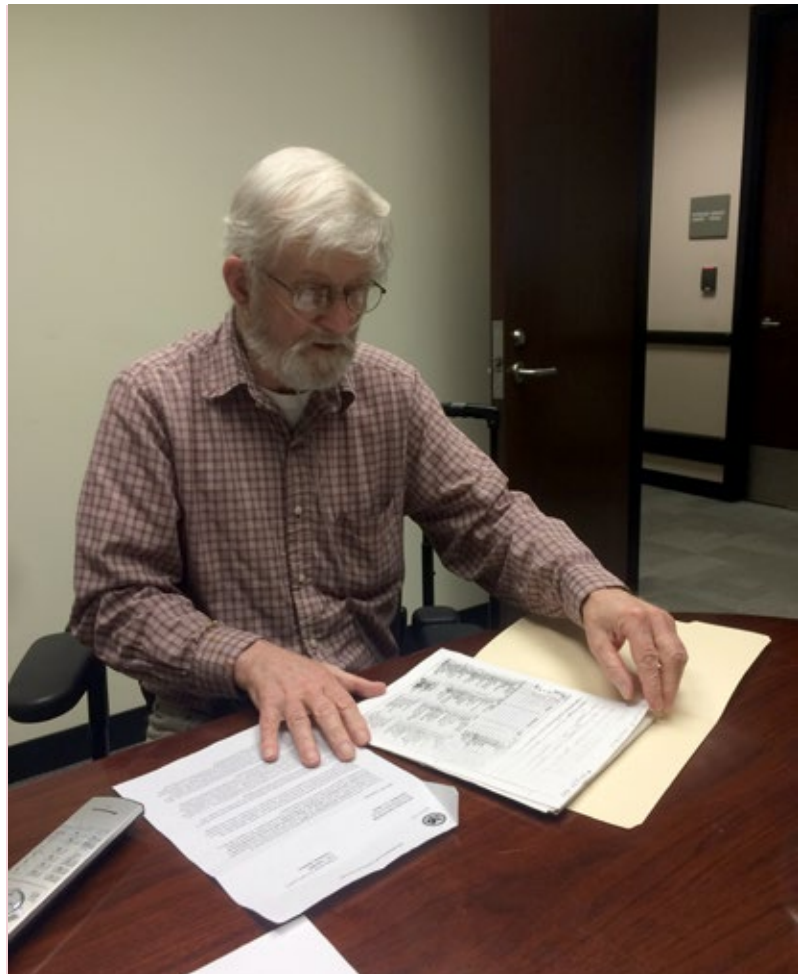
Voices of Veterans and their Journey in the Appeals System



U.S. DEPARTMENT OF VETERANS AFFAIRS  
CENTER FOR INNOVATION

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# Veteran Appeals Experience

Voices of Veterans and their  
Journey in the Appeals System

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Findings Report | January 2016



U.S. DEPARTMENT OF VETERANS AFFAIRS  
**CENTER FOR INNOVATION**

VA Center for Innovation (VACI) is a team of innovators and doers within VA who are dedicated to driving innovation at the largest civilian agency in the United States Government. The team at VACI does not believe in innovation for its own sake, but rather, in innovation that provides a tangible value to VA and to Veterans. The work of VACI is driven by a strong commitment to a Veteran-centered approach to service delivery, a dedication to data-driven decision making, and a commitment to design thinking.

Since 2011, VACI has worked to identify, test, and evaluate new approaches to VA's most pressing challenges. Balancing the practical with the aspirational, VACI enables a steady influx of high value innovations into VA, moving them from concept to operational implementation.

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*This project was led by the Veteran-Centered Design Lab (VCD) and the Veterans Engineering Resource Center (VERC). The VCD Lab informs the design and development of innovative solutions to transform the Veteran experience utilizing principles of Human-Centered Design and Design Thinking. The VERC provides Operational Systems Engineering, Informatics, and Implementation Science to facilitate transformation within VA healthcare delivery systems.*

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Respondents of this pilot participated willingly. Names have been changed to anonymize data.

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## VETERAN APPEALS EXPERIENCE

Every year, over a million Veterans file claims with the Veterans Benefits Administration. They file for injuries ranging from the annoying to the life-altering, for increases in existing disability ratings, for benefits for family members. They come right after the military, young but prudent, or late in life, when their body has started to betray them. It could be their first claim or their fortieth.

The vast majority of Veterans, when they receive their decision, won't appeal. But over one hundred thousand will. They'll appeal because they disagree with their decision, because they don't understand their denial, or because it's their right. They'll appeal because they want to be heard.

When they do—whether they know it or not—they will enter into a process that takes years, sometimes decades, to complete. It will stretch across the Veterans Benefits Administration into the Board of Veterans' Appeals and likely back again, often without them realizing it, and perhaps dozens of times. It might even transcend VA and head to the U.S. Court of Appeals for Veterans

Claims. Some will be satisfied, many will not. Everyone will have to jump through hoops, absorb dozens of letters, fill out confusing paperwork, and learn to live with waiting. They'll have "to fight."

From the inception of the claims process until today, hundreds of cases and laws and tens of thousands of rules, well-intended in isolation, have piled on top of, underneath, and in between each other creating a staggering level of complexity. With permutations numbering in the millions, the process is barely comprehensible to experts and completely opaque to the Veterans who depend on its outcomes.

When the current appeals process was established in 1933, hospitals were few, most care was provided by house call, and medical records were virtually non-existent. Today, increases in medical knowledge, clinical practice, and the acceleration of the modern world have slowed the appeals system to a crawl as it struggles to keep up with expanding mandates, legal requirements, and documentation.

To better understand how Veterans experience the appeals process - how the process fits into the context of their lives - a group of six researchers spoke at length with more than 90 Veterans whose service spanned the periods from World War II, Korea, and Vietnam, to the current conflicts in Iraq and Afghanistan.

We spoke to Veterans at every stage in the process, from those receiving their initial decision to those with final, complete results from the Board of Veterans' Appeals. Some were new to the process. Others, such as those who had just had their hearings with the Board, were years into their appeals.

What we heard was not easy. The limits of a system designed in an earlier time for a different set of challenges are increasingly born by the Veterans whom the system was intended to serve.

Here's what we heard, told in the best way we know how - the Voices of Veterans themselves.

*Our goal is to better understand how Veterans experience the appeals process and how the process fits into the context of their lives.*



## RESEARCH FINDINGS

In our conversations, we heard many stories, both of the appeals process and Veterans' lives. Five of these stories are highlighted in narratives in this document. These stories, coupled with this document's themes and insights, illuminate findings ubiquitous across Veterans' experiences, findings that should be considered in any conversation examining the appeals process.

### NARRATIVES OF VETERANS

Nothing conveys the effects of the appeals process like hearing the stories of Veterans. We've included five narratives telling the stories of men and women we spoke with on the road:

#### **Reggie – The Interplay of Injuries and Delays**

#### **Lawrence – The Wear on Those Who Need Help Most**

#### **Bill – The Frustrations of Compensation & Pension Exams**

#### **Lisa – The Compounding of Heartache**

#### **Diego – The Fervent Desire to be Heard**

### A JOURNEY IN THE APPEALS PROCESS

Journey maps take the reader along a customer's or user's journey interacting with a product or service. A journey map seeks to show the different stages of the journey as well as what a Veteran thinks, feels, and does in a given stage. Here we've outlined a typical journey through the VA appeals process in five stages of increasingly bleak emotions:

#### **The Cautious Start**

#### **"The Fight" Begins**

#### **The Process Grinds**

#### **The Wear Takes its Toll**

#### **The Resignation**

### KEY THEMES AND INSIGHTS

Our research surfaced five key themes surrounding Veterans' needs, perceptions, and expectations in their experiences with the appeals process. These insights can serve as a guide across VA for redesign of appeals and related services that better meet the needs of Veterans and their families.

- 1. The length and labor of the process takes a toll on Veterans' lives.**
- 2. Like in the military, Veterans care deeply about the outcomes of other Veterans.**
- 3. Veterans feel alone in a process they don't understand.**
- 4. The appeals process feels like a fight.**
- 5. Veterans want to be heard.**

### WHAT IS HUMAN-CENTERED DESIGN?

#### DEFINITION:

*“An approach to systems design and development that aims to make interactive systems more usable by focusing on the use of the system and applying human factors/ergonomics and usability knowledge and techniques.”*

INTERNATIONAL STANDARDS ORGANIZATION<sup>1</sup>

#### WHY HCD:

*“Rather than requiring users to adapt their attitudes and behaviors in order to learn and use a system, a system can be designed to support its intended users’ existing beliefs, attitudes, and behaviors as they relate to the tasks that the system is being designed to support.”*

USABILITYFIRST.COM<sup>2</sup>

*“A human-centered approach to innovation draws from the designer’s toolkit to integrate the needs of people, the possibilities of technology, and the requirements for business success.”*

TIM BROWN, IDEO PRESIDENT & CEO<sup>3</sup>

Human-centered design (HCD) is a discipline in which the needs, behaviors and experiences of an organization’s customers (or users) drive product, service, or technology design processes. It is a practice used heavily across the private sector to build a strong understanding of

users, generate ideas for new products and services, test concepts with real people, and ultimately deliver easy-to-use products and positive customer experiences.

HCD is a multi-disciplinary methodology which draws from the practices of ethnography, cognitive psycholo-

gy, interaction and user experience design, service design, and design thinking. It is closely tied to “user-centered design,” which applies parallel processes to technology projects, and “service design” which address the service specific experiences.<sup>4</sup>

### METHODS

#### CONTEXTUAL INQUIRY:

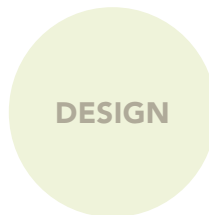
In-person individual conversation style interviews, in which our researchers met with Veterans in the context of the appeals hearing.

#### CUSTOMER JOURNEY MAP:

Translated the steps a user currently takes through a system or service, identifying the highs and lows of the experience from their perspective.

#### NARRATIVES:

Telling a compelling Veteran story that highlights a unifying aspect of the appeals experience.

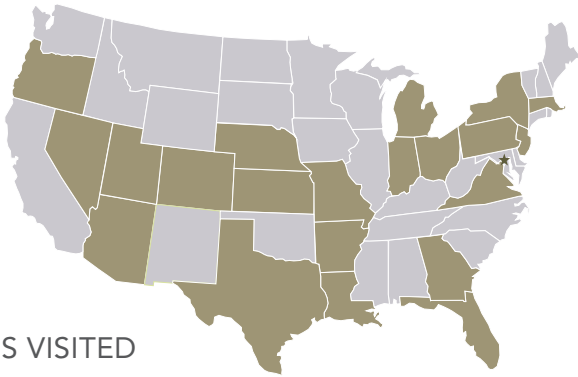


This report is often referred to as the ‘discovery’ phase of a user-driven design process – the initial research and analysis phase into the needs and behaviors of users and user experience of existing services.

Building on our conversations, we performed qualitative ethnographic and design activities, driven by a robust and evolving set of questions. Using design thinking and service design practices, we then mapped, visualized, and synthesized our findings, which are detailed in this report.

## WHERE WE WENT AND WHO WE TALKED TO

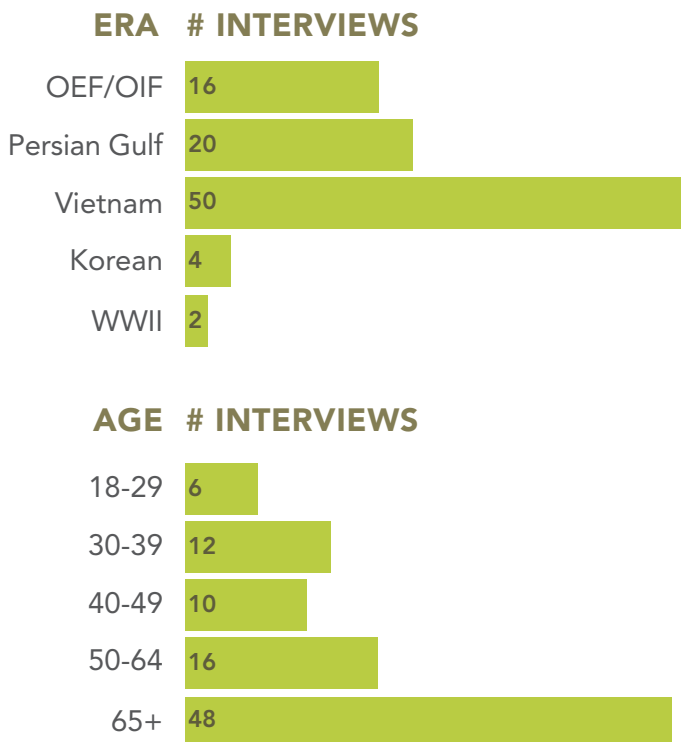
### RESEARCH LOCATIONS



### CITIES VISITED

- Atlanta, Georgia
- Las Vegas, Nevada
- Phoenix, Arizona
- Portland, Oregon
- St. Petersburg, Florida
- Washington, D.C.

### INTERVIEW BREAKDOWN



**TOTAL INTERVIEWS: 92**

## HUMAN-CENTERED TOOLS: UNCOVERING "THICK" DATA

Typically VA conducts surveys or focus groups to understand Veterans' opinions about our services. While this kind of data offers immense value, it does not provide deep insight into the qualitative characteristics of a service experience or the human motivations of our customers.

Design approaches to user research focus less on people's opinions, and more on understanding their lives and experiences. By doing ethnographic fieldwork with a range of Veterans—from different service eras, different geographic areas, etc—and visiting them in their homes and at their jobs, we were able to gather a complex and nuanced understanding of their everyday needs.

Jared Spool, a leading usability researcher, explains the value of research which facilitates the observation of human behavior:

*"Users can't describe activities that they don't focus on. When you have an audience that is experienced at what they do, they often don't pay attention to the small steps involved. An outside observer will see these 'unspeakables' and can document them in ways that the participants can't. It's these details that will make the user experience feel natural and well considered.*

*Innovation happens when the designers get direct exposure to the users' entire context and its subtle variations and accidental similarities. Some of the most innovative designs in the last 5 years are the result of paying attention to the little details in the user's context.*

*'Intuitive' interfaces are easier to build when designers have a deep understanding of the users' context, terminology, and processes. It's the combination of these three elements that make an interface seem intuitive, because the familiarity to users is already built in.'*<sup>25</sup>

# The System is Broken

**We are reaching a tipping point.**

**400,000 Veterans have appeals pending**  
**80,000 Veterans have appeals older than 5 years**  
**5,000 Veterans have appeals older than 10 years**  
**5 years will be spent resolving a typical appeal<sup>6</sup>**

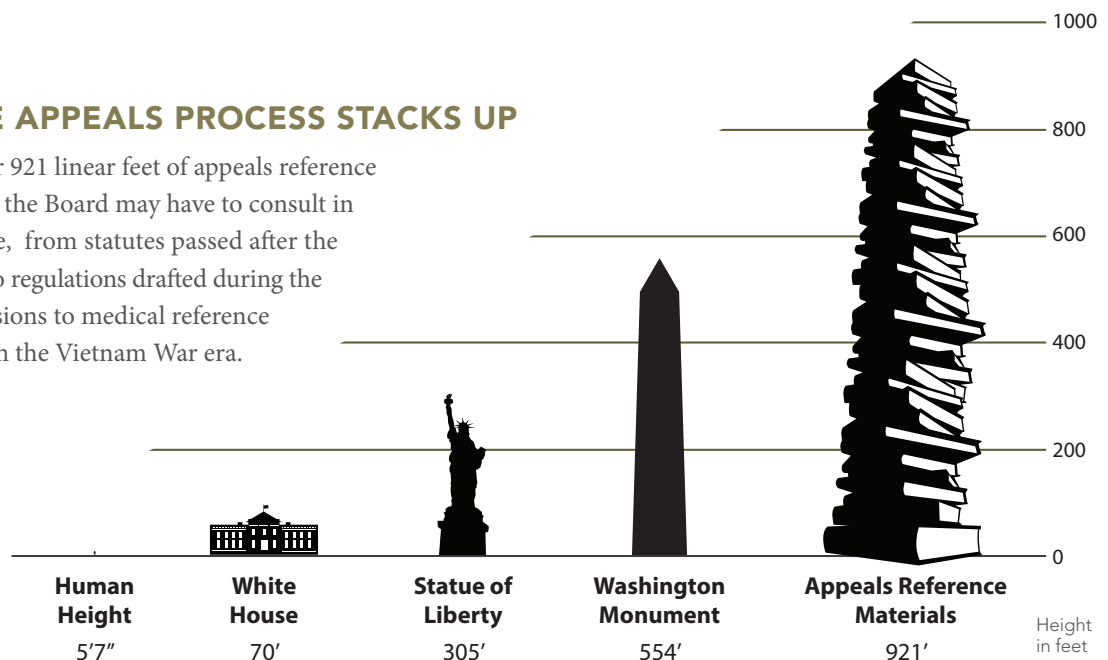
**Veterans, VSOs, and VA employees are working harder than ever and we are still losing ground.**

- ∞ There is no limit to the number of steps the process could require.
- ∞ The process can restart an unlimited number of times.

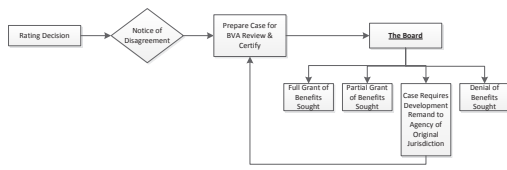
**There is no end in sight.**

## HOW THE APPEALS PROCESS STACKS UP

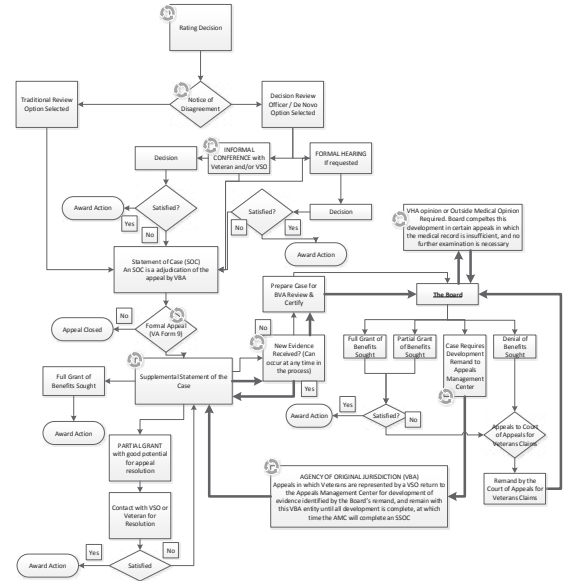
There are over 921 linear feet of appeals reference materials that the Board may have to consult in any given case, from statutes passed after the Korean War to regulations drafted during the Great Depressions to medical reference materials from the Vietnam War era.



# AS NEW RULES HAVE INCREASED SYSTEM COMPLEXITY...

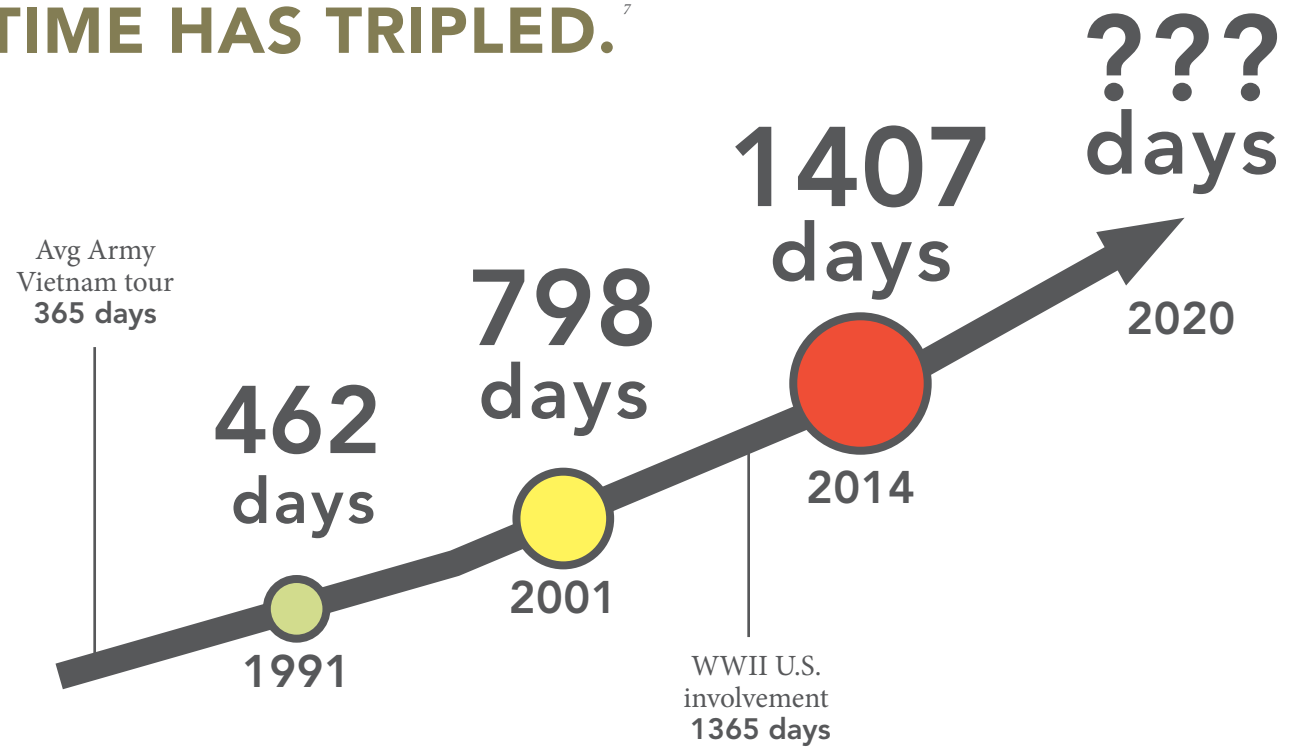


Appeals Process In 1962



Appeals Process Today

# ...APPELLATE PROCESSING TIME HAS TRIPLED.<sup>7</sup>



## WHAT VA EMPLOYEES SEE

VA employees (and VSO's) see the unique legal principles established by the appeals system that govern their actions. These principles—in theory—should create one of the most applicant-friendly systems:

### Non-Adversarial

**Non-Adversarial:** No entity, VA or otherwise, opposes a Veteran's claim. Two sets of lawyers do not argue in front of a judge. There is no courtroom.

### Duty to Assist

**Duty to Assist:** VA has a duty to assist Veterans in filing their claims, informing them of the necessary evidence to prove and bolster their case.

### Open Record

**Open Record:** The "open record" enables Veterans to add evidence at any time in the process—unlike the traditional judicial process with which most people are familiar.

In the simplest explanation, most appeals begin as claims at the Veterans Benefits Administration (VBA). After one round or more rounds of appeal at VBA, an appeal moves to the Board of Veterans' Appeals (BVA) to be ruled on by a judge. Veterans Service Organizations (VSOs) provide representatives, to help Veterans. No one opposes Veterans' claims and a claim only needs to be granted once. No one will challenge a satisfactory grant once it's given.

In reality, VA employees know they wrestle with a jumbled process, limitless in its complexity and repetition. Through years of experience, they may have come to understand it and its varied paths. They may be able to explain it to you, slowly. But do not think that their view behind the curtain illuminates simple levers that can speed the process along. Instead, they see a complex, multi-stage, and non-linear monster. A monster they



Example of a Large Case File

know fails to provide the results Veterans need in the time they need them.

They will shake their heads and explain how the process got that way. They'll explain the good intentions of Congress, the Court, or VA in making a change, but they will then detail how, in practice, those new rules combined to create today's dysfunctional process.

VBA officers will explain how nothing limits the number of records requests or doctor's orders they could be required to ask for—even if it's infuriating to both Veterans and them. The Board's judges will outline how the open record or required remands can make the process churn to infinity. They'll talk about combing through case files like the one at left.

You'll be hard-pressed to find someone who will defend the process.

# WHAT VETERANS SEE

Veterans see and feel they have a different experience that contrasts the supposed “friendly” legal principles.

## Adversarial

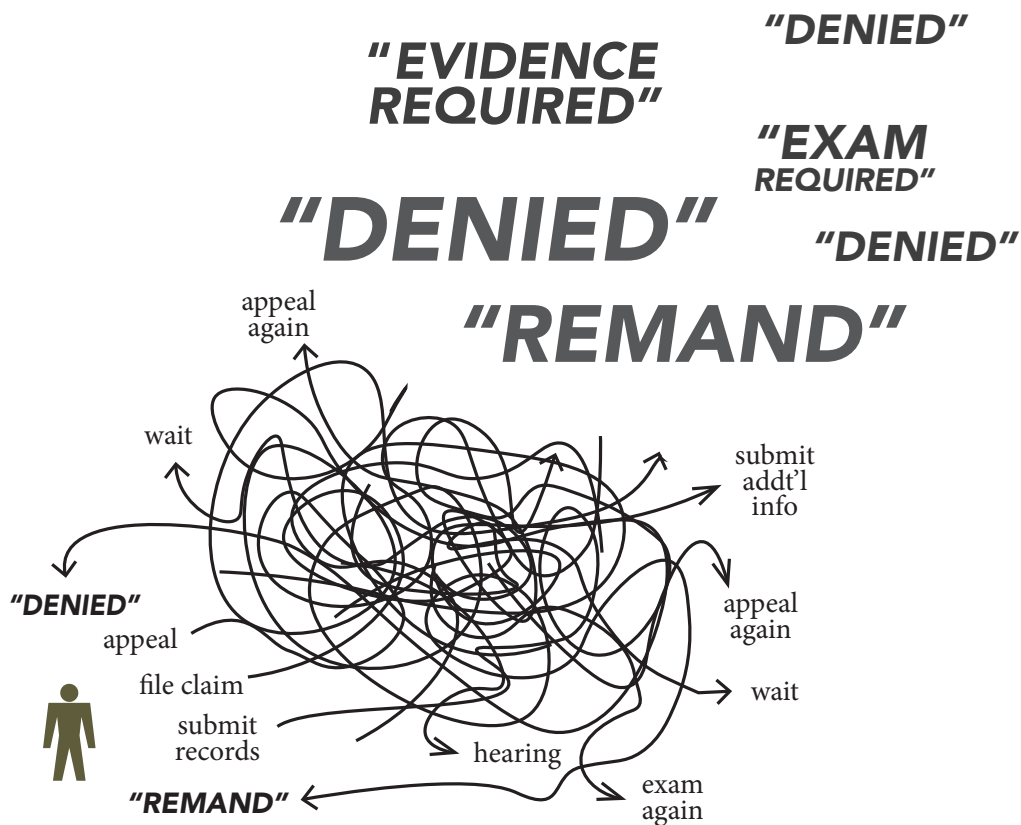
**Adversarial:** To most Veterans, the appeals process feels like a fight. It’s non-adversarial in theory only.

## Labor Intensive

**Labor Intensive:** Poor communication and the relentless pursuit of records often feels like the opposite of assistance, adding more and more work for Veterans.

## Endless Churn

**Endless Churn:** There’s a terrible hitch to the open record: if you submit new evidence, the claims review process starts all over again.



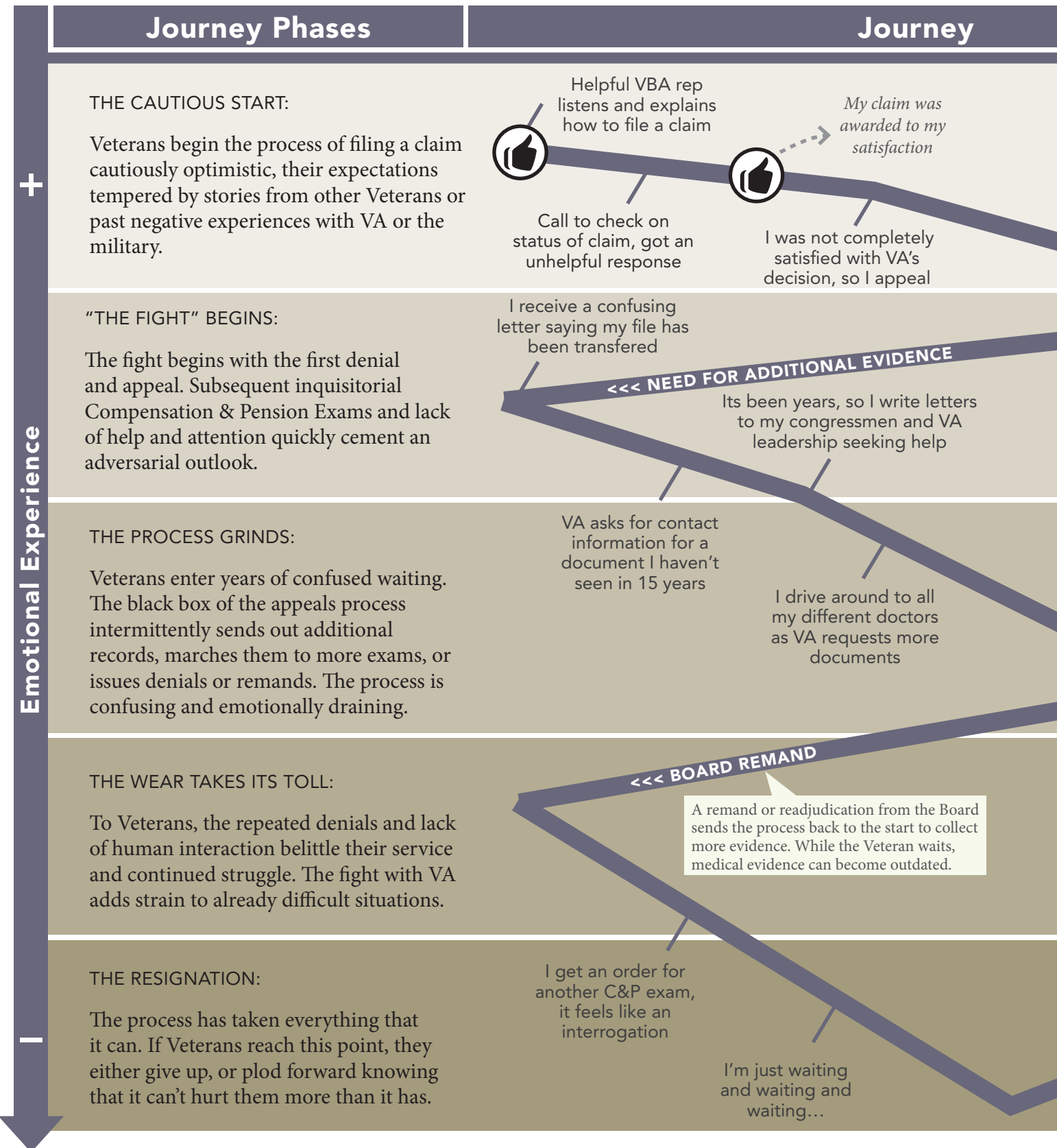
Veterans and their families struggle to understand the process or their place in it. They have little understanding of the relationship between steps in the process and sometimes don’t even realize when they’re making a decision—even if it might

delay their appeal for years. They don’t distinguish between VBA and Board; instead, they simply see VA. Even VSOs are occasionally viewed as a part of VA. As will be made clear in the coming pages, they do know it’s a monster, a broken system.

The non-adversarial nature of the system, VA’s duty to assist, and the consequences of the open record are lost on Veterans. In fact, they often experience the opposite.










# // VETERAN JOURNEY MAP

Veterans follow several paths in the appeals process and many will exit the system before seeing a judge. They have different emotional lows, different highs, different moments that affect their experience. From our interviews a common emotional journey became clear. The beginning can have positive moments, however the general march is a decline.





The journey map below seeks to foster empathy and understanding by depicting the broad emotional stages Veterans will experience as their appeals drag on and on. It depicts their claim and subsequent appeals' movements in the process along the horizontal, X-axis while the cumulative emotional experience along the vertical, Y-axis.

	Time	Feeling	Thinking
<p><i>I got a relatively quick decision with my appeal</i></p> 	1-2 years		<ul style="list-style-type: none"> <li>• This will probably take a couple of months, couldn't take more than a year.</li> <li>• I've heard horror stories but my claim is simple.</li> <li>• It's very vague online and if you call somebody they're very vague also.</li> </ul>
<p>No one's listened, so I write a letter explaining my story and in the process introduce new evidence which VA must now track down from a doctor</p> 	2-3 years		<ul style="list-style-type: none"> <li>• Made me feel about this big...tiny.</li> <li>• That comp and claims doctor, he's not listening to [me].</li> <li>• I just want to tell my story. I just want them to hear me.</li> </ul>
<p>I'm expecting a ruling but instead the Board says I have to get another C&amp;P exam, since my condition has gotten worse while waiting</p> 	2-3 years		<ul style="list-style-type: none"> <li>• I tried not to think about it.</li> <li>• They just keep making me submit the same documents over and over again.</li> <li>• I wrote a nasty letter to the VA Secretary telling him the challenges I am facing.</li> </ul>
	3-5 years		<ul style="list-style-type: none"> <li>• C&amp;P Exam is a battle.</li> <li>• I've been fighting for five years.</li> <li>• They are just waiting for me to die, then they can close my case and forget about me.</li> </ul>
<p>I was nervous of my hearing, but the judge listened, cared, and helped</p> 	5 years & beyond		<ul style="list-style-type: none"> <li>• They can't hurt me anymore than they already have.</li> <li>• My husband died while waiting.</li> <li>• After talking to the judge, I feel some hope.</li> </ul>

 = Positive moment       = Trigger to go back in the process

**The length  
and labor of  
the process  
takes a toll  
on Veterans'  
lives.**

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## Insights

- Instead of assisting Veterans, the current process increases the stress and uncertainty of already difficult situations.
- Delays have a palpable, debilitating effect on Veterans' health and quality of life.
- Veterans jump through hoops, working hard to try to meet the demands of the process.
- The required paperwork and records seem redundant, cumbersome, and confusing.
- The factors that take a toll on Veterans over the years clearly show themselves as symptoms even in the earliest stages of the process.

*"After going through all these, I'm wore out. I'm 68 years old, by the time I got an answer [on a new appeal] I'd be dead.... There's a point in time when it's just not worth it."*

*"[At the start], I was more optimistic. I knew it wasn't going to be a two month ordeal, but then after all this time...my optimism flat left."*

*"I figured it'd only take a year [when I started], not five. Because it's been five years, one month. Isn't that a long time?"*

*"I've jumped through every hoop."*

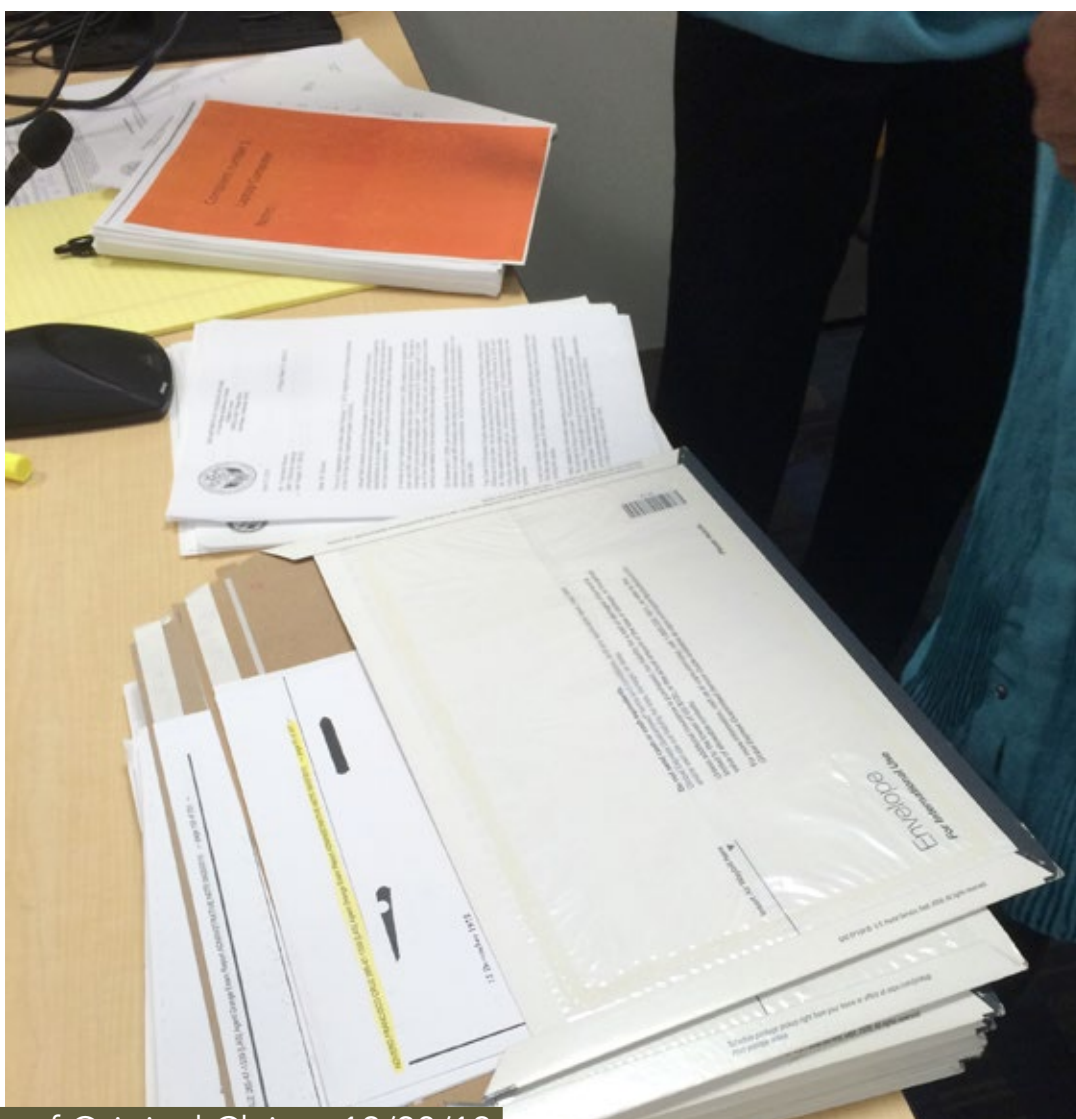
## Design Considerations

- How might we design a faster and simpler process?
- How might we minimize the churn and delays created by the open record?
- How might we streamline or reduce records requirements?
- How might we prioritize Veterans with severe health or economic hardship earlier in the process?
- How might we create a system that can respond to Veterans' changing health and lives without pushing them back in the process?

*"You know I have been disappointed for so long going through this situation, I don't think whatever decision they make is going to hurt me because I've been hurt already and I'm about to get teared up thinking about it."*

*"My wife however didn't want me to [appeal]. Because there's so much stress in waiting and waiting and waiting and waiting."*

*"The whole time, you're waiting, just like me, your ailments are growing, they're getting worse. And you can't go back and renew your claim now, and say it's getting worse because then you're pushing that first claim back and you're [basically] starting a whole new claim. It's a really stressful process."*



Date of Original Claim: 12/20/12

Total time pending: 4 years, 9 months, 13 days

Total number of VA adjudications: 2 (1 Rating Decision, 1 SOC)

\* SSOC = Supplemental Statement of the Case

**“If I appeal this...I have to wait another two or three years. I’ve already waited two or three years. No one’s going to talk to me.”**

Serious injuries rarely rest. They worsen. The leg injury creeps into back pain. Diabetes makes a foot useless. A heart exposed to Agent Orange deteriorates. Injuries don’t recognize their neat categorization at a 20% or 30% or 60% disability rating.

Say you’re Reggie, a young Veteran who injured his leg in Iraq during a train-up for a military exercise.

In the years after your initial claim, your leg injury worsens. It begins to damage your back. You file new claims to reflect their deterioration in 2009.

You wait. Your injuries, though, don’t. They don’t go on hold. Use of your right leg and back continue to decline severely. Doctors place a neurostimulator in your back and buttocks to provide relief. While you wait, you go under the knife, again and again, the doctor cutting through the scars of the last operation to make adjustments. You beg your doctor not to put you on morphine. You don’t like being strung out. But it’s the last resort; you take it twice a day. Three years later, VA denies your claim. VA says the pain in your back—never mind the morphine or the days bedridden—is moderate, not severe. You don’t even understand the legalese that denied the leg claim. You appeal.

More waiting. Your wife, Helen, becomes your caretaker. She helps you put on your shoes in the morning—you, a former soldier in your thirties. More surgeries. You can’t play with your kids. You gradually accept a cane. Pain, and the medication for it, keeps you from working. Depression sinks in. You attempt suicide. You survive. You’re still waiting. That appeal is still pending. The country you fought for still refuses to acknowledge the extent of your sacrifice. How can it care for or support you if it doesn’t do that?

Your claim is old, outdated. Filed years ago. In a logical world, you would update it—things have gotten worse. In fact, VA’s open record enables you to add evidence at any time, unique in the American judicial system. But if you did submit that new evidence, it’d send your claim back to the very start. Reggie explains:

**“The whole time you’re waiting, just like me, your ailments are growing. They’re getting worse. And you can’t go back and renew your claim now, and say it’s getting worse because then you’re pushing that first claim back and you’re [basically] starting a whole new claim. It’s a really stressful process.”**

Any new evidence punts the appeal back to the start. All that waiting you’ve done will only be repeated as it’s pushed back for a fresh review. It’s

rare that Reggie realizes this—most Veterans don’t. They send in new evidence to bolster their claim. They try to help the process along; instead, the process just sends them backwards. It perpetuates an endless churn. The waiting makes Veterans give up. Reggie continues:

**“I think that’s happened to me three or four times where I could have appealed [a rating], but I didn’t because it was like, if I appeal this, I have to go file another claim. I have to wait another two or three years. I’ve already waited two or three years. No one’s going to talk to me. My condition’s going to grow even more and I’m still not going to be recognized for what’s going on.”**

He’s not alone. The current process is incapable of responding to the changing medical conditions in the timely manner needed by Veterans.

The waiting isn’t easy. As Reggie tries to maintain a life, tries to restore his health and some semblance of normalcy, the process sends VA and Reggie hunting for more and more papers, breeding more and more delays. VA confronts him with a lack of communication, explanation, and personal contact. It infuriates him and Helen. Letters pile up saying, essentially, that nothing is happening. “It’s very vague online and if you call to talk to somebody they’re very vague also,” Helen explains. As Reggie’s wife, Helen has fought this

## // NARRATIVES - REGGIE

just as much as he has. The process takes a toll on families. “If they have the technology,” she continues, “why can’t they put more detail about the process, or what the next step is, or where you are... They have the eBenefits portal already. What would it

### **“To know that the VA supports me. They’re not just treating me. They’re supporting me.”**

take to just put more detail in there?” Perhaps speaking to a generational shift, Reggie and Helen practically implore VA to use eBenefits more.

They want to know where they are in the process, what’s coming next, and what evidence VA has—especially since they keep getting requests for documents they’ve already submitted. It’s a common sentiment, in a common, infuriating story. Reggie, exasperated, sums it up: “I don’t understand the whole claims process, appeals process. I don’t understand it at all. It makes no sense.” He and Helen want a process they can understand.

Reggie and Helen keep pushing through it. A grant of the benefits would mean a lot of things to them. Yes, it entails a larger disability payment. But it also means access to additional treatment in the VA medical system, including specialized care for spinal cord injuries. Most importantly, for Reggie and his wife Helen, it means that VA acknowledges his sacrifice and the extent of his injuries. It’s psychologically important for him and many other Veterans. It lightens his load, makes the

pain easier to bear, to know that the country he fought for recognizes the weight he and his family still carry from service.

That he has to fight for that acknowledgment—as he also fights to

maintain his quality of life—angers him. His piercing, ice blue eyes narrow. That the system doesn’t trust him angers him. When he appealed in 2012, he got a note out of the blue granting his PTSD claim. 100%. No explanation, nothing addressing his other claims. It felt like they were trying to shut him up:

**“It seemed like it was a political thing: ‘He probably wants to be 100% anyways, just give him 100%.’ That’s how I felt, you know? And that wasn’t the point... The point was to get accurately rated for my mental disabilities... So you give me 100% for my mental disabilities. So what?”**

He doesn’t want VA to just throw him 100% and think he is “just going to sit back and shut up.” That patronizes his intent, his injuries, and his sacrifice. It cheapens the suicide attempt, the pain, the cane he uses before forty. That’s not what he’s fighting for in this process.

What is a good outcome for him? He doesn’t hesitate:

**“To know that the VA supports**

**me. They’re not just treating me. They’re supporting me. It feels good to know that you have that backup, but as long as they don’t acknowledge that you have these issues, they’re never going to support you correctly. I hate the fight of getting them to acknowledge that I have these issues.”**

VA can’t provide a rating for not being able to play with his kids. It can’t capture the difficulty of having his wife become his caregiver. But it can support him by recognizing how the injuries he sustained in service weigh on his and his family’s life. It can show that VA and his country still care.



**Like in the  
military,  
Veterans care  
deeply about  
the outcomes  
of other  
Veterans.**



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## Insights

- Comradery continues beyond service and, in the appeals process, the process becomes the new enemy.
- Veterans are willing to sacrifice for their fellow Veterans in the system.
- Veterans want VA to support their brother and sister Veterans, especially those who are worse off.
- Veterans recognize that VA faces serious problems in the appeals process.
- Veterans rely upon each other, first and foremost, when determining how to interact with VA.

*“I am happy to see the younger Vets have it easier.”*

*“There are some things that I would [appeal] if I thought that I wouldn’t be taking away care from somebody more urgent. There’s guilt... Maybe if things change, if things in the system changed, I might try to [appeal].”*

*“That’s all I want, is to be heard, to be treated with respect, to have other Veterans not be so scared to file a claim.”*

*“I’d go out of my way to help a Veteran. I think that we should help each other and do everything we can because people don’t realize some of the things that Veterans see and do over the years.”*

## Design Considerations

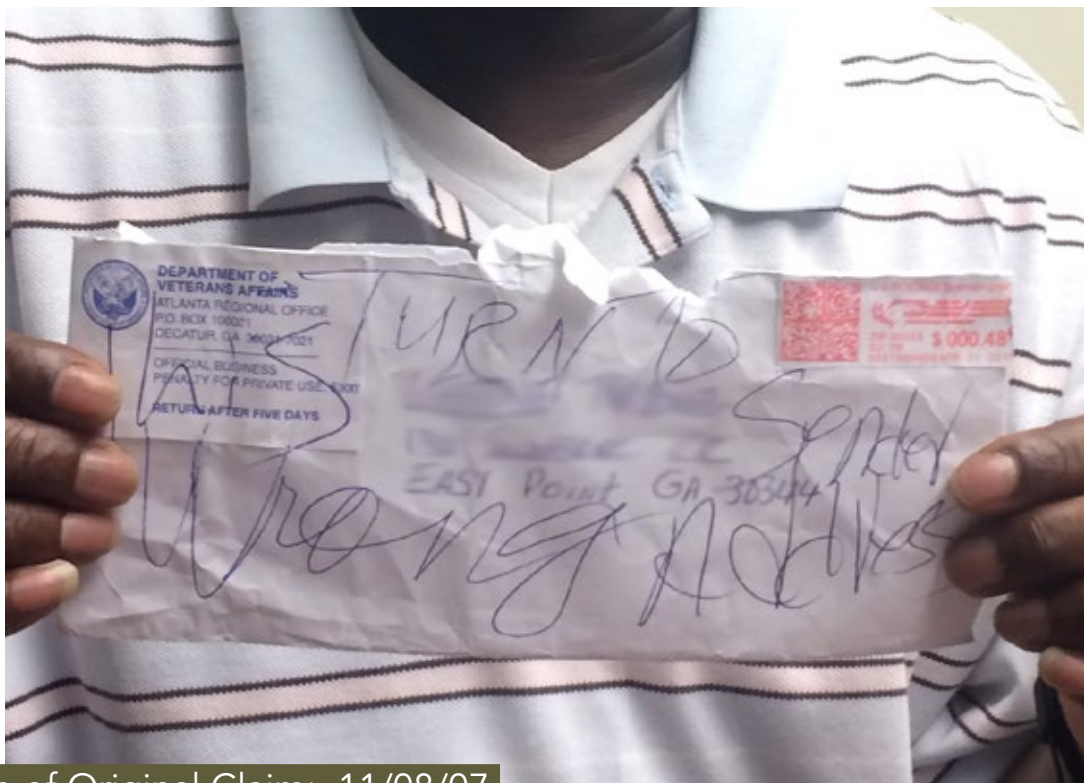
- How might we design a system that meets Veterans’ expectations of both individual and collective justice?
- How might we foster Veteran comradery and communication during the appeals experience?
- How might we redesign the system to help those Veterans struggling the most?
- How might we effectively communicate those steps Veterans can individually take to alleviate delays in the process?

*“I get help from other Veterans who have been through the process before. It is confusing though when we have similar issues, but get different ratings.”*

*“It changes your life – it can cause you to be depressed, incapacitated, but I can’t let that stop me from helping others. I advise them: ‘Do you have the time and mental commitment to appeal?’ This is my first time going through an appeal and I wouldn’t wish that on anybody.”*

*“It’s horrible, I know of other Veterans who’ve just given up. I hear it all the time.”*

*“I didn’t go for a long time because I figured there were Veterans worse off than me that needed it.”*



Date of Original Claim: 11/08/07

Total time pending: 7 years, 7 months, 8 days

Total number of VA adjudications:

5 (1 Rating Decision, 1 SOC, 1 SSOC, 2 Board Remands)

\* SOC = Statement of the Case

\* SSOC = Supplemental Statement of the Case

**“It’s been a long road. Period. From the day I got out until today. That’s been twenty some years. That’s a big, big thing...I just want them to hear what I got to say.”**

Lawrence got the letter from a friend he’d once lived with. It was crumpled by the time he got it, but it arrived in time. The hearing for his VA appeal was coming up, the letter told him, and soon. His friend had almost returned it to sender—had even written it out—but since it looked important he held on to it a little longer. And when Lawrence happened to call his friend about an unrelated matter, the letter, improbably, made it into his hands.

Lawrence had been homeless. It’s hard to get letters when you’re bouncing from apartment to apartment, street to street. He’d missed his last hearing for precisely that reason. Now, he was finally getting his feet under him, with VA’s help in fact. He’d forgotten about the appeal for years, but somehow here it was and he would go, for a claim made eight years earlier.

He had enlisted in the Army in the late 1970s. His mother had died when he was young and his dad had raised him alone in rural Georgia. Lawrence joined the Army to make him proud.

When he joined, his medical exam noted that he had an eye condition, but they brought him in anyway. It deteriorated after that. At intervals, it would turn red or stick shut. He’d get bad headaches and pain. The Army offered him a medical discharge—with a 10% benefits rating for the

eye. With no knowledge of what was to come, he fought to stay in. He wanted to prove himself. He didn’t want to fail. He changed his MOS (Military Occupational Specialty, his job), got support from a commanding officer, and stayed—but only a little longer. The Army discharged him a year later, without the benefits. He felt like a failure.

His eye problems continue to worsen. A few years after his discharge, he remembers, “I woke up blind.” The sight in his left eye, always the troublesome one, had stolen away in a night.

He didn’t tell anyone. For years.

“I woke up blind and I didn’t tell no one for a long time,” he explains. “My sister, my brother, my dad, my family members. I didn’t tell them. I made it work.”

He wanted to be strong. He didn’t

## **He sunk into depression, drifting into homelessness and alcoholism.**

want people to see him as weak. When he bumped into people or trees or walls, he played it off as clumsiness or drunkenness. When he missed seeing something he pretended he was absent-minded. The left side of his body grew scraped, bruised, and scarred from the collisions. People fought him when he would accidentally bump into them

or their girlfriends at bars.

Eventually he caved and told his family, but they didn’t believe him. He decided to keep playing it off.

“If I can fool them,” he thought. “I think I can make it. It’s really screwed up, but that’s what I did. I tried to make it because I had been let down so much, I just tried to make it.”

He stayed away from people, from his family. “I hung by myself,” he explains. “I didn’t get into any relationships, I didn’t let anyone get close to me...I know it sounds crazy, but that’s my life.” His relationships with his family still suffer from it. He didn’t pursue stable employment, believing he couldn’t be hired if he admitted his blindness and couldn’t keep the job if he got it on a lie.

He sunk into depression, drifting into homelessness and alcoholism.

The useless left eye still hurt, sending him to the hospital multiple times. He kept trying to make it.

He approached VA for help at one point, filed a claim for his eye and for financial support. He was denied. “They wouldn’t talk to me. They said that’s unrelated. I got very upset, the heck,” he says. “I’ll just start trying to make it on the outside.” He did,

though, file an appeal and continued to try to fight that appeal as he bounced from apartment to apartment.

**“I wanted them to see me. I wanted to see them. I wanted to look at them the way they’re looking at me.”**

The paperwork, the hoops that VA and Veterans must jump through in the process, dogged him and drove him to exasperation: “I got fed up with everything that was going on. I said to hell with it. I didn’t have no place to go, I didn’t have no place to stay. I couldn’t keep up with all this stuff. I could barely keep up with myself.” He thinks he left the five or six pounds of paperwork he’d accumulated in a friend’s apartment somewhere.

Eventually, he gave VA another shot. This time, they helped him get back on his feet, placing him in a halfway house and starting to get him care. He now has his own permanent address.

The appeal, even if he’d given up on it, though, hadn’t died. He had requested a hearing in all that paperwork and so a hearing was still scheduled. That letter still got sent to that old address. And it ended up in his hands.

Waiting, he explains why he wanted a hearing: “I wanted them to see me. I wanted to see them. I wanted to look at them the way they’re looking at me.” If he could have made one change to the process, he would have

cut out all the paperwork and gone straight to that conversation:

**“It’s been a long road. Period. From the day I got out until**

**today. That’s been twenty some years. That’s a big, big thing...I just want them to hear what I got to say because I tried to tell them years ago how simple it was: all I want is the medical discharge I was tried to be given...If I’d have knew that you were trying to give me a medical discharge because I was going to go blind...I’d have took it.”**

Perhaps he ascribes too much foresight to the Army doctors, but his request was simple, especially since he, like many Veterans, sees the military and VA as being far more interconnected, if not synonymous, than in fact they are.

The hearing occurred. Lawrence told his story, explained why he thought the matter was simple.

If he ends up denied again, though, he’s done with the process. “I’m done. I’m done,” he sighs. He’s tired: “If I keep doing this, I’ll be dead before I get any opinion. So if it don’t work this time, I’m just going to start living, living as best I can.” The process takes too long.

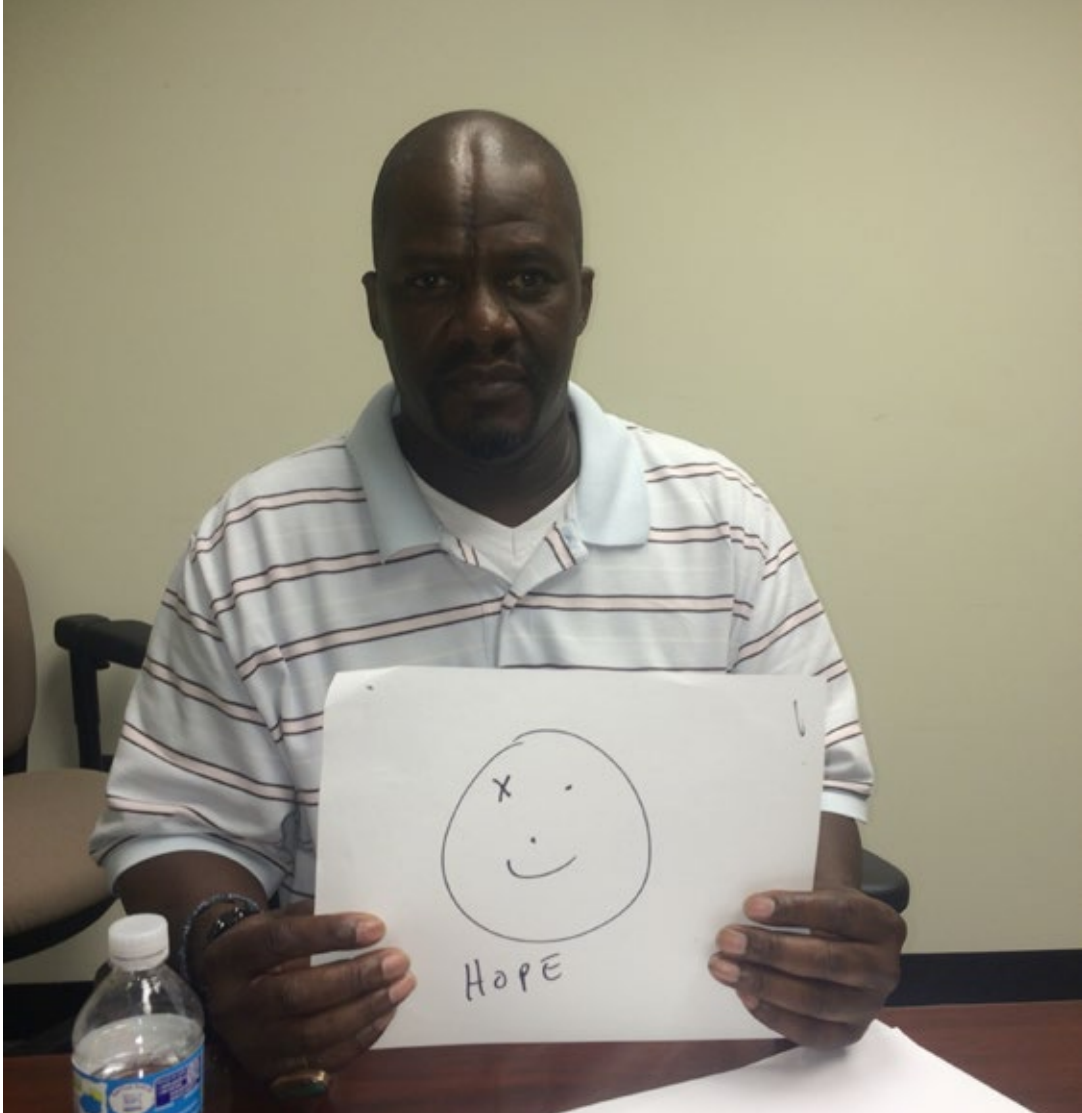
Still, the hearing was a positive experience for Lawrence and things are

moving in a better direction. He talks about how he now has his own place and makes plans for keeping up with his prescriptions and seeing a primary care physician for the first time in eight years. “I think things are going to be a lot better,” he muses. “[I] have some hope...I feel better now that somebody did listen. If it don’t get no further than where it’s at, I’m alright...I’m going to start living the best I can.” He’ll be trying to make it, like he always has.

Asked to draw how he felt, he drew a smiley face—an X where the left eye would be.

Underneath it he wrote one word: “Hope.”

**“If I keep doing this, I’ll be dead before I get any opinion.”**



**Veterans  
grow to  
feel alone  
in a process  
they barely  
understand.**

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## Insights

- No matter how much they want or how hard they try, Veterans can't understand the current process beyond the most basic elements.
- Veterans go to lengths to find help, and the degree to which they find it determines a large part of their experience with the process.
- Veterans want an advocate who cares about them and their challenges.
- Veterans do not see their actions as contributing to the delay in any way.
- Experiences with VSO representatives—the current advocates in the system—vary widely.

*“I’ve been doing this on my own, with zero help, nothing. I mean I think I’ve become an uncertified medical doctor and an uncertified lawyer.”*

*“Tell me where I’m at: ‘They’re at this stage. They just went over this evidence. This is where you’re standing now.’”*

*“Who denied [my claim]? If you’re not talking face to face with somebody how are you going to deny it. That’s another issue, you shouldn’t be denying people a claim unless you talk to them face to face.”*

## Design Considerations

- How might we redesign the claims and appeals process to make it intuitive?
- How might we remove the pitfalls of the process so that Veterans’ attempts to move their appeal along don’t set it back?
- How might VA connect a Veteran and their family with personalized support and a trusted advocate across all phases of the claims and appeals processes?
- How might we ensure that Veterans are fully prepared and educated on their options and prospects before they start the claims and appeals processes?

*“I don’t understand the whole claims process, appeals process. I don’t understand it at all. It makes no sense.”*

*“I wouldn’t even know who to try to get a hold of [at VA].”*

*“No one talks to me...It says to call this number....Nobody, nobody is going to answer that phone when you call them.”*

*“I consider it to be all VA.”*



Date of Original Claim: 10/05/10

Total time pending: 4 years, 8 months, 11 days

Total number of VA adjudications: 2 (1 Rating Decision, 1 SOC)

\* SOC = Statement of the Case



**“If you get us blown up, I’m going to come back and haunt your ass.”**

Sitting in his position as a gunner, Bill turned to his buddy, the driver of his armored vehicle, and reminded him as they moved out of the base in Vietnam: “If you get us blown up, I’m going to come back and haunt your ass.”

“And wouldn’t you know it,” he recalls, “he got us damn blown up!”

Ninety days later, Bill, a Marine drafted in the late 1960s, and his buddy were back in Vietnam with a commanding officer incredulous to see them: “I’m putting you guys on the same truck again, and if you blow up again, I’m going to stick my foot so far up your [you know what] they can’t send you back.” Two months later, an explosion threw Bill a hundred feet. This time injuries sent him home for good.

Today, he wears a “Vietnam Veteran” hat over long, gray hair a good six inches past his shoulders. “I married a Hemingway [a granddaughter of Ernest to be precise], I don’t have kids. I’m the only kid I’ll ever raise and I’m not sure I did a great job on that,” he regales. He uses a walking boot—complications from diabetes caused by Agent Orange exposure. He boasts a cane, a gregarious nature, and a sense of humor; as he sits down, he picks up his cane and hollers “I have PTSD, watch out my cane could go off at any moment!” before pretending to shoot at the room with his cane.

The self-deprecating humor’s easier in the day. At night, he dreams of Vietnam: nightmares of explosions and combat.

VA’s helped him. He’s seen therapists both at VA and privately. VA’s treated him for his diabetes, and quickly granted him service-connection based on Agent Orange. But when he

Typically, when a Veteran files or appeals a claim, they must have a C&P Exam. A medical professional—perhaps not even a doctor—examines, tests, and probes to determine the validity of their claim. For some Veterans, it’s one of the most reviled parts of the VA process. Veterans liken it to an interrogation, a cross-examination, a hunt to find out the lies

## **How would you assess whether or not someone has PTSD? You could sit them in a room with someone who’s never met them and have that person decide in a couple of hours. That’s the Compensation and Pension Exam.**

put in a claim for PTSD, VA denied it. Angry, he appealed. He waited four years for a hearing.

How would you assess whether or not someone has PTSD? You could ask them, but maybe you want more concrete validation. You could ask their family—who live their struggle with them. Better yet, from an official perspective, you could ask their doctor or therapist—the person tasked with understanding their hurt and helping them work through it. Or you could sit them in a room with someone who’s never met them and have that person decide in a couple of hours. That’s the Compensation and Pension Exam —almost always referred to by its initials “C&P Exam.”

the examiner is convinced they’re telling.

Veterans and others struggle with why the doctors who know and treat them don’t suffice, why they aren’t more involved in disability determinations. “Let the real people, the VA doctors, nurses, the ones that care and do the work, take care of the process and the soldiers,” Bill inveighs. All of his mental health doctors, be they VA or private care, state his PTSD stems from Vietnam, specifically from being blown up twice. They’ve worked with him for years.

After a few hours, the C&P Examiner felt differently: His PTSD came from riding motorcycles.

Claim denied. Appeal begun.

**The  
appeals  
process  
feels like a  
fight.**

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## Insights

- Veterans feel belittled and untrusted in the process.
- The appeals process is non-adversarial only in theory.
- Veterans think VA hunts for any reason to deny.
- The C&P Exam feels like an interrogation or an impersonal, insufficient checking of the box.
- Veterans will often reach out to the Secretary of VA, their congressmen, and other leaders for help.

*“[The process] needs changing, no question. Veterans should be treated with respect and dignity. Veterans need to know VA is on their side.”*

*“I’ve been fighting for five years.”*

*“When I try to go and get help they say I had these problems before I went in the military. Yet they drafted me and sent me to Vietnam. Had me killing folks. And when I come back home I have to fight to get [benefits].”*

*“It just seems like you’re fighting a losing battle. And its like insurance, they just hope you give up.”*

## Design Considerations

- How might we deliver on our non-adversarial promise at all stages of the process?
- How might we create a Veteran-centric C&P Exam?
- How might we foster a mutual sense of trust between Veterans and VA employees?
- How might we make the appeals process a holistic fresh start in a Veteran’s interactions with the government?

*“They are just waiting for me to die, then they can close my case and forget about me.”*

*“Twelve years, they deny, deny, deny [bangs table].”*

*“It seems like when we’re in the examinations for the claim like you’re being interrogated, like you’re doing something wrong for being there.”*

*“I felt I had to write a nasty letter to Secretary and Congressmen to tell them how bad the process is”*

*“Not until we got to the DRO [Decision Review Officer] process [did the system feel non-adversarial].”*

DENTAL SERVICE

YOUR NAME \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS      CIRCLE CORRECT ANSWER

1. Are you presently under a physician's care, or taking any medicines?      YES       NO
2. Have you ever had heart trouble or abnormal blood pressure?      YES       NO
3. Have you ever had Rheumatic Fever?      YES       NO
4. Have you ever been anemic?      YES       NO
5. Have you ever had severe bleeding or other complications following an extraction?      YES       NO
6. Are you allergic to any drugs, medicines, or injections?      YES       NO
7. Have you ever had fainting spells or shortness of breath?       YES      NO
8. Have you ever had diabetes or sugar in the urine?      YES       NO
9. Have you ever had yellow jaundice or hepatitis?      YES       NO
10. Have you been hospitalized in the past five years - if so, for what reason?       YES      NO
11. Have you received any X-rays within the past four weeks?       YES      NO
12. For Females Only - Are you presently pregnant?      YES       NO
13. Please add any comment you would like to make.

DENTAL CORP COMMENTS

*Flavmoniz*

Date of Original Claim: 01/13/11

Total time pending: 4 years, 5 months, 3 days

Total number of VA adjudications: 4 (3 Rating Decisions, 1 SOC)

\* SOC = Statement of the Case

**“It was so frustrating. I told you this, I sent you this. I did this. I’ve jumped through every hoop.”**

**The doctors gave Lisa’s husband two months to live.** A searching series of tests to discover the source of Jim’s lung problems had ended with a cancer diagnosis. It hadn’t been COPD or allergies, asthma or the pneumonia. No, it was a tumor, developed from exposure to asbestos decades prior. Everything turned upside down for Lisa.

When had he been exposed to the asbestos, they had wondered together? Jim had worked as a salesman after the Navy: suits, insurance, cars. His brief stint as a building inspector had come with proper training and had occurred too recently for asbestos to hit him like it did. His time in the Navy provided a slew of explanations, and the timing made sense. He’d certainly been exposed when he had deployed to Alaska in the 1960s. There he had combed through and worked in the wrecked infrastructure of the largest earthquake to hit North America in the 20th century. Plus old vessels like his were known to have significant amounts of asbestos in their construction. The Navy seemed the only logical source of asbestos exposure.

They filed a claim: this dying man, his grieving wife, and a VSO representative who worked against the

clock to help them.

“My husband signed the first papers in December. I probably signed papers in February 2011. He died in January,” she explains quietly.

After his death, a letter came from VA. Denied. The first of many to come. She appealed. She knew the process would take longer than a few months, but she didn’t expect it to take the years it in fact dragged out.

**‘We will do anything, say anything, to deny. Nothing she says counts because we might have to give her benefits.’**

“After he died, everything was just in turmoil,” she remembers. “I’ve just been following through and I keep getting denial, denial, denial. I mean some of the denials were pretty”—she pauses, looks around, whispers—“terrible.”

Take one of the first denials. She filled out a form after Jim’s death that asked, “Are you and your husband living together?” Understandably, she answered no. VA wrote back with a denial. You have to be living together, the letter explained, to receive benefits. So Lisa had to send in another document stating that they had lived together until his death.

She kept fighting, though, for the next four years. With occasional VSO help, she jumped through every hoop VA presented, confident and

certain she was correct.

“They [VA] treated me like I was nothing, like I was some kind of an idiot: ‘We’re not going to listen to anything you say because you don’t know anything,’” she remembers tiredly. But it wasn’t just her that was saying it was asbestos. His primary care physician in his last months and the doctor who performed his autopsy both agreed he died from cancer caused by asbestos. They said so in letters to VA.

VA, she’s convinced, just looked for any reason to deny: “It’s kind of like, ‘We will do anything, say anything, to deny. Nothing she says counts because we might have to give her benefits.’”

“I just felt very, very insignificant in this whole thing. Even his doctors [didn’t matter]. The only thing that counted was the VA: our goal is not to give you benefits.” So they denied.

They denied because she didn’t live with her dead husband, denied because he smoked three decades prior, denied because he once worked as an inspector. She estimated that she’s been denied in some manner eight different times.

“It was just one excuse after another. It was so frustrating,” she recalls. “I told you this, I sent you this. I did this. I’ve jumped through every hoop and then you come back with something that doesn’t fit the sce-

## // NARRATIVES - LISA

nario.” Like maintaining his cancer was caused by smoking when every medical professional who examined his living or dead body pointed to asbestos exposure.

Her frustration comes through when she talks about the process. She’s got a fire in her. She manages a chuckle at some of the sillier denials she’s received. But when she talks about Jim, one can see how this process has dragged out her experience of her husband’s death, continuing for four years beyond his early death the turmoil and enervations of official business.

**One can see how this process has dragged out her experience of her husband’s death, continuing for four years beyond his early death the turmoil and enervations of official business. “I don’t want benefits,” she whispers, barely above a hush. “I want Jim back....”**

“I don’t want benefits,” she whispers, barely above a hush. “I want Jim back....” Her voice trails off and she’s quiet for a few moments. “I guess closure would be for them to say yes, he was exposed to asbestos in service and if he hadn’t been I’d probably have him today. I know I’d have him today.”

She’s lost a lot, and quickly. Last year a car bomb killed her son, who worked as a contractor in Afghanistan.

More appeals documents came from VA. She couldn’t deal with it. A

phone call from her VSO representative said simply, “You know, it’s up to you, but I’ll be here for you.” A little over a year later, she walked into her hearing, belittled by a process that purports to support Veterans and their survivors, looking for recognition for one of two deaths she’d suffered in the last four years.



**Veterans  
want to be  
heard.**



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## Insights

- Some Veterans see their VA rating as the country's formal acknowledgment—or lack thereof—of the true measure of their sacrifice. Recognition of service and sacrifice is key to the process.
- Repeated denials tear at the narrative of service that many Veterans use to make sense of continued pain and struggle.
- Veterans' satisfaction depends on feeling that their story has been acknowledged and understood.
- Rating decisions are often about much more than just money for many Veterans.
- Veterans trust decision makers who have met with them and listened to them.

*“I just wanted to tell my story. I just want them to hear me.”*

*“Talking helps. That’s it.”*

*“I just want them to hear what I got to say because I tried to tell them years ago how simple it was.”*

*“I feel better now that somebody did listen. If it don’t get no further than where it’s at, I’m alright.”*

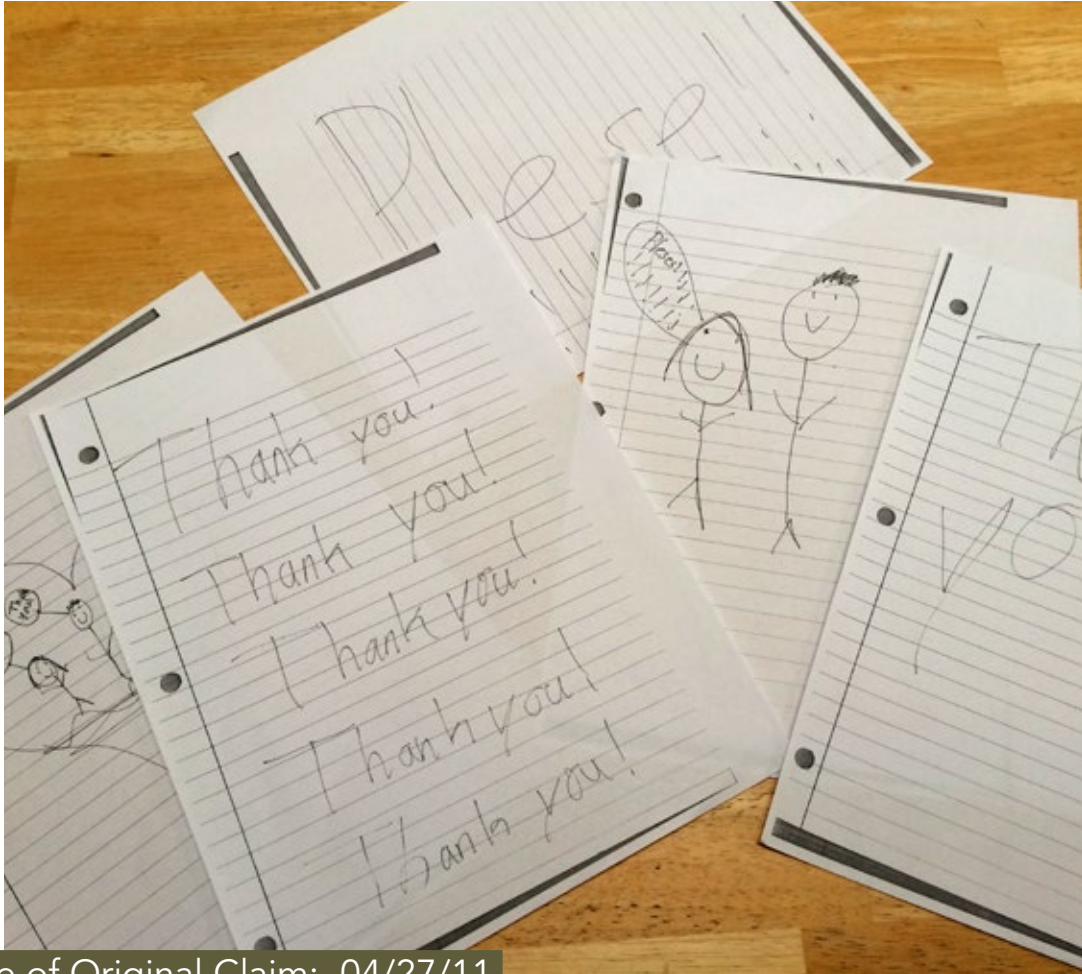
*“I’m looking for acknowledgment and an apology.”*

## Design Considerations

- How might we foster listening and empathy in the appeals process?
- How might we communicate decisions to ensure Veterans and their families feel like they are heard, regardless of the outcome?
- How might we use hearings and conversations to shorten the process instead of adding to it?
- How might we fully acknowledge service even if we must deny a claim or appeal?

*“Last night, we were talking about it, about today’s hearing and everything. And we were saying a prayer and in the prayer it wasn’t that we were praying that ‘Oh I pray you get the highest disability rating and you get that check and all that money.’ No, it was ‘I am praying that your voice is finally heard after all these years.’”*

*“Somebody needs to hear it even if it’s just that gentleman [the judge], somebody needs to hear it. Because it’s not nothing. It’s his life, it’s our life, it’s our kids’ lives.”*



Date of Original Claim: 04/27/11

Total time pending: 4 years, 1 month, 20 days

Total number of VA adjudications: 3 (2 Rating Decisions, 1 SOC)

\* SOC = Statement of the Case

**“I am praying that your voice is finally heard after all these years.”**

**His wife took the pills out of his hand in October. His dad, speeding from his house nearby, had arrived in time to talk him down.**

**He’d come that close—a raise of the hand, a tilt of the head—to killing himself, to ending the pain that seemed to radiate unbearably from his toes to his brain. The same pain that no one at VA would acknowledge.**

Diego joined the Navy after September 11th, serving as a personnelman on a newly commissioned battleship. The ship, after its commissioning, had made for its homeport in San Diego, passing through the Panama Canal and turning north. During that Pacific journey, in the midst of a storm, Diego injured his back. He was descending a ladder well when a massive wave struck the ship. He lost his grip, twisting and falling down the well. The ladder struck his back at every rung, the whole way down.

Then at twenty-four years old, he got up, went to Medical, and took some Motrin. “Let’s roll.”

The ladder, though, had jarred askew by ten millimeters one of his vertebrae. The injury, and the pain from it, would worsen over time.

Diego’s a big guy, a bear of a man, with a shining, shaved head, and a bearing older than his thirty some years. He immigrated to the United States as a kid and he’s dedicated his working life to his country, first in the Navy and now in work for the Federal Government. He met his wife Tara, a Veteran herself, in the Navy. “She couldn’t even pronounce my last name and now she carries it,” he jokes. Short, with the ramrod posture of an (uninjured) Veteran, Tara’s simultaneously a force of resolve and compassion.

After leaving the Navy in 2008, Diego, over the years, as the pain increased, mentioned the growing pain in his

back and the old injury to numerous VA doctors. None listened, until one VA doctor finally took note, in 2011. Upon examination, this doctor immediately ordered Diego into the hospital. A series of tests showed that Diego, without surgery, was a week, perhaps two, away from paralysis. This doctor assured Diego, however, that even after a successful initial surgery, more surgeries and pain lay in his future.

The news jarred him. It also prompted him to do something, seemingly mundane, that he’d been meaning to do for years—to file a claim to increase the disability rating for his injury with VA. He filed. Then they waited, he and Tara.

Two years later they heard back from VA. A woman from his VBA Regional Office called to question him about his claim. The questions became a kind of interrogation. “Oh, it just happens to be a coincidence that you had back surgery and you submitted a claim? Really?” he remem-

bers her snarling. Years later, her distrust and hostility still haunt the words in his retelling. “It made me feel about this big,” he said, gesturing with his thumb and index finger. “Tiny.”

A few months later a decision came. He was given an increased rating, but the decision “didn’t address any of the issues” he felt he had raised. The entirety of his injury had been categorized under “degenerative ar-

thritis.” VA didn’t recognize his thirteen other diagnoses. They ignored the fused spine and the numb legs; the four screws, the cage, and the metal plate welded into his body didn’t seem to matter. “I don’t only have arthritis. If I only had arthritis I’d be the happiest man in the world,” he said. “But that’s how VA codes it and I don’t think that’s right.”

To him, this simplistic rating ate at something deeper. It trivialized the true scope of his injury. He, along with

**“That’s all I want is to be heard. To be treated with respect. To have other Veterans not be so scared to file a claim .”**

## // NARRATIVES - DIEGO

many other Veterans, views his VA rating not simply as a response to a claim or a means to a payment check. The rating by VA demonstrates his country's formal acknowledgement of the true measure of his sacrifice. Official denials tear at the narrative that he and other Veterans like him use to make sense of their continued pain and struggle. It seems to belittle their service.

"Arthritis" isn't his reality. It's a few lines in a book he hasn't read. It doesn't reflect the guilt he feels in telling his kids he can't play with them, the calls for ambulances to his job because of blinding pain, the cane and the slow, painful rise from the bed at age 33.

He appealed the decision. The waiting started again. He'd call. He'd go online. VA would demand records, again. And again. The same records he'd already submitted, two maybe three times.

The law mandates that VA tell him what documents it needs. It's part of their "duty to assist" Veterans in the process. In theory, the duty to assist makes the VA appeals process one of the most applicant-friendly systems in government or the law. In practice, the law also mandates what records VA must collect. The number in a case can be daunting. Often compounded by poor communication, those records requests feel like the opposite of assistance, making the theory meaningless to affected Veterans.

To Diego, and thousands of Veterans like him, it looks like this: "I've sent these records to the VA. I've walked these records to the VA. I've mailed these records to the VA. [But it's still:] 'We need them again.'"

It seemed to Diego that those demands, formal, baffling, inexplicable, were the only times VA paid attention during the process. He called to check his status. He went online. He asked for help. No one listened. No one responded. No one seemed to hear him.

The pain increased, as the doctor said it would. It grew more intense, seized him more often, covered more of his body—flashed into his brain. With the deeper pain came deeper depression, deeper anxiety. And yet, no one at VA listened.

Then, in October 2014, something snapped. His wife remembers "a calm before the storm," a distant quiet in Diego, in the days leading up to his attempt at suicide.

Both Tara and Diego think how lucky they were. His dad, terminally ill with cancer, could talk him out of it. He still had the mental stability to think, in his words: "Okay, it's not worth it. I have my wife. I have my kids. I'll [go to the clinic] tomorrow." He survived. But both Tara and Diego—knowing the strain of service, injuries, and fighting the process—worry about those Veterans going through similar ordeals that "have nobody."

Diego got a new decision in early 2015, a few months after another out-of-the-blue and unpleasant conversation with someone from VBA who seemed intent on haggling with him over his disability rating. The decision still failed to acknowledge the extent of his injuries. And it contradicted itself—awarding him both 50% and 30% for mental health. He appealed.

What drives someone to keep going in all of this? Four years, increased pain, more trips to get records, months and months of waiting, belittling phone calls: why keep doing it? Diego wants to be heard: "That's all I want—is to be heard. To be treated with respect. To have other Veterans not be so scared to file a claim."

Tara agrees: "I pushed him to keep going for the simple fact that his back condition is listed as arthritis only. That really stuck with me. Somebody needs to hear what he's going through. I don't want to get all emotional again. [She starts tearing up]. But somebody needs to hear it even if it's just that gentleman [the judge], somebody needs to hear it. Because it's not nothing. It's his life, it's our life, it's our kids' lives."

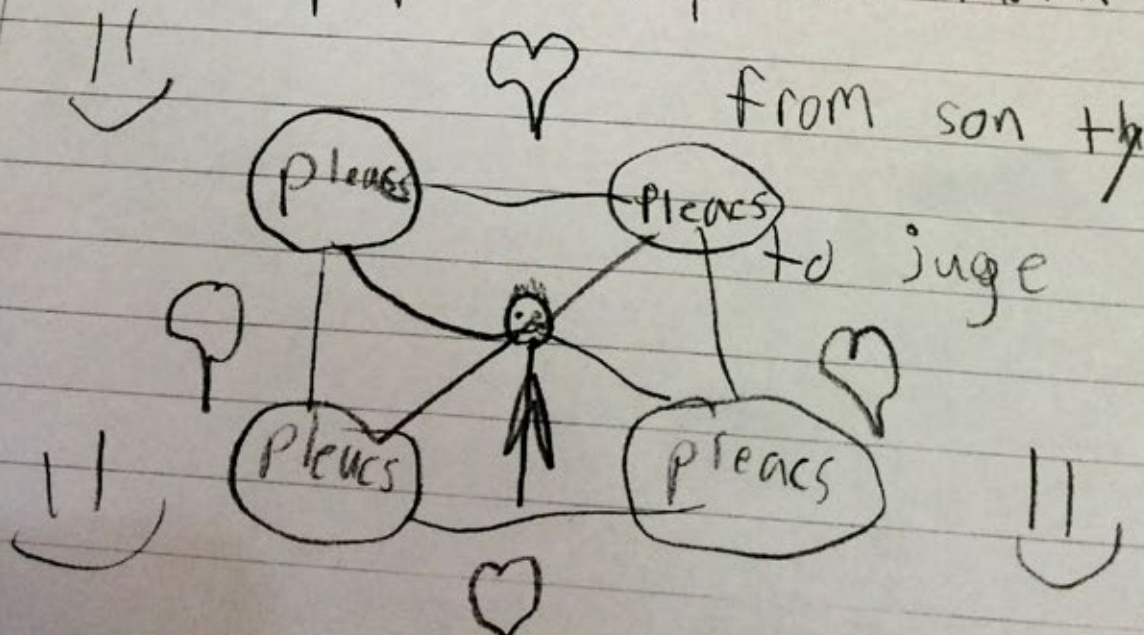
For Diego, and for many Veterans, a hearing presents the first opportunity to tell the story. They worked hard to prepare for it, though they didn't know what to expect. Most Veterans don't. They assumed it would be adversarial, even hostile, *A Few Good Men*-style. Preparation became a family affair, Diego explained:

**"We had our entire dining room table full of papers. All of my medical records, bills from my surgery. Me**

Dear Junge,  
 about my baddy's back!  
 me and my sister hate were  
 we bon't like were my baddy can't play  
 with us and were I trie to give him  
 a huge I bon't like it were he  
 says no no to me and I bon't  
 like it were I have to gied  
 him to the ject room an  
 were he styles going up an  
 bown the stars and were  
 he tries to get up and  
 bown off the cace.

I like the old baddy  
 ps pleas help him thank you

from son tyler



## // NARRATIVES - DIEGO

**and her were like: Okay, on your phone tell me what this means...We had my six-year-old daughter with us, my ten-year-old son. Okay, you highlight. You put tabs. So it was a family event, trying to figure it out to prepare for today. Seeing what I needed to say, what I needed to look at. Us Googling and reading it; my kids highlighting and tabbing. That's how we did it."**

Their kids even drew pictures and wrote a letter for the judge.

The night before the hearing, Diego and Tara prayed. "Last night," Tara explains, "We were saying a prayer and in the prayer it wasn't that we were praying that 'Oh I pray you get the highest disability rating and you get that check and all that money.' No, it was 'I am praying that your voice is finally heard after all these years.'" Diego barely slept he was so nervous.

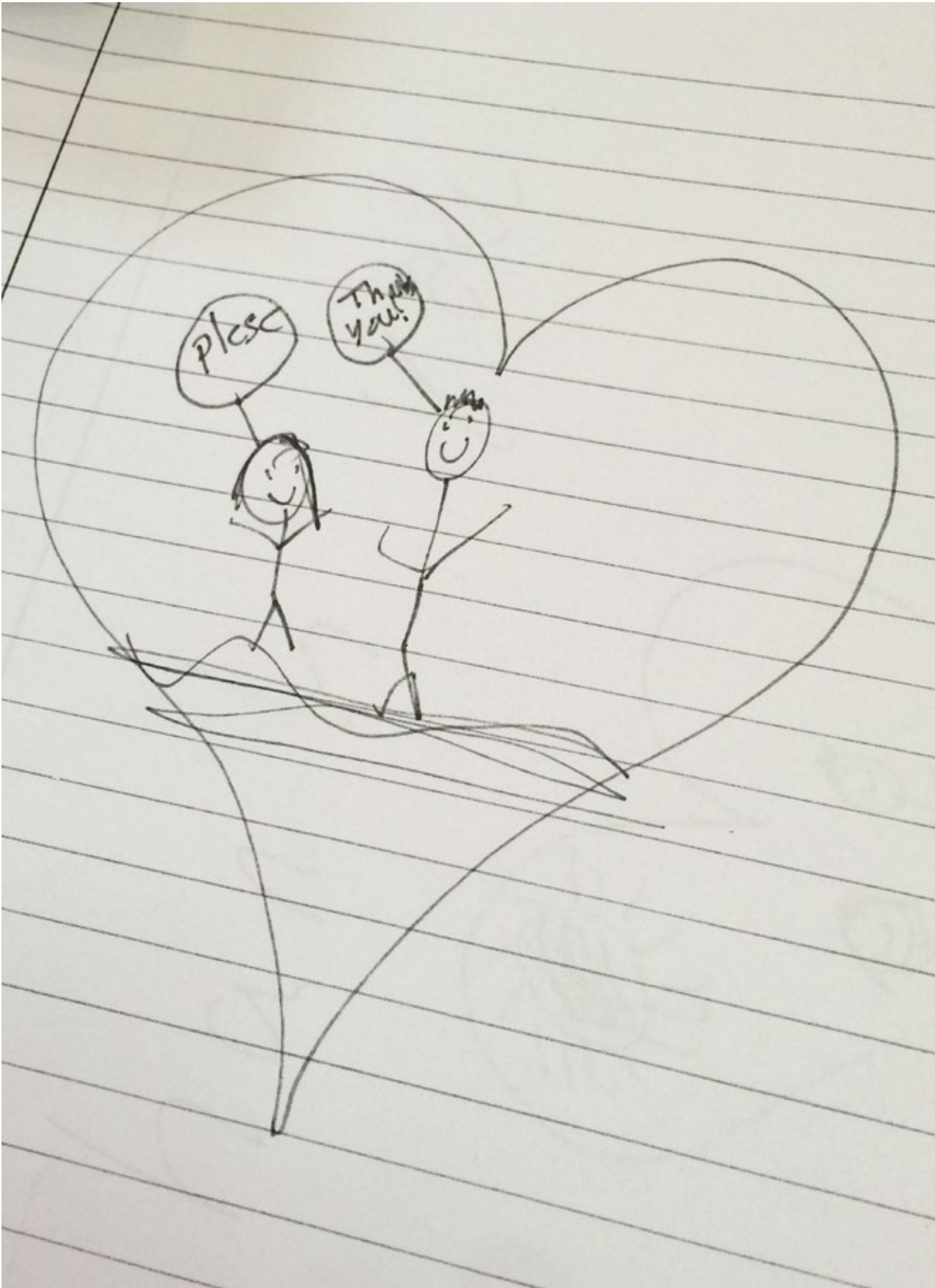
The hearing helped, as it often can. The judge listened. He cared. He acknowledged the sacrifice and service of both Diego and Tara. He heard their story, all while guiding their testimony with questions to make ruling on their appeal possible, easier.

Afterwards, they sat together. Drained from an emotional, momentous day, in some sense a culmination of trying years, they talked at length about their process, how they met, their pride in service, how they hope the process improves for other Veterans.

Under it all, though, that October night, when suicide could have been imminent, still lingers: the stark, dire example of years of tumult and exhaustion. It brings tears, and worry. When asked what the best outcome of this whole process with VA could be, Tara answers determinedly, "His back isn't miraculously going to get better. It's going to continue, like a domino effect, up the rest of his spine for the rest of his life. I know that. I've come to terms with that. I think he's coming to terms with that." She continues, tears starting to sneak out again: "But the best outcome for me would be to know that when he does need help, whether it's just a doctor's appointment, X-ray, MRI, or mental health appointment, that he will get it. Not that we'll be having a repeat of what happened

in October. There's no guarantee that something like that would never happen again, but there are things that could be put in place that could ensure that it's less likely to happen again." Sitting next to her, Diego stared back with the same quiet, tired tears.

A few seconds later, though, they both sallied forth on how to improve the process for Veterans. They're fighters, after all.



## HOW MIGHT WE MEET OR EXCEED VETERAN EXPECTATIONS?

The appeals process should, in theory, be one of the most applicant-friendly systems in the world. Instead, it ranges from depersonalized and arduous, to hostile and belittling. Compounding these issues, accelerating changes in medical knowledge and clinical practice add both complexity and urgency to the process. In some areas, what made sense when a Veteran's medical profile rarely changed back when now fails in practice. Absent new approaches that permit appellate review to be conducted in a complete and timely way, even the best efforts of VA and VSO employees are unlikely to be able to meet the challenges of tomorrow. Simply adding new patches on top of the old ones risks cutting off one head of the hydra only to see two more sprout in its place.

If we started with a blank piece of paper and built a new appeals system for Veterans, what would it look like? If we erased the illogical accumulation of regulations and built a system designed to meet Veterans' expectations in the context of today's challenges, what would it look like? What would be expected from Veterans? What would be expected from VA? What would be the simplest way to accomplish that?

With challenges to the current model only increasing over time, we have an opportunity and an obligation to contemplate a future that meets Veterans' needs and expectations in a timely and customer friendly way. While none of us may have the answer on our own, we believe that together, we do.

*“Somebody’s gotta wake up and smell the coffee, especially for us guys that are getting up in age. They ain’t got much time left.”*

*“[The Process] needs changing, no question. Veterans need to know VA is on their side.”*

*“Treat people the way you want to be treated.”*



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The themes and insights we heard point to seven overarching principles:

- 1. Veterans want a simple, timely system capable of responding to the changing needs of their lives.**
- 2. Veterans want change—for their own sake and for their fellow Veterans.**
- 3. Veterans want to understand the process and their position in it.**
- 4. Veterans want VA to talk to them and to communicate in a language they understand.**
- 5. Veterans want to be treated with respect and trust.**
- 6. Veterans want a personal touch and an advocate in the process, someone who understands their story and can help them.**
- 7. Veterans want acknowledgment and recognition of their service and sacrifice during the process.**

## End Notes

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