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College of Social and Behavioral Sciences

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Tanya Rosemary Brinkley

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Walden University
2014

Abstract

A Case Study of the United States Veterans' Disability Compensation Policy Subsystem

by

Tanya Rosemary Brinkley

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

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January 2014

Abstract

In public policy literature, there is a lack of research that integrates social construction theory within the advocacy coalition framework, and far less is known about how these theories address policy change and processes related to programs for disabled veterans. The purpose of this study was to conduct a policy analysis to evaluate how well the needs of veterans are met through the U.S. Veterans' Disability Compensation (USVDC) program. In a case study of a city in the southeastern U.S., gaps between formulation and implementation of USVDC policy were examined. The theoretical frameworks used in this study were Hacker's formulation and implementation gap to analyze policy, Schneider and Ingram's conceptualization of social construction, and Sabatier and Weible's advocacy coalition framework. The central research question for this study explored the extent to which the USVDC program meets the needs of disabled veterans (DVs). Data consisting of over 355 USVDC formulation and implementation documents, from March 2007 through August 2013, were coded using a priori codes and content analysis methodology. Findings indicate the USVDC policy subsystem struggled to manage the claims backlog that grew to over one million claims. Between April 2013 and September 2013, an emphasis to reduce the claims backlog improved stalled policy formulation, resulting in a shift to positive social constructions for DVs. Implications for positive social change include improved collaboration between policy makers, the Veterans' Administration, and recently transitioned target group DVs, to reshape policy formulation and implementation to further improve the quality of life for sick and injured veterans when entering the USVDC policy subsystem.

A Case Study of the United States Veterans' Disability Compensation Policy Subsystem

by

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MS, Social Work, University of Pittsburgh, 1985

BS, Social Work, Edinboro University, 1983

Dissertation Submitted in Partial Fulfillment

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Dedications

This dissertation work is dedicated to all disabled veterans. Not a day has passed during this work that I did not consider my veteran sisters and brothers who languish in the disability claims backlog while transitioning to disabled veteran status. While they endure a loss of pay, they simultaneously endure the accompanying complications. These veterans endure hours of a contentious life of disability adjustments, fraught with associated chronic pain and mental anguish. Simultaneously, they endure and contend with the government bureaucracies intended to restore them to a normal life.

This dissertation is also dedicated to United States federal, state, non-profit, and private organization personnel that devote so much time, talent and funding to disabled veterans. Disabled veterans should always express gratitude to these dedicated U.S. citizens that do uphold this nation's promise to care for those who defended this country.

This work was inspired by many service members, but one in particular, my husband, United States Army veteran of Operation Iraqi Freedom and Operation Enduring Freedom, Lieutenant Colonel (Retired) Jeffrey A. Farrell. Jeff was a constant source of motivation and feedback, even when in a combat zone in Afghanistan. Jeff is a Walden University doctoral student in Management, Leadership and Organizational Change. He is also a military spouse of a disabled veteran and shared the burden of the transition to disabled veteran status.

I may have quit this work if not for the constant companionship of our dog, Ramsey, the Blue Tick Beagle. Being chronically ill and working on a dissertation made for some very painful, long and isolated days. Ramsey was always there waiting for me to finish my work, take a break, and go walk or play for a few minutes several times a day. All disabled persons, but particularly disabled veterans, should feel the comfort of a loyal companion like Ramsey.

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I selected my Walden dissertation committee because both members committed their dissertation research to policy analysis. In 1999, Dr. George Larkin used a neural network model to study policy subsystem portfolio management. After discussing the use of the advocacy coalition framework as a theoretical framework in his doctoral work, I became interested in using Text Analyst 2.3 and PolyAnalyst 6.5 as a means of artificial intelligence to help analyze parent and sub-parent themes in content analysis of legislation and policy within the U.S. veterans' disability compensation network.

Dr. Anne Hacker studied unintended consequences in public policy in the formulation and implementation processes. She used the social construction and design theory as one of her conceptual frameworks. I was drawn to her work because she identified in the second sentence of her dissertation that a gap exists between policy formulation and policy implementation; when policies are formulated as a result of emotional responses to an issue, there are differences between the formulators and the

implementers, and the formulators fail to hear the voices of the contending citizens impacted by their decisions.

Dr. Anne Hacker is gifted in chairing the dissertation process. She is tough, but fair. I knew that if I survived the writing process with her that I would always be proud of the work we did together. She is kind, and pleasant to engage, making the isolation of dissertation writing a pleasure. I am very fortunate for the time I could spend with her during this scholarly pursuit.

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Chapter 1: Introduction to the Study

This study applied social construction and design theory and the advocacy coalition framework of policy processes in a scholarly exploration of the formulation and implementation gap in the United States veterans' disability compensation (USVDC) policy network. In this study, I reviewed USVDC and its various public administration coalition members as a policy subsystem of the advocacy coalition framework. I studied members (referred to as actors) of the USVDC policy network. This research described the evolution of two coalitions and their contributions to perpetuating socially constructed gaps resulting from military members' transitions from active duty advantaged members of society to disadvantaged members of society as disabled veterans.

Statement of the Problem

In public policy literature, there is a lack of research that integrates the social construction and policy design theory within the advocacy coalition framework (ACF). A review of the public policy literature revealed there is a need to integrate various theories or frameworks of the policy processes in the same study (Nowlin, 2011; Real-Dato, 2009; Schlager, 2007). Schlager (2007) stated that over the past several years, the resemblance among policy process theories and comparative policy models has become more pronounced to the point that they probably belong under one roof and that roof is called the advocacy coalition framework (p. 317). Weible et al. (2011) collaborated on a review of a quarter century of the advocacy coalition framework and concluded that questions should continue to arise about the relationship between the ACF and other theories and

models.

The ACF describes a policy subsystem while analyzing policy that occurs because of the actions of the actors within that policy subsystem. Schneider and Ingram (1997) found a limitation in that new policy theories did not focus on democracy. Schneider and Sidney (2009) explained that the next generation of policy studies should include policy designs in social construction that will make important contributions to democratic theory because they may determine how processes shape design and how these designs affect justice, problem solving, and U.S. democratic institutions (p. 103). Policy research should include analysis of public policy designs, the effects of unequal levels of political participation across socioeconomic groups, the framing of issues in such a way that policymakers would rather win and defeat their enemies than solve a collective problem, and the growing inequality in income and education (p. 111). These analyses must incorporate not only the influence of political power, scientific learning, advocacy groups, and windows of opportunity, but also the critically important role of social constructions of reality. As the social construction of U.S. disabled veterans becomes divisive, there is less possibility of creating policy designs that serve democracy.

This research embedded social construction and policy design theory within the USVDC policy subsystem. This research can narrow the gap between policy formulators and implementers by directing attention to the problem identified. There is evidence of a chasm between the formulation of the policy and legislation advocating for disabled veterans and the implementation of current policy for improving disability claims processing for disabled veterans. Schneider, Ingram, and deLeon (2007) suggested in

social construction and design theory that military service members begin as advantaged members of society but digress toward disadvantaged members as they become disabled (p. 102). Chapter 2 describes vast interruptions in the redistribution of income for U.S. service members forced to transition to disabled veteran status.

In 2007, U.S. Senators Casey, Durbin, Kerry, Lautenberg, Menendez, and Mikulski introduced Senate Bill 882, Veteran Navigator, to require a pilot program on the facilitation of the transition of members of the Armed Forces to recipients of veterans' health care benefits upon completion of military service and for other purposes. The bill was sent to the Committee on Veterans' Affairs. An initial look at the testimonies before the Senate committee revealed a massive lobby by VA administration and organized interest groups (Disabled American Veterans and the American Legion as two examples) against the passing of this legislation. The bill died in its introductory phases. This study examined the documents and testimonies to Congress by various actors, through the lens of the ACF and social construction theory, to define what occurred within the process of this legislation and all legislation pertaining to the disability claims backlog from January 2007 through August 2013.

A common theme among the coalition members of the USDVDC policy subsystem is that there are already enough organizations and processes in place to navigate the veteran to disabled civilian status. Yet, according to Mulhall (2010), veterans have difficulty accessing health care as 432,202 of 1,000,000 claims were pending and 78,000 of 343,00 had been waiting 2 months and longer for disability claims to be processed. Despite vast reported improvements by the Veterans Affairs

Administration, as of August 2013, the disability claims backlog continued to grow beyond 2 million claims. No public servant formulating public policy sets out to cause a veteran to experience hardship accessing health care or to slow the veterans' disability claims processing time. No public servant sets out to diminish service members' quality of life after they become service-connected disabled veterans. However, good intentions are rarely acclaimed. The street level administrators implementing policy do not have enough time in a work day to process the large amount of paperwork generated by the current disability claims processed in over a decade and two wars.

U.S. veterans' disability claims processing is notoriously mired in long administrative processes. Scholars agree the veterans' disability claims backlog has been an immense problem for the last decade (Gerber, 2007; Keiser & Miller, 2010). The disabled veterans lose their employment and health benefits with the Armed Forces and, as an unintended consequence, their former quality of life as an employed military service member. Service members deemed unfit for duty lose their paying military jobs and are separated from service as unfit for duty due to disability. They then must wait in the disability claims process line while facing unemployment and the hardships of disability.

According to the Defense Finance Accounting System (DFAS), service members deemed 100% disabled, with a service-connected disease or injury, by both their military service component and the Veterans Administration are still only entitled to 75% of their base pay (Department of Defense Finance Military Regulation, 2012). Disabled veterans also lose their housing allowance, which pays their mortgage or housing costs, and all

other pay benefits afforded active duty service members. They are advised they can apply for their social security disability benefits to make up the shortfall. The Social Security Administration (SSA) has access to military records, but the disabled veteran is still required to start over in the social security disability system lines like any disabled person first applying for those benefits. The average wait time is defined as at least 6 months by the SSA. If approved, the payment will be retroactive from the date of application. If not approved the disabled veteran has 60 days to appeal or hire an attorney to assist with that appeal.

If disabled veterans are determined eligible for social security disability, then they may make up some of the economic shortfall. These veterans will not see the advance in salary they would expect with regular promotions through a normal military retirement. If notified they are not eligible for social security, they suffer the unintended socioeconomic consequence caused by their unfit for duty status. They are forced to decide to appeal the SSA decision, which can take an additional lengthy amount of time. Most will hire legal representation to fight their case causing further economic stress.

This research analyzed specific policies and programs built to lessen the burden of this disability compensation system, starting with the failed Veteran Navigator legislation in 2007 and congressional legislation that has passed and failed between 2007 and 2013, through the lens of ACF and social construction theory. A content analysis provided evidence of the problem for disabled veterans and analyzed how government and nonprofit officials are working to alleviate the socioeconomic hardships created as a result of disability compensation claims backlogs.

Nature of the Study

Ingold (2011) concluded that recent research studying network structures within policy processes could benefit from qualitative learning in a systematic analysis of institutional rules (p. 453). In 2006, Weible and Sabatier recommended researchers conduct quick qualitative ACF style analysis of policy subsystems that may include the analysis of documents and reports (Weible & Sabatier, 2006). In previous ACF research, researchers defined core policy beliefs, explained coordination, and provided qualitative illustrations of that coordination (Weible, 2005). According to Weible and Sabatier (2006), the ACF is difficult to apply because it encompasses a 10 year period or more. Collecting questionnaires and conducting interviews is time consuming and potentially costly. These originators advised conducting qualitative ACF style analysis of policy subsystems. They suggested analysis of documents and reports to broaden the scholarly discourse gaps they identified in updates about the ACF (Sabatier & Weible, 2008).

A policy problem exists when there is a discrepancy between the formulation and the implementation of the policy. The heart of policy analysis is about closing that gap and disconnection (Hacker, 2006; Morcol, 2002). Hacker (2006) created a concept model called the formulation and implementation gap or FIG, which illustrates this gap between the formulation and implementation of public policy in relation to various internal and external influences.

For this study, I conducted a qualitative content analysis of public policy and administrative processes using qualitative analysis software as the means to process documents and describe the results. The content analysis portion of this study examined

how the policy subsystem finds equilibrium between the distributions of resources for disabled veterans.

Research Questions

The following research questions guided this study and were derived from Sabatier and Weible (2007, p. 209) and Hacker's (2006) FIG model. The central research question for this study was: To what extent is the USVDC program effectively meeting the needs of disabled veterans?

1. To what extent can the social construction and design theories be used within an advocacy coalition framework to inform transition assistance in the United States Veterans' Disability Compensation policy subsystem?
2. What are the policy gaps between the intent and implementation of United States Veteran's Disability Compensation policy?
3. To what extent can the policy subsystem actors use social construction and design theory to help fill those gaps?

Purpose of the Study

The purpose of this study was to conduct a policy system network analysis of the USVDC policy subsystem for service members transitioning to disabled veterans. This research analyzed the gap between formulation and implementation of U.S. disability compensation policy by integrating social construction and policy design theory within the ACF. Further discussion of these theories and themes is found in Chapter 2.

Conceptual Framework

This research integrated social construction and policy design theory within the policy subsystem of the ACF to analyze the FIG for service members transitioning to becoming disabled veterans. I used the ACF guidelines as parameters of this policy subsystem study. The framework begins with two separate coalitions processing input from unofficial and official actors/members beginning with defining beliefs, resources, and strategies of two coalitions as one policy subsystem, and the resultant decisions by government authorities, institutional rules, policy outputs, and policy impacts.

The social construction theory of Schneider and Ingram (1998) was embedded into the ACF policy subsystem and applied to two coalitions. The two separate coalitions are defined as Coalition A and B. Coalition A is those organizations and actors that formulate USVDC policy and legislation. Coalition B is those organizations and actors that implement USVDC policy.

A detailed description of Coalition A and B members is provided in Appendix A. Coalition A members belong to organizations that represent the formulation of policy in federal, state, and nonprofit interest groups. These organization members include: United States Veterans Administration, Veterans Benefits Administration; United States Congressional members; Social Security Disability; Georgia Department of Veterans Affairs; American Legion; Disabled American Veterans (DAV); and the Iraq and Afghanistan Veterans of America (IAVA). Coalition B members are the street-level actors who implement policy at United States Veterans Administration, Veterans Benefits Administration; United States Congressional members; Social Security Disability;

Georgia Department of Veterans Affairs American Legion; Disabled American Veterans (DAV); and the Iraq and Afghanistan War Veterans Association (IAVA).

Assumptions, Limitations, and Scope

In this research, the use of the social construction and policy design concepts assumes that disabled veterans experience negative social reconstruction as they navigate through the USVDC program. The military and veterans are typically portrayed as advantaged (Schneider & Ingram, 1997). In 2007, disabled persons are portrayed in the middle of power illustrations between high and low power and positive and negative social construction (Brucker, 2007; Schneider & Ingram 2007). There is no specific categorization for the disabled veteran in the social construction literature to date.

Specifically this research assumed that the disabled veterans of the last 5 years are dependent and included in the literature that addresses the disabled individual. There is some subjectivity involved for the researcher using content analysis as a research methodology. The researcher must reduce the information in text to a series of variables that can be examined for correlations. The potential limitation is that the researcher must select the coding patterns used. It makes it difficult for the researcher to not interject bias into this process. Bias can be managed by defining and redefining the coding process and working to focus for codes to categories, categories to themes, and concepts back to social construction theories (Saldana, 2009, p. 215). A detailed coding protocol is described in Chapter 4 and illustrated in Appendix D as the taxonomy hierarchy.

Conceptual Definitions

The conceptual definitions below clarify the terms related to the public policy and administration field and ACF. This dissertation includes a glossary of acronyms in Appendix A to aid understanding of military terms and acronyms.

Advocacy coalition framework: The ACF is a policymaking framework developed to work with public policy problems (Sabatier & Jenkins Smith, 1999).

Bounded rationality: In 1947, Herbert Simon (1979) posited that individuals process information through a filter created by their personal attitudes and experiences. These cognitive limitations can make a significant difference in the affairs of individuals and in the affairs of state and nation (Jones, 2001).

Collective action: Individuals who hold shared beliefs will act collectively to realize those beliefs (Schlager, 2007, p. 303).

Disability benefits: Compensate veterans for the average impairments of earning capacity resulting from injuries and illness (National Academy of Sciences, 2007).

Disability compensation: Compensation for average loss of earning capacity (National Academy of Sciences, 2007).

Feed-forward effects: An historical policy position that has long-term implications or consequences for later policy positions (Schneider, 2012).

Functional interdependence: Actors in a policy subsystem are mutually dependent on each other to function (Fenger & Klok, 2001).

Formulation: This term refers to the gathering of ideas and crafting alternative policies that might serve as solutions (Schneider & Ingram, 1997, p. 18).

Implementation: Is the action of the agencies or the collective coalitions as they put the policy into effect. As an example, Lowi (2009) suggested the implementing mechanism is state bureaucracy (p. 137)

Iron triangle: Is a particular style of sub-government in which there are mutually reinforcing relationships between a regulated interest, the agency charged with the regulation, and the congressional subcommittee charged with policy making in that issue area (Birkland, 2011).

Service connected-disabled veteran: The former military member is the focus of the transition action in this research. The member becomes too ill or injured to be considered fit for duty and then must be processed out of military service (the Army, Air Force, Navy, Marines, and Coast Guard). The member is relevant because he or she was injured or became ill in the line of duty. Thus, the military expects and assumes responsibility for that member who acquires a service-connected illness or injury.

Street-level bureaucrat: The street level bureaucrat's personal attitudes and values have an impact on how he or she interprets information presented in applications for veterans' disability compensation and consequently how he or she determines to allow or deny an applicant (Keiser, 2010).

Policy leaders/entrepreneurs: Those actors who construct policy for the coalitions they support.

Policy subsystem: A policy subsystem is defined by its boundaries, a substantive topic, and hundreds of policy participants from all levels of government, interest groups, the media, and research institutions. In order to influence policy, participants collaborate

in a policy subsystem to influence their own objectives. These actors maintain participation over extended time periods to meet their own objectives (Sabatier, 1993).

Social construction: Social construction theory posits that public policymakers socially construct target populations in positive and negative terms. Benefits and burdens are distributed to reflect and promulgate these constructions (Schneider & Ingram, 2007, p. 93). Schneider and Ingram noted that this incorporation of social construction into policy design can explain the positive and negative effects on society or the failure to solve public policy problems.

Significance of the Study

This study examined the socioeconomic burdens and diminished quality of life for veterans by analyzing current legislation and policies and highlighting the amount of time needed to action disability cases through all federal, state, and nonprofit systems. By examining the formulation and the implementation of the disability claims processing policy and procedures in relation to the gaps formed by coalition members who formulate and implement disability claims processing, this study magnified the redundant procedures between the Department of Defense Service Component, the Veterans Administration, the Social Security Administration, the state Veterans Affairs office, and the nonprofit organizations, like the Disabled American Veterans. This study provides a lens to potentially minimize the layers of bureaucracy service members must navigate in order to have their life restored to some semblance of normalcy.

Implications for Social Change

The results of this dissertation emphasize a need for social change by strengthening positive social construction for U.S. military service members who became disabled as a result of service to their country. These individuals receive services through the USVDC program.

Summary

The focus of this study was to understand and apply social construction and design theory, the formulation and implementation gap model, and the ACF as a scholarly exploration of the USVDC Network. A review of the public policy literature revealed that there is a need to integrate various theories or frameworks of the policy processes in the same study. Schneider and Ingram (2007) found a limitation that new policy theories did not focus on democracy enough. This research embedded social construction and policy design theory within the USVDC policy subsystem.

In public policy literature, there is a lack of research that integrates the social construction and policy design theory within the ACF. Further, there is evidence of a chasm between the formulation of the policy and legislation advocating for disabled veterans and the implementation of current policy for improving disability claims processing for disabled veterans. This research analyzed policies and programs built to lessen the burden of this disability compensation system from 2007 through 2012 and congressional legislation (that both passed and failed) through the lens of public policy and administration theories, models, and frameworks.

In Chapter 2, the literature review, I embed the social construction and policy

design theory within the ACF and describe the two coalitions that form the USVDC policy subsystem. Research questions explore the FIG as described by Hacker (2006). The research questions also attend to the gap in research as stated by Sabatier and Weible (2007, p. 209).

In Chapter 3, I explain the qualitative case study methodology along with content analysis coding. I formed the coding scheme from the literature review and describe the results of the content analysis.

Chapter 4 illustrates analysis of the content review and provides the results, findings, and themes of how the coalitions are functionally interdependent and how political opportunity structures affect coalition beliefs and resources. In Chapter 5, I discuss the interpretations of the findings and present conclusions and recommendations for further research.

Chapter 2: Review of the Literature

Introduction

In the public policy literature, there is a lack of research that integrates social construction and policy design theory within the advocacy coalition framework (ACF). A review of public policy theories revealed that there is a need to integrate various theories or frameworks of policy processes in the same study (Nowlin, 2011; Real-Dato, 2009; Schlager, 2007). The current and past research using social construction and design theory and the ACF offer the theoretical framework necessary to further develop Hacker's (2006) formulation and implementation model. Further development of the FIG offers a research opportunity to explain the integration of public policy theories, frameworks, and models (Weible, 2011).

There is a problem for disabled veterans in finalizing disability compensation claims among the federal, state, and nonprofit organizations serving these service members who are transitioning to disabled veteran status. There is a socially constructed disadvantage for the military member transitioning to disabled veteran in relation to disease, dollars, disability, and death. The claims backlog began to grow as the wars in Iraq and Afghanistan passed the 10-year mark. This research seeks to analyze the progress of the USVDC program. Negative social construction automatically begins when transitioning veterans must leave their military position. A decrease in pay begins immediately upon discharge from their military branch of service because of an "unfit for duty" status as a result of the disabling injury or illness. Next disabled veterans must

navigate administrative process to receive disability compensation. The policy addressing veteran disability compensation is convoluted, and little research is available regarding its effectiveness (Fulton, 2009, p. 185). To improve these processes, much work has been attempted and successfully completed through Congress, federal, state, and nonprofit agencies to decrease this claims backlog and improve quality of life as military members transition to disabled veteran status.

In this research, a content analysis of publically available documents explored existing data and determined the extent of the problem for disabled veterans and how government and nonprofit officials are working to alleviate the disability compensation claims backlog and improve disabled veterans' quality of life. This research analyzed legislation (both ones that passed and failed), policies, and programs built to lessen the burden of this claims backlog from 2007 through August 2013, through the lens of the formulation and implementation gap model.

Organization of the Review

This literature review begins with an introduction to the ACF (Sabatier, 1999). According to Pierce (2011) most applications of the ACF are highly technical and focus on environmental and energy issues. Pierce recommended qualitative studies that review coalition belief systems. The taxonomy hierarchy displayed in Appendix D of this research explains the depth to which this content analysis explored the belief structure of a policy subsystem, as recommended by Sabatier and Weible (2007). Sabatier and Weible also explained that there remain many unanswered and unexplored questions when

applying the ACF to public policy issues. A discussion of bureaucracy and agenda setting will augment the ACF with other models of the policy process.

Reviewing the literature about theories of policy processes led to a discovery of a gap in the literature that integrates social construction and design theory within advocacy coalition policy subsystems. Weible, Siddiki, and Pierce (2011) compared intergroup perceptions in adversarial and collaborative contexts and are guided by the use of social construction and design theory and the ACF together. These authors concluded that conducting theoretical comparisons of models and frameworks benefits the analysis of public policy more than the use of just a single framework.

For this study I selected the FIG model (Hacker, 2006) as the explanatory tool. This research sought to make a contribution to public policy analysis while expanding on the FIG literature. This dissertation research embedded the thesis of social construction and policy design theories within the policy subsystem of the ACF because similarities exist between that social construction theory and the ACF framework. This research explored the formulation and implementation gaps that contribute to socially constructing disabled U.S. veterans as contenders for power within the USVDC network.

I began the search for peer-reviewed literature by exploring how organizations determine veterans' disability compensation eligibility and what administrative connections and disconnections exist between the service member and the bureaucracies of these organizations. I continued with the question of how a study that includes veterans, interest groups, government agencies, academia, and legislators might fare under the same umbrella. Researching for answers led to Sabatier's (1999) explanation of

policy subsystems and an explanation of the actors in the policy systems and how their beliefs influence policy decisions.

I then searched for research on the ACF. I developed a database using Filemaker Pro 11 software in order to build a table for quick reference of all articles reviewed. I used the following categories for note taking while reviewing each article: search terms used, theoretical concepts, research questions or hypotheses, methodology used analysis and results, conclusions, implications for further research, implications for practice, gaps in the literature, and questions for further research.

Sabatier and Weible (2007) identify nine opportunities they hoped would generate future research (p. 209). I narrowed my research questions for this dissertation after reviewing more than 60 articles from within those listed research areas. This review of articles led to Schlager's (1995) work on how policy participants form and maintain coalition memberships. Schlager's (2007) later work compared frameworks, theories, and models of the policy process. This literature review of Schlager's work led to a current search of articles combining the use of the ACF and other theories of the policy processes. The ACF and the thesis of social construction and policy design theory could be combined and integrated in the same study (Nowlin, 2011; Real-Dato, 2009; Schlager, 2007).

The advocacy coalition framework structure provides the boundaries for this research. The literature review further narrows by specifying the use of the FIG model (Hacker, 2006) as a way to conceptualize the gaps that exist between the formulation and implementation of policy designs impacting the USVDC subsystem. The FIG model

provides the research method lens necessary to explore positive and negative social construction within the USVDC policy subsystem by explaining the gaps between the “what is” of policy implementation and the “what ought to be” of policy formulation (Morcol, 2002). At the end of this literature review is a table that is a summation of the USVDC policies’ formulation and implementation gaps.

I compiled a summary of search terms for the literature review by sorting the literature I reviewed with a Filemaker Pro 11 database and including the terms from articles actually referenced in this dissertation. I used the Walden Library research databases to input the search terms, initially using a broad search of all databases held by Laureate International Universities for peer-reviewed references about the ACF and then social construction and design theory. I then narrowed the search after determining the research questions for this study. The key search terms included: *advocacy coalition framework, belief systems, bounded rationality, bureaucratic lobbying, bureaucracy, content analysis, democratic initiatives, external events, interest groups, networks in public administration, non-profit organization, policy designs, policy feedback, policy making, social construction and design theories, and street level bureaucrats*. I also used a combination of terms.

In order to cover a breadth of research, I also reviewed seminal works of scholars who provided foundations of public policy and administration literature. These authors include Birkland (2005, 2011), Boazman (2000), Boazman and Feeney (2011), Jenkins-Smith (2003), Lowi (1964, 2009), Lipsky (1980), Morcol (2002), Sabatier (1993, 2007, 2009), Salamon (1994), Schlager (1995, 2007), Schneider and Ingram (1995, 1997,

2005), Simon (1979), and Vinzant and Crothers (1998). I narrowed the depth of the contemporary article search to a search of what Walden University considers five major public policy and administration journals: *Journal of Public Policy*, *American Review of Public Administration*, *Journal of Policy Analysis and Management*, *Policy Studies Journal*, and *Administration Research and Theory*. In order to review peer-reviewed journal articles in reference to the U.S. Veterans Health Administration, I used the *Journal of Disability Policy Studies*.

Substantiation for the Use of Models, Theories and a Framework

In a comparison of frameworks, theories, and models of policy processes, Schlager's (2007) explained that an examination of policymaking processes rests in theories and models, which should then be nested in frameworks (p. 293). Schlager was a doctoral student of 2009 Nobel Peace Prize laureate Elinor Ostrom and cited Ostrom (2007) to explain that frameworks play a crucial role in the organization and the accumulation of knowledge and set the boundaries of research exploration. However, a framework cannot alone provide the explanation of behavior and outcomes like the augmentation of models and theories will. Frameworks specify classes of variables and assist the analyst's attention to the social and physical landscape (Ostrom, 2007, p. 25). This explanation led to my understanding that the use of the ACF could not be all that was needed for the completion of this research. This research also needed an analysis using social construction and design theory, as presented by Schneider and Ingram (2007).

An application of just one framework is not enough to fully explain the administrative processes of the USVDC program to answer the research questions of this study. Further analysis surfaced the possibility that neglecting to discuss social construction theory could be a misstep in this research. As the literature review deepened, it became clear that a dissertation inquiring about policy for disabled veterans must involve the scholarly literature about disability theory as applied to veterans. A search of the term “disability theory” led to the work of Gerber (2003) who promoted the study of the history of disabled veterans. Social construction theory also fit this search because Schneider and Ingram published works about “deserving and entitled” military veteran recipients and the benefits and burdens that contribute to positive and negative social constructions (Schneider, 2005). Therefore, the parameters of this research were the ACF, social construction, and the FIG.

Situating Models within Theories and Theories within a Framework

Building models of the policy making process is like building a map (Birkland, 2005, 2011). What follows is a literature-based review and interpretation of the ACF framework illustrated in Figure 1. The narrative begins with the right side of the framework referred to as “Policy Subsystem.” The model of the ACF provided a central reference point in order to ensure the research was maintaining focus. The research questions are integrated into the ACF illustrate how the inquiry inserted models and theories using the ACF as right and left parameter limits (Schlager, 2007).

Schlager (2007) compared contemporary public policy theories to each other and reflected on Ostrom’s (2005, 2007, 2010) work to explain the significance and correct

mechanisms to study policy process by situating models within theories and then both within frameworks. Schlager's work inspired this comparison of the theories while a subsequent additional literature review found recent articles that used both frameworks together or research that analyzed policy, looking at the most researched models and frameworks. I asked Dr. Weible some questions and also e-mailed Dr. Sabatier as it was important to fully digest the concepts they introduced by a thorough literature review. This research embedded the study of models and theories into the ACF. There are numerous models in this literature review because they are an expedient method to learn a concept and visualize its meaning. The initial integration took place within the explanation of the "policy subsystem" of the framework and built into the rest of the framework from that point.

Weible, Siddiki, and Pierce (2011) compared intergroup perceptions in adversarial and collaborative contexts and were guided by the use of social construction and design theory and the ACF, which together operationalized the concept of power for coding themes by the concepts of leadership skills, the potential to mobilize target populations, the impact of wealth, and the impact of votes in legislation. These authors concluded that respondents perceived groups more positively and powerfully after the emergence of collaborative policymaking. These effects were true across all groups, so collaboration of coalitions helps all groups and not particularly those that are disadvantaged. Schneider and Sidney (2009) explained that the next generation of policy studies should include policy designs in social construction that can make important contributions to democratic theory by determining how processes shape design and how

these designs affect justice, problem solving, and democratic institutions (p. 116). My research embedded social construction and policy design theory within the USVDC governance network to explore the gaps between the formulation and implementation of USVDC policy.

Review of the Research in Relation to the Problem Statement

This dissertation used the USVDC program as an example of a policy subsystem. The ACF served as right and left boundaries, while situating Hacker's (2006) FIG model within social construction and policy design theory to analyze USVDC policy processing since 2007.

The following research questions guided this study and were derived from Sabatier and Weible (2007, p. 209) and Hacker's (2006) FIG model. The central research question for this study was: To what extent is the USVDC program effectively meeting the needs of disabled veterans?

1. To what extent can social construction and design theories be used within an ACF to inform transition assistance in the USVDC policy subsystem?
2. What are the policy gaps between the intent and implementation of USVDC policy?
3. To what extent can the policy subsystem actors use social construction and design theory to help fill those gaps?

Summaries of Literature

The Advocacy Coalition Framework

The ACF serves as a lens to understand and explain belief and policy change when there are goal disagreement and conflicts involving actors from separate levels of government, interests groups, research institutions, and the media (Weible, 2006, p. 123). The ACF presumes that policies and programs are best conceived as translations of belief systems. The framework allows comparisons between belief systems of different actors to determine future policies (Weible & Sabatier, 2008, p. 2). The ACF assumes that beliefs serve as the causal driver of political behavior and bounded rationality and is a model of the individual and belief system structure.

There are three levels of beliefs that actors may engage, core, policy and instrumental beliefs. Of the three levels, policy core beliefs are the glue for building and sustaining coalitions (Sabatier & Jenkins-Smith, 1993). Weible and Sabatier (2006) defined beliefs as what certain actors may possess in terms of cognitive constraints that limit their abilities to internalize new trends (p. 127). Matti and Sandstrom (2011) indicated that perceived belief correspondence, and not perceived influence, is the driving mechanism behind coordination. Their cataloging of beliefs shared by actors within a coalition revealed that they are composed by policy core beliefs, in particular, with a more normative content, while no connection between deep core beliefs and coordination was found.

The ACF model of the individual is set up to influence policy participants to search out allies and thus form advocacy coalitions (Weible & Sabatier, 2006, p. 127).

The ACF posits a clear model of the individual who is bounded rationally with limited abilities to process stimuli (Sabatier & Weible, 2008, p. 1). The ACF assumes actors are instrumentally rational or seek information and other resources to achieve their goals. It draws more heavily on research in cognitive and social psychology than on works in economics that assume that individuals' ability to perceive the world and process information is affected by cognitive biases and constraints (Sabatier & Jenkins-Smith, 1999, p. 130).

Adversarial relationships are needed to keep balance (Birkland, 2011; Smith, 2009; Stone, 2002). Stone (2002) wrote that James Madison started the rationality project with his efforts to construct the U.S. Constitution to assure government policy would be protected from the tyranny of self-interested majorities (p. 7). Stone further noted that the rationality project misses the point of politics and is an impossible dream. Stone noted that analysis is a creation of politics in that it is strategically crafted to create ambiguities and arguments leading to arguments of adversaries.

A limitation in collective action is that the agenda setting process cannot involve a smooth transition between the external social and economic problems that governments face and the public policies they produce. If a limited number of issues can occupy public attention at any given time, then the movement of one issue on the agenda must cause a displacement process in which another issue is lost to attention. This contributes to the disjointed nature of public policymaking and is not linked to the decision costs imposed by governance structure. McCombs and Shaw (1972) studied the contents of mass media and observed that the public agenda included no more than seven issues at a time.

The ACF makes several assumptions and hypotheses within a policy subsystem related to participants (a) tendency to join coalitions, (b) cognitive abilities, motivations, and beliefs, (c) actors cannot convey neutral stances as policy brokers, (d) the use of resources, (e) and the separate agendas within the coalition's influence (Weible & Sabatier, 2008, p. 1). First, to determine scope, causes, and problem and solution severity, the ACF places a central role in scientific and technical information. Second, a period of 10 years or more is needed to understand policy change and account for feedback from learning by policy actors. Third, the policy subsystem is the unit of analysis for understanding policy processes, as opposed to a single government entity or policy. Policy subsystems are defined by a policy topic, geographic scope, and set of specialized actors attempting to influence subsystem affairs. Fourth, the actors expand the subsystem beyond the tradition of the iron triangle (government agencies and legislators). These actors now include consultants, scientists, members of the media, and judges. Fifth, policies and programs are translations of the actors' belief systems.

The ACF has proven to be a most useful public policy framework because there are more than 80 publications from 1988 to 2006 that used the ACF to test hypotheses, structure the analysis, or guide causal or descriptive inference (Weible & Sabatier, 2008). Researchers have applied the ACF in almost every corner of the world, including Africa, Asia, South America, Europe, and North America. The ACF can be applied in almost any political setting and culture.

However, Sabatier and Weible (2006) realized it is a complex model and may be difficult to understand. The authors continually recognized a need for more versions of

the ACF that were easier for private and public managers to understand (Sabatier & Weible, 2009). Much of my literature review was a search to understand the ACF tenets and to read through enough of the literature.

Social Construction and Design Theory

Schneider and Ingram (1993) were concerned with how social construction affects the actions of policy-making elites. Social construction theory posits that public policymakers socially construct target populations in positive and negative terms. Benefits and burdens (Schneider & Ingram, 2007, p. 93) are distributed to reflect and promulgate these constructions. Link and Oldendick (1996) produced a quantitative study that demonstrated that negative social constructions affect support for policies aimed at equal opportunity and multiculturalism. In 1998, Schneider and Ingram introduced the concept of social construction of target populations. Public policymakers socially construct target populations in positive and negative terms and distribute benefits and burdens to promote these constructions.

To further validate a decision to embed social construction theory within the ACF, Smith (2009) contended there is general agreement in the field that public policy is values-based (p. 190). If public policy is the authoritative allocation of values, then public policy represents the means of allocating and distributing those values. This research seeks to find out whose values are supported by the power of the governing authorities involved in the USVDC program. Smith further explained that decisions about policy are made by comparing potential solutions to defined problems. Policy actors and citizens react to decisions using the same criteria. Decisions about policy are not structured to be

an objective analysis of the actors' projected impact but rather the impact of what it means to be a patriot during the most critical time of a viable threat to the United States homeland.

Birkand (2011) explained the process of defining problems and selling the broad population on this definition as social construction. Society tells the story about how problems came to be. The group that can create and promote the most effective depiction of an issue has an advantage in the battle of what will be done about the problem. Smith (2009) and Birkland (2011) both referred to the work of Stone (2002) in considering how people tell the stories about how problems come to be using symbols, numbers, and stories about causes. The 2010 National Survey of Veterans covered the time period of the wars in Iraq and Afghanistan and provided a representative sample in numbers of the stories of those veterans surveyed. The existing paradox is that military members who were once highly valued and advantaged in social construction, then deemed unfit for duty, become not as valuable to the military and thus dependent on a positively constructed social status but with limited power to advocate on their own behalf.

However, if the damages to service members can be attributed to service, then the disabled veterans are entitled to monetary compensation and health care for those damages. The service members' is impacted with a negative social construction because they cannot be furthered in rank nor career advancement, and no monetary compensation will increase except for cost of living increases. This, after all, is much more advantageous than allowed for other public safety officials or citizens who become disabled. It becomes difficult for the transitioning service member to make sense of it all.

Some people might argue that money is not the answer to all problems. It helps keep survival in check, but the rest of Maslow's (1943) hierarchy of needs is in jeopardy. It is as if service members should just be grateful to be alive, and everything else is a gift. This attitude is helpful but does little for positive self-esteem and quality of life issues. As members of a target population, these veterans begin to experience the consequences of the policy formulated to improve their quality of life but implemented in a way that causes a negative experience. The members can begin to interpret negative connotations from the policy message, participate as little as possible in the process, and orient themselves in a direction that keeps them from interacting with government entities (Schneider & Ingram, 2007).

In Figure 1, the military is depicted to the left of the diagram with a positive social construction. The disabled person is depicted as moving to the right in a negative direction of social construction. Of all the public policies involved in the social construction of citizens, information about entitlements are published and open to public scrutiny. These entitlements deliberately call for the protection of federal and state authority to categorize groups of citizens as deserving. Such is the case with the U.S. military veterans (Jensen, 2005). Schneider and Ingram (2007) depicted military members in a positive social construction or as advantaged. Conversely, disabled citizens begin to move to the right in social construction or in a negative direction as contenders. This policy design depiction, then (Schneider, 2007) and now (Schneider, 2009), does not depict military disabled persons as contenders. The 2009 figure of power and social constructions of target populations does not include the military but still place the

physically disabled moving towards the more negative right side of the scale and the mentally disabled closer to categorization as contenders in society (Schneider, 2009, p. 107). However, Schneider and Ingram (2005) defined the veteran as advantaged, and Brucker (2007) placed the disabled individual as dependent.

	Positive (+)	Negative (-)
High	<u>Advantaged</u>	<u>Contenders</u>
	Small Business	Big Business
	Homeowners Scientists	CEO's Labor Unions
Power	The Military	Disabled
	Mothers The Poor	The Radical Right
	Homeless	Feminists
Low	Children	Criminals Terrorists
	<u>Dependents</u>	<u>Deviants</u>

Figure 1. Social Construction Model Adapted from Social construction and policy design in P. Sabatier (Ed.), *Theories of the policy processes* by (Ingram, Schneider, & deLeon, 2007, p. 102).

Policy design theory purports that principles of policy design mature from political and social processes, and these principles feed forward into subsequent political consequences (Schneider, 2012). The feed forward effects are the policy consequences. Policy design becomes the focus as scholars study to understand how and why policy makers arrive at certain kinds of design elements instead of others and pursue knowledge to understand the full range of consequences that result from differences in designs. Schneider and Ingram (1997) suggested policy design's impacts on four aspects of democracy: justice and quality of life, citizenship, democratic institutions, and problem solving. The authors further noted that policy designs serve democratic principles best when goals reflect a balance among democratic values or concentrate on the inadequacies of society (p. 84).

Schneider and Ingram (2009) proposed the following be identified: problem definition; benefits and burdens distributed; target populations or the player in the policy arena who receives, or may receive, benefits or burdens; rules or directives stating who is to do what, when, with what resources, who is eligible, and so on; tools (incentives or disincentives for agencies and target groups to act in accord with policy directives); implementation structure (the entire implementation plan, including the incentives for agency compliance and resources); social constructions (the "world making," the images of reality, the stereotypes people use to make sense of the reality as they see it); rationales (the explicit or implicit justifications and to legitimize policy including those used in debates about the policy); and underlying assumptions (explicit or implicit assumptions about causal logics or about the capacity of people or of organizations).

Ingram, Schneider, and deLeon (2007) further explored and examined how policy designs socially construct target populations with six propositions (p. 101). Policy designs structure opportunities and send varying messages to differently constructed target groups about how government behaves. Service members learn early in their careers to obey the government hierarchy set before them. They literally raise their right hands when sworn into their service component and swear to obey authority as established by the United States Constitution. Therefore, many do not question the service component as they wait in line to be transitioned to disabled veteran status.

The allocations of benefits and burdens to target groups in public policy depends upon their extent of political power and their positive or negative social construction on the deserving or undeserving axis. Catano (2010) argued the veterans' lobby, made up of the federal and state veteran organizations, plus organized interest groups, are far too interested in their capital gains to quickly aid the disabled veteran.

Policy design elements, including tools, rules, rationales and delivery structures, differ according to the social construction and power of target groups. Policymakers, especially elected politicians, respond to, perpetuate, and help create social constructions of target groups in anticipation of public approval. Social constructions of target groups can change, and public policy design is an important force for change. The seeds for altering social constructions can often be found in the unanticipated or unintended consequences of previous policy designs. The term "feed forward" begins to emerge in social construction and policy design literature as a result of the political consequences of public policy (Schneider, 2009).

Embedding Social Construction within the Advocacy Coalition Framework

Schlager (2007) stated that over the past several years, the resemblance among policy process theories and comparative policy models has become more pronounced to the point that they probably belong under one roof called the ACF (p. 317). Figure 2 is a combination of the thesis of social construction and design theory (Ingram, Schneider, & deLeon, 2007, p. 96) embedded within the ACF (Sabatier & Weible, 2007, p. 202; Weible et al., 2011, p. 352).

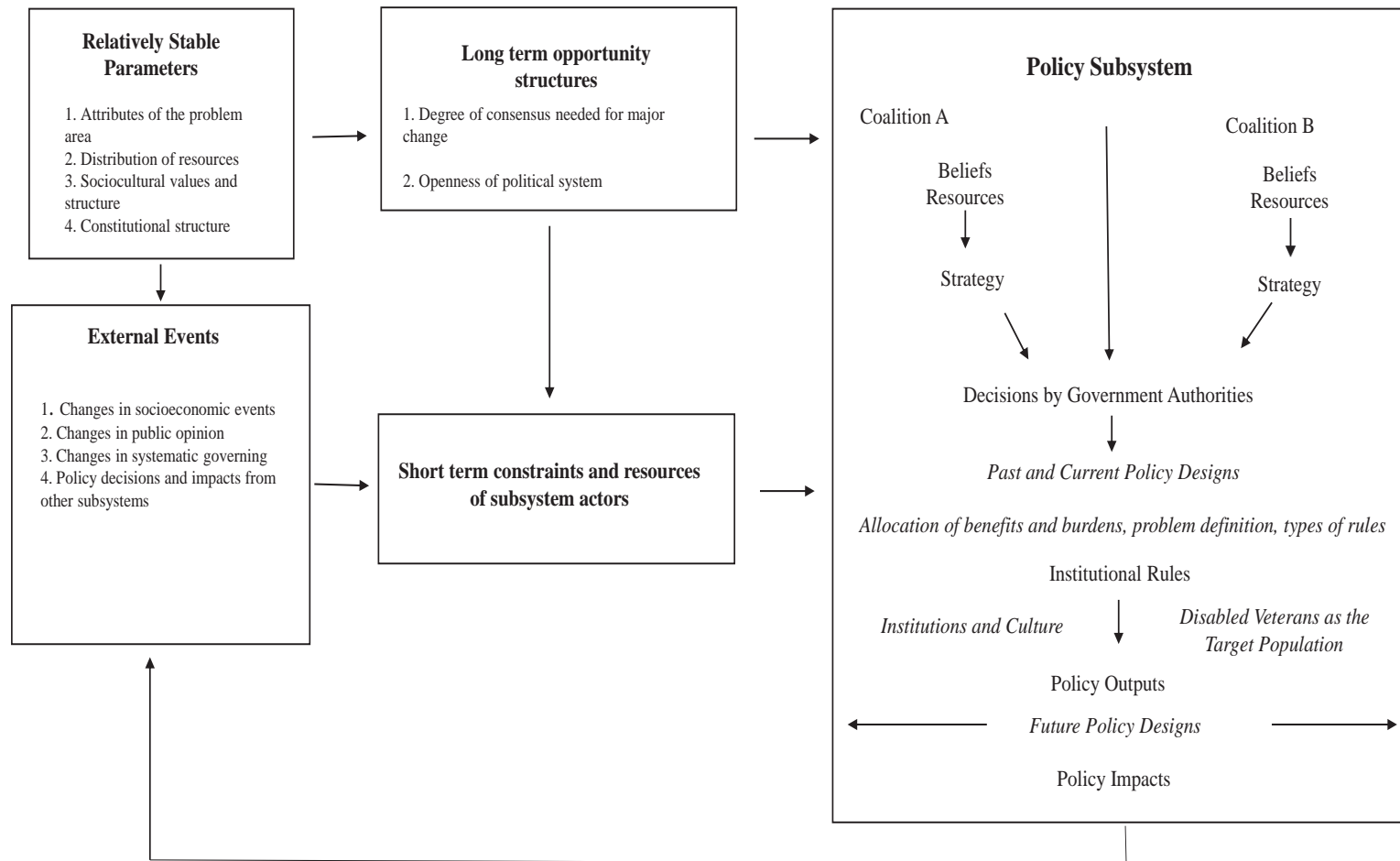


Figure 2. Diagram of Social Construction and Design Theory Embedded in the Advocacy Coalition Framework.
 Note: Social construction and design theory embeds are designated in italics

Informing Transition Assistance: The Formulation and Implementation Gap (FIG)

The following section explains the use of the FIGs that exist when focusing this study's research sub questions. Hacker (2006) devised the FIG model in describing the process for public policies (p. 115). The FIG model was based on the work of Morcol (2002), who stated that policy analysis is about finding out how to close the gaps between what is, or policy implementation, and what ought to be, or policy formulation (p. 109). The difficulties faced by the public administrators in relation to any given set of legislative action and administrative implementations are directly related to the gap existing between the formulation and implementation of legislation and policies (Hacker, 2006, p. 114). Figure 3 illustrates the FIG.

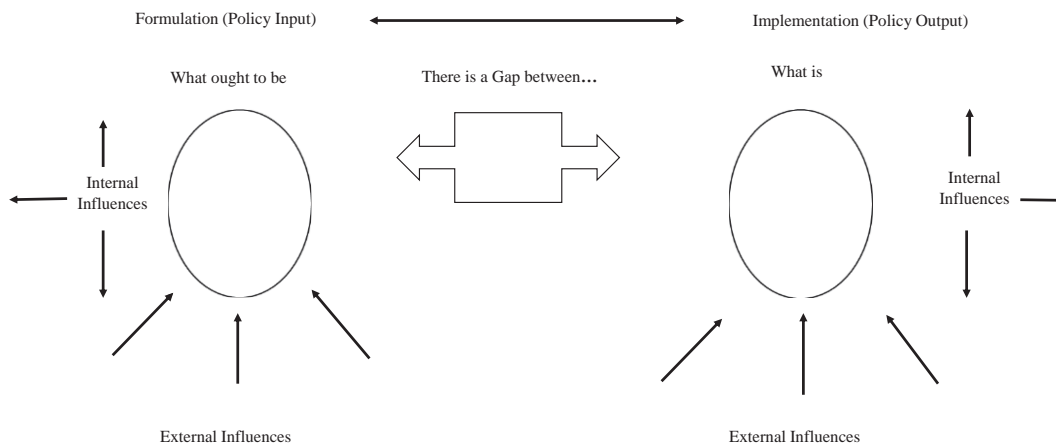


Figure 3. Formulation and Implementation Gap. Adapted from *Unintended consequences in public policy: Formulation and Implementation of Michigan's safe delivery of newborns law* by A. Hacker (2006).

I expanded upon this study's research questions by discussing social construction and policy design within the ACF. This section will be organized by expanding upon understanding the gap between the FIG of USVDC policies. The FIG is also illustrated as

a table in Chapter 3 (see Table 3) as part of the research design. This table summarizes the policy gaps, found in this literature review, that exist between USVDC policy formulation (what ought to be) and implementation (what is).

Network Properties of the Policy Subsystem Participants: The USVDC Program as Two Coalitions

The literature review sections that follow are organized using the policy subsystem concepts combined from social construction and design theories and the ACF (see Figure 2). In Chapter 3, Table 3 is a summation of the FIGs in USVDC policy. The data in this FIG table is also used to establish coding guidelines for the content analysis.

The paragraphs that follow describe the ACF policy subsystem by defining beliefs, resources, and strategies used by coalition members in the policy subsystem that make up the decisions made by government authorities. Institutional rules are formed from these government decisions in the formulation stage of policy making. Policy outputs are managed by the street level bureaucrats. The target population in this research is disabled veterans. These disabled veterans are the recipients of the policy impacts or the gaps in the policy formulation and implementation.

This research adds to the ACF literature gap described by Schlager (2007) by adding the social construction and design theory within the ACF. When discussing decisions by USVDC subsystem government authorities, this research includes the social construction of past and current policy designs by defining the problem the policy creates for disabled veterans and explaining the allocations of benefits and burdens to this target population. When discussing institutional rules, this research examines social

construction by exploring the institutions and culture the disabled veteran operates within when seeking the distribution of benefits. This research also explores future policy design recommendations by coalition members seeking to improve implementation methods and ultimately policy impacts.

In this discussion, I insert the social construction thesis into the ACF policy subsystem and apply it to two coalitions. The two separate coalitions are Coalition A and B. Coalition A includes those organizations and actors that formulate USVDC policy and legislation. Coalition B includes those organizations and actors that implement policy.

Coalition A members belong to organizations that represent the formulation of policy in federal, state, and nonprofit organized interest groups. These organization members are: United States Veterans Administration, Veterans Benefits Administration; United States Congressional members; Social Security Disability; Georgia Department of Veterans Affairs; American Legion; Disabled American Veterans (DAV); and the Iraq and Afghanistan War Veterans Association (IAVA).

Coalition B members are the street level actors who implement policy at United States Veterans Administration, Veterans Benefits Administration, Social Security Disability; Georgia Department of Veterans Affairs American Legion; Disabled American Veterans (DAV) and the Iraq and Afghanistan War Veterans Association (IAVA).

Coalition member policy subsystem behavior leads to external subsystem events. These events are impacted by changes in socioeconomic conditions, changes in public opinion, changes in systemic governing coalitions and changes in other policy

subsystems. Short term constraints and resources of subsystem actors feed forward to the policy subsystem to complete the cycle of the ACF. This cycle parallels the work of Schneider and Ingram (2009) that policy design evolves from political and social processes. This design becomes the central focus of social construction and policy design theory to understand the how and why of USVDC policy design. This focus provides a means to pursue knowledge and understand the unintended consequences of the target population that stem from the gaps in formulation and implementation of USVDC policies.

In the ACF, relatively stable parameters and long term coalition opportunity structures impact external subsystem events and short term constraints of the USVDC policy subsystem actors. Concepts examined in the ACF include the basic attributes of the problem area and the distribution of resources. Overlap exists when combining ACF concepts and social construction concepts because fundamental sociocultural values and social structure are used to discuss relatively stable parameters. Also, to explain external events impact, a description of basic constitutional structures is described within the ACF as well as within social construction tenets.

Policy Subsystem

A policy subsystem is defined by its boundaries, a topic substance, and actors from all levels of government, interest groups, the media, and research institutions. To influence policy, actors specialize in a policy subsystem to achieve their agenda and ensure their participation endures over long periods of time (Weible & Sabatier, 2006).

The geographic boundary of this ACF research affects the United States of America, but I primarily drew data from a city in the southeastern United States. The substantive boundary is the USVDC network and identified policy participants. The policy participants are explained in greater detail further in this chapter. In order to fully grasp the tenets of the ACF, there were additional foundational public policy concepts necessary to explain and use as input.

Beliefs as Motivation for the Actors

The most important beliefs are the policy core, or the beliefs that relate to the entire subsystem. These beliefs are more valuable to the individual than deep core beliefs and serve as the more efficient guide to behavior. The ACF does not assume that actors are motivated by economic or political self-interests nor that self-interests are easy to recognize. It does assume that actors' goals are like objective functions and should be discovered with observation. Actors in the ACF filter perceptions through their belief systems. They filter information that stresses their belief structures and accept information that supports their belief structures. They can even filter the technical information if it conflicts with their beliefs. They also internalize lost policy battles more than policy victories as a slight from their defined political nemesis.

Secondary beliefs are narrower in scope and address issues relevant to a portion of the policy subsystem such as rules and budgetary decisions. Changes occur due to new information and learning. This information comes in the form of internal and external events like scientific reports, policy analyses, and face-to-face communications that bind actors together in coalitions (Weible & Sabatier, 2008, p. 2). Secondary aspect beliefs are

internally established. Policy core beliefs are set up over a decade or more and are partially internally driven. Deep core values are derived externally.

. Policy core beliefs provide the principal glue of coalitions (Sabatier & Jenkins-Smith, 1999). Policy core beliefs provide the essentials to behaviors over a wide variety of situations. Policy core beliefs assume agreement on the standard rules applied on a subsystem basis as the most important defining characteristic of an advocacy coalition (Sabatier & Jenkins-Smith, 1999, p. 132). Belief stability and policy relevance have an interactive effect on policy network structure. Lubell and McCoy (2011) suggested that coalitions of actors with similar belief systems are knit together by policy brokers seeking to build transitive social relationships. Their research examined the roles of policy-relevant beliefs and social capital as drivers of network structure.

Beliefs are wide and include priorities such as causes of major problems spanning a subsystem that are resistant to change but more flexible than deep core beliefs. Matti and Sandstrom (2011) indicated that perceived belief, and not influence, is the driving force behind coordination. The cataloging of beliefs shared by actors within a coalition is composed by policy core beliefs, in particular, with a more normative content, while no connection between deep core beliefs and coordination is found.

Roles of Organized Interest Groups and Policy Leaders

Bureaucracy began as an organizational tool (Weber, 1922) and not a dirty word or as misrepresented as it has become when describing government agencies and red tape. Keiser (2010) explained that bureaucracy has a major role in policy making by determining how veterans meet eligibility criteria (p. 505). Bureaucrats determine whether clients/subjects/veterans meet the subjective and complex program rules. By determining veterans' eligibility, street level bureaucrats hold a key to a dimension of citizenship for those veterans. These individuals work directly in claims determinations. Policies delivered by these individuals are deliberate and personal and affect veterans' quality of life. The reality of the daily work of the street level bureaucrat is far from the bureaucratic ideal of what Weber (1922) considered as personal detachment. The employees that deal directly with the public, must also deal with reactions to negative experiences with disgruntled disabled veterans

Lipsky (1980) was a frontrunner in explaining the critical role of the street level bureaucrat. He explains that these actors interact daily with citizens (or for purposes of this research, in veterans' disability determination). They mediate constitutional relations between the veteran and the state. They have great latitude when interpreting eligibility standards. Most people encounter government through teachers and policeman or might have opposing views from their congressman or their school board. They constantly strive to improve what they deliver to the public, yet they are not paid much in return.

As an example of how the bureaucracy implements veterans' eligibility for programs and the power of those bureaucracies, Keiser and Miller (2010) concluded that

organizations that exist in environments with stronger organized interests generate more initial demand for benefits, provide greater access to those benefits, and make decisions more accurately (p. 521). Keiser and Miller (2010) referenced the problematic policy decisions that public administrators make about the structure of particular programs. They emphasized that organized interests affect which agencies choose to serve on advisory committees for federal and state organizations and influence those decisions.

A review of Lowi's (1964) formulation of policy typology begins to shed light on the concept of pluralism and how policy making is managed. Lowi introduced the concepts of distributive, redistributive, and regulatory policy. Distributive policy fits policy intended to benefit the disabled veteran because it intends to distribute a benefit to the veteran segment of society, but the costs are not deeply felt by society as a whole. Redistributive policy describes the politicians who work together to assist each other in their interests back home. Assisting is accomplished through a "if you pat my back, I'll pat yours" way of doing business.

Nicholson-Crotty (2010) hypothesized that (a) nonprofit organizations (NPOs) will choose to lobby the bureaucracy when they lack allies or (b) a hostile legislative environment may mean these organizations spend more budget on administrative lobbying. She concluded that nonprofits turn to lobbying the bureaucracy when they lack allies in the legislature. This is the case that the nonprofit organizations of the veterans' lobby aligned with the Veterans' Administration when legislators proposed a contract for veteran services to organizations outside these NPOs. Such is the case with the Veteran Navigator legislation.

According to Crotty and Crotty (2004) bureaucratic agenda setting is open to influence by organized interests. In a quantitative study, they proved that interest groups influence managerial decisions through levels of access to the decision makers and the perceived power of the group to the organizational environment. They proved access and power help to determine this degree of influence over agendas and in fact, these conditions may be necessary conditions for that influence (p. 581). Little is known about lobbying the bureaucracy. Salamon (1999) argued that nonprofit organizations provide a bridge between the failure of the market systems to provide collective goods and the limited ability of a democratic society to address this failure. He noted that nonprofit organizations emerged to fill this gap.

Pump (2011) explained that what the bureaucracy pays attention to is influenced by how the bureaucracy pays attention. Like public opinion, bureaucratic structure can limit or empower policy entrepreneurs in building and setting agendas. Pump explained that this can cause ripples across the subsystem because administrative agencies can serve as a link across subsystems.

Roles of Resources and Strategy in Coalition Membership

Individuals use resources to develop strategies that influence policy. Policy issues are potential arenas from which stakeholders use the opportunity to influence policy or beliefs. These resources can be leadership skills and potential to influence authority, potential to mobilize the target population (service connected disabled veterans), the influence of wealth, and the votes for legislation (Sabatier, 2007). I used these resources

in the content analysis coding of themes of the case study to operationalize the influence of power within the coalition members.

Bounded Rationality and a Model of the Individual and Belief System Structure

The ACF model of the individual motivates policy participants to seek out like-minded allies to form advocacy coalitions (Weible & Sabatier, 2006, p. 127). The ACF posits a clear model of the individual who is rationally bounded with limited abilities to process stimuli (Sabatier & Weible, 2008, p. 1). The ACF presumes individuals are rationally motivated but bounded by their imperfect cognitive ability to learn about and understand a complex world.

The ACF assumes actors are instrumentally rational or seek information and other resources to achieve their goals. It draws more heavily on research in cognitive and social psychology than on works in economics that assume that individuals' ability to perceive the world and process information is affected by cognitive biases and constraints (Sabatier & Jenkins-Smith, 1999, p. 130). Individuals with cognitive constraints are limited by their capacity to learn new information (Weible & Sabatier, 2006, p. 127)

In the ACF, Sabatier failed to explain how actors who share a particular belief system cluster together in advocacy coalitions and overcome problems of collective action (Fenger & Klok, 2001, p. 159). Fenger and Klok contributed to the ACF literature by taking into account how the interdependency between actors contributes significantly to the possibilities of explaining the behavior of single actors and advocacy coalitions.

Schlager (1995) identified that the ACF does not take the theory of collective action into account. She posited four hypotheses researchers explored to strengthen the ACF (p. 260). Three are relevant to this study:

1. In a separation of a power system, coalitions (both winning and losing) press for legislatively imposed structures that insulate and constrain the operation of a public agency, paying less attention to ensuring the effectiveness of a public agency and the policies it implements.

2. Actors who share beliefs are more likely to engage in at least minimal level of collection action (i.e., agree upon a definition of the problem and structure of policies to address the problem) if they interact repeatedly, experience low information costs, and believe there are policies that, while not affecting each actor in similar ways, at least treat each fairly (Schlager, 1995, p. 262) and

3. Coalitions are more likely to persist if

(1) Major beneficiaries of the benefits that a coalition produces are clearly identified and are actually members of the coalition

(2) The benefits received by members are related to the costs that such members bare in meeting the coalition, and

(3) Members monitor each other's actions to ensure compliance with agreed upon strategies, resource contributions and cooperative and supportive activities. (Schlager, 1995, p. 264)

My research explored this literature gap by using social construction theory and taking into account the way coalitions manage the transitioning military member from an advantaged group to the move left in the design to the disabled and the disadvantaged.

Bureaucracy in the Coalitions in Veterans' Eligibility Determination

Vinzant and Crothers (1998) defined street level public servants and how these personnel contribute to the governance system while effectively meeting the challenges of their difficult jobs. These employees are faced with insurmountable challenges in their role in processing veterans' disability claims. In August, 2012 at the VA's Winston-Salem Regional office in North Carolina, 37,000 claims folders had been stored on top file cabinets (Ruiz, 2012). The weight alone exceeded the structure's load bearing capacity. Pictures revealed thousand of files out in the open being stored on top of filing cabinets. The violations of veterans' privacy alone is a contentious issue for the 37,000 veterans represented in this massive pile of papers.

Policy Subsystem Concepts Combined from the ACF and Social Construction Theory

Isett (2011) explained that public administration scholars need to be more involved with practitioners. This notion would bridge the gap between formulation and implementation and between coalitions. There is no subheading designation beginning the ACF framework flow diagram for "input." This research inputs the tenets of social construction and design theory into the USVDC policy subsystem. Lowi (2009) stated that the process of policy making is input and that policy implementation is output (p. 137). My research analyzed the process of policy as input, beginning with the policy

subsystem and following the flow diagram through short term constraints and resources of subsystem actors and cycles back around into the policy subsystem.

Keiser (2010) conducted research within the Social Security Disability program by applying bounded rationality theory and discovered that the variation in decisions made by claims processors is impacted by their personal beliefs and attitudes. The research findings showed that eligibility decisions by street level bureaucrats are affected by their adherence to subsets of agency goals and perceptions of others. These findings implicated that the advances of computer technology limit the interactions between clients and caseworkers.

Gerber (2007) is an author on military veterans' disability history. He referenced the belief systems of military members that transition to disabled veteran status and discussed concepts like marginality become a reality of disabled veterans. Gerber wrote that all veterans, especially disabled veterans, become social welfare projects of the state. He noted that social welfare history is the history of state processes, policy, and regulation and fails to discuss moral, ideological, and political matters. He touched on the familiar idea in his narration that veterans have no desire to be self-reliant on the government in a disabled state. Military training dictates self-reliant job performance. He also commented that veterans do not relate to the state of being "disabled" and prefer to see themselves as normal citizens. However, the process of transition forces them to realize they are indeed not normal as they work to stabilize their fractured lives and incomes. An unfit for duty status in the military means a subsequent job loss and entrance into the world of searching for another job or being unemployed or underemployed. That

change, coupled with the difficulties of disabled persons to find accommodating work, is a challenge.

Current network research does not address the problem of “free riders” or, for purposes of this study, the disabled veteran who does not become involved in coalition membership in the policy subsystem. Neither has research provided a set of heuristics about how to elicit participation from less-than-active participants or the shape and limits of trust in networks (Isett, 2011, p. 165). These challenges make network studies a difficult undertaking where a variety of phenomena are described in multiple ways.

The size of membership is extremely important for organized interests and is often used as a measure for the ability of a group to influence the bureaucracy (Keiser, 2010, p. 514). Catano (2010) wrote about this impact of group size as Olson’s (1965) logic of collective action. The response of the veterans’ lobby to the Veteran Navigator act in the Senate committee on veteran affairs reflects Olson’s interest group influence theory in that the majority can dominate the minority. According to Catano, the veterans’ lobby fought legislation that could positively impact the veteran because the passing of these laws like the Veteran Navigator would deter individual veterans from joining their groups. According to Olson (1965), it is not necessarily true that individuals with common interest tend to further the common interests of the group (p. 2)

Lowi (1979) is most often credited with the idea that “policy creates politics,” but his typology has proven to be difficult to use. The vertical dimension of his typology refers to the level of coercion (benefit distribution involves low coercion; distribution of costs or regulations involves high coercion). The horizontal dimension is whether the

policy identifies specific targets or whether it consists of general rules that affect the environment of groups. The policy types derived from these two dimensions are regulatory, redistributive, distributive, and constituent. Scholars have had difficulty understanding how these types fit into the two dimensions, but even more important, have found it very difficult to fit actual policies into these types.

Elected officials should want to contain the costs of federal spending; yet, the Veteran Navigator program would have cost 25 million dollars. When testifying in front of the Senate Committee for Veterans Affairs, interest groups insisted they could get the job done. Interest groups have a difficult time mobilizing the taxpayers or the beneficiary, the veteran seeking disability claims compensation. These veterans are too ill or traumatized to advocate for themselves in a fully participatory manner. Compared to business interests, veterans facing a life of disability have fewer resources that can influence government action.

Matthieu, Smith, and McBride (2011) examined the degree to which participation in The Mission Continues fellowship program positively impacted veterans' health, mental health, psychosocial well-being, education, continued service, and employment opportunities. The authors contended that the capacity of government and nonprofit agencies is currently insufficient and lacks an integrated model for service delivery. The study found that after completing The Mission Continues fellowship, fellows report starting a job, enrolling in school, or continuing to serve in their communities. Study participants perceived the fellowship provided a direct linkage to lifestyle changes. This research concluded that nonprofit, sponsored civic service programs need to maximize

the potential of returning disabled veterans by increasing and providing funding for high quality service opportunities in their local communities.

Decisions by Government Authorities

The Department of Defense offers a transition program for military members. ("VA health care and other benefits," 2011). The service members who attend this program are members who have decided to retire or are found "unfit for duty" and later medically retired because of disease or injury. This program may occur during a stressful time for the service members as they question their future in the Armed Services. The final determination of their disability board can take months and even years within their service component. These service members must also face the hardships of the cycle of disease or injury emotions. These emotions range from anxiety, denial, fear, depression, panic, despondency, depression, to back up to hope, relief optimism, and excitement then back to anxiety and despair as the end of their military career becomes obvious. (Georgia Department of Defense Transition Briefing, June 19, 2007).

The military member must begin to juggle the transition process with physical board proceedings that are mired in extensive paperwork. The transition includes the search for another job outside of the military. It is a culture change. It is the transition to civilian life and can sometimes be very unwelcome to the military member being forced from the ranks of their former military salary and lifestyle.

To address decision process by the U.S. Congress, Table 1 lists significant U.S. Congress legislative policy documents by date, title, status, purpose and the sponsor

members of Congress to assist the military member transitioning to disabled veteran status. A brief purpose of legislation can be found in Appendix G.

Table 1

Legislation Assisting the Military Member Transitioning to Disabled Veteran

Date	Name	Status with date	Purpose of the bill	Sponsor(s)
March 14, 2007	S. 882 Veteran Navigator	Died (Introduced)	To require a pilot program on the facilitation of the transition of members of the Armed Forces to receipt of veterans' health care benefits upon completion of military service, and for other purposes	Senator Menendez, NJ Senator Lautenberg Senator Mikulski Senator Casey Senator Durbin Senator Kerry
Nov 6, 2007	H.R. 4084 Veterans Quality of Life Act of 2007	Introduced Nov 6, 2007	To amend title 38, United States Code, to require a study on the Department of Veterans Affairs schedule for rating disabilities, to provide for the treatment of claims under laws administered by the Secretary of Veterans Affairs in the case of the death of a claimant, to require an annual report on the workload of the Court of Appeals for Veteran Claims, and for other purposes	

Continued on next page

Date	Name	Status with date	Purpose of the bill	Sponsor(s)
Nov 8, 2007	H.R. 3047 Veterans' Claims Processing Innovation Act of 2007	Introduced 7/16/2007	Veterans Claims Processing Innovation Act of 2007 - Directs the Secretary of Veterans Affairs to establish a work credit system for evaluating regional offices of the Veterans Benefits Administration (VBA) with respect to veterans' claims processing. Requires the Secretary to: (1) develop and maintain a system for processing veterans' disability compensation claims using artificial intelligence that utilizes medical and military service data to generate disability rating recommendations; and (2) maintain a regional office at which all such claims are processed electronically	Rep Lamborn CO Rep DeGette, CO Rep Perlmutter, Ed Rep Porter, NV Rep. Salazar, CO] Rep Tancredo, CO Rep Udall, CO

Continued on next page

Date	Name	Status with date	Purpose of the bill	Sponsor(s)
January 3, 2008	S. 3023 Veterans' Benefits Improvement Act of 2008	Signed by the President	A bill to amend title 38, United States Code, to improve and enhance compensation and pension, housing, labor and education, and insurance benefits for veterans, and for other purposes.	Sen Akaka, HA
June 22, 2010	S. 3517 Improve Processing of Claims	Died (Reported by committee)	A bill to amend title 38, United States Code, to improve the processing of claims for disability compensation filed with the Department of Veterans Affairs	Senator Akaka, HA

Institutional Rules, Resource Allocations, and Appointments

Birkland (2011) referred back to the stages model and input-output model as a simple ways to explain policy process. Actors react to inputs about various issues, pressures, and information. Lowi (2009) explained policy output as policy implementation. The outputs are the policy decisions that do or do not do something. The Navigator legislation, Senate Bill 882, set out to do something, but did not pass because of the influence of the coalition members involved. The Veteran Navigator bill was conceptualized by lawmakers to help the service member transition to a disabled veteran. Yet, it did not pass the basic legislative process. So for now, the Navigator program will not exist and the status quo will be maintained within the iron triangle.

Policy Outputs

The 2010 National Survey of Veterans (NSV) helped the VA plan its future programs and services for U.S. Veterans. The information gathered helped the VA identify the needs of veterans and then allocate resources. This report summarized a survey distributed to veterans from October 16, 2009 and ending March 19, 2010. The results of the report were not released for public view until July 2011. It is an example of the voice of a large population of veterans. The categories of survey questions focused on these subject areas: transition assistance, disability and vocational rehabilitation, awareness and outreach, health status, health care, health insurance, education and training, military service and current employment, life insurance, home loans, and burial. I focus on the categories of transition assistance, disability, and vocational rehabilitation.

Past NSVs have been conducted under the authorization of U.S. Code Title 38,

Section 527 which requires the VA Secretary to gather data for the purposes of planning and evaluating VA programs. The 2010 NSV also included the requirement, at the direction of Public Law 108-454, Section 805, to assess beneficiary awareness of VA benefits and services. The Public Law also expanded the survey populations in the 2010 NSV to include, in addition to veterans, other beneficiary groups: active duty service members; demobilized National Guard and Reserve members; and family members and surviving spouses. Westat, under contract to VA, conducted the 2010 NSV (USDVA, 2010).

The demographics of the survey are as follows:

- Veterans are 55 or older (63.9%).
- Veterans are predominantly non-Hispanic (94.9%), White-only (84.7%), and males (91.9%).
- Most own their homes (75.5%).
- Veterans are married (69.7%) and most do not have dependent children (69.2%).

(USDVA, 2010)

In terms of military experience, about one-third (33.9%) report having served in combat or a war zone and a similar percentage (33.9%) report having been exposed to dead, dying, or wounded.

Of concern is that U.S. veterans who are 55 or older do not represent the veteran population involved in the two wars of the last 10 years. There is also no distinction among these veterans of who are disabled and who are not disabled.

Data collected through the NSV enables VA to study the VA's role in the delivery of all

benefits and services that veterans receive, follow changing trends in the veteran population, compare characteristics of veterans who use VA benefits and services with those of veterans who do not, and update information about veterans to help the VA develop its policies. In addition, a sixth NSV objective was to assess awareness of benefits and services and understanding among veterans and other stakeholder groups. Overall, survey items were developed for 19 questionnaire sections covering such areas as military background, socio-demographic information, and the awareness and use of various VA benefits and services.

A total of 10,972 surveys were completed across the survey populations. There were 8,710 completed surveys received from Veterans. The response rate for the household screening survey was 32.3%; the response rate for the Veteran Survey was 66.7%, for an overall response rate of 21.5%. The response rate describes how households that both contain and do not contain a veteran responded to the survey. The effective coverage rate (ECR) is an estimate of the percentage of veterans who responded to the survey; the estimated ECR for the Veterans Survey was 38.8%.

These military experiences vary by gender and race/ethnicity. For example, 19.4% of females reported serving in a combat or war zone compared with 33.9% of veterans overall. Also, 33.5% of those describing their race as White-only reported serving in a combat or war zone; 48.3% of American Indians/Alaska Natives and 43.4% of Asian/Pacific Islanders reported such service.

Based on a comparison of the 2001 NSV and the 2010 NSV, income has increased over time, while the proportion in the workforce has decreased. For example,

48.5% reported incomes of \$50,000 or more in the 2010 NSV while only 34.7% reported this income level in 2001. Also, in the 2010 NSV 45.0% reported working compared with 54.9% in the 2001 NSV.

In terms of demographic trends, veterans have greater educational attainment; the proportion of veterans with a bachelor's degree or higher increased by about 6% compared to the 2001 NSV.

In addressing transition assistance, the survey also found: Of those attending a Transition Assistance Program /Disabled Transition Assistance Program (TAP/DTAP) workshop, close to 46% reported that the TAP was useful in providing information about VA benefits and services. Only 3.5% indicated that they enrolled in a service-sponsored transition program upon returning from activation.

In addressing disability and vocational rehabilitation, more than 21% of veterans reported that they have applied for disability compensation benefits, and, of these, 73.4% indicated that they have received a disability rating. Of those with a service-connected disability, 32.1% reported that at some point it has interfered with getting or holding a job. Of those receiving service-connected disability compensation payments from VA, the majority (77.7%) indicated that their VA disability benefits are "extremely important" or "very important" in helping them meet their financial needs.

Those respondents who indicated they had not applied for disability benefits were asked why they had not applied. The majority (66.2%) indicated that they did not have a service-connected disability. However, 17.1% indicated that they were not aware of the VA service-connected disability program (USDVA, 2010).

The average age of respondent veterans was 63, while the average age of responding females, Black/African American, and Hispanic veterans were 51, 56, and 55, respectively. Compared with the 2001 NSV (62.4%), more veterans who received disability compensation responding to the 2010 NSV (77.7%) indicated that their VA disability compensation payments were “extremely important” or “very important” in helping them meet financial needs (USDVA, 2010)

Close to 15% of veterans who have applied for disability compensation reported using VA vocational rehabilitation services. Of those who used vocational rehabilitation, a majority (60.6%) reported that the services were “extremely important” or “very important” in helping them meet employment goals or get a job.

Future Policy Designs

Policy design theory explains that characteristics of design mature from the political and social process, and these characteristics feed forward into political processes. Policy design becomes the central focus as scholars seek to understand how, and why, certain kinds of design elements arise instead of others and how to pursue knowledge to understand the full range of consequences that stem from the differences in policy designs (Schneider & Ingram, 1997).

Policy Impacts: Evaluating Veterans for Disability Benefits

The Department of Veterans Affairs compensates veterans for injuries and diseases acquired or aggravated during military service. In 2012, the amount of monthly compensation to a veteran without dependents ranges from \$115 for a 10% rating to \$2,800 for a 100% rating. According to the National Center for Veterans Analysis and

Statistics (2012), approximately 3.5 million veterans are receiving compensation totaling about \$3.5 billion dollars a year (dependents and survivors receive another \$5 billion a year). The rating is determined using the 38 Code of Federal Regulation, Part 4, Schedule for Rating Disabilities, which has criteria based mostly on degree of impairment—that is, loss of body structures and systems.

In June 2007, the Veterans' Disability Benefits Commission asked the Institute of Medicine (IOM) to study and recommend improvements in the medical evaluation and rating of veterans for the benefits provided by the Department of Veterans Affairs to compensate for illnesses and injuries incurred or aggravated by military service. The IOM appointed a Committee on Medical Evaluation of Veterans for Disability Compensation. This committee recommended the VA comprehensively update the entire rating schedule and establish a regular process for keeping it up to date. The VA should dedicate staff to maintaining the rating schedule and reestablish an external advisory committee of medical and other disability experts to assist in the updating process. Their report also recommended that the current statutory purpose of the VA's disability compensation program—to compensate for average loss of earning capacity—should be expanded to compensate for non-work disability and loss of quality of life as well as average loss of earning capacity. The VA should investigate how well the rating levels correspond to average loss of earnings and adjust rating criteria to ensure that as ratings increase, average loss of earnings also increases (vertical equity), and that the same ratings are associated with similar average losses of earnings across body systems (horizontal equity). The VA should also apply measures of functional limitations, such as

activities of daily living and instrumental activities of daily living, and determine if the rating schedule accounts for them (i.e., as limitations on ability to engage in usual life activities increase, ratings tend to increase). If not, the VA should incorporate functional criteria in rating criteria or develop a separate mechanism for compensating for functional limitations beyond work disability.

The methodology for measuring quality of life (QOL) is not as well developed as it is for measuring functional limitations. Accordingly, VA initially should engage in research and development efforts to create measures valid for the veteran population before determining if the rating schedule compensates for QOL (i.e., as quality of life diminishes, ratings generally increase) and, if it does not, develop a mechanism for compensating for loss of QOL beyond loss in earnings or limitations in daily life. The committee report also addressed a number of other topics, for example, use of computer-based templates to improve disability examinations; better training of examiners and raters; adoption of commonly used diagnostic classification systems; comprehensive needs assessment of veterans separating from military service for health care, vocational rehabilitation, educational, and other benefits and services provided by the VA; involvement of vocational expertise in determining individual unemployability; and research to improve the rating process (e.g., analyze the validity and reliability of the rating schedule, evaluate training and certification programs, and assess the extent to which compensation and ancillary benefits meet the needs of veterans (National Academies of Science, 2007).

External Subsystem Events

The ACF originally identified two paths for major policy change: external events and policy-oriented learning. External events or shocks include radical changes in economic conditions, a major shift in public opinion, and government turnover. The ACF gatekeepers explain that a pressing issue in public policy and administration is the overlap of policy subsystems to include the growing interdependence of actors, organizations and institutions.

The ACF identifies two major categories of factors outside the policy subsystem; relatively stable parameters and external events. Policy change occurs slowly in US Veterans disability compensation claims processing. The ACF defines major policy change as a change in the policy core aspects of the policy subsystem and minor policy change as a change in the secondary aspects of a policy subsystem, such as a shift in budget priorities from one subprogram to another.

Changes in socioeconomic conditions.

The United States of America is engaged in the longest running war of our history with the ongoing combat operations in Iraq and Afghanistan. The larger numbers of casualties have placed an unforeseen burden on the agencies that care for veterans. The demographics have changed in that women now comprise 15% of combat casualties (Gerber, 2007)

Changes in public opinion

In considering the social construction theory and the model illustrated above, military members are considered positively and an advantaged group. This has helped

sway public opinion to favor the disabled veteran. However, the disabled member of society is looming between advantaged and disadvantaged. The disabled veteran can be more advantaged financially than the other groups of individuals who become disabled as a result of a work related injury (Gerber, 2001). This research did consider if beliefs can lead a public to wonder if disabled veterans have the right to want better health care and timely claims compensation, when they know other disabled members of society struggle so much more to receive benefits.

This proved problematic to the public and for the police, firefighters and emergency medical technicians and consequently their families, who came to the aid of their citizens on September 11, 2001 in New York City. The injured had to face their lives of disability, while their families lost members killed in the event. Veterans are and have been considered war heroes, for many years, and much legislation and public opinion guarantees they will be cared for. According to the originators of the social construction model and Gerber (2007) they exist in different social strata then say a disabled person collecting social security disability payments.

Fulton (2009) examines the relationship between the number of veteran disabilities and personal income and presents the question, does 38 Code of Federal Regulation Paragraph 4 reduce income disparities between the disabled and the nondisabled. This study provided evidence that 38 CFR was ineffective. Veterans who have multiple categories of disabilities do not receive income on par with society or with disabled nonveterans who have multiple categories reporting the same disabilities. Regression analysis captured 37.2 percent of variance in personal income. Further, the analysis finds

that medical examinations result in the assignment of disability ratings based on tables set in 38 CFR 4. Ratings don't account for the synergistic effects of disabilities on each other. Ratings are also applied non-uniformly from the Department of Defense and the Department of Veterans Affairs.

Street level leaders provide social control in their attitudes conveyed to veterans on a daily basis. Their attitudes translate to a conveyance about their organization to the veterans they service and on to the general public. As an example, embattled 800 number responders may not always convey the most positive attitude of the VA as a helpful organization particularly at 4:00 p.m. after those service providers have coped with irritable disability claimants all day long. Lipsky sees these street-level bureaucrats as positioned to become the focus of society's hopes for a healthy balance for the provisions of service (Lipsky, 1980, p. 420)

Relatively stable parameters

Relatively stable parameters include macro level factors such as basic constitutional structure, fundamental social-cultural values and the basic attributes of the problem area and distribution of natural resources (Sabatier & Jenkins-Smith, 1999; Weible & Sabatier, 2008) The ACF predicts these parameters are resistant to change and established the constraints on what is possible in a policy subsystem. Stable parameters are stable over long periods of time, 100 years or more. Parameters are important because they structure the nature of the problem, limit resources available to actors and, form rules and processes for policy change and frame values informing policy making (Weible and Sabatier, 2006)

Policy-oriented learning is defined as relatively enduring alterations of thought or behavioral intentions that result from experience or new information that are concerned with the attainment or revision of policy objectives (Sabatier, 1999). A more recent revision of the ACF (Sabatier, 2007) identified two additional paths for major or minor policy change. Internal shocks occur within a policy sub- system and may also lead to major policy change.

An internal shock can provide an opportunity for a minority coalition to take the dominant position within a subsystem by either redistributing critical resources or by confirming policy core beliefs of a minority coalition and casting doubt on policy core beliefs of a majority coalition. An important difference is offered between the effects of internal shocks, which directly challenge the policy core beliefs of a dominant coalition, and external shocks, which may shift the resources required to maintain dominance.

A fourth path to policy change is negotiated agreements. Negotiated agreements help explain how distrustful coalitions overcome a hurting stalemate, negotiate, and agree to major policy change in the sub- system. Sabatier and Weible, (Sabatier, 2007, p. 206-207) identified nine conditions that facilitate major policy change through negotiation: a hurting stalemate, leadership, consensus-based decision rules, funding from different coalitions, duration of process and commitment of members, a focus on empirical issues, an emphasis on building trust, and lack of alternative venues.

Basic attributes of the problem area and distribution of resources

Keiser and Miller (2010) examined how veteran groups in the 50 U.S. states affected the implementation of the Veteran Disability Compensation program. They wanted to investigate the impact of resources to understand if these programs would be more effective at influencing implementation than groups with fewer resources. They did prove through quantitative research that strong well- mobilized veterans groups help the VA offices to secure greater resources from Washington which leads to more effective VDC program implementation.

Fundamental socio- cultural values and social structure

It is difficult for the military member transitioning to civilian life to function in society without the values of the Armed Forces and the social structure of military life. This life is managed with a rank hierarchy which is one of the strictest rank structures in society. If the member becomes “unfit for duty” they are no longer able to serve. The service member must undergo the physical evaluation board proceeding to determine their fitness for duty. If the presiding boards decide they are unfit for duty then the service member must transition out of that service.

Basic constitutional structure (rules)

The basic structures are the features we all learn in our first American government courses. We learn about the separation of powers into three branches of government, state and federal government and the traditions that form our legal structure like the Declaration of Independence, the Articles of Confederation, the Bill of Rights and the Unites States Constitution.

Long- term coalition opportunity structures

One of the major revisions to the ACF eased application of the framework to contexts outside of the United States (Sabatier, 2007, p. 199–201) the revision included two additional sets of variables as long-term coalition opportunity structures.

Degree of consensus needed for major policy change and openness of political systems

The first is the degree of consensus needed for major policy change. The second concept is the openness of political systems and the effects of such structures on social movements. Particularly, the concept explains how coalition strategies vary from one political system to another. Political systems vary in two important aspects: (1) the extent that decision-making is fragmented creating multiple venues for influencing decisions, and (2) the extent that these venues are accessible. For example, federalism and checks and balances in the United States create decentralized processes with many venues and encourage entry and diverse participation. In contrast, corporatist systems are less open, more centralized, and more limited regarding participation.

Overlapping societal cleavages

Within the last decade, veterans can now process their disability claims from the privacy of their home by applying on-line. They can also scan pertinent medical documents into the case application. More importantly, the veteran can keep electronic copies of all documents. This hastens the process particularly when a status letter indicates the absence of a piece of medical evidence. Instead of the veteran becoming frustrated and proclaiming, " I know I sent that document" it can now be re-sent with the push of a few computer key strokes and expedited to the actors who determine eligibility.

The elite members of the VA and the lead actor, Secretary Shinseki, are committed to an overhaul of the process and a speeding of the claims disability paper jam.

Short-term constraints and resources of subsystem actors

The political parties functioning in the United States both value the fate of this country's disabled veteran and proclaim to keep their welfare as the country's constant priority. A presidential election year (2012) changed the resources of the subsystem actors depending on their political affiliation. The Secretary of the Department of Veterans' Affairs is a cabinet position. The President of the United States was the incumbent president, and that cabinet position did not experience leadership transitions.

Conclusion

This literature review presented the literature research strategy, substantiation for the use of models, theories and frameworks, the research questions, summaries of the literature, and the network properties of the policy subsystem participants. Using social construction and design theories, the summaries of the literature included an analysis of policy gaps in the formulation and implementation of the USVDC network within the ACF.

This literature review presented the background information necessary to explain the actors who are participants in Coalitions A and B. This review explored the formulation and implementation phases of the described policies using themes derived from embedding social construction theory within the ACF. Concepts emerged from examining themes to develop initial coding for the content analysis methodology described in Chapter 3.

Chapter 3: Research Method

Introduction

In this chapter, I explain the research design, participant selection, my role as the researcher, data collection procedures, data analysis procedures, and ethical considerations concerning the research participants. This qualitative case study embedded social construction and policy design within the ACF to analyze the actors involved in the policy processes and to understand how their influence impacts the bureaucracy. In this chapter, I will discuss why this method was chosen and why other qualitative methods were not selected.

The purpose of this study was to address public policy gaps in the USVDC policy subsystem for service members transitioning to disabled veterans. This research analyzed the gap between formulation and implementation of U.S. disability compensation policy by integrating social construction and policy design theory within the ACF. This research lessens the existing gaps in the scholarly literature discussed in Chapter 2. These gaps are related to the understanding of how policy impacts the transition of a service member to becoming a disabled veteran.

The research methodology consisted of a qualitative case study using content analysis of publicly available documents. This is a form of unobtrusive research, or methods of studying social behavior without affecting it (Babbie, 2007).

Research Questions

The research questions were derived from Sabatier and Weible (2007, p. 209) and Hacker's (2006) FIG model. The central research question for this study was: To what

extent is the USVDC program effectively meeting the needs of disabled veterans? The secondary research questions were:

1. To what extent can the social construction and design theories be used within an advocacy coalition framework to inform transition assistance in the United States Veterans' Disability Compensation policy subsystem?
2. What are the policy gaps between the intent and implementation of United States Veteran's Disability Compensation Policy?
3. To what extent can the policy subsystem actors use social construction and design theory to help fill those gaps?

Research Design

I used a qualitative case study methodology as the research method because the essence of a case study is to illuminate a decision or a set of decisions, and how those decisions were formulated and implemented (Yin, 2009). I used a content analysis of legislative documents, transcripts of reports from critical stakeholders representing Coalition A and Coalition B members, and publicly available, local, published media. These documents are presented in Appendix B. Themes and concepts are presented in coding terms in Appendix C.

Rationale for Case Study

This qualitative case study of a single case or policy subsystem shed light on the USVDC policy subsystem. Rudestam (2007) stated that the research dissertation is expected to contribute to the scholarly literature in a field and not just solve a problem (p. 6). Gerring (2007) explained that a product of a good case study is insight. Sabatier and

Weible (2009) expounded that quick, qualitative case studies can expand on the gaps they identify in the ACF in 2007. The research questions in this dissertation were partially built from questions these authors posed for future researchers (Sabatier & Weible, 2007, p. 209).

Creswell (2007) explained the differences amongst the qualitative approaches. The case for this study consists of the two coalitions that make up the USVDC policy system in Atlanta, Georgia. Thus, this case is a bounded system, with one parameter consisting of participation in the ACF. It is also bounded by time, beginning with the Veteran Navigator legislation in March 2007 and continuing through August 2013. I used multiple sources of information in the data collection for the content analysis and interviews, thereby providing data triangulation for added validity.

This study examined the social phenomena within the USVDC by comparing and contrasting the policies and written protocol that impact the actions of the actors and the policy impacts that occur. Babbie (2007) explained that content analysis is well suited to the study of communications to answer the questions of who says what, to whom, why, how, and with what effect (p. 320). In addition, this study included considerations of where and when.

I considered other methods of qualitative inquiry but found them to be less effective in providing the insight necessary to understand the depth of the policy subsystems interactions. I did not select ethnography because this study will explore the culture of the disabled veteran, but will not exclusively study that culture.

Phenomenology could study the essence of the experience of transition for the disabled

veteran, but my study looked beyond that experience to analyze a specific case and members. This study expanded on Hacker's (2006) research that presents the FIG as an assumption for the research (p. 115).

A narrative study could tell the story of the disabled veteran, but this study sought to do that while exploring and describing an in-depth analysis of a case of two coalitions in a southeastern U.S. city of the USVDC policy network.

Researcher's Role

Creswell (2007) stated that the researcher is a key instrument in the research design, collecting data by analyzing documents. Creswell further explained that the researcher may use an instrument for collecting the data but is the one who gathers the information (p. 38). I established an initial coding protocol manually and then augmented that scheme electronically using Megaputer software capable of natural language text analysis with Text Analyst 2.3 and PolyAnalyst 6.5

Basit (2003) explained that data analysis is the most difficult aspect of qualitative research and coding is significant to make sense of text in the documents. Researchers gain a deeper understanding of what is studied and the process of coding is constantly refined throughout the process. As the researcher, I looked for category triggers from policy formulation and implementation gaps. Miles and Huberman (1994) delineate between two methods of creating codes. First, an inductive researcher may want to collect all data before it is coded. Second, and the preferred method and the method I used in this research was to start the codes prior to the fieldwork with a list from conceptual frameworks, research questions, key variables and most specific to this

research gaps between formulation and implementation of policies in the U.S. Veterans' Disability Compensation network. I started with structural and descriptive methods of coding. Saldana (2009) describes descriptive coding as an elemental method of coding to assign basic labels to data to provide an inventory of the topic (p.66). I used themes from the advocacy coalition framework, the social construction and design theory and the formulation and implementation gap. The coding protocol is found in Appendix C, then the actual taxonomy applied in PolyAnalyst to produce the research findings is displayed in Appendix D.

The Formulation and Implementation Gap: The Gaps in the US Veterans' Disability Compensation Policies

The table below is based on Hacker's (2006) formulation and implementation gap (FIG) model. This table is placed here to summarize the gaps from the ACF embedded with social construction and design theory analysis that were presented in Chapter 2 of this proposal. This table functioned to build the foundation of the coding guidelines to be used in this study's content analysis.

Table 2

The Formulation and Implementation Gap

Formulation (What ought to be)	Implementation (What is)	Gap (The gap is a result of)
Reliable health care	Sometimes unreliable health care	Internal and external variables
Functional Interdependence	In- fighting about who gets what dollars	Funding
Organized interest groups lobby for improved transition assistance for disabled service members	Organized interest groups contend they can improve transition assistance internally	Money and paid positions
Resources to walk the disabled veteran through to social security disability benefits or employment	Process stops when service or VA make final disability percentage determination	The disabled veteran does not successfully navigate through the USVDC network
Political opportunity structures should positively affect beliefs and resources	Bill dies in committee	Who really possesses power and influence
Retrace the service members who were processed out for “unfit for duty”	No designated transition assistance program for disabled veterans between 2001 and 2008	Large numbers of disabled veterans who may not have received proper transition assistance

Sample Document Selection and Number

The organizations below were selected as they are identified in the literature as the principle organizations from which a disabled veteran transitions. They were combined in Coalitions A or B as the literature review progressed and a literature based understanding developed as to how the coalitions of the USVDC policy sub-system might align with each other.

Table 3 represents how documents were selected for sampling and analysis from January 2007 through August 2013, from Coalition A (Formulators) and Coalition B (Implementers). A complete list of document is in Appendix B.

Table 3

Coalition A and B Member Alignment by the FIG

Coalition A Documents from Formulators	Coalition B Documents from Implementers
38 Code of Federal Regulations, Part Four Schedule for Rating Disabilities Text of Legislation. See Table 1 in Chapter 2 for titles of legislation and brief summaries ___ Total documents 1 Public Law 110-389 To amend title 38, United States Code, to improve and enhance compensation and pension, housing, labor and education, and insurance benefits for veterans, and for other purposes ___ Bills – U.S. House ___ Bills- U.S. Senate Committee on Veterans Affairs 110 th House – __ documents 110 th Senate – __ documents 110 th Joint - __ documents 111 th House- __ documents 111 th Senate- __ documents 111 th Joint - __ documents 112 th House - __ documents 112 th Senate – __ documents 112 th Joint – __ documents	Atlanta Journal Constitution __ articles American Legion __ documents Plus the content of website: http://archive.legion.org/discover?rpp=10&page=7&query=Veterans+disability+claims+backlog&group_by=none&etal=0 Disabled American Veterans __ documents plus the contents of http://www.dav.org/voters/Testimony.aspx

Continued on next page

Coalition A Documents from Formulators	Coalition B Documents from Implementers
Documents from United States Veterans Administration , Veterans Benefits Administration __documents Documents Social Security Disability __documents	Georgia Department of Veterans' Affairs Claims Processors __documents Iraq and Afghanistan Veterans Association __ documents Marietta Daily Journal __documents New York Times __documents Documents from United States Veterans Administration , Veterans Benefits Administration Veterans Services Officer __ documents Documents Social Security Disability Claims Processors __documents
Documents from Georgia Department of Veterans Affairs __documents	Total number of documents from Georgia Department of Veterans Affairs Claims Processors __ documents Stars and Stripes to include internet Blog statements __documents

Continued on next page

Coalition A Documents from Formulators	Coalition B Documents from Implementers
Documents from United States Veterans Administration , Veterans Benefits Administration __documents Documents Social Security Disability __documents	Georgia Department of Veterans' Affairs Claims Processors __documents Iraq and Afghanistan Veterans Association __ documents Marietta Daily Journal __documents New York Times __documents Documents from United States Veterans Administration , Veterans Benefits Administration Veterans Services Officer __ documents Documents Social Security Disability Claims Processors __documents
Documents from Georgia Department of Veterans Affairs __documents	Total number of documents from Georgia Department of Veterans Affairs Claims Processors __ documents
	Stars and Stripes to include internet Blog statements __documents

Note. A detailed list of documents is located in Appendix B. Appendix E, Table 7 lists the total number of each document found.

Instrumentation

Type of Inquiry

Larkin (1999) explained that policy process is the heart of all policy subsystems; therefore, studying process is a prerequisite to understanding and managing policy subsystems. The type of inquiry in this dissertation was a qualitative case study focusing on the USVDC policy subsystem in Atlanta, Georgia, a city in the southeastern United States. I used the Megaputer, Inc. computer software PolyAnalyst 6.5 to conduct content analysis to correlate the strength and frequency of “parent” and “subordinate” concepts.

Data Collection Procedures and Analysis

I used PolyAnalyst 6.5 in this content analysis. This software is a product of Megaputer, Inc. This program is necessary to analyze large volumes of text in documents such as United States Code 38, Part IV, Schedule for Rating Veterans’ Disabilities. PolyAnalyst supports natural language queries for searching for particular answers (Sullivan, 2001). The data analysis code list is listed in Appendix C. Text was formatted in a .txt, .rtf., and .pdf file formats. A knowledge base was built from clustering documents together to form a semantic network within the concepts. Concepts were developed as phrases to coding research questions and the literature review in this dissertation. A semantic network was developed because the software used algorithms to identify main concepts in the text.

A semantic search is equal to a natural language inquiry. A natural language question could be searched and Poly Analyst returned results for analysis. Semantic weights determined the importance of a concept and the measure of the strength of the

relationship between the concept and the parent concept. The coding protocol is listed in Appendix C.

Content Analysis

Krippendorff (2004) explained that social construction analysts use discourse analysis of text to understand how reality comes to be constituted in human interactions and in language through written text. People construct policy. Policy impacts the beneficiary in positive and negative ways. Gergen (2009) offered that content studies illuminate people's particular constructions of the world. This research conducted content analysis on policy as a search for how the formulators and implementers socially construct the USVDC policy subsystem.

Steps in Content Analysis

The objective of the content analysis was to analyze the selected text for themes that coincide with the research questions and sub questions. Next, a list of concepts was prepared to focus the use of PolyAnalyst 6.5. The unit of analysis or the portion of the communication or documents that were analyzed were identified and a coding protocol developed based on the theories used for this research in Appendix C.

Table 1 in Chapter 2 displayed the legislation, passed, failed, or in progress to assist the military member transitioning to disabled veteran. A document analysis of Senate Bill 882 (Veteran Navigator) and Senate Bill 3517 (Improve Processing of Claims) provided depth to the purpose of this dissertation: to address public policy gaps in the literature and conduct a network analysis of the USVDC policy subsystem for service members transitioning to disabled veterans. I used content from the text of U.S. Senate Committee on Veterans' Affairs hearings for the above legislation and further

studied Veteran Affairs committee and subcommittee transcripts that involved the members of the two coalitions of this study. Content analysis of the documents analyzed the social construction processes within proceedings involving the Coalition A and B members.

Media Newspapers

I searched newspapers in the specified research area for articles between the years 2007 and August 2011, using the search term *United States veterans' disability compensation program*. I further searched the term: *United States veterans' disability compensation program claims backlog*. *The Atlanta Journal Constitution* and *The Marietta Daily Journal* have the widest circulation in the case study's geographical area. These newspapers serve the largest populations of readers in this case study region in the southeastern United States. McCombs and Shaw (1972) used this type of method to control for other sources of variation in their study, regional differences, or variations in media performance.

The research also included a content analysis of the following national newspaper publication or sources from January 2007 through August 2013: *The Associated Press*, *The New York Times*, and *Stars and Stripes*.

World Wide Web

In order to apply content analysis to communications involving the voice of the service member transitioning to disabled veteran status in the USVDC, I used communications on the Internet open to public view from January 2007 through August 2013. McMillan (2002) recommended future researchers of the Internet specifically define how much of each website is reviewed. Table 4 lists the organizations and their

websites open to public view. I used content analysis search for communications about the USVDC program that informed transition assistance by exploring and cross-referencing search terms about: the roles of organized interest groups in coalition membership; the roles of policy leaders/entrepreneurs in coalition membership; the role of resources in coalition membership; the roles of functional interdependence in coalition membership; how political opportunity structures affect coalition beliefs and resources; how social construction and design theories can be used within an ACF to inform transition assistance in the USVDC policy subsystem; and the policy gaps between the intent of the policy and the actual role of power in USVDC policy subsystem membership.

Table 4

USVDC Organizations and Websites

Organization	Website
United States Department of Veterans' Affairs, Veterans Benefits Administration Regional Office South East Region	http://va.gov
Disabled Transition Assistance Program	http://turbotap.org
Georgia Department of Veterans' Services	http://veterans.georgia.gov/
Georgia Department of Defense Transition Assistance	http://gadod.net
Social Security Disability Benefits for Wounded Warriors	http://www.ssa.gov/woundedwarriors/
American Legion Transition Assistance	http://www.legion.org/woundedwarriors
Disabled American Veterans Transition Assistance	http://www.dav.org/veterans/TSOffices.aspx
Iraq and Afghanistan War Veterans Transition Assistance	http://iava.org/press-room

Data Analysis Procedures

Content Analysis

Content analysis determines the frequency of use of attributes contained within documents and other forms of messages. The process involves breaking the material down into researcher selected categories or units (McNabb, 2008). Sabatier and Jenkins-Smith (1993) used content analysis to measure longitudinal change in elite beliefs using content analysis of public documents. These authors present a method for developing data by coding the content of public documents.

This research content analysis was conducted using the software program Poly Analyst 6.5 to perform content analysis of documents selected for this research depiction of the U.S. The idea to use Poly Analyst was sparked by a conversation with Dr. Dick Larkin at a Walden University residency. (Personal conversation with Dr. Dick Larkin, March 2010) about software with the capabilities to use a form of artificial intelligence to conduct document warehousing and text mining. I cataloged the documents I used, and I kept an electronic library of each coalition category. The documents were sorted first by whether the document pertains to Coalition A organization members or those who formulate policy documents and Coalition B organization members or those who implement policy. The documents were furthered catalogued as legislative documents, media articles pertaining to the USVDC program, from the Marietta Daily Journal and the Atlanta Journal Constitution, and documents from the organizations websites listed in Table 4. This categorization of many documents necessitated a need for a software program that could manage a search of a cluster of documents for themes and actual

natural language questions. Poly Analyst 6.5 did analyze the categorizing and clustering of documents.

One of the purposes of this study was to understand the use of information in the legislative process. Shakespeare (2010) employs the Advocacy Coalition Framework using qualitative content analysis to examine higher education policy-making. I used the same ACF and qualitative content analysis to look at all the policy subsystem organizations involved to apply a policy-theory framework to the legislative process and all the governmental and non-profit processes that form the coalitions that decide on policies for disabled veterans. In addition, the social construction theory was used to cross reference the policy subsystem concepts across the coalition members. Appendix C provides the detailed cross referencing framework for the coding themes that were used in the data analysis for this research. . Secondary concepts related to leadership skills; the potential to mobilize target populations; wealth; votes for legislation are also represented in this framework (Sabatier, 2007; Weible, 2011)

McNabb (2008) explains the main advantage of content analysis is that it provides the researcher with a structured method for quantifying the contents of a qualitative or interpretive text. Content analysis is used to describe attributes of messages without reference to the intentions of the message or the effect of the message on the receiver.

The process of the analysis was both deductive and inductive. The initial categories of the conceptual framework were deductively obtained from the literature. If a theme was prevalent PolyAnalyst counted it as a parent concept and attached all subordinate concepts to it. The software was capable of counting the times the parent theme was present. It was also capable of searching for themes. However, the software

can't do all the work and as the researcher I determined some preliminary coding. Those themes and concepts are found in Appendix C.

Creating and testing a coding scheme

Weber (1990) defines the basic steps to designing and implementing a coding scheme; defining the recording units, define the categories, test coding on a sample of the text, assess accuracy and validity, revise the coding rules, then test coding on another sample of the text. Weber (1990) describes a means of coding as categorizing by creating and applying a dictionary to the texts selected for analysis.

The coding scheme for this dissertation is located in Appendix C.

I categorized and clustered documents as either formulation or implementation documents. PolyAnalyst 6.5 software was capable of analyzing by the themes developed from this dissertation's research questions and literature review. I placed those themes in a table format in Appendix D.

PolyAnalyst 6.5 software program allowed processing of multiple document with hundreds of pages of content. Those documents are listed in Appendix B, by title.

Validation and Reliability

Creswell (2007) relates perspective on validation in discussing the need for triangulation in research. The selection of the software Poly Analyst should remove issues of accuracy and reliability as it is designed to do more of the work for the humans operating the software as opposed to manual tabulation. In the content analysis I used multiple data sources to further refine the preliminary coding scheme.

This study could be simply replicated. Earlier in this chapter replication is discussed as a purpose for writing a short title listing of documents then a detailed listing

which allows for connection to all documents for this study. Krippendorf (2004) discusses replication as the most important form of reliability in order to pursue valid results (p.18.) This content analysis is lengthy in content. It is also broad in inclusion of documents from policy subsystem coalition members.

Feasibility

This study was conducted entirely by me, the researcher. I absorbed the costs associated with conducting the study, collecting the data and analyzing the data associated with this research. I paid for the software to conduct content analysis, PolyAnalyst 6.5, a training workshop in Bloomington, Indiana in May 2013, and a technical support package for issues with the software during the study, from Megaputer, Inc.

Although I am a disabled veteran and applied for disability benefits in 2007, I researched this problem as if I were just beginning the process. My experience did help me but I had to think like I was a beginner military member new to the transition of disabled veteran. Much has changed since 2007, particularly with technology and the use of electronic files to submit claims and manage the hundreds of thousands medical records across the United States at the sites of Veteran's Benefits Administrations, located in urban areas with the greatest population of personnel.

Informed Consent and Ethical Considerations

Potential risks and benefits

There are no known risks associated with participating in this study. The benefit of participating in this study came in the form of providing more inclusive support services for transitioning veterans.

Data integrity and confidentiality

All the information came from sources open to the public. This information will not be used for any information outside of this research project. I am the only person who will access this information. I stored this data in a locked file cabinet in my home when I was not working directly with the data. I will keep these documents on file and secured in a locked file cabinet in my home. Although, these documents can be accessed by the public, I will safeguard each document in order to preserve the integrity of the research

Summary

Chapter three of this dissertation explains the use of the research design, document selection, the researcher's role, data collection procedures, data analysis procedures and ethical considerations. The purpose of this research was to conduct a qualitative case study in a major south east city in the United States, by embedding the social construction and policy design within the advocacy coalition framework, to analyze the actors involved in the policy processes and to understand how their influence impacted the USVDC program.

This study addressed public policy gaps in the literature and conducted a policy system network analysis of the U. S. Veterans Disability Compensation policy subsystem

for service members transitioning to disabled veterans. This research further analyzed the gap between formulation and implementation of US disability compensation policy by integrating social construction and policy design theory within the ACF.

A case study analysis in a major metropolitan area in the south eastern United States explored how coalition members were working to inform transition assistance for the service member transitioning to disabled veteran. As the researcher, I conducted this case study by conducting content analysis with the software package PolyAnalyst 6.5.

Validity was addressed with multi-methods to triangulate the conduct of the content analysis. As the researcher, I incurred the costs necessary to complete this study. As a disabled veteran I avoided conflicts of interest. Informed consent and ethical considerations were exacted in compliance with Walden University Institution Review Board (IRB) standards.

Chapter 4: Results

Introduction

The focus of Chapter 4 is to analyze the content of the documents collected as part of this qualitative content analysis and present the findings of the research. This chapter presents the findings of this content analysis conducted using Megaputer, Inc. software, Poly Analyst 6.5, to analyze the gaps between the formulation and implementation of USVDC policies while embedding the social construction and design theory within the ACF. The purpose of this study was to conduct a policy system network analysis of the USVDC policy subsystem for service members transitioning to disabled veterans. This research analyzed the gap between formulation and implementation of U.S. veterans' disability compensation policy by integrating social construction and policy design theory within the ACF.

The central research question for this study was: to what extent is the USVDC program effectively meeting the needs of disabled veterans?

1. To what extent can social construction and design theories be used within an ACF to inform transition assistance in the USVDC policy subsystem?
2. What are the policy gaps between the intent and implementation of USVDC policy?
3. To what extent can the policy subsystem actors use social construction and design theory to help fill those gaps?

This chapter is organized with a description of the setting for this study. I describe the demographics for the study by describing the documents and an interpretation of the influence these documents have on this study. The research was done using existing data.

There were no human participants in this study. Data collection depicted the number of documents from which the data was collected. This chapter describes the frequency and duration of data collection and the instruments used to collect the data. I describe the frequencies of the coded data from the stated coding protocol measures in Chapter 3. I also present any unusual circumstances that occurred while analyzing the findings.

In the data analysis, I describe the process used to move from coded units to larger representations including theme categories, parent/main concepts and child/subordinate concepts. I describe the specific codes, categories, and themes that emerged from the data in Figure 4 and with more detail in Appendix E. I discuss the qualities of discrepant documents and how they were factored into the analysis to provide evidence of trustworthiness. I describe the implementation of credibility, transferability, dependability and conformability strategies discussed in Chapter 3 of this dissertation.

Next, each research question is addressed to present the data to support the findings with tables and figures to substantiate each result and discuss discrepancies in the data, as applicable to each research question. In addition, Appendix F contains more tables listing the documents used to answer the research questions. There are 37 tables in this study, too numerous to include all tables in the body of the chapters.

Setting

On March 28, 2013, this research proposal received the Walden University Institutional Review Board approval (IRB) to start the proposed research process. The approval number is 03-28-13-0079307. In late July 2013, the Walden IRB allowed an extension of the study through August 2013. The approval number remained the same. This review resulted in the content analysis of over 20,000 pages of content. This analysis included over 355 documents, each at least 30 pages in length and many more than 100 pages in length. Using the software, Poly Analyst, allowed for reviewing and presentation of the results in several forms. The challenge was that after so much sorting and parsing, a large amount of content volume still had to be read and analyzed with the human mind.

Data Collection

There are eight organizations representing policy formulators and seven organizations as implementers. Over 355 documents are included in this analysis. There are 240 formulation documents and 118 implementation documents. The documents represent a time span from January 2007 through August 2013. Formulation documents were collected from the federal government, State of Georgia government documents, organized interests groups, and newspaper websites. I collected these documents by using the Walden University library and the organizations' websites. Website addresses are found in Appendix B. Documents were categorized by Coalition A members belonging to organizations that represent the formulation of policy in federal, state, and nonprofit agencies and interest groups. These organization members include: United States Veterans Administration, Veterans Benefits Administration; United States Congressional members; Social Security Disability; Georgia Department of Veterans Affairs; American

Legion; Disabled American Veterans (DAV); and the Iraq and Afghanistan Veterans of America (IAVA). Implementation documents were collected from Coalition B agencies whose members are the street level actors that implement policy related to VA benefits. These include the following organizations: United States Veterans Administration, Veterans Benefits Administration; Social Security Disability; Georgia Department of Veterans Affairs American Legion; Disabled American Veterans (DAV); and the Iraq and Afghanistan War Veterans Association (IAVA).

Many more documents were reviewed to establish what documents should be included in this content analysis. In Appendix G is listed over 200 pieces of legislation covered in Congressional hearings of the U.S. Senate and U.S. House of Representatives Committee on Veterans' Affairs from January 2007 through August 2013. All documents were reviewed, but not all were included in this content analysis. Ninety five congressional hearings make up the bulk of the content analysis with each hearing having an average of 70 pages of content for a total of over 4,750 pages just in congressional hearing testimony. I reviewed the separate pieces of legislation to establish what pieces of legislation were most relevant to the coding protocol in this content analysis. These documents are categorized as formulation documents. Those 240 document titles are listed in Appendix B.

This research is a case study of the U.S. Veterans' disability compensation subsystem in a southeastern city. Content analysis documents are drawn from federal and state of Georgia organizations. Newspaper articles about the U.S. Veterans disability compensation system are included from the Atlanta Journal Constitution and the Marietta

Daily Journal from January 2007 to August 2013. These newspapers have the widest circulation of newspapers in the state of Georgia.

The content analysis files were assembled with documents forming U.S. Veterans' disability compensation policy and documents about coalition members that implemented the same policies. The entire list of documents is listed as in Appendix B and categorized by coalition members of the U.S. Veterans' disability compensation policy subsystem. The documents are further listed by coalition members as either formulation or implementation documents. The documents were compiled using newspaper articles from two papers with the largest circulations, The Atlanta Journal Constitution and the Marietta Daily Journal. Two additional periodicals were used, the New York Times and the Stars and Stripes.

I selected the New York Times because this newspaper has one of the largest newspaper circulations in the United States. The Stars and Stripes is a publication serving the military service members on active duty overseas in peace keeping or combat missions. The Stars and Stripes is an official periodical used by the Armed Forces as a means of reporting media relevant to all U.S. service members. This form of media is often the quickest method for service members serving in a combat zone to receive U.S. news stories.

Data Analysis

The research question coding protocol developed for this research in Appendix C was used to build Appendix D taxonomies and Figure 4 coding protocol. Appendix C of this study was fashioned from the Chapter 2 literature study embedding the social construction and design theory into the advocacy coalition framework to explain policy

gaps in USVDC policy formulation and implementation. In order to build the taxonomy it was necessary to custom create hierarchical categories by using Appendix C, Research Question Coding Protocols. Two taxonomy hierarchies were built, one for categorizing formulation documents and one for categorizing implementation documents.

In order to analyze the content of the documents, documents had to be organized in formulation and implementation categories. Appendix E, Table 7 is the exact number of formulation and implementation documents. Each file represented a coalition member of Coalition A, or those members of the policy subsystem that formulated policy for the United States Veteran's Disability Compensation Subsystem (USVDC) subsystem or the files represented a coalition member of Coalition B, or those members that implemented policy for the USVDC policy subsystem.

Each category had to be defined by writing a search query that would determine which document would match the themes of this content analysis. All categories required a connection to a formulation data set, an implementation data set and then a combined hierarchy of formulation and implementation documents. The taxonomy hierarchy displayed in Figure 4 begins with the research questions to establish four levels, level 1 being the parent concept and level two being the child or subordinates concept. Levels three and four are further sub-categories established to drill down into concepts and provide the detail necessary for the phrase expressions to specify the best match of words in phrases to search all documents for the relevant content .

Figure 4 is a one page depiction of Appendix D, Taxonomy hierarchy. The entire diagram is the theoretical construct used for this research to embed social construction and design theory within the Advocacy Coalition Framework to conduct a content

analysis of the policy gaps between policy formulation and implementation. Figure 4 is first organized by the research questions in this research. The research questions are listed on the left side of the Figure 4. Level one concepts are the main concepts of the Advocacy Coalition Framework (ACF). These concepts are; policy subsystem, external events, short terms constrains, relatively stable parameters and long term opportunity structures. Level two lists the child or subordinate concepts of the hierarchy. Social construction and design theory is embedded within level two subordinate concepts. Level three expands on the advocacy coalition framework category “beliefs” with core beliefs, policy beliefs and instrumental beliefs. The belief structure of the ACF is the most extensive structure to incorporate in the ACF. Level four lists the specific coding text expressions used in Poly Analyst to search all content in this analysis. Poly Analyst is capable of searching and finding not only words, but words clustered together as whole concepts.

**Theoretical Construct: Social Construction and Design Theory is inserted within the Advocacy Coalition Framework
To Conduct a Content Analysis of the Policy Gaps between Policy Formulation and Implementation**

Research Questions	Taxonomy Hierarchy Code Phrases			
	Categories	Subordinate concepts		
	Level 1	Level 2	Level 3	Level 4 Text Expressions
<p>Central research question: To what extent can the USVDC program more effectively meet the needs of disabled Veterans</p> <p><u>Subquestion:</u> To what extent can the social construction and design theories be used within an advocacy coalition framework to inform transition assistance in the United States Veterans' Disability Compensation policy subsystem ?</p> <p><u>Subquestion:</u> What are the policy gaps between the intent and implementation of United States Veteran's Disability Compensation Policy ?</p> <p><u>Subquestion:</u> To what extent can the policy subsystem actors use social construction and design theory to help fill those gaps ?</p>	<p>Policy Subsystem</p> <p>External events</p> <p>Short term constraints</p> <p>Relatively Stable Parameters</p> <p>Long term Coalition Opportunity Structures</p>	<p>Core Policy Instrumental</p> <p>Funding shortfalls Disabled Veterans status in society Quality of life Impact of implementation Formulation Governing</p> <p>What are the policy limitations? Basic attributes of problem areas</p> <p>Sociocultural values U.S. Constitution</p> <p>Degree of consensus needed for policy change Openness of the political system</p>	<p><u>Core beliefs</u> - Economic well being Individual liberty Knowledge Positive social construction U.S. should adhere to contractual obligations Whose welfare should count Wise stewardship of U.S. government funds</p> <p><u>Policy beliefs</u>- Ability of technology to solve problems Democratic accountability vs. appointed officials Distribution of authority among levels of government VA vs DAV VA vs IAVA</p> <p><u>Instrumental beliefs</u> - Organizations that assist disabled Veterans settle disability claim Perceived negative effect</p>	<p>Individual, liberties Government, follow, contractual, obligations Economic, well-being Positive, perception Taxpayer, dollars Disabled, veterans, know Disabled, veterans, power Disabled, veterans, welfare Ability technology solve problems Democratic, accountability, versus, appointed, officials Distribution, authority, levels, government Organizations, assist, disabled Veterans, disability, claims Negative, impact, veterans New, policy Legislation, legitimate Legislation, fail Legislation, pass Leadership, skills Mobilize, disabled, veterans Size, membership Influence, money Votes,for,legislation</p> <p>Votes, against legislation Benefits, disabled, veterans Burdens, disabled, veteran Current, policies Influence, authority Decisions, government, authorities Incentives, agency, compliance Implementation, plan Former, policies Policies, past How, policy, formulated Impact, policy Disabled, Veterans, stereotypes Reality, disabled, veteran Price, disabled, veteran, pay Strategies, reduce, disability, claims, backlog Capabilities, organizations, help, disabled veterans, status, society Policy, output Veterans, Administration, management Quality, life Sociocultural, values U.S., Constitution consensus, needed, Policy, change</p>

Figure 4. Coding Protocol.

Figure 4 was the theoretical construct to build Figure 5. Figure 5 is a one page depiction of the processes of data coding using Poly Analyst. Creating taxonomies allowed the ability to assign documents to custom created categories. In order to establish each category, it was necessary to write a search query that determined which documents or which files matched certain categories. The taxonomy connections required a single connection to represent a dataset and captured the parent and child coding formats (Saldana, 2013). Next, a taxonomy was applied separately to files designated as formulation documents and then to files designated as implementation documents. The taxonomy was also applied to the combined content files in order to get one result.

After applying the Figure 4 theoretical construct to the entire content, the results were minimal, compared to the actual content. Of a total of over 363 formulation and implementation documents, only 123 documents actually matched the criteria established by applying the Figure 4 taxonomy hierarchies. The data analysis methodology needed to be expanded. In order to solve the problem of matching criteria of 363 documents to only 123 documents, a key word extraction on all documents fostered the next step, clustering terms from key word extractions. Figure 5 displays actual branch connections from the term veteran (in the center of gravity) to concepts service (above veteran) and claim (to the left of veteran) and smaller branch connections such as filing and backlog (branches of the term claim). The clustered terms used in this research were veteran benefit, disability compensation, service training, veteran claim, claim filing, claim processing, claim decision and claim backlog.

In Figure 5, each branch connection actually connected to a list of documents relevant to the clustered term search. Figure 5 also displays terms that are not linked to

each other in over half the documents in this content analysis. One terms stand outs, the term transition appears as an outlier on the bottom of the figure. The premise of using the social construction and design theory is that the transitioning disabled veteran is an outlier from the center as veterans apply and contend for the benefits established to assist disabled veterans.

of the documents, in this content analysis. Within those most frequently clustered terms, the content of the documents with the highest relevance to the taxonomy hierarchy were examined to answer sub-question 2 and 3 research questions.

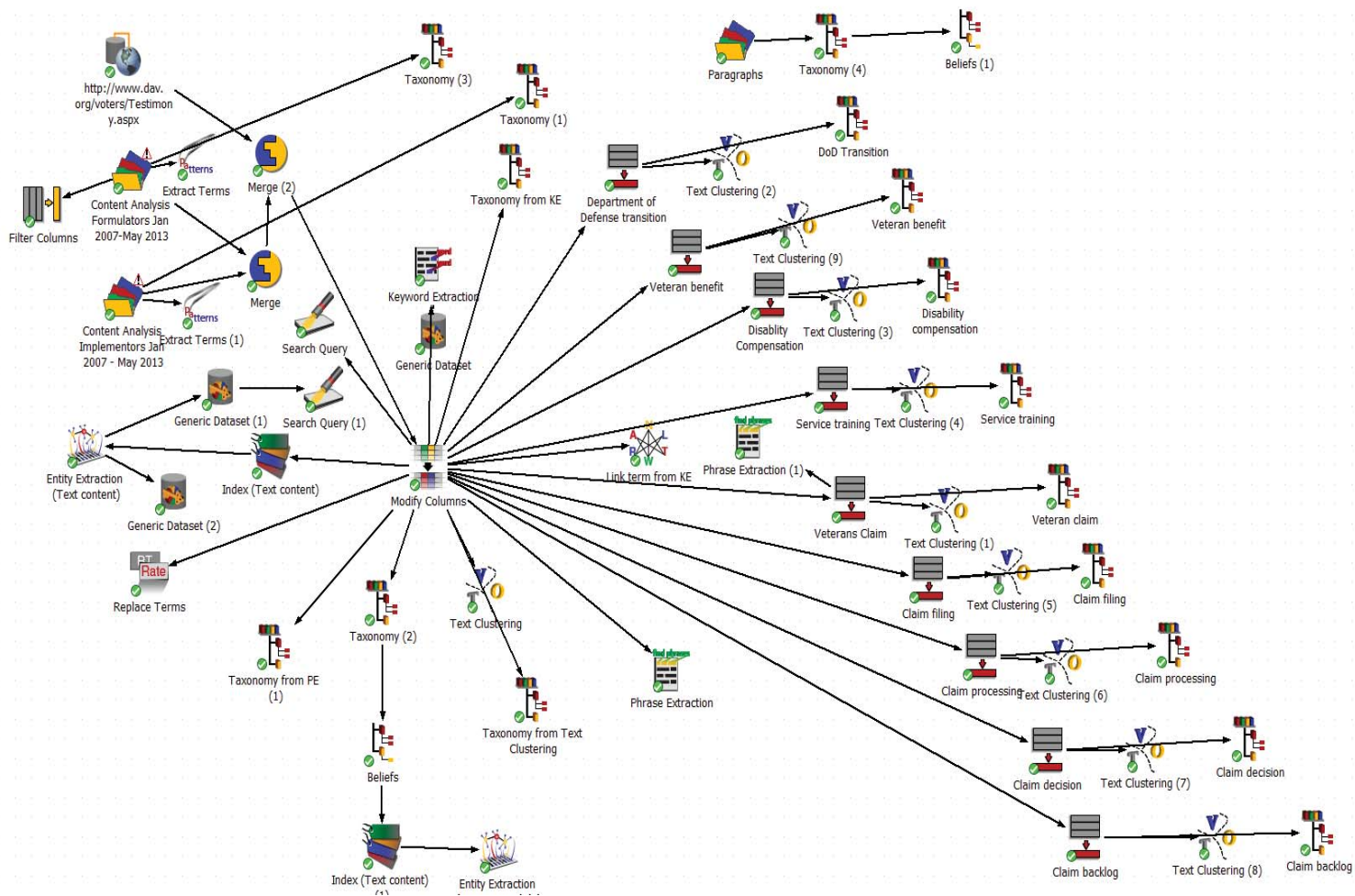


Figure 6. Flow Diagram of Data Coding

Evidence of Trustworthiness

Credibility is establishing the results of qualitative research so they are believable from the perspective of the participants in the study (Trochim, 2008). Because this research is a content analysis, the participants are documents. If a member of Coalition A or B were to read the results of this research, it would be simple to duplicate the exact results for review. The use of computer software is a credible option and reduces researcher bias.

Trochim (2008) defines transferability as the degree the results of qualitative research can be generalized or transferred to other content. If a researcher used the exact content of this research in a study, the software Poly Analyst 6.5, would yield the same results when running the exact operational nodes as in this study. How the results would differ is in how the taxonomy hierarchy was built using themes, models and frameworks in conjunction with the research questions in this dissertation. Word analysis, phrase analysis and linkage of terms would not change. However, any interpretation on the part of a human researcher could change the results.

Dependability is the degree the research describes the continually changing content (Trochim, 2008). The length of the time and the amount of content lend to dependable results. This study covers eight organizations and over five years of policy formulation and implementation. It is likely that if this study was replicated as laid out in Chapter 3, the results would be confirmed as the same. The use of Poly Analyst software removes the human error and bias that could occur.

Results

The central research question for this study is: To what extent is the U.S. Veterans' Disability Compensation program effectively meeting the needs of disabled veterans? This question is best addressed by considering the sub-questions first. Sub-question one asks to what extent can the social construction and design theories be used within an advocacy coalition framework to inform transition assistance in the United States Veterans' Disability Compensation policy subsystem. Sub-question two states what are the policy gaps between the intent and implementation of United States Veteran's Disability Compensation policy. Sub-question three states to what extent can the policy subsystem actors use social construction and design theory to help fill those gaps.

Findings of Subquestion 1

To what extent can the social construction and design theories be used within an advocacy coalition framework to inform transition assistance in the formulation of U.S. VDC program policy?

In Appendix F, Tables 11-23 lists the document titles with dates to represent the exact titles of document content that matched each category and subordinate concept category. All data links back to the Figure 4 theoretical construct to embed the social construction and design theory within the Advocacy Coalition Framework to explore USVDC formulation and implementation policy gaps.

The policy subsystem covers the beliefs of the coalition members. External events cover disabled veteran status in life, governing, funding, quality of life, policy formulation and impact of implementation issues. Relatively stable parameters indicate

application of sociocultural values and connections to a reference to the tenets of the United States Constitution.

Initially, there were no results from two categories, short term constraints and long term opportunity structures. Short term constraints address policy limitations and attributes of policy problem areas. Long term opportunity structures address degree of consensus needed for policy change and openness of the political system.

The taxonomies that follow are the distribution results of the combined formulation and implementation categories, formulation categories and implementation categories of the U.S. Veterans' Disability Compensation Policy Subsystem. In the Figure 7 histogram are the five categories of the ACF as a combined formulation and implementation taxonomy. After applying the taxonomy hierarchy to the entire content analysis, with Poly Analyst 6.5, the following numbers of documents are the results; seven policy subsystem documents, 13 external event documents, and 34 documents in the relatively stable parameters category.

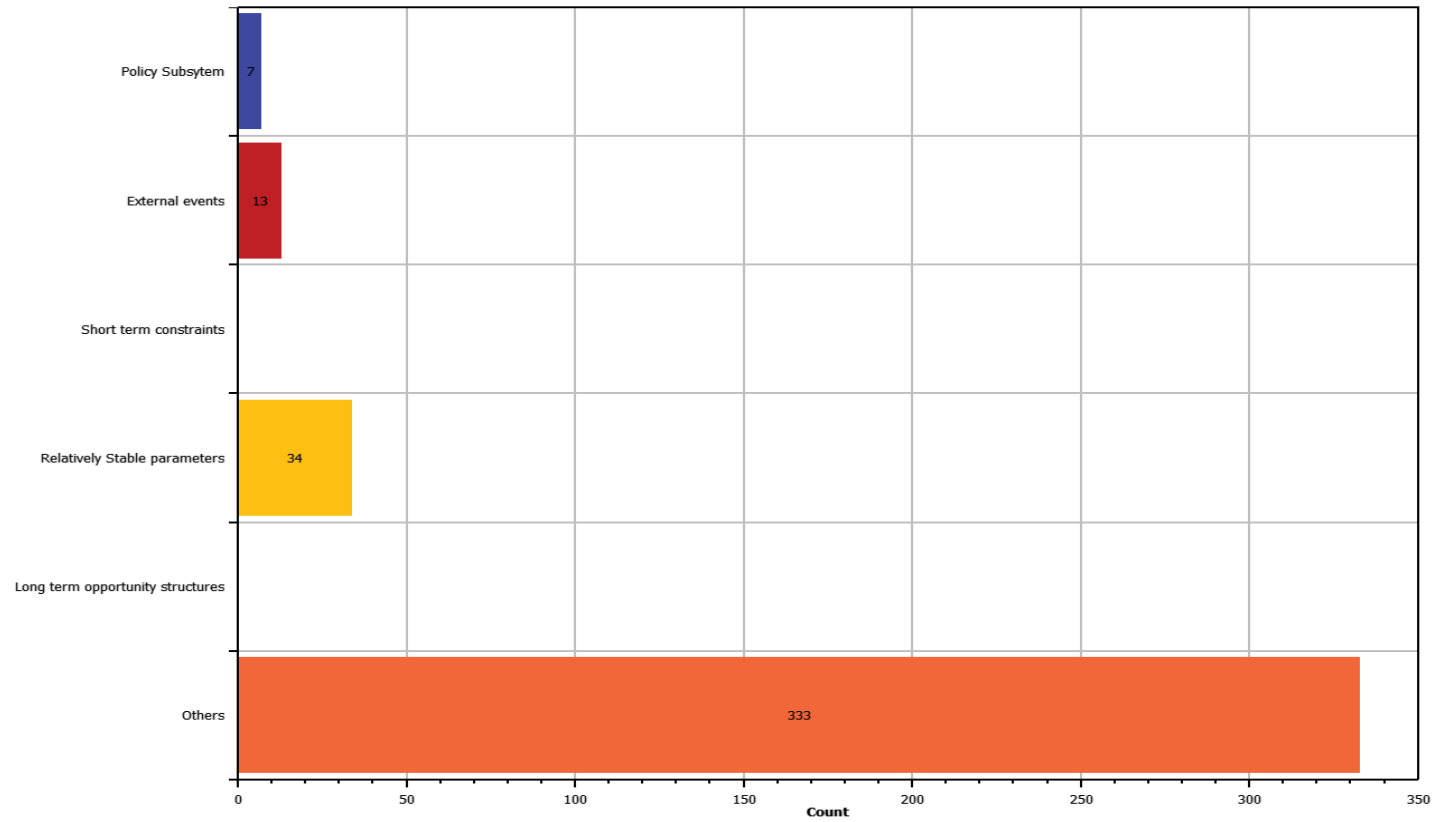


Figure 7. Complete taxonomy.

Formulation Findings

In the Formulation taxonomy subcategory policy subsystem, five documents were returned as a result of applying the level four phrase “beliefs” to the taxonomy. The phrase expression “disabled veterans deserve” and “timely claims processing” was applied. All documents were Congressional hearings to the Committee on Veterans’ Affairs ranging in dates from February and April of 2008, September 2010 and January 2012. The titles of the documents can be found in Appendix F, Table 16. There are 333 documents not connected to any of the taxonomy hierarchy themes. So, it became necessary to expand the data analysis to cue the content for frequently clustered terms relevant to this content analysis in order to produce more findings.

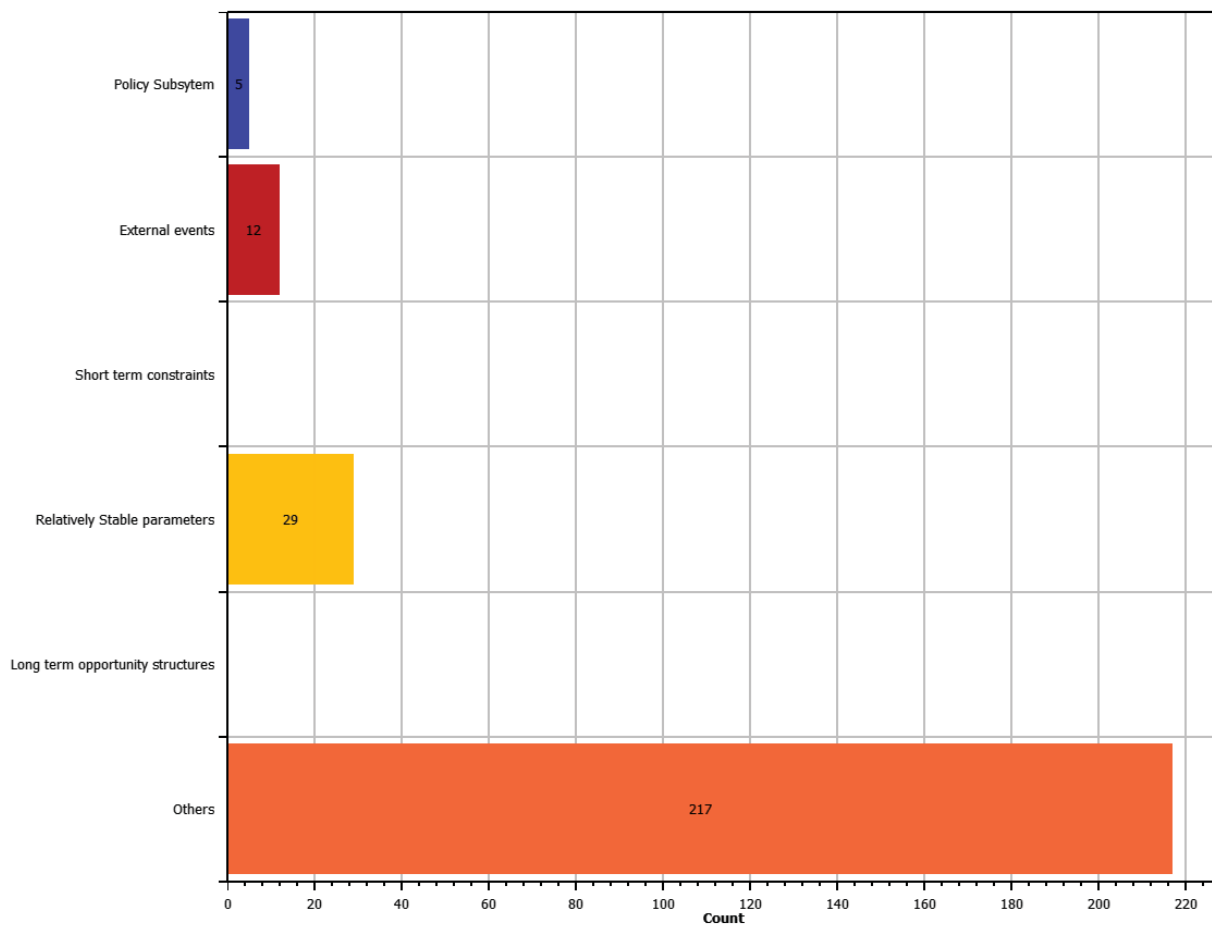


Figure 8. Formulation Taxonomy.

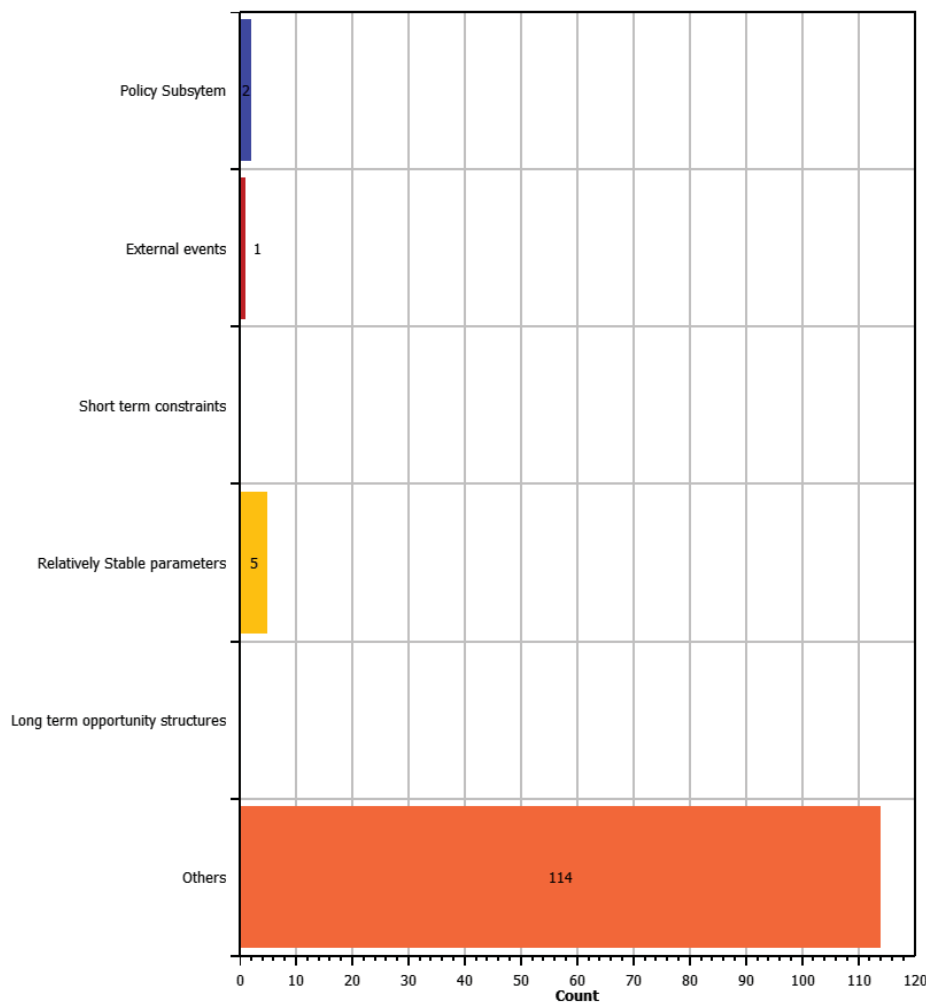


Figure 9. Implementation Taxonomy.

Table 5 below displays the five parent themes of the advocacy coalition framework and the most frequent subordinate concepts of the social construction and design theories embedded within the ACF. There is a gap between the number of formulation document results and implementation document results. Overall, there is more content pertaining to USVDC policy formulation than USVDC policy implementation. There are 113 formulation documents and 10 implementation documents.

Table 5

Parent Themes and Subordinate Concept Frequencies.

Parent Themes	Subordinate Concepts	Coalition A Number of Formulation Documents	Coalition B Number of Implementation Documents
Policy Subsystem		5	2
	Beliefs	5	
External Subsystem Events		12	1
	Quality of life	0	1
Short term constraints			
Relatively stable parameters		29	5
	Basic attributes of problem areas	26	1
	Fundamental sociocultural values And social structure	2	
	Basic constitutional Structure	5	
Long-term opportunity structures		29	

Findings of Research Subquestion 2

What are the policy gaps between the intent and implementation of USVDC policy?

The results below are a product of considering Figure 3, the formulation and implementation gap (Hacker, 2006) and Appendix C, Research sub-question 2 coding themes; reliable health care, unreliable health care, resources, misallocation of resources, allocation of benefits, past, current and future policy, internal and external issues, power

and influence and distribution of authority among levels of government. The content of the most frequently occurring documents were drawn from the taxonomies built from clustered terms in the linked term analysis in Figure 6. The titles of all applicable documents are listed in Appendix F, tables associated with linked terms from keyword extractions. The clustered terms correspond to Veteran transition, benefit, service training, claim filing, processing, decision and backlog. The number of documents is represented as well as the relevance to all content. The documents selected had the highest relevance to the queried terms.

Reliable health care.

In order for a transitioning veteran to access VA health care, that member likely was declared unfit for duty, either injured or sick. In 2007, there were no joint efforts for service members transitioning from their services first, then into the VA system. In 2007, the first signs of functional interdependence began with the VA and Department of Defense assisting service members with their transition to civilian life (*Access to U.S. Department of Veterans Affairs healthcare: How easy is it for Veterans- Addressing the gaps, 2007.*) VA social workers were located at 10 Department of Defense (DOD) medical treatment centers. None of those treatment centers were in Georgia. The social workers were registering active duty members into the VA health care system before they actually left their service component.

On October 25, 2006, in the U.S. House Subcommittee on Oversight and Investigations, Chairman Mitchell opens by discussing that Americans learned that some of America's most seriously wounded warriors were enduring dilapidated conditions at the Walter Reed Hospital in Washington, D.C. Mitchell further explained that he is not

convinced the VA is doing its part to help wounded warriors transition to civilian life. He emphasized an ABC news report that focused on actual veterans and that the VA “made them feel horrible” (*Oversight efforts of the U.S. Department of Veterans Affairs Inspector General: Issues, problems, and best practices*, 2007). Honorable Ginny Brown Waite, the Ranking Democrat from Florida explained that this Sub-committee held 10 hearings on the subject of seamless transition. She also remarked that Congress had already codified the concept of DOD/VA sharing in 1982, with the passage of the Veterans Administration and Department of Defense Health Resources sharing an Emergency Operation Act. (*Service member seamless transition into civilian life- the heroes return home*, 2008). Twenty five years later the issue of joint collaborations is still being discussed.

Unreliable health care

An audit published in April 2013, by the VA Inspector General, blamed mismanagement at the Atlanta VA for three mental health deaths and examined long waiting lists for mental health services. As a result the monies that were to be paid to Atlanta executives were not paid. In 2009, the agency distributed performance awards totaling 3.3 million. In 2012, executive performance awards totaled 2.3 million. The VA announced in the third week of May 2013 that executives due bonuses for the 2012 year would not receive those bonuses and instead that money would be used to lessen the disability claims backlog at the Atlanta VA. U.S. House Veterans Affairs Committee Chairmen Jeff Miller, R-FLA, along with a Georgia’s congressional delegation, to include Democratic U.S House Representative David Scott, from Georgia’s 13th district

toured the VA Hospital in June 2013 (Staples, 2013, May) bringing a more focused lens on the Atlanta VA as a larger problem in the national VA network.

Resources

Results from the heading “resources” were collected from word cluster “veteran benefit” and within the linked terms, DOD Care, and physical care. In June 2011, the House Committee on Veterans Affairs conducted a hearing entitled “*An examination of poorly performing U.S. Department of Veterans’ Affairs Regional offices.*” The Chairman explained that the committee found the Veterans benefits administrations (VBA) failure to timely address deficiencies could result in about \$1.1 billion in overpayments to veterans over the next 5 years (*An examination of poorly performing U.S. Department of Veterans’ Affairs Regional office*, 2011) VBA faced challenges in improving the accuracy and timeliness of disability claims decisions and maintaining efficient regional office operations. From their inspections of 16 regional offices conducted between April 2009 and September 2010, the Committee projected that VBA did not correctly process 23 percent of approximately 45,000 disability compensation claims

About 75 percent of the regional offices inspected did not process incoming mail according to policy. Seven regional offices did not always correct claims processing errors, identified by VBA's Systematic Technical Accuracy Review (STAR) program. Regional office management did not always complete timely systematic analyses of operations that were intended to identify existing or potential problems and propose corrective actions in operations.

Processing of temporary 100-percent disability evaluations had the highest error rate at 82 percent. These errors happened when staff did not follow policy and schedule

future re-examinations in the electronic system. The House Committee on Veterans' Affairs recommended that Regional Office Directors enhance policy guidance, compliance oversight, workload management, training and supervisory reviews to improve claims processing and regional office operations.

Misallocation of resources

On June 17, 2013, Don McKee of the Marietta Daily Journal wrote that the VA needs help from employees paid full time for performing union work. Almost 200 employees were doing union work while drawing federal salaries and benefits under a program called official time." McKee (2013, June) calls this an example of Washington speak and the systematic malfunctioning of our government. In a definition from the Office of Personnel Management; "Official time is time spent by federal employees performing representation work for a bargaining unit in lieu of their regularly assigned work." McKee says the American people would demand an end to this practice if they knew about it. United States House of Representative Phil Gingrey, a Marietta, GA Republican attempted to stop this kind of federal funding in repeal legislation in 2009, 2011 and 2013. The legislation never made it through the House and McKee states it would likely fail in a Democratic run in the Senate (McKee, 2013).

Two U.S. Senators tried to put pressure on VA Secretary Shinseki to get his priorities straight with regards to this official time use of federal funds, after President Obama's press secretary said President Obama was deadly serious about ending the claims backlog. Senators Rob Portman (R-Ohio) and Tom Coburn (R-OK) in a letter to Shinseki noted that 257 VA employees had served in 100 percent official time capacity for the union, since January 2012. Of those employees, 188 of them were supposed to be doing

work that directly supported Veterans such as health care and claims processing. The Senators' claimed that with 188 VA employees processing Veterans benefit claims, the VA could do away with the current backlog of 23, 372 claims at the Cleveland Regional office in just over three months and handle 100,000 claims per year.

Allocations of benefits

As an unintended consequence, veterans' pursuit of their benefits has culminated as an allocation of additional burdens. According to published government and news reports, the number of broken homes, unemployed veterans, drug and alcohol abuse, homelessness, and even suicide are all rising, problems that are expected to worsen unless VBA resolves the claims backlog (*Examining the backlog and the U.S.*

Department of Veterans Affairs' claims processing, 2011)

Current policy

In a legislative hearing on April 10, 2008, the House Committee on Veterans Affairs met to discuss the Veterans Disability Benefits Claims Modernization Act of 2008. To that date in 2008, no legislation has actually passed to make a law to improve the USVDC claims process. There is much agreement that the VA works hard and steady to make advances and improvements, but the issue of the claims backlog had grown continued to make strong headlines across this country. The issue vexes the Veterans Benefits Administration, of the VA, but not much progress is made towards reducing the backlog. It may simply be, as in all war time eras of our country, that war causes an extreme hardship on the VA. The United States is simply not at war enough to warrant

the kind of attention this claims backlog problem needs. This is not such a ludicrous statement. The burdens that a war places on its people are extreme.

The only bill that became public law was Senate bill 2023, the Veterans Benefits Improvement Act of 2008 that became Public Law 110-389 (*Implementation and status update on the Veterans Benefits Improvement Act, P.L. 110-389, 2010.*) Public Law 110-389 amends United States Code 38 to improve and enhance compensation and pension, housing labor and education and insurance benefits for veterans and for other purposes. The benefits are available, it is getting access that is the insurmountable problem.

Chairman John C. Hall, of the House Committee on Veterans' Affairs, stated that Secretary Eric Shinseki took over the VA to fix the backlog and it appears he just can't get the job done. With the "Veterans Disability Benefits Claims Modernization Act of 2008," the Committee hoped to address the central issues that have led to the enormous and mounting claims backlog, delays in processing, avoidable errors, inconsistencies in ratings, and lack of accountability that amounts to a system of injustice perceived by many of U.S. veterans.

In this testimony, Chairman John C. Hall stated that the key problems are the carryover from past decades of a backward looking pension philosophy and our own failures to adjust the existing Veterans programs to fundamental changes in our society. He remarked that the current claims processing model is outdated and archaic even for a case that is so obviously clear-cut and simple. It does not account for the loss in veterans' quality of life or for their real-world needs. For too long, the VBA of the VA has been allowed to skirt their responsibility to reward our veterans with the same type of selfless,

heroic service that veterans themselves gave to our country. However, he said, reciprocity was at hand.

Chairman Hall reflected back on disabled veteran testimony. The Committee heard from a paralyzed veteran who went a year without compensation because of lost files and poor communication within the VA. This put his family in dire financial stress and forced his children to drop out of college. There were parents who talked to the Committee about suicide and mental health problems and the inability to get their child to get VA healthcare. In many cases, service connection disability is necessary to accessing that care. Another veteran along with his wife, confronted the Committee on how exhausting it is to figure out VA benefits and the gaps that exist. The veteran suffered a traumatic brain injury and an amputation (*Examining training requirements of Veterans Benefits Administration claims processing personnel, 2010*). Chairman Hall said expert medical, legal, and technological witnesses enlightened the Committee on what is possible in our modern world. VA employees have also worked to tackle these problems and there is no doubt that this is a workforce dedicated to assisting disabled veterans. Unfortunately, VA employees work in a broken, outdated environment. The Veterans Disability Benefits Commission, Dole-Shalala Commission, and many other task forces have made recommendations to improve the system. There exists data from the Institute of Medicine, the Center for Naval Analyses, the Institute of Defense Analyses, and several U.S. Government Accountability Offices (GAO), and Inspector General (IG) reports that highlight inconsistencies, variances, disparities, errors numerous areas within the claims processing system in dire need of reform and modernization. The Veterans

Service Organizations (VSO) have shared their ideas and experiences to reform the VBA and have played an integral part in shaping legislation.

During the same hearing, in the statement of Bradley G. Mayes, Director, Compensation and Pension service, VBA, accompanied by Richard Hipolit, Assistant General Counsel, USDVA, and Steven Keller, Senior Vice Deputy Chairman, Board of Veterans Appeals, much of the language in the testimony can be summarized as “We (VA) do not support the legislation because we already have policy in place...”

(Examining training requirements of Veterans Benefits Administration claims processing personnel, 2010)

In the spoken testimony only one section was agreed with, Section 111 would add a new section to 5121 to Title 38 and would provide that a person under current law would receive accrued benefits based on the death of a claimant who dies while awaiting the adjudication of a claim, be treated as the claimant for purposes of processing the claim.

The year is 2008. Chairman Hall states he knows that the problems faced that year are the result of a culmination of events beyond the VA’s control which run the gamut from inadequate funding and poor leadership to a corporate culture that did not foster accountability. He remarked to Mr. Bradley Mayes of the Compensation and Pension service that he was glad he agreed with him on one issue during the testimony. Chairman Hall’s disdain and sarcasm was not lost amid the words of this testimony for the historical record *(Legislative hearing on the Veterans Disability Benefits Claims Modernization Act of 2008, 2008)*.

From 2008, fast forward to Atlanta, Georgia, August 7, 2013. Senator Johnny Isakson of the Senate Committee for Veterans Affairs holds a public Senate field hearing in Atlanta, at the Georgia State University student center, to address the negligence and mismanagement behind the three deaths at the Atlanta VA, since March 2013. Two credible whistleblower actions resulted in this tragedy coming to light, one individual made a call as a confidential insider and the other call was from an anonymous source. One service member was an out-patient in VA mental health care that died from a drug overdose (U.S. Senate Field Hearing, Georgia State University, August 7, 2013.) The others two deaths were suicides. An additional veteran attempted suicide while a client in VA outpatient mental care. He subsequently also committed a crime and landed in prison.

Internal issues

In the 2010 testimony of Jimmy Sims, Jr, Rating Veterans Service Representative, Winston-Salem, NC, Regional Office, Veterans Benefits Administration, and Shop Steward, Local 1738, American Federation of Government Employees (AFL-CIO), he states that training has a direct impact on the claims processors ability to process claims accurately and timely. He explained that after many years of excluding the input of those union members on the training and testing programs, the VBA and AFGE union members were beginning to see a change toward a collaborative effort.

Sims recognized discrepancies in the VBA's annual training that training is self-directed. Employees are provided documents on a computer and expected to review, interpret and apply information with no assistance from subject matter experts. While computer training is effective it should never be the primary means of training. Virtual

training is not as effective as hands-on training (*Examining training requirements of Veterans Benefits Administration claims processing personnel, 2010*)

Second, the VBA lacks qualified trainers. Many of the trainers placed in the training role had not themselves had the benefit of formal training. In his office being promoted to a decision review officer or a super senior Veteran Service Reviewer automatically qualified you as a trainer and then thrust into the instructor role.

There is no program to validate the retention of the newly learned material. The VBA tracks the quantity of training not the quality of training. In addition, some topics identified in the mandatory training such as how to write a clear and concise rating decision are remedial training which is better focused on employees within the first year of training. This time would be better spent on more complex concepts such as evaluating blast injuries or debilitating diseases.

AFGE has also received reports by employees at other regional offices of management's pressure to spend much less time than officially allotted on training modules in an attempt to increase productivity. VBA allows regional offices to specify topics for 20 hours of the mandatory training. This practice has evolved into issues being identified during regular team meetings and management directing employees to take training time for these meetings.

The Government Accounting Office (GAO) reported an average of 46 percent of employees indicated they would experience difficulty in completing this training. Sims further testified that this percentage is greatly under-reported based on experiences in his regional office (*Examining training requirements of Veterans Benefits Administration claim processing personnel, 2010*). Overall, employees report that the 85-hour

requirement is hard to achieve when faced with the dilemma to adequately complete the training or meeting management's production requirements.

Timing of training is also a problem. In his regional office, Sims explained the employees experienced delays in delivery of the training. They are still awaiting training directed by VBA on ischemic heart disease, which is a presumptive disability associated with the Agent Orange exposure. The VA must begin to invest the time and energy necessary to meet the training needs of the employees. Otherwise, the VA is doomed to fail in their mission to serve U.S. veterans.

Representing the AFGE, Sims urged Congress to take the following actions: Establish a team of subject matter experts to include hands-on senior claims processors, AFGE, and veteran service officers to annually review the training programs and make recommendations for improvement; establish an effective monitoring system for tracking compliance with training to eliminate the incentives of managers who require employees to short cut the training to meet production; develop clear guidelines on what should and should not be credited toward training requirements; establish consistency across the regional offices and, finally, VBA must start utilizing the National Systematic Technical Accuracy Review (STAR) quality review program to shape training around the areas where employees' are making the most errors.

The Assistant National Legislative Director, Jeffrey C. Hall, of the Disabled America Veterans has an extensive training program for their National Service Offices which are the equivalent of the VSOs in the VBA. He offered insight about that training as opposed to the training the VBA offers. VBA's training for new employees involves periods of orientation and classroom instruction followed by on-the-job training and

increasing caseloads until they receive a full caseload which is approximately 2 years from their hire date (*Examining training requirements of Veterans Benefits Administration claims : processing personnel, 2010.*)

DAV's training program offers academic foundation by requiring college-level courses in anatomy and physiology, medical terminology, and legal research and writing. In addition to mandatory testing throughout their initial training, NSOs must pass a comprehensive Web-based examination for the entire 16-month training period. Beyond VBA's initial training, experienced VSOs and Regional VSOs are required to complete 85 hours of training annually.

By comparison, this volunteers of the Disabled American Veterans structure and continued training program is required of all NSOs and managers. Training is separated into two separate 16-month training periods with monthly testing and aggregate testing at the conclusion of each period. All NSOs and managers are responsible for successfully completing the training and testing. Training and testing are ongoing and repeated every three years for the duration of their careers. Upon successful completion of the entire training curriculum for the first time, NSOs earn 12 college credits from the American Council on Education. This is a major incentive to NSOs and one VBA may want to consider for its own employees.

External issues

From January 2007 through August 2013, both the Senate and House of Representatives, Committee on Veterans Affairs have pressured the Veterans Administration to improve performance. The VA continues to be the moving target. Those who represent the VA did jockey for position within the congressional hearings.

There seems to be a constant defining of how the VA is improving performance. As with any catastrophic event, there is a period where the infrastructure is completely overwhelmed and the organism has to adjust. The VA is adjusting and doing so in an economy that still suffers in 2013 from the decline beginning in 2008.

On May 28, 2013, 164 House members (95 Republicans and 69 Democrats) sent a letter to the President of the United States urging him to end the VA claims backlog (IAVA, 2013, May). On July 9, 2013 the House Veterans Affairs Committee announced the committee was tracking a backlog of VA information requests. Chairman Jeff Miller and Ranking member Mike Michaus launched “Trial in Transparency” a new web component of the Veterans.house.gov web site designed to highlight one of the committee’s top oversight challenges and that is to get timely information from the Department of Veterans Affairs officials. These unanswered requests created mounting frustration to the Committee members and enough so that Chairman Miller took an unprecedented step to write weekly letters to VA Secretary Eric Shinseki listing the number of outstanding information requests and asking for accurate information in satisfaction of these requests.

There are 95 unanswered requests. The three oldest requests date from June 5, 2012, July 10, 2012 and July 23, 2012. Chairman Jeff Miller (R-FLA) states “When the VA drags its feet in providing information to ensure America’s veterans are receiving and benefits they have earned. Our Veterans deserve a VA that sets the standard for openness, honesty and transparency. When the department fails to do so, they must answer for those failures.”

This external pressure is coming from both political parties in this country. Ranking member Mike Michaud (D -ME) stated that Congress is committed to working with the VA in an open and transparent manner. He said the partnership is contingent upon the VA's timely response to U.S. House of Representatives requests for information and that is something that rarely occurs. He stated he hoped the VA leadership will work to reverse this trend of unresponsiveness.

Disabled veteran does not navigate through the USVDC network successfully

In the Congressional hearing, "*Service members' seamless transition into civilian life- the Heroes return home*, on March 8, 2007, a Soldiers' mother testified that her son was housed too far away from mess halls and hospital appointments and was left to his devices to wheel himself to these basic needs appointments. He was further stressed by the overwhelming VA process of submitting a claim. He ran into personnel that were obviously overworked and not helpful. These employees were so overworked that they had little regard for the tremendous burden on the service member. (*Service members' seamless transition into civilian life- the Heroes return home*, 2007, March)

In 2007, a sub-organization of considerable influence was the Veterans Disability Benefits Commission chaired by Lieutenant General James Terry Scott, United States Army Retired. There has not been a similar commission since, although there are bills enacted to call for the organization of a similar kind. These bills are referenced ahead in the discussion of future policy.

Distribution of authority among levels of government

The content analysis did find examples of leadership in contrast with each other. This example below is a U.S. Congressman in the territory of this case study versus the Veteran's Administration's Secretary Eric Shinseki. In a statement, a VA spokeswoman said the VA Department will do all that it can to ensure Veterans are getting the best care possible (McKee, 2013). However, U.S. Congressman David Scott called new Atlanta VA Medical Center director, Leslie Wiggins a scapegoat if she does not have the capacity and the authority to fire people and run people on behalf of the Veterans' Administration. From the same article, in the Marietta Daily Journal, was representation of serious collaboration problems between Coalition A formulators. It is extraordinary that a U.S. Representative, who is a Democrat, and was an avid supporter of the U.S. President, Barak Obama, would allow such comments to be published about the President's political appointee, U.S. Army Chief of Staff (Retired) Eric Shinseki. Perhaps it was a political power play in a very red, Republican stronghold, Cobb County, Georgia.

Senator Johnny Isakson was a member of the Committee on Veterans Affairs that nominated and approved Eric Shinseki's nomination as Secretary in three hearings ending on May, 6, 2009 (*Hearing on the Presumptive Nomination of General Eric K. Shinseki, to be Secretary of Veterans Affairs, 2009.*) Senator Isakson, a Republican, was formerly a U.S House of Representatives Congressman representing the 11th district in Georgia. The district consists of many of the northern suburbs of Atlanta and includes portions of eastern Cobb County, northern Fulton County, and northern DeKalb County.

The district includes all or portions of the cities of Roswell, Johns Creek, Tucker, Alpharetta, Sandy Springs, Brookhaven, Chamblee, Doraville, and Dunwoody or the Northern suburbs of Atlanta.

According to the Iraq and Afghanistan Veterans of America, in June 2013, the U.S. Veterans' disability compensation claims backlog had grown to 833,000 with 547,000 in a backlogged status (Iraq and Afghanistan Veterans of America, 2013). The Veteran's Administration reports that it takes only 272 days to process a claim. However, the claims backlog has only grown more out of control from 2007 until August, 2013. In July 2013, the Iraq and Afghanistan Veterans of America continued their "Storm the Hill 2013" campaign to get the Veterans Administration backlog to zero. On their website is featured a United States map with major metropolitan areas and the days a Veteran waits for a claim to be settled. Atlanta, Georgia is not among those metropolitan areas listed as mired in the backlog. The longest wait times are in Reno, Nevada with 681 days, New York City, NY with 642 days and Oakland and Los Angeles, California with 618 and 619 days respectively (Iraq and Afghanistan Veterans of America, 2013).

In May 2013, Robert J. Eply, Advisory Committee member on Disability Compensation stated that a special initiative has been undertaken with the best of intentions, but good intentions are often subverted by poor execution. He further states that this special initiative will require close and constant communications with VBA and with the Veteran community to avoid missteps. He furthered that there should be a communications protocol developed to assure that all employees and stakeholders are kept up to date on special initiative developments (*Expediting claims or exploiting statistics*, 2013).

There was not a widespread announcement by the organized interest groups on the VA's decision to mandate overtime. The American legion featured the news in their August magazine. On June 1, 2013 Fox news published "Democrats *and Republicans in Congress press Obama to end backlog of veterans' claims*" (Fox news, June 2013) The VA had already engaged the plan to mandate overtime of claims processors to begin with two year old claims first. The two year old claims were resolved and the mandated overtime of 20 hours per month continued through the end of September, 2013. The VA was not included in the federal government sequester of 2013 and the claims processing overtime occurred during this sequester.

Findings of Subquestion 3

To what extent can the policy subsystem actors use social construction and design theory to help fill those policy gaps?

Figure 4 and Appendix D coding protocol were applied as a taxonomy to drill down into entire lists of document content relevant to this research. Besides using taxonomy searches for theoretical content, I used entity extraction to search for relevant concepts. I also searched Appendix F, Additional Tables and Figures, by themes and for the documents that appeared most frequently. In Sub question 3 emphasis was placed on the themes of the social construction and design theory embedded in the Advocacy Coalition Framework.

The Figure 4, level 1 heading used to embed the social construction and design theory was the ACF category "policy subsystem." The social construction and design theory embeds are within the "belief" structure, with core, policy and instrumental beliefs

as level 2 subordinate concepts. Positive social construction is addressed in a discussion of core beliefs.

To discuss policy beliefs, the following level three concepts are addressed, ability of technology to solve problems, power of the target group, democratic accountability versus appointed officials, and distribution of authority among levels of government. Core policy beliefs are discussed within the context of the U.S. government should adhere to contractual obligations. Instrumental beliefs are addressed with a discussion of Veterans' organizations that assist disabled veterans and some discussion of the differences in those organizations.

The last social construction themes discussed are past policy designs, future policy designs institutional culture and power of the target group. The subordinate concepts addressed are leadership skills, the influence of money, votes for and against legislation and decisions by government authorities.

Policy Subsystem

Beliefs

John J. Hall held office as a Democrat in New York's, U.S. House of Representative representing the New York's 19th district. He was in office from January 2007 through January 3, 2011. In February 2008 he was the Chairman of the Subcommittee on Disability Assistance and Memorial Affairs. He presided over a hearing that took place three times regarding the VA's claims processing system. He believed the U.S. disabled veterans deserve to have a system that is based on the most available and relevant medical knowledge. He stated this system has not lived up to

expectations and has left many disabled veterans without proper and timely compensation and other benefits.

At the core of this system is the VA Schedule for Rating Disabilities (or VASRD). This rating schedule is divided into 14 body systems, which incorporate approximately 700 codes that describe illness or injury symptoms and levels of severity. Ratings range from 0 to 100 percent and are in increments of 10. This schedule was uniquely developed for use by VA, but the Defense Department has also mandated its use when the service branches conduct evaluation boards on service members who are unfit for duty. Otherwise, it is not used by any other government agency or private sector disability plans (U.S. Department of Veteran Affairs schedule for rating disabilities, 2008)

Core beliefs

Positive social construction

In a statement before the Subcommittee on Disability Assistance and Memorial Affairs, Carol A. Glazer, President, National Organization on Disability (NOD) offers an example of promoting positive social constructions in this content analysis. In this testimony the NOD sought Congressional and agency support as well as the continuation of private funding.

Ms. Glazer's testimonies began by explaining that the National Organization on Disability (NOD) is a 27-year old national nonprofit organization that has worked to improve the quality of life of people with disabilities by advocating for the fullest inclusion in all aspects of life. This organization is one of only three "cross-disability"

organizations working to improve the quality of life for all of America's 54 million people with disabilities. (*Examining Quality of Life and ancillary benefits*, 2009)

The NOD board, led by Chairman Tom Ridge, former Secretary of Homeland Security, decided that the next 5 years NOD (from 2009) devote the bulk of resources to promoting economic self - sufficiency among America's 33 million working-age people with disabilities.

NOD proposed expanding VA test sites to 12 sites in three years, instead of the three that are operating as pilot projects. Additional sites would allow clusters of sites to focus on potentially important themes For instance, The VA would envision a cluster including concentrated mental health services; another including concerted advice to employers on both ways to accommodate the needs of disabled veterans in order to be productive and ways to "sculpt" or structure job requirements to the same end; yet others emphasize peer group supports. Then, too, some or all of the additional sites should provide career services to the severely disabled veterans from all DOD uniformed services.

According to the NOD, seriously injured veterans and reactive agencies are a fundamental mismatch. Many of the government, and private programs in place for veterans returning from Iraq and Afghanistan are constrained to a reactive service model, only responding when a veteran seeks services and thus placing the burden on veterans to find and approach the agencies. Chapter 2 explained that veterans who become sick or injured do not identify with themselves as handicapped persons and are reticent to reach out to any service offering assistance. They do their best to present a normal appearance. Also identified in Chapter 2 is some of these wounded warriors

present with cognitive constraints of their traumatic brain injuries and are limited in capacity to learn new information (Weible & Sabatier, 2006, p.127).

The NOD found that the most seriously injured veterans with whom they worked are not really able to effectively access services from reactive agencies. Many veterans, especially the most severely injured who often also suffer from cognitive disabilities, do not know the benefits to which they are entitled, which agencies offer them, and how to approach them. Further, many are isolated, geographically, socially, and/or psychologically (*Examining Quality of Life and ancillary benefits*, 2009)

American Wounded Warrior (AW2) Veterans' needs call for an entirely different service model. That model is to actively reach out to the veterans and ensure their needs are being met. The terms NOD uses to describe this service model are pro-active, intensive, and prolonged case management relationships with the veterans being served. NOD noted that few, if any, other government agencies and or private veterans' service organizations can employ the service model adopted by AW2.

Ms. Glazer of the NOD acknowledged that the AW2/AW2 Careers service model she proposed is more expensive than office-based, reactive models. A broadly based cost-benefit analysis should weigh direct program costs against the benefits of reduced dependency costs, increased tax revenues from veterans' earnings, reduced costs for shelters and imprisonment, more successful marriages and parenting, and the restoration of self-confidence from a Veteran's as an "independent, contributing member of his/her community" (*Examining Quality of Life and ancillary benefits*, 2009)

Unaddressed mental health needs exist in more than half the AW2 population, including those in AW2 Careers, suffers from primary diagnoses of Post-traumatic stress

disorder (PTSD) or Traumatic Brain Injury (TBI) with many having both, often along with other injuries. Many veterans suffer depression or other mental health issues (including violent or suicidal ideations) that require appropriate mental health services (especially including marital/family counseling). But, we find that these needs are largely unaddressed and can impede career progress by contributing to veterans' dropping out of education or training or losing a job.

Ms. Glazer explained in her testimony to the U.S. House Committee on Veterans Affairs that it is not a criticism of the VA to say that despite its efforts to expand such services, it simply isn't able to adequately service these needs. Sometimes the Veteran denies these needs; or finds that the local VA has no or limited mental health services or they are not close enough; or do not like what they perceive as the VA's reliance on problematic medications (not uncommon in other populations using psychotropic medications), with only limited therapy.

NOD thought the VA should supplement its direct mental health services by mobilizing and applying mental health services from other local agencies that are very willing be helpful to veterans but need to be recruited, supported, and trained to do so. In Atlanta these outside resources were engaged but not case managed effectively.

In personal/family financial management, young veterans often have little or no experience or knowledge of properly managing family finances, despite the Army Career Transitioning Program and other Army training. Career Specialists frequently find veterans in dire financial straits requiring emergency advice, training, and assistance. There is clearly a need for continuing personal/family financial management training and guidance.

In peer support mechanisms, the fact that so many of our veterans/ families are isolated geographically, socially, and psychologically has led NOD Career Specialists to try various peer meetings and other peer supports, often with heartening results. The NOD sensed that this needs a much broader application.

NOD was not surprised to find that many of Veterans lack the education credentials and job skills needed to succeed in the labor markets of today and the future. NOD's response was to urge veterans to use the education and training benefits available to them to upgrade their credentials on either or both fronts. Many Veterans have responded positively. Glazer stated that others working with these veterans need to adopt the same emphasis. There is need for flexible work support funds. The service members, veterans, and family members served frequently have very limited incomes. In addition, they face the need to spend modest amounts of money on things that can advance their career prospects--or impede them if such expenditures are not possible.

These needs include things like tuition payments where Federal educational benefits are delayed and the veteran cannot afford payments up front. Other needs include books, work clothes, computer repairs or software, travel expenses for a job fair or interview, license or other work related fees, and more. To meet such needs, NOD provided small grants from our work support funds that can facilitate career progress.

The NOD's next steps is that the present model of three sites over three operating years was devised in 2010, early in the then understandably chaotic period of the U.S. becoming aware of the challenge and opportunity of responding to these severely wounded returning veterans--and of the initially chaotic and understaffed period of establishing the American Wounded Warriors Project. In 2010, the private sector stepped

forward, with an impressive welcome, but still limited support of this demonstration program.

Power of the target group

The power of the target group, disabled veterans, is very relevant and prevalent within the most organized interest groups of Veteran Service Organizations (VSOs), the American Legion, The Disabled American Veterans (DAV), the Iraq and Afghanistan Veterans of America (IAVA), and the Veterans of Foreign Wars (VFW). Each of these organizations requires that members be Veterans. The DAV requires proof that members be a service connected disabled veteran. These DAV veterans have also been the target group at one time in their military careers. All of these groups are represented in most of the hearings reflected in the Congressional hearings of this content analysis. They are the advocates for those transitioning injured and sick service members who struggle to live their daily lives, let alone piece together the basics of their future existence.

They are most responsible for the street level implementation of policy to the disabled veteran. Those employees of the VA that process claims are not able to interact with the disabled veteran and for good reason. A claims processor must work at least 2 claims per day, and preferable three to keep on top of the claims backlog. They rely on the organized interest groups to advocate to the VA, cases of the hundreds of records they must process each year.

The American Legion, The VFW and the DAV are all represented Veteran Service Organizations that work on the first floor of the Veterans Benefits Administration in Atlanta, Georgia. These organizations work alongside the Georgia Department of Veterans Affairs Claims Division. As mentioned in Chapter 2 and in Appendix A, these

organizations work directly with the veteran to help adjudicate the veterans' claim and appeal process. They are the personnel that implement USVDC policies. These advocates must go to the claims processors and take the position for increased benefits or faster claims processing. The veteran seeking help from the VA does not ever meet a VA claims processor. They do meet the Veteran Service organizations and the Georgia Department of Veterans Affairs claim processing personnel (George Langford, personal communication, March 16, 2010)

U.S. government should adhere to contractual obligations

In October 2007, The Veterans Disability Benefits Commission wrestled with philosophical and moral questions about how a nation cares for disabled veterans and their survivors and how it expresses its gratitude for their sacrifices. The Commission reiterated the words of President Abraham Lincoln during his second inaugural address on March 4, 1965...

“that the United States has a solemn obligation, to care for him who shall have borne the battle, and for his widow, and his orphan . . . (*Findings of the President's Commission on Care for America's Returning Wounded Warriors*, 2007.)

Policy beliefs

Ability of technology to solve problems

In January 2008, the use of artificial intelligence to improve the U.S. Department of Veterans Affairs claims processing system was given a hearing in the Committee on Veterans Affairs. In his opening remarks, then Chairman of the Subcommittee on Disability Assistance and Memorial affairs, John J. Hall, commented that we need a

better system than rubber bands and post-it notes and must look beyond the current way the VA was doing business (*The use of artificial intelligence to improve the U.S. Department of Veterans Affairs claims processing system*, 2008)

Chairman Hall commented that training a claims processor can take 2-3 years and many leave within 3 years. Experienced raters can adjudicate about three claims a day. The standard placed in the VA's 2013 strategic plan is to process two claims per day. Chairman Hall reported that a software package capable of artificial intelligence could be a decision support tool for adjudicating claims to organize and sort data. It could match key words from a veteran's record to the rating criteria on the VA disability rating schedule or VASRD. Poly Analyst 6.5 is an example of such a software package capable of managing this type of data.

Democratic accountability versus appointed officials

Public Law 108-136, the National Defense Authorization Act of 2004, established the Veterans' Disability Benefits Commission which operated from May 2005 through October 2007. The Commission conducted an in-depth analysis of the benefits and services available to veterans, service members, their survivors, and their families to compensate and provide assistance for the effects of disabilities and deaths attributable to military service. Those matters included care for severely injured service members, treatment and compensation for Post-Traumatic Stress Disorder (PTSD), the concurrent receipt of military retired pay and disability compensation, the timeliness of processing disabled veterans' claims for benefits, and the size of the backlog of those claims. An additional area of concern was the program known as Individual Unemployability (IU), which allows veterans with severe service-connected disabilities to receive benefits at the

highest possible rate if their disabilities prevent them from working. The Commission gave these issues special attention. (*Findings of the President's Commission on Care for America's Returning Wounded Warriors*, 2007).

In going about its work, the Commission was mindful of the 1956 Bradley Commission principles, which have provided a valuable and historic baseline. This Commission's report addresses U.S. wars and conflicts since the Bradley report.

Many of the changes, social, technological, cultural, medical, and economic that took place since World War II, are significant and needed careful consideration as the United States renewed its compact with disabled veterans and their families. This long-term context, a history of both significant change and key elements of constancy from the 1950s to the 21st century, provided the solid basis for this Commission's principles, conclusions, and recommendations.

This Commission identified eight principles that it believes should guide the development and delivery of future benefits for veterans and their families. If these principles were adhered to the path to positive social constructions would be easier for the transitioning disabled veteran to navigate:

1. Benefits should recognize the often enormous sacrifices of military service as a continuing cost of war, and commend military service as the highest obligation of citizenship.
2. The goal of disability benefits should be rehabilitation and re-integration into civilian life to the maximum extent possible and preservation of the veterans' dignity.

3. Benefits should be uniformly based on severity of service- connected disability without regard to the circumstances of the disability (wartime v. peacetime, combat v. training, or geographical location.)

4. Benefits and services should be provided that collectively compensate for the consequence of service-connected disability on the average impairment of earnings capacity, the ability to engage in usual life activities, and quality of life.

5. Benefits and standards for determining benefits should be updated or adapted frequently based on changes in the economic and social impact of disability and impairment, advances in medical knowledge and technology, and the evolving nature of warfare and military service.

6. Benefits should include access to a full range of healthcare provided at no cost to service-disabled veterans. Priority for care must be based on service connection and degree of disability.

7. Funding and resources to adequately meet the needs of service- disabled veterans and their families must be fully provided while being aware of the burden on current and future generations.

8. Benefits to our Nation's service-disabled veterans must be delivered in a consistent, fair, equitable, and timely manner.

The Department of Veterans Affairs (VA) expended \$40.5 billion on the wide array of these benefits and services in fiscal year 2006. The Commission addressed the appropriateness and purpose of benefits, benefit levels and payment rates, and the processes and procedures used to determine eligibility. The Commission reviewed past

studies on these subjects, the legislative history of the benefit programs, and related issues that have been debated repeatedly over many decades.

This Commission received expert medical advice from the Institute of Medicine (IOM) of the National Academies. Required by statute to consult with IOM, the Commission asked the institute to conduct an analysis of the VA Schedule for Rating Disabilities or the VASRD and a study of the processes used to decide whether one may presume that a disability is connected to military service. In addition, the Commission examined two studies that IOM conducted for VA about the diagnosis of PTSD and compensation to veterans for that disorder.

Distribution of authority among levels of government

On April 23, 2013 The Iraq and Afghanistan Veterans of America (IAVA) praised House Speaker John Boehner after The Speaker of the U.S. House called on the Department of Veterans Affairs Secretary Eric Shinseki to provide specific details on the VA's plan to end the VA disability benefits backlog (IAVA, 2013, April)

However, on January 25, 2013 the Department of Veterans Affairs had already published their strategic plan to eliminate the compensation claims backlog (*Department of Veterans Affairs plan to eliminate the disability compensation claims backlog*, 2013). The plan is available on the va.gov website. This plan clearly states how the VA will resolve the backlog issue and offers strong resolutions to back up the plan.

The IAVA press release states that this call from Speaker Boehner came the same week the Obama Administration proposed increasing the VA budget to reduce the backlog. However, the 2012 budget had already appropriated the funding necessary to hire new claims processors. IAVA founder and CEO Paul Riefkhoff credits Speaker

Boehner as follows: “IAVA appreciates Speaker Boehner’s leadership on a top priority for veterans- ending the VA disability benefits backlog. We thank Speaker Boehner for fighting for the newest generation of veterans and we look forward to working with him and other members of Congress to bring the number of Veterans in the backlog to zero” (Iraq and Afghanistan Veterans of America, May, 2013). IAVA only addresses Congressional hearings in the 113th Congress despite being founded in 2004. IAVA claims they lead the charge in Washington to end the backlog. They have petitioned President Obama to establish a Presidential Commission to end the backlog by claiming they have garnered over 44,444 signatures. The President had previously signed into law the Veterans Benefits Improvement Act of 2008 and the Veterans Benefits Act of 2010 that had already made provisions necessary to work down the claims backlog. The formulated plan was in place. The implementation execution fell short of the plan.

Instrumental beliefs

Secretary Eric Shinseki, in the July edition of the American Legion magazine, explains the claims backlog grew sharply on his watch due to his decisions on compensation eligibility. For two years following his Agent Orange decision, which established new conditions as service connected and compensable, VA assigned 2,300 of the most experienced processors, or one third of the claims staff to retroactively review 230,000 claims that qualified for special handling. Overall, 131,000 veterans or their survivors received 3.65 billion in retroactive pay (Philpot, 2013). Shinseki was a Vietnam veteran and wanted to take care of the men and women he went to war with. He further explained that he took the job of Secretary of the VA knowing the immense struggle there to tend to the veterans of this country’s longest war.

As the criticism grew, Secretary Shinseki and the VA stayed the course and ordered new initiatives: a two month effort to complete 42,000 disability claims in the VA system for more than two year., a policy to expedite claims at least one year old using new provisional approval authority to begin benefits based on evidence submitted to date, and a mandated 20 hours of overtime a month for all claims processors. VA teamed with the American Legion and The Disabled American Veterans to expedite claims identified as fully developed (Philpot, 2013).

Secretary Shinseki did admit that his” everything else” waits handling of these older claims decisions did cause controversy. (Philpot, 2013) He took care of World War II veterans waiting for compensation or sadly, and more often, their survivors. He opened up the troubling stall of thousands of veterans sick from their Operation Desert Shield/Desert Storm (First Gulf War) illnesses.

Future policy designs

Leadership skills

On August 10, 2013, President Barak Obama and First Lady Michele Obama did speak to the National Delegation of Disabled American Veterans and both promised that all that could be done to help American disabled veterans would be done including reducing the claims backlog (Disabled American Veterans, 2013, August)

VA Secretary Eric Shinseki (U.S. Army General, Retired) set goals in 2010 to eliminate the Veterans disability compensation claims backlog by 2015 with an accuracy rate of 98%. The claims backlog was rising due to so many Veterans returning from war. Shinseki made decisions to expand compensation eligibility to post-traumatic stress

syndrome, Gulf war illness, ischemic heart disease and Parkinson's disease. Doubts were raised by Chairman of the House Veterans Affairs committee, Representative Jeff Milner, Republican from Florida, but Shinseki said the plan would be reached in 2015 (Philpot, 2013).

VA's budget has increased almost 50 percent since 2009. Some of those resources pay the salaries of more claims processors. This funding also financed the development testing and fielding of the Veterans' Benefits Management System, an electronic claims processing network which by June of 2013 had been installed in all VA regional offices six months ahead of schedule.

Jeffrey C. Hall is a leader name that appears 2,873 times in 79 documents with a confidence level of 92 percent. In 2010, Jeffrey C. Hall represented the Disabled American Veterans as the Assistant National Legislative Director at a hearing before the Subcommittee on Disability and Memorial Affairs of the Committee on Veterans Affairs to examine the training requirements of Veterans Administration claims processing personnel. He starts his testimony by explaining that as the growing backlog of pending claims receives all the headlines, the backlog is not the problem. It is a symptom of a larger problem and that is a broken claims process. He states that to break the back of the backlog, the VA must emphasize quality, accuracy consistency and *training* (*Examining training requirements of the Veterans Benefits Administration, 2010*).

The influence of money

On May 15, 2012 the U.S. Senate Committee on Appropriations met and approved Title II, Department of Veterans Affairs, expenditures over the already allotted amounts for 2013. The VA fiscal year 2013 budget included 165 million in additional

funding to supplement the advance appropriation provide in 2012. The bill paid an additional 155 million for medical care plus and an additional 8 million for the Board of Veterans Appeals to address the immense backlog of appeals and an additional ten million for the Office of the Inspector General to strengthen the VA's interval oversight.

The bill also included 3.32 billion for Information technology projects equal to the VA's request. Funding included 169 million for the integrated electronic health record and 30.5 million for the paperless claims system. (*U.S. Senate Committee on Appropriations, May, 2013*)

In fiscal year 2009 the VA budget totaled 97.7 billion. Now it is 140.3 billion for a 43.3 percent increase (Mariano, 2013, April) While the VA's benefits system has been troubled in the past since well before President Obama took office, efforts during his administration have not prepared it for the current challenges (Mariano, 2013)

Votes for legislation

Public Law 110-389, was passed October 10, 2008 from Senate bill 3023. This act amends Title 38, United States Code, to improve and enhance compensation and pension, housing, labor and education and insurance benefits and for other purposes. Titles I and II are specific changes to compensation and pension. Title II addresses the modernization of Department of Veterans Affairs' disability compensation system. Subtitle A of Title 11 is broken down into the changes applying to benefit matters and subtitle B is broken down into assistance and processing matters (Veterans' Benefits Improvement Act, 2008)

Decisions by government authorities

The number one million seemed the catalyst to re-visit the immense claims backlog at issue in this research from January 2007-August 2013. Don McKee writes about the backlog in his editorial article in the Marietta Daily Journal on March 25, 2013. He calls the 900,000 claims backlog was outrageous and explains that some veterans are waiting more than 315 days to receive benefits they deserve. McKee writes that veterans are dying before receiving benefits stating that the Bay Citizen in San Francisco reported 19,500 veterans died while awaiting benefits in the fiscal year from October 2011 to September 2012. This information was based on retroactive payments paid to survivors (McKee, 2013).

The number of Veterans waiting more than a year skyrocketed from 10,000 in January 2009 to 243,000 in December 2012, a 2,000 percent increase. Veterans in largest urban centers waited the longest with 642 days in New York City, 619 days in Los Angeles and 542 days in Chicago (McKee, 2013)

McKee credits the Iraq and Afghanistan Veterans of America (IAVA) for taking the fight to Washington, D.C on the 10th anniversary of the wars in Iraq and Afghanistan. The organization carried a petition signed by more than 30,000 Americans demanding that President Obama end the VA claims backlog.

Paul Rieckhoff, an Iraq Veteran, is the chief executive of IAVA. Rieckhoff is an example of the target population becoming the authority with influence in a newly formed organized interest group. Together with thousands of other Veterans this organization “stormed the hill” hoping to positively impact the handling of the claims backlog. He issued strong language like “ should Secretary Shinseki be replaced and ‘ we

need to hear directly from the President on what he will do to end this backlog” He also states he understands the VA’s plight in processing 1 million claims, but the VA languishes in the backlog and fails to hire the needed processors and go paperless. Rieckhoff speaks for the target population of veterans by repeating that veterans feel betrayed, “when your claim is delayed 600 days...you feel like your President and your country are letting you down.” (McKee, 2013) On April 8, 2013 the Obama administration announced the President’s new budget proposed sizeable increases in funds for Veterans services, including programs aimed at fixing the delays in processing disability claims for wounded warriors.

Institutional Culture

At issue for the VA, from March 2013 through July 2013, is to get the VA disability claims backlog out of the mainstream press. Words like unconscionable, disastrous, and mistreating our war veterans dominated the media. The Inspector General report out of the Winston Salem VA office left the indelible images of so many folders stacked on filing cabinets that the weight of the files caused building structural damage (Ruiz, 2012.). This image alone seems to have provided additional catalyst to launch extreme action and shift attention away from the VA. The Marietta Daily Journal published an article by Don McKee on April 24, 2013, *VA fast tracking oldest claims but could do more to fix the backlog*. The article began by stressing that the outrage over scandalous delays in processing Veterans benefits claims produced action by the VA. Starting that week in April, veterans who waited a year or more would be fast-tracked allowing veterans to collect benefits sooner. McKee (2013) states this should have been done a long time ago. He further reports that because Veterans and some elected officials

have place the spotlight on the problem, the VA got the message, regardless of the plan to eliminate the backlog by 2015.

Representative Tom Graves(R-Ranger) proposed in an op-ed, he called on Secretary Shinseki to cut the claims processing times to 30 days and bring in the high-tech companies to help upgrade the VA technology. Congressman Graves states the VA needs to think outside the box and asks” why don’t we ask the tech giants like Apple, Microsoft, Google and Facebook to help.

The VA implementation plan became about executing the completion of the claims backlog. It required millions of dollars to upgrade technology at the VA and thousands of hours of overtime for VA claims processors, translated to a mandated 20 hours per month through September, 2013, despite the rest of the federal government mandate to enact the Sequestration law.

Past policy designs

In 2007, in a statement before the U.S. House of Representative, Committee on Veterans’ Affairs, the American Medical Association requested their hearing statement be recorded for the written record. In its study, the Veterans' Disability Benefits Commission (VDBC) concluded that the VA Rating Schedule (VASRD) has not been comprehensively updated since 1945. The notion of a rating schedule was devised in 1917, for returning World War I veterans to be cared for when they could no longer function in their pre-war occupations. At the time, the American economy was primarily agricultural based and labor intensive. (*Findings of the President’s Commission on Care for America’s Returning Wounded Warriors, Hearing before the Committee on Veterans Affairs, 2007*) Today's economy is different and the effects of disability are understood to be greater

than the average loss of earning capacity. Many disability specialists, like the previously mentioned National Organization of Disability, agreed that quality of life, functionality, and social adaptation are just as important.

Sections of the VASRD have been modified, but no overall review has satisfactorily been conducted. Some parts of the schedule are out of date, relying on arcane medical practices, and not in sync with modern disability concepts. (U.S. Department of Veteran Affairs schedule for rating disabilities, 2008)

On April 30, 2013, the Atlanta Journal Constitution published an article “*Backlog for Veteran benefits draws Congressman’s ire (Mariano, 2013)*. Icy remarks warn that wounded warriors of the wars that just passed a 10 year anniversary face the home grown threat of a bureaucracy at the U.S. Department of Veterans Affairs. United States Representative Tom Graves, of Ranger, Georgia, called the backlog, immoral. He offered the following figures:

Despite having the budget increase of 40 percent since 2009, pending claims for benefits have increased from 391,000 to 890,000 under the Obama Administration, for a 125 percent increase.

The AJC conducted a fact check on claims statistics and found the following, On January 21, 2009, one day after President Obama was sworn in as President, the VA released a report that the number of pending claims was 391, 127. The April 8, 2013 report reported 889,981 claims were pending. The VA hired more staff and in fiscal year 2011 completed 1 million claims, a 6 percent increase, but the number of claims had grown 29 percent.

Paul Riekhoff, Chief Executive of the IAVA, claims that the bureaucratic failure stretches across the government and claims it is not a partisan issue. In order for veterans to prove they are disabled, they have to acquire documents from the Social Security Administration, The Department of Defense and other federal agencies that do not share information.

Another federal government agency, the Social Security Administration, responded to their claims backlog problem by identifying the gaps between formulation and implementation. All documents are formulation documents, but a common thread in the following documents is that the Inspector general office or some office with regulatory oversight became involved in the business of the office employees that implement policy. The first document “*Administering Social Security: Challenges yesterday and today*” was published in 2010. In Philadelphia, in 1955, 440 extra employees worked 2,000 hours of overtime between January 3 and January 11, 1955. This is equivalent to 250 work days to process claims for social security that overwhelmed regular office employees due to an amendment to law allowing a new category of workers to receive social security benefits (*Administering Social Security: Challenges yesterday and today*, 2010.)

A House hearing titled, “Document tampering and mishandling at the U.S. Department of Veterans Affairs” reported that in one instance during a period of amnesty, the Detroit Regional Office destroyed 700 claims and 2700 pieces of medical information that did not reach the Veterans Benefit Administration claims permanent files (*Document tampering and mishandling at the U.S. Department of Veterans Affairs*, 2009.)

Another document, a House congressional hearing on “Examining the backlog and claims processing system” in 2007, began by thanking the claims processors in the hearing room and continued further to address inadequate staffing levels, inadequate continuing education, and pressure to make quick decisions resulting in an overall decrease in quality work as a consistent complaint among Regional Office employees interviewed by American Legion staff during Regional Office quality checks (*Examining the backlog and claims processing system, 2007.*) Currently Regional Offices (ROs) are graded on the number of claims they complete each month. There are many differences across the disability programs in terms of purpose, administrative processes, eligibility, benefits, and size. These differences may limit the potential applicability for VA of lessons from the other programs.

The various disability compensation programs also have different criteria for determining eligibility and benefit levels, and different purposes of the monetary compensation, varying from partial or full replacement of earnings to an income supplement, or even to compensation for a shortened career. VA disability compensation claims are currently processed in 57 Regional Offices (ROs), and the Government Accounting Office has recommended that VA consolidate some of its disability compensation operations as one way to improve claim processing quality and reduce variation across regional offices. VA reports that it does in fact have plans to consolidate some of its disability claims processing in the future, based in part on past successes in consolidating some other areas of operations.

The last document reviewed was a Senate hearing in July 2010. In many offices, employees are being supervised by managers with only a few years of experience. Six

months after returning to the Regional Office, the employees are expected to produce a set production level of cases in order to be considered "successful". This level continues for 6 months when the level is again raised, then raised again in 12 months, then at 24 months they are considered "journeyman" level and the level is raised again.

It is not necessarily what additional training' new VBA employees need before assuming duties and responsibilities, but 'what changes should be made in current training. The best answer is hands-on training at a learning pace, not a racing pace, is the only answer that will render good sound employees with quality decisions (*Review of the VA and DOD Integrated Disability Evaluation System*, 2010).

In May 2013, the VA announced it was mandating overtime for claims processors in 56 regional benefits offices to increase production of compensation claim. This policy continued through the end of September, 2013, the end of the fiscal year. On June 20, 2013 the VA released a press release stating that overtime was mandated for the claims processors and the claims pending two years are caught up and the claims pending one year will be cleaned up by month end September, 2013.

Communication among the coalition member leadership is a problem. On May 21, 2013, U.S. House Committee on Veterans Affairs, Chairman Jeff Miller (Republican-Florida) wrote a letter directly to President Obama bringing his attention to what he considered an alarming pattern of serious and significant patient care issues at the Department of Veterans Affairs Medical Centers across the country. Recent events at the subject of this case study, Atlanta, Georgia, VAMC provide an example of management failures, deception and lack of accountability permeating the VA's health care system. Miller continues by stating that because these issues are long-standing, systematic and

immune to the current structure of accountability with the VA, he believed President Obama's direct involvement and leadership is required (U.S. House of Representatives Committee on Veterans Affairs letter to the President, May 21, 2013) In July 2013, on the House Committee on Veterans Affairs web site, Miller responded with a press release stating the President and the White House had failed to respond after two months. (House Committee on Veterans Affairs press release, July 11, 2013)

On June 20, 2013, the U. S. Department of Defense announced the VA launched these steps to overcome the claims backlog (beginning in April 2013) to expedite disability claims decisions. Allison Hickey, VA's Undersecretary for Benefits said the success of this phase of the effort was due in part to the implementation of mandatory overtime for the Veterans Benefit Administration's claims processing staff as well as the support of physicians from the Veteran's Health Administration who expedited medical exams to provide medical evidence needed to rate the pending claims (U.S. Department of Defense, June, 2013).

This was exceptional good news but occurring when other federal employees had to except a furlough of one day a week through the end of the fiscal year 2013 to attend to the issues presented by the U.S. Federal government fiscal cliff. One of those employees is a full-time Georgia National Guard Officer who when not deployed on active duty is employed as a federal employee. Although his workload supports the Georgia Department of Defense, and the U.S Department of Defense he still had to be furloughed every Friday beginning July 19, 2013, initially through the end of September 2013, then revised to only six weeks. He and many federal employees like him (Jeffrey

A. Farrell, personal communication, July 30, 2013). The opposition pressure has been great since 2007.

Subsequently, the VA did cut the backlog in half in the period of 90 days. On March 13, 2013 a hearing about the VA claims process: review of VA's transformation efforts took place before the Senate committee on Veterans' Affairs. Within the testimony was a report from the Government Accounting Office (GAO) entitled, Veterans disability benefits: Challenges to timely processing persist. The average length of time to complete a claim increased from 161 days in fiscal year 2009 to 260 days in fiscal year 2012. The VA's backlog of claims--defined as claims awaiting a decision for over 125 days--has more than tripled since September 2009. In August 2012, approximately two-thirds of the 568,043 compensation rating claims--which include pension and disability rating claims--were backlogged. In addition, timeliness of appeals processing at VA regional offices had also slowed by 56 percent over the last several years (*VA claims process: Review of VA's transformational efforts, Hearing before the Committee on Veterans Affairs, 2013.*)

The GAO found a number of factors, both external and internal to VBA contributed to the increase in processing times and growth in the backlog of veterans' disability compensation claims. The number of claims received by VBA has increased as the population of new veterans has swelled in recent years. New regulations that established eligibility for benefits for new diseases associated with Agent Orange exposure, VBA adjudicated 260,000 previously denied and new claims for related impairments. Beyond these external factors, issues with the design and implementation of the program have also contributed to timeliness challenges. Public Law requires VA to

assist veterans in obtaining records that support their claim. However, VBA officials said that delays in obtaining military records--particularly for members of the National Guard and Reserve--and Social Security Administration (SSA) medical records impact VA's duty to assist, possibly delaying a decision on a veteran's disability claim. Further, VBA's paper-based claims processing system involves multiple hand-offs, which can lead to misplaced and lost documents and cause unnecessary delays. Concerning timeliness of appeals, VBA regional offices have in recent years shifted resources away from appeals and towards claims, which has led to lengthy appeals timeframes.

VBA has a number of initiatives underway to improve the timeliness of claims and appeals processing. Such efforts include leveraging VBA staff and contractors to manage workload, modifying and streamlining procedures, improving records acquisition, and redesigning the claims and appeals processes. According to VBA officials, these efforts will help VA process all veterans' claims within VA's stated target goal of 125 days by 2015. However, the extent to which VA is positioned to meet its ambitious processing timeliness goal remains uncertain.

VBA provided the GAO with several planning documents, but, at the time of this review, could not provide a plan that met established criteria for sound planning, such as articulating performance measures for each initiative, including their intended impact on the claims backlog. GAO has recommended that VBA (1) partner with military officials to reduce timeframes to gather records from National Guard and Reserve sources, (2) work with SSA to reduce timeframes to gather SSA medical records, and (3) develop a robust plan for its improvement initiatives that identifies performance goals that include the impact of individual initiatives on processing timeliness..

In this content analysis, the Congressional hearing of May 22 2013 included details of a hearing covering; *Expediting claims or exploiting statistics/ An examination of VA's special initiative to process claims pending over two years*. In the House of Representatives a bill was introduced on May 23, 2013 by Representative Jeff Miller of Florida to establish a commission or task force to evaluate the backlog of disability claims of the Department of Veterans Affairs. This bill, H.R. 2189 was forwarded to the Subcommittee on Disability Assistance and Memorial Affairs to full Committee by voice vote by July 7, 2013.

Senator Miller of Florida introduce a separate bill on May 23 when a Congressional hearing was already taking place on expediting claims within the House committee on Veterans Affairs. Representative Jeff Miller (Republican) is the current Chairmen of the House Committee on Veterans Affairs. A review of the website of the U.S. House Committee on Veteran's Affairs displays the 113th Congress Hearings as no upcoming hearings (House Committee on Veterans Affairs, 2013.)

Discrepant cases

In using Poly Analyst 6.5, the discrepant cases were listed as "others." These are documents that did not directly link to the themes of the taxonomy hierarchies developed from the theory, framework and models explained in the literature review of Chapter 2 and designed into the research methodology in Chapter 3.

Summary

The first sub-question addressed by this study was to what extent can the social construction and design theories be used within an advocacy coalition framework to inform transition assistance in the United States Veterans' Disability Compensation policy subsystem? There were no results from two categories, short term constraints and long term opportunity structures. Short term constraints address policy limitations and attributes of policy problem areas. Long term opportunity structures address degree of consensus needed for policy change and openness of the political system.

There is a gap between the number of formulation document results and implementation document results. Overall, there is more content pertaining to USVDC policy formulation than USVDC policy implementation. There are 113 formulation documents and 10 implementation documents. There is a gap between formulation of policy and implementation that culminated with United States Presidential and Congressional intervention with the VA resulting in a mandated 20 hours of overtime since April 2013 for US Veterans disability compensation claims processors. These events all occurred in the process of the potential for a US government shut down, an unprecedented occurrence for the past 20 years.

The second sub-question addressed by this study was what are the policy gaps between the intent and implementation of United States Veteran's Disability Compensation Policy? In terms of reliable health care, in 2007 there were no joint efforts for service members to transition from their services first, then into the VA system. In September 2013, there is a joint transition from service component to the VA. There is

current evidence of unreliable mental health care, resulting in three deaths by suicide, in the Atlanta VA Center that became a national headline in April 2013 and prompted the necessity for a U.S. Senate Field hearing to occur in Atlanta to focus on a problem with a spotlight to assist all VA Centers in the United States.

Resources have been managed poorly. Technological advances were slow to occur in the VA system nationally. There is Congressional hearing evidence of hundreds of hours of time spent by Coalition A and B members working on the resolution to the claims backlog problem, but the backlog grew into 2013. The mandated overtime did begin to resolve the problem but it took until April of 2013. To reallocate resources seemed an obvious solution. However the results of this study do show evidence of the claims process languishing for years. The political pressures have always been there. The claims backlog hitting one million seemed to provide the impetus for the volume to be turned up as to hasten the American government into political action

In terms of current policy, Operation Enduring Freedom began in September 2001. The United States and Allies invaded Iraq in March 2002. There was no law passed to modernize Veterans Disability Claims until 2008 with the passing of Public Law 110-389.

Training claims processors remains an internal issue to the VA. An external problem between the VA and Congress is consistent. The organized Veteran Service Organizations worked to assist the VA while testifying in front of Congress mostly on behalf of the VA's. Throughout this study there is a "VA" versus other coalition members, with VA Secretary Shinseki and ultimately President Obama as the intermediary.

The final sub-question addressed by this study was to what extent can the policy subsystem actors use social construction and design theory to help fill those policy gaps? There is a great emphasis on the practices of the National Organization on Disability to present successful models to increase positive social constructions for disabled veterans within the USVDC policy subsystem. This organization has the expertise to offer sound solutions. However, their solutions are difficult to apply when up against the institutional culture of the United States Department of Defense. This is a culture that has difficulty embracing disabled individuals. They are a culture that rejects disabled persons as members. The VA is notoriously mired in the red tape of bureaucracy. An influx of disabled persons has historically overwhelmed the VA with each combat operation.

There is immense power of the target group, all veterans but particularly disabled veterans to positively effect and affect the course of and quality of life issues of every transitioning service member to the roles of disabled. The VSO members are fierce advocates for their brethren who fight on the U.S. current battlefields. In my personal case, it was veterans who were the street level implementors of a successful outcome for my own disability compensation struggles. It will now be my duty and pleasure to take up the mantle to assist those who walk behind me and accelerate their path through the USVDC network.

In the section addressing democratic accountability versus appointed officials there is much written about the Veterans Disability Benefits Commission which operated from May 2005 through October 2007. Again, Congress took too long to establish the Commission and don't appear to be adhering to recommendations but especially the recommendation that funding and resources to adequately meet the needs of service-

disabled veterans and their families must be fully provided while being aware of the burden on current and future generations.

To discuss decisions by government authorities, facts in numbers was the emphasis. When the USVDC claims backlog hit one million claims in the backlog, Coalition B members of the press, for this case study the Atlanta Journal Constitution and the Marietta Daily Journal, magnified the problem through the media. Coalition A congressional attention followed to the point that Georgia House of Representative members, Democrat and Republican, publicly called for the resignation of the VA's top leader, Secretary Shinseki and admonished President Obama for a lack of action. In past policy designs, the VA has maintained a notorious institutional culture as slow to action, uncaring and incompetent. The most recent actions of the last 5 months, April 2013 through September 2013 of combined efforts of Coalition A and B members may change an institutional culture for the VA.

The sub-questions of this study built the response for the central research question; to what extent is the USVDC program effectively meeting the needs of disabled veteran? This research has presented how serious the U.S.VDC backlog has become since January 2007. It was necessary to monitor the status of the VA disability compensation claims backlog, after the closing of the data collection for the content analysis in May 2013, because the problem became very newsworthy, again from May 2013 through August 2013. This research has described that the United States Veteran's Disability Compensation policy subsystem is improving in effectiveness to meet the needs of the United States Disabled veteran. A surge to eliminate the claims backlog from April 2013 until September 2013 was successful. The VA intends to continue the

momentum to eliminate the backlog by 2015. Many disabled veterans can attest to the frustration of waiting long periods of time during the longest war in U.S. history. Constant leadership oversight is continually necessary from the President and through the Senate and House of Representatives to ensure the vigilant leadership oversight necessary to solve this national problem.

The powerful influence of the Veteran Service Organizations were the continual strongest voices heard within the Congressional hearings and the voice to the public. The veteran Veteran Service Organization groups of the American Legion and the Disabled American Veterans had the experience of past wars and the crisis of this longest war. The new comer, the Iraq and Afghanistan Veteran of America, founded in 2004, had numbers of the recently injured and the technologies of this century behind powerful interests. In particular, this VSO rallied to get Congressional support as high as House Speaker Boehner and many Senate leaders, Democrat and Republican.

The key findings of this study will extend knowledge of the gaps between policy formulation and implementation by embedding the social construction and design theory with the Advocacy Coalition Framework. Chapter 5 provides a comparison with the peer-reviewed literature described in Chapter 2.

Chapter 5 includes an analysis and interpretation of the findings in context of the conceptual framework in Chapter 2. Chapter 5 includes a description of the limitations that arose from the execution of the study, recommendations for further research and implications for positive social change.

Chapter 5: Discussion, Conclusions and Recommendations

Introduction

Purpose

The purpose of this study was to conduct a policy system network analysis of the U. S. Veterans Disability Compensation policy subsystem for service members transitioning to disabled veterans. This research analyzed the gaps between formulation and implementation of USVDC policy by integrating social construction and policy design theory within the Advocacy Coalition Framework. The Advocacy Coalition Framework is a method of policy process analysis, developed by Sabatier (1986.) In the Chapter 2 literature review, Figure 2 displays the framework embedded with social construction and design theory concepts. Figure 3 displays Hacker's (2006) formulation and implementation gap used to analyze policy gaps. Figure 4 is the entire protocol used for this research.

Summary of key findings

The first sub-question addressed by this study was to what extent can the social construction and design theories be used within an advocacy coalition framework to inform transition assistance in the United States Veterans' Disability Compensation policy subsystem?

This USVDC subsystem used resources public, private and non-profit, internally and externally to rally the necessary resources needed to support U.S. disabled veterans.

The second sub-question addressed by this study was what are the policy gaps between the intent and implementation of United States Veteran's Disability Compensation Policy?

There is a gap between the number of formulation documents and implementation documents, with 113 formulation documents and 10 implementation documents. Overall, there is more content pertaining to USVDC policy formulation than USVDC policy implementation.

Improved and updated policy formulation exists to expedite claims processing for the disabled veteran. Since 2007, this research provides a summary of a content analysis full of well-intentioned formulation, but a stall in implementation, until April 2013. The VA increased staffing must remain intact until there is no more claims backlog. The surge to reduce the claims backlog must maintain momentum. President Obama is the key leader that must ensure this happens and he has voiced his support and promise to that end as recent as August 10, 2013. The VA Secretary, Eric Shinseki has executed his plan to break the claims backlog by 2015 (United States Department of Veterans' Affairs, 2015.) Congressional Republican and Democrat support exists to provide the oversight necessary to ensure disabled veterans receive their benefits. United States Veteran Service Organizations exerted extreme pressure to maintain momentum.

There were no results from two categories, short term constraints and long term opportunity structures. Short term constraints address policy limitations and attributes of policy problem areas. Long term opportunity structures address degree of consensus needed for policy change and openness of the political system. An application of the taxonomy hierarchy to the most frequent word clusters yielded results applicable to short term constraints and long term opportunity structures.

The final sub-question addressed by this study was to what extent can the policy subsystem actors use social construction and design theory to help fill policy gaps? The

United States Congress, the VA and the Veteran Service Organizations can and are doing more to represent the target population of the disabled veteran. An emphasis on quality of life was addressed throughout the content of this analysis as an issue of paramount significance.

The sub-questions of this study built upon the central research question: to what extent is the USVDC program effectively meeting the needs of disabled veteran? This research has described that the United States Veteran' Disability Compensation policy subsystem has improved in effectiveness to meet the needs of the United States disabled veteran. However, from 2007 through March of 2013, the USVDC policy subsystem did not meet the needs of the American disabled veteran. A surge on the part of Coalition A members to eliminate the claims backlog from April 2013 until September 2013 was required, but the Coalition B members, the street level implementors provided the manpower hours necessary to complete disability claims processing. The VA VBA intends to continue the momentum to eliminate the backlog by 2015. The powerful influence of Congress and the Veteran Service Organizations were the continual strongest voices heard within the Congressional hearings. Coalition B members of the press provided a most influential louder volume to the American public. The Veteran Service Organizations groups of the American Legion and the Disabled American Veterans had the experience of past wars and the crisis of this longest war to strengthen their positive influence for a better USVDC network. The new comer, the Iraq and Afghanistan Veteran of America, founded in 2004, had numbers of the recently injured and the technologies of this century behind powerful interests. In particular, this VSO rallied to

get Congressional support as high as the House of Representatives Speaker Boehner and many Senate leaders, both Democrat and Republican.

Interpretation of the Findings

In the book, *Theories of the Policy Process*, Schlager (2007) stated in the conclusion chapter, that over the past years policy processes belong under the Advocacy Coalition Framework roof. This research added to the ACF literature gap described by Schlager by adding social construction and design theory within the Advocacy Coalition Framework to describe gaps between USVDC policy formulation and implementation.

This research was intended as a purposeful work to add to the bodies of work started by Larkin (1999) and Hacker (2006). The selection of Poly Analyst 6.5 happened to use a means of artificial intelligence software to perform a content analysis of a policy subsystem. Hacker (2006) studied unintended consequences in public policy formulation and implementation using the FIG model. Her model was applied to this research to further her body of work that formulators fail to hear the voices of the contending citizens impacted by their decisions. In this particular case, the period of time extended over six years and is still ongoing for American disabled veterans.

Hacker (2006) and Morcol (2002) discussed that the heart of policy analysis is about closing the gap in disconnections between those personnel that formulate policy and those that implement policy. This research documented the beginning of the closing of the gap between formulation and implementation of USVDC policy with the following solutions, fund more positions so the VA may properly implement disability claims policy, hire more claims processors that actually finish the claims that pay the disabled

veteran to improve their quality of life, and properly train and monitor those employees so they may properly manage their positions as claims processors.

Schneider and Ingram (1997) suggested that policy designs serve democratic principles best when goals reflect a balance among democratic values or concentrate on the inadequacies of society. This study finds evidence of leaders focusing on principles of democracy while addressing the inadequacies of the growing USVDC claims backlog. However those Washington leaders however well- intentioned dithered with formulating legislation and furthered neglected to provide the necessary resources to ensure the implementation of that legislation. Newly transitioning disabled veterans languished in diminished quality of life while the government authorities charged with their well-being attempted to sort out the age old problem of caring for this U.S. combat affected target population. It was only recently, beginning in April 2013 that a successful surge of claims processing began to finally break the backlog of veteran disability claims processing.

Ultimately, the implementors or claims processors suffered because they were mandated to work 60 hour weeks from April 2013 through September 2013. Lipsky (1980) saw the street level bureaucrats as positioned to become the focus of society's hopes for healthy balance for the provisions of service. After ten years, in the USVDC policy subsystem, claims processors ultimately effectively began to meet the needs of the transitioning disabled veterans.

Applying Social construction and design theories within an Advocacy Coalition Framework to analyze gaps between policy formulation and implementation

This section will be discussing the findings related to major themes of the application of the social construction and design theory within the advocacy coalition framework to analyze policy gaps in the formulation and implementation of USVDC policy. The themes addressed are; beliefs in past, current and future policy designs, allocations of USVDC program benefits and burdens, institutions and culture, distribution of authority among levels of government and gaps between USVDC policy formulation and implementation.

Beliefs in past, current and future policy designs

A core belief of the Armed services is a survival of the fittest mentality. Combat operations must be led by the strongest service members. From the early trainee days of a new recruit, the weaker are relinquished to the “sick, lame and lazy” corps of misfits until the affected individual rises beyond this negative social construction and re-joins the fittest group. One does not have to look far to find a history of the Armed services mired in negative social construction if a member does not fit the few and proud belief. The Armed services have legally discriminated against, age, gender and race and been given governmental support to do this. Most drill sergeants could be quoted as saying, “the Armed services are not a democracy” while they set out to break that recruit down, to build them back up into a fit and ready soldier prepared to take on this nation’s defense.

The target population of veterans are no longer drafted into the Armed Services. This country maintains a volunteer force for all armed conflicts since the Vietnam War. These volunteer members must raise their right hand and swear allegiance to the Armed Service

of choice. They swear an oath to obey the orders of their officers appointed over them in the chain of command. For many, the result of their oath of allegiance resulted in catastrophic results with injuries, disease, debt and death. Classic examples are the horrific death tolls of the American Civil War and World War I and II, where entire populations of a small towns' young men were devastated.

Vietnam brought large death tolls but also thousands of Veterans returned to the U.S. that scorned their existence and failed to care for them, particularly those affected with the results of Agent Orange. It is only recently that those aging survivors, or in many instances their surviving family members, are benefitting from VA entitlements.

In 1990, Operation Desert Shield and Desert Storm Veterans went to war after a long period of Cold War politics. Our country had not been to full scale war since 1973. They entered the battlefield with an Armed Service rusty and unrehearsed in all aspects of warfare. Caring for the combat veteran diseases and injuries was an unfortunate afterthought and for years resulted in the treatment of the mysterious Gulf War illnesses.

The Armed services had demanded a military population to ingest Pyridostigmine Bromide (PB) pills to counteract a nerve agent attack from soman poisoning used by the then Saddam Hussein regime. Refusal to take the pills was a failure to obey a lawful order and the military member could be subjected to criminal charges under the federal Uniform Code of Military Justice (UCMJ.) The Federal Food and Drug Administration did not actually approve the use of PB pills until February 2003 (US Army Medical Department Medical Research and Material Command, 2013)

Government authorities through the Department of Defense also pushed the use of the anthrax vaccine to service members and some service members became ill with

unexplained illnesses. The Armed Services no longer administer the vaccine. The threat of an anthrax attack has increased but the use of the vaccine is a tremendous risk.

The United States has not yet seen the after effects of disease and death that will result from the 10 year plus dual Operation Iraqi Freedom and Operation Enduring Freedom. This country was out of Iraq in 2011, but still at war in Afghanistan.

Allocations of USVDC program benefits or burdens

The VA GI Bill is an example of a military benefit that has gained an extraordinary reputation for assisting the American Veteran to seek a higher education and better his or her prospects for their future beyond their military career. The receipt of the GI Bill is a positive social construction and benefit. There is no burden associated with this entitlement.

Therefore, the Department of Defense and the VA must capitalize on the GI Bill successes and continue to collaborate with Veteran Service Organizations and public and private institutions to reduce the burden of disability to only that of the physical, social and emotional burdens that must be endured when newly sick or injured. Any other negative impact whether it be financial or negative social constructions on a service members' quality of life, should not be tolerated in American society.

The State of Georgia Department of Motor Vehicles now issues a disabled veteran with 100 percent service connected disability, a license plate with the symbol of a wheelchair on it. In Georgia, the wheelchair is the universal symbol of the Disabled American Veteran population that has endured medical hardships. The GA Department of Motor Vehicles reports that Georgia State law has changed and the wheelchair is the universal symbol for disability. This has created a new negative social construction for

Georgia disabled veterans (personal communication, GA Department of Motor Vehicles, June 1, 2013).

Many disabled veterans can walk and want to walk, even if 100 percent disabled. The wheelchair carries a negative social construction, particularly if the Veteran parks in a handicapped spot and gets out and walks to their destination. These veterans could be met with the disdain of the general public. Some government formulators are well-intentioned. A symbol of a wheelchair should be a badge of honor, not a source of embarrassment.

Institutions and cultures

Operation Iraqi Freedom and Operation Enduring Freedom have resulted in an epidemic of service members dying by suicide (*Ensuring Veterans*, 2013). An additional tragedy is a failing mental health system unable to serve the mental health needs of so many disabled veterans. Senator Johnny Isakson (R-GA) spoke a non-tolerance attitude in the State of Georgia and case study area of Atlanta. His power and influence as a member of the House of Representatives and then as a U.S. Senator is far reaching into the Committee on Veterans Affairs and the positive outcome in Atlanta and Georgia.

We herald our veterans as heroes and heroines for their contributions, especially in combat. We have not created enough positive social constructions necessary when those same heroes and heroines present with symptoms of Post-traumatic Stress Syndrome (PTSD) or suicidal ideations. In August, 2013, Senator Isakson explained to an Atlanta, GA audience of hundreds of people, , that we as a society have been and are still uncomfortable with people who are depressed, suicidal or present symptoms of PTSD.

The solution will always be that strict oversight must be applied to those agencies who care for our sick and wounded veterans. Coalition leaders must apply strong leadership and communicate positive social constructions so these target population members can continue to thrive in our American society.

A language to project positive social constructions

The terms that define the USVDC policy subsystem need change. Terms like “unfit for duty” should be removed from the main stream vocabulary about sick and injured veterans. The term “invalid” should never be used to describe the health of a war torn disabled veteran. The negative social construction of a nonexistent validity or an unworthiness as a contributing member of this American society must be reconstructed into positive quality of life experiences. Much work has been done to improve the lives of disabled veterans, but too peer into this Atlanta case study a newcomer may only surmise that we have just got started working with our veterans who have become so greatly affected by disease and injury that they are consumed enough to contemplate taking their own lives.

Distribution of authority among levels of government

On August 4, 2013, the Atlanta Journal Constitution ran the front page headline, “*Care slow to come for vets: Long waits. Lost cases as VA refers patients to outside facilities*” (Schneider, 2013.) In mid-2010, 500 veterans were on the waiting list to receive mental health care at three Atlanta VA Medical care centers. Sixteen attempted suicide before an overworked system could fit them in for care. When more funding was approved the VA solution was to refer more veterans to outside treatment facilities or community service board (CSB) VA officials said the wait list disappeared. The AJC

wrote that the Atlanta VA medical center traded one problem for another. The AJC reported that this time last year (2012) 372 veterans were on a separate list for treatment and they waited on average three months for that treatment.

A Sandy Springs (suburb of Atlanta) veteran of the Iraq War recounted his story of this problem firsthand. He requested to remain anonymous because he is seeking employment and is afraid any proof of mental health issue will create the negative social construction that does not land the job. In 2010, unable to sleep and full of anxiety he reached out to the VA and was referred to the CSB. He was told he did not have the proper referral. The VA checked back and said they had issued the referral. He tried for three months to resolve the confusion. His problems associated with post-traumatic stress were so bad he did not feel he could work. This bureaucratic muddling made his situation worse. Lindblom (1959) relates that administrators are often reduced to deciding policy without clear objectives. The Sandy Springs veteran is quoted “mental health from the VA is garbage” (Schneider, 2013). Eventually, his mother gave him money to hire a private therapist.

In June 2013, The Marietta Daily Journal carried an article entitled, “U.S. Congressman Scott calls for VA Secretary’s resignation” (Lucas, 2013.) U.S Representative David Scott (D-GA), a representative headquartered in Smyrna, Georgia, represents Georgia’s 13th district including Cobb, Clayton, Douglas, Fulton, Henry and Dekalb counties 13th District of Georgia, representing portions of 6 counties: Cobb, Clayton, Douglas, Fulton, Henry, and DeKalb. Scott called for Secretary of Veterans Affairs Eric Shinseki to step down over issues about leadership at the Atlanta VA. Representative Scott claimed that four soldier deaths were associated with leadership

failings at the Atlanta VA medical center. An April 2013 audit by the VA's Inspector General found a patient in need of mental health care committed suicide, two others died of drug overdoses and another Veteran being treated for depression and anxiety, committed suicide. These are complaints about the hospital care but a statement of the leadership beliefs in the case study area of this research. Representative Scott emphasized that not one time has Secretary Shinseki set foot in the Atlanta VA Center and Scott explained that was symbolic. It is doubtful that President Obama would consider opposition pressure within his own Democrat party or outside with the Republican Party to change the leadership in the VA. It appears he intends to stay the course with Secretary Shinseki with present and future policy at the VA.

According to the Iraq and Afghanistan Veterans of America, in June 2013, the U.S. Veterans' disability compensation claims backlog had grown to 833,000 with 547,000 in a backlogged status (Iraq and Afghanistan Veterans of America, 2013). The Veteran's Administration reports that it takes only 272 days to process a claim. However, the claims backlog has only grown more out of control from 2007 through August 2013

In July 2013, the Iraq and Afghanistan Veterans of America continued their "Storm the Hill 2013" campaign to get the Veterans Administration backlog to zero. On their website was featured a United States map with major metropolitan areas and the days a Veteran waits for a claim to be settled. Atlanta, Georgia is not among those metropolitan areas listed as mired in the backlog. The longest wait times are in Reno, Nevada with 681 days, New York City with 642 days and Oakland California and Los Angeles California with 618 and 619 days respectively (Iraq and Afghanistan Veterans of America, 2013).

Table 6 identifies all USVDC policy subsystem coalition key leaders. This policy subsystem leadership checks and balances each other and does mirror the United States of America's government model of democracy. This study has illustrated that the veteran is the center of the policy subsystem but the Veteran Administration's is the issuer of policy. Lawmakers, or the President, Senators and U.S. House of Representatives do ensure the oversight necessary to regulate this agency is in place. The data indicates that if the pressure of oversight eased, then poor performance is a result in the implementation phase, proving that what gets checked gets done.

Table 6

Key Leaders

Dates	VA Secretary (Presidential Cabinet position since 1989)	GA Veterans Affairs Commissioner	Senate Committee on Veteran Affairs Chair	House Committee on Veteran Affairs Chair	American Legion National Commander (Position is elected yearly from Aug-Aug)	DAV National CDR (Position is elected yearly)	VFW CDRS in Chief (Position is elected yearly)	IAVA Chief Executive Officer Organization is led by Founder and CEO)
2007	Robert J. Nicholson served under George W. Bush	Commissioner Pete Wheeler has been the Commissioner since 1954	Senator Daniel Akaka (Democrat)	Bob Filner (Democrat)	Martin F. Conaster (IL) 8/30/2007	Bradle S. Barton	Gary Kurpuis, Alaska	Paul Rieckhoff has been the only Founder and CEO of the
2008	Robert J. Nicholson		Senator Daniel Akaka (Democrat)	Bob Filner (Democrat)	David K. Rehbein (IA) 8/28/2008	Robert T. Reynolds	Glen M. Gardner. Jr. (TX)	
2009	Cabinet Secretary Eric Shinseki Sworn in on January 21, 2009		Senator Daniel Akaka (Democrat)	Bob Filner (Democrat)	Clarence E. Hill (FL) 8/27/2009	Raymond E. Dempsey	Thomas J. Tradewell, Sr. (WS)	
2010			Senator Daniel Akaka (D)	Bob Filner (Democrat)	Jimmie Foster (AK) 9/2/2010	Roberto Barrera	Richard L. Eubank	

Continued on next page

Dates	VA Secretary (Presidential Cabinet position since 1989)	GA Veterans Affairs Commissioner	Senate Committee on Veteran Affairs Chair	House Committee on Veteran Affairs Chair	American Legion National Commander (Position is elected yearly from Aug-Aug)	DAV National CDR (Position is elected yearly)	VFW CDRS in Chief (Position is elected yearly)	IAVA Chief Executive Officer Organization is led by Founder and CEO)
2011			Senator Daniel Akaka (Democrat) Pat Murray (Democrat)	Bob Filner (Democrat)	Fang A. Wong (NY) 9/1/2011	Donald L. Samuels	Richard L. Denoyer (September 1, 2011)	
2012			Patty Murray (Democrat)	Jeff Miller (Republican)	James Koutz (IN) 08/30/2012	Larry A. Polzin	John E. Hamilton (July 25, 2012)	
2013			Pat Murray (Democrat) Bernie Sanders (Independent)	Jeff Miller (Republican)	James Koutz (IN) 8/20/2012	Larry Polzin Joseph W. Johnston (elected Aug 2013)	William A. Thien (elected July 24, 2013)	

Gaps between USVDC policy formulation and implementation

Senator Johnny Isakson is a Georgia Republican, who formerly served in Georgia's eleventh district which encompasses many Atlanta suburbs. He was elected to the U.S. Senate in 2002. In an August 7, 2013 field Senate Committee on Veterans Affairs, in Atlanta, Georgia, Senator Isakson's opening remarks left no doubt in any member of the audience that he was publicly admonishing the Atlanta Veterans Affairs for veteran neglect and mismanagement and intended for the proper persons to be held accountable. Senator Isakson is not known as a dramatic man, but he made statements like, "I take every VA death serious and particularly a death by suicide. He used the strongest vernacular like "failure" and "breakdowns in communication" several times (*Ensuring Veterans receive the care they deserve: Addressing VA Mental Health Program Management*, 2013). He explained that the Atlanta VA is the largest service provider of mental health care in the U.S. and that we must do the job properly. He said the problems at the Atlanta VA and other VA's in this nation is an American problem and he will see to the resolution. He said his goal of this hearing was to ensure the VA nationwide learned from the mistakes in Atlanta and how to serve the mental health needs of our returning combat veterans in the most professional means possible. He assured the audience that thorough root cause analysis absolutely proved the Atlanta VA's negligence in these deaths. He said the problem was absolutely a leadership problem first and foremost. He described the Atlanta VA outright as a cold, uncaring, solicitous institution with a culture of un-cooperation. He said one in five mental health patients do not receive proper care.

He was most complementary to the veterans in the room and he did much to convey a positive social construction for that population. He said suicide and mental health issues are never issues our nation faces well. He preferred to not discuss these issues at all. He explained that we lost over 6,000 service members in combat during Operations Iraqi Freedom and Operation Enduring Freedom, but 8,000 more to suicide. The problem had become an epidemic in this nation's military community. He said 22 service members a day were committing suicide. In a recent survey he reported that 30 percent of the respondents said they considered taking their own lives.

Since March 2013, various media articles had portrayed Senator Isakson's determination that certain employees be held accountable to the fullest extent and that meant that they were no longer permitted to work in their current positions. One VA employee had resigned and two others had retired according to Ms. Leslie Wiggins, Director of the Atlanta VA. Ms. Wiggins is a new director and great results were expected of her since she took the helm in April, 2013 after the Atlanta Inspector General reported findings.

Despite Senator Isakson's public admonishments, the atmosphere of the hearing was very civil. Although he was emphatic that improvements would be made, he was not confrontational to the direct employees testifying to him. He was, in fact, complementary to all VA employees in the room, and there were many, as well as the Veteran Service Organizations that work alongside the VA.

Senator Isakson also took time to speak about what he called the still unacceptable disability compensation claims backlog. He hoped Secretary Shinseki could resolve the claims backlog by 2015. Undersecretary Robert A. Petzel, VA Office of

Public and Intergovernmental Affairs, in Washington, D.C. agreed that he was certain with the current VA plan, the claims backlog would be resolved.

Limitation of the Study

There is a lack of content data from direct claims processors from the VA Veteran's Benefits Administration (VBA.). They are left with the implementation task of processing the veteran disability claims backlog. These significant employees are represented by leaders of their organization throughout the documents of this content analysis. They are the persons who are working 20 hours of overtime through September 2013. The burden of the backlog is thrust upon these personnel to resolve. Another study could apply the same coding methodology of this dissertation, but would collect data from interviews with these employees.

Recommendations

A common theme in all the testimony is that claims processors need on the job-training to improve the quality of claims processing and process claims faster. There was a lack of collaboration between the formulation and the implementation of USVDC policy. This is not the United States first war and USVDC policy subsystem coalition members should be more accomplished at disabled veteran disability claims processing. Each combat operation or campaign, we re-invent the USVDC policy wheel and slow down the progress necessary to assist those members who require timely actions when they are injured in combat or become ill due to service connected duties.

Another study could apply the same methodology of this dissertation but with content from interviews with the employees that implement policy or process claims. Yet another study could survey the case study target population of veterans to quantify how

they perceive the distribution of benefits of VA benefits and their perception of social construction at how those benefits are delivered.

In Chapter 2, in the section combining social construction tenets within the ACF, is a discussion of policy network research not addressing the problem of “ free rider” (Isett, 2011) or for purposes of this study, disabled veterans (target population) who do not align with any coalition member. As a means to address how to elicit isolated disabled veteran participation, I propose a more collaborative approach that interlinks all organizations back to the newly injured or sick Veteran. Neural network theory could be used as a technique for modeling and analyzing policy subsystem behavior (Larkin, 1999) Technology and social media have already assisted disabled veterans to hasten the wait period for disability compensation benefits. I propose a website that could be named “Be Responsible: Able Veterans Outreach” or B.R.A.V.O. The BRAVO link motto could be “For the sick and injured Veteran, by the Recovering Veterans of the United States of America.” This site could engage more disabled veterans as they are experiencing their transition period and catalog their experiences in a way that will assist the other transitioning disabled veterans on the same path behind them. It would not intend to replace, only enhance, any work of any coalition member discussed in this research, especially the American Wounded Warrior (AW2) Project and the National Organization on Disability (NOD) As this study was done to address policy gaps, this expanded policy subsystem coalition collaboration would exist for the next United States military disabled veterans beyond Operation Enduring Freedom. The reactivation of the USVDC policy subsystem wheel may move much faster and within months, rather than years, of the next period of war for the United States.

Policy learning between coalitions

This dissertation has been a two and one half year iterative process that has come full circle culminating in a future application for entry into Dickey's (2009) public administration genome project (PAGP). Placing this USVDC policy subsystem study into the cases of the Comprehensive Public Administration Support System (COMPASS) will interconnect the USVDC system to other public administration systems. Dickey employed the PAGP to digitally map the full set of topics, variables, and interrelationships that comprise Public Administration.

Atlanta, Georgia did well as a city within a VA region that is managing the USVDC claims backlog. In sharp contrast, The Atlanta VA witnessed a national spotlight when the VA mental health service failed and three Veterans committed suicide and a fourth attempted suicide and later ended up in the prison system. A study analyzing how Atlanta successfully managed the claims backlog and a comparison to other troubled metropolitan areas would be worthwhile follow up to this study. An additional case study would follow the Atlanta VA Medical Center policy progress into an improved mental health center for the United States to emulate.

Implications for Social Change

As a means to affect positive social change, this study was undertaken to study and analyze USVDC policy to address policy gaps for service member transitioning to disabled veterans. This research can become part of a body of work that analyzes gaps in policy formulation and implementation. An analysis of policy in relation to formulation and implementation can be a step in the direction to change policy to positively socially construct quality of life issues for disabled veterans. The USVDC claims backlog hitting

the one million mark in April 2013 was the most unintended consequence of the coalition members of this study. Schneider used the term, feed forward as a result of political consequences.

These feed forward effects (Schneider, 2009) must be altered for future policy designs. For a start, regulatory guidance that must change is a Defense Finance Accounting System (DFAS) regulation or any policy that only entitles a disabled veteran to 75 percent of their base pay when declared 100 percent service connected disabled. Policy changes must occur in the Social Security administration related to disability benefits to service connected disabled veterans. The Social Security Administration takes an average of two years to process a claim for disability for a veteran. If the veteran wins, social security disability only pays six months retroactive pay, minus the attorney fees. The financial gap equals thousands of dollars lost to that veteran. Therefore, an “unfit for duty” status as a result of a service connected disability automatically means an automatic financial loss for the disabled veteran. This is a culture between the Department of Defense, the VA and the Social Security Administration Services the American public should not stand by and allow to happen any longer. No financial loss or wait time should be assessed a service member who must transition from the Armed Services due to service connected disability. Positive social constructions must feed forward for policy, regulation, and law to change to ensure the disabled veteran can at a minimum, maintain their current quality of life with the equal amount of pay as when they are transitioned from their Armed Service.

Conclusion

In Chapter 1, I explained the focus of this study is to understand and apply social construction and design theory, the policy formulation and implementation gap (FIG) and the significance of using those models within the Advocacy Coalition Framework (ACF) to reduce a gap in the literature necessary to use qualitative studies to broaden the use of theories under the umbrella of the ACF.

In Chapter 2, the social construction and policy design theory was embedded within the ACF to describe gaps in policy formulation and implementation between two coalition members of the United States Veterans Disability Compensation policy subsystem. Coalition A represented the members that formulate USVDC policy and Coalition B represented the members who implement USVDC policy. In Chapter 2, I explain the theories and themes applied using the ACF to analyze policy gaps in USVDC policy formulation and implementation.

In Chapter 3, I explained the qualitative case study method I used in this research as a study of the USVDC policy subsystem in Atlanta, GA through content analysis. I also provided an in depth explanation of the coding protocol I used and included in Appendix C of this dissertation. Using the content analysis software, Poly Analyst 6.5, I was able to apply the coding protocol to over 360 documents to apply the knowledge of theories, themes and policy framework gained through the Chapter 2 literature review. The software, PolyAnalyst, is a form of artificial intelligence and had the ability to apply phrases to content so that I could find evidences of how social construction was applied within the ACF, using policy formulation and implementation gap analysis as the lens for research.

Chapter 4 served as the place to record the findings of this content analysis research. This chapter contains the findings related to the research questions. Figure 4 is a diagram of the coding protocol used for the analysis.

In Chapter 5, I summarized the dissertation key findings, confirm the knowledge gained in policy analysis by comparing the results to peer reviewed literature in Chapter 2, describe recommendations for further research and end with a potential impact for positive social change by explaining how the USVDC policy subsystem can accomplish the provisions of positive social constructions for disabled veterans transitioning through the USVDC network.

This case study of the United States Veterans Disability Compensation Policy Subsystem adds to the scholarly discourse that exists to improve the formulation and implementation of U.S. Veterans' disability compensation policy. The Coalition A formulators and B implementors quickest way to remind the American public of past USVDC policy impact and policy mistakes would merely take a quick reiteration of these past events back in the channels of the media. The USVDC policy subsystem must maintain the momentum gained in reducing the claims processing backlog.

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Appendix A: Glossary of Terms and Detailed Description of Coalition Members and Policies

Actors: This term is used to describe the members of a policy subsystem. The actor in this study will be the individual/s acting as coalition members in the policy subsystem. ACF actors are motivated by a set of policy oriented goals that were derived from their own value priorities and how they conceive of whose welfare should be more important.

Agenda Setting: Is the process through which problems come to the public's attention and then come to the political agenda for possible resolution through public policy (Kingdon, 2011)

Senate Bill 885: Veteran Navigator This bill was introduced to Congress to require a pilot program on the facilitation of the transition of members of the Armed Forces to receipt of veterans health care benefits upon completion of military service, and for other purposes. The bill dies shortly after it was introduced.

Service member: A member of the United States military in one of the recognized branches of the Department of Defense. Those branches are the Army, Air Force, Navy, Marines and Coast Guard.

Transition Assistance: The administration involved when a service member processes out of their service branch. In this research the service member processes out of their service branch due to a service connected illness or injury.

Unfit for duty: A term used for the service member who can no longer physically or mentally endure the rigors of membership in their service branch. This term carries a negative social construction for the service connected disabled veteran.

Wounded Warrior Project: The U.S. Army Wounded Warrior (AW2) Program assists close to 5,000 of the most severely injured soldiers and veterans of the wars in

Iraq/Afghanistan. To qualify for AW2, a soldier/ veteran must have one or more severe physical disabilities (burns, blindness, amputations, spinal cord injuries), often combined with Post-traumatic stress disorder (PTSD) and/or Traumatic Brain Injury (TBI).

Detailed Description of Coalition Members

Coalition A members belong to organizations that represent the formulation of policy in federal, state and non-profit organized interest groups. . These organization members are; United States Veterans Administration, Veterans Benefits Administration; United States Congressional members; Social Security Disability; Georgia Department of Veterans Affairs; American Legion; Disabled American Veterans (DAV) and the Iraq and Afghanistan War Veterans Association (IAVA).

Coalition B members are the street level actors that implement policy at United States Veterans Administration, Veterans Benefits Administration; United States Congressional members; Social Security Disability; Georgia Department of Veterans Affairs American Legion; Disabled American Veterans (DAV) and the Iraq and Afghanistan War Veterans Association (IAVA). These subsystem actors have titles like transition officer or veterans' claims processing officers.

United States Department of Veterans' Affairs, Veterans Benefits Administration

The Department of Veterans Affairs was established March 15, 1989, with Cabinet rank, succeeding the Veterans' Administration. Its responsibilities are carried out through nationwide programs that are administered through the Veterans Health Administration, the Veterans Benefits Administration, and the National Cemetery System. Each organization has field facilities as well as a central office component. This research will refer to the part of the Department of the Veterans Affairs (VA) that manages Veterans' benefits. According to the VA organization chart, this department is the Veterans Benefits Administration ("Department of Veterans Affairs," 2009). VA Disability Compensation is paid to a veteran because of injuries or illness occurring while on active duty or was made worse by active military service. In order to file a claim for disability compensation a service member must apply for benefits on-line or by downloading an application and sending the application to the VA. (United States Department of Veterans Affairs).

Social Security Disability

To be found disabled, according to the Social Security Administration, you must be unable to do substantial work because of your medical condition and your medical condition must last at least one year or result in death. Social Security does not give money to people with partial disability or short term disability ("Social Security Disability Benefits for Wounded Warriors," 2012). Disabled service members can apply for SSI at www.socialsecurity.gov/wounded-warriors. However when you arrive at that website, there is no special area for wounded warriors. The disabled veteran applies for

benefits just like any member of the U.S. that wished to apply for social security disability. Disabled veterans lose their military paying jobs due to medical unfitness but there are currently no provisions made for the disabled veteran to recoup loss income with social security disability, unless that veteran is claiming they can't work at any position and that must be proven by a physician.

Georgia Department of Veterans' Services

The Georgia Department of Veterans Services serves 774,000 veterans residing in Georgia, their dependents and survivors. The State Board of Veterans Services recommends policy, procedure and work projects to the Commissioner of the Department and through him controls department policy. This department maintains a claims staff in the U.S. Department of Veterans Affairs Atlanta Regional Office in Decatur, Georgia, operates five offices in the state's 159 counties and provides representatives in Georgia's 159 counties and a representative in Atlanta, Augusta and Dublin VA Medical centers ("About GDVS").

The term "federalism" is a system of government which power is shared between states and the federal government. In the US Veterans Disability Compensation program the Veterans Administration determines the rules governing compensation but it is the state department of Veterans Affairs that have purview over the financial determinations (G. Langford personal communication, May 12, 2010).

The primary function of the Claims and Appeals Division is to assist veterans, their dependents, and survivors in the prosecution of claims for benefits and entitlements available from the U.S. Department of Veterans Affairs and the benefits provided for

veterans by law from the State of Georgia. Additionally, the office provides support service for claims that emanate from the field offices located throughout the state.

Each of the veterans claims and appeals counselors is accredited by service organizations to include The American Legion, American Red Cross, American Ex-Prisoners of War, Fleet Reserve Association, Jewish War Veterans of the U.S.A., Noncommissioned Officers Association of the U.S.A., The Retired Enlisted Association, Veterans of Foreign Wars of the United States, and Veterans of World War I of the U.S.A. Inc.

In their role as accredited representatives of the service organizations, claims and appeals counselors can assist a veteran at a personal hearing before the local VA Hearing Officer or before the Travel Section of the Board of Veterans Appeals from Washington, D.C. and the Discharge Review Boards from the Department of Defense Service Departments when the Board proceedings take place in Atlanta, Georgia (Claims and Appeals Division)

In 2009, the Georgia Department of Defense added Transition Assistance positions to their organization. The program does not do outreach to Soldiers and Airmen who were previously discharged due to a service connected disability from 2001-2009. These service members could call upon those employees to assist them, but priority goes to active members of the organization.

Non-profit Organizations

The organizations below are non-profit 501(c) (4) organized interest groups and for purposes of this study The American Legion and The Disabled American Veterans are members of Coalition A. The research explains that these groups are aligned with the

VA (Catano, 2007). Congressional testimony about the Senate Bill 882, the Veteran Navigator provides testimony from organized interest groups that align with the VA. The Mission Continues will be aligned with Coalition B as they have no involvement with legislative matters except through the work of their Fellows. They do not testify for or against any particular legislation through August 2012.

American Legion

The American Legion offers health care, career assistance, a financial center, youth support, family support, education information, claims assistance and information about veteran's benefits. In order to be a member of the Legion an individual must have served at least one day of active duty in the Armed Services ("The American Legion)

The American Legion offers a free service with a smart phone application called the Legion Claims Coach. This service provides military veterans and their families with step-by step guidance to assist in the process of filing claims for government benefits from the U.S. Department of Veterans Affairs. The application also features a directory of accredited American Legion Service Officers searchable by zip code. The application is not meant to replace the services of the Service Officers but is now a much more convenient way to get assistance while processing a claim. A veteran can receive verbal advice about filing a claim from their phone. The same veteran can find an American Legion Service Officer within one, five, 10, 15, 20 and 50 and 100 miles from their home of record. In the Atlanta area there are listed three service officers in Atlanta, GA and two officers in Decatur, GA .These officers work at the building site of the Georgia Department of Veterans Affairs in Atlanta and the Veterans Benefits Administration in Decatur, Georgia. (The American Legion Claims Coach)

Disabled American Veterans (DAV)

This organization was founded in 1920 by disabled veterans returning from World War I. In 1932 the DAV was chartered by Congress to be the official voice of the disabled veteran. For those service members making the transition back into civilian life, DAV participates in Transition Assistance and Disabled Transition Assistance programs. Due to a generous grant provided by the GE Foundation, DAV has been able to increase their staff of Transition Service Officers (TSO). TSOs provide benefits counseling and assistance to service members filing initial claims for VA benefits at military installations throughout the country. By filing compensation claims at separation centers where service medical records and examination facilities are readily available, we are able to provide prompt service to these future veterans. Over the last year, TSOs conducted 3,000 formal presentations to 82,155 transitioning service members. During that same time they filed 26,598 claims for VA benefits. Counsel and representation for active duty service members during their transition was provided through the military's Disability Evaluation System. DAV devoted approximately \$1.8 million to this program in 2010 (Disabled American Veterans Fact Sheet)

Annually the DAV represents over 200,000 veterans and dependents with claims for benefits from the Department of Veterans Affairs and the Department of Defense. In Georgia, there is a DAV representative that works at the VBA in Decatur. There are DAV representatives at the sites of Physical Disability Boards in Military hospitals that serve sick and wounded military personnel.

Iraq and Afghanistan War Veterans. IAVA is the first and largest nonprofit, nonpartisan organization for Iraq and Afghanistan veterans with over 200,000 Member

Veterans and supporters nationwide. Programs empower the Iraq and Afghanistan veteran community online and offline, and include Smart Job Fairs, new GI Bill calculator and Community of Veterans, a veteran's only social network.

In a press release issued Monday, August 27, 2012 the IAVA focused on the Republican National Convention (Started August 27, 2012) and the Democrat National Conventions (Scheduled for September 4th, 2012) to focus on five measures before Election day on November 6, 2012 (Iraq and Afghanistan Veterans of America, 2012) Those measures are; (1) defend the GI Bill from predatory for-profit schools. (2) Employ the new greatest generation. The unemployment rate for new veterans is 12.1 % in 2011 and three percentage points higher than the national average; (3) Prevent suicide among service members and veterans. For the first time in history, the suicide rates among veterans is higher than civilians; (4) Build a 21st century VA; the VA has continued to fall behind serving the needs of veterans of all generations. According to the Inspector general, over 50 percent of veterans who seek mental health evaluation at the VA must wait an average of 50 days. Despite record budget increases for the VA, nearly one million veterans' benefits are stuck in backlog. The VA must move quickly to a paperless, electronic claims system. Veterans wait years for their benefits; (5) Improve care for female veterans. Women veterans are 12% of the U.S. military serving in Iraq and Afghanistan. Care and support for woman veterans lags behind as the VA health care system is not designed to support the unique needs of women veterans.

The Mission Continues

The Mission Continues was started as nonprofit organization for military veterans to serve their communities, has five core values: work hard, trust, learn and grow,

respect, and have fun. This organization believes that excellence is achieved through extraordinary effort. Trust is a foundation of team work and earned by completing every mission with integrity. Learning and growth comes from attacking great challenges with great intensity. The respect comes from the achievement of excellence.

Detailed Description of Legislation

Senate Bill 882: Veteran Navigator

The Veteran Navigator Program was introduced to Congress in March, 2007, by Senator Robert Menendez (New Jersey). It was defined as a bill to require a pilot program on the facilitation of the transition of members of the Armed Forces to receipt of veterans health care benefits upon completion of military service and for other purposes. The target population was (a) members with serious wounds or injuries (b) members with mental disorders (c) women members (d) members of the National Guard and the Reserves. This bill was referred to the Committee on Veterans' Affairs. It died in the introductory processes. An initial look at the defeat of the Veteran Navigator bill suggests that the Veteran's Administration, state departments of Veterans' Affairs, and interest groups would lose resources if the bill passed. Catano (2007) questioned the motives of the veterans' lobby. This legislation would have allowed a cash flow of millions of dollars to operate this system. My research provides a scientific inquiry into the interactions of those actors.

Senate Bill 3023: Veterans Benefits Improvement Act of 2008

In January 2008, Senator Daniel Akaka (Hawaii) sponsored the Veterans' Benefits Improvement Act of 2008. The bill amended Title 38, USC to improve and enhance compensation and pension, housing, labor and education and insurance benefits for veterans and for other purposes. The bill was signed by President Obama and became law.

Senate Bill 3517: Improve Processing of Claims

In June, 2010 Senator Daniel Akaka (Hawaii) introduced this bill to amend Title 38, United States Code (USC) to improve the processing of claims for disability compensation filed with the Department of Veterans Affairs. The bill was referred to the Committee on Veterans' Affairs. It died in the introductory processes.

Senate bill 423

This bill amends Title 38, to provide authority for retroactive dates for awards of disability compensation in connection with applications that are fully developed at submittal and communicates to the members that they are worthy and have the potential to contribute.

Appendix B:
Content Analysis Documents

Coalition A members belong to organizations that represent the formulation of policy in federal, state and non-profit organized interest groups. . These organization members are; United States Veterans Administration, Veterans Benefits Administration; United States Congressional members; Social Security Disability; Georgia Department of Veterans Affairs; American Legion; Disabled American Veterans (DAV) and the Iraq and Afghanistan War Veterans Association (IAVA).

Coalition B members are the street level actors that implement policy at United States Veterans Administration, Veterans Benefits Administration; United States Congressional members; Social Security Disability; Georgia Department of Veterans Affairs American Legion; Disabled American Veterans (DAV) and the Iraq and Afghanistan War Veterans Association (IAVA).

Documents will be listed by titles, then chronologically. Chronological order is significant to examine who was doing what and sometimes at the exact same time.

Document Titles – Formulation Documents

Note: For U.S. Congress complete bill titles and descriptions also refer to Appendix G

Document title	Date
1. 2007 Senate Hearing 110 Hearing to receive testimony on the DOD and VA Transition a Assistance	April 12, 2007
2. 2010 Annual report	August 1, 2011
3. 2011 Annual report	April 16, 2012
4. 2011-DOD-Compensation-and-Benefits-Handbook 1	September 11, 2001
5. 2013 Monday morning workload reports - Veterans Benefits Administration reports	December 31, 2012
6. 38 Code of Federal Regulation, Part four	May 17, 2006
7. Access to U.S. Department of Veterans Affairs healthcare: How easy is it for Veterans- Addressing the Gaps. Hearing before the Subcommittee on Health of the House Committee on Veterans' Affairs.	April 18, 2007
8. A Review of VA's Transformation Efforts	March 13, 2013
9. A Video Message From Commissioner Wheeler Georgia Department of Veterans Service	November 22, 2010
10. Access to US Department of Veterans Affairs Healthcare- How easy is it for Veterans Addressing the gaps	Apr 11, 2008
11. ACE Eliminates Need for Some In-Person Disability Exams Vantage Point	March 22, 2013
12. Addressing the backlog can the U.S. Department of Veterans' Affairs manage one million claims	June 18, 2009
13. An examination of poorly performing US Department of Veterans Affairs regional offices	June 2, 2011
14. Billions spent on ``Miscellaneous''	July 31, 2008
15. Board of Veterans' Appeals Adjudication	September 25, 2007

Document title	Date
16. Board of veterans' Appeals Adjudication Process and the Appeals Management Center	September 25, 2007
17. Building the Critical Health Infrastructure for Veterans in Orlando, Florida	April 21, 2009
18. Care of seriously wounded	March 13, 2008
19. Case study on U.S. Department of Veterans' Affairs Quality of Care WG (Bill) Hefner Veterans Affairs Medical Center in Salisbury, North Carolina	April 19, 2007
20. Claims and Appeals Division: Georgia Department of Veterans Service	2013
21. Claims Initiatives fact sheet	2013
22. Claims Inventory - Office of Public and Intergovernmental Affairs	December 7, 2012
23. Contracts and contracting policy at the VA	April 23, 2009
24. Department of Veterans Service Launches Social Media Initiative Georgia Department of Veterans Service	December 10, 2010
25. Disability claims ratings and benefits disparities within the VA Benefits Administration	October 16, 2007
26. Discovering a more efficient process improving timeliness and adequacy of VA compensation and pension examinations	April 23, 2012
27. Document tampering and mishandling at the U.S. Department of Veterans Affairs	March 3, 2009
28. DOD and VA collaboration and cooperation Jan 23 2007 Senate hearing 110 th Cong.	January 23, 2007
29. Draft 2012 GWTI Report	August 2, 1990
30. Examining the backlog	February 14, 2008
31. Easing the burdens through employment	November 18, 2009

Document title	Date
32. Legislative hearing on H.R.1037, H.R.1098, H.R.1168, H.R.1172, H.R.1821, H.R.1879, and H.R.2180	May 21, 2009
33. Eliminating the gaps: Examining women veterans' issues	July 16, 2009
34. Ending homelessness for our Nation's Veterans	April 9, 2008
35. Evaluating the U.S. Department of Veterans' Affairs Office of General Counsel	June 30, 2010
36. Examination of the U.S. Department of Veterans' Affairs benefits delivery at discharge and quick start programs	February 24, 2010
37. Examination of the U.S. Department of Veterans' Affairs regional office disability claims quality review methods	March 24, 2010
38. Examining appellate processes and their impact on veterans	May 14, 2009
39. Examining quality of life	July 23, 2009
40. Examining the backlog and the U.S. Department of Veterans Affairs' claims processing system	February 14, 2008
41. Examining the effectiveness of the Veterans' Benefits Administration's training, performance management and accountability	September 18, 2008
42. Examining the effectiveness of veterans benefits administration outreach efforts	May 22, 2008
43. Examining the progress of electronic health record interoperability between the U.S. Department of Veterans' Affairs and the Department of Defense	July 14, 2009
44. Examining the U.S. Department of Veterans' Affairs fiduciary program: How can VA better protect vulnerable veterans and their families	April 22, 2010

Document title	Date
45. Examining training requirements of veterans benefits administration claims processing personnel	September 16, 2010
46. Expediting Disability Applications for Wounded Warriors	October 1, 2010
47. Expediting claims or exploiting statistics? An examination of VA's special initiative to process rating claims pending over two years.	May 22, 2013
48. Fact sheet veteran beneficiaries	
49. Feb 11 2009 Review of Veteran disability compensation: What changes are needed to improve the Appeals process	February 11, 2009
50. Feb 27 2008 Review of Vets disability comp : Expert work on PTSD and other issues	February 27, 2008
51. Feb 5 2008 Oversight hearing review of Veterans disability compensation rehabilitating veterans	February 5, 2008
52. Field hearing on VA outreach to returning guard units	August 25, 2009
53. Field hearing VA and DOD cooperation to provide health care to our wounded soldiers returning from Iraq and Afghanistan	August 28, 2007
54. Findings of the president's commission	September 19, 2007
55. Findings of the President's commission on care for America's returning wounded warriors	September 19, 2007
56. Findings of the Veterans' disability benefits commission	October 10, 2007
57. Fixing claims processing may 2013	January 12, 2013
58. Focusing on People, A Review of VA's Plans for Employee Training, Accountability, and Workload Management to Improve Disability Claims Processing (PDF).	March 20, 2013
59. Fully developed claims - compensation	May 17, 2013
60. Funding the U.S. Department of Veterans' Affairs of the future	April 29, 2009
61. Funding the U.S. Department of Veterans' Affairs of the future	April 29, 2009

Document title	Date
62. GA Depart of Veterans' Services 2009 annual report	August 1, 2009
63. Georgia Department of Veterans Service: Customer Service Survey Georgia Department of Veterans Service	February 10, 2010
64. Gulf war exposures	July 26, 2007
65. Gulf War illness research is enough being done	May 19, 2009
66. Gulf War illness the future for dissatisfied veterans	July 27, 2010
67. H.R.1435 -- Department of Veterans Affairs Claims Backlog Reduction Act of 2007	March 9, 2007
68. H.R.1335 (111th) To amend title 38, United States Code, to prohibit the Secretary of Veterans (Introduced version) – govtrack.us	March 5, 2009
69. H.R.1484 (112th) Veterans Appeals Improvement Act of 2011 (Referred to Senate Committee version) – govtrack.us	June 6, 2011
70. H.R.2713 (111th) Disabled veterans Life Insurance Enhancement Act (Introduced version) – govtrack.us	June 4, 2009
71. H.R.4084 (110th) Veterans Quality of Life Study Act of 2007 (Introduced version) – govtrack.us	Nov 6, 2007
72. H.R.5549 (111th) RAPID Claims Act (Introduced version) – govtrack.us	Jun 17, 2010
73. Healing the physical injuries of war	July 22, 2010
74. Hearing on mental health issues	April 25, 2007
75. Hearing on Mental Health Issues Senate Hearing 110	April 25, 2007
76. Hearing on pending benefits legislation	April 29, 2009
77. Hearing on pending health care legislation	May 23, 2007
78. Hearing on review of Veterans disability compensation Report of the Veterans disability benefits commission	January 24, 2008

Document title	Date
79. Hearing to receive testimony on the Departments of Defense and Veterans Affairs disability rating	April 12, 2007
80. Hearing to receive testimony on the Departments of Defense and Veterans Affairs Disability rating	April 12, 2007
81. Hearing to receive testimony on the Departments of Defense and Veterans Affairs Disability rating	April 12, 2007
82. Hearing to receive testimony on the Disability rating system and the transition of service members	April 8, 2007
83. H.R. 3047 Veterans Claims Processing Innovation Act of 2007	July 16, 2007
84. H.R. 5892 veterans disability benefits claims modernization act of 2008	July 29, 2008
85. Human resources challenges with the Veterans Health Administration	May 22, 2008
86. Identifying the causes of inappropriate billing practices by the U.S. Department of Veterans Affairs	October 15, 2009
87. Implementation and status update on the Veterans benefits improvement act	February 3, 2010
88. Implementing the Wounded Warrior program	June 11, 2008
89. Innovative technologies and treatments helping Veterans	May 13, 2009
90. Inspect what you expect construction contracting practices at the U.S. Department of Veterans Affairs	April 13, 2011
91. Is it working: Reviewing the U.S. Department of Veterans Affairs' comp work program	December 11, 2011
92. Is the VA meeting pharmaceutical needs	September 22, 2009
93. Jan 14 Nomination of GEN Shinseki	May 6, 2009
94. January 28 2009 Vets organizations priorities for the 111th Congress	January 28, 2009

Document title	Date
95. Jul 9 08 Review of Vets dis comp undue delay in claims processing	July 9, 2008
96. June 4 2008 Oversight Hearing on systemic indifference to invisible wounds	June 4, 2008
97. Leaving no one behind : Is the Federal Recovery coordination program working	April 28, 2009
98. Legislative hearing on H.R. 1017, House hearing October 1 2009	October 1, 2009
99. Legislative hearing on H.R. 1137, H.R. 3047,	November 8, 2007
100 Legislative hearing on H.R. 674, H.R.1273	July 31, 2007
101 Legislative hearing on H.R.1037, H.R.1098, H.R.1168, H.R.1172, H.R.1821, H.R.1879, and H.R.2180	May 21, 2009
102 Legislative hearing on H.R.1137, H.R.3047 Veterans Claims Processing Innovation Act of 2007	November 8, 2007
103 Legislative hearing on H.R.114, H.R.3685, H.R.4319, H.R.4635, H.R.4664, H.R.4765, H.R.5360, and H.R.5484	June 10, 2010
104 Legislative hearing on H.R.1197, H.R.3008, H.R.3795, H.R.4274, H.R.5155, H.R.5448, H.R.5454, H.R.5709, H.R.5954, H.R.5985, and H.R.6032	June 12, 2008
105 Legislative hearing on H.R.1293, H.R.1197, H.R.1302, H.R.1335, H.R.1546, H.R.2734, H.R.2738, H.R.2770, H.R.2898 and draft discussion legislation	June 18, 2009
106 Legislative hearing on H.R.1293, H.R.1197, H.R.1302, H.R.1335, H.R.1546, H.R.2734, H.R.2738, H.R.2770, H.R.2898 and draft discussion legislation	June 18, 2009
107 Legislative hearing on H.R.147, H.R.228, H.R.297, H.R.466, H.R.929, H.R.942, H.R.950, H.R.1088, H.R.1089, and H.R.1171	March 4, 2009
108 Legislative hearing on H.R.1522, H.R.1982, and H.R.2270	May 21, 2009
109 Legislative hearing on H.R.1522, H.R.1982, and H.R.2270	May 21, 2009

Document title	Date
110 Legislative hearing on H.R.1750, H.R.1824,	June 21, 2007
111 Legislative hearing on H.R.2721, H.R.3786, H.R.6070, H.R.4255, H.R.6221, H.R.6224, H.R.6225, and H.R.6272	June 19, 2008
112 Legislative hearing on H.R.3051, H.R.6153, and H.R.6629	September 9, 2008
113 Legislative hearing on H.R.784, H.R.785, H.R.1211, and discussion draft on emergency care reimbursement	March 3, 2009
114 Legislative hearing on H.R.949, H.R.1075, H.R.2698, H.R.2699, H.R.2879, H.R.3926, H.R.4006, H.R.84, and three discussion drafts	March 25, 2010
115 Legislative hearing on H.R.952, the ``compensation owed for mental health based on activities in theater post-traumatic stress disorder act"	April 23, 2009
116 Legislative hearing on H.R.952, the ``compensation owed for mental health based on activities in theater post-traumatic stress disorder act"	April 23, 2009
117 Legislative hearing on the Veterans disability claims modernization act of 2008	April 10, 2008
118 Licensure and certification of transitioning Veterans	September 20, 2007
119 Local State Veteran Service Offices Ready to Assist Georgia Department of Veterans Service	February 3, 2010
120 Maintaining the integrity of the VA Disability Compensation System and Rating schedule	June, 2012
121 Many Georgia Veterans Missing Out on Tax-Free VA Money Georgia Department of Veterans Service	June 18, 2012
122 May 23 2007 Shannon Middleton, Deputy Director for Health, Veterans Affairs and Rehabilitation Commission, The American Legion	May 23, 2007
123 Media outreach to veterans an update	September 23, 2008

Document title	Date
124 Mental health bridging the gap between care and compensation for veterans	June 14, 2011
125 Mental health bridging the gap between care and compensation for veterans	June 14, 2011
126 Mental health treatment for families supporting those who support our veterans	February 28, 2008
127 Military Veterans and Social Security- 2010 Update	
128 News Releases - Office of Public and Intergovernmental Affairs	May 15, 2013
129 Nov 7 2007 Oversight hearing on performance and structure of the US Court of Appeals for Veterans Claims	November 7, 2007
130 Oct 17 2007 Care for returning wounded warriors	October 17, 2007
131 Outpatient waiting times	December 12, 2007
132 Oversight efforts of the US Department of Veterans Affairs Inspector General issues, problems and best practices at the VA	February 15, 2007
133 Oversight hearing on TBI Progress in treating the signature wounds of the current conflicts	May 5, 2010
134 Oversight hearing on research and treatment for gulf war illnesses	September 25, 2007
135 Oversight hearing Update on VA and DOD cooperation and collaboration	April 23, 2008
136 Oversight of the U.S. Department of Labor's Veterans Employment Training Service, Disabled veteran Outreach Program and Local Veterans Employment Representative Program	October 25, 2007
137 Personal costs of the U.S. department of VA claims backlog	October 9, 2007
138 PLAW-110publ389	Nov 21, 2008

Document title	Date
139 Poly-trauma center care and the traumatic brain injury patient	March 15, 2007
140 Post- traumatic stress disorder treatment and research moving ahead toward recovery	April 1, 2008
141 Priority group 8 veterans	June 20, 2007
142 Priority group 8 veterans	May 20, 2008
143 Putting America's veterans back to work	June 1, 2011
144 Quality vs. quantity examining the Veterans' Benefits Administration's employee work credit and management systems	May 6, 2010
145 Rating the rating schedule	January 24, 2012
146 Reboot examining the U.S. Department of VA	May 11, 2011
147 Review of the VA and DOD integrated disability evaluation system	November 18, 2010
148 Review of veterans' disability compensation what changes are needed to improve the appeals process	February 11, 2009
149 Review of vets claims processing Are current efforts working	July 14, 2010
150 Review of vets disability comp benefits in the 21st century	September 17, 2009
151 Rules and Regulations Georgia Department of Veterans Service	2013
152 S. 882 veteran navigator 110th congress (2007-2008)	March 14, 2007
153 S. 1104 (112th) Veteran Transition Assistance Program Audit Act of 2011 (Introduced version) govtrack.us	May 26, 2011
154 S. 1391 (112th) A bill to amend title 38, United States Code, to improve the disability claims backlog	Jul 20, 2011
155 S.3023 (110th) Veterans' Benefits Improvement Act of 2008 (Passed Congress-Enrolled Bill version) govtrack.us	Sep 29, 2008

Document title	Date
156 S. 3517 (111th) Claims Processing Improvement Act of 2010 (Reported by Senate Committee version) govtrack.us	Nov 29, 2010
157 S. 423 (112th) A bill to amend title 38, United States Code, to provide authority for (Introduced version) govtrack.us	Mar 01, 2011
158 Seamless transition improving VA DOD collaboration	May 18, 2011
159 Seamless transition meeting the needs of service members and veterans	May 25, 2011
160 Seamless transition review of the integrated disability evaluation	May 23, 2012
161 Segmented Lanes a New Process for Claims Vantage Point	July 12, 2012
162 Segmented Lanes a New Process for Claims Vantage Point	July 12, 2012
163 Senior executive service bonuses and other administrative matters at the U.S. Department of Veterans Affairs	September 23, 2009
164 Senior executive service bonuses- ensuring the U.S. Department of Veterans Affairs process works	Apr 25, 2008
165 Sep 2009 National briefing	September 24, 2009
166 Sep 24 2008 Hearing on sharing VA DOD electronic health information	September 24, 2008
167 Service members' seamless transition into civilian life--the heroes return	March 8, 2007
168 Sharing of electronic medical information	October 24, 2007
169 Sharing of electronic medical information between the U.S. Department of Defense and the U.S. Department of Veterans Affairs	Oct 06, 2008
170 Sharing of electronic medical records between the U.S. Department of Defense and the U.S. department of veterans affairs	May 8, 2007

Document title	Date
171 Social Security and Department of Defense Implement New Process to Improve Efficiency for Wounded Warriors Applying for Disability Benefits	April 30, 2012
172 Social security disability benefits	2013
173 Social Security for Wounded Warriors	October 1, 2001
174 Software cuts claims processing in half Mar 2013	March 13, 2013
175 State approving agencies	April 19, 2007
176 State Approving agencies	Apr 02, 2008
177 State Benefits for Georgia Veterans A summary for veterans, dependents and survivors	December 7, 1941
178 State Veterans Leadership ' Georgia Department of Veterans Service	2013
179 State Veterans Service Board Georgia Department of Veterans Service	2013
180 State-of-the-art it solutions for VA benefits delivery	March 25, 2009
181 Stopping suicides- mental health challenges within the U.S. department of veterans affairs	Oct 15, 2008
182 Structuring the U.S. Department of Veterans' Affairs of the 21st century	March 10, 2010
183 Subprime mortgage crisis and America's veterans	February 28, 2008
184 Text of H.R.3286 (110th) To amend title 38, United States Code, to reduce the period of time (Introduced version) govtrack.us	Aug 01, 2007
185 The Benefits of a Paperless Claim Vantage Point	February 13, 2013
186 The challenges facing the U.S. court of appeals for veterans claims	May 19, 2008
187 The challenges facing the U.S. court of appeals for veterans claims	May 22, 2007
188 The challenges facing the U.S. court of appeals for veterans claims	May 22, 2007
189 The evolution of state approving agencies	July 16, 2009

Document title	Date
190 The impact of Operation Iraqi freedom/ Operation Enduring Freedom on the U.S. Department of Veterans Affairs	Jan 16, 2008
191 The impact of operation Iraqi Freedom- Operation Enduring Freedom (OIF-OEF) on the U.S. Department of Veterans' Affairs claims process	March 13, 2007
192 The implications of the U.S. Department of Veterans' Affairs limited scope on Gulf War Illness Research	July 30, 2009
193 The long-term costs of the current conflict	October 17, 2007
194 The nexus between engaged in combat with the enemy and post-traumatic stress disorder in an era of changing warfare tactics	March 24, 2009
195 The state of the U.S. Department of Veterans Affairs	February 4, 2009
196 The state of the Veterans Benefits Administration	June 15, 2010
197 The true cost of the war	September 30, 2010
198 The U.S. Department of Veterans Affairs' implementation of the enhanced contract care pilot program	April 29, 2010
199 The U.S. Department of Veterans' Affairs schedule for rating disabilities	February 26, 2008
200 The U.S. department of veterans affairs budget request for fiscal year 2010	March 10, 2009
201 The use of artificial intelligence to improve the U.S. department of veterans affairs' claims processing system	January 29, 2008
202 The Veterans health administration's fiscal year 2011 budget	February 23, 2010
203 Transition assistance program	July 28, 2008
204 Transition assistance program and Vet success on campus program	June 2, 2011
205 Transition assistance program for guard and reserve forces	May 16, 2008

Document title	Date
206 Transitioning heroes new era, same problems	January 21, 2010
207 U.S. Department of Veterans' Affairs budget request for FY 2011 and FY 2012	February 4, 2010
208 U.S. Department of Veterans' Affairs medical care the crown jewel and best kept secret	May 19, 2009
209 U.S. Department of Veterans' Affairs office of Inspector General and office of information technology budget requests for fiscal year 2011	February 23, 2010
210 U.S. Department of Veterans' Affairs office of Inspector General's open recommendations are we fixing the problems	June 9, 2010
211 U.S. Department of Veterans Affairs- U.S. department of defense cooperation in reintegration of national guard and reserve	June 24, 2008
212 Upcoming Training July 11-15 Georgia Department of Veterans Service	June 28, 2011
213 Update on the state of the U.S. Department of Veterans Affairs	October 14, 2009
214 VA and DOD care coordinated case management	March 7, 2007
215 VA claims adjudication and appeals process	March 7, 2007
216 VA Claims Adjudication and Appeals Process March 7 2007 Senate Hearing 110-35	March 7, 2007
217 VA claims transformation plan home	April 22, 2013
218 VA deploys new processing model for compensation claims	July 11, 2012
219 VA disability compensation presumptive disability decision-making	September 23, 2010
220 VA mandates overtime to increase production of compensation claims decisions	May 15, 2013
221 VA mental health care addressing wait times and access to care	March 14, 2007
222 VA partners with Service organizations	May 21, 2013
223 VA Partners with Vets Groups to Reduce Claims Backlog	May 21, 2013

Document title	Date
224 VA Recognizes Presumptive Illnesses in Iraq, Afghanistan Service Georgia Department of Veterans	March 23, 2010
225 VA to Expedite Claims Decisions for Veterans Who Have Waited a Year or More	April 19, 2013
226 VA Strategic Plan to eliminate the Compensation Claims Backlog	January 25, 2013
227 VA-DOD response to certain military exposures	October 8, 2009
228 Valdosta to Host Veterans Benefits “Supermarket” Georgia Department of Veterans Service	November 19, 2010
229 Oversight of the U.S. Department of Veterans Affairs	October 25, 2007
230 Veteran's administration dubious contracting practices in Savannah, GA	March 6, 2012
231 Veterans Benefits Administration Performance and Transparency - Veterans Benefits Administration Reports	Dec 31, 2012
232 Veterans disability benefits	2013
233 Veterans disability compensation: Forging a path forward	July 29, 2009
234 Veterans Health Administration contracting and procurement practices	September 23, 2010
235 Veterans organizations' priorities for the 111th congress	January 28, 2009
236 Veterans' preference	September 6, 2007
237 Vets employment: Improving the transition from the battlefield to the workplace	April 13, 2011
238 Vocational rehabilitation and employment programs	April 2, 2009
239 Vocational rehabilitation and employment programs	April 2, 2009
240 Women, rural, and special needs veterans	April 21, 2008

Document Titles - Implementation Documents

Document title	Date
1. 02-2010 American Legion Dispatch	February 22, 2010
2. 03 2008 American Legion point papers	September 20, 2007
3. 03-2009 American Legion point papers	September 11, 2008
4. 03-2010 dispatch	March 19, 2010
5. 04-07 P Morin statement on FY 2008 VA Appropriations Statement House 2-8-07	February 9, 2007
6. 04-2012 Dispatch	April 20, 2012
7. 07-2011 Dispatch	July 15, 2011
8. 10 2012 Legion calls on Congress to work more closely with VA to reduce backlog	October 03, 2012
9. 10-2007 Dispatch	October 12, 2007
10. 111th Congress - 1st session legislative point papers, August 2009	September 11, 2001
11. 111th Congress - 1st session legislative point papers, September 2009	September 11, 2008
12. 112th Congress - 1st session legislative point papers, March 2011	October 1, 2011
13. 112th Congress - 2nd session legislative point papers, February 2012	August 3, 2011
14. 18-12 VA Improve Benefits to Vets and Family	April 23, 2012
15. 2013 Washington Conference 113th Congress - 1st session legislative priorities and point papers	June 28, 2012
16. 2013 Washington Conference 2 113th Congress 1st session legislative priorities and point papers	2013
17. Veterans commit suicide every day according to groundbreaking VA report	February 1, 2013
18. 33-10 National commander-cover page	September 22, 2010
19. 4 2008 Vets disability benefits claims modernization act	April 16, 2008
20. 5 Things Veterans Expect From All Candidates in 2012	August 27, 2012

	Document title	Date
21.	2012 Taking Care of Veterans is VAs Top priority	August 28, 2012
22.	Administering Social Security Challenges Yesterday and Today	August 14, 1935
23.	Ahead of Presidential Debate, IAVA Releases Voter Guide	October 2, 2012
24.	America's Sentimental Regard for the Military – NY times.com	August 20, 2011
25.	Another sorry chapter in VA's failure to help veterans in need	March 27, 2013
26.	As Senator Murray moves to Budget, IAVA applauds her leadership on the Senate Veterans Affairs Committee	November 16, 2012
27.	At DNC, IAVA Calls For Candidates to Focus on the Top Five Issues Facing New Veterans	September 4, 2012
28.	At least 16 New Veterans Elected to Congress, a Record High for Our Community	November 7, 2012
29.	Atlanta Georgia Department of Veterans Service	2013
30.	Aug 2012 Resolution No 193 The Department of Veterans Affairs to provide interim benefits for pending claims over 90 days	August 2012
31.	Backlog of VA disability claims grows despite effort to trim	July 18, 2012
32.	Backlog of veterans disability claims to hit 1 million this month MDJ	March 25, 2013
33.	Bestselling author coming to Cherokee June 19 2011 Marietta Daily Journal	June 19, 2011
34.	Blog information :Veterans Wait for Benefits as Claims Pile Up Sep 27 12	June 19, 2011
35.	2009 body count processing must end at VA-National Commander calls for urgent changes in claims system.	June 22, 2009
36.	Commander's Testimony 2010	August 2, 2010
37.	Commanders testimony 2012 Issues and opportunities	April 23, 2012
38.	Defense Secretary Hagel Confirmation Comes at an Important Time for New Veterans	February 26, 2013
39.	Department of Veterans Affairs County and Tribal Veterans Service Officers	2013
40.	Department of Veterans Affairs State Veterans Service Officers	2013

	Document title	Date
41.	DOD lends staff to VA to address claims backlog	December 6, 2012
42.	Expand strength	2013
43.	Feb 2008 use of artificial intelligence to improve VA's claim processing system	February 5, 2008
44.	Former sailor warnings help veterans Aug 10 2008	August 10, 2008
45.	Georgia-department-veterans-service-customer-service-survey	February 10, 2010
46.	Home	April 6, 2011
47.	IAVA - 164 House Members Send President Letter, Calling for Action to End VA Backlog Iraq and Afghanistan Veterans of America	May 28, 2013
48.	IAVA - Ahead of Memorial Day, Calls Grow for Decisive Presidential Action to End the VA Backlog Iraq and Afghanistan Veterans of America	May 22, 2013
49.	IAVA - Solutions to End the VA Disability Claims Backlog Iraq and Afghanistan Veterans of America	May 22, 2013
50.	IAVA Applauds Senate for Passing Bills to Protect the GI Bill and Help Vets Transition into the Workforce	December 20, 2012
51.	IAVA Encouraged by New VA Announcement to Expedite Disability Claims	April 19, 2013
52.	IAVA Praises Congressional Leaders for Efforts to End the VA Backlog	April 25, 2013
53.	IAVA Thanks Speaker Boehner for Leadership to End the VA Backlog	April 12, 2013
54.	IAVA Welcomes Rep. Miller's and Rep. Michaud's Leadership for the House Committee on Veterans' Affairs	December 7, 2012
55.	Ian DePlanque testimony VA backlog	June 24, 2009
56.	Backlog of Disability Claims for Veterans sends Democrat on a tear	June 20, 2012
57.	Legion submits solutions for VA backlog May 2013	May 2013
58.	Legion Treat the root of VA claims backlog	May 2013
59.	Legion Treat the root of VA claims backlog Facebook remarks	March 3, 2011

	Document title	Date
60.	Letter to the Dean Dec 31 2012	Dec 31, 2012
61.	Local State Veteran Service Offices Ready to Assist Georgia Department of Veterans Service	February 3, 2010
62.	Mar 2012 “of VA regional office disability claims quality review methods—is VBA’s systemic technical accuracy review (star) making the grade”	March 24, 2010
63.	Mar 2012 VA Expands Medical forms Program	March 23, 2012
64.	Mar 2013 Legion change VA claims process, not priorities	March 2013
65.	May 2010 Examining VA's fiduciary program how can VA better protect vulnerable veterans and their families	May 7, 2010
66.	May 2010 Quality versus quantity examining the VBA employee work credit and management systems	May 7, 2010
67.	Military Suicide Numbers Reach Record High in 2012	January 15, 2013
68.	Miller military veterans among nations highest funding priorities	August 31, 2011
69.	National Defense Authorization Act Brings Support for New Veterans in 2013	December 21, 2012
70.	National Service officers	2012
71.	New eligibility website	February 15, 2005
72.	New Technology Brings Online Mental Health and Readjustment Services to New Vets	December 3, 2012
73.	New unemployment data underscores financial strain for new veterans	April 5, 2013
74.	New Veteran Unemployment Rises to 10.9% in August	September 7, 2012
75.	November 11 2011 Law Firms work spreads far	November 11, 2011
76.	Oct 2007 House of Representatives on H.R. 3047, H.R. 3249, H.R. 3286, H.R. 3415, and H.R. 1137 October 23	October 29, 2007
77.	Oct 2007 Veterans' Affairs United States House of Representatives on H.R. 3047, H.R. 3249, H.R. 3286, H.R. 3415, and H.R. 1137 October 23	October 29, 2007

	Document title	Date
78.	On Capitol Hill, Veterans and Members of Congress Call to End the VA backlog	March 21, 2013
79.	Operation support Wounded Warriors program reaches out to men, women in uniform	June 7, 2011
80.	Outlays for vets often hidden Impact in many forms Health care is one but loans research and even cemeteries account for spending	November 11, 2007
81.	Red tape 2010	February 18, 2007
82.	Reference List GA State County Veterans Service Officers	2013
83.	Release: Obama veterans benefits won't be slashed	August 30, 2011
84.	Resolution No. 11 Creation of Ad Hoc Committee to streamline the Veterans Benefits Administration (VBA) processes to address the backlog of claims may 2010	April 5, 2010
85.	Resolution No. 47 Prevent exploitation of veterans and family members applying for aid and attendance	2013
86.	Resolutions	January 9, 1962
87.	Rick Badie: My opinion Crusade for war veterans continues Aug 9 2008	August 9, 2008
88.	Senate Letter to President Obama Calls for Leadership to End VA Backlog	April 29, 2013
89.	Sep 2007 Appeals adjudication process and the Appeals Management Center	September 26, 2007
90.	Sep 2012 Resolution No 99 Increase the transparency of the Veterans Benefits Administrations (VBA) claims processing	September 2012
91.	Shannon Middleton, Deputy Director for Health, Veterans Affairs and Rehabilitation Commission, The American Legion	May 23, 2007
92.	Shinseki: VA backlog will be broken this year 2010	August 31, 2010
93.	Stars and Stripes Blog DOD leads staff to VA to address claims backlog	December 6, 2012
94.	Study Wind blew deadly gas to US troops in Gulf War	April 6, 2011
95.	System worth saving 2011	July 1, 2009
96.	System worth saving full report 2010	June 30, 2010

Document title	Date
97. The American Legion dispatch [Volume 17, No. 7 (March 14, 2008)]	March 14, 2008
98. The American Legion dispatch [Volume 18, No. 6 (February 20, 2009)]	February 20, 2009
99. The American Legion dispatch [Volume 19, No. 11 (July 21, 2010)]	July 21, 2010
100. The American Legion dispatch [Volume 20, No. 1 (September 27, 2010)]	September 27, 2010
101. The American Legion dispatch [Volume 20, No. 5 (January 21, 2011)]	January 21, 2011
102. The American Legion dispatch [Volume 20, No. 6 (February 18, 2011)]	February 18, 2011
103. The American Legion dispatch [Volume 21, No. 2 (October 20, 2011)]	October 20, 2011
104. The DAV legislative process	August 1, 1996
105. The implementation and status update of the Veterans' Benefits Improvement Act of 2008, PL 110-389	February 4, 2010
106. The Wrong Way to Help Veterans – NY Times.com	August 19, 2011
107. Unemployment Among New Veterans Remains Higher Than Average at 9.7%	October 5, 2012
108. Unemployment Rate for New Vets Remains Higher Than National Rate	March 8, 2013
109. VA backlog stories	January 23, 2013
110. VA fast tracking oldest claims but could do more to fix backlog MDJ	April 24, 2013
111. VA Internal Documents Show Widespread Delays in Disability Benefits	March 11, 2013
112. VAs growing backlog needs Obamas attention now MDJ	March 15, 2013
113. VBMS Silver bullet for claims backlog Facebook remarks	June 22, 2012
114. Veterans Converge on Washington for “Storm The Hill” To End VA Backlog	March 18, 2013
115. Veterans deserve better than two years to fix claims backlog	April 8, 2013
116. Veterans of Iraq and Afghanistan to Call for an End to the VA Backlog on Capitol Hill	March 21, 2013
117. Veterans Wait for Benefits as Claims Pile Up Sep 27 12	September 27, 2012
118. White House Receives IAVA Petition to End the VA Backlog	March 20, 2013

Appendix C:

Research Question Coding Protocol

The central research question for this study is: To what extent can the USVDC program effectively meet the needs of disabled veterans?

1. To what extent can the social construction and design theories be used within an advocacy coalition framework to inform transition assistance in the United States Veterans' Disability Compensation policy subsystem?

Parent Themes	Subordinate Concepts	Coalition A	Coalition B
		Number of Formulation Documents	Number of Implementation Documents
Policy Subsystem		5	2
	Beliefs	5	
	Resources	0	
	Strategies	0	
	Decisions by government authorities	0	
	Past policy designs	0	
	Current policy designs	0	
	Allocation of benefits distributed	0	

Parent Themes	Subordinate Concepts	Coalition A	Coalition B
		Number of Formulation Documents	Number of Implementation Documents
	Allocation of burdens distributed	0	

Parent Themes	Subordinate Concepts	Coalition A	Coalition B
		Number of Formulation Documents	Number of Implementation Documents
Policy Subsystem	Institutional Culture: Implementation structure (the entire implementation plan, including the incentives for agency compliance and resources);	0	
	Social constructions (the "world making," the images of reality, the stereotypes people use to make sense of the reality as they see it);	0	
	Strategies (the explicit or implicit justifications and legitimacy for the policy including those used in debates about the policy);	0	
	Underlying assumptions (explicit or implicit assumptions about causal logics or about the capacity of people or of organizations).	0	

Parent Themes	Subordinate Concepts	Coalition A	Coalition B
		Number of Formulation Documents	Number of Implementation Documents
Policy Subsystem	Policy Outputs – What is?	0	
	Future Policy -Designs? What ought to be	0	
External Subsystem Events		12	1
	Disabled veterans' status in society	0	
	Formulation	0	
	Funding shortfalls	0	
	Governing	0	
	Impact of implementation	0	
	Quality of life	0	1
Short term constraints		0	0
Relatively stable parameters		29	5
	Basic attributes of problem areas	26	1
	Fundamental sociocultural values	2	

Parent Themes	Subordinate Concepts	Coalition A	Coalition B
		Number of Formulation Documents	Number of Implementation Documents
	Basic constitutional structure	5	4
Long-term opportunity structures		29	0
	Degree of consensus needed for major policy change	0	0
	Openness of political system	0	0
	Overlapping societal cleavages	0	0
Others		212	114

2. What are the policy gaps between the intent and implementation of United States Veteran's Disability Compensation policy?

The Formulation and Implementation Gap (FIG)

Formulation	Implementation	Gap	How can the gap be filled
What ought to be	What is	The Gap is a result of	
Reliable health care	Sometimes unreliable health care	Internal and External variables	
Functional Interdependence	In- fighting about who gets what dollars	Funding Money	
Organized interest groups lobby for improved transition assistance for disabled service members	Organized interest groups contend they can improve transition assistance internally	Money and Paid positions	
Resources to walk the disabled veteran through to social security disability benefits or employment	Process stops when service or VA make final disability percentage determination	The Disabled veteran does not successfully navigate through the U.S. Veterans' Disability Compensation Network	
Political opportunity structures should positively affect beliefs and resources	Bill dies in committee	Who really possesses power and influence	
Re-trace the service member 's that were processed out for "unfit for duty" status and ensure they have followed current transition policies	No designated transition assistances s staff for disabled veterans between 2001 and 2008	Large numbers of disabled veterans who may not have received proper transition assistance	

3. To what extent can the policy subsystem actors use social construction and design theory to help fill those gaps?

Parent Themes	Subordinate Concepts	Coalition A	Coalition B
		Number of Formulation Documents	Number of Implementation Documents
Social Construction	Leadership skills	0	0
	Potential to mobilize the target population	0	0
	Influence of Wealth	0	0
	Votes for legislation	0	0

Appendix D:

Taxonomy Hierarchy

Level 1	Level 2	Level 3	Level 4	Text Content with Expression
Policy Subsystem				
	Beliefs			
		<i>Core Beliefs</i>		
			Individual Liberties	phrase (individual, liberties)
			U.S. government should adhere to contractual obligations	Phrase (government, follow, contractual, obligations)
			Economic well being	phrase (economic, well-being)
			Positive social construction	phrase (positive, perception)
			Wise stewardship of U.S. government funds	phrase (taxpayers, dollars)
			Knowledge	Phrase (disabled, veterans, know)
			Power of the Target group	phrase (disabled, Veterans, power)
			Whose welfare should	phrase(disabled, veteran, welfare)

Level 1	Level 2	<i>Level 3</i>	Level 4	Text Content with Expression
			count?	
Policy Subsystem	Beliefs	<i>Policy Beliefs</i>	Ability of technology to solve problems	phrase (ability, technology, solve, problems)
			VA versus American Legion	phrase(VA, versus, American, Legion)
			VA versus Iraq and Afghanistan Veterans	phrase(VA, versus, Iraq, Afghanistan, Veterans)
			VA Versus Disabled American Veterans	phrase(VA, versus, Disabled, American, Veterans)
			Distribution of authority among levels of government	phrase(distribution,authority, levels,government)
			Democratic accountability versus appointed officials	phrase (democratic, accountability, versus, appointed, officials)
		<i>Instrumental beliefs</i>		
			Perceived negative effect	phrase (negative,impact,veterans)
			Organizations that assist disabled veterans	phrase (organizations,assist, disabled,Veterans,disability, claims)

Level 1	Level 2	<i>Level 3</i>	Level 4	Text Content with Expression
			settle disability claims	
Policy Subsystem				
	Future policy designs		New policy	Phrase (new, policy)
	Rationales		Why should the legislation pass?	phrase (legislation, pass)
			Why should the legislation fail?	Phrase (legislation, fail)
			Why is the legislation legitimate?	phrase(legislation, legitimate)
	Resources		Leadership skills	phrase(leadership, skills)
			Mobilizing target population	phrase (mobilizing, disabled, Veterans)
			The influence of money	phrase (influence, funding)
			Votes for legislation	phrase (votes, for, legislation)
			Votes against legislation	phrase (votes, against,legislation)
			Size of the membership	phrase(size, membership)
	Strategies			
Policy Subsystem			What are the	phrase(strategies, reduce, disability, claims, backlog)

Level 1	Level 2	<i>Level 3</i>	Level 4	Text Content with Expression
			strategies to reduce the disability claims backlog	
	Decisions by government authorities			
			What are the decisions by government authorities?	phrase(decisions, government, authorities)
			Influence of authority	phrase (influence, authority)
	Past policy designs			
			What are the policies of the past?	phrase(policies, past)
			How did it used to be?	phrase(former,policies)
	Current policy designs		What are the current policies?	phrase (current,policy)
	Allocation of benefits distributed		What are the Benefits for disabled veterans?	phrase(benefits, disabled,veterans)
Policy Subsystem	Allocation of burdens distributed		What are the burdens to the disabled veteran	phrase(burdens, disabled, Veteran)
	Policy outputs		What is the	phrase(impact, policy)

Level 1	Level 2	<i>Level 3</i>	Level 4	Text Content with Expression
			policy impact?	
			Formulation	Phrase(how, policy, formulated)
	Institutional culture		What are the incentives for agency compliance?	phrase (incentives, agency, compliance)
			What is the implementation plan?	phrase(implementation, plan)
	Social Constructions		Disabled veterans stereotypes	phrase(Disabled, Veterans, stereotypes)
			What price does the disabled veteran pay?	phrase(price, disabled, Veteran, pay)
	Underlying assumptions			
			What are the capabilities of organizations that help disabled veteran?	phrase (capabilities, organizations, help, disabled veterans)
External events				
	Funding shortfalls			Phrase (funding, shortfalls)
	Disabled veterans' status in society			phrase(disabled veterans, status, society)

Level 1	Level 2	<i>Level 3</i>	Level 4	Text Content with Expression
	Quality of life			phrase(quality, life)
	Impact of implementation			phrase (impact, implementation)
	Formulation			phrase(policy output)
	Governing			phrase(Veterans, Administration, management)
Short term constraints	What are the policy limitations?			phrase(policy, limitations)
	Basic attributes of problem areas			phrase (problem, areas)
Relative Stable Parameters	Sociocultural values			phrase(sociocultural, values)
	Social structures			phrase (social, structure)
	U.S. Constitutional structure			phrase(U.S., Constitution)
Long term opportunity structures				
	Degree of consensus needed for policy change			phrase (consensus, needed, policy, change)
	Openness of the political system			Phrase (Openness, political, system)

Appendix E: Design and Steps of Flow Chart Data Coding

The taxonomies were configured to allot records to the best matching category. Using the taxonomy node involved connecting a node which outputs a dataset to the taxonomy, editing the taxonomy and adding categories and defining categories, and then executing the node and viewing the interactive report and browsing the categories. The taxonomy node was updated from its results, in real time, which was convenient for refining and fine tuning the definitions of categories.

I started the flowchart in Figure 6 by building the taxonomy from documents to files depicted by numbers in Table 7 below. The titles of all documents are listed in Appendix B. Any word or phrase extraction required an incoming connection from a single preceding node that represents a dataset. Table 5 was used as the input dataset for all the data and text analysis operations. This table contains the number of documents used for each policy in the formulation and implementation phase.

Table 7

Coalition A and B documents and number of documents

Coalition A Documents from Formulators	Coalition B Documents from Implementers
38 Code of Federal Regulations, Part Four Schedule for Rating Disabilities	Atlanta Journal Constitution 4 articles
Text of Legislation. See Table 1 in Chapter 2 for titles of legislation and brief summaries 16 Total documents 1 Public Law 110-389 To amend title 38, United States Code, to improve and enhance compensation and pension, housing, labor and education, and insurance benefits for veterans, and for other purposes	American Legion 57 documents Plus the content of website: The American Legion Digital Archive

Coalition A Documents from Formulators	Coalition B Documents from Implementers
9 Bills – U.S. House 6 Bills- U.S. Senate	
Committee on Veterans Affairs, United States Senate, House of Representatives and Joint Hearings of the U.S. Senate and House from January 2007 through August 2013 to include, 110 th , 111 th and 112 th sessions. 110 th House – 39 documents 110 th Senate – 22 documents 110 th Joint - 1 111 th House- 39 documents 111 th Senate- 16 documents 111 th Joint - 0 112 th House -12 documents 112 th Senate – 5 documents	Disabled American Veterans 3 documents plus the contents of http://www.dav.org/voters/Testimony.aspx
Documents from United States Veterans Administration , Veterans Benefits Administration 15 documents Documents Social Security Disability 8 documents	Georgia Department of Veterans’ Affairs Claims Processors 4 documents
	Iraq and Afghanistan Veterans Association 30 documents
	Marietta Daily Journal 8 documents
	New York Times 5 documents
	Documents from United States Veterans Administration , Veterans Benefits Administration Veterans Services Officer 4 documents
	Documents Social Security Disability Claims Processors – 4 documents

The first taxonomy used all formulation and implementation documents and is labeled as “Content Analysis Formulators Jan 2007-May 2013.” The second taxonomy was created with taxonomy “Content Analysis Implementation documents, January 2007-August 2013.” Next, I used the internet source node to pull relevant data. These internet sources are grouped with policy formulation documents in Coalition A. Two websites were used for data sourcing: The American Legion Digital Archives and The American Legion Dispatch . This data was pulled from the websites and connected directly to the PolyAnalyst source node because the initial search for data about the American Legion was not enough for this study.

This internet source node was appropriate for these data sets but not appropriate for all document gathering. For example, the Committee for Veterans Affairs hearings were selected by me, the researcher, as all hearings in front of that committee, from 2007 through May 2013. All hearing content did not need to be included in the content analysis. As an example, The GI Bill is an educational benefit afforded to Veterans. Many of the hearings in front of Congress dealt with bills in reference to this benefit. Although the Poly Analyst software was capable of editing those hearings, it was more beneficial that as the researcher I knew which hearings were applicable to this study. Much data can be pulled from a website. It was important that there was more human selection as opposed to allowing the artificial intelligence to do all the work. The flow chart in Figure 6 displays the PolyAnalyst software methods or nodes used to achieve the results of this research.

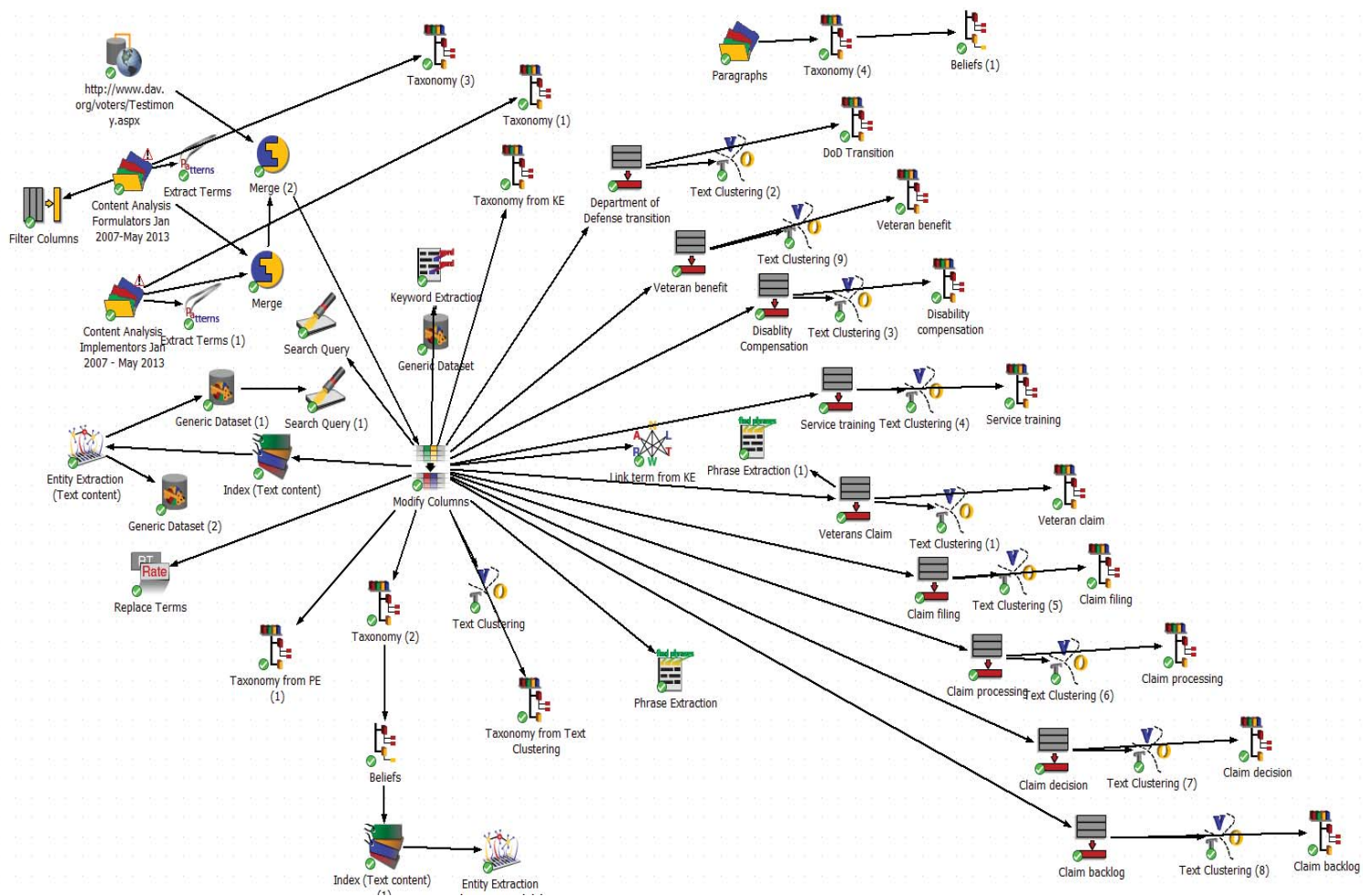


Figure 6. Flow Chart of Data Coding.

Data Analysis Concepts

Once the taxonomies were complete I was able to set up other nodes to present the findings. The phrase extraction node found phrases within a text column and presents a report of the phrases along with some supporting statistics. A phrase is defined as a group of alphabetical words which occur next to each other within natural language.

The keyword extraction node explored the various key words and phrases within the columns of text of all documents. The results of extraction were used to explore keyword correlations. The primary output of the keyword extraction node is a report displaying keywords and information about keywords.

An entity is a word or phrase or pattern of characters that fits a given mold or structural definition. The entity extraction node provided a report on extracted entities allowing browsing through to learn about the contents of a dataset containing natural language data or for use in further processing of the data in some logical form via the extracted entities. I used this application to learn more about the leaders and their leadership skills as part of the U.S. VDC policy subsystem.

The link terms node generates a visualization of associations between various keywords in a natural language text column. In addition, a subset node was created to permanently store the results of a drill down operation. A drill down operation allowed me to save search query applicable documents to one file, making it easier to organize the discussion of the findings.

The text clustering node automatically generates a classification model according to the presence of words in a text column. The output of the node is a scored dataset with

each record assigned to a specific cluster. This output can be used by any number of other nodes which accept a dataset as input.

Appendix F:

Additional Tables and Figures

The data in the pages that follow is too extensive to include in the body of the dissertation. Separate studies could be engaged from this additional content analysis information.

Table 8.

Key word extraction

Key Word	Frequency word is found	Number of Documents word is found in
veteran	117,627	373
service	44,213	355
care	34,489	295
health	33,222	294
program	30,866	306
claim	29,819	336
system	23,975	303
benefit	23,629	346
work	21,407	317

Key Word	Frequency word is found	Number of Documents word is found in
medical	20,794	277
time	20,596	316
disability	19,950	319
process	18,016	305
department	17,459	345
member	17,035	313
state	15,953	322
report	15,604	324

In Table 8, Key word extraction, all content analysis documents were used in this taxonomy histogram and were not split between formulation and implementation. The keyword extraction node explored the various key words and phrases within the documents of this content analysis. The results of this extraction were then used to explore keyword correlations. The term Veteran appears in 373 documents.

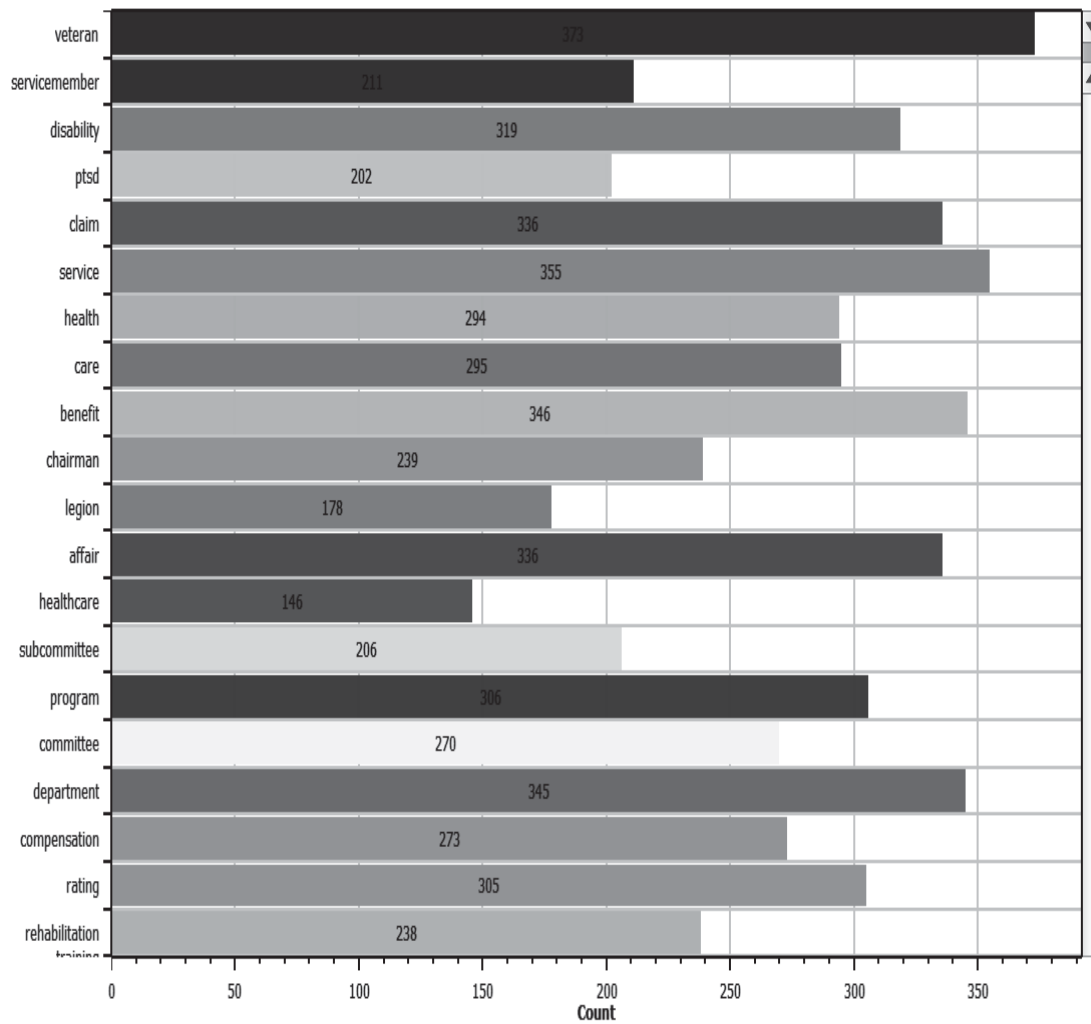


Figure 10. Key Word Extraction Taxonomy.

Table 9 displays the terms that are not included above as a significance of 20 percent or higher, but have relevance to this study. These terms were selected using models, theories and framework terminology from Chapter 2 of this dissertation and the taxonomy hierarchy. The term “problem” has a significance of 18.92 and appears 9107 in 265 documents. The term quality has a significance of 18.80, appears 8581 times in 261 documents. The term transition has a significance of 18.46, appears 7224 times in 231 documents. This is an extraordinary number of times compared to the term backlog which had a significance of 16.75. This term appears 831 times in 231 documents.

The term belief is a subordinate concept of the Advocacy Coalition Framework (ACF) with a significance of 12.02. It appears 289 times in 100 documents. The term belief is relevant to this research as part of the coding protocol and is further evaluated in Chapter 4 when the theoretical frameworks of the Chapter 2 literature review are applied to all documents.

Table 9.
Significant terms

Keyword	Frequency word is found	Number of Documents word is found in
problem	9107	265
quality	8581	261
transition	7224	231
backlog	3081	231
belief	289	100

Key word extraction explored the words and phrases within this content analysis text. The results of this extraction were used to explore the key word correlations in the textual data. In this study the term Veteran is the most frequent word used to link the most frequent terms used in the content analysis.

Table 10 displays the Keyword extraction (KE) taxonomy in a table format. A total of 40,089 words were returned in the search of 383 documents. Words that are prepositional are not included and automatically excluded. There were 132 terms in the entire table. The total results were too lengthy to display. This table only displays words with a significance of 25 to 20 of a significance of 100 and then down to one. As explanation of the table, the key word column displays the word as it appears in the entire content analysis. In this content analysis the word Veteran is the center of gravity and is used most frequently at 117,627 times in 373 of 383 documents.

Linking terms from key word extraction

From the key word extraction results, Poly Analyst capabilities produced a graph that links key word terms together by arrows. In Figure 5, the term veteran configures as the center of gravity or the term from which all other terms are linked. The term veteran is most frequently connected with the 29 terms below in 132 documents. The terms are listed in order of significance from highest to lowest from the left of the table to the right.

Table 10.

Key word Veteran linked with Most Frequent Terms

Most frequent term=Veteran
Terms below are the most frequently linked terms with the term
Veteran and are arranged in order from left to right and top to bottom

Affair	Service	Service Member	Review	Secretary
Benefit	Process	Information	Decision	
Care	Processing	Report	Number	
\`Claim	System	Rating	Facility	
Committee	Work	Issue	Increase	
Department	Disability	Family	Treatment	
Health	Member	Case	Staff	
Program	DOD	Training	Staffing	

Figure 11 is a display of the term Veteran linked with all significant terms in a circle. In Poly Analyst, clicking on the term and the arrow connecting to the term, activates the document interconnections to other terms and allowed a drill down into the corresponding documents text to draw conclusions from the findings. The terms “Veteran” and the term “affairs” appear in 336 documents. In order to view 25 percent of documents I had to view every 84th document. The term Affairs appears with House Veterans Affairs Committee, Department of Veterans Affairs, Congressional affairs, and Subcommittee on Disability Assistance and Memorial Affairs. This is the most linked term but not a significant finding to this research. Figure 6 displays the following clusters of words as most frequently linked in this content analysis, Veteran to claim, Veteran to Department of Defense (DOD), Veteran to service. The additional branches of the figure show the connections of those main clusters to additional term linkages. For example, veteran disability to compensation to veteran to claim to backlog.

Next, I reviewed the key word linked terms to determine the significance of the results by explaining the results in relation to the central research question. The central research question is: to what extent can the USVDC program effectively meet the needs of disabled veterans? I set the link term from keyword extraction node to look at the strongest linkages in one half of the applicable documents or 172 of 343 documents.

I further examined the following linked terms first by how the service member begins the transition to disabled veteran, then in order of relevance to this study:

Veteran to:
Department of Defense (DoD) to transition
Disability to compensation,
Service to training
Claim to filing
Claim to processing
Claim to decision
Claim to processing
Claim to backlog

The term Veteran is linked to the term claim then linked to terms backlog, file, filing, processing and case. The strongest correlations were between the words veteran and service. The next strongest occurrence was between veteran and care.

The terms that follow are not linked to any other terms in over one half of the documents. In Figure 3 those terms are represented as not attached to any other term:

The terms appeal and court are not linked to any terms.

Transition is not linked to any terms.

Veterans' benefits administration (VBA) is not centrally linked to any terms.

The following terms are the most frequently linked terms; Veteran to DOD to care, Veteran to disability to compensation, Veteran to claim to processing, and Veteran to claim to backlog. An additional discrepancy to note; there was no direct link between the term Veteran and the term service and the term care. Figure 11 is the same data as in Figure 5 but displayed out in a circle format.

Formulation and Implementation Taxonomy Tables

Formulation and Implementation Taxonomy Combined results

Policy Subsystem (1%)

Beliefs (100%)

The phrases applied were (disabled, Veterans, deserve) or (timely, claims, processing) There are seven documents.

Table 11

Title of Combined Formulation and Implementation Taxonomy Documents Policy subsystem - Beliefs

Table 11	
Title of combined formulation and implementation taxonomy documents	
Policy subsystem - Beliefs	Date
1. The U.S. Department Of Veterans Affairs Schedule For Rating Disabilities	02/26/08
2. Legislative Hearing On The "Veterans Disability Benefits Claims Modernization Act Of 2008"	04/10/08
3. Examining Training Requirements Of Veterans Benefits Administration Claims Processing Personnel	09/15/2010
4. The American Legion Veterans Benefits	02/18/11

Table 11	
Title of combined formulation and implementation taxonomy documents	
Policy subsystem - Beliefs	Date
Volume 20, Number 6	
5. Rating the rating schedule-- The State of VA disability ratings in the 21st century Second Session	01/24/12
6. 2012 Report of The Department of Veterans Affairs Gulf War Veterans' Illnesses Task Force to the Secretary of Veterans Affairs	2012
7. DAV's 2013 Legislative Program	2013

Table 12

External events: Funding shortfalls

(53%) Phrase used: Funding shortfalls

Table 12	Date
Title of combined formulation and implementation taxonomy documents	
Funding shortfalls	
1. Findings of the Veterans' Disability Benefits Commission	10/10/07
2. Personal Costs of The U.S. Department of Veterans Affairs Claims Backlog	10/9/07
3. The U.S. Department of Veterans Affairs Budget Request For Fiscal Year 2010	03/10/09
4. Funding the U.S. Department of Veterans Affairs of the Future	04/29/09
5. The Veterans Health Administration's Fiscal Year 2011 Budget	02/23/10
6. U.S. Department of Veterans Affairs Budget Request for FY 2011 and FY 2012	02/04/10

Table 13

Title of Combined Formulation and Implementation Taxonomy Documents, External Events, Quality of Life

	Table 13	Date
	Title of combined formulation and implementation taxonomy documents	
	External events :Quality of life	
1.	Polytrauma Center Care and the Traumatic Brain Injury Patient: How Seamless is the transition between the U.S. Departments of Veterans Affairs and Defense and are needs being met?	03/15/07
2.	Examining Quality of Life and Ancillary Benefits Issues	07/23/09
3.	Innovative Technologies and Treatments Helping Veterans	06/13/09
4.	Disabled American Veteran's 2013 Legislative Program	2013

Table 14

Title of Combined Formulation and Implementation Taxonomy Documents

Table 14 Title of combined formulation and implementation taxonomy documents Relatively Stable Parameters : Problem areas	Date
1. Case study on U.S. Department of Veterans Affairs quality of care: W.G. (Bill) Hefner veterans affairs medical Center in Salisbury, North Carolina	04/19/07
2. Examining the backlog and the U.S. Department of Veterans Affairs' Claims processing system	02/14/08
3. Statement of Ian c. De planque, Assistant Director Veterans affairs and rehabilitation commission "Examination of VA regional office disability claims Quality review methods—is VBA's systemic technical Accuracy review (star) making the grade?" March 24, 2010 An examination of poorly performing U.S. Department of Veterans Affairs regional offices	03/24/10
4. Gulf war illness: the future for 5. Dissatisfied veterans	06/02/11
6. Examination of the U.S.. department of Veterans affairs regional office	07/27/10
	03/24/10

Table 14	Date
Title of combined formulation and implementation taxonomy documents	
Relatively Stable Parameters : Problem areas	
Disability claims quality review methods	
7. Review of the va and dod integrated disability evaluation system	11/18/10
Disability claims ratings and benefits	10/16/07
8. Disparities within the veterans Benefits administration	
9. VA claims adjudication and appeals process	03/07/07
Disparities within the Veterans	11/16/07
10. Benefits Administration	
11. Billions spent on "miscellaneous" Expenditures: inadequate controls at the U.S. Department of Veterans Affairs	07/31/08
12. The State of the Veterans Benefits Administration	06/15/10
13. The impact of Operation Iraqi Freedom/ Operation Enduring Freedom on the U. S. Department of Veterans Affairs claims process	03/13/07
14. The impact of Operation Iraqi Freedom/ Operation Enduring Freedom on the U.S. Department of Veterans Affairs claims process	03/15/07

Table 14	Date
Title of combined formulation and implementation taxonomy documents	
Relatively Stable Parameters : Problem areas	
15. Hearing on review of veterans' disability compensation: report of the Veterans' disability benefits commission	01/24/08
16. Examining the effectiveness of the Veterans Benefits Administration's training, performance management and accountability	09/18/08
17. Review of veterans' disability compensation: what changes are needed to Improve the appeals process?	02/11/09
18. Vocational rehabilitation and employment programs	04/02/09
19. Examining appellate processes and their impact on veterans	05/14/09
20. Is the U.S. department of Veterans affairs meeting the pharmaceutical needs of veterans?	09/22/09
21. Examining training requirements Of Veterans Benefits Administration claims processing personnel	09/16/10

Table 15

Title of Combined Formulation and Implementation Taxonomy Documents

Table 15	
Title Of Combined Formulation And Implementation Taxonomy Documents	
U.S. Constitutional Structure	
	Date
1. VA disability compensation: presumptive disability decision-making	09/23/10
2. The true cost of the war	09/30/10
3. The DAV, its legislative process . . . And you!	
4. The U.S. Department Of Veterans Affairs Budget Request For Fiscal Year 2010	2010
5. The American Legion Veterans Benefits Legion Survey	07/15/11

Formulation Taxonomy Subcategory Results

In the Coalition A formulation category, policy subsystem, five documents were returned as a result of applying the level four phrase “beliefs” to the taxonomy. The phrase expression “disabled veterans deserve” and “timely claims processing” was applied. Document are congressional hearings to the Committee on Veterans’ Affairs. These documents are listed below and discussed in chronological order.

In the Formulation taxonomy subcategory “ policy subsystem”, five documents were returned as a result of applying the level four phrase “beliefs” to the taxonomy. The phrase expression “disabled veterans deserve” and “timely claims processing” was applied. All document were Congressional hearings to the Committee on Veterans’ Affairs ranging in dates from February and April of 2008, September 2010 and January 2012.

Table 16

Formulation Taxonomy

Table 16	
Title of formulation taxonomy documents	
Beliefs	Date
1. The U.S. Department Of Veterans Affairs Schedule For Rating Disabilities	02/26/08
2. Legislative Hearing On The	04/10/08

Table 16**Title of formulation taxonomy documents****Beliefs****Date**

"Veterans Disability Benefits Claims
Modernization Act Of 2008"

3. Examining Training Requirements
Of Veterans Benefits Administration
Claims Processing Personnel

09/15/2010

5. 2012 Report of
The Department of Veterans Affairs
Gulf War Veterans' Illnesses Task Force to
The Secretary of Veterans Affairs

2012

Formulation Taxonomy - Sub-category, external events, funding shortfalls

In the Coalition A formulation category, external events, 6 documents applied. The term “formulation” was applied using the expression “policy output” with one document returned as a result.

Formulation taxonomy of sub-category, external events, funding shortfalls

The subcategory title funding shortfalls was applied using the phrase expression (funding, shortfalls.) Six documents applied.

Table 17

Formulation Taxonomy - Sub-category, External events, Funding shortfalls

Titles of formulation external events, funding shortfalls documents	Date
1. Personal costs of the U.S. Department of VA claims backlog	10/9/07
2. Findings of the veterans' disability benefits commission	10/10/07
3. The U.S. Department of Veterans Affairs budget request for fiscal year 2010	3/10/09
4. Funding the U.S. Department of Veterans Affairs of the future	4/29/09
5. The Veterans health administration's fiscal year 2011 budget	2/8/10
6. U.S. Department of Veterans Affairs budget request for FY 2011 and FY 2012	2/4/10

Formulation taxonomy of subcategory, external events, quality of life documents

In the category “External event,” subcategory “Quality of life” phrase expression used was (quality, life.) Three documents applied. One document was found duplicated.

Table 18

Formulation Taxonomy of Subcategory, External events, Quality of Life Documents

Document Title of External Events, Quality of Life Documents	Date
1. Polytrauma center care and the traumatic brain injury patient	3/15/07
2. Innovative technologies and treatments helping veterans	5/13/09
3. Examining quality of life	7/23/09

Formulation taxonomy: Sub-category - relatively stable parameters, basic attributes of problem areas

In the category Relatively Stable Parameters, 29 documents applied. Basic attributes of the problem area phrase expression was (problem, area) and returned 23 document results.

Table 19

Document Titles of Relatively Stable Parameters, Basic Attributes of Problem Areas Category Document Results

Table 19 : Document titles of relatively stable parameters, basic attributes of problem areas category document results	Date
1. VA claims adjudication and appeals process	3/7/07
2. The Impact Of Operation Iraqi Freedom- Operation Enduring Freedom (Oif-Oef) On The U_S_ Department Of Veterans Affairs Claims Process	3/13/07
3. The impact of Operation Iraqi Freedom/Operation enduring freedom on the U.S. Department of Veterans	3/13/07

Table 19 : Document titles of relatively stable parameters, basic attributes of problem areas category		
document results		Date
Affairs		
4. Case study on U.S. Department of Veterans Affairs quality of care W.G. (Bill) Hefner Veterans Affairs Medical Center in Salisbury, North Carolina		4/19/07
5. Disability claims ratings and benefits		11/15/07
6. Disability claims ratings and benefits Disparities Within The VA Benefits Administration		11/15/07
7. Examining the Backlog		11/16/07
8. Hearing on review of Veterans disability compensation Report of the vterans disability benefits commission		1/24/08
9. Examining the backlog and the u_s_ department of veterans affairs' claims processing system		2/14/08
10. Billions spent on ``miscellaneous"		8/31/08
11. Examining the effectiveness of the veterans benefits administration's training, performance management and accountability		9/18/08
12. Review of vets disability compensation What changes are needed to improve the appeals process		2/11/09
13. Review of veterans' disability compensation what changes are needed to improve the appeals process		2/11/09
14. Vocational rehabilitation and employment programs		4/2/09
15. Examining appellate processes and their impact on veterans		5/14/09
16. Examining appellate processes and their impact on veterans		5/14/09
17. Is The U_S_ Department of Defense meeting the Pharmaceutical needs of the service members		9/22/09
18. Review of the VA and DOD integrated disability evaluation system		11/18/09
19. Examination of the U.S. Department of Veterans Affairs regional office disability claims quality review methods		3/24/10
20. The State of The Veterans Benefits Administration		6/15/10
21. Gulf war illness the future for dissatisfied veterans		7/27/10
22. Examining training requirements of veterans benefits administration claims processing personnel		9/16/10
23. An examination of poorly performing U.S. Department of Veterans Affairs Regional offices		6/2/11

Implementation Documents**Policy subsystem, beliefs****Phrase disabled veterans deserve, timely claims process**

Table 20

Document titles of Policy Subsystem, beliefs

Table 20 Document titles of Policy Subsystem, beliefs		Date:
1.	DAV's 2013 Legislative Program	2013
2.	The American Legion Veterans Benefits	2012

Table 21

*External events, Phrase quality life***DAV's 2013 Legislative Program**

2013

Table 22

Relatively Stable Parameters, Basic Attributes of the Problem Area

Statement Of
 Ian C. De Planque, Assistant Director
 Veterans Affairs And Rehabilitation Commission
 The American Legion
 Before The
 Subcommittee On Disability Assistance
 And Memorial Affairs
 Committee On Veterans' Affairs
 United States House Of Representatives
 On
 "Examination Of Va Regional Office Disability Claims
 Quality Review Methods—Is Vba's Systemic Technical
 Accuracy Review (Star) Making The Grade?"

03/24/10

Table 23

Relatively stable parameters, U.S. Constitution

- | | |
|---|----------|
| 1. The DAV, It's legislative process . . . and you! | 09/28/10 |
| 2. The American Legion Veterans Benefits | 07/15/11 |
| 3. 110th Congress – 2nd Session | 03/08 |
| Legislative Point Papers | |
| Fiscal Year 2009 VA Budget | |

Topics Relevant to U.S. VDC Policy Subsystem

Table 24 results were produced by performing a text cluster node operation on all documents then displaying the results in a taxonomy hierarchy. The most relevant percentage is .38.

Table 24

Most Frequent Word Clusters in Entire Content Analysis

Table 24 :Most frequent word clusters in entire Content Analysis	Number of documents	Relevance level 1-0
Total Documents in Entire Content Analysis	383	1
dist; font; href; load; meta; bill text content;	146	0.381201
dro; nova; abrams; stichman; law judge; chief judge; remand case; remand rate; star review; cavc federal; class action; judge gr	141	0.368146
ehr; jsp; prc; vta; bhie; fhie; jpta; ahlt; viewable; informatics;	111	0.289817
share datum; dod provider; share health; allergy datum; pati ac; po; ber; dis; frm; jkt; rec; gram; offi; sfmt; tient; benefi;	94	0.245431
cation; mittee; tional; aff air; vet erans; verdate aug;	67	0.174935
forego; kerry baker; claimant submit;	60	0.156658
accrue benefit;	54	0.140992
aloha; burris; johanns; burr member; senator burr; senator begich; senator tester; burr ranking member; post hear question submi	49	0.127937
ru; gaq; nreumq; parentnode; georgia veteran; georgia department veteran service;		

Table 24 :Most frequent word clusters in entire Content Analysis	Number of documents	Relevance level 1-0
madame; torres; madam chairwoman; congressman boozman; chairwoman subcommittee; chairwoman herseth sandlin; ranking member boozm	48	0.125326
hvrp; nvte; dol vet; dvop lver; stop career; vet program; career center; employment workshop; state workforce agency; assistant dr cross; principal deputy secretary; health veteran health administration u.s.; secretary health veteran health administration;	46	0.120104
vdbc; update rate; ptsd compensation;	45	0.117493
chairman hall ranking member; recognize ranking member lamborn; ranking member lamborn member subcommittee; subcommittee disabil	43	0.112272
hipaa; portability; accountability act;	42	0.109661
cpi; walcoff; brokered;	42	0.109661
view bill; bill today; pva support; support intent;	40	0.104439
health care budget; advance appropriation;	40	0.104439
frcp; federal recovery coordinator; federal recovery coordination; recovery coordination program;	39	0.101828
sba; veteran business; business development;	39	0.101828
director national legislative; national legislative service veteran;	38	0.099217
james terry; terry scott; general scott; prepare statement general;	37	0.096606
iom committee; gulf war health; causal relationship; evidence association;	37	0.096606
smithson; product work; work measurement system;	37	0.096606

Table 24 :Most frequent word clusters in entire Content Analysis	Number of documents	Relevance level 1-0
investigation committee veteran affair; republican member subcommittee oversight;	36	0.093995
certification test; skill certification;	36	0.093995
lay evidence; evidence substantiate claim;	36	0.093995
rubens; bertone; income security; deputy secretary field operation;	35	0.091384
major construction; minor construction;	35	0.091384
veteran benefit health care; health care information technology;	34	0.088773
ms brown waite; congresswoman brown;	33	0.086162
sdvosbs; sole source; subcontract; veteran service disabled veteran; service disabled veteran small business;	32	0.083551
backlog disability claim;	32	0.083551
employee representative; american federation government employee afl cio;	31	0.08094
level benefit;	31	0.08094
aggravate military service;	30	0.078329
care woman veteran;	29	0.075718
iraq afghanistan war veteran;	29	0.075718
blake; legislative director paralyze veteran america;	28	0.073107
gulf war veteran illness; research advisory committee; advisory committee gulf war veteran;	27	0.070496
law administer secretary veteran affair;	27	0.070496
chairman michaud; michaud chairman subcommittee;	27	0.070496
return global war terror hero; task force return global war terror;	27	0.070496

Table 24 :Most frequent word clusters in entire Content Analysis	Number of documents	Relevance level 1-0
hud vash; grant diem program;	26	0.067885
vcs; veteran common;	25	0.065274
deplete uranium;	25	0.065274
weidman; policy government affair vietnam veteran;	24	0.062663
post deployment mental health;	24	0.062663
National Guard Bureau;	24	0.062663
engage combat enemy; veteran engage combat;	23	0.060052
ipo; interagency program office;	23	0.060052
public health environmental hazard;	23	0.060052
ischemic heart disease;	22	0.057441
center medicare medicaid service;	21	0.05483
quick start program;	19	0.049608
vlj; travel board;	18	0.046997
senator dole; secretary shalala;	17	0.044386
senator webb; senator rockefeller;	17	0.044386
medical holdover;	16	0.041776
medical care collection;	16	0.041776
ms finn;	15	0.039165
ill gulf war veteran; gulf war illness research;	14	0.036554

Linked terms from Keyword Extraction

The following linked term topics were used as most significant for the results of this research. Veteran is the term at the center of this study.

The topics are:

Veteran Department of Defense transition

Veteran benefit

Veteran disability compensation

Veteran service training

Veteran claim filing

Veteran claim processing

Veteran claim decision

Veteran claim backlog

Most frequent word clusters within linked terms Veteran to DoD to transition

Word cluster results are not significant because of 147 documents the most clustered terms only appear in three to 11 documents total.

Table 25

Most Frequently Clustered Terms in the Linked Terms Veteran DoD Transition

Table 25: Most frequently clustered terms in the linked terms Veteran DoD transition	Number of documents	Relevance to all content 0-1
Total documents	147	1
senator webb; senator craig; senator rockefeller;	11	0.0748
iraq afghanistan war veteran;	11	0.0748
specialty mental health;	9	0.0612
american legion position;	7	0.0476
chairman michaud; veteran affair subcommittee health; michaud chairman subcommittee health;	7	0.0476
live center; community live;	6	0.0408
independent live service;	6	0.0408
national association state;	6	0.0408
american legion fully;	6	0.0408
marriage family; family therapist;	5	0.034
chairman mitchell; mitchell chairman;	5	0.034

Table 25: Most frequently clustered terms in the linked terms Veteran DoD transition	Number of documents	Relevance to all content 0-1
military disability; disability retirement;	5	0.034
wound warrior care;	4	0.0272
brain injury rehabilitation;	4	0.0272
care rural; highly rural; office rural health;	4	0.0272
nca; cemetery administration;	4	0.0272
hamilton; booz allen;	3	0.0204
desert storm;	3	0.0204
service homeless veteran;	3	0.0204

Table 26

Most Frequent Word Clusters within Linked Terms Veteran to Benefit

Table 26 Most frequently clustered terms in the linked terms Veteran benefit	Number of documents	Relevance to all content 0-1
Total documents	339	1
nova; sample; bradley; reversal; appellant; appellate; office ro; allegiance; appeal bva; case board; rate claim; chief judge;	249	0.73451

Table 26 Most frequently clustered terms in the linked terms Veteran benefit	Number of documents	Relevance to all content 0- 1
Total documents	192	1
aloha; sander; burr member; member u.s.; rockefeller; patty murray; richard burr; senator burr; senator akaka; chairman akaka;	192	0.56637
care dod; invisible; care return; health affair; defense health; physical health; patient advocate; coordination care; return de	146	0.43068
labor dol; stop career; vet program; career center; state workforce; veteran outreach; civilian workforce; employment veteran; e	114	0.33628
bill h.r.; support h.r.;	112	0.33038
datum dod; record dod; share datum; health datum; share health; allergy datum; datum repository; share electronic; discharge sum	93	0.27434
close business; question close; answer enclose hear question; addition restate question entirety answer; due delay receive mail	84	0.24779
body system; diagnostic code;	78	0.23009
secretary gates; senior oversight committee;	75	0.22124
cost estimate; estimate cost;	74	0.21829
alto; tampa;	74	0.21829
joint dod; executive council;	71	0.20944
rate system; current disability;	69	0.20354
view bill; bill today; bill require; support intent; support provision;	68	0.20059
affair medical center; veteran affair medical;	68	0.20059

Table 26 Most frequently clustered terms in the linked terms Veteran benefit	Number of documents	Relevance to all content 0- 1
San Antonio;	68	0.20059
subject matter expert;	66	0.19469
vista; health information system;	64	0.18879
loss quality life; disability compensation system;	64	0.18879
respite; family caregiver;	64	0.18879
benefit improvement act; veteran benefit improvement;	64	0.18879
los angeles;	64	0.18879
chairman mitchell; subcommittee oversight investigation; investigation committee veteran affair; republican member subcommittee	62	0.18289
physical evaluation board;	62	0.18289
iraq afghanistan veteran america;	62	0.18289
legislative service veteran; service veteran foreign war; national legislative service; director national legislative; veteran	61	0.17994
yield balance time;	61	0.17994
national guard reserve member;	60	0.17699
veteran health administration u.s. department veteran;	60	0.17699
number servicemember; wound ill injure servicemember;	59	0.17404
injury center; care coordination; veteran brain injury;	59	0.17404
commission care; president commission; care america return wound warrior;	59	0.17404
conduct review; find recommendation;	59	0.17404
health veteran health; deputy secretary health; principal deputy secretary;	58	0.17109
mental health treatment;	58	0.17109

Table 26 Most frequently clustered terms in the linked terms Veteran benefit	Number of documents	Relevance to all content 0- 1
deputy director veteran; director veteran affair rehabilitation commission american legion; madam chairwoman; ms herseth sandlin; congressman boozman; ranking member boozman;	57	0.16814
chairwoman subcommittee; chairwoman herseth s	56	0.16519
vet center program; readjustment counsel service;	55	0.16224
special monthly compensation;	52	0.15339
veteran affair health;	52	0.15339
veteran america pva;	52	0.15339
department veteran affair department defense;	50	0.14749
director policy; policy government affair vietnam veteran;	49	0.14454
chairman michaud; subcommittee health;	49	0.14454
ac; ing; gram; veterans;	45	0.13274
ranking member buyer;	44	0.12979
carl; blake; legislative director paralyze veteran america;	43	0.12684
social security disability;	42	0.12389
iraq afghanistan war;	41	0.12094
income security; director education;	39	0.11504
salt lake city;	39	0.11504
transition unit; warrior transition;	39	0.11504
health care budget; advance appropriation;	38	0.11209
associate deputy; deputy secretary field operation;	37	0.10915
chief executive officer; president chief executive;	36	0.1062
certification test; skill certification;	36	0.1062

Table 26 Most frequently clustered terms in the linked terms Veteran benefit	Number of documents	Relevance to all content 0- 1
national association state;	35	0.10325
wound warrior project;	34	0.1003
representative congress state florida;	32	0.0944
employee representative; american federation government employee afl cio;	31	0.09145
return global war terror hero; task force return global war terror;	27	0.07965
service center manager;	25	0.07375
gulf war veteran illness; research advisory committee;	24	0.0708
national guard bureau;	24	0.0708
public health environmental hazard;	23	0.06785
sole source; service disabled veteran small business;	22	0.0649
ms finn;	15	0.04425

Table 27*Most Frequent Word Clusters within Linked Terms Veteran to Disability to Compensation*

There are 38 word clusters in the linked terms Veteran to disability to compensation in a total of 232 documents. In Table 27 the first significant column contains the content of the actions of legislative leadership in 146 of the 232 documents with a relevance of 62 percent to the entire content analysis.

Table 27: Most frequently clustered terms in the linked terms Veteran Disability Compensation	Number of documents	Relevance level 0-1
	232	1
amc; cpi; dro; afge; haas; nova; rvsr; scan; nvlsp; abrams; allege; forego; rubens; afl cio; bertone; de novo; walcoff; brokered	198	0.853448
ehr; mtf; prc; bhie; ahlt; pdhra; england; care dod; mild tbi; dod joint; fee basis; radiology; injure ill; injure oef; telehea	148	0.637931
webb; burris; johanns; member u.s.; rockefeller; richard burr; senator burr; u.s. senator; senator akaka; senator begich	146	0.62931
percent rate; disability decision;	83	0.357759
unfit; meb peb; dod disability;	69	0.297414
earn capacity; loss quality life; disability compensation system;	65	0.280172
state florida; representative congress state;	58	0.25
drink; increase risk;	58	0.25
admiral cooper;	57	0.24569
accrue benefit;	52	0.224138
president commission care america return wound warrior;	52	0.224138
hhs; department health human service;	49	0.211207

Table 27: Most frequently clustered terms in the linked terms Veteran Disability Compensation	Number of documents	Relevance level 0-1
ptsd treatment; treatment ptsd;	47	0.202586
result service connect disability;	46	0.198276
improvise explosive device;	46	0.198276
prepare statement Veteran health administration, U.S..health administration, U.S.		
department veteran;	45	0.193966
separate active duty;	44	0.189655
office public; environmental hazard;	43	0.185345
due delay receive mail provide response ms; provide answer consecutively letter size		
paper single space;	43	0.185345
service veteran foreign war; veteran foreign war unite state;	41	0.176724
subcommittee oversight investigation;	41	0.176724
individual unemployability;	40	0.172414
iraq afghanistan war veteran;	38	0.163793
iav; iraq afghanistan veteran america;	38	0.163793
veteran gulf war;	36	0.155172
ranking member buyer;	36	0.155172
law administer secretary;	35	0.150862
legionnaire; legion national;	34	0.146552
ischemic heart disease;	33	0.142241
county veteran service;	33	0.142241
regional office employee;	28	0.12069
president chief; chief executive officer;	27	0.116379
wound warrior program;	25	0.107759
engage combat enemy; veteran engage combat;	23	0.0991379

Table 27: Most frequently clustered terms in the linked terms Veteran Disability Compensation	Number of documents	Relevance level 0-1
senator craig; response write question submit hon;	19	0.0818966
vlj; travel board;	18	0.0775862

Table 28

Most Frequently Linked Terms to Veteran Service training

	Number of documents	Relevance to all content 0-1
Table 28: Most frequently clustered terms to Veteran Service training		
Total documents	242	1
amc; cpi; dro; ida; afge; nova; rvsr; scan; vcaa; nvlsp; abrams; forego; rubens; bertone; walcoff; brokered; reversal; stichman;	206	0.85124
webb; burris; johanns; member u.s.; rockefeller; richard burr; senator burr; u.s. senator; senator akaka; akaka chairman; chairm	177	0.731405
bill h.r.; bill amend; bill today; bill require; support bill; support h.r.; dav resolution; legislative hear;	127	0.524793
percent rate; degree disability; disability compensation program;	90	0.371901
care rural; office rural; rural health;	57	0.235537
craig; idaho;	57	0.235537
accrue benefit;	53	0.219008
commission care america return wound warrior; president commission care america return wound;	53	0.219008
deputy director veteran; director veteran affair rehabilitation commission american legion;	50	0.206612

	Number of documents	Relevance to all content 0-1
Table 28: Most frequently clustered terms to Veteran Service training		
Total documents	242	1
iav; iraq afghanistan veteran america;	50	0.206612
	47	0.194215
bob filner chairman committee; chairman committee veteran affair;		
department veteran affair department defense;	45	0.18595
iraq afghanistan war veteran;	41	0.169421
clinical practice guideline;	41	0.169421
transition unit; warrior transition;	41	0.169421
seek mental health;	40	0.165289
ranking member buyer;	40	0.165289
salt lake city;	39	0.161157
health care budget; advance appropriation;	37	0.152893
wu; chairman mitchell; mitchell chairman; investigation committee veteran affair; ranking republican member subcommittee oversight	36	0.14876
dtap; disabled transition assistance program;	36	0.14876
chief executive officer; president chief executive;	35	0.144628
national association state;	35	0.144628
vler; virtual lifetime; lifetime electronic record;	34	0.140496
american legion national;	34	0.140496
regional office employee;	32	0.132231
county veteran service officer;	32	0.132231

	Number of documents	Relevance to all content 0-1
Table 28: Most frequently clustered terms to Veteran Service training		
Total documents	242	1
wound warrior program;	32	0.132231
senator brown; senator murray;	28	0.115702
deplete uranium;	25	0.103306
vlj; travel board;	18	0.0743802
senator webb; senator rockefeller;	17	0.0702479
medical holdover;	15	0.0619835
ms finn;	14	0.0578512

Table 29

Most Frequent Word Clusters within Linked Terms Veteran to Claim

Table 29 : Most frequently clustered terms in the linked terms Veteran to claim	Number of documents	Relevance from 0-1
Total	322	1
nova; forego; sample; bradley; reversal; appellant; appellate; allegiance; appeal bva; case board; rate claim; chief judge; duty	242	0.751553
alto; tampa; care dod; richmond; datum dod; radiology; computable; level care; record dod; care return; share datum; health datu	190	0.590062
patty; murray; sander; member u.s.; rockefeller; richard burr; senator burr; senator akaka; chairman akaka; senator tester; rank	185	0.574534
independent budget; paralyze veteran america;	83	0.257764
support legislation; american legion support;	80	0.248447
close business; question close; answer enclose hear question; addition restate question entirety answer; due delay receive mail	78	0.242236
rate system; current disability;	69	0.214286
los angeles;	63	0.195652
secretary gates;	62	0.192547
transition active duty; active duty veteran status;	59	0.18323
mental health treatment;	58	0.180124
physical evaluation board;	58	0.180124
deputy director national; service veteran foreign war; director national legislative; veteran foreign war unite state; national	57	0.177019
conduct review; find recommendation;	57	0.177019

Table 29 : Most frequently clustered terms in the linked terms Veteran to claim	Number of documents	Relevance from 0-1
iraq afghanistan veteran america;	57	0.177019
national commander; american legion national;	56	0.173913
veteran health administration U.S. department veteran;	53	0.164596
national guard reserve member;	52	0.161491
office inspector general oig;	50	0.15528
special monthly compensation;	48	0.149068
veteran affair health;	48	0.149068
injure service member veteran; wound ill injure service member;	46	0.142857
width; height;	45	0.139752
salt lake city;	40	0.124224
ranking member buyer;	40	0.124224
iraq afghanistan war;	39	0.121118
clinical practice guideline;	37	0.114907
president chief; chief executive officer;	36	0.111801
regional office employee;	31	0.0962733

Table 30

Most Frequent Word Clusters within Linked Terms Veteran to Claim to Filing

Table 30: Linked terms to word clusters Veteran claim filing	Number of documents	Relevance 0-1
	193	1
amc; dro; nod; vlj; vsr; afge; haas; mahl; nova; scan; cohen; nvlsp; shred; abrams; forego; rubens; afl cio; bertone; de novo; h	161	0.834197
bill h.r.; support h.r.;	56	0.290155
admiral cooper;	54	0.279793
degree disability; disability compensation program;	51	0.264249
state florida; representative congress state;	48	0.248705
desert storm;	48	0.248705
president commission care america return wound warrior;	46	0.238342
craig; larry;	44	0.227979
smithson; deputy director veteran; affair rehabilitation commission american legion; veteran affair rehabilitation commission am	42	0.217617
adapt house; house grant;	40	0.207254
nca; national cemetery administration;	39	0.202073
hhs; department health human service;	39	0.202073
spinal cord injury;	38	0.196891
sexual assault;	38	0.196891
madam chair;	38	0.196891
af; ap; po; dis; ing; gram; ment; tient; tional; vet erans;	38	0.196891

Table 30: Linked terms to word clusters Veteran claim filing

	Number of documents	Relevance 0-1
law administer; administer secretary;	37	0.19171
social security disability;	36	0.186528
lake city; salt lake;	36	0.186528
bob filner chairman committee; chairman committee veteran affair;	36	0.186528
subcommittee oversight investigation;	35	0.181347
wound ill injure;	34	0.176166
benefit cost; cost estimate;	34	0.176166
veteran health administration u.s. department;	33	0.170984
ischemic heart disease;	33	0.170984
iav; iraq afghanistan veteran america;	31	0.160622
veteran gulf war;	30	0.15544
minor construction; state veteran home; advance appropriation;	30	0.15544
regional office employee;	29	0.150259
vler; virtual lifetime electronic record;	27	0.139896
county veteran service officer;	27	0.139896
carl; blake;	24	0.124352
american legion national;	22	0.11399
Booz allen;	16	0.082902

Table 31

Most Frequent Word Clusters within Linked Terms Veteran to Claim to Processing

	Number of documents	Relevance to all content
Table 31: Most frequently clustered terms within linked terms Veteran claim processing		
Total documents	210	1
Webb; Begich; Burris; Murray; Sander; Isakson; Johanns; Rockefeller; Senator Burr; U.S. Senator; Senator Akaka; Senator Craig; C vler; virtual lifetime electronic record;	73	0.34762
VBA; worksheet;	32	0.15238
support legislation; american legion support;	39	0.18571
	53	0.25238
subcommittee oversight investigation;	35	0.16667
special monthly; monthly compensation;	39	0.18571
sexual assault;	39	0.18571
service connect condition;	40	0.19048
san francisco;	24	0.11429
retire pay; concurrent receipt;	38	0.18095
regional office employee;	30	0.14286
quick start; start program;	18	0.08571
priority group; enrollment priority;	33	0.15714

Table 31: Most frequently clustered terms within linked terms Veteran claim processing	Number of documents	Relevance to all content
polytrauma system care;	18	0.08571
ph.d. ph;	33	0.15714
mental health diagnosis;	22	0.10476
lver; userra; employment training service; veteran employment training;	43	0.20476
Kirkpatrick; Halvorson Illinois;	36	0.17143
iom report; percent rate; rate criterion; military record; national academy; current disability; disability compensation program	92	0.4381
inspector general oig;	36	0.17143
ib; pva; carl; blake; atizado; paralyze veteran america;	55	0.26191
iav; iraq afghanistan veteran america;	42	0.2
hare; berkley;	43	0.20476
disease injury; injury disease;	50	0.2381
diagnose ptsd; veteran diagnose;	55	0.26191
craig; larry;	49	0.23333
county veteran service officer;	18	0.08571
commission report; commission recommend;	34	0.16191
cbo; cost estimate; estimate cost; congressional budget office;	52	0.24762

Table 31: Most frequently clustered terms within linked terms Veteran claim processing	Number of documents	Relevance to all content
Booz Allen;	17	0.08095
bed; chu; ehr; hec; jec; moa; mtf; prc; bhie; ahlta; hipaa; pdhra; tampa; wramc; allergy; amputee; england; fitness; hotline; li	159	0.75714
ap; ce; aft; eff; ing; rec; gram; ment; offi; youth; benefi; editor; fi rst; fi scal; adjutant; donation; veterans; legionnaire	110	0.52381
american legion recommend;	32	0.15238
american legion legislative;	18	0.08571
amc; cna; dro; nod; soc; vlj; vsr; afge; haas; mahl; nova; rule; scan; cohen; nexus; nvlsp; shred; abrams; allege; docket; foreg	167	0.79524
admiral cooper;	49	0.23333

Table 32

Most Frequent Word Clusters within Linked Terms Veteran to Claim Decision

Table 32: Most frequently clustered terms in the linked terms Veteran claim decision	Number of documents	Relevance to all content 0-1
Total documents	212	1
amc; dro; nod; vlj; vsr; afge; haas; nova; scan; cohen; nvlsp; abrams; rubens; afl cio; de novo; vetsnet; walcoff; brokered; rev	170	0.801887
ac; ap; ce; po; aft; aug; dis; eff; frm; ing; jkt; rec; rst; gram; ment; offi; scal; sfmt; benefi; aff air; verdate; veterans;	106	0.5
webb; burris; isakson; rockefeller; richard burr; senator burr; u.s. senator; senator akaka; chairman akaka; senator begich; sen	75	0.353774
activate; guardsman; national guard member;	66	0.311321
state florida; bob filner chairman; ranking member buyer; representative congress state;	55	0.259434
admiral cooper;	53	0.25
craig; idaho;	52	0.245283
ph.d. ph; prepare statement dr; veteran health administration u.s.;	51	0.240566

Table 32: Most frequently clustered terms in the linked terms Veteran claim decision	Number of documents	Relevance to all content 0-1
HHS; health center; department health human service;	50	0.235849
American legion fully; american legion support;	44	0.207547
field operation; associate deputy secretary;	43	0.20283
sexual assault;	42	0.198113
veteran benefit improvement act;	42	0.198113
iav; iraq afghanistan veteran america;	41	0.193396
Lake city; salt lake;	40	0.188679
spinal cord injury;	40	0.188679
dole shalala commission;	40	0.188679
law administer; administer secretary;	36	0.169811
social security disability;	36	0.169811
timely predictable; advance appropriation; veteran health care budget reform;	35	0.165094
madam chairwoman; ms herseth sandlin; ranking member boozman; subcommittee economic opportunity;	34	0.160377
county veteran service officer;	34	0.160377
ischemic heart disease;	33	0.15566
vler; virtual lifetime; lifetime electronic record;	31	0.146226
regional office employee;	31	0.146226

Table 32: Most frequently clustered terms in the linked terms Veteran claim decision	Number of documents	Relevance to all content 0-1
commission care America return wound warrior;	31	0.146226
subcommittee oversight investigation;	29	0.136792
san francisco;	28	0.132075
date enactment act;	27	0.127358
carl; blake;	27	0.127358
veteran gulf war;	26	0.122642
theater combat operation;	19	0.089623
plot allowance;	18	0.084906
projection model; enrollee health care;	16	0.075472
senator webb; senator rockefeller;	14	0.066038
american legion legislative;	14	0.066038
Others	8	0.037736

Table 33

Most Frequent Word Clusters within Linked Terms Veteran to Claim to Backlog

Table 33: Most frequently clustered terms in the linked terms Veteran claims backlog	Number of documents	Relevance to all content 0-1
Total documents	210	1
amc; cna; dro; nod; soc; vlj; vsr; afge; haas; mahl; nova; rule; scan; cohen; nexus; nvlsp; shred; abrams; allege; docket; foreg	167	0.795238
bed; chu; ehr; hec; jec; moa; mtf; prc; bhie; ahlt; hipaa; pdhra; tampa; wramc; allergy; amputee; england; fitness; hotline; li	159	0.757143
ap; ce; aft; eff; ing; rec; gram; ment; offi; youth; benefi; editor; fi rst; fi scal; adjutant; donation; veterans; legionnaire	110	0.52381
iom report; percent rate; rate criterion; military record; national academy; current disability; disability compensation program	92	0.438095
webb; begich; burris; murray; sander; isakson; johanns; rockefeller; senator burr; u.s. senator; senator akaka; senator craig; c	73	0.347619
ib; pva; carl; blake; atizado; paralyze veteran america;	55	0.261905
diagnose ptsd; veteran diagnose;	55	0.261905
support legislation; american legion support;	53	0.252381

Table 33: Most frequently clustered terms in the linked terms Veteran claims backlog	Number of documents	Relevance to all content 0-1
cbo; cost estimate; estimate cost; congressional budget office;	52	0.247619
disease injury; injury disease;	50	0.238095
admiral cooper;	49	0.233333
craig; larry;	49	0.233333
lver; userra; employment training service; veteran employment training;	43	0.204762
hare; berkley;	43	0.204762
iav; iraq afghanistan veteran america;	42	0.2
service connect condition;	40	0.190476
vba vha; worksheet;	39	0.185714
sexual assault;	39	0.185714
special monthly; monthly compensation;	39	0.185714
retire pay; concurrent receipt;	38	0.180952
kirkpatrick; halvorson illinois;	36	0.171429
inspector general oig;	36	0.171429
subcommittee oversight investigation;	35	0.166667
commission report; commission recommend;	34	0.161905
priority group; enrollment priority;	33	0.157143
ph.d. ph;	33	0.157143
vler; virtual lifetime electronic record;	32	0.152381
american legion recommend;	32	0.152381
regional office employee;	30	0.142857
san francisco;	24	0.114286

Table 33: Most frequently clustered terms in the linked terms Veteran claims backlog	Number of documents	Relevance to all content 0-1
mental health diagnosis;	22	0.104762
quick start; start program;	18	0.0857143
American legion legislative;	18	0.0857143
County veteran service officer;	18	0.0857143
polytrauma system care;	18	0.0857143
Booz allen;	17	0.0809524
Others	8	0.0380952

Table 34

Entity Extraction to Determine Leaders of the Policy Subsystem

Coalition Leaders by Confidence level of .95 or higher

These leaders are most significant to the documents they are listed in. Leaders highlighted have greatest confidence levels plus highest frequencies listed in entire content analysis. There is a total of 4,220 individual people mentioned in this content analysis.

First Name	Middle Name	Last Name	Attribute	Gender	Confidence	Support	Frequency
Curtis	S	Crouch	Chairman	Male	0.98	1	3
Donald	E	White	Chairman	Male	0.98	1	2
Henry	E	Brown	Congressman	Male	0.97	24	134
George	E	Anderson	Mr.	Male	0.97	4	9
David	C	Bryan		Male	0.97	1	8
John		Zachodny	Mr.	Male	0.97	1	4
Larry		Bowling	Corporal	Male	0.97	1	4
John	S	Odom		Male	0.97	1	3
John	J	Clarke		Male	0.97	1	2
George	W	Casey		Male	0.97	1	1
George		Buskirk		Male	0.97	1	1
Kenny	M	Visage		Male	0.97	1	1
Raymond		Giehll		Male	0.97	1	1
Bob		Filner	Representative	Male	0.96	83	1134

First Name	Middle Name	Last Name	Attribute	Gender	Confidence	Support	Frequency
William	P	Greene	Judge	Male	0.96	10	161
Robert	L	Neary	Mr.	Male	0.96	4	142
Eric	A.	Hilleman	Mr. Inspector	Male	0.96	9	134
George	J	Opfer	General	Male	0.96	10	80
Charles	W	Hoge	Colonel	Male	0.96	10	71
Glenn	D	Haggstrom	Boss , Mr.	Male	0.96	5	69
Karen		Guice	Dr.	Female	0.96	8	66
Jonathan	M	Samet	Dr.	Male	0.96	5	56
Martin	Luther	King	Mr.	Male	0.96	10	34
Melissa		McDiarmid	Dr.	Female	0.96	2	32
Raymond	C	Bjorklund	Colonel	Male	0.96	2	30
Alec	S	Petkoff	Mr.	Male	0.96	1	15
David	K	Schettler	Mr.	Male	0.96	3	13
Michael	W	Weiner	Captain	Male	0.96	3	12
Jeanne		Mager	Investigator Dr.	Female	0.96	3	3
Cheryl	Lynn	Sagester	Manager , Ms.	Female	0.96	1	2
Dion	S	Trahan	Director	Male	0.96	1	2
Mike	R	Sather	Director	Male	0.96	1	1
Daniel	K	Akaka	Chairman	Male	0.95	52	1973
John		Boozman	Mr.	Male	0.95	56	1301
Michael	H	Michaud	Chairman	Male	0.95	55	1276
Doug		Lamborn	Mr.	Male	0.95	53	1125
Eric	K	Shinseki	General	Male	0.95	95	1087

First Name	Middle Name	Last Name	Attribute	Gender	Confidence	Support	Frequency
Ginny	L	Brown-Waite	Ms.	Female	0.95	37	971
Ciro	D	Rodriguez	Mr.	Male	0.95	35	710
Michael	J	Kussman	Dr.	Male	0.95	31	616
John	D	Rockefeller	Chairman	Male	0.95	42	292
Ronald	R	Aument	Mr.	Male	0.95	9	260
Richard	F	Weidman	Mr.	Male	0.95	17	241
Linda	J	Bilmes	Professor	Female	0.95	33	233
John	M	McWilliam	Mr.	Male	0.95	14	203
Matthew		Snyder	Mr.	Male	0.95	23	182
Diana	M	Rubens	Ms.	Female	0.95	15	178
Catherine	A.	Trombly	Ms.	Female	0.95	3	168
Robert	A.	Petzel	Dr.	Male	0.95	10	152
Peter	L	Levin	Officer	Male	0.95	7	102
William	F	Feeley	Mr.	Male	0.95	10	96
Gregory	A.	Timberlake	Admiral	Male	0.95	3	93
Marlin	A.	Stutzman	Mr.	Male	0.95	8	93
Thomas	J	Berger	Dr.	Male	0.95	6	90
Scott	F	Denniston	Mr.	Male	0.95	2	77
Timothy	J	Walz	Congressman	Male	0.95	21	76
Joseph	E	Stiglitz	Dr.	Male	0.95	6	68
Anthony	R	Jimenez	Mr.	Male	0.95	2	54
Barton	F	Stichman	Mr.	Male	0.95	13	51
John	F	McGarry	Mr.	Male	0.95	3	51
Jacob	B	Gadd	Mr.	Male	0.95	5	50

First Name	Middle Name	Last Name	Attribute	Gender	Confidence	Support	Frequency
Gary	A.	Christopherson	Mr.	Male	0.95	3	45
Blake	C	Ortner	Mr.	Male	0.95	3	42
Jonathan	L	Haas	Commander	Male	0.95	6	41
Casey	A.	Owens	Corporal	Male	0.95	1	36
David	K	Rehbein	Commander	Male	0.95	7	35
Jack	B	Alderson	Commander	Male	0.95	1	30
Ann	G	Knowles	Ms.	Male	0.95	3	29
Han	K	Kang	Dr.	Male	0.95	6	28
Jon	A.	Wooditch	Mr.	Male	0.95	3	28
Eric	B	Schoomaker	General	Male	0.95	2	27
Gary	M	Ishikawa	General	Male	0.95	1	27
Cheryl		Beversdorf	Ms.	Female	0.95	2	25
Walter	J	Tafe	Mr.	Male	0.95	1	24
Robert	F	Hedelund	General	Male	0.95	1	23
Paul	A.	Morin	Commander	Male	0.95	3	22
Roger	D	Peterman	Colonel	Male	0.95	1	22
James	H	Binns	Director	Male	0.95	5	21
Barbara		Fleming	Officer , Dr.	Female	0.95	1	19
James	M	Inhofe	Senator	Male	0.95	5	19
Janice	L	Krupnick	Dr.	Female	0.95	1	19
Donald	A.	Blosser	Sergeant	Male	0.95	1	18
Barbara		Oliver	Director , Ms.	Female	0.95	4	17
James	E	Koutz	Commander	Male	0.95	8	17
Ronald	R	Blanck	Dr.	Male	0.95	1	17

First Name	Middle Name	Last Name	Attribute	Gender	Confidence	Support	Frequency
Thomas	M	Lastowka	Director	Male	0.95	4	16
Ole	D	Lassegard	Mr.	Male	0.95	1	15
Robert	W	Spanogle	Commander	Male	0.95	5	14
Sean	D	Johnson	Sergeant	Male	0.95	1	9
Sam		Wright	Captain	Male	0.95	1	8
Charles		Campbell	Officer , Mr.	Male	0.95	2	6
Jack	C	Stultz	General	Male	0.95	3	5
Kristin	M	Poe	Mrs.	Female	0.95	1	5
Kenneth		Reinhard	Psychologist , Dr.	Male	0.95	2	4
Michael	S	Xydakis	Colonel commander	Male	0.95	2	4
Irvin	M	Etzold	Mr.	Male	0.95	1	3
Michael	V	Kostiw	Director	Male	0.95	3	3
Daniel	W	Rahn	President	Male	0.95	1	2
Donald		Gagliano	director , COL	Male	0.95	2	2
Jim		Jones	Advisor	Male	0.95	1	2
Linda		Watson	Director , Ms.	Female	0.95	1	2
Matthew	B	Heavrin	Mr.	Male	0.95	1	2
Michael	L	Dominquez	Mr.	Male	0.95	1	2
Norman	C	Lachapelle	Commander	Male	0.95	1	2
Steven	P	Strobridge	Colonel	Male	0.95	1	2
Todd		Wagner	Economist , Dr.	Male	0.95	2	2
Anthony	C	O'Bryant	Spokesman	Male	0.95	1	1

First Name	Middle Name	Last Name	Attribute	Gender	Confidence	Support	Frequency
Barbara	A.	Mikulski	Senator	Female	0.95	1	1
Carol	A.	Coggins	Commander	Male	0.95	1	1
Collette		Wallace	Manager , Ms.	Female	0.95	1	1
Francis		Collins	Director , Dr.	Male	0.95	1	1
James	B	Cardwell	Commissioner	Male	0.95	1	1
John	C	Coughenour	Judge	Male	0.95	1	1
John	G	Winant	Chairman	Male	0.95	1	1
John	G	Winant-a	Chairman	Male	0.95	1	1
Jon		Larson	President , Dr. Programmer	Male	0.95	1	1
Kathleen		Burns	Dr. Commander ,	Female	0.95	1	1
Loree		Sutton	Dr.	Female	0.95	1	1
Peter	S	Gayan	Mr.	Male	0.95	1	1
Philip	B	Onder	Advocate	Male	0.95	1	1
William	E	Galbraith	Commander	Male	0.95	1	1
William	S	Crowder	Dr.	Male	0.95	1	1
		Hefferman	Resident , Dr.		0.95	1	1

Table 35*All Coalition Leaders by Frequency Mentioned in Entire Content Analysis*

First Name	Middle Name	Last Name	Attribute	Gender	Confidence	Support	Frequency
Jeffrey	C	Hall	Mr.	Male	0.92	79	2873
Daniel	K	Akaka	Chairman	Male	0.95	52	1973
Gulf		War	Veteran		0.87	2	1917
Harry	E	Mitchell	Chairman	Male	0.94	59	1902
Summary		Mental	Executive		0.86	2	1608
Research		Advisory	Director		0.87	4	1554
Herseth		Sandlin	Chairwoman		0.9	22	1392
Stephanie		Herseth	Chairwoman	Female	0.94	42	1316
John		Boozman	Mr.	Male	0.95	56	1301
Michael	H	Michaud	Chairman	Male	0.95	55	1276
Bob		Filner	Representative	Male	0.96	83	1134
Walter		Reed	Mr.	Male	0.9	97	1132
Doug		Lamborn	Mr.	Male	0.95	53	1125
Richard	M	Burr	Senator	Male	0.92	47	1104
Eric	K	Shinseki	General	Male	0.95	95	1087
Ginny	L	Brown-Waite	Ms.	Female	0.95	37	971
Malcom	A.	Shorter	Director	Male	0.55	131	880
John	J	Hall	Chairman	Male	0.94	50	861
Patty		Murray	Senator	Female	0.92	52	849
Transition		Assistance	Guard		0.87	6	843
Jon		Tester		Male	0.89	41	786

First Name	Middle Name	Last Name	Attribute	Gender	Confidence	Support	Frequency
Tim		Walz	Mr.	Male	0.94	65	757
Ciro	D	Rodriguez	Mr.	Male	0.95	35	710
Jerry		McNerney	Mr.	Male	0.94	135	695
Business		Outreach	Veteran		0.86	1	676
Jesse		Brown	Mr.	Male	0.94	43	616
Michael	J	Kussman	Dr.	Male	0.95	31	616
James	Terry	Scott	Ms.	Male	0.94	27	588
Kerry	L	Baker	Mr.	Male	0.94	34	576
Senator		Burr	Chairman		0.87	7	563
Secretary		Gould	Deputy		0.9	8	561
VA		Sierra	Director		0.87	1	547
H		Rept			0.59	9	514

Table 36

Coalition Leaders by Belief – Frequency equals 262 total names

FirstName	Middle Name	LastName	Attribute	Gender	Confidence	Support	Frequency
John	J	Hall	Chairman	Male	0.93	4	301
Las		Vegas		Male	0.92	1	121
Doug		Lamborn	Mr.	Male	0.95	3	98
C	A.	Sec			0.56	1	88
Jerry		McNerney	Mr.	Male	0.93	5	62
Gulf		War	Pilot		0.87	1	61

FirstName	Middle Name	LastName	Attribute	Gender	Confidence	Support	Frequency
Jon		Runyan	Chairman	Male	0.94	2	58
Thomas	J	Murphy	Mr.	Male	0.92	1	54
Chairman		Hall	Chairman		0.87	1	50
William	P	Greene		Male	0.93	1	45
Orange		Act	Agent		0.86	1	43
Dean	G	Kilpatrick	Dr.	Male	0.94	2	34
Kerry		Baker	Mr.	Male	0.9	2	33
Tim		Walz	Mr.	Male	0.93	2	33
John	R	Campbell	Mr.	Male	0.92	1	33
James	Terry	Scott	Mr.	Male	0.92	2	32
Carl		Harris	Dr.	Male	0.91	2	31
H		Hyman			0.51	1	30
Jonathan	M	Samet	Dr.	Male	0.94	1	30
Joseph	E	Kelley		Male	0.91	1	30
Frank		Logalbo	Mr.	Male	0.93	1	29
Lonnie		Bristow	Dr.	Male	0.94	1	29
Daniel		Bertoni	Mr.	Male	0.93	1	28
Ian	C	Legion		Male	0.8	1	28
Theodore		Jarvi	Mr.	Male	0.94	1	28
D	C	Congress			0.57	1	27
Sidney		Weissman	Dr.	Male	0.93	1	27

Table 37*Organizations*

There are 1683 organizations listed in this entire content analysis.

Table 37

Full Name		Industry	Confidence	Support	Frequency
Department of Defense		Military	0.7	227	25293
Veterans of Foreign Wars			0.7	105	1500
Medical Center	Center		0.7	133	1104
Free Papua Movement		Politics	0.6	38	827
Institute of Medicine	Institute		0.85	80	692
Food and Drug Administration		Health	0.7	26	658
Department of Housing Urban Development			0.6	33	621
VA Medical Centers	Medical Centers		0.8	131	602
Small Business Administration General Services Administration			0.7	36	550
Disability Benefits Commission	Commission		0.7	21	544
VA Hospital	Hospital	Medicine	0.73	76	540
Office of Management Budget		Finance	0.7	115	463
Walter Reed Army Medical	Medical Center		0.7	60	448
			0.8	70	433

Table 37

Full Name	Industry	Confidence	Support	Frequency	
Center					
International Development Association		0.6	25	412	
Vet Center	Center	0.7	82	411	
VA Healthcare	Healthcare	0.7	31	384	
U.S. Department of Defense	Department of Defense	0.8	96	320	
National Association	Association	0.7	54	257	
Appeals Management Center	Center	0.7	33	245	
Harvard	University	Education	0.7	49	214
Internal Revenue Service		0.7	60	213	
REHABILITATION COMMISSION	COMMISSION	0.7	62	203	
Call Center	Center	0.7	49	202	
National Naval Medical Center	Naval Medical Center	0.8	35	189	
National Center	Center	0.7	58	180	
Dole-Shalala Commission	Commission	0.7	49	179	
Commonwealth of Independent States		Politics	0.6	8	176
Employment and Training Administration		0.7	14	163	

Table 37

Full Name	Industry	Confidence	Support	Frequency
President's Commission on Care for America's Returning Wounded Warriors	Commission	0.97	40	158
Office of the Secretary of Defense		0.7	31	155
American Psychological Association	Medicine	0.7	27	149
National Institute of Health	Health	0.7	31	148
Environmental Protection Agency		0.6	11	146
Nuclear Regulatory Commission	Energetics	0.6	2	144
Polytrauma Rehabilitation Centers	Rehabilitation Centers	0.8	35	144
High School	School	0.7	64	136
Outpatient Clinic	Clinic	0.73	40	127
Community-Based Outpatient Clinics	Outpatient Clinics	0.8	44	124
Migrants' Rights International		0.6	30	124
VA Polytrauma Centers	Polytrauma Centers	0.8	28	123
Human Capital	Capital	0.7	31	122

Table 37

Full Name		Industry	Confidence	Support	Frequency
United States Air Force		Military	0.7	32	119
Other Federal agencies	Federal agencies		0.8	55	117
Federal Housing Administration			0.7	7	109
Polytrauma Center	Center		0.7	40	109
State Approving Agency	Agency		0.8	8	107
Center of Excellence	Center		0.85	27	99
Service Center	Center		0.7	37	98
Veterans Brain Injury Center	Center		0.7	32	95
Central Intelligence Agency		Military	0.7	4	94
Federal Agency	Agency Information		0.8	42	89
Health Information Technology	Technology		0.8	17	88
Institute for Defense Analyses	Institute		0.85	23	86
Rural Healthcare	Healthcare		0.7	8	81
Health Center	Center		0.7	27	80
North American Securities Administrators Association			0.6	3	78
Legislative Commission	Commission		0.7	28	70
Veterans Affairs Medical Center	Center		0.7	26	70
Medical School	School	Education	0.7	29	69

Table 37

Full Name		Industry	Confidence	Support	Frequency
American Psychiatric Association	Association		0.7	18	65
Center for Naval Analyses	Center		0.85	26	62
Community Living Center	Center		0.7	9	61
Environmental Protection Agency			0.7	12	61
Joint Commission	Commission		0.7	24	60
American Medical Association	Association		0.7	26	59
Drug Enforcement Administration		Law	0.7	11	58
Naval Hospital	Hospital	Medicine	0.73	26	57
Harvard University	University	Education	0.7	24	56
President's Commission	Commission		0.7	16	55
Training Institute	Institute		0.7	22	55
Adaptive Equipment	Equipment		0.7	22	54
One-Stop Career Centers	Career Centers		0.8	16	53
DoD Medical Centers	Medical Centers		0.8	6	52
Research Center	Center		0.7	25	50
Clinical Center	Center		0.7	16	48
Disability Commission	Commission		0.7	27	48
Economic Commission for Africa			0.6	8	48

Table 37

Full Name		Industry	Confidence	Support	Frequency
Military Police	Police	Law	0.7	19	48
National Institute	Institute		0.7	15	48
National Military Family Association	Association		0.7	8	46
Resource Center	Center		0.7	20	46
Reusable Medical Equipment	Equipment		0.7	4	46
VA Clinic	Clinic	Medicine	0.73	24	45
Mayo Clinic	Clinic	Medicine	0.73	21	44
National Park Service			0.7	3	44
Rehabilitation Center	Center		0.7	24	44
Every VA medical center	VA medical center		0.8	26	43
Defense Threat Reduction Agency		Military	0.7	3	42
Polytrauma Support Clinic	Clinic	Medicine	0.73	13	42
National Aeronautics and Space Administration		Space	0.6	9	41
National Economic Commission	Commission		0.7	13	41
Army Hospital	Hospital	Medicine	0.73	25	40
Bethesda National Naval Medical Center	National Naval Medical Center		0.8	14	40
National Acquisition Center	Center		0.7	9	40

Table 37

Full Name		Industry	Confidence	Support	Frequency
Winter Sports Clinic	Clinic	Medicine	0.73	17	40
American Civil Liberties Union		Law	0.6	2	38
Bradley Commission	Commission		0.7	12	38
Mental Health Centers	Health Centers		0.8	11	38
Transition Assistance Advisors	Advisors		0.7	19	38
State Workforce Agency	Agency		0.8	8	37
Community College	College	Education	0.7	21	36
Richmond VA Polytrauma Centers	VA Polytrauma Centers		0.8	4	36
United Nations Special Commission			0.6	1	36
VA Center	Center VA Medical		0.7	16	36
Augusta VA Medical Center	Center		0.8	11	35
Medical University of South Carolina	University	Education	0.7	11	35
George Mason University	University	Education	0.7	4	34
Trust Fund	Fund		0.8	3	34
American Postal Workers Union		Communications	0.7	1	33
Center for Veterans Enterprise	Center		0.85	9	33
Federal Bar Association	Association		0.7	6	33

Table 37

Full Name		Industry	Confidence	Support	Frequency
National Rural Health Association	Association		0.7	5	33
Presidential Commission	Commission		0.7	29	33
Community Health Centers	Health Centers		0.8	4	32
Commission on Accreditation	Commission		0.85	15	31
Kennedy School of Government	School	Education	0.7	13	31
Columbia University	University	Education	0.7	16	29
South Dakota State Approving Agency	Agency		0.8	3	29
University of Texas	University	Education	0.7	13	29
Veterans Consortium	Consortium		0.7	23	29
Care Clinic	Clinic	Medicine	0.73	12	28
Occupational Safety and Health Administration			0.7	4	28
American Battle Monuments Commission	Commission		0.7	10	27
Army Community Hospital	Hospital	Medicine	0.73	10	27
Care Center	Center		0.7	14	27

Appendix G:

United States Veterans' Disability Compensation and Supporting Legislation Introduced
by the US Congress from January 2007-August 2013

110th Congress House Hearings

April 17, 2007

H.R. 1435, Department of Veterans Affairs Claims Backlog Reduction Act of 2007

H.R. 1444, To direct the Secretary of VA to make interim benefits payments under certain remanded claims, and for other purposes,

H.R.92 - Veterans Timely Access to Health Care Act

H.R. 315, House hearing, 110th Congress - Help Establish Access to Local Timely Healthcare for Your Vets (HEALTHY Vets) Act of 2007

H.R. 339 (110th) Veterans Outpatient Care Access Act of 2007

H.R.463 - Honor Our Commitment to Veterans Act

H.R. 538 (110th): South Texas Veterans Access to Care Act of 2007

H.R.542 - To require the Department of Veterans Affairs to provide mental health services in languages other than English, as needed, for veterans with limited English proficiency, and for other purposes

H.R.1426 - Richard Helm Veterans' Access to Local Health Care Options and Resources Act

H.R. 1470 (110th): Chiropractic Care Available to All Veterans Act

H.R.1471 Latest Title: Better Access to Chiropractors to Keep our Veterans Healthy Act (BACK Veterans Health Act)

H.R.1527 - Rural Veterans Access to Care Act

H.R.1944 -- Veterans Traumatic Brain Injury Treatment Act of 2007

June 14, 2007

H.R. 1448: VA Hospital Quality Report Card Act of 2007

H.R.1853 -- Jose Medina Veterans Affairs Police Training Act of 2007 (Introduced in House - IH)

June 19, 2007

H.R. 156 - To amend title 38, United States Code, to provide for the payment of dependency and indemnity compensation to the survivors of former prisoners of war who died on or before September 30, 1999, under the same eligibility conditions as apply to payment of dependency and indemnity compensation to the survivors of former prisoners of war who die after that date

H.R. 704 - To amend title 38, United States Code, to reduce from age 57 to age 55 the age after which the remarriage of the surviving spouse of a deceased veteran shall not result in termination of dependency and indemnity compensation otherwise payable to that surviving spouse

June 21, 2007

H.R. 1750- To amend the Service members Civil Relief Act to extend from 90 days to one year the period after release of a member of the Armed Forces from active duty during which the member is protected from mortgage foreclosure under that Act.

H.R. 1824 To amend title 38, United States Code, to expand the scope of programs of education for which accelerated payments of educational assistance under the Montgomery GI Bill may be used, and for other purposes.

H.R. 1598 To amend the Service members Civil Relief Act to protect the credit of service members deployed to an overseas combat zone and to facilitate awareness of a service member's rights under such Act, and for other purposes.

H.R. 1315 To amend title 38, United States Code, to provide specially adaptive housing assistance to certain disabled members of the Armed Forces residing temporarily in housing owned by a family member.

H.R. 1240 To direct the Secretary of Veterans Affairs to establish a scholarship program for students seeking a degree or certificate in the areas of visual impairment and orientation and mobility. (Introduced in House - IH)

H.R. 675 To amend title 38, United States Code, to increase the amount of assistance available to disabled veterans for specially adapted housing and to provide for annual increases in such amount.

H.R. 1273 To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to restore plot allowance eligibility for veterans of any war and to restore the headstone or marker allowance for eligible persons.

H.R. 1900 To amend title 38, United States Code, to extend eligibility for pension benefits under laws administered by the Secretary of Veterans Affairs to veterans who received an expeditionary medal during a period of military service other than a period of war.

H.R. 1901 To amend title 38, United States Code, to extend eligibility for pension benefits under laws administered by the Secretary of Veterans Affairs to veterans who served during certain periods of time in specified locations.

H.R. 2346 To direct the Secretary of Veterans Affairs to establish a process for determining whether a geographic area is sufficiently served by the national cemeteries located in that geographic area.

H.R. 2696

To amend title 38, United States Code, to increase assistance for veterans interred in cemeteries other than national cemeteries, and for other purposes

H.R. 2697

To amend title 38, United States Code, to expand eligibility for veterans' mortgage life insurance to include members of the Armed Forces receiving specially adapted housing assistance from the Department of Veterans Affairs.

2007

H.R. 92 To amend title 38, United States Code, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs, and for other purposes.

HR 315

To amend title 38, United States Code, to require the Secretary of Veterans Affairs to enter into contracts with community health care providers to improve access to health care for veterans in highly rural areas, and for other purposes.

H.R. 675

To amend title 38, United States Code, to increase the amount of assistance available to disabled veterans for specially adapted housing and to provide for annual increases in such amount.

H.R. 1273

To amend title XVIII of the Social Security Act to apply the additional Medicare HITECH payment provisions to hospitals in Puerto Rico.

H.R. 5595

Help Establish Access to Local Timely Healthcare for Your Vets (HEALTHY Vets) Act of 2007

H.R. 3047 Veterans Claims Processing Innovation Act of 2007

H.R. 3249 Veterans Burial Benefits Improvement Act of 2007 (Introduced in House - IH)

Allows veterans' disability compensation benefits to be paid to the survivor of a veteran whose service-connected disability was continuously rated totally disabling for at least one year immediately preceding death. (Current law allows such survivor right of

payment if the disability was rated total for periods of up to ten years under various circumstances.)

H.R. 3415 To amend title 38, United States Code, to authorize the placement in a national cemetery of memorial markers for the purpose of commemorating service members or other persons whose remains... (Introduced in House - IH)

H.R. 3954 To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to reimburse certain volunteers who provide funeral honors details at the funerals of veterans.

H.R. 4084 To amend title 38, United States Code, to require a study on the Department of Veterans Affairs schedule for rating disabilities, to provide for the treatment of claims under laws administered by the Secretary of Veterans Affairs in the case of the death of a claimant, to require an annual report on the workload of the Court of Appeals for Veteran Claims, and for other purposes.

H.R. 2790 To amend title 38, United States Code, to establish the position of Director of Physician Assistant Services within the office of the Under Secretary of Veterans Affairs for Health

H.R. 3458 To direct the Secretary of Veterans Affairs to carry out a pilot program on the provision of traumatic brain injury care in rural areas

H.R. 3819 Veterans Emergency Care Fairness Act of 2008

H.R. 4053 Mental Health Improvements Act of 2007

H.R. 4107 Women Veterans Health Care Improvement Act

H.R. 4146 To amend title 38, United States Code, to clarify the availability of emergency medical care for veterans in non-Department of Veterans Affairs medical facilities.

H.R. 4204 To direct the Secretary of Veterans Affairs to conduct a study on suicides among veterans

H.R. 4231 Rural Veterans Health Care Access Act of 2007 (Introduced in House - IH)

H.R. 1137 To amend title 38, United States Code, to increase to \$2,000 the amount of the Medal of Honor special pension under that title and to provide for payment of that pension to the surviving spouse (Introduced in House - IH)

H.R. 3047 Veterans Claims Processing Innovation Act of 2007

H.R. 3249 Veterans Burial Benefits Improvement Act of 2007 (Introduced in House - IH)

H.R. 3286 To amend title 38, United States Code, to reduce the period of time for which a veteran must be totally disabled before the veteran's survivors are eligible for the benefits provided. (Introduced in House - IH)

H.R. 3415 To amend title 38, United States Code, to authorize the placement in a national cemetery of memorial markers for the purpose of commemorating service members or other persons whose remains are interred in an American Battle Monuments Commission cemetery.

H.R. 3954 To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to reimburse certain volunteers who provide funeral honors details at the funerals of veterans.

H.R. 4084 Veterans Quality of Life Study Act of 2007 (Introduced in House - IH)

H.R. 2790 To amend title 38, United States Code, to establish the position of Director of Physician Assistant Services within the office of the Under Secretary of Veterans Affairs for Health.

H.R. 3458 To direct the Secretary of Veterans Affairs to carry out a pilot program on the provision of traumatic brain injury care in rural areas.

H.R. 3819 Veterans Emergency Care Fairness Act of 2008

H.R. 4053 Mental Health Improvements Act of 2007

H.R. 4107 Women Veterans Health Care Improvement Act

H.R. 4146 To amend title 38, United States Code, to clarify the availability of emergency medical care for veterans in non-Department of Veterans Affairs medical facilities.

H.R. 4204 Veterans Suicide Study Act

H.R. 4231 Rural Veterans Health Care Access Act of 2007 (Introduced in House - IH)

H.R. 2818 To amend title 38, United States Code, to provide for the establishment of Epilepsy Centers of Excellence in the Veterans Health Administration of the Department of Veterans Affairs.

H.R. 1901 To amend title 38, United States Code, to extend eligibility for pension benefits under laws administered by the Secretary of Veterans Affairs to veterans who served during certain periods of time in specified locations.

H.R. 2697 To amend title 38, United States Code, to expand eligibility for veterans' mortgage life insurance to include members of the Armed Forces receiving specially adapted housing assistance from the Department of Veterans Affairs.

HR 92 To amend title 38, United States Code, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs, and for other purposes. Veterans Affairs, and for other purposes. Veterans Timely Access to Health Care Act

HR 315

Help Establish Access to Local Timely Healthcare for Your Vets (HEALTHY Vets) Act of 2007

H.R. 675 To amend title 38, United States Code, to increase the amount of assistance available to disabled veterans for specially adapted housing and to provide for annual increases in such amount. H.R. 1273

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to restore plot allowance eligibility for veterans of any war and to restore the headstone or marker allowance for eligible persons. H.R. July 31, 2007

H.R. 5554 Veterans Substance Use Disorders Prevention and Treatment Act of 2008

H.R. 5595 Make Our Veterans Smile Act of 2008

H.R. 5622 Veterans Timely Access to Health Care Act

H.R. 5730 To direct the Secretary of Veterans Affairs to display in each prosthetic and orthotic clinic of the Department of Veterans Affairs an Injured and Amputee Veterans Bill of Rights. (Introduced in House - IH)

H.R. 3047 Veterans Claims Processing Innovation Act of 2007

H.R. 3249 Veterans Burial Benefits Improvement Act of 2007 (Introduced in House - IH)

H.R. 3286 To amend title 38, United States Code, to reduce the period of time for which a veteran must be totally disabled before the veteran's survivors are eligible for the benefits provided by the Secretary of Veterans Affairs for survivors of certain veterans rated totally disabled at time of death.

H.R. 3415 To amend title 38, United States Code, to authorize the placement in a national cemetery of memorial markers for the purpose of commemorating service members or other persons whose remains are interred in an American Battle Monuments Commission cemetery.

H.R. 3954 To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to reimburse certain volunteers who provide funeral honors details at the funerals of veterans.

H.R. 4084 Veterans Quality of Life Study Act of 2007 (Introduced in House - IH)

To amend title 38, United States Code, to require a study on the Department of Veterans Affairs schedule for rating disabilities, to provide for the treatment of claims under laws administered by the Secretary of Veterans Affairs in the case of the death of a claimant, to require an annual report on the workload of the Court of Appeals for Veteran Claims, and for other purposes

H.R. 2790 To amend title 38, United States Code, to establish the position of Director of Physician Assistant Services within the office of the Under Secretary of Veterans Affairs for Health.

- H.R. 3458** To direct the Secretary of Veterans Affairs to carry out a pilot program on the provision of traumatic brain injury care in rural areas.
- H.R. 3819** Veterans Emergency Care Fairness Act of 2008
- H.R. 4053** Mental Health Improvements Act of 2007
- H.R. 4107** Women Veterans Health Care Improvement Act
- H.R. 4146** To amend title 38, United States Code, to clarify the availability of emergency medical care for veterans in non-Department of Veterans Affairs medical facilities.
- H.R. 4204** Veterans Suicide Study Act
- H.R. 4231** To direct the Secretary of Veterans Affairs to carry out a pilot program to provide mental health services to certain veterans of Operation Enduring Freedom and Operation Iraqi Freedom.
- H.R. 1137** To amend title 38, United States Code, to increase to \$2,000 the amount of the Medal of Honor special pension under that title and to provide for payment of that pension to the surviving spouse of a deceased Medal of Honor recipient
- H.R. 3047** Veterans Claims Processing Innovation Act of 2007
- H.R. 3249** Veterans Burial Benefits Improvement Act of 2007 (Introduced in House - IH)
- H.R. 3286** To amend title 38, United States Code, to reduce the period of time for which a veteran must be totally disabled before the veteran's survivors are eligible for the benefits provided by the Secretary of Veterans Affairs for survivors of certain veterans rated totally disabled at time of death
- H.R. 3415** To amend title 38, United States Code, to authorize the placement in a national cemetery of memorial markers for the purpose of commemorating service members or other persons whose remains... (Introduced in House - IH)
- H.R. 3954** Providing Military Honors for our Nation's Heroes Act (Introduced in House - IH)
- H.R. 4084** Veterans Quality of Life Study Act of 2007 (Introduced in House - IH)
- H.R. 2790** o amend title 38, United States Code, to establish the position of Director of Physician Assistant Services within the office of the Under Secretary of Veterans Affairs for Health.
- H.R. 3458** To direct the Secretary of Veterans Affairs to carry out a pilot program on the provision of traumatic brain injury care in rural areas.
- H.R. 3819** Veterans Emergency Care Fairness Act of 2008
- H.R. 4053** Mental Health Improvements Act of 2007
- H.R. 4107** Women Veterans Health Care Improvement Act

H.R. 4146 To amend title 38, United States Code, to clarify the availability of emergency medical care for veterans in non-Department of Veterans Affairs medical facilities.

(Introduced in House - IH)

H.R. 4204 Veterans Suicide Study Act

H.R. 4231 Rural Veterans Health Care Access Act of 2007 (Introduced in House - IH)

H.R. 2818 Veterans' Epilepsy Treatment Act of 2008

H.R. 2697

To amend title 38, United States Code, to expand eligibility for veterans' mortgage life insurance to include members of the Armed Forces receiving specially adapted housing assistance from the Department of Veterans Affairs.

HR 92 To amend title 38, United States Code, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs, and for other purposes. Veterans Affairs, and for other purposes.

HR 315 Help Establish Access to Local Timely Healthcare for Your Vets (HEALTHY Vets) Act of 2007

H.R. 675 To amend title 38, United States Code, to increase the amount of assistance available to disabled veterans for specially adapted housing and to provide for annual increases in such amount.

H.R. 1273 To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to restore plot allowance eligibility for veterans of any war and to restore the headstone or marker allowance for eligible persons.

July 31, 2007

H.R. 5554 Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008

H.R. 5595 Make Our Veterans Smile Act of 2008

H.R. 5622 Veterans Timely Access to Health Care Act

H.R. 5729 Spina Bifida Health Care Program Expansion Act

H.R. 5730 To direct the Secretary of Veterans Affairs to display in each prosthetic and orthotic clinic of the Department of Veterans Affairs an Injured and Amputee Veterans Bill of Rights

H.R. 3047 Veterans Claims Processing Innovation Act of 2007 Veterans Burial Benefits Improvement Act of 2007 (Introduced in House – IH)

H.R. 3249 Veterans Burial Benefits Improvement Act of 2007 (Introduced in House - IH)

H.R. 3286 To amend title 38, United States Code, to reduce the period of time for which a veteran must be totally disabled before the veteran's survivors are eligible for the

benefits provided by the Secretary of Veterans Affairs for survivors of certain veterans rated totally disabled at time of death.

H.R. 3415 To amend title 38, United States Code, to authorize the placement in a national cemetery of memorial markers for the purpose of commemorating service members or other persons whose remains... (I

H.R. 3954 Providing Military Honors for our Nation's Heroes Act (Introduced in House - IH)

H.R. 4084 Veterans Quality of Life Study Act of 2007

H.R. 2790 To amend title 38, United States Code, to establish the position of Director of Physician Assistant Services

H.R. 3458 To direct the Secretary of Veterans Affairs to carry out a pilot program on the provision of traumatic brain injury care in rural areas.

H.R. 3819 Veterans Emergency Care Fairness Act of 2008

H.R. 4053 Mental Health Improvements Act of 2007

H.R. 4107 Women Veterans Health Care Improvement Act

H.R. 4146 To amend title 38, United States Code, to clarify the availability of emergency medical care for veterans in non-Department of Veterans Affairs medical facilities. (Introduced in House - IH)

H.R. 4204 Veterans Suicide Study Act

H.R. 4231 Rural Veterans Health Care Access Act of 2007 (Introduced in House - IH)

H.R. 1137 To amend title 38, United States Code, to increase to \$2,000 the amount of the Medal of Honor special pension under that title and to provide for payment of that pension to the surviving spouse of a deceased Medal of Honor recipient

H.R. 3047 Veterans Claims Processing Innovation Act of 2007

H.R. 3249 Veterans Burial Benefits Improvement Act of 2007 (Introduced in House - IH)

H.R. 3286 To amend title 38, United States Code, to reduce the period of time for which a veteran must be totally disabled before the veteran's survivors are eligible for the benefits provided.

H.R. 3415 To amend title 38, United States Code, to authorize the placement in a national cemetery of memorial markers for the purpose of commemorating service members or other persons whose remains... (Introduced in House - IH)

H.R. 3954 To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to reimburse certain volunteers who provide funeral honors details at the funerals of veterans

H.R. 4084 - Veterans Quality of Life Study Act of 2007

H.R. 2790 To amend title 38, United States Code, to establish the position of Director of Physician Assistant Services within the office of the Under Secretary of Veterans Affairs for Health.

H.R. 3458 To direct the Secretary of Veterans Affairs to carry out a pilot program on the provision of traumatic brain injury care in rural areas.

H.R. 3819 Veterans Emergency Care Fairness Act of 2008

H.R. 4053 Mental Health Improvements Act of 2007

H.R. 4107 Women Veterans Health Care Improvement Act

H.R. 4146 To amend title 38, United States Code, to clarify the availability of emergency medical care for veterans in non-Department of Veterans Affairs medical facilities.

H.R. 4204 Veterans Suicide Study Act

H.R. 2818 To amend title 38, United States Code, to extend eligibility for pension benefits under laws administered by the Secretary of Veterans Affairs to veterans who received an expeditionary medal during a period of military service other than a period of war.

H.R. 1901 To amend title 38, United States Code, to extend eligibility for pension benefits under laws administered by the Secretary of Veterans Affairs to veterans who served during certain periods of time in specified locations.

H.R. 2346 To direct the Secretary of Veterans Affairs to establish a process for determining whether a geographic area is sufficiently served by the national cemeteries located in that geographic area. o amend title 38, United States Code, to increase assistance for veterans interred in cemeteries other than national cemeteries, and for other purposes.

H.R. 2697 To amend title 38, United States Code, to expand eligibility for veterans' mortgage life insurance to include members of the Armed Forces receiving specially adapted housing assistance from the Department of Veterans Affairs.

HR 92 To amend title 38, United States Code, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs, and for other purposes. Veterans Affairs, and for other purposes.

HR 315 Help Establish Access to Local Timely Healthcare for Your Vets (HEALTHY Vets) Act of 2007

HR 339 Veterans Outpatient Care Access Act of 2007

HR 463 Honor Our Commitment to Veterans Act

HR 538 To provide for the health care needs of veterans in far South Texas.

HR 542 To require the Department of Veterans Affairs to provide mental health services in languages other than English, as needed, for veterans with limited English proficiency, and for other purposes.

HR 1426 Richard Helm Veterans' Access to Local Health Care Options and Resources Act

H.R. 1470 Chiropractic Care Available to All Veterans Act

H.R. 1471 Better Access to Chiropractors to Keep our Veterans Healthy Act (BACK Veterans Health Act)

H.R.1527 Rural Veterans Access to Care Act

H.R.1944 Veterans Traumatic Brain Injury Treatment Act of 2007 (Introduced in House - IH)

June 14, 2007

H.R.1448 VA Hospital Quality Report Card Act of 2007

H.R.1853 Jose Medina Veterans Affairs Police Training Act of 2007 (Introduced in House - IH)

June 19 2007

H.R.156 o amend title 38, United States Code, to provide for the payment of dependency and indemnity compensation to the survivors of former prisoners of war who died on or before September 30, 1999, under the same eligibility conditions as apply to payment of dependency and indemnity compensation to the survivors of former prisoners of war who die after that date.

H.R.704 To amend title 38, United States Code, to reduce from age 57 to age 55 the age after which the remarriage of the surviving spouse of a deceased veteran shall not result in termination of dependency and indemnity compensation otherwise payable to that surviving spouse.

June 21, 2007

H.R. 1750 To amend the Service members Civil Relief Act to extend from 90 days to one year the period after release of a member of the Armed Forces from active duty during which the member is protected from mortgage foreclosure under that Act.

H.R.1824 To amend title 38, United States Code, to expand the scope of programs of education for which accelerated payments of educational assistance under the Montgomery GI Bill may be used,... (Introduced in House - IH)

H.R.1598 Service members Credit Protection Act

H.R. 1315 To amend title 38, United States Code, to provide specially adaptive housing assistance to certain disabled members of the Armed Forces residing temporarily in housing owned by a family... (In

H.R.1240 To direct the Secretary of Veterans Affairs to establish a scholarship program for students seeking a degree or certificate in the areas of visual impairment and orientation and mobility

H.R.675 Disabled veterans Adaptive Housing Improvement Act

H.R. 513 National Heroes Credit Protection Act (Introduced in House - IH)

H.R.2259 To ensure that members of the National Guard and Reserves are able to fully participate in the benefits delivery at discharge program administered jointly by the Secretary of Defense and the Secretary of Veterans Affairs to provide information and assistance on available benefits and other transition assistance to members of the Armed Forces who are separating from the Armed Forces.

H.R.2475 Veteran Home Equity Conversion Mortgage Act of 2007 (Introduced in House - IH)

H.R.1632 Improving Veterans' Reemployment Act of 2007 (Introduced in House - IH)

H.R.112 G.I. Advanced Education in Science and Technology Act

H.R.2579 To amend title 38, United States Code, to authorize the use of funds in the Department of Veterans Affairs' readjustment benefits accounts and funds appropriated for such purpose to provide funding for State approving agencies.

H.R.1370 Disabled veterans Sports and Special Events Promotion Act of 2007

July 31, 2007

H.R. 1273 To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to restore plot allowance eligibility for veterans of any war and to restore the headstone or marker allowance for eligible persons.

H.R.1900 To amend title 38, United States Code, to extend eligibility for pension benefits under laws administered by the Secretary of Veterans Affairs to veterans who received an expeditionary... (Introduced in House - IH)

H.R.1901 To amend title 38, United States Code, to extend eligibility for pension benefits under laws administered by the Secretary of Veterans Affairs to veterans who served during certain... (Introduced in House - IH)

H.R.2346 To direct the Secretary of Veterans Affairs to establish a process for determining whether a geographic area is sufficiently served by the national cemeteries located in that geographic area.

November 8, 2007

H.R. 1137 To amend title 38, United States Code, to increase to \$2,000 the amount of the Medal of Honor special pension under that title and to provide for payment of that pension to the surviving... (Introduced in House - IH)

H.R. 3047 Veterans Claims Processing Innovation Act of 2007

H.R. 3249 Veterans Burial Benefits Improvement Act of 2007 (Introduced in House - IH)

H.R. 3286 To amend title 38, United States Code, to reduce the period of time for which a veteran must be totally disabled before the veteran's survivors are eligible for the benefits provided... (Introduced in House - IH)

H.R. 3415 To amend title 38, United States Code, to authorize the placement in a national cemetery of memorial markers for the purpose of commemorating service members or other persons whose remains... (Introduced in House - IH)

H.R. 3954 Providing Military Honors for our Nation's Heroes Act (Introduced in House - IH)

H.R. 4084 Veterans Quality of Life Study Act of 2007 (Introduced in House - IH)

January 17, 2008

H.R. 2790 To amend title 38, United States Code, to establish the position of Director of Physician Assistant Services within the office of the Under Secretary of Veterans Affairs for Health.

H.R. 3458 To direct the Secretary of Veterans Affairs to carry out a pilot program on the provision of traumatic brain injury care in rural areas.

H.R. 3819 Veterans Emergency Care Fairness Act of 2008

H.R. 4053 Mental Health Improvements Act of 2007

H.R. 4107 Women Veterans Health Care Improvement Act

H.R. 4146 To amend title 38, United States Code, to clarify the availability of emergency medical care for veterans in non-Department of Veterans Affairs medical facilities. (Introduced in House - IH)

H.R. 4204 Veterans Suicide Study Act

H.R. 4231 Rural Veterans Health Care Access Act of 2007

April 15, 2008

H.R. 5554 Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008

H.R. 5595 Make Our Veterans Smile Act of 2008

H.R. 5622 Veterans Timely Access to Health Care Act

H.R. 5730 To direct the Secretary of Veterans Affairs to display in each prosthetic and orthotic clinic of the Department of Veterans Affairs an Injured and Amputee Veterans Bill of Rights. (Introduced in House - IH)

April 16, 2008

H.R. 4883 - To amend the Service members Civil Relief Act to provide for a limitation on the sale, foreclosure, or seizure of property owned by a service member during the one-year period following the service member's period of military service.

H.R. 4884 Helping Our Veterans to Keep Their Homes Act of 2008 (Introduced in House - IH)

H.R. 4889 The Guard and Reserves Are Fighting Too Act of 2008 (Introduced in House - IH)

H.R. 4539 Department of Veterans Affairs Loan Guaranty Cost Reduction Act of 2007 (Introduced in House - IH)

H.R. 3656 To require States to withhold assistance to applicants for, and recipients of temporary assistance for needy families with respect to whom there is substantial evidence of recent unlawful drug use.

H.R. 5664 To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to update at least once every six years the plans and specifications for specially adapted housing furnished to veterans by the Secretary

H.R. 3798 National Guard Employment Protection Act of 2007 (Introduced in House - IH)

H.R. 3393 Reservist Access to Justice Act of 2007 (Introduced in House - IH)

H.R. 3298 21st Century Service members Protection Act (Introduced in House - IH)

H.R. 3467 Second Chance for America's Veterans Act (Introduced in House - IH)

H.R. 3889 To amend title 38, United States Code, to require the Secretary of Veterans Affairs to conduct a longitudinal study of the vocational rehabilitation programs administered by the Secretary. (Introduced in House - IH)

H.R. 3681 Veterans Benefits Awareness Act of 2008

H.R. 5684 Veterans Education Improvement Act of 2008 (Introduced in House - IH)

June 5, 2008

H.R. 4089 To amend title 38, United States Code, to improve the collective bargaining rights and procedures for review of adverse actions of certain employees of the Department of Veterans Affairs,...

H.R. 4463 Veterans Health Care Quality Improvement Act (Introduced in House - IH)

H.R. 5888 To amend title 38, United States Code, to expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility.

H.R. 6114 SUNSET Act of 2008 (Introduced in House - IH)

To amend the Veterans' Benefits and Services Act of 1988 relating to testing for infection with the human immunodeficiency virus.

H.R. 6122 Veterans Pain Care Act of 2008

Sept 9, 2008

H.R. 3051 Heroes at Home Act of 2007 (Introduced in House - IH)

H.R. 6153 Veterans' Medical Personnel Recruitment and Retention Act of 2008

H.R. 6629 Veterans Health Equity Act of 2008 (Introduced in House - IH)

March 3, 2009

H.R. 784 To amend title 10, United States Code, to change the effective date for paid-up coverage under the military Survivor Benefit Plan. (Introduced in House - IH)

H.R. 785 To direct the Secretary of Veterans Affairs to carry out a pilot program to provide outreach and training to certain college and university mental health centers.

H.R. 1211 Resuming Education after Defense Service Act of 2007

March 4, 2009

H.R. 147 To amend the Internal Revenue Code of 1986 to allow taxpayers to designate a portion of their income tax payment to provide assistance to homeless veterans, and for other purposes.

H.R. 228 To direct the Secretary of Veterans Affairs to establish a scholarship program for students seeking a degree or certificate in the areas of visual impairment and orientation and mobility.

H.R. 297 Veteran Vocational Rehabilitation and Employment Subsistence Allowance Improvement Act of 2009 (Introduced in House - IH)

H.R. 466 Wounded Veteran Job Security Act

H.R. 929

To amend title 38, United States Code, to require the Secretary of Veterans Affairs to carry out a program of training to provide eligible veterans with skills relevant to the job market .(Introduced in House - IH)

H.R. 942 Veterans Self-Employment Act of 2009

H.R. 950 To amend chapter 33 of title 38, United States Code, to increase educational assistance for certain veterans pursuing a program of education offered through distance learning.

H.R. 1088 Mandatory Veteran Specialist Training Act of 2009

H.R. 1089 Veterans Employment Rights Realignment Act of 2009 (Referred in Senate

H.R. 1171 Homeless Veterans Reintegration Program Reauthorization Act of 2009

May 21, 2009

H.R. 1037 Veterans' Benefits Enhancement Act of 2009

H.R. 1098 Veterans' Worker Retraining Act of 2009

H.R. 1168 Veterans Retraining Act of 2009

H.R. 1172 To direct the Secretary of Veterans Affairs to include on the Internet website of the Department of Veterans Affairs a list of organizations that provide scholarships to veterans and...

H.R. 1821 Equity for Injured Veterans Act of 2009

H.R. 1879 National Guard Employment Protection Act of 2009

H.R. 2180 To amend title 38, United States Code, to waive housing loan fees for certain veterans with service-connected disabilities called to active service. (Reported in House

May 21, 2009

H.R. 1982 Veterans Entitlement to Service (VETS) Act of 2009

To direct the Secretary of Veterans Affairs to acknowledge the receipt of medical, disability, and pension claims and other communications submitted by veterans.

H.R. 2270 Benefits for Qualified World War II Veterans Act of 2009

June 18, 2009

H.R. 1293 Disabled veterans Home Improvement and Structural Alteration Grant Increase Act of 2009

H.R. 1197 Medal of Honor Health Care Equity Act of 2009

H.R. 1302 To amend title 38, United States Code, to establish the position of Director of Physician Assistant Services within the office of the Under Secretary of Veterans Affairs for Health

H.R. 1335 To amend title 38, United States Code, to prohibit the Secretary of Veterans Affairs from collecting certain copayments from veterans who are catastrophically disabled.

H.R. 1546 Caring for Veterans with Traumatic Brain Injury Act of 2009

H.R. 2734 Health Care for Family Caregivers Act of 2009

H.R. 2738 To amend title 38, United States Code, to provide travel expenses for family caregivers accompanying veterans to medical treatment facilities.

H.R. 2770 Veterans Nonprofit Research and Education Corporations Enhancement Act of 2009

June 24, 2009

H.R. 2379 Veterans' Group Life Insurance Improvement Act of 2009

H.R. 2713 Disabled veterans Life Insurance Enhancement Act

To amend title 38, United States Code, to make certain improvements in the service disabled veterans' insurance program of the Department of Veterans Affairs.

H.R. 2774 Families of Veterans Financial Security Act

Summary: To amend title 38, United States Code, to make permanent the extension of the duration of Service members' Group Life Insurance coverage for totally disabled veterans.

H.R. 2968 To amend title 38, United States Code, to eliminate the required reduction in the amount of the accelerated death benefit payable to certain terminally-ill persons insured under Service members' Group Life Insurance or Veterans' Group Life Insurance.

September 24, 2009

H.R. 294 Veteran-Owned Small Business Promotion Act of 2009

H.R. 1169 To amend title 38, United States Code, to increase the amount of assistance provided by the Secretary of Veterans Affairs to disabled veterans for specially adapted housing and automobiles...

H.R. 1182 Military Spouses Residency Relief Act

H.R. 2416 To require the Department of Veterans Affairs to use purchases of goods or services through the Federal supply schedules for the purpose of meeting certain contracting goals for participation by small business concerns owned and controlled by veterans, including veterans with service-connected disabilities

H.R. 2461 Veterans Small Business Verification Act

H.R. 2614 Veterans' Advisory Committee on Education Reauthorization Act of 2009

H.R. 2696 Service members' Rights Protection Act

H.R. 2874 Helping Active Duty Deployed Act of 2009

H.R. 2928 To amend title 38, United State Code, to provide for an apprenticeship and on-job training program under the Post-9/11 Veterans Educational Assistance Program

H.R. 3223 To amend title 38, United States Code, to improve the Department of Veterans Affairs contracting goals and preferences for small business concerns owned and controlled by veterans

H.R. 3554 National Guard Education Equality Act

H.R. 3561 o amend title 38, United States Code, to increase the amount of educational assistance provided to certain veterans for flight training

H.R. 3577 Education Assistance to Realign New Eligibilities for Dependents (EARNED) Act of 2009

H.R. 3579 To amend title 38, United States Code, to provide for an increase in the amount of the reporting fees payable to educational institutions that enroll veterans receiving educational.

October 1, 2009

H.R. 1017 Chiropractic Care Available to All Veterans Act

H.R. 1036 Veterans Physical Therapy Services Improvement Act of 2009

H.R. 2504 Reaching Rural Veterans through Telehealth Act

H.R. 2559 Help Our Homeless Veterans Act

H.R. 2735 To amend title 38, United States Code, to make certain improvements to the comprehensive service programs for homeless veterans.

H.R. 3073 To amend title 38, United States Code, to direct the Secretary of Veterans Affairs establish a grant program to provide assistance to veterans who are at risk of becoming homeless.

October 8, 2009

H.R. 761 To amend title 38, United States Code, to provide for the eligibility of parents of certain deceased veterans for interment in national cemeteries

H.R. 2243 Surviving Spouses' Benefit Improvement Act of 2009

H.R. 3485 Veterans Pensions Protection Act

H.R. 3544 and draft legislation National Cemeteries Expansion Act of 2009

Feb 25, 2010

H.R. 3257 Military Family Leave Act of 2009

H.R. 3484 To amend title 38, United States Code, to extend the authority for certain qualifying work-study activities for purposes of the educational assistance programs of the Department of Veterans Affairs.

H.R. 3579 To amend title 38, United States Code, to provide for an increase in the amount of the reporting fees payable to educational institutions that enroll veterans receiving educational

H.R. 3813 Veterans Training Act

H.R. 3948 Test Prep for Heroes Act

H.R. 3976 Helping Heroes Keep Their Homes Act of 2010

H.R. 4079 To amend title 38, United States Code, to temporarily remove the requirement for employers to increase wages for veterans enrolled in on-the-job training programs.

H.R. 4203 To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide veterans certain educational assistance payments through direct deposit.

H.R. 4359 Warmer Act To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to guarantee housing loans for the construction energy efficient dwellings, and for other purposes.

H.R. 4469 To amend the Service members Civil Relief Act to provide for protection of child custody arrangements for parents who are members of the Armed Forces deployed in support of a contingency..

H.R. 4592 Energy Jobs for Veterans Act

March 25, 2010

H.R. 949 o amend title 38, United States Code, to improve the collective bargaining rights and procedures for review of adverse actions of certain employees of the Department of Veterans Affairs, and for other purposes.

H.R. 1075 RECOVER Act (Restoring Essential Care for Our Veterans for Effective Recovery)

H.R. 2698 Veterans and Survivors Behavioral Health Awareness Act

H.R. 2699 Armed Forces Behavioral Health Awareness Act

H.R. 2879 Rural Veterans Health Care Improvement Act of 2009

H.R. 3926 Affordable Health Care for America Act

May 27, 2010

H.R. 4062 Veterans' Health and Radiation Safety Act

H.R. 4465

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to take into account each child a veteran has when determining the veteran's financial status when... (Introduced in House - IH)

H.R. 4505 To enable State homes to furnish nursing home care to parents any of whose children died while serving in the Armed Forces.
and draft legislation

June 10, 2010

H.R. 114 Veterans Entrepreneurial Transition Business Benefit Act

H.R. 3685 To require the Secretary of Veterans Affairs to include on the main page of the Internet website of the Department of Veterans Affairs a hyperlink to the VetSuccess Internet website...

H.R. 4319 To require the Secretary of Veterans Affairs to include on the main page of the Internet website of the Department of Veterans Affairs a hyperlink to the VetSuccess Internet website...

H.R.4635 Foreclosure Mandatory Mediation Act of 2010

H.R.4664 To amend the Service members Civil Relief Act to provide for a one-year moratorium on the sale or foreclosure of property owned by surviving spouses of service members killed in Operation..

H.R.4765 To amend title 38, United States Code, to authorize individuals who are pursuing programs of rehabilitation, education, or training under laws administered by the Secretary of Veterans.

H.R.5360 HELP Veterans Act of 2010

H.R. 5484 VetStar Veteran-Friendly Business Act of 2010

July 1, 2010

H.R. 3407 Severely Injured Veterans Benefit Improvement Act of 2009

H.R.3787 To amend title 38, United States Code, to recognize the service in the reserve components of certain persons by honoring them with status as veterans under law.

H.R.4541 Veterans Pensions Protection Act of 2010

H.R.5064 Fair Access to Veterans Benefits Act of 2010

H.R.5549 RAPID Claims Act

To amend title 38, United States Code, to provide for expedited procedures for the consideration of certain veterans claims, and for other purposes.
and draft legislation

September 29, 2010

H.R. 3843 Transparency for America's Heroes Act

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to publish redacted medical quality-assurance records of the Department of Veterans Affairs on the Internet website of the Department

H.R.4041 To authorize certain improvements in the Federal Recovery Coordinator Program, and for other purposes.

Congress makes the following findings:

(1) Americans owe their freedom and livelihood to the sacrifices that have been made by brave veterans. (2) The United States, therefore, has an obligation to provide veterans with adequate care and resources to make their transition into civilian life as smooth as possible. (3) The Department of Defense and the Department of Veterans Affairs offer many high quality services to help veterans in this transition, but there has not been a good mechanism for providing coordinated medical care for wounded warriors (veterans injured in the line of duty). (4) The Dole-Shalala Commission has recommended that a nationwide Federal Recovery Coordinator Program be implemented to help expand partnerships and collaborations and establish new relationships for the benefit of members of the Armed Forces returning from serving in support of Operation Iraqi Freedom and Operation Enduring Freedom and their families. (5) The Federal Recovery Coordinator Program has been implemented successfully at the city level in one city in the country and the existing program should serve as the model for national implementation.

H.R.5428 To direct the Secretary of Veterans Affairs to educate certain staff of the Department of Veterans Affairs and to inform veterans about the Injured and Amputee Veterans Bill of Rights.

H.R.5516 Access to Appropriate Immunizations for Veterans Act of 2010

H.R.5543 To amend title 38, United States Code, to repeal the prohibition on collective bargaining with respect to matters and questions regarding compensation of employees of the Department of Veterans Affairs other than rates of basic pay, and for other purposes

H.R.5641 Heroes at Home Act

To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to enter into contracts for the transfer of veterans to non-Department adult foster homes for veterans who are unable to live independently.

May 3, 2011

H.R.802 To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish a VetStar Award Program.

VetStar Award Program- (1) The Secretary shall establish an award program, to be known as the `VetStar Award Program', to annually recognize businesses for their contributions to veterans' employment.

H.R.1657 To amend title 38, United States Code, to revise the enforcement penalties for misrepresentation of a business concern as a small business concern owned and controlled by veterans or as a small business concern owned and controlled by service-disabled veterans

H.R.1671 Andrew Connolly Veterans' Housing Act

To amend title 38, United States Code, to extend the authority of the Secretary of Veterans Affairs to provide specially adapted housing assistance to individuals residing temporarily in housing owned by a family member.

May 24, 2011

H.R. 1407 Veterans' Compensation Cost-of-Living Adjustment Act of 2011

June 6, 2011,

H.R. 1484: Veterans Appeals Improvement Act of 2011

Veterans Appeals Improvement Act of 2011 - Provides that if a veteran claimant or representative submits new evidence in support of a case for which a substantive appeal has been filed to the Board of Veterans' Appeals, such evidence shall be submitted directly to the Board and not to the agency of jurisdiction, unless the claimant or representative requests that the evidence first be reviewed by the agency of jurisdiction.

June 8, 2011

Senate Bill 423 A bill to amend title 38, United States Code, to provide authority for retroactive effective date for awards of disability compensation in connection with applications that are fully-developed at submittal, and for other purposes.

S.1104

Latest Title: Veteran Transition Assistance Program Audit Act of 2011

Veteran Transition Assistance Program Audit Act of 2011 - Directs the Secretary of Labor to enter into a contract for audits of the Transition Assistance Program (a job training, benefits, and transitional services program of the Department of Defense [DOD] in conjunction with other federal agencies for members of the military separated or recently separated from active duty) with a private, unaffiliated organization. Requires such audits at least once every three years.

Directs the contracted organization to measure the effectiveness of the program, identify any necessary improvement measures, and submit a related report to the Secretary of

Labor, DOD Secretary, Secretary of Homeland Security (DHS), Secretary of Veterans Affairs (VA), and Congress. Requires such Secretaries to implement any necessary improvement measures.

July 20, 2011

H.R.2383 Modernizing Notice to Claimants Act - Directs the Secretary of Veterans Affairs (VA) to provide VA benefits claimants, by the most expeditious means available, including electronic communication or notification in writing, of any information or medical or lay evidence not previously provided to the Secretary that is necessary to substantiate a claim. (Current law does not specify the means of notice.)

H.R.2243 Veterans Employment Promotion Act

Veterans Employment Promotion Act - Directs the Secretary of Labor to establish and maintain an Internet website to publicly disclose information concerning the number of veterans employed under federal contracts of \$100,000 or more for the procurement of personal property and non -personal services.

H.R.2388 Access to Timely Information Act

To amend title 38, United States Code, to improve the submission of information by the Secretary of Veterans Affairs to Congress.

H.R.2470

E-SERV Act

Ensuring Service members' Electronic Records' Viability Act or the E-SERV Act - Amends the Wounded Warrior Act to make the interagency program office of the Department of Defense (DOD) and the Department of Veterans Affairs (VA) established by such Act the single: (1) point of accountability and authority (currently, accountability only) for the DOD and VA in the development and implementation of electronic health record systems or capabilities (including capabilities existing before January 16, 2008) that allow for full interoperability of personal health care information between such agencies; and (2) program office of such Departments that is responsible for the development, implementation, and sustainment of all electronic health record systems and capabilities.

July 25, 2011

H.R.198 Veterans Dog Training Therapy Act

H.R.1154 To amend title 38, United States Code, to prevent the Secretary of Veterans Affairs from prohibiting the use of service dogs on Department of Veterans Affairs' property

H.R.1855 Veterans' Traumatic Brain Injury Rehabilitative Services' Improvements Act of 2011

H.R.2074 Veterans Sexual Assault Prevention and Health Care Enhancement Act

H.R.2530 To amend title 38, United States Code, to provide for increased flexibility in establishing rates for reimbursement of State homes by the Secretary of Veterans Affairs for nursing home...

June 27, 2012

S. 1391: A bill to amend title 38, United States Code, to improve the disability compensation evaluation procedure of the Secretary of Veterans Affairs for veterans with post-traumatic stress disorder or mental health conditions related to military sexual trauma, and for other purposes. Sponsor: **Sen Tester, Jon** [MT] (introduced 7/20/2011) Cosponsors (4) Committees: Senate Veterans' Affairs Latest Major Action: 6/27/2012 Senate committee/subcommittee actions. Status: Committee on Veterans' Affairs. Hearings held. Hearings printed: S.Hrg. 112-668.

H.R.923 Veterans Pensions Protection Act of 2011

To amend title 38, United States Code, to exempt reimbursements of expenses related to accident, theft, loss, or casualty loss from determinations of annual income with respect to pensions for veterans and surviving spouses and children of veterans, and for other purposes.

H.R.1025 To amend title 38, United States Code, to recognize the service in the reserve components of certain persons by honoring them with status as veterans under law.

H.R.1826 To amend title 38, United States Code, to reinstate criminal penalties for persons charging veterans unauthorized fees.

H.R.1898 Veterans 2nd Amendment Protection Act

H.R.2349 Veterans' Benefits Act of 2011

H.R.1911 Protecting Veterans' Homes Act

H.R. 1263 To amend the Service members Civil Relief Act to provide surviving spouses with certain protections relating to mortgages and mortgage foreclosures, and for other purposes.

H.R.2274 To amend title 38, United States Code, to direct the Secretary of Veterans Affairs and the Secretary of Defense to submit to Congress annual reports on the Post-9/11 Educational Assistance.

H.R. 2301 Streamlining Education Claims Processing Act of 2011

H.R.2302

July 15, 2011

H.R. 2433 Veterans Opportunity to Work Act of 2011

Title II--improving the transition assistance program

H.R.1941 Hiring Heroes Act of 2011

H.R.169 To require the Secretary of Veterans Affairs to include on the main page of the Internet website of the Department of Veterans Affairs a hyperlink to the VetSuccess Internet website.

Curriculum Vitae

Tanya R. Brinkley
tanyabrinkley@live.com

EDUCATION**PhD Public Policy and Administration**

Walden University, Minneapolis, Minnesota

January, 2014

**Dissertation Topic: A Case Study of the United States Veterans' Disability
Compensation Policy Subsystem**

Dissertation Advisors: Dr. Anne Hacker, Dr. Richard Larkin

Master of Social Work

University of Pittsburgh, Pittsburgh, PA

1985**Bachelor of Science, Social Work**

Edinboro University, Edinboro, PA

1983**OTHER EXPERIENCE****Plans Officer/Strategic Plans and Policies/J5 and J7**

2/ 2008-3/ 2010

Georgia Department of Defense
Clay National Guard Center, Marietta, GA

Plans Officer in office that manages future operations for the Georgia National Guard as it relates to the needs of the state in Homeland Security and Homeland Defense. Current work includes assisting to manage hurricane exercise and pandemic flu planning, in preparation for 2010 and in support of the GA National Guard's civil support plan for the State of Georgia. Serves as the State NG focal point for Crisis Action Planning. Is

responsible for the development of operational procedures that effectively and efficiently execute Civil-Military responsibilities from the National Command Authority, Governor or National Guard Senior Leader directed responses to Natural Disasters, Support for Civil Disturbance (MACDIS), Homeland Defense/Security, WMD response, Antiterrorism/Force Protection (AT/FP), the Critical Infrastructure Protection Program (CIPP), National Security Special Events (NSSE), and Continuation of Governmental Operations and Public Services, from the JOC.

Planned and executed an exercise to assist local, state and federal emergency response authorities to manage a response to an earthquake along the Eastern Coast of South Carolina. Attend meetings, conferences and workshops related to emergency management in order to develop exercises and working relationships with other local, state and federal emergency management specialists. Propose alteration of emergency response procedures based on regulatory changes, technological changes, and knowledge gained from outcomes of previous emergency situations. Develop and maintain liaisons with local, county, state and federal departments to facilitate plan development, response effort coordination and exchanges of personnel and equipment.

Education Services Officer

7/2006-2/2008

United States Army
Georgia Army National Guard, Ellenwood, GA

Manage and Administer the Georgia Army National Guard Education and Incentives Program to 10,000 plus GA Guards men and women. Instruct soldiers how to use GI Bill, Tuition Assistance, Incentives and Student Loan Repayment Program. Manage a four million dollar budget. Liaison with colleges to assist our soldiers. Provide guidance counseling for soldiers.

Personnel Services Officer

1/2005-1/2006

United States Army
Georgia Army National Guard, Decatur, GA

Responsible for personnel management, administration, health maintenance and morale of 3300 plus soldiers

Executive Officer

8/2000-12/2004

United States Army
Georgia Army National Guard, Kennesaw, GA

Served in Various Administrative roles in the Georgia Army National Guard: Secretary of the General Staff, BN Executive and Administrative Officer of the 78th Troop Command, Military Police Company Commander and Platoon Leader

Operations Officer

4/1999-8/2000

United States Army
Dobbins Air Reserve Base, Marietta, GA

Operations Officer for a 22 person 4TH Weapons of Mass Destruction Civil Support Team. This team was one of the original 10 teams in the country designed to detect chemical, biological and radiological contamination at potential sites where a terrorist attack was suspect. I was responsible to schedule and monitor all training and day to day operations for this team. This Team was a brand new concept and we were pioneers in the development and implementations of the conduct of operations for these teams. We prepared plans that outline operating procedures to be used in emergency response to disasters and emergencies where a potential weapon of mass destruction was detected. We were responsible to study local, state and federal response plans in order to determine how we could best serve the Incident Commander

State Family Program Coordinator

7/1991-6/1998

Georgia Army National Guard Federal Employee
Ellenwood, GA

Managed a State Family Program servicing 12,000 + families in the Georgia National Guard. Responsible to train leaders of Family Readiness Groups to assist all families to prepare for deployment and cope with the separation of deployment. Daily duties consisted of resourcing family readiness groups and providing referral services to families in need.

SOCIAL WORK POSITIONS

Psychiatric Social Worker, Cobb General Hospital and Brawner Psychiatric Institute, 1985-1989

Industrial Social Worker, Families First, 1989-1990

Georgia State Family Program Coordinator, Georgia Department of Defense, 1991-1997

LICENSES AND CERTIFICATIONS

Licensed by the State of Georgia with License Number 130281 as a Licensed Master's Social Worker by the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists Registered for State of Georgia Licensed Clinical Social in 1988

HONORS AND AWARDS

Pi Alpha Alpha Inductee, January 23, 2010, National Honor Society for Public Affairs and Administration

Awarded Six Meritorious Service Medals from the United States Army as highest military honors.

Combat Veteran of Operations Desert Shield and Desert Storm

Active Army Major during Operation Iraqi Freedom and Enduring Freedom Campaigns

PROFESSIONAL PRESENTATIONS

“Abu Ghraib: Ethical Considerations for Military Police” Westwood College February, 2009 and July, 2010

TEACHING INTERESTS

Offer day, evening and Saturday courses in Introduction to Public Policy and Administration, Principles of Social Work, Sociology, Social Problems, Introduction to Gender and Women’s Studies, Social Organization, Social Change and Modernization

Offer Public Policy and Administration, Social Work and Women’s’ Studies courses at Bachelor and Masters Programs

COMMUNITY SERVICE

Oakdale Bluffs Subdivision Neighborhood Watch, Mableton, GA
2009-2010 Gubernatorial Campaign of David Poythress, Georgia

PROFESSIONAL AFFILIATIONS

Member, American Legion

Member, Disabled American Veterans

Member, American Society for Public Administration

Member, Pi Alpha Alpha National Honor Society for Public Policy and Administration

Member, National Guard Association of Georgia

Member, Interstitial Cystitis Association