VETERANS AND SERVICE-CONNECTED DISABILITY STATUS IN THE DEPARTMENT OF VETERANS AFFAIRS: REPRESENTATIVE BUREAUCRACY AT WORK?

by

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(Under the Direction of Vicky M. Wilkins)

ABSTRACT

The smooth and efficient functioning of government depends on more than just elected officials: millions of bureaucrats report to work each day. Each of these men and women brings values to work with them, and they act upon those values. Representative bureaucracy is, at its core, the study of how and when bureaucrats act upon their own values, and seeks to answer the normative question: how is democracy preserved and enhanced in an environment where unelected bureaucrats make most of the decisions? The bulk of the research on this topic has dealt with racial and ethnic minorities, though recent research has begun to examine issues of sex, gender, sexual orientation, and other minority and non-minority populations.

This research expands the representative bureaucracy literature by exploring the potential for representation among Veterans and those with disabilities related to their military service in the US Department of Veterans Affairs disability claims system. Using data from a 2005 study conducted by the VA Office of the Inspector General on Rating Veterans Service Representatives and Decision Review Officers, I show that Veterans tend to approach the claims process with a less claimant-favorable orientation, and tend to place less value on the claimant

getting the highest disability rating possible. Rating Veterans Service Representatives also tend to be less claimant-favorable, and greater experience and service-connected disability are associated with a higher likelihood of approaching claims in a claimant-favorable way. I discuss the implications of these findings for the Department of Veterans Affairs and for the further study of representative bureaucracy.

INDEX WORDS: Veteran, Veterans, disability, representative bureaucracy, Department of Veterans Affairs, military service

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DEDICATION

This work is dedicated to the brave men and women who have fought to make and keep this country free, and to those currently in the fight in Iraq, Afghanistan, and around the world. I pray that our political leadership will be worthy of their bravery and ongoing sacrifice.

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I am deeply grateful to my lovely wife, Wendy, for believing in me and trusting me to lead our family. Her love, support, appreciation, and tenderness have motivated me to always choose the harder right over the easier wrong.

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CHAPTER 1

INTRODUCTION AND OVERVIEW

The American democracy, Frederick Mosher noted in the second edition of his book Democracy and The Public Service (Mosher, 1982), suffers from numerous strains that make governance difficult: the disillusionment of citizens with government generally, fractionation of political parties, increased number and power of interest groups, and fragmented bureaucracies characterized by increased specialization and compartmentalization. Mosher points out that our current political system is at least three steps removed from direct, participative democracy: first by the reliance on popularly elected representatives, then by the delegation of their powers to other, unelected officers answerable to the representatives only, and finally to a permanent, professional bureaucracy, characterized by the fact that it is neither politically appointed nor easily removable by either the elected representatives or by citizens. How, Mosher (1982) asks, can such a public service be made to "operate in a manner compatible with democracy?"

Scholars have often discussed representation in bureaucracies as a method of "squaring the circle" with respect to the relationship between a modern, robust bureaucratic state and democratic values. The Constitution, of course, does not mention a bureaucratic state or a method for government to actually exercise the powers it grants. One method proposed by some scholars to legitimate bureaucratic power within a democratic state is the idea of representation: because we have a representative form of government, the bureaucracy will uphold democratic values in principle, if not in form, because of the presence of representation within the

bureaucracy (Meier & O'Toole, 2006). Because the bureaucracy 'looks like America' on a variety of dimensions, we can infer that it also has values in line with the values of the broader society. In other words, representation within the bureaucracy actually enhances democratic values, particularly if the representative bureaucrat uses his discretion to correct past discrimination or to level the playing field. This viewpoint is interesting, but has flaws: what if bureaucrats tend to favor clients from whichever demographic they themselves most identify with? Does the theory self-destruct under accusations that the behavior is driven not by any noble motivation, but only by bias? Is representative behavior simply a proxy for allegiance to whatever demographic the bureaucrat happens to most identify with at that point in time?

In this research, I will test whether Veterans[1] status and service-acquired disability status among bureaucrats will result in attitudes that are more favorable to Veteran claimants in a setting that is both salient and in which the bureaucrats exercise discretion. Further, this research will test how organizational variables such as supervisor attitudes and time pressure affect the behavior and attitudes of bureaucrats. This research has both theoretical and practical implications.

I. Theoretical Background

Many others have asked this same question, or variants of it: Mosher (1982) was standing on the shoulders of public administration giants such as Wilson, Weber, Goodnow, Appleby, Simon, Waldo, Brownlow, and others, many of whom asked similar questions. For some of the founders of the study of public administration, notably Wilson (1887) and Goodnow (1900), part of the solution to the problem of an unelected bureaucracy embedded within a democratic system was a deliberate split between the political actors and the bureaucratic ones. This idea came to be

[1] Following the US Department of Veterans Affairs guidelines, I use the capitalized form of the word "Veteran" to denote persons who served in the military in the past, and the lowercase word "veteran" to denote a person who has been in a job for a long period of time.

known as the "politics-administration dichotomy." White, in the first public administration textbook (1927), argued along these lines, saying that it should be possible to separate politics from administration. This line of thinking, though significantly overstated in contemporary reviews of previous work (see Lynn's 2001 critique) drew to a gradual close by the post-WWII period, as Waldo's (1952) work shows.

One proposed replacement as a theoretical basis for the field of public administration is 'representative bureaucracy'. Long (1952), writing over 50 years ago, lamented the fact that in some cases, the unelected bureaucracy is more representative (in form and function), than the elected legislature. Krislov (1974) frames it this way: "Why go through the elaborate razzle-dazzle of elections if the crucial element is the discretion of a bureau chief?" Mosher (1982) warned that the social forces that act inside a bureaucracy to create bureaucratic outcomes should not be forced into political neutrality (*contra* earlier scholars) because "It is the balance of social forces in the bureaucracy that enables it both to perform an important part in the process of representation and to serve as a needed addition to a functioning division of power in government." Mosher's (1982) revision of his 1968 book sets the analytical stage for much of the work in this field over the next several decades, when he points out that the term representativeness has at least two different meanings: "active (or functional) representativeness wherein individuals (or administrators) are expected to press for the interests and desires of those whom they are presumed to represent…[and] passive (or descriptive) [representation, which] concerns the origin of individuals and the degree to which, collectively, they mirror the whole society…" (Mosher, 1982). Krislov (1974), while not using the same terms, says that "The notion that the bureaucracy is in fact representative is advanced in two separate ways: 1) it is seen as such in composition and in the manner of its selection; 2) it is judged in terms of its

substantive product…" Interestingly, Mosher rejects active representation as sufficient grounds for bureaucratic legitimacy, noting, "the summing up of the multitude of special interests…does not constitute the general interest" (Mosher 1982, pp. 15).

Mosher's concern was particularly trenchant: if unelected bureaucrats are simply acting on their own biases, then the positive effects of bureaucratic representation are washed out by the negative effects of bias or accusations of bureaucratic activism. Among other things, the equal protection under the law that the Constitution promises is damaged if a bureaucracy or a bureaucrat 'represents' one citizen differently than another if there is no legitimate reason for so doing. Early scholars in representative bureaucracy recognized this: Evans (1974) argued for an operational rather than a structural definition of representativeness, because, he said, Nigro and Van Riper's view, presented at an earlier symposium, of "a body of officials which is broadly representative of the society" unnecessarily got the bureaucracy into the struggle over affirmative action. Evans' view of representativeness was such that a "purple" person can represent the needs and views of a "green" person under some circumstances.

For some scholars, passive representation had value in and of itself, because of Abraham Lincoln's dream of an America whose government was "of the people." Presence of bureaucrats who "look like America" (to borrow another, more recent President's phrase) sends a message to other members of minority communities: their experiences, values, and attributes are welcome in the government (Kellough, 1990; Dolan, 2000; Dolan, 2002; Naff & Crum, 2000; Riccucci & Saidel, 2001). This is not a trivial statement, as so much of the slow progress of justice for racial and other minorities in society might be traced back to governmental resistance. Passive representation is imperfect, as Subramaniam (1967) noted, because bureaucrats may shed some of the values that normally might accrue to the specific minority group of interest as they

progress upward through the bureaucracy, adopting some of the values of others within it. In that way, substantive advantages that might be expected in a passively representative bureaucracy are muted or disappear altogether. Evans (1974) argued that the "purpose, function, and effectiveness" of a bureaucracy are more important than its mere composition. He went on to explicitly state that affirmative action policies do not necessarily create a more responsible and accountable bureaucracy, even if they do create a more reflective one. He concludes by saying that "If a bureaucracy which is a copy of the population both ethnically and sexually is desirable, then let us articulate that and that reasons for it. But let us not confuse that kind of bureaucracy with a representative bureaucracy" (1974). Responding to Evans, Nigro (1974) said "I think it worthwhile to consider the larger, and perhaps, symbolic, functions of a representative bureaucracy in a society such as ours…[because] it may make a very real difference as a potent symbolic affirmation of values and beliefs which are at the center of the American vision."

As noted above, the problem posed by passive representation is that it is not clear that the actual needs of the minority group in question are advanced in the bureaucracy, or that past injustice is corrected in any meaningful way. Meier and Nigro (1976) were among the first to hypothesize, and then test, that social origins lead to shared experiences, which then lead to shared attitudes and finally to behaviors benefitting the minority class in question. This hypothesis has been tested on numerous occasions, but researchers still lack what might be referred to as the "holy grail" of representative bureaucracy: a direct finding that individual bureaucrats favor or direct benefits to those of their minority group. Nevertheless, research has continued to carefully refine the terminology of representation and the circumstances in which active representation occurs. For example, Thompson (1976) pointed out both barriers against active representation and linkages that promote active representation. In general, though, three

requirements (necessary but not sufficient conditions) exist for passive representation to become active representation: the characteristic must be salient, the individual bureaucrats must have discretion, and the bureaucratic policy decision must be directly relevant to the passively represented characteristic (Meier, 1993). To that list, others add the concept of a "minority representative role," which is similar to the concept of "standing for" (Selden, Brudney, & Kellough, 1998) that earlier scholars used. In other words, a "purple person" can represent a "green person," in Evans' (1974) words, if the purple one has adopted a minority representative role.

The representative bureaucracy literature, on both the passive and active fronts, has focused primarily on issues related to race, ethnicity, or sex. A smaller subset (including, ironically, Kingsley's (1944) seminal book focusing on social class in Great Britain) has focused on other issues, including sexual orientation (Thielemann & Stewart, 1996; Pitts, 2007) and caste (van Gool, 2008). Another exception to this rule is a Gade and Wilkins (in process) paper dealing with Veteran status and disability in the Department of Veterans Affairs Vocational Rehabilitation System. One other characteristic that all representative bureaucracy work shares to date is that, with the exception of Gade and Wilkins (in process) and Thielemann and Stewart (1996), all existing studies use the bureaucrat or organization as the unit of analysis rather than the agency client.

II. Layout of the Project

This chapter has briefly introduced the theory of representative bureaucracy. Like other groups, Veterans may develop an identity through their military service that causes them to be more favorable to agency clients who are also Veterans, provided that the issue in question is salient and that the bureaucrat exercises discretion. Similarly, those with service-connected

disabilities may be more likely to advance the interests of others with service-connected disabilities, based on their shared identities

Chapter 2 reviews the theory of representative bureaucracy from its beginnings in the 1940s through current research efforts, tracing the maturation process of the field: from early observational studies about how well minorities are represented in government, to how their backgrounds and attitudes differ from members of majority groups, and then to whether those attitudes and backgrounds are routinely translated into differential treatment of other minority groups in a bureaucratic setting. I review the research on race, ethnicity, sex, sexual orientation, social class, and how those characteristics interact with one another in this chapter. Next, I discuss the issue of how and whether Veteran status and disability should be examined as a test of the general theory of representative bureaucracy, including a review of research on how Veterans differ from non-Veterans, how wartime experiences may cause the formation of a strong "Veteran identity," and how disability status related to military service may parallel the effects of "Veteran identity."

Chapter 3 reviews the VA Disability Compensation system, its purpose and operation, and some challenges it faces in order to set the scene for the particular tests of representative bureaucracy that follow. The VA system of disability compensation is highly complex: over the years, many studies and reviews have found that horizontal equity between offices is lacking, and that the system is plagued in particular by 'claims variance' between offices. I review VA, Government Accountability Office (GAO), and other efforts to understand the internal dynamics of this problem, especially the 2005 VA Office of the Inspector General report on claims variance. This chapter shows how the specific setting of the VA disability compensation system is salient to Veterans and service-connected disabled Veterans; how the bureaucrats exercise

discretion, and how those factors might affect bureaucratic outputs.

In Chapter 4, I revisit the 2005 VA Office of the Inspector General report on claims variance and how the data derived from that report can be used in representative bureaucracy research. I introduce and discuss the characteristics of the data, its cleaning and coding, and problems with the quality of the data, then discuss each of the dependent variables, independent variables of interest, and control variables in turn.

Chapter 5 uses an Ordered Generalized Linear Model (OGLM) to test whether survey respondents who were Veterans and/or had a service-connected disability approach claims differently than non-Veterans. The findings are striking: in all specifications of the model, Vietnam Veterans report a *harsher* approach to the claims process than non-Veterans; the effect is that they are 9% to 25% less likely to report approaching claims in the most claimant-favorable way. Raters receiving service-connected disability payments were more likely to report a claimant-favorable approach to the claims process (between 10% and 24% more likely to be in the highest category). Those occupying a lower position in the VA claims hierarchy were also less favorable to claimants. Experience in the VA increased the likelihood of a favorable approach to claims, indicating an organizational culture that encourages this approach. I discuss the implications of these findings and the possible policy ramifications for the VA.

In chapter 6, I continue the empirical testing of the theory using the same independent variables and two new dependent variables representing whether the respondent desires a higher or a lower benefit to each individual claim using ordered logistic and logistic regression are used. The results are similar to chapter 5, but less strong. Vietnam Veterans in most specifications tend to be less claimant-favorable, and Gulf War Veterans in several specifications are less favorable. Positive management attitudes have a positive effect on the probability of respondents answering

that they seek the highest benefit. I briefly explore the reasons for the differences between the results for two similar dependent variables within this chapter, and compare the results to the results from chapter 5.

In the concluding chapter, I review the models and results, and then discuss the implications for the claims process and future research efforts within the VA. Next, chapter 7 discusses the implications for the theory of representative bureaucracy, including the implications of discovering representative behavior in a new demographic group, the issue of salience and whether it is a necessary precondition for Veteran representation, and offers some closing remarks and proposals for future research.

III. Remarks

Although this research is "pure" (not "applied") social science research, the results may inform policy design and implementation within the VA. In particular, the finding that Veterans and those receiving service-connected disability compensation report significantly different attitudes from their peers may cause the VA to examine its assignment, promotion, training, or socialization policies. Should policy officials decide that bureaucratic representation is an illegitimate function within this specific policy context, this research could begin to address the question of how to control or mitigate those effects (for example, by additional training). On the other hand, if policy officials decide that representation is a legitimate function or behavior, then the question of how organizational culture and norms can be used to enhance that function is a critical one.

Furthermore, and perhaps more importantly, this research has uncovered evidence that the theory of representative bureaucracy can be applied to another population besides the usual racial, gender, or other minority populations. Significantly, this new population is not one that

has faced pervasive discrimination, and thus is not one normally considered ‘at risk’. In fact, Veterans are a powerful political force in our society; discovering representative behavior on the part of Veterans may call into question some of the assumptions underpinning the theory of representative bureaucracy.

CHAPTER 2

REPRESENTATIVE BUREAUCRACY: PAST, PRESENT, FUTURE?

Without a doubt, the departments and bureaus of government at all levels do more than simply administer the law: in fact, they have a significant policy making role through the execution of those laws, as well as through the regulatory mechanisms of government. The letter of the law is converted into the meaning of the law through the actions of bureaucracies writ large, and through the actions of individual bureaucrats acting at the street level, where the bureaucracy ends and the public begins. For the last 70 years, public administration scholars have looked into this 'black box' to theorize on what effects representation has on democratic governance, determine how, when, and where demographic representation affects bureaucratic outputs, and other key questions. This chapter will trace the history of the study of representative bureaucracy from its origins in 1944 through the current foci of numerous distinguished scholars as they further develop the field. Key concepts, including passive and active representation, salience, discretion, and bureaucratic values will be explored and defined.

I. The Study of Representative Bureaucracy

The purpose of this section is to introduce the concept of representative bureaucracy by reviewing the works of key authors, defining important terms, and discussing the current state of the study of representative bureaucracy.

Terminology

In a great paradox of scholarship on the subject, few terms are as common or as commonly misunderstood as "bureaucracy" and its variants. Krislov (1974) devotes an entire chapter to definition of these terms, pointing out that distortion in the terms tends to spring from additional definitions being added rather than any confusion in the original meaning of the terms. Krislov approvingly quotes Gaetano Mosca's definition of bureaucracy as "the formal civil service of a political order" and goes on to note that bureaucracies are larger and more complex than ever before, and becoming even more so as highly specialized functional forms become ubiquitous. One way of conceptualizing bureaucracy is that it is the entire structure of government that lies between elected officials and the public: scarcely a day can pass in an American citizen's life when he does not come into contact with a government official meeting this definition: he drives past a bureaucrat maintaining the public roadway so that he can drop his children off at school to be taught by another bureaucrat, slows down as he passes yet another bureaucrat in the patrol car next to the highway, and then hurries off to get in another line for the most famous bureaucrat of all at the Department of Motor Vehicles. This common definition of bureaucracy is problematic, though, as it is a least partially pejorative, potentially affecting studies of it with an unintentional negative bias. Our society relies on bureaucrats and, as Krislov (1974) notes in his opening paragraph, "[t]o go further and consider such agencies as not merely executing clerical duties but as a contributing and positive component of the policy structure seems strange…[but] reflection points rather clearly in that direction." In other words, bureaucracies are clearly a necessary and important part of a functioning society.

Max Weber's (1947) understanding of bureaucracy is an important starting point for any discussion including the term. He cited the "purely technical superiority" of bureaucracy over

"any other form of organization." Interestingly, Weber argued for a kind of neutral bureaucracy- in his words, "the more completely it succeeds in eliminating…love, hatred, and all purely personal, irrational, and emotional elements which escape calculation [the more it fulfills its special function in society]." This vision of the individual bureaucrat as a more or less replaceable cog in the functioning of government leads to an inescapable conclusion, which Weber spells out explicitly: a bureaucracy thus organized can be faithful to any political leadership, including an "enemy," provided that the top bureaucratic officials are replaced with ones loyal to the new regime. Weber deliberately sidesteps the question of bureaucratic power, though he notes that a bureaucracy likes nothing better than an uninformed parliament, which will be unable to control the bureaucracy because of sheer disparity in knowledge and specialized skills.

The famous "Friedrich-Finer debates" of the 1940s illuminate the problem that Weber articulated; taking head-on the notion that elected officials (whether parliamentary or executive) can control the bureaucracy at all. Carl Friedrich (1940) argued that because elected officials lack the ability, time, and desire to directly control the bureaucracy, the bureaucracy must develop internal controls through a sense of professional responsibility, and that this professional responsibility included the necessity for bureaucrats to sometimes advocate or institute policies that the majority of citizens might oppose. Herman Finer, on the other hand, argued that "external punitive controls" (Finer, 1941) were required for continuance of legitimate governmental authority, free of either what he calls "*over*feasance" and malfeasance. In other words, the political authorities, elected by the people, are responsible for restraining the bureaucratic authorities from both poor performance of their duties and overly zealous performance of the same. Finer concludes: "While professional standards, duty to the public, and

pursuit of technological efficiency are factors in sound administrative operation, they are but ingredients…[and require] public and political control and direction" (Finer, 1941). To some extent, the field of representative bureaucracy begins from the examination of this question of how bureaucratic power squares with democratic values. If the bureaucracy is powerful and unaccountable to the people through some mechanism, then democracy itself is nothing but a chimera.

Early Conceptualization

Early theorists believed that the bureaucracy should be made up of people broadly similar to the population it served: Kingsley's 1944 study of social class in the British civil service was an early example of this type of study. His examination showed that the Civil Service, drawn primarily from the upper strata of society, was largely unrepresentative of society. In his words "…the Civil Service…reflects the basic inequalities of the social structure and…is only in the loosest sense democratic" (Kingsley, 1944). Each level of the Civil Service was drawn on purpose or by accident from a distinct, corresponding level in the educational system, which was linked, in turn, to socioeconomic status[2]. Looking at Kingsley's work in the light of over six decades of additional research, it is easy to see that many of the themes that appear again and again in representative bureaucracy research first appear in his work. For example, he says of discretion in bureaucracies "Decisions are taken not only at the tip…but all along the line and…each member of the administrative hierarchy is pretty much the judge of matters within his competence…there is a sense in which the higher administrative officers and particularly the ministers are in the hands of subordinate officials." Kingsley's work does a great deal to lay the

[2] Interestingly, but peripheral to the study at hand, the Civil Service in Great Britain was hampered in its full development by a societal quirk which Kingsley describes in Chapter 8: 'professionals' are shunned and looked down upon, where as 'amateurs' were more highly regarded in many different fields of endeavor. This means that areas of public business which cry out for specialists were often unable to get them.

groundwork for future study of representative bureaucracy or, as he puts it, "the representativeness *of* bureaucracies."

Kingsley's work was followed by the work of David Levitan. In 1946, Levitan brought some of the ideas in Kingsley's book home to the American government, arguing that a truly representative federal government workforce would only be achieved by a widening of the recruitment pool for every position. One result of such an effort would be that the American public would view its bureaucratic functions as having a great deal more legitimacy (Levitan, 1946). Levitan believed that a government that was made up of only a narrow slice of the population could not hope to be seen as legitimate by those excluded from working within it.

Norton Long, in 1949 and again in 1952, gave yet another reason for why the bureaucracy should be, or strive to be, representative: power. He writes: "the lifeblood of administration is power. Its attainment, maintenance, increase, dissipation, and loss are subjects [one] can ill afford to neglect" (Long, 1949). In order to survive and successfully perform its tasks, an agency must "secure enough 'customer' acceptance to survive, and, if fortunate, develop a consensus adequate to program formulation and execution" (pp. 259). He concludes that bureaucrats serve not one, but two "jealous gods: their particular clientele and the loyalty check." For obvious reasons, Long argues, the democratic functions of government are enhanced by the fact that the "civil service as a body [is] a better sample of the mass of people than the Congress" (Long, 1952) and it is of critical importance "that the bureaucracy be both representative and democratic in composition and in ethos."

Van Riper, writing in 1958, expounded upon Long's earlier writings, saying that "a representative bureaucracy is one in which there is a minimal distinction between the bureaucrats as a group and…the community or societal membership…on the other." This, Van Riper

believed, would ensure that the bureaucracy would make similar decisions for citizens as those the citizens would have made for themselves, so long as those chosen to represent their particular segment of society would be in tune with that segment. Subramaniam (1967) exported the ideas of Long, Van Riper, and Kingsley to the Indian sub-continent, pointing out that in the Indian context, the influence of caste and class was much stronger and potentially more dangerous than in the American context, as the Indian government is much more dependent on bureaucrats and lacks the democratic controls that the US democracy has. Subramaniam points out that understanding the extent and the settings in which the representative bureaucracy is responsive to sectional as well as general interests is key: "If the various classes represented have all different and conflicting interests and if their members in the bureaucracy advocate mainly class interests, the result is likely to be a divided and even ineffectual bureaucracy" (1967).

Mosher (1982) expounded upon Subramanian's point, saying that "The idea of objective responsibility is increasingly threatened by both professionalization and unionization, with their narrow objectives…the idea of representative bureaucracy has acquired a meaning which is not altogether reassuring to the general public interest…may [the bureaucrats] have weakened [their] concern for…reaching social decisions responsibly with the full polity in view (Mosher, 1982)?" Such active representativeness "run rampant" within a bureaucracy would constitute a major threat to orderly democratic governance. Mosher wrote that the sum of many special interests does not constitute the general interest, pointing out perhaps the most telling flaw with representative bureaucracy as a scheme for legitimating or advancing bureaucratic control. Mosher's other major contribution, besides sounding the cautionary gong about the threat of factionalization in the government, was to divide representative bureaucracy into two major conceptual pieces: active representation and passive representation. Up until Mosher, authors had

believed that passive representation would or should lead to active representation: that the presence of minorities would result in the furtherance of their interests. Passive representation, in this formulation, is the extent to which the characteristics of the bureaucracy mirror the characteristics of the society it serves, most often studied along the lines of race and gender. Passive representation in government can be, in and of itself, a laudable goal (Kellough, 1990, Dolan, 2000, Dolan, 2002, Naff & Crum, 2000, Riccucci & Saidel, 2001), but also because it may have positive effects upon the clients of the representative agencies. Passive representation does not *necessarily* correct past abuses or result in better outcomes for minorities, but it can result in better outcomes (indirectly) by inducing changes in the behavior of citizens who may be more willing to initiate contact with a bureaucrat with whom they share some demographic characteristic (Lim, 2006).

Active representation, according to Mosher, occurs when bureaucrats "press for the interests and desires of those whom [they] are presumed to represent" (1982). Scholars believe that the shared identities and values that arise from passive representation in the bureaucracy are translated into programs, policies, and activities that favor those with similar demographic origins: this is active representation. While this seems intuitive, Lim (2006) criticized this work on several grounds. First, he argued that some of the apparent effects attributed to active representation are likely correlates of passive representation. For example, he says that minorities may be more willing to approach the bureaucracy if they see people like them serving in the bureaucracy ("demand inducement") or they may be more productive in individual interactions with minority bureaucrats ("co-production inducement"). More importantly, Lim argues that when minority bureaucrats actively try to advocate on behalf of any one group, that behavior

may legitimate bias on the part of majority bureaucrats, leading to a net *increase* in bias against minorities, a troubling prospect.

Krislov (1974) formalized much of what Mosher had only speculated about a few years earlier, adding even more of a normative basis for representative bureaucracies: he says that "homogenized bureaucracies run the risk of getting better and better at performing tasks which other people view as of increasingly less importance" and argues that representation in the halls of the bureaucracy is, perhaps, a better index of true power than representation in the halls of Congress. Krislov uses the passive and active concepts without using the terms, saying that representation in a bureaucracy is advanced in two separate ways: by how it is selected (its composition) and in terms of its substantive product (the quality of its decisions).

Empirical Research

By 1975, scholars had begun to empirically test the theory in a way that theorists of the previous few decades had not. In 1975, Meier turned his attention to representative bureaucracy, initially pointing out several flaws with the theory. First, theorists assume that traditional controls over the bureaucracy are ineffective. Second, they lack consensus on the meaning of the term 'representative'. Third, they generally contend, or believe without stating such, that socioeconomic characteristics determine values, and finally, they claim that the bureaucracy as a whole must be broadly representative of society. Meier's contribution in his first (of many) paper on the subject was to directly compare (though, as he admits, rather crudely because of data limitations) the values held by civil servants with those held by the public at large. His finding was, in essence, that the civil service as a whole was representative of society, though it becomes less so at higher levels of hierarchy. Meier and Nigro followed this study with another the next year in the same vein (Meier & Nigro, 1976), this time testing attitude congruence between high-

level civil servants and the citizenry they serve. The test they proposed relied on an underlying proposition that seems logical: social origins drive socialization experiences, which in turn influence attitudes. These attitudes are strongly related to actual behavior.

Thompson (1976) set forth several conditions under which passive representation (by race, in this case) would translate into active representation. Two of them, that the minority administrator is acting in an area which has ramifications for their own race and that the minority administrator is more likely to act on behalf of their own race when they occupy 'discretionary' positions, were to become major themes in the later work of others. Romzek and Hendricks (1982) pointed out that organizational goals and representative bureaucracy may contradict or counteract one another, testing their theory in four different agencies and finding mixed and contradictory results.

By the 1990s, researchers had moved on from the high-level normative questions of the theory to examining not just 'whether' or 'if' bureaucrats represent citizens, but the questions of 'when,' 'how,' and 'how much'. In 1993, Meier (1993) examined two questions in active representation using a sample of school districts in Florida: do bureaucrats closer to the 'street level' tend to actively represent, and do minority bureaucrats who have political support inside and outside the organization tend to actively represent? The answer in both cases was 'yes,' confirming to some extent the Thompson (1976) and Henderson (1979) work on critical mass and other factors reinforcing minority representation. This was fairly unsurprising, given that the research on other minority groups, especially African-Americans, was already so well developed. Hindera tested the effect of African-American representation and the linkages between passive and active representation in two papers (1993a & 1993b) examining the Equal Employment Opportunity Commission and finding some process of active representation occurring, though its

precise nature was not determined. His latter paper that year found that the proportion of blacks, Hispanics, and whites were significant influences in determining the bureaucratic outputs favoring those groups.

A few years later, Thielemann and Stewart (1996) explored a new population from a new perspective, and found that people living with AIDS cared whether services were provided by someone from their 'group,' especially for African-American, Hispanic, gays, and women. White, heterosexual males were, perhaps unsurprisingly, least likely to have an opinion one way or another. This research was particularly interesting not only because it was the first to look at sexual orientation, but also because it was from what they called the "demand side": previous studies had looked at the bureaucrats themselves or the agency as the unit of analysis, and Thielemann and Stewart looked at agency clients instead.

In the late 1990s, Selden (1997) began to explore the linkages between active and passive representation, finding a new variable that she called a "minority representative role" that works as a mediator between the demographic characteristics of the bureaucrat in question and the policy outputs that they effect. This work, of course, paralleled some of the findings that Evans (1974) and others had anticipated. In a study of administrators in the Farmer's Home Administration (FmHA), Selden found that minority bureaucrats were much more likely to see themselves as legitimate representatives of minority agency clients; this effect was stronger among those with lower levels of education and among older and more Democratic bureaucrats. In its essence, the finding that Selden contributed to the literature was that bureaucrats may choose not to act solely upon their demographic characteristics but may instead adopt a more traditional bureaucratic role for themselves. In other words, agency socialization is a powerful force that must be accounted for. This finding strengthened the earlier work by others

linking active and passive representation, and helps define the linkage between passive and active representation in a concrete way.

Representative behavior does not just occur spontaneously: scholars have found several necessary preconditions. The first, bureaucratic discretion, is often thought to be a necessary condition for passive representation to translate into active representation. Meier et al. (Meier, Wrinkle, & Polinard, 1999) touched upon this topic in 1999, and Meier and Bohte (2001) addressed it head-on in 2001. The belief that discretion 'matters' is confirmed: Meier and Bohte found that in school districts where greater discretion was allowed, greater active representation occurred. The other Meier et al. (1999) finding of great interest is that in the particular context of public schools, a more representative bureaucracy appeared to actually have positive distributional consequences for minority *and* non-minority students, an exciting and counter-intuitive finding, later harshly criticized by others. Both discretion and salience are two-edged swords, though: the bureaucrat and the client must believe that the bureaucrat has discretion and that the issue is salient to that particular demographic characteristic in order for representation to have its maximum effect.

By the early 2000s, then, the essential theory of representative bureaucracy was this: minority representatives in government (passive representation) enhance the distributional outcomes of other minorities (active representation) if they have discretion, if the issue at hand is important to their particular demographic, and if they have adopted a minority representative role. These findings were confirmed in many studies for racial and ethnic minorities and others, and in settings from various parts of the Federal government to local school districts, particularly in Florida and Texas.

What About Women?

Remarkably, little work had been done on active representation of women in the bureaucracy until the early 2000s, although various studies had documented the passive representation of women in a number of settings and some work had been done on passive representation in elected and unelected positions (Gidengil, 1997; Kelly & Newman, 2001; Mani, 1999; Naff, 2000; Rosenbloom 2003). Interestingly, though, despite sharp labor segregation by sex in many government agencies, few representative bureaucracy scholars had directly tackled the question of whether women 'represent' in bureaucratic settings in the same way as other groups (Kelly & Newman, 2001). When they did address the question directly, they often found null or contradictory findings (Hindera, 1993; Selden, 1997). Keiser et al. (2002) ask why, when sex is such an obvious and central characteristic to our day-to-day activities, are the findings so weak for representation by sex? One answer, as they explain quite well, lies in the distinction between 'sex' and 'gender' where the latter is the more socially relevant construct but the former is the one most easily observed. They argue that gender becomes important in a bureaucratic relationship under one of three conditions: the policy benefits (or, by extension, hurts) women as a class, the gender of the bureaucrat changes the client-bureaucrat relationship, or the issue has been defined as a 'women's issue' through the political process (Keiser et al., 2002). They find that passive representation of women in educational settings does correlate with better performance on math exams for female students. Another problem in the studies of gendered policies is that, very often, gendered policies are also 'racialized' ones (Riccucci & Meyers, 2004), and the two effects are often very difficult to deconstruct into their components.

Wilkins and Keiser (2006) return to the theme of gender in a study of child support enforcement, and find significant effects for sex, confirming the theory that these effects will

show up most clearly in 'gendered' policy issues like child support. Meier and Nicholson-Crotty (2006) also confirm this basic finding in a study of law enforcement and sexual assault victims, finding that both arrests and the number of reports of sexual assault are positively correlated with the number of female police officers. Campbell et al. (2009) show that because political elites who are women actually hold very similar views on women's issues to those who are not political elites (even controlling for age and political party), male representatives may "be less likely than women representatives to act for, or otherwise represent" women.

In short, the bulk of the empirical work over the past 35 years focuses on racial minorities, with a few studies on the effects of sex on representation. Other empirical studies have established mechanisms and conditions under which representation occurs: specifically, the focal bureaucrat must have discretion, the issue at hand must be salient to the demographic in question, and passive representation is likely to translate to active representation when bureaucrats view themselves as representatives of that minority group.

Emerging Populations, Identity, and Intersectionality

While the bulk of studies of representative bureaucracy focus on blacks, Latinos, and (more recently) women, some studies go beyond these areas. One seminal study was the Thielemann and Stewart (1996) piece referenced earlier: with its focus on people living with AIDS, it stood alone for nearly a decade, at least in the mainstream of public administration research on the topic[3]. Another, by Lewis and Pitts (2009) examined the passive representation of lesbians and gay men in Federal, state, and local bureaucracies. As society adapts to the recognition that gays and lesbians are a legitimate minority group and thus worthy of study, this area of research will, no doubt, continue to produce interesting studies. Their results showed that

[3] Certainly, many other disciplines study persons living with AIDS: little of this research is in public administration.

gay men were slightly underrepresented in the Federal government and slightly over-represented in the state governments, though the differences are slightly higher among college graduates.

Institutional arrangements are becoming a key area of study as well: Keiser et al. (2002) argue that institutional arrangements "shape the circumstances in which bureaucrats exercise discretion and act to affect policy outcomes…and translate passive into active representation" (Keiser et al., 2002). For Keiser et al., institutional arrangements have the power to activate otherwise dormant identities, or to sublimate otherwise active ones: in the specific area of representation by gender, they theorize that the oft-discussed null finding for gender may be an artifact of not properly accounting for the institutional effects that dampen representation in some contexts. Pitts and Lewis (2009) point out that street level bureaucrats should not be the only area of study because managers exercise discretion in training, hiring, firing, and other personnel practices; thus, a manager's exercise of active representation may result in second-generation representation when the person he hires or trains begins to exercise discretion himself. Wilkins and Williams (2008) show that organizational socialization plays a role in representation as well in their study of minority police officers: specifically, they find that incidents of racial profiling increase with the presence of more black police officers, due to the fact of agency socialization. It should also be the case that in agencies that are pro-representation (advocacy agencies), agency socialization actually advances representation. Finally, while it should be the case that bureaucrats in organizations with weak hierarchical structures exercise more discretion than those in strong hierarchical structures, the only study testing this explicitly is Keiser et al. (2002), who found that women in 'flat' organizations had a greater impact than those in more hierarchical ones, likely because of the increased discretion inherent in flat organizations.

Bureaucrats do not just mindlessly carry their demographic characteristics to work: demographic characteristics are just one part of the socialization that a bureaucrat undergoes: the more important question is what values the entire range of influences creates. In 1975, Meier pointed out the flaw in previous research to that point by noting, among other things, that socioeconomic background is just one part of the socialization that a bureaucrat undergoes, and that agency characteristics can be as important or more important as childhood background in determining bureaucratic values. Meier went on, in 1976, to empirically test this problem, finding, as he expected, that social background only accounted for a small percentage of the variation in values, but that agencies are much more efficacious in the process of socialization (Meier & Nigro, 1976). This was a very interesting finding, because one of the key arguments for a normative theory of representative bureaucracy has always been one of democratic representation. Meier points out that even when this fails in practice, people still "need to believe that the state is just, rational, and democratic." Meier's study was hardly the last word on the issue of attitudes: as recently as 2008, Bradbury and Kellough found in a study of local government administrators that African-American administrators and citizens exhibit a high degree of attitude congruence, and that this attitude congruence results in the adoption of a "representative administrative role", even overwhelming the influence of race. They postulate that a passively representative bureaucracy's attitude congruence with the represented minority is likely to result in active representation of those interests, though they do not demonstrate this directly (Bradbury & Kellough, 2008).

One of the more promising new areas of discovery relating to representative bureaucracy is the area of intersectionality: every individual has several or many intersecting identities, each of which attempts to answer the question "Who am I as an X?" At any particular moment, each

person has one or more active identities and one or more inactive identities, all of which affect behavior. In the area of voting, for example, did Democratic primary voters who were black women tend to vote for Obama or Clinton in the 2008 primaries? Mansbridge and Tate (1992) were some of the earliest to discuss intersectionality, though not in terms of representative bureaucracy. Their paper examining the attitudes of Black women toward Anita Hill's testimony in the Clarence Thomas confirmation hearings showed that Black women tended to support Clarence Thomas, not Ms. Hill, because the facts of the case and Justice Thomas' statements "heightened the racial salience and submerged the gender issues in the charges," even though the issue at hand, sexual harassment, should be one that is highly salient to women. Beckwith's (1998) investigation of the intersection between class and gender in the 1989 Pittston coal strike is interesting because, as she puts it, "many women are positioned in labor struggles both as workers and as wives of workers, and hence may be required to negotiate the primacy of each identity in establishing their standing in the struggle." She goes on to point out that "the situation…affect[s] which components of collective identity will move to the fore and be most clearly and forcefully expressed…" More recently, Bedolla and Scola (2006), discussing the 2003 recall election in California, lament the fact that little empirical work has been done on intersectionality because, as they describe, many of the original thinkers in intersectionality, like bell hooks, reject empiricism in this area because empirical testing lends false solidity to what is, in reality, a fluid and changing construct. However, they form an empirical test in the recall election and find that race, gender, and class all acted together to help shape political attitudes and voting behavior.

Taken together, the extant research is very strong on a number of points, while several remain speculative. At its very broadest, we know that bureaucrats bring their values with them

into the workplace: the social forces that shaped them during their formative years and those that shape them within the workplace form a base from which, either consciously or unconsciously, bureaucrats act. The research shows that discretion is a necessary condition for active representation, that issue salience is normally a necessary condition, and that a belief that representation is a legitimate bureaucratic role enhances the occurrence of representation. New research into which identities a bureaucrat may choose to act upon and what triggers those identities is in its nascent stage, but shows great promise.

II. Military Culture and Its Role in Identity Formation

The previous discussion of identity formation begs a significant question: how is a service member acculturated, and how might that result in long-run identity formation? This question is significant for a number of reasons: first, an identity based on branch of service or military specialty is often a deliberately constructed identity in a way that other identities are not. Second, the identities constructed from military service are likely affected in a non-trivial way by powerful social forces related to training for application of violence to other human beings or the actual application of such violence in combat. Veteran identity may be a predictable by-product or second-order effect of the significant acculturation that occurs in military service.

Service or specialty-based identity formation has been studied extensively, particularly in the military's higher education structures (the service academies and ROTC programs). In the West Point context, the deliberate formation of a service-based, nation-based, or soldier-based identity is a core part of the curriculum. As Franke (2000) puts it, "As a powerful identity-shaping process, military socialization establishes cognitive referents- i.e., identity images, values, norms, attitudes- that soldiers learn to invoke to guide their operational decisions and behavior…" In his 2000 study, Franke finds that family, religion, and social groups were very

important to cadets initially in their training, but that "military" as a reference group became increasingly important throughout their 4 years at West Point. Nieberg's (2000) book on the development of Reserve Officer Training Corps (ROTC) on the campuses of American universities finds that the ROTC's military socialization and norms developed and existed in an uneasy relationship with the broader and more liberal traditions of academia for the precise reason that military norms and civilian norms are often at odds with one another. Nevertheless, ROTC efforts to acculturate cadets persisted for the precise reason that the nation required an organized and professional military, at least among the officer corps. Furthermore, military officials of the time believed that ROTC could accomplish another important aim: "promote 'moral welfare' and 'character guidance'" (Nieberg 2000, pp 56).

Military units attempt to form identities in their members through shared training and sacrifice. Vaughan and Schum (2000), in their meta-analysis of motivation in combat, call this a "special allegiance (pp 10)" and describe how and why allegiance to the small unit forms and enhances task performance. This small-unit allegiance sometimes overrode allegiance to the larger society, though in "certain instances, soldiers fought because they believed in the worth of their social system" (pp 11). Sometimes, this allegiance to the primary group overrides the desire to fulfill one's duty: for more junior enlisted soldiers, this effect is particularly pronounced (Vaughan and Schum 2000). That the self is subjugated or repressed in favor of the group in military settings is reinforced by the scholarship of Morgan (2003), who argues that post-modernism's pursuit of the "unencumbered self" means that fewer and fewer potential recruits will be willing or emotionally able to make the transition from self-interested civilian to other-oriented soldier.

Another important characteristic of military socialization is that of race-neutrality, at least since the completion of formal desegregation of the military following WWII (and of *de facto* segregation sometime after Vietnam). Lawrence and Kane (1995) point out that racial animus is strongly frowned upon in the US military, and that social status within the service is largely determined by job performance rather than by race. This reflects a long struggle to shift individual service members' identities from a race or class-based identity to a military identity. Interestingly, though, Lawrence and Kane find that the effect of this identity shift is ephemeral: white Veterans actually tend to be slightly more negative toward blacks than white non-Veterans, though their effect size was very small. Nevertheless, the military strives for race-neutrality through a variety of formal and informal means, all calculated to enhance unit and job-specific loyalty and to partially strip or suppress away any previously-held racial identities.

Study of identity formation in the military context is made more complex by the fact that the military is a largely male and masculine domain, and one in which unit cohesion is related to the male/masculine identity (Rosen et al, 2003). In some units or types of units, a hyper-masculine culture exists and is deliberately cultivated by commanders, on the theory that the unit will be more effective in combat with this cultural mindset. The dark side of such a mindset is articulated by Morris (1996), who argues that the hyper-masculine culture of some units is to blame for the fact that although the military has lower rates of all types of violent crime, the rate for forcible rape is nearer the civilian rate than the rate for all other kinds of violent crime. Morris' work has come under intense scrutiny in some quarters because it blames masculine culture for a rape rate that is actually lower than the civilian rate.

Although race integration in the military has come much farther than gender integration (and both have come much farther than integration of gays and lesbians), the military

overall has served as a relatively egalitarian organization for generations. An early paper on military service (Bird 1917) says that "The army is a leveller (*sic*) of social groups. In the ranks common dangers, sharing of difficulties…and being subject to the same rigid rules…breaks down individual distinctions" (pp 319). While Bird's observation is still relevant today, much of his observations of WWI soldiers bear little resemblance to more recent scholarship. For example, he says that soldiers experience "genuine cheerfulness and happiness…in face of death and amidst scenes which would be gruesome, repulsive, and detrimental to the strongest nerved civilian" (pp. 333). While this may have been the case for the relatively casual observer, Bird's article closes with a warning: "To what extent the experiences of the great war affect the soldier-citizen in his re-established civic life is for the future to disclose" (pp 345).

Overall, then, the military culture is group-based, other-oriented, hierarchical, race-neutral, and masculine. Unfortunately, the military to Veteran transition is not well studied, and it is not clear how much of the military culture transitions with the Veteran into civilian life. Certainly, extremes in both directions are possible: some Veterans will adapt the culture of the military directly into their civilian lives, even seeking employment in jobs with a good fit for that cultural mindset (for example, as firefighters or police officers). Others might prefer to shed the cultural trappings of the military as they reintegrate into civilian society. It is not difficult to imagine that Veterans who adopt these two strategies (and elsewhere along the continuum between them) are quite different from one another in many ways. Furthermore, Veterans are very unlikely to be unaffected by having spent years in a strong identity-forming environment: even those who wish to shed the cultural conditioning that forms identity may find it difficult to do so.

Identity formation within the military setting is undoubtedly enhanced by the core purpose of military service: to apply violence on behalf of one's society against portions of another's society. That this violence is socially sanctioned and disciplined (Titunik 2000) does not make it sterile: somewhat controversially, some scholars have proposed a structured academic endeavor- 'killology'- devoted to the destructive act, just as there are academic endeavors devoted to the procreative act. In his excellent book *On Killing: The Psychological Cost of Learning to Kill in War and Society* (1995), retired Army LTC Dave Grossman describes killing another human being as the "universal phobia," and details some of the physical and mental health effects of even justified killing. Grossman describes how some studies of the military done during WWII and immediately afterwards showed that most soldiers and Marines were unwilling to kill or incapable of doing so, instead choosing to "posture" by firing their weapons over the heads of enemy combatants or not firing at all rather than shooting to kill, and how the military adapted its training to overcome this natural resistance. By Vietnam, according to some studies, rates of "shooting to kill" had more than tripled due to reflexive firing techniques and other innovative training. Perhaps not coincidentally, reports of mental injuries such as acute stress and Post-Traumatic Stress Disorder (PTSD) also increased dramatically. That the rates of PTSD[4] and reported willingness to kill rose at the same time is not proof of a causal effect by any means, but merely suggestive of one. Contrary to popular myths and assumptions, though, military service does not solely shape individuals to kill the enemy or even require all participants to do so. Therefore, war "ironically requires qualities of submissiveness, obedience, and fidelity (Titunik 2000)" rather than unbridled aggression and impulsive action. Soldiers are just as likely to act out of a protective instinct toward their fellow soldiers as they

[4] Of course, PTSD did not enter the formal medical dictionary until the early 1980s, with the publication of the Diagnostic and Statistical Manual III (DSM-III). Other names for the same phenomena have existed for thousands of years.

are to act out of a spirit of hatred or animosity toward the enemy, though the latter can be a powerful force (Ballard and McDowell 1991). Modern warfare is even more paradoxical: in the conflicts in Iraq and Afghanistan, a relatively small number of soldiers and Marines bear the brunt of fighting: many others never leave the safety of larger base camps because their duties do not require it. Training for these service members is often highly technical and requires almost no direct combat training: most specialties train in instrumental tasks of warfare (loading trucks, maintaining aircraft, etc.) rather than direct combat-related tasks. Only *in extremis* do they bear the burden of direct responsibility to kill the enemy.

The fields of psychology and psychiatry, though beyond the scope of this paper, have dealt with issues of mental anguish among those require to kill and risk being killed for decades. Early studies, such as Bird (1917), sought to examine how citizens become soldiers and used stories of both civilians and combatants to illustrate the acculturation process. A whole body of literature on combat trauma related to the fear of killing and the fear of being killed began shortly after WWII and became especially intense with the study of returning Vietnam Veterans and the establishment of PTSD as a formal diagnosis. This process continues today: the Iraq and Afghanistan wars are producing mental health casualties at an alarming rate (Hoge et al, 2004) and scholars are playing "catch-up" in an attempt to explain and prevent these casualties.

Beyond overcoming the resistance to killing and the costs of doing so, war imposes other extreme demands (Nash 2007 in Figley and Nash 2007). Nash describes physical, cognitive, emotional, social, and spiritual challenges as part of a modern combat environment. Physical stresses, such as heat and cold, insects, sleep and food deprivation, noise and blasts, and the possibility of injury or illness serve as stressors in and of themselves, but also enhance the effects of cognitive and emotional stressors such as lack of information or overload of information, role

conflict and uncertainty, loyalty conflicts, death of friends, fear, shame, and other emotions. Even helplessness in the face of an unseen and terrifying enemy can be a factor in emotional stress, particularly in conflicts where the enemy is not uniformed, the goals are unclear, or the mission is ambiguous. Some of these stressors are present in training, particularly in parts of the military requiring extensive or intense field training or lengthy deployments.

The popular myth in movies and books of the warrior or hero who acts alone is actually diametrically opposed to the truth of combat. Titunik (2000) says that "War, as is often observed, is a paradoxical activity. It is paradoxical insofar as it is the most destructive and chaotic human activity, but it requires the highest degree of organization and cooperation" (pp 234). Weber (1947) cites military discipline as the ideal model for the modern capitalist factory for precisely this reason: individuals who act rashly and impulsively, or without permission or orders from superiors, are detrimental to the operation of a factory or an army.

Like the tension between organizational values and individual values, the tension between civilian norms of passivity (except in defense of life) and structured and disciplined use of deadly force (even in offensive actions) cannot help but cause an effect on the Veteran of military service. Several possible effects are easy to visualize. One type of Veteran, upon being trained to kill and being expected to kill or even required to do so in combat, may lose some of the pro-social conditioning that occurred in his youth, and thus be more likely to be harsh and demanding of himself and of others. The same stimuli in another Veteran may result in a higher degree of empathy and/or sympathy for the suffering of others: having seen the darker sides of human nature evident in a military or combat setting, this type of Veteran rejects those norms in favor of a view of himself as a nurturer and protector, rather than an aggressor bent on destruction.

III. Veterans and Service-Connected Disability

No study of representative bureaucracy has included Veteran status as an area of study, with the exception of Gade and Wilkins (in process). This is somewhat baffling, as there is every reason to expect that Veterans will exhibit representative behavior where the circumstances allow. Part of this shortfall could possibly be traced to the fact that only fairly recently has the literature begun to branch out from the traditional race and sex foci and into new populations. Thielemann and Stewart (1996), Pitts (2007), Pitts and Lewis (2009), and van Gool (2008), are some exceptions, in that they study sexual orientation and people living with AIDS, ethnic minorities, sexual orientation, and social class, respectively. Another reason why this population remains unexamined is a normative one: scholars have long legitimated representative bureaucracy on the theory that it corrects past injustices or prevents future injustices, and the theory's legitimacy begins to fray when the minority group "closes the gap[5]." Because Veterans have not been discriminated against by society[6], representation of Veterans may not have legitimacy in the way scholars have typically viewed it. In the area of federal employment, Veterans are granted a 10-point or 5-point hiring preference: under what theory of democracy is such a preference justified or legitimate, if Veterans have only rarely faced discrimination? Active representation, as Mosher (1982) discusses, is a real danger to orderly democratic governance if it runs amok: although theorists tend to dismiss this danger as long as the minority group is one that has faced or still faces pervasive discrimination, what happens when active

[5] This research, ongoing by Wilkins and Hicklin, addresses whether women students in higher education continue to benefit disproportionately from women faculty, even when they tend to do better than men without any representation among faculty.

[6] With two caveats: during the 1930s, the Federal Government attempted to renege on promises to pay bonuses to WWI Veterans, precipitating a "Bonus March" on Washington, and during and after Vietnam the political environment was such that there are some reports of hostility toward returning Veterans.

representation is shown in populations with no such history? Is it simply bias and thus another form of discrimination?

Other issues with the study of Veteran status in the representative bureaucracy literature also interfere: first, the VA itself conducts most of the data collection on Veterans, and is reluctant to face the question of whether Veterans are different from non-Veterans in the workplace[7], leading to data availability and suitability problems. Second, scholars have not yet become proficient at analyzing cases where numerous identities are implicated, and Veteran identity is just one of many identities that may work together or at cross-purposes with one another. For example, is a black, female, disabled Veteran black, female, disabled, or a Veteran? Under what circumstances might she be all of these, and under what circumstances just one? Such questions may be the future of representative bureaucracy research, but their sheer difficulty is daunting. This is not necessarily just an empirical problem: instead, the problem is one of identifying which identity is salient at a particular moment in time. A police officer who is a Veteran, for example, might only "act for" Veterans at the small moment in time when he is interacting with another Veteran, but otherwise might not do so. The previously mentioned black, female, disabled Veteran may "stand for" all three of these identities, but only "act for" one at a time; on the other hand, she may "act for" all three in some complex interrelationship. The bottom line is that we just do not know precisely how intersections work, when they work, or what triggers them.

Despite the fact that the representative bureaucracy literature has not touched on issues of Veteran status, the medical literature has abundant evidence that suggests that Veteran status

[7] A past Undersecretary of the Department of Veterans Affairs told me this during an interview in his office. He literally stated that the VA was not interested in such a finding because it would cause too much turmoil in terms of hiring, promoting, and training employees.

matters in other social science or medical science settings. For example, Harada et al. (2002) suggests that Veteran identity should be incorporated into models predicting demand for VA services, because Veterans who highly identify with their Veteran status are more likely to demand VA services than those with more weak identification with their Veteran status. They classify Veteran status as a 'predisposing' factor (like age or gender) rather than an 'enabling' (like income or education) or 'need' (health status) factor, as part of a behavioral model of health care utilization. Even accounting for the effects of race, Veterans were much more likely to use VA services if they had a positive military experience, had experienced combat, were a member of a Veterans organization, or reported that their Veteran status influenced their daily behavior. In another study, Damron-Rodriguez et al. (2004) determined that one reason Veterans may seek care from the VA is because they perceive that the staff at VA hospitals as being respectful of their status as Veterans, and that they have strong negative reactions when that respect is lacking. They write "The right to use the VA often has been earned through extraordinary risk and was bought …through the service of eligible living veterans [and] the sacrificed lives of their comrades." Harada et al. (2004) find indicators of increased demand for VA services among those with combat exposure, among Korean War and Vietnam veterans, and among enlisted members, even taking into account the effects of disability, age, income, health status, etc. While not examining 'veteran identity' directly, this study indicates that certain experiences positively influence demand for VA services, which may co-vary with Veteran identity.

The social identity literature gives several clues about how a "Veteran identity" may develop, though explicit references to such an identity are rare. Brewer (2001) outlines four distinct stages in the identity literature: person-based, relational, group-based, and collective identities. At the individual level, development of social identity is an ongoing response to "the

idea that an individual's self-concept is derived…from the social relationships and social groups he or she participates in." This, the most commonly understood definition of social identity, asks the question "Who am I as an X?" Brewer describes this process as referring to the "content of identity, the acquisition of psychological traits…that are associated with belonging to a particular social group or category..." The second version of social identity, according to Brewer's typology, is the "relational social identity," which asks and answers the question "Who am I in relation to others?" Examples are parent-child, spouse-spouse, teacher-student, and doctor-patient. The key concept in relational identities is that traits and behaviors expressed by an individual are tempered and modified by the responses of others in the relationship. Finally, group-based identities refer to the perception of self as an integral part of a larger group or social unit, referring not to interpersonal relationships between group members, but to common ties to a shared category membership.

Using the Brewer typology (excluding, for the time being, "collective identities"), it is easy to see how a Veteran identity might form: the individually trying experiences of initial entry training, the shared hardship of peacetime service, and the searing experiences of wartime service all build on one another. Significantly, while all these experiences are individual in some senses, they are also relational because of the leader-led relationships that are a core part of military service. Finally, the military branches try very hard to achieve a group-based identity at the unit level and, after service, at the service level. In fact, it is hard to imagine an identity that is so deliberately formed- the progression from individual to relational to group mirrors the training timeline quite well. Sugar (2004) even points out that the relative youth of newly-inducted military service members makes them more susceptible to identity formation around that specific "warrior identity," though he goes on to discuss problems that occur when identity

formation is incomplete or otherwise foreclosed. When military service ends, either through separation, disability retirement, or longevity retirement, the Veteran identity may begin to solidify through the relationship of the self to Veterans Service Organizations (VSOs) and the like. Social identity theory mirrors the representative bureaucracy literature on the issue of salience as well. At certain times, one identity or multiple identities may be triggered or activated and may affect the individual's relationship to other people or to a situation.

The discussion of multiple salient identities interacting in a particular social situation is relevant to the discussion of Veteran identity, particularly when we add the issue of disability identity as well. Disability identity is a much more developed topic in the social identity literature. Iezzoni (2000) describes disability as "the reluctant identity," and the counseling literature has numerous examples of how disability identity might interact with other identities, particularly race (Mpofu & Harley, 2006), gender (Charmaz, 1994), or even disability specific identities. These specific identities range from the macro "disabled" to the micro "Deaf," "epileptic," "paralyzed," or "amputee" (Shakespeare, 1996). So, discussion of disability benefits in the VA context may trigger two different salient identities: Veteran *and* disabled.

According to Brewer (2001), multiple salient identities can be managed in a number of different ways: by allowing one identity to dominate the others, to segregate different group identities to different domains, to expand the 'group' by allowing multiple identities or to narrow the group by a subtractive strategy (think of a Venn diagram with "disabled," "Veteran," and "racial/sexual/gender minority" in three overlapping circles-a multiple identity strategy would allow anyone inside any of the circles to be a member of the group, whereas a subtractive strategy would only allow those few people at the confluence of all three groups to be members.)

Krislov (1974) argued that the ideal setting for testing the theory of representative bureaucracy would be one where the demographics of individual bureaucrats could be matched to their expressed work attitudes and from there to their work behaviors. For this first study of Veterans representation, the relevant demographic characteristics of Veteran claims processors in the VA will be matched to their expressed attitudes. Unfortunately, it is not possible at this time to go the next step: linking bureaucratic outputs to sociodemographic and attitudinal inputs. Nevertheless, the literature on representative bureaucracy, reviewed here, demands an exploration of other identities: not just to shed light on the newly-categorized identities, but perhaps to round out our understanding of other identities as well.

IV. How Veterans Might Behave: Hypothesis Formation

Veterans of military service often share background characteristics, share socialization experiences while in military service, and thus can be expected to form similar values in some areas. Whether those shared values translate into active representation by Veteran status depends on several factors, according to the literature reviewed here.

First, I expect that Veterans represent other Veterans if the issue at hand is salient to their Veteran status and if they have enough discretion to do so, particularly as the two Veterans' (the bureaucrat and the client) experiences within the service become more and more similar. In this regard, service-connected disability (itself associated with identity formation) is probably the most salient possible issue area; others might be vocational training related to translating military training to civilian applications and any policy area where Veterans of prior service periods might have a chance to influence policy areas related to the newest Veterans. I also believe, though I do not test it here, that Veteran status may be an identity that does not require salience for activation. For example, it is a much-remarked upon fact in the Veteran community that

license plates related to military service can help prevent tickets for marginal traffic violations if the officer involved is also a Veteran, even though the Veteran identity of both individuals in that circumstance is not salient in any way. So it may be the case that Veterans will actively represent Veterans interests *especially but not only* if the issue at hand is salient to their shared identity. In that sense, Veteran identity may be one that is more 'concentrated' and is active at all times; other identities, more 'diffuse' ones, may require salience to become operative.

Second, I expect that, in general, Veterans with service-connected disabilities will represent others with service-connected disabilities if the disability itself is salient in some way (and, again, provided that they have the discretion to do so). There are several policy areas in which disability identity might be salient: in the VA context, there are many programs that depend on service-connected disability as a gateway to the benefit. Outside of the VA, there are home loan programs, job training programs, and the like that would all be salient to the disability part of the identity. If the disability is severe enough, certain Social Security programs, most notably Social Security Disability Insurance (SSDI), come into play: in such a setting, disabled Veterans might actively represent other disabled Veterans.

It is possible, however, that either identity might work in the opposite direction: not a more positive outcome based on shared Veteran status or disability, but a more negative one. For example, if the bureaucrat in question has a significant disability but is still working, he might be less likely to actively represent a claimant who has a less significant disability but is claiming an inability to work. For example, a Veteran claims processor who is rated at 60% for one condition or 70% for two or more conditions may be eligible for "Individual Unemployability", a program like Social Security Disability Insurance that compensates the Veteran as if he were rated at 100%, provided that he does not work; because he is actually working, he may view the claimant

in a less than favorable way. Similarly, Veteran status might 'go either way': if the bureaucrat who is a Veteran has some reason to look down on the service of the agency client who is a Veteran, then they may be more harsh on the claimant. For example, a Vietnam Veteran who served in significant combat might be scornful of the service of a peacetime Veteran or one who served in a non-combat role, and an infantryman may be scornful of a pilot or truck driver.

This study focuses only on active representation, not passive: Veterans are massively over-represented in the VA (about 40% of the workforce vs. about 10% of American citizens), so questions of passive representation are largely uninteresting here. I will outline and test four major hypotheses in follow-on chapters:

H1: Claims processors who are Veterans will report more favorable attitudes toward claimants than their non-Veteran peers.

H2: Claims processors with service-connected disabilities will report more favorable attitudes toward claimants than their non-Veteran peers.

H3: Claims processors who are Veterans will seek higher claims levels for claimants than those who are not Veterans;

H4: Claims processors with service-connected disabilities will seek higher claims levels for claimants than those without service-connected disabilities.

CHAPTER 3

THE VA DISABILITY CLAIMS PROCESS

The purpose of this chapter is to introduce the VA disability compensation system, its purpose and operation, and its challenges in order to set the scene for the particular test of the theory of representative bureaucracy discussed in the rest of this volume. The VA compensation system is unlike any other in operation: devised beginning immediately after World War I, it compensates Veterans based on an "average loss of earnings due to a specific condition" concept. The system is highly complex: the "rating schedule," or list of disabilities and how they should be compensated, runs to hundreds of pages of dense medical jargon and requires patience, training, and perseverance to understand. Furthermore, the rating schedule and list of disabilities changes constantly, as revisions, court decisions, and legislative actions modify how individual conditions must be handled. Each claim must be decided based on its own merits, and numerous bureaucrats handle each case in the adjudication phase. Unfortunately, the system is one that is under great stress: various commissions, panels, and investigations have found widespread delays and problems in processing claims, and lamented the fact that individual Veterans may wait months or sometimes years for their claim to be processed.

One major problem in the VA compensation system underlies this entire research effort: horizontal equity between Veterans applying for compensation at different offices is lacking. In other words, a Veteran in one state with condition X will often receive a different evaluation than a Veteran in another state with the same condition. While many explanations for this variance

have been offered, none in the media, academic community, or the VA itself have adequately investigated the phenomenon from the point of view of representative bureaucracy, or hypothesized about how individual factors within the bureaucrat himself may affect work performance in this particular organization.

This chapter will proceed in the following manner: first, I will discuss the disability compensation system of the Veterans Benefits Administration, including how claims are initiated, processed, decided, and, if necessary, appealed. Next, I will discuss problems that the VA has encountered in the last 50 years and the various commissions and agencies that have attempted to help correct these problems. Third, I will discuss the specific VA Office of the Inspector General (VAOIG) report that resulted in the data upon which this dissertation relies. Finally, I will outline how active representation in the disability compensation system might work, in addition to a discussion of competing hypotheses about various influences on the compensation system. This chapter will be enriched by comments provided by VA rating officials that serve to illuminate various issues in the compensation system.

I. How the Disability Compensation System Works

Understanding how the theory of representative bureaucracy can enrich our understanding of the problems and opportunities facing the VA requires a basic understanding of how the claims process works. The purpose of disability compensation, set forth in statute, is to compensate a Veteran for average loss of earnings due to his[8] disability. It is only given to a Veteran because of injuries or diseases that happened while on active duty or were made worse by active duty. This includes not only combat-related injuries, but any illnesses and conditions

[8] A note on usage: the male pronoun will be used throughout this paper, unless the female pronoun is required for a specific instance. Although women have always been a critical part of our national security and of our Veteran population, the percentages are still fairly small: as of September, 2010, women made up only 8.1% of the nation-wide Veteran population. The majority of RVSRs and DROs are also male.

that occurred during the Veteran's military service, or diseases related to military service which may manifest themselves later[9]. The VA disability compensation is not a means-tested program, and whether or not the Veteran is employed has no bearing on whether he is eligible for benefits[10]. Upon exiting military service, any Veteran is eligible for health care, job training, and other benefits for a period of time[11], which can vary based on whether the Veteran is currently in receipt of disability compensation or not.

In theory, the lifecycle of a single claim is relatively straightforward. If the Veteran believes that he has a condition that is service-connected in nature, then the Veteran or his representative files a claim with one of the VA's 57 different regional offices on a standard form, VA 21-526, *Veterans Application for Compensation and/or Pension.* Various sources of documentary evidence, including military retirement or separation paperwork and medical evidence, accompany this form. Upon submission to the VA, a "triage team" determines whether the Veteran meets eligibility criteria (such as active military service, Honorable or General Discharge from service, etc.) and whether the claim has sufficient medical and service evidence to make it immediately ratable. Next, the "Pre-determination team" continues pre-rating development for disability claims (such as nature of military service, locations of service, and verifying stressors for Post-Traumatic Stress Disorder (PTSD) claims) and prepares administrative decisions. At this stage, additional medical exams might be ordered, and conducted by either the Veterans Health Administration (VHA) or a physician under contract to the VA. Upon the determination of the "triage team" that a claim is ready to rate, it is sent to a

[9] The prototypical case of this variety is compensation related to certain conditions caused by herbivore exposure in Vietnam, particularly Agent Orange.
[10] Except in the case of "Individual Unemployability" or IU. This is a program that compensates Veterans at the 100% level for disabilities totaling less than 100% if the disability renders them unable to work. Being unable to work is a pre-requisite for receipt of IU.
[11] This period of time has varied over the last few decades. As of this writing, the time period for non-disabled veterans is 5 years. In 2005, the time period was 2 years.

Rating Veterans Service Representative (RVSR), who assigns a disability percentage from 0-100% in 10% increments. The Veteran is then informed of the decision and payment for the disability begins. Figure 3.1 provides a basic visual outline of the process.

If the Veteran disagrees with the decision, he may file a Notice of Disagreement (NOD) with the VA, and a Decision Review Officer (DRO) is tasked to review the case again. The DRO has the authority to overturn the decision of the original RVSR, and to grant the claim. If the Veteran still disagrees with the DRO, he may begin the process of appealing: this process begins within the VA at the Board of Veterans Appeals and concludes at the US Supreme Court.

Several points about this process bear further discussion. First, each and every person who approaches the VA for disability compensation is self-identifying as both disabled and as a Veteran. It is important to note that the VA is alone among Federal programs in the kinds of disabilities it compensates for, and a large majority of the claims are for conditions that would not be considered to be disabling in another context. For example, tinnitus (ringing in the ears), high blood pressure, and lumbrosacral (back) strain are all among the VA's top 10 most commonly rated disabilities, though often rated at the 0% level. For this reason, it is useful to think of "disabilities" in the VA context as occurring on a continuum, from mild conditions or ailments through the more severe disabilities like spinal cord injuries, brain injuries, and serious mental illness. Second, at any point after he begins receiving compensation, a Veteran may re-apply for benefits, or for an upgrade in his disability level. This means that many claims processed by RVSRs and DROs have already been adjudicated at some previous point. This has two effects: applicants may possibly take less care with a claim than they would if re-application was not an option, and RVSRs may see very complex claims that have been processed several times previously at several different levels (medical assessment, initial decision, appeal, etc.).

This churning results in claims that are truly complex and may run to hundreds of pages. Third, the rating official does not have direct contact with the claimant. A DRO or VSR in a "triage team" might have such contact, but RVSRs generally do not.

As the earlier chapter introducing the theory of representative bureaucracy made clear, there are two necessary but insufficient conditions for active representation: the bureaucrat must have discretion to affect the outcome of interest, and the identity in question should be salient to the decision environment. From that point of view, the claims processing function of the VBA is a nearly ideal setting for testing active representation among Veterans: first, an individual claims processor exercises great discretion by the very nature of his job. He must determine whether a condition is plausibly connected to military service, he must sift through hundreds of pages of evidence in some cases and make decisions about whether to pursue additional evidence in any number of different ways, and he must make degrees of impairment decisions regularly. The decision environment as it relates to disability determination for Veteran claimants is also clearly salient to Veteran and disabled Veteran claims processors. Interestingly, this particular setting has one additional benefit: the fact that the claims processor and the claimant almost never come face-to-face allows us to discount the effect of race, ethnicity, and gender on the outcome[12]. In other words, the "Veteran" component of the decision and the "disability" component of the decision can be separated out from the confounding effects of race, gender and the like. There is no reason to suspect that either race or gender are salient anyway in this case, further discounting their possible influence on the outcome of a case.

[12] While both sex and race are generally available in a claims folder, they are not a primary feature of such folders.

II. Problems with the Disability Compensation System- Impetus for a Deeper Look

Unfortunately for Veterans and their families, the disability compensation system has been troubled for decades. Many studies and commissions have documented these problems and recommended solutions, but the same or similar problems keep recurring. The data used for this dissertation come from one such study, done internally by the VA in 2005. However, many other studies have documented important facets of the disability compensation system, and serve in some respects as a key for a full understanding of the context and implications of the 2005 study. Several of the studies documenting the problems in the VA disability compensations system will be outlined here, concluding with a discussion of the 2005 VAOIG study and one follow-on study that used the same data and some complementary data to more fully explore the research questions in the 2005 study.

Attempts to correct perceived problems of various types in the VA go back decades, but particularly to the period beginning at the end of WWII. During his administration, President Eisenhower created a commission to study the different types of benefits granted to veterans by Executive Order 10588 in January 1955. This Presidential Commission, known as the "Bradley Commission" after its chairman, General Omar Bradley, was created in response to rising concerns about the policy implications and long-term viability of VA compensation programs. The GAO, tasked with identifying at-risk programs and strategies for long-term improvement of those programs, identified VA disability compensation as a high-risk program as early as 1978, noting in a report that Veterans claims processing was an area with a high degree of complexity, resulting in delayed claims for service-connected conditions (GAO Report HRD-79-25, December 1978). Other reports through the 1990s lamented the fact that Veterans economic losses related to their military service may not be properly compensated (GAO Report HEHS-

97-9, January 1997), that the VA means of compensating disabilities differed from typical worker's compensation programs in unfavorable ways (GAO Report HEHS-97-5, February 1997), and other problems.

Congress clearly agreed with this diagnosis of the VA, creating the "Veterans' Claims Adjudication Commission" (called the "Melidosian Commission" after its chairman) in 1996 with the passage of Public Law 103-466. The Commission pointed out four major issues with the program. First, VA disability compensation does not end once it is awarded. This means, among other things, that erroneous compensation decisions affect the system until the death of the Veteran. Second, the system of claims processing was outmoded and in need of serious overhaul. Third, the Court of Veterans Appeals was overburdened and ineffective, and finally, strategic management needed significant improvements. The commission believed that these situations were unlikely to resolve themselves, or be resolved by the VA internally, without significant Congressional support.

The VA largely agreed: in 2001, the Secretary of Veterans Affairs chartered a "Claims Processing Task Force" to determine the causes of the (then) 500,000 cases "backlogged" or awaiting adjudication. Among other findings, this task force lamented the fact that the system of claims processing was originally designed as a

> "serial work flow: establish the claim, collect and develop evidence, evaluate and rate the issues or make a non-rating decision, award the benefit, pay the veteran, and then work on the next claim. This process was not designed to deal efficiently with rework that is continually reintroduced into the workflow. Rework includes remands, cases under special review, and pending cases that have aged for some reason. These claims have been introduced back into the workflow process more than once over a period of time because of the need to develop new evidence or for other reasons. These rework cases essentially "churn" in the system at each Regional Office, as they are reassessed on an ad hoc basis."
>
> - *VA Claims Processing Task Force, Final Report (OCT 2001)*

The VA had previously identified many of these issues. In 1997, the VA's own inspector general called on VA to improve delivery of earned benefits in both timeliness and accuracy, and said that wholesale improvements in the statues and regulations governing the pension system would help in that effort (VAOIG, 1997).

The situation did not improve significantly through the 2000s, either, and one critical recurring issue was highlighted in a 2001 report by the VA Claims Processing Task Force: "For more than a decade, VBA employees have been dealing with a cycle of workload crises. The current backlog or pending inventory of 533,000 veterans' claims is just the latest in a series of oscillations that have become an inherent characteristic of the claims process" (VA Claims Processing Task Force, 2001@ii).

Another problem in the disability compensation system was highlighted in a 2002 GAO report: sometimes the personnel who rate a claim and those responsible for quality review have honest differences of opinion on the outcome of that claim. This is in line with the fact that each claims processor exercises a degree of discretion over the decisions they make. In its response to the GAO report, the VA "agrees that consistency is an important goal, and…has work to do to achieve it" (GAO, 2002). Unfortunately, the consistency problem is not one that is readily solvable: GAO returned to the theme in 2004, finding that despite VA's expressed intention to address the consistency issue, "VA still does not systematically assess decision-making consistency among the 57 regional offices" (GAO, 2004).

One method to address the consistency problem was expressed by the VA in their comments to the 2002 report: the Systematic Technical Accuracy Review (STAR) process. In the STAR program, independent reviewers examine samples of compensation claims to determine whether all issues were addressed, whether appropriate communications to the Veteran were

provided, whether an appropriate grant or denial decision was made, and whether the percent evaluation was correct. While the STAR review process does improve decisions by providing an extra level of scrutiny to some claims, the 2004 GAO report criticized the process because it does not address consistency overall or for specific impairments. In conclusion, the GAO wrote, "VA cannot provide reasonable assurance that similarly situated veterans who submit claims for the same impairment to different regional offices receive reasonably consistent decisions."

Interestingly, structural reasons within the VA compensation system may be responsible for many of the workload and claims variance issues that the VA has struggled with for years. For example, while the disability ratings are prescribed in 10% increments up to 100%, the dollar amounts in monthly compensation do not increase linearly: the increase in monthly payment (for 2009) from 10% to 20% disability was $120, while the increase in monthly payment from 90% to 100% was $1069 (www.va.gov). This means that there is financial incentive for individual Veterans to pursue increasing compensation by repeatedly filing claims, by listing as many conditions as possible, and even by exaggerating symptoms. This is in sharp contrast to other benefit programs, such as Social Security Disability Insurance (SSDI), which makes a yes/no determination rather than a determination based on degrees of disability. As a result of this structural issue, claims complexity is increasing over time: from 1995 to 2004, the percentage of claims with 7 or more issues was around 18%, but by 2008 had risen to 26.7% (IDA, 2009). These claims are obviously more complex, require more time to rate, and require the use of much more discretion. This puts the individual claims examiner and the VA as a whole in a difficult position when it comes to horizontal equity between offices, or limiting claims variance. For that reason, most observers believe that the degree of variance will continue to be high and increase over time.

The VA's workload is unlikely to decrease in either sheer numbers or complexity in the near term: the average Vietnam veteran is now in his 60's, with continued age-related worsening of disabilities, and large numbers of new Veterans of Iraq and Afghanistan are entering the system, often with either very difficult Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) diagnoses. Additionally, Congressional action and VA regulatory changes are making it easier to apply for disability compensation based on certain herbivore exposures during the Vietnam War. For instance, the VA recently added presumptive service-connection for Parkinson's disease, ischemic heart disease, and B-cell leukemia for Veterans who served in Vietnam, allowing tens of thousands of Veterans to be added to the disability rolls (www.va.gov). As an illustration of the number of claims that VA processes in a single year, about 48% of all claims are reopened compensation claims. In 2008, VA received 489,816 claims of this type and another 240,000 initial claims of all types.

III. Claims Variance Investigation

Despite the best efforts of numerous commissions and task forces, the VA continues to struggle with claims variance between different regional offices and between individual raters. In November of 2004, GAO reported that the VA still had not implemented needed reforms in its internal programs to ensure that claims variance was tracked across different rating offices. Possibly alerted to this problem by the GAO report, the Chicago *Sun-Times* began a series of reports in the fall of 2004 highlighting the problem: on December 3rd, 2004, the *Sun-Times* quoted a VA analyst in Washington saying that part of the variance problem was due to the claims analysts themselves. "The folks who do the adjudication in Chicago are pretty tough…they are rather stringent in their application [of the rules]." According to the article, the Illinois VA rating office ranked second to last among the 57 regional offices, in part, according

to a spokesman for the Disabled American Veterans, because "The Chicago raters were trained by guys who saw themselves as keepers of the treasury, and they took that role seriously." The director of the Chicago rating office disputed that assertion, saying that no one in the office tries to slight Veterans intentionally. Another supervisor in the Chicago office argued that "I can say that it's a human process, and there is some room for individual variance."

The next day, on December 4th, 2004, the *Sun-Times* ran another article, this time detailing the responses of the Illinois governor, Rod Blagojevich, and the senior Senator from Illinois, Dick Durbin. Both demanded explanations from the VA, and the VA was relatively quick to respond: then-Secretary Principi said "The VA is committed to treating the claims of every Chicago veteran fairly and equitably. If that is not happening, it will be addressed." The media reports escalated from there. In a December 9th article, a former VA rating official from the Chicago office said "You always have to look out for the people who are trying to commit fraud. No taxpayer wants his money going to the goldbricks- the guy who makes his situation out to be worse than it is." By December 11th, the *Sun-Times* reported that the outgoing Secretary of Veterans Affairs had ordered the VA Inspector General to conduct a review of the disability variance problem. Finally, while the VA Office of the Inspector General (VAOIG) was conducting its review, Secretary Principi was quoted in the January 19th issue of the *Sun-Times* as saying that the government had a moral responsibility to "take whatever action is needed to correct the problem. We have to take decisive steps to make sure all veterans are treated fairly." Opinions about why the disparity existed were widespread: the newly sworn-in Secretary of Veterans Affairs Jim Nicholson told a group of Illinois Veterans that "There's a human factor of a guy sitting on this side of the desk rating and there's a veteran over there. That's a subjective call. That's where the difficulty is."

Under intense political pressure, the VAOIG released its final report, called "Review of State Variances in VA Disability Compensation Payments" on May 19th, 2005. The report concluded that:

> …compensation payments by state are affected by legislated pay increases, an antiquated rating schedule, veteran demographics, and inconsistent rating decisions. Payments may be affected by claims processing practices, disability examinations, timeliness pressures, staffing levels, rater experience and training, and fraud. We concluded that some disabilities are inherently prone to subjective rating decisions, especially for conditions such as PTSD where much of the information needed to make a rating decision is not physically apparent and is more susceptible to interpretation and judgment. This subjectivity leads to inconsistency in rating decisions.
>
> -*Review*, pp. x-xi

The first recommendation of the VAOIG was that the Under Secretary for Benefits "conduct a scientifically sound study using statistical models, such as multi-variant regression analysis, of the major influences on compensation payments to develop baseline data and metrics for monitoring and managing variances" (May, 2005).

The VAOIG conducted its review in essentially two interconnected processes. First, they identified a range of 20 possible demographic and benefit ratings factors that they believed might affect the average amounts of disability compensation payments. For time and data availability reasons, they focused their analysis of these factors on two 'clusters' of states: the 5 highest average compensation states and the 5 lowest average compensation states. The so-called "High Cluster" states were New Mexico, Maine, Arkansas, West Virginia, Oklahoma, and Oregon, with average annual compensation of $11,073. The 5 lowest states were Indiana, Michigan, Connecticut, Ohio, New Jersey, and Illinois, with an average of $7,127 (May, 2005). The second process was a survey issued in a single wave to 1,992 VARO rating specialists and decision review officers. Of those, 67.7% responded. Results included the following: 44.9% of the

respondents were Veterans, with 20.4% of those having served in combat. 59.2% of the Veteran respondents were currently receiving disability compensation payments themselves. The majority (57.4%) of respondents rated their training as either "good or very good." A bare majority (52.4%) believed it was likely or somewhat likely that they could support two or more different ratings for a single condition. The complete survey results are given in Appendix E of the VAOIG report, and reproduced in Appendix A of this dissertation.

Perhaps as illuminating as the statistical breakdown of the survey results are the remarks that raters made with respect to the survey[13]. These comments were in response to an open-text area on the survey. Broad themes across most of the comments included issues of significant time pressure and a struggle to meet production standards, the subjectivity of the rating schedule and the difficulty of assigning just one disability rating for a specific case, and a hostile environment either within the rating office itself or among the members of the rating office toward Veterans.

Time Pressure

Most commenters cited time pressure as a significant concern. One commenter, from the Roanoke, VA office said "Our problem is we don't have enough people to keep up with the workload." Another commenter agreed, saying "With the current production standards in place, it is not always possible to do extensive research on more complicated or difficult cases." Yet another blamed management for the time pressure, saying "…management encourages banging out ratings with not enough evidence compiled to get the rating out and end the [case]…this is not an assembly line but a job where you think and make cogent decisions [punctuation *sic*]." Throughout the comments, the theme of time pressure continues: one calls the production

[13] These results were made available to me via Freedom of Information Act requests to the VAOIG. Unfortunately, they were provided only in hard copy, text format, meaning that linking individual comments to respondent demographics is not possible. Nevertheless, many of the comments are informative.

standard "outrageous…these problems have been around for a very long time, but we continue to make promises that there is no way that we will keep. If the VA wants quality, reduce the number of cases that RVSRs need to put out per day…" In all, 46% of raters said that it was either generally or very difficult to meet their daily production standards, and the theme of time pressure ran all the way through the comments.

Rating Schedule Subjectivity

The VA report itself cites the rating schedule as a source of some variation. The schedule is "based on a 1945 model that does not reflect modern concepts of disability…although some updates have occurred, proponents for improving the accuracy and consistency of ratings advocate that a major restructuring of the rating schedule is long overdue" (VAOIG, 2005). Just over 50% of respondents to the survey said that the situation where they could support "two or more different ratings for the same medical condition" was either very or somewhat likely. The text comments to the survey broadly agreed with this point. "My personal opinion is that the core problem with national inconsistencies are due to the [rating schedule]…There are many areas that are left for rating specialists to interpret." Another calls the issue one of judgment: "While rating criteria can be codified ad infinitum, it remains up to the individual's own interpretation of evidence as submitted to determine the appropriate evaluation…" The schedule clearly allows great discretion among different reviewers, meaning that a portion of the variance among and within offices is natural and expected. To many commenters, this fact is a source of great angst. Some expressed that they believed that a Veteran should receive the same rating no matter who did the rating, but that they believed that this was an unachievable standard. Some believed that the rating schedule was used to justify whatever preconceived notion the rater had about whether the Veteran was deserving or not, and that the actual medical evidence was often only a minor

factor. This comment, among the thousands received, perhaps sums it up best:

> "Rating is a very difficult job, primarily related to specific evaluation requirements and lack of completeness in the Rating Schedule. We were recently advised to consider additional functional impairment and subjective complaints…how to rate those factors was never discussed. At times we are told to only use one diagnostic code to evaluate conditions. At other times we are told that we must consider any possible related code. Some VA examiner's [*sic*] will include complete and detailed information, others the bare minimum."

Rating Office Environment

Significant subjectivity in the rating schedule, along with high production standards, resulted, in many comments, with an evaluation that the rating offices either had a negative environment internally or a negative attitude toward Veteran claimants. One commenter called the environment "somewhat hostile…We're told to be 'team players' but individual competition…runs counter to this goal. I will probably retire earlier than I originally had planned based on this constant pressure and stress." Another said "[there is] little or no effort at building morale and creating a sense of one VA working for the veteran/claimant." Some commenters disagreed with this assessment, saying that management "has displayed a supportive and generally cooperative attitude toward the rating activity…[but] the paramount concern is reducing the backlog…" One commenter even went so far as to argue that the raters who have the highest output rates often assign lower evaluations so that they can process claims more quickly. Most disagreed with this assessment, though: 88.4% disagreed that raters assign a low disability rating to process the claim more quickly (VAOIG, 2005).

Comments about Claimants

Commenters had a great deal to say about the Veteran claimants, and the comments were both positive and negative. Many times, the comments about the claimants had to do with the rater's personal connection to the Veteran, as in cases where the rater believed that the Veteran

deserved excellent service or generous benefits because of the nature of his service. Others accused many claimants of being greedy, and of 'gaming the system' for higher evaluations and therefore more compensation from the government.

Comments about claimants in a positive light are more prevalent than those in a negative light, and many of those comments related to the rater's own military service or belief that such service was special and noteworthy in some way. Some examples follow:

> "[Most of us] are veterans and we do the best we can to give our fellow veterans their entitlements…"
>
> "I am a disabled veteran, and know how important these benefits are, so I would not cut corners…"
>
> "I am a veteran myself and would rather have a correct decision made even if it takes a little longer…"
>
> "I love my job and I love the people I work for (veterans)."
>
> "I take a lot of pride in my work and want to afford the veteran the best possible outcome."
>
> "Management here strives to instill in each and every one of us that we are here to serve the American Veteran. What more a (*sic*) noble profession is there?"
>
> "Only veterans should be on the rating board, as they have some understanding and empathy of what the veteran has gone through."
>
> "Most of the difference in Rating Decisions is based on the negative attitude of the Rating Specialists and the fact that they are cut off from public contact. Therefore, their sloppiness and cruelty does not affect a 'real' human being. …these files represent a person who has faithfully served this nation…"
>
> "We at the VA do indeed care about the veterans and our responsibilities to them…"

While such comments are in the majority, an opposite view is also rather common. This view holds that the benefits system is too generous, that many "disabled" Veterans are not disabled at all, and that certain Veterans do not deserve the benefits they receive. For example, one commenter said "It's actually a social thing…nobody works here, why should they when

they can get VA comp (as well as [Social Security]). They get more $$$'s now for doing nothing than they ever made in their lives when working…" Another said, talking about PTSD and other evaluations: "Come on, we give this stuff [benefits] away on sports injuries and car accidents. Is this what Abe [Lincoln] had in mind? I think not." One pointed out problems with horizontal equity within the rating schedule, where a Veteran is rated as 50% disabled because of a hysterectomy or sleep apnea, for example, but still able to work with no problems, whereas a Veteran might be rated only 50% for very serious mental illness or other diseases and thus be unable to work.

Often, self-identified Veteran raters said that they were more careful or more generous with claims because of empathy for the Veteran claimant, or commenters believed that Veterans provided better service. "I am a Veteran, and have the attitude to serve the Veterans, after all, this is the reason I have my job and am very proud of it." After providing a stinging critique of certain VA policies, one commenter said "I myself am a Vietnam veteran who served with the 4th Infantry Division in the Central Highlands of Vietnam…I have four sons who are active military and/or veterans…the VA must get back to the goal of service to the veteran…" One said "the VA is a system that needs people that understand the veteran and what he went through, however…[most employees] understand neither…believing that he is just a mooch on society." Another cited the knowledge of military service as a positive reason for hiring Veterans as raters, saying "it would also be a plus if they were …veterans, so that they would know …[what different awards and decorations mean]."

The VA's own analysis of the survey data provided tantalizing clues overall, but no firm conclusions or definitive explanation for why variation occurs. Referring again to the 'clusters' of states with the highest compensation levels and the lowest levels, VA found that although

demographic characteristics of respondents between the highest and lowest states were similar in length of experience, age, and percentage with Veteran status, states with the highest average payments have 75.4% of the Veteran respondents had service-connected disabilities, while in the lowest average states, that number was only 46.3%[14]. These respondents claimed similar "levels of dissatisfaction with claims development," have "similar objectives when rating disability claims," and "share concerns about production and staffing" (May, 2005). Training also received a higher priority in states with higher compensation levels, perhaps indicating a process of professional socialization. In any case, it is striking that the VA found such a major difference in the percentage of service-connected Veteran respondents to the survey, but did not return to the theme again in the report.

The first of 8 recommendations offered by the VAOIG was to conduct "a scientifically sound study…of the major influences on compensation payments," (VAOIG, 2005) and the VA contracted with the Institute for Defense Analyses (IDA) for just such a report, which was produced as a two-volume effort in December 2006 and called *Analysis of Differences in Disability Compensation in the Department of Veterans Affairs.* This comprehensive effort is an invaluable companion to the VAOIG report, as it utilizes several other significant sources of data to conduct a detailed assessment of some sources of state-by-state variation.

Their results are interesting: the mix of claims of various types, the effect of attorney representation in the claims process, and the difference in compensation across periods of service together account for half of the observed variation in awards across states. As a subset of the first finding, IDA found that some states are significantly more likely to grant claims based on PTSD

[14] This difference is large and statistically significant: the χ^2 statistic is 5.469, p-value .019. There were 151 respondents from the highest states (43% veteran, 75.4% service-connected) and 183 from the lowest states (45.6% veteran, 46.3% service-connected).

(PTSD is a claim factor that typically results in a more lucrative financial reward, so states with higher PTSD grant rates will have higher overall awards). Finally, median family income, population density, and percentage of the population with a mental disability are all demographic factors correlated with higher overall payments (IDA 2006, pp. S-3).

In their analysis of the adjudication process itself, IDA found that several factors affected how the individual raters make decisions: the raters they interviewed said that stratifying symptoms into mild, moderate, or severe categories causes some variation when raters could reasonably disagree on cases close to the margins. Second, some raters typically consult with their colleagues on some kinds of cases, meaning that an office-wide culture of either granting or denying may take hold. Finally, training duration and adequacy was a significant source of variation: well-trained offices with functioning quality review processes tended to have lower degree of variation. Unfortunately, variation within an office is controllable in the current system of 57 regional offices, while variation among offices may or may not be controllable: IDA noted that "few activities…promote consistency at the national level" (pp. 26).

IDA made 6 major recommendations related to their detailed study of the adjudication process:

1) Standardize initial and ongoing training for rating specialists.
2) Standardize the hospital evaluation reporting process.
3) Increase oversight and review of rating decisions.
4) Consider consolidating all or selected parts of the rating process into one location.
5) Develop and implement metrics to monitor consistency in adjudication results.
6) Improve and expand data capture and retention.

*(*from *IDA, 2006, pp. 39-40)*

Interestingly, recommendations #1 and #3, which are the most suited for a discussion of who rates cases and how they might vary from one another, merit no such discussion in the IDA report, and no explanation for their omission.

IV. Seeking Active Representation in the Disability Compensation System

As the previous chapter made clear, there is ample reason to believe that Veterans may "represent" other Veterans provided that they have discretion to do so and particularly, but not solely, if the issue at hand is salient to their shared Veteran status. Isolating active representation across the population of raters and DROs should be fairly straightforward: find an area of the claims process where the rater has some control over the outcome, control for alternate explanations, and apply appropriate statistical techniques to find the effect of Veteran and disability status on the outcome. As in all such investigations, however, the ideal case is rarely achievable, and many variables bear on the outcome.

As stated earlier, Veterans can be expected to have very strong social bonds based on their shared hardships, particularly if their service included combat or other extreme hardship[15]. That said, military service is far from a monolithic experience: the enlisted infantry soldier in combat has an entirely different experience than a communications officer serving at a posting in the United States. Furthermore, there are strong cultural differences between the services: while an Air Force fighter pilot may have similar technical skills to a Navy fighter pilot, it is entirely possible that the direction of their allegiance is to their service rather than to their technical capacity. An Army infantryman and a Marine infantryman have nearly identical critical skills- in fact, the two services use the same manuals to train their infantrymen- but the US Marine Corps has a legendary socialization scheme that may result in stronger bonds within that service than across services. Nevertheless, service members (and, eventually, Veterans) can be expected to

[15] It may even be the case that these extreme circumstances may cause a bond that is so strong that it overwhelms the need for salience that is commonly found in the literature. It is possible to imagine, for example, that the "Veteran" identity is so strong that it acts in all circumstances in which two Veterans come into contact. The police-speeder interaction, for example, might be a case where we could test Veteran representation without it being salient. This theoretical argument will be left for other research, however.

share an identity with other service members, regardless of specialty and branch, especially when compared to non-Veterans.

The issue of disability is actually quite analogous to this discussion of military service. While the previous chapter pointed out that a "disability identity" does, in fact, exist, it is far from a monolithic construct. For evidence of this fact, one need only briefly examine the universe of disability advocacy organizations: many, if not most, of them are focused on a specific disability rather than a broad array of them. For example, the National Federation of the Blind and the American Foundation for the Blind are both focused on blindness and vision impairment. Similar organizations are available for the Deaf, for those with spinal cord injuries, brain injuries, amputations, burns, and many other conditions resulting in disability. Significant to this research is the fact that disabilities resulting from military service have their own organizations, most notably the Disabled American Veterans (DAV) and newer organizations such as the Wounded Warrior Project (WWP). The existence of these organizations points to the fact that not only does disability have its identity or set of identities, but disability connected to military service has its own identity as well. This fact is supported in the comments that raters made to the 2005 VAOIG survey: many respondents pointed to their own service-connected disability as being a significant factor in their own disability determination decisions. Significantly, though, the direction of this influence in representative bureaucracy is far from clear: first, no research has yet been published on the issue, but a second, somewhat counter-intuitive direction of influence can be easily imagined. While we might expect disabled Veterans to advocate for other disabled Veterans, it is entirely possible that degree of disability matters a great deal. If, for example, the rater is seriously disabled but obviously still in the workforce, he

may have a somewhat more harsh view of someone who is less-disabled but claims that they are unable to work.

Besides disability and Veteran status, the comments to the survey provide an excellent starting point for understanding what other influences may affect compensation decisions. For example, several studies and the comments to the VAOIG survey indicate that time pressure is a significant problem. The VAOIG final report cites time pressure as one possible explanation for claims variance, and the comments from raters back this up. Time pressure may result in either more representation or less, depending on the form of the representation. A rater who is under significant time pressure may see himself as only having time for the facts as presented (exercising little discretion) or may not have time for the facts as presented and act solely or partially on his shared identity with the client, if any (exercising much discretion). Unfortunately, nothing in the literature speaks directly to the issue of time pressure, so an *a priori* position is not possible.

Rater experience and training is another key variable that may affect outcomes. A well-trained rater will have the ability to use discretion more effectively because he has more information about when and where judgment calls must be made in the rating process; on the other hand, a well-trained rater may also be one whose personal judgments and values begin to be replaced by institutional norms and forces, resulting in less active representation.

Many, many of the comments in the VAOIG survey reflected the fact that the rating schedule has great subjectivity. A rater who strongly agrees with the statement that "the rating schedule is highly subjective" may be one who acknowledges that his judgment is key in determining a final outcome. Similarly, raters who believe that the physical examinations done by VA clinicians or contractors are of generally low quality may also be a rate who believes that

the medical information enables his judgment rather than driving the outcome: a sparse medical report with many gaps may allow room for a rater to use much discretion, thus meeting one of the pre-conditions for active representation.

Finally, the office environment is cited by many of the commenters as being a key factor in their rating decisions. For example, some raters complained that their bosses encouraged a 'production at all costs' mentality rather than a Veteran-first mentality, and other commenters said the opposite. Generally, though, commenters agreed that the attitude of their peers and supervisors toward the "production vs. quality" question influenced the decisions that they made.

Despite the existence of interesting explanatory variables, the VA report does not tackle them directly, particularly the question of whether the personal characteristics of raters matter in the outcome of the decisions they make. While the previous chapter makes clear that an overwhelming amount of scholarship supports such a conclusion, there exists within the VA specifically (and perhaps in other contexts) a deep unease with that idea. In a 2008 interview with a very senior VA official, I was told that the VA specifically did not want to know whether rater demographics changed the outcome of cases for two reasons: the VA might be embarrassed if the findings are that some raters are pre-disposed to process cases differently from others, and the VA might then have to take demographics into account when making hiring, firing, transfer, and promotion decisions. Instead, he said, the VA was interested in focusing on organizational factors and training, rather than individual factors. This is understandable on some level: the Social Security Administration, which faces similar concerns about claims variation, is also uncomfortable with the idea that rater demographics make a difference because of Constitutional

concerns about equal protection[16]. Second, data for this type of study needs to have a rather specific form: the lead author for the Institute for Defense Analyses (2006) report cited earlier was unable to pursue questions of rater demographics both because of a lack of data and a general unawareness of the theory underlying such a hypothesis[17].

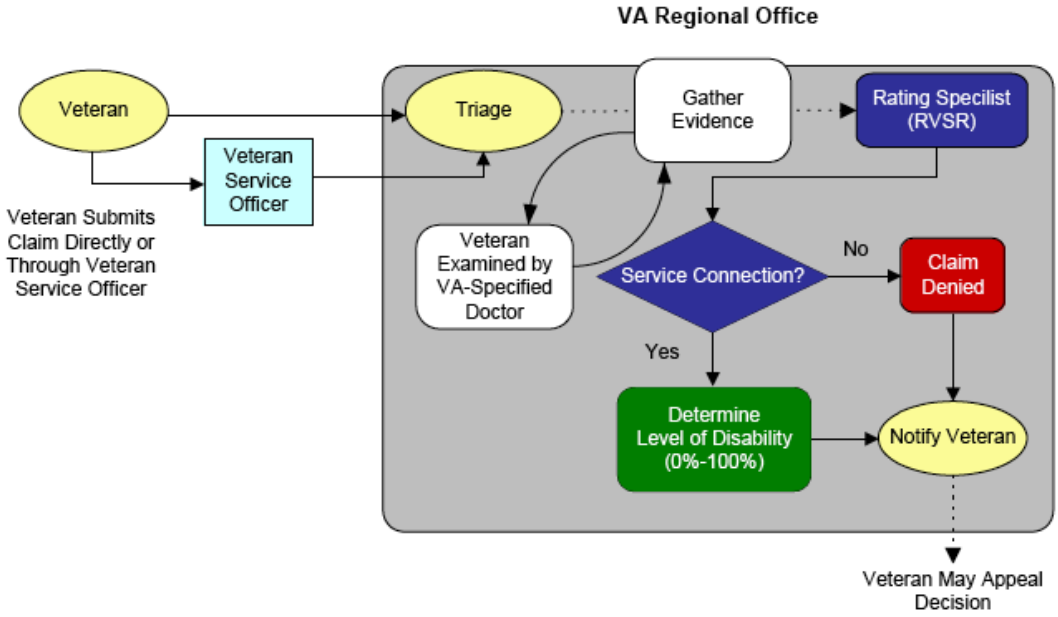
In short, the VA disability compensation system is, perhaps, an ideal setting for expanding the theory of representative bureaucracy to include Veteran status and disability status. The 2005 VAOIG survey provides the necessary data, including attitude measures for raters as an outcome measure, Veteran and service-connected disability status as key explanatory measures, and other demographics, time pressure information, and information on management influences. Unfortunately, the data for actual rater outcomes is not provided here, but the idea that attitudes lead to action is hardly a stretch. Furthermore, the decision environment is salient to both Veteran status and service-connected disability status, and the raters exercise great discretion in numerous ways. However, despite the fact that the VA provides an ideal setting in which to determine the effect of Veteran status and disability, it is not at all clear that a finding of this type is generalizable to another population, nor does it need to be. The VA disability compensation system is a massive program, and finding an effect for Veteran status or disability (or any other individual characteristic) is significant. In fact, it is possible that because of the fact that Veteran status and disability status are *extremely* salient in this context, the sheer degree of salience may affect the direction of the effects: perhaps Veterans act one way when they are VA raters and working for Veteran clients and another way when they are street-level bureaucrats like Veteran police officers making decisions about whether or not to ticket a Veteran speeder!

[16] In fact, just such a concern raised by the General Counsel of the Social Security Administration caused research by this author and a collaborator on claims variation in that agency in July 2010 to be aborted.

[17] The lead author of the 2006 and 2009 IDA reports indicated that data limitations were the primary reason, but he also showed a lack of familiarity with the concepts or literature of representative bureaucracy. Telephone interview conducted 11 January 2011.

That question can wait for another day: in the next chapter the specifics of the testable variables at hand will be examined.

Figure 3.1
The Disability Claims Process in the VA



(*Analysis of Differences in Disability Compensation in the Department of Veterans Affairs,* 2006.)

CHAPTER 4

VARIABLES: SELECTION AND PROCESSING

In previous chapters, I illustrated the theory of representative bureaucracy, introduced the Veterans Administration, and discussed the claims process in general, including an introduction of the claims variance problems and the survey that the VA used to begin to study claims variance. The purpose of this chapter is to build on the previous discussion by introducing specific variables included in the 2005 VAOIG survey and the describing the steps taken to prepare for empirically testing the theory of representative bureaucracy in the context of Veteran identity and disability status.

I took a number of steps to clean, code, and analyze the dependent and independent variables to prepare for multivariate analysis. These steps will be presented in this chapter, along with various simple cross-tabulations to illustrate relationships among variables.

I. Dependent Variables

I use three different dependent variables in subsequent chapters. On their face, they appear to measure a similar concept: how favorable a respondent's approach to the claims process is[18]. The vast majority of respondents answer these questions as expected, and in a manner that is highly favorable to the claimant. This is entirely in line with the agency mission of providing and advocating for Veterans, as discussed in previous chapters. As a gross

[18] By "favorable to the claimant", this paper refers only to the *financial* interest of the claimant. It is possible to imagine a circumstance whereby *denying* someone's disability claim could be seen as favorable to that claimant because it would keep him or her in the labor force and off of the disability rolls. The financial interest interpretation, however, seems most reasonable.

generalization, then, initial examination of the data indicates that most respondents are favorable to Veteran claims for disability compensation, and embrace their role as advocates for Veterans.

Approach to Claims: Broad & Liberal/Narrow & Conservative

The first dependent variable is a scale formed from two questions that appear in the original VA survey, and measure the same concept: whether a claims processor views the claims process from a broad or narrow perspective. This underlying question was deemed of such significance that the designers of the survey asked it in two ways (see Question 34 in Appendix A, or Appendix E of the VAOIG report). The question reads "In recent months, questions have been raised in the media about the consistency of rating decisions and the way in which rating decisions are made. Please indicate your agreement or disagreement with the following statements." Each sub-part of this section was coded on a 5-point Likert scale from Strongly Agree to Strongly Disagree. The responses to these two questions are shown with summary statistics in Table 4.1.

As anticipated, the vast majority of respondents answered these two questions in a way that can be considered favorable to the Veteran claimant: 80% of respondents answered that they either Strongly Agree or Agree Somewhat with the statement that "I apply a broad and liberal interpretation" and just over 80% either strongly disagreed or disagreed somewhat with the statement that "I apply a narrow and conservative interpretation of the rating schedule."

Once the "narrow" question is recoded to the same direction (higher is more claimant-favorable) as the "broad" question, two measures can be used to show how these variables relate to each other: correlation and a measure of scale reliability. The correlation coefficient is simply a measure of the linear relationship between two variables and the most common form, Pearson's correlation coefficient, is calculated by dividing the covariance of the two variables by the

product of their standard deviations. In this case, the correlation coefficient between the "broad" and the "narrow" question is .6135, indicating that the two variables are linearly associated with one another. After combining the two variables into a scale, it is necessary to determine whether the scale thus formed is reliable: Cronbach's α, a calculation of the reliability of a scale formed from component variables is used for just such a purpose. A common interpretation of Cronbach's α is that it measures the degree to which two variables measure the same underlying construct. The α between "broad" and "narrow" is .7584, indicating a degree of scale reliability above the usually accepted cut-off of .7: in this case, the interpretation of the scale values is that they measure a latent variable that is essentially a claimant-favorable attitude.

Before accepting that these two variables measure the same underlying construct, further examination is required. Because these two variables are simple reversals of one another, my *a priori* belief was that the correlation between "broad" and "narrow" would be a value nearer to 1. That it is not closer to one led me to suspect an outlier problem in the VAOIG survey results, and the simple scatter plot in Figure 4.2 confirms this theory

It seems as though if a respondent was perfectly internally consistent, their response would lie along the line from (1, 1) to (5, 5), with values closer to the origin indicating a Veteran-hostile attitude and values further from the origin indicating a Veteran-favorable attitude. Because the mission of the VA is to advocate for and provide for Veterans, I expected most respondents to cluster around a value of (5, 5). This expectation is confirmed by the data. Some respondents are scattered along the lower end of the line, also as expected. An unusual result appears, though, with the cluster of respondents around (1, 5) and (5, 1). These respondents appear to be responding in a self-contradictory way by answering that they strongly agree with both applying a broad standard and a narrow standard, or strongly disagree with both.

Either answer may indicate internal inconsistency. Worst yet, though, is the fact that these internally inconsistent answers lie far from the hypothesized internal consistency line, putting them in a position of great influence in regression analysis.

The most benign interpretation for these clusters is that the respondents were not paying attention to the questions for some reason: they did not notice that the second question was opposite of the first one, and answered the same for both questions. There are ample reasons why this interpretation may be accurate: time pressure, lower reading ability (Benson and Hocevar, 1985), or a general lack of interest in the survey may all contribute to non-attentive survey responses. Unfortunately, as Benson and Hocevar (1985) point out, such a result threatens the internal validity of the information gathered. This type of respondent is commonly referred to as a "response setter."

To check whether respondents were, in fact, response setters, requires returning to the original survey and examining the response patterns closely. Question 34, of which parts e. and f. are sub-parts, consists of a matrix with a question at the top and sub-questions down the left-hand side. The question at the top is "In recent months, questions have been raised in the media about the consistency of rating decisions and the way in which rating decisions are made. Please indicate your agreement or disagreement with the following statements." The sub-questions down the left-hand side are:

a. When rating a disability claim, I start with the assumption that the veteran is applying for the highest possible rating for the claimed condition.
b. When rating a disability claim, I start with the assumption that the veteran is applying for the lowest possible rating for the claimed condition.
c. When reviewing a compensation claim, I first determine whether the highest possible rating for the claimed condition can be granted, and if not, move down the rating schedule to determine whether the next highest rating can be granted.
d. When reviewing a compensation claim, I first determine whether the lowest possible rating for the claimed condition can be granted and then move up the rating schedule to determine whether a higher rating can be granted

e. When rating a disability claim, I apply a broad and liberal interpretation of the rating schedule.
f. When rating a disability claim, I apply a narrow and conservative interpretation of the rating schedule.
g. In my office, management encourages RVSRs to apply a broad and liberal interpretation of the rating schedule.
h. In my office, management encourages RVSRs to apply a narrow and conservative interpretation of the rating schedule.
i. In my office, RVSRs and DROs who grant lower disability ratings are likely to receive better performance appraisals and more awards than others.
j. In my office, RVSRs and DROs who grant higher disability ratings are likely to receive better performance appraisals and more awards than others.
k. I have no difficulty meeting my production standard without sacrificing quality.
l. If I make sure I have sufficient evidence for rating each case and thoroughly review the evidence, I have difficulty meeting my production standard.

Clearly, these questions occur in opposite-coded pairs (a/b, c/d, and so forth). Searching for response setters was a fairly straightforward effort: I created a series of six indicator variables, one for each pair of sub-questions. These indicator variables were coded "1" if the answer to the first and second component were equal to each other but unequal to the three values in the center of the range. For instance, respondents who answered both part a. and part b. with either a 1 or a 5 received an indicator coded "1." Those who answered (1, 5) (2, 4) (3, 3) (4, 2) or (5, 1) received an indicator coded "0." Table 4.3 below shows the distribution of this particular response setting indicator.

Of the 1326 respondents, 9 were flagged in this way. Response setting can follow various patterns, shown in Table 4.4. For example, Respondent "a" started this section off with internally consistent answers for two pairs of questions, then became a response setter for the next 6 questions, then reverted back to internal consistency. Respondent "g" was internally consistent for the second and final pairs, but none of those in between. In all, less than 1% of the total number of respondents were identified as response setters in this way. Furthermore, even when they are identified as response setters, an examination of the table below shows that this

identification strategy is somewhat flawed: respondent a, d, e, f, and i all seem to answer in acceptable patterns. However, even if all 9 are excluded, the correlation only rises from .6135 to .6291 and the Cronbach's α from .7605 to .7722, a negligible improvement and not likely to be worth the interpretation risk inherent in any manipulation of a dependent variable.

Another method of identifying response-setters is to compare each respondent's responses on the "narrow" question to each of his responses in the rest of question 34, flagging those cases where the responses are the same. The distribution of the flags generated in this way shows that only 17 (1.4%) of the 1326 respondents agreed 8, 9, or 11 times out of a possible 11. For example, three respondents agreed 11 out of 11 times answered "3" for the entire section. The first method of identifying response-setters is superior to this one, though, for the reason that answering "3" across the board does not necessarily reflect internal inconsistency. In fact, "neither agree nor disagree" is a completely appropriate response to this set of questions.

Hadi (1992) provided a computationally-intensive method of finding both outliers and influential observations that improved on existing measures of influence based on confidence ellipsoids, such as the variance ratio and Cook-Weisberg statistic. Certain observations might be influential because they data possess a large prediction error or they are outlying in the space defined by the matrix of explanatory variable (x-space) (Hadi 1992, pp 12). Hadi's method defines a base cluster of points and then iteratively compares each point to the base cluster to determine whether each point is an outlier. Using this method[19], I identified 28 total outliers, of which 27 are in the corner defined by (1, 5). This makes good intuitive sense: the corner of the broad-narrow cross tabulation at (1, 5) and the corner at (5, 1) are the most internally

[19] The command was "hadimvo broad narrow vet rvsr sccond, generate (outlier) p(.10)" I tested multiple confidence levels for the hadimvo command, and the result was the same above a probability of .07: all of the observations at (low=1, high=5) were considered to be outliers.

inconsistent. Cleaning the first dependent variable, then, required identification of possible outliers based on response setting. Either the Hadi technique or the response-setting technique identifies outliers. However, none of the outliers were dropped for several reasons. First, no matter which technique I used, the percentage of outliers never went above 2%, a relatively small error rate. Second, the correlation between "broad" and "narrow" was strong and in the expected direction, and Cronbach's α exceeds the usual cut-off of .7, even when including the outliers. Third, this scale is designed to be used as a dependent variable in later analysis, so dropping even a small number of observations risks selection on the dependent variable.

I performed one final manipulation of the "Broad/Narrow Scale": rather than leave the scale with 9 levels, I collapsed the bottom three levels into one level. The original distribution of the scale shows 18 observations at "2," 6 at "3," and 21 at "4." Not only is this helpful in later efforts to interpret results of logistic regression, it is useful in increasing the cross-tabulated cell size of the dependent variable with each independent variable. Although the rule of thumb does not appear well-established, logistic regression can only be performed when the cross-tabulated cells have a sufficient number of observations. In order to check the appropriateness of using this collapsed scale instead of the original scale, I regressed the collapsed scale on the un-collapsed scale, resulting in an R^2 of greater than 99%: the collapsed scale therefore retains nearly all of the information in the un-collapsed scale.

The resulting scale has a mean of 5.59 and a standard deviation of 1.702. It is skewed toward the left, with a skewness of -1.07. A histogram of the scale appears in Figure 4.5. For the remainder of this work, the scale formed from "Broad" and "Narrow" will be referred to as "Approach to Claims," reflecting that the new scale measures the way that RVSRs and DROs choose to interpret the rating schedule.

Highest Possible Ratings/Lowest Possible Ratings

Upon initial examination of the questionnaire, it appeared that it would be possible to form another scale, similar to the Approach to Claims scale, from two questions that appeared earlier in the survey. Ultimately, this turns out to not be the case: this section will detail the process I used to attempt to create the scale.

Like the Approach to Claims section, the base question at the top of this section was followed by choices down the left-hand margin, forming a block of questions. The question reads "When you are rating disability claims, how important are the following objectives TO YOU? Rank the importance of each objective on a scale of 1 to 10, with 1 being NOT IMPORTANT and 10 being EXTREMELY IMPORTANT (emphasis in original)." Subpart e. says "Granting veterans the highest ratings allowed by the rating schedule (the highest I can defend)" and subpart f. says "Granting veterans the lowest ratings allowed Questions 31e. and 31f. of the original survey by the rating schedule (the lowest I can defend)." The "Low" question is recoded so that higher scores on both variables mean a more claimant-favorable response. The responses are shown in Table 4.6, with summary statistics.

Oddly, and unfortunately, the correlation coefficient between the two is only a very low .1886 and the Cronbach's α is similarly low. Like the previous pair of variables, my *a priori* belief was that the responses would lie essentially along or near a line from "anti-Veteran" (the origin, a value of 1/1) to "pro-Veteran" (a value of 10/10) and that the correlation would thus be strong and positive. The problem is exhibited in the scatter plot (Figure 4.7). Some respondents said that they strongly disagreed with granting veterans the highest possible ratings *and* that they strongly disagreed with granting veterans the lowest possible ratings, and others said that they

strongly agreed with granting the highest possible ratings *and* strongly agreed with granting the lowest possible ratings.

This data suffers from an apparent outlier problem, and identifying the outliers and attempting to find out why they are outliers will determine how to deal with them. The thick black line drawn from (1, 1) to (10, 10) shows the most internally consistent possible response line. For example, if a respondent is neutral on both questions, they would be at the (5, 5) mark; if they were hostile to claimants on both questions, they would be at the (1, 1) mark, and if they consistently favor veterans quite strongly, they would be at the (10, 10) mark. The clusters at (10, 1) and (1, 10) are the respondents who appear to have answered in the most self-contradicting way.

As before, my initial suspicion was that some or many respondents were engaging in response-setting behavior. This suspicion was confirmed by again examining not just the pair of questions at issue here, but the entire section of the survey in which they appeared. The question at the top was: "When you are rating disability claims, how important are each of the following objectives to you…" and the questions down the side are:

a. Avoiding errors that might be identified by STAR reviewers
b. Complying fully with all pertinent laws, regulations, and VA policies and procedures
c. Ensuring I have sufficient information about the claims before making a decision
d. Getting the concurrence of other reviewers
e. Granting veterans the highest ratings allowed by the rating schedule (the highest I can defend)
f. Granting veterans the lowest ratings allowed by the rating schedule (the lowest I can defend)
g. Improving the timeliness of ratings
h. Meeting my daily production quotas
i. Minimizing the number of appeals
j. Minimizing the number of complaints from veterans and their representatives
k. Minimizing the number of decisions overturned on appeal
l. Minimizing the number of decisions remanded on appeal
m. Minimizing the number of reopened claims
n. Rating as many claims each day as possible

o. Reducing my backlog of pending work
p. Saving the taxpayers money

Unlike the components of the Approach to Claims variable, the "low" and "high" pair of variables occur in a section of the survey in which the questions are not all clearly opposite: subpart e. and subpart f. are clearly opposites; subpart f. (lowest ratings) and subpart p. (saving taxpayers money) could be seen as complements; subpart g. is at odds with subparts i. through m., but is a complement with subpart h. This makes response-setting behavior more difficult to detect. In order to detect it, I created a series of indicator variables, one for each sub-question. These indicator variables were coded "1" if the answer to "Granting veterans the lowest ratings…" was the same as the answer to that specific sub-part. The indicators were then summed. The tabulated results for the summed indicator appears in Table 4.8.

A histogram of the results shows that the bulk of respondents tended to answer questions differently than their response to question 31f., the "lowest possible" question. This makes sense, as the purpose of inserting reverse-coded items into a questionnaire is to detect individuals whose responses are the same across the board. The number of points of agreement declines monotonically from 0 through 10, then increases at 11. As a final check on the validity of the detection scheme for response setting behavior, the matrix of responses was examined for those individuals whose responses agreed with the "lowest possible" question 11 or more times. Table 4.9 shows the matrix of responses: almost all of the 27 respondents answered "10" or "strongly agree" across the board, despite the fact that several of the questions are in pairs designed to be answered opposite of each other or neutrally.

Recall that the initial impetus for searching for response-setting behavior was the fact that the Pearson's correlation coefficient for the "highest" and "lowest" question was so low (.1886).

Unfortunately, the coefficient rises only slightly when dropping those 27 cases, to a value of .2560, with a Cronbach's α for the scale of .385, clearly below the value of .7 typically sought. So despite finding several response setters, the problem is not 'fixed' in the sense that the scale reliability is still below threshold values. The next step in identifying response-setting behavior is to find out whether the individuals who are outliers on the high/low questions are also outliers on other reverse-coded questions. Fortunately, the same back-to-back presentation of the high/low question occurred on the section of the survey that asks "…how important are the following objectives TO MANAGEMENT in your office…" (emphasis in original). Using the same methodology to identify respondents who answered in an internally inconsistent manner, I found that there were 98 respondents in this category for the management version of the question (compared with 57 in the individual version). Of the 57 individual outliers, 30 of them were also outliers on the management version of the question. None of the 30 were significantly different than the non-outliers in RVSR, Veteran, service-connected disability, or time pressure.

Other methods for outlier detection are regression-based techniques. By running an ordinary least squares regression with "high benefit" as the dependent variable and "low benefit" as the independent variable, and then predicting the residuals, we can isolate and examine those cases with high residuals, the suspected outliers. Positive residuals lie above the regression line and negative residuals lie below the regression line. Verardi and Croux (2009) define three different types of outliers: vertical outliers are above or below the regression line in the y-axis. Good leverage points are outlying in the space of explanatory variables, but close to the regression line (those cases at (1, 1) in the graph above are an example of good leverage points). Bad leverage points lie far away from the regression line but also far away from the true regression line, affecting the least-squares estimator of both the intercept and the slope.

The standard residuals in STATA 11.0 are available as a post-regression command, and are calculated by dividing the residual for each observation by the standard deviation of all the residuals. By examining them in the histogram below in Figure 4.10, we can see that they approximate normality but have a long left tail, with some observations being more than 6 standard deviations from the mean. Flagging all observations lying more than 2 standard deviations from the mean allows me to calculate the correlation with and without those observations included; the correlation and Cronbach's α are actually *lower* without those outliers. Examining these observations along several key dimensions reveals that they are not significantly different in time pressure, Veteran status, or other ways.

Another commonly used outlier detection technique is "Cook's distance." Technically, Cook's distance is useful only for detecting single outliers, not entire groups of them, as are suspected here. In any case, using the Cook and Weisberg (1982) suggested values as cut-off points for "outliers" reveals that there are no observations meeting this criterion. Finally, using the Hadi (1992) technique for defining confidence ellipsoids in x-y space and then defining outliers as lying outside that confidence ellipsoid at some confidence level is not useful, as even specifying a very strict, .0001 probability level for outlier detection results in over 300 observations being "tagged"- far more than a reasonable theory would predict.

As a result of these failed efforts at reliably identifying outliers, it is clear that a scale cannot be created by combining "lowest benefit" and "highest benefit" into an aggregate measure. This is a disappointing result, as the two questions seemingly measure the same latent variable or concept. Instead, these two dependent variables must be used separately from each

other. The histograms of responses are shown in Figure 4.11 and 4.12, and the table of responses for all three dependent variables is shown in Table 4.13[20]

II. Independent Variables

Key Variables of Interest: Veteran Status and Service-Connected Disability Status

Two key variables of interest will be included in all the models: Veteran status and service-connected disability. Following the discussion in Chapters 3 and 4, the expectation that Veterans and those with service-connected conditions may be expected to actively represent the interests of their demographic groups should not be controversial. This set of hypotheses will be tested in later chapters.

Of the 1,335 respondents in this data set, 44.64% (596) were Veterans. Veteran status is further divided into era of service: Vietnam Veterans, Gulf War Veterans, and peacetime Veterans will be modeled separately from one another. Research has shown (Gade & Wenger, 2010 and many others) that Vietnam Veterans and Gulf War Veterans are systematically different from one another in degree of combat exposure, exposure to herbicides, mental health status, and other characteristics. For that reason, separate dummy variables are included for each of the different eras of Veterans.

Of the 596 Veterans of all eras, 59.23% (353) reported having a service-connected condition. Levels of service-connected disability were not recorded. All non-Veterans were coded so that they had a "no" on service-connected conditions[21]. Summary statistics for Veteran status, era of service, and service connected conditions are reported in Table 4.14[22].

[20] For all summary tables in this chapter, I used the regression sample from chapters 5 and 6. See the section of this chapter entitled "Missing Observations" for details on how the regression sample was constructed and tested.
[21] It is likely that some percentage of the non-Veteran population had conditions for which they would be compensated if the condition was related to military service: for example, lower back strain resulting in chronic pain. The survey, however, did not gather information on this sub-set of the population.
[22] See footnote 20.

Independent Variable: Combat Experience

20.3% of Veterans in the sample reported having experienced combat; 79.7% reported no such experiences (including, of course, all of the peace-time Veterans). 25.84% of Vietnam Veterans and 23.9% of Gulf War Veterans reported having experienced combat. Overall, just 9.06% of the sample was combat veterans.

Independent Variable: Position in Agency

Of the two types of respondents to this survey, RVSRs are lower in the hierarchical chain than DROs. This is reflected in the numbers of respondents who reported each category: 1,311 respondents answered this question, of whom 1,065 (81.24%) were RVSRs and the remaining 246 (18.76%) were DROs. Recall that a DRO differs from an RVSR because he is tasked with *de novo* review of appealed decisions. As such, he has the authority to direct that new medical exams be performed, seek additional records, and the like. This position involves significant discretion. On the other hand, DROs are promoted from the RVSR ranks to that position; they are thus products of the system and have been exposed to significant agency socialization, which may either enhance or supplant the values they first brought to their employment with the VA.

Independent Variable: Time Pressure

Exercising discretion and actively representing agency clients takes time. For instance, an RVSR who wishes to "help out" a claimant with a borderline file might seek more evidence himself, ask a supervisor to direct additional medical examinations, request additional information from the Veteran claimant, or various other bureaucratic functions designed to more fully develop a claim. As a result, those RVSRs and DROs who report time pressure might be less likely to have the time to bring their Veteran status or disability status values to bear on a specific circumstance. On the other hand, time pressure may cause raters to use discretion *in lieu*

of the official bureaucratic process of claims development: they may take shortcuts or require less development in order to finalize a claim. As a result of the fact that time pressure may have results in either direction, no *a priori* claim is appropriate.

Both the qualitative (survey comments) and quantitative portions of the data set indicate that raters at all levels are under significant time pressure: question 33 of the survey asks "How easy or difficult is it for YOU to meet your daily production standard?" Of the 1,324 respondents who answered that question, 178 said "very difficult," 444 said "somewhat difficult," 405 said "neither easy nor difficult," 230 said "generally easy," and 67 said "very easy." For ease of interpretation, this variable was further collapsed: "generally easy" and "very easy" were combined, and all three other categories were combined. 22.43% of respondents reported that it was "generally" or "very" difficult to meet their production quotas.

Independent Variable: Management Attitudes

Similar to the "broad/narrow" independent variable that I combined into a scale, the question pair saying "In my office, management encourages RVSRs to apply a (broad and liberal)/(narrow and conservative) interpretation of the rating schedule" appears. These two measures have a correlation of .7439 and can be combined into a single scale with a reliability coefficient (Cronbach's α) of .8536. The "management encourages me to apply a narrow and conservative standard" question was reversed, so that higher scores are more veteran-favorable. The resulting variable, Management Attitude, has a left-hand tail, with the majority of observations clustering around 4 and 5 on a 1-to-5 Likert scale. Because cell sizes in logistic regression must not be small or empty, the scale was collapsed to "low," "medium," and "high" levels, where higher levels correspond to managers who tend to encourage a Veteran-favorable attitude.

When "it is important to me to grant the (lowest/highest) benefit" is the dependent variable, the management attitude control will be the "it is important to management in this office to grant the (lowest/highest) benefit that I can." The "it is important to management to grant Veterans the highest rating allowed" control variable is recoded to three categories, high (39.73%), medium (43.13%), and low (17.15%). For "lowest rating allowed," this control is 60.06%, 25.64%, and 14.3% in the high, middle, and low categories respectively. Ideally, these management attitude questions would be combined into a scale, but they suffer from the same problem as the individual attitude variable: many outliers and low correlations that are difficult or impossible to correct. As a result, they are not well-suited for combination into a single scale.

Independent Variable: RVSR Training

Organizational values are passed from the leadership of an organization to the members of that organization through formal and informal means. Because formal means include formal training, the question on the survey that asks "have you attended Centralized RVSR training" is included here as a control. Surprisingly, just under half of DROs report not having attended RVSR training, and one-third of RVSRs report the same. For that reason, this variable can serve as a proxy for whether or not a rater has received formal indoctrination into the organization. My expectation is that those who have been to RVSR training will be both more willing and more able to exercise discretion, and more likely to see the organizational goals of 'helping veterans' as their own.

Independent Variable: Degrees of Difficulty

Since translating medical evidence to a disability rating is fundamental to the job of either an RVSR or a DRO, understanding the difficulty level of the job is critical. The VAOIG survey includes information on how difficult each rater considers this task to be. Survey question 25

says “Consider your use of the VA Schedule for Rating Disabilities to determine disability ratings. OVERALL, how easy or difficult for YOU is translating complete medical evidence to a diagnostic code with DEGREES OF DISABILITY?” (emphasis in original). The responses, on a 5-point Likert scale from Very Easy to Very Difficult, are approximately normal: 7.4 % report “Very easy,” 44.9% report “Easy,” 31.2% report “Neither Easy nor Difficult,” 14.4% report “Difficult,” and 2.1% report “Very Difficult.” This scale was collapsed: very easy and easy were combined, and the other categories were combined.

Independent Variable: Time in Agency

Time in agency is assessed by question #3: “How long have you worked as an RVSR or DRO? (If you’ve served in both positions, provide the combined years of experience.) Please respond in years; 6 months is .5 years.” After dropping several observations with exceedingly high responses (several thousand years, in one case), 1318 responses remained. The mean time in the job for all respondents was 6.02 years, with a standard deviation of 5.39 years. The median response was 4 years, and the maximum response was 32.5 years. As might be expected, the time variable was skewed right, with a skewness of 2.11.

The time variable was further divided into quartiles: the bottom quartile was .25 years to 3 years, the second quartile was 3 to 4 years, the third quartile was 4 to 8 years, and the upper quartile was over 8 years. This division into quartiles was done for to ease interpretation and mute the potentially non-linear effect of time in agency. Close et al. (Unpublished) discovered that police officers are likely to actively represent by race early and later in their careers, but less during the middle parts of their careers. As a result of this theoretical literature, time in agency was divided into 4 quartiles and introduced as 4 separate dummy variables.

Missing Variables

Some demographics that commonly appear in surveys are all missing: race, sex, education, etc. Race probably does not "matter" in this context because of its lack of salience and because the rater and the claimant almost never come face to face. The information as to the race of the claimant is in the medical information (and, in the case of burns, in the photos in the file) but is not critical in this program. Similarly, education in this cohort is essentially a constant, as a bachelor's degree is required and few raters are educated beyond that. Sex is not quite a constant, though the vast majority of applicants are male and the vast majority of raters are male. Table 4.15[23] shows the control variables with their summary statistics.

Missing Observations

Recall that the original survey had 1349 responses. In order to ensure that the empirical analyses in the following chapters were comparable to one another, I dropped any observation for which there were any missing values. This left an analysis sample of 1236 observations. Of the 113 dropped observations (8.31%), 75 were caused by one variable, 23 were caused by 2 variables, and a few were caused by more than two variables.

No one variable caused a majority of the dropped observations: 38 answers were missing for the question of whether the respondent was an RVSR or DRO, 25 were missing for the question of whether the respondent experienced time pressure, and about 20 were missing for several other variables. 47 observations were dropped because of missing dependent variables.

In order to test whether dropped observations were similar to those retained, I conducted a two-sample means test (t-test) in Stata for the mean of each of the retained observations vs. the mean of the dropped observations. For only one variable, the binary version of the "It is

[23] See footnote 20 and the following section, "Missing Observations".

important to me to seek the lowest possible benefit," were the means dissimilar in a statistically significant way. In that case, the 61.6% of the dropped observations and 75% of the retained observations were in the highest category.

As a second test of whether it was appropriate to drop these observations, I conducted a "hot deck" imputation of the missing values using the techniques outlined in Rubin (1987). I imputed 5 new data sets with the missing values of RVSR and Time Pressure (the two most common missing values) now replaced by imputed ones. This recovered 52 observations, bringing the total to 1320. I then ran the Chapter 5 model on the imputed data sets and combined the point estimates using the Rubin (1987, pp. 21) technique. These new point estimates did not differ significantly from the point estimate obtained and discussed fully in Chapter 5.

As a general principle, imputation provides an excellent technique for preventing data loss, provided that the missing observations are missing at random. In this case, however, imputation is unnecessary for several reasons. First, means comparison between the dropped cases and the retained ones shows no reason for alarm; the means are not significantly different. Second, nearly 92% of the observations were retained. While dropping some cases slightly increases the standard error of the estimates, this effect is small and does not change any of the significance levels of those estimates.

III. Remarks

The data discussed in this chapter is the result of the hard work and dedication of VA Office of the Inspector General employees and their contractors six years ago. While the data is excellent for this first study of representation among Veterans and those with service-connected disabilities, it is also sub-optimal for some applications. As much as I would like to have access to race, sex, education and other controls, it would be even better to have access to revealed

preferences: not what the raters *say* that their attitudes are, but what they actually *do*. This type of data would allow me and other researchers to directly test whether Veterans are more or less generous or whether those with service-connected disabilities are more or less generous. Instead, these data only allow examination of stated preferences: in particular, does the respondent take a broader or narrower view of the claims process when deciding a claim? To paraphrase former Secretary of Defense Rumsfeld, though, we 'do research with the data we have, not the data we wish we had'.

The fact that the oft-referenced final report on this survey makes no mention of the literature on representative bureaucracy, much less makes an effort to directly test its effects, is unsurprising. Early in my investigation of this phenomenon, a senior VA official informed me that the VA wants to believe that the claims process is essentially independent of the effects of the human beings working within the process. While it is clearly desirable to believe that Veterans claims are processed according to the rules and regulations governing the process, it foolhardy to believe that this process is unaffected by the values, attitudes, and biases that each individual brings to work. Understanding the effect of Veteran status and service connected disability status of raters on the claims process might better inform VA policy makers on how to hire, train, or promote workers, but also allow rating office managers to assign members of their teams to workgroups that maximize the performance of the entire team. Unfortunately, as the General Counsel's office of another agency pointed out, there is a non-negligible risk that a claimant whose claim was denied could sue the agency under the Equal Protection Clause of the Constitution if he could point to research showing a differential result based on demographics of the agency employee who handles the claim.

Table 4.1
"When Rating a Disability Claim, I"

	Responses			Summary Statistics	
		N	%	# of Observations	1236
...apply a broad and liberal interpretation of the rating schedule.	Strongly Agree	620	50.16%	Mean	4.21
	Agree Somewhat	371	30.02%	Std. Deviation	.9911
	Neither Agree nor Disagree	159	12.86%	Skewness	-1.294
	Disagree Somewhat	57	4.61%		
	Strongly Disagree	29	2.35%		
	Responses			Summary Statistics	
... apply a narrow and conservative interpretation of the rating schedule.	Strongly Agree	30	2.43%	# of Observations	1236
	Agree Somewhat	48	3.88%	Mean	1.648
	Neither Agree nor Disagree	154	12.46%	Std. Deviation	1.001
	Disagree Somewhat	229	18.53%	Skewness	1.561
	Strongly Disagree	775	62.70%		

Figure 4.1
Scatter Plot of Broad & Liberal vs. Narrow & Conservative

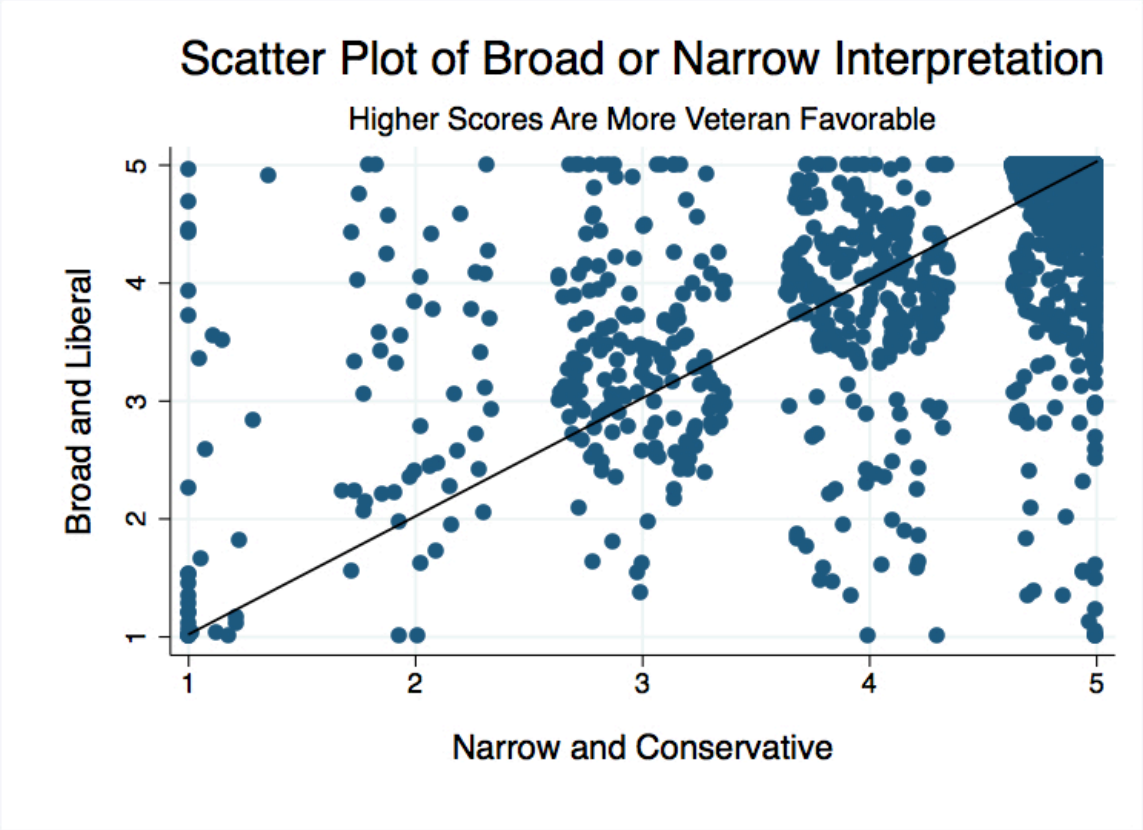


Table 4.2
Distribution of Response Setting Indicator for Approach to Claims

Value of Response Setting Indicator	Freq.	Percent
0	735	55.10%
1	530	39.73%
2	60	4.50%
3	5	0.37%
4	3	0.22%
5	1	0.07%

Table 4.3
Table of Responses to Question 34 from Respondents with Response Setter Flag

Respondent	Assume Veteran Applying for Highest	Assume Veteran Applying for Lowest	Start at Top	Start at Bottom	Apply a Broad and Liberal Interpretation	Apply a Narrow and Conservative Interpretation	Boss Encourages Broad and Liberal	Boss Encourages Narrow and Conservative	Management Rewards Low Ratings	Management Awards High Ratings	No Difficulty Meeting Production	Production Suffers if I am Thorough
a	4	1	3	2	1	1	1	1	1	1	5	1
b	1	1	1	1	1	1	1	1	1	1	3	3
c	1	1	1	1	5	1	5	1	1	1	3	3
d	5	1	5	1	4	1	1	1	1	1	1	1
e	1	1	1	1	2	3	4	3	1	1	2	4
f	1	1	4	1	5	1	4	1	1	1	1	1
g	1	1	1	5	1	1	1	1	1	1	5	1
h	1	1	1	1	1	1	5	4	1	1	2	4
i	1	1	1	1	5	1	5	5	2	2	5	5

Figure 4.2
"Approach to Claims" Histogram

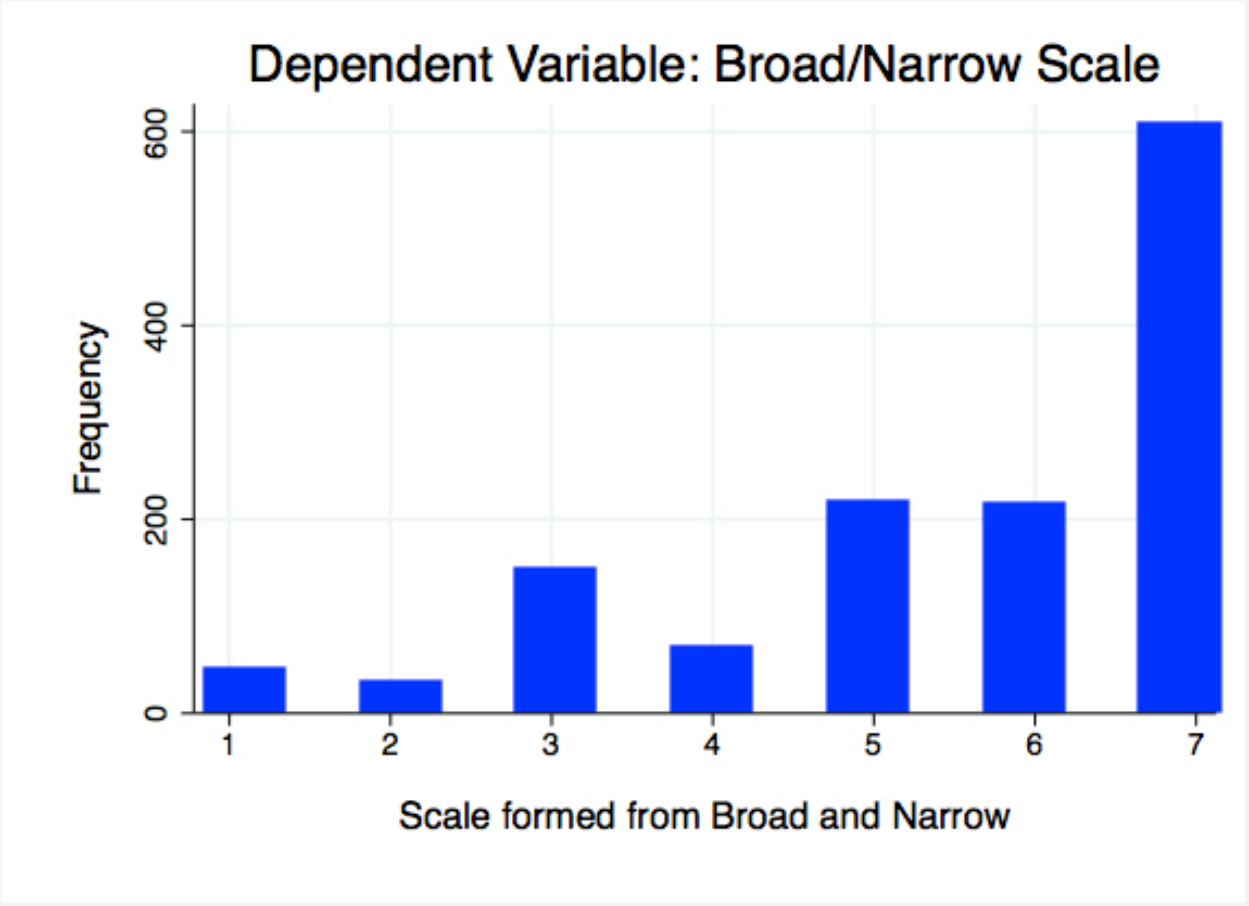


Table 4.4
"How Important are the Following Objectives to You?"

Question	Response	N	%
Granting Veterans the highest rating allowed by the rating schedule (the highest I can defend)	Not Important	10	0.81%
	2	0	0.00%
	3	2	0.16%
	4	2	0.16%
	5	17	1.38%
	6	13	1.05%
	7	37	2.99%
	8	80	6.47%
	9	167	13.51%
	Very Important	908	73.46%
Granting Veterans the lowest rating allowed by the rating schedule (the lowest I can defend)	Not Important	928	75.08%
	2	113	9.14%
	3	50	4.05%
	4	16	1.29%
	5	37	2.99%
	6	17	1.38%
	7	9	0.73%
	8	11	0.89%
	9	8	0.65%
	Very Important	47	3.80%

Figure 4.3
Scatter Plot of Low Rating vs. High Rating

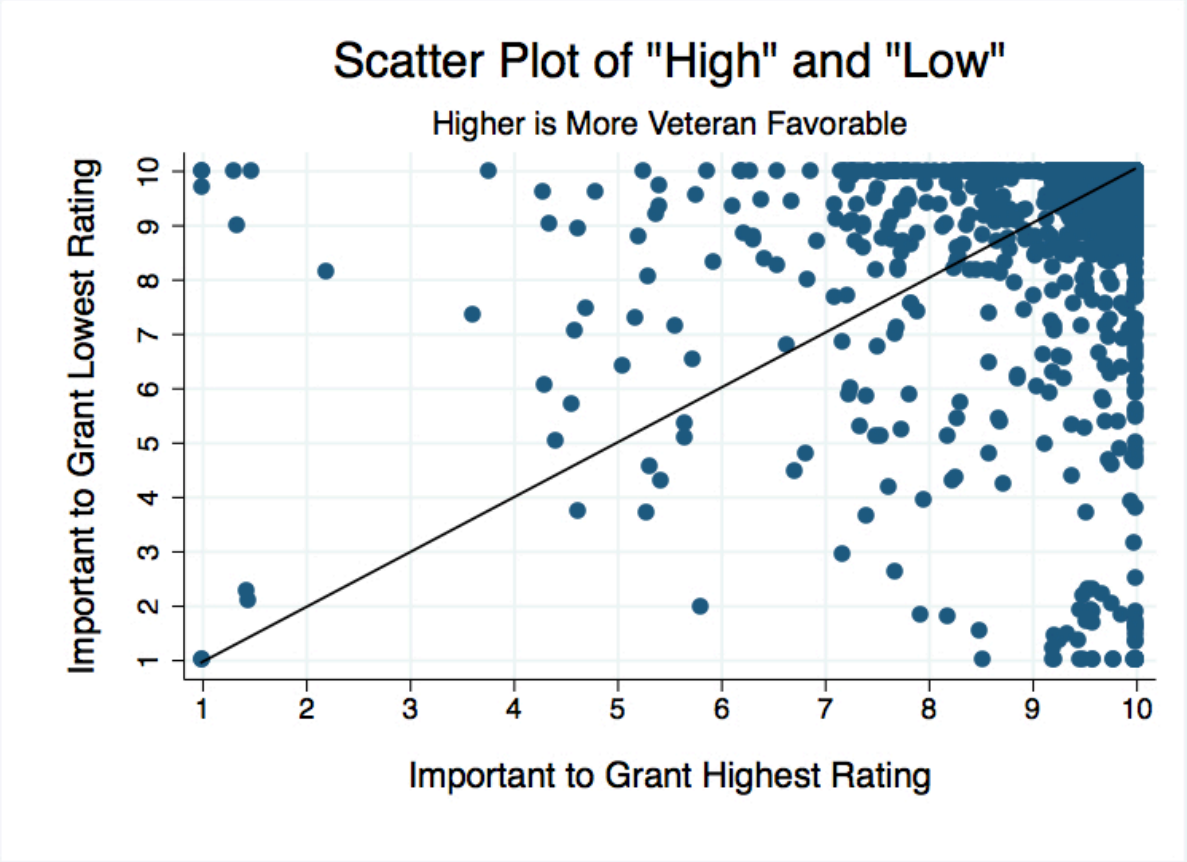


Table 4.5
Distribution of Response Setting Indicator for “Low” and “High”

Value of Response Setting Indicator	Freq.	Percent	Cum.
0	533	40.2	40.2
1	316	23.83	64.03
2	157	11.84	75.87
3	82	6.18	82.05
4	73	5.51	87.56
5	40	3.02	90.57
6	36	2.71	93.29
7	31	2.34	95.63
8	16	1.21	96.83
9	10	0.75	97.59
10	5	0.38	97.96
11	6	0.45	98.42
12	2	0.15	98.57
13	6	0.45	99.02
14	4	0.3	99.32
15	9	0.68	100

Table 4.6
Table of Responses to Question 31 for Respondents with a Response Setting Flag

Star Review	Comply with Laws	Ensuring all Information	Seek Concurrence	Highest Possible Ben	Lowest Possible Ben	Improve Timeliness	Meeting Daily Quota	Minimizing Appeals	Minimizing Complaints	Minimizing Overturned Ratings	Minimizing Remands	Minimizing Reopened Cases	Maximizing Output	Reducing My Backlog	Saving Taxpayers Money
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
1	1	1	1	1	1	1	10	1	1	1	1	1	1	1	10
10	10	10	10	10	10	10	10	10	10	10	10	10		10	1
10	10	10	10	10	10	10	10	5	10	5	5	10	10	10	10
10	10	10	5	10	10	10	10	10	10	10	10	6	10	10	5
10	10	10	1	10	10	10	10	10	10	10	10	10	10	10	10
10	10	10	5	10	10	10	10	10	10	10	10	10	5	10	10
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
10	10	10	10	10	10	10	10	10	10	6	10	10	10	10	10
10	10	10	5	10	10	10	10	10	10	10	10	10	8	8	2
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
10	10	10	10	10	10	10	10	10	10	10	10	10	8	8	10
10	10	10	1	10	10	10	10	10	10	10	10	5	7	10	5
10	10	9	4	9	9	9	9	9	9	9	9	9	9	9	5
10	10	10		10	10	9	10	10	10	10	10	10	10	10	10
1	10	10	5	10	1	1	1	1	1	1	1	1	1	1	1
10	10	10	1	10	10	10	10	10	10	6	6	10	10	10	1
10	10	10	7	10	10	10	10	10	10	10	10	10	7	7	8
10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
10	10	10	5	10	10	10	10	10	10	10	10	10	10	10	10
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
10	10	10	3	10	10	10	10	10	10	10	10	9	10	10	10
10	10	10	7	10	10	10	10	10	10	10	10	10	10	10	10

Figure 4.4
Density Plot of Standardized Residuals for “High Benefit” and “Low Benefit”

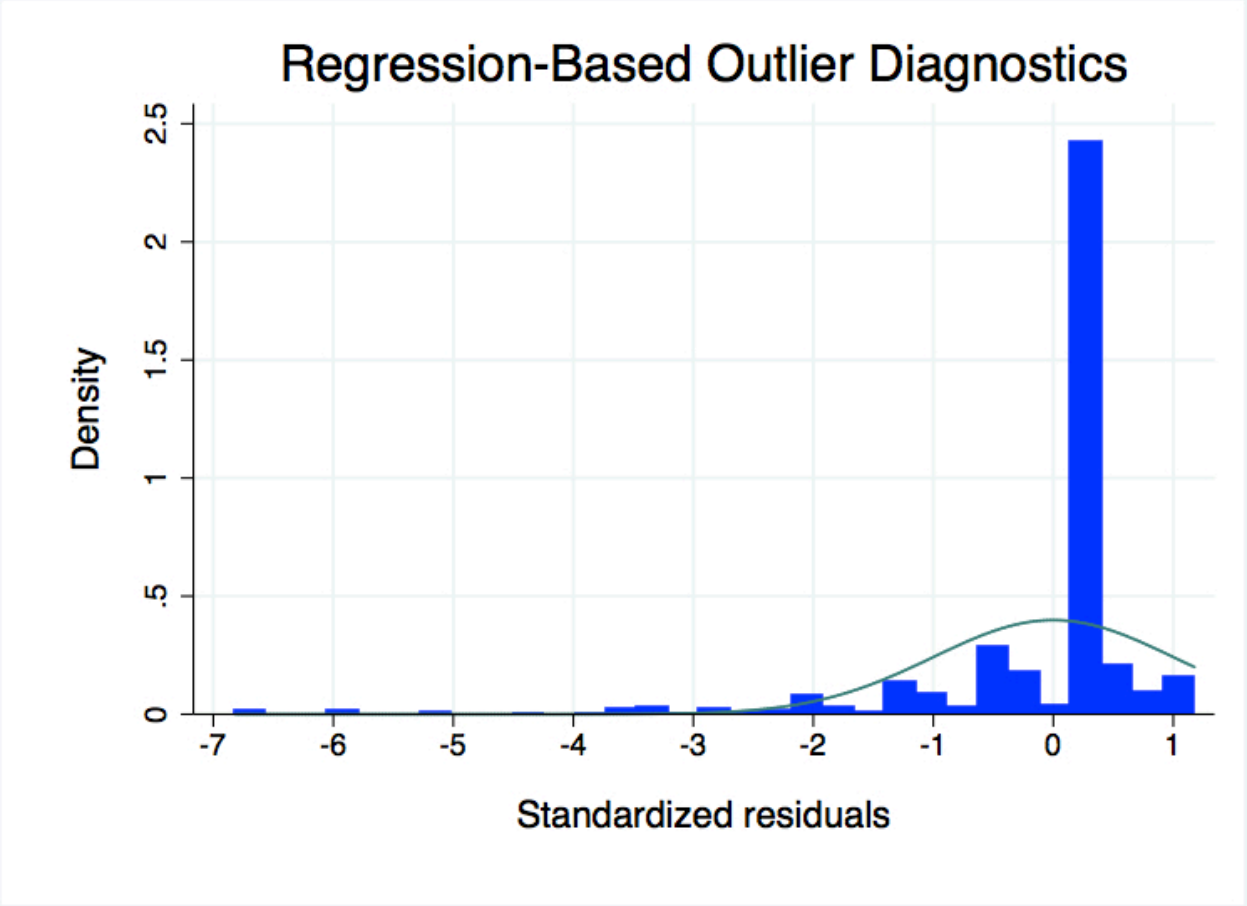


Figure 4.5
Histogram of Responses to “Important to Grant Lowest Rating”

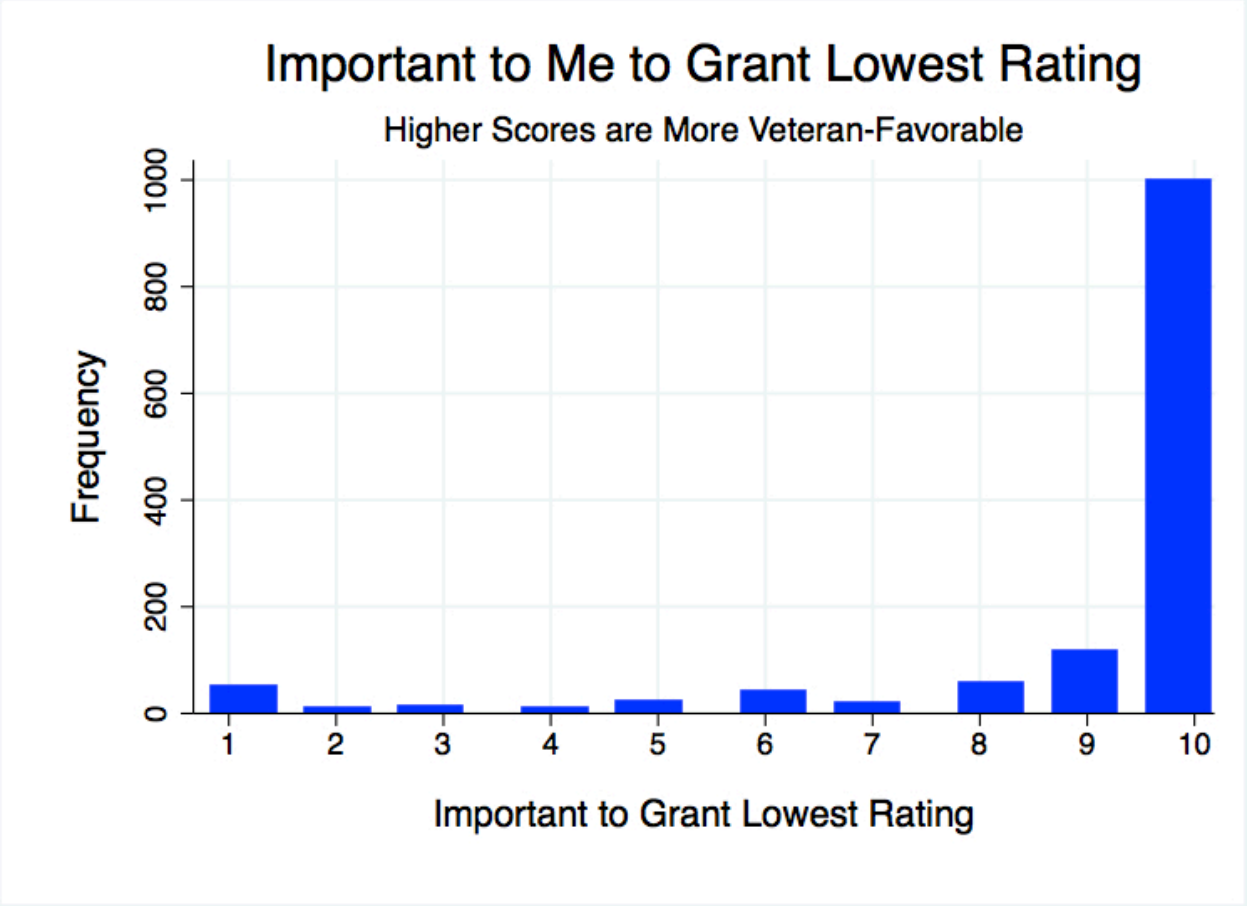


Figure 4.6
Histogram of Responses to “Important to Grant Highest Rating”

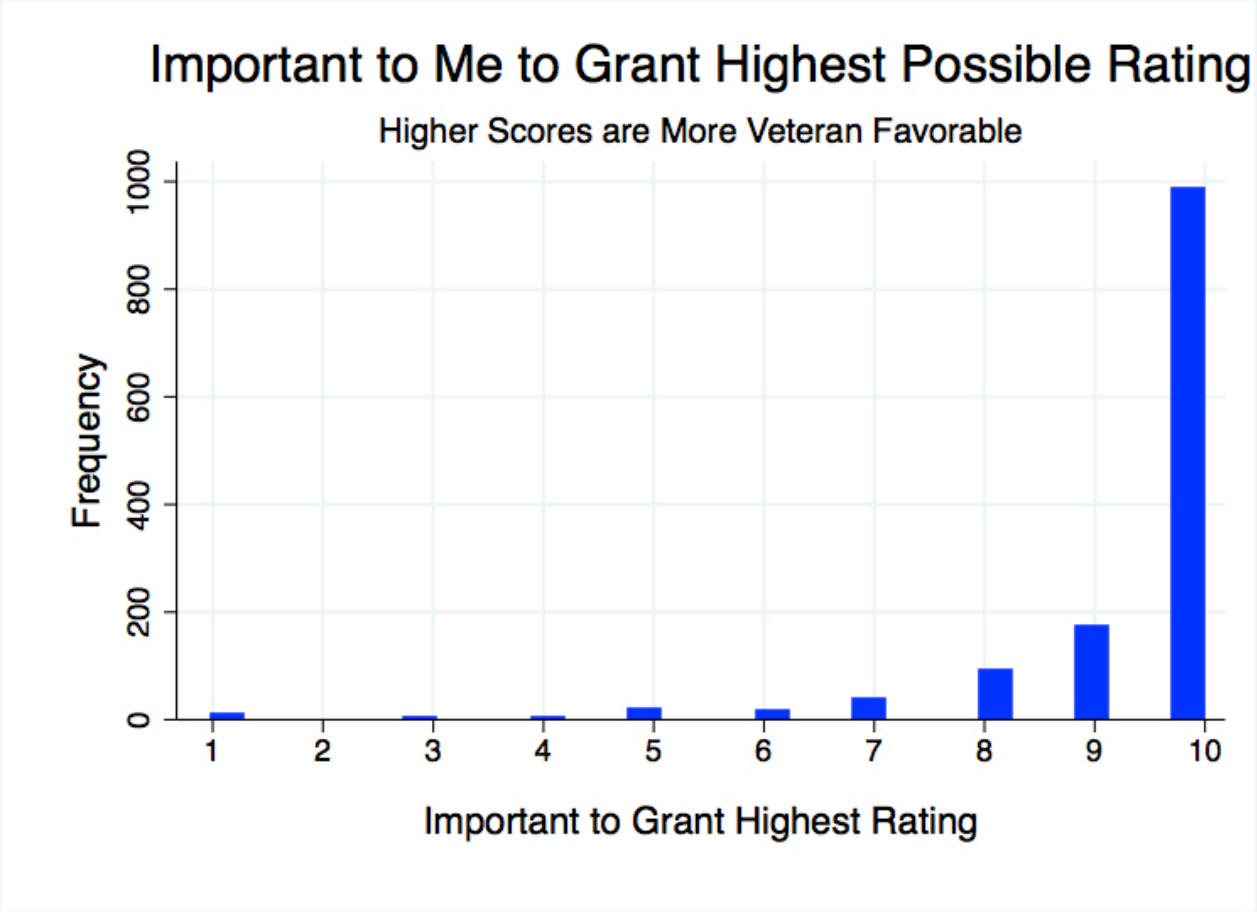


Table 4.7
Distribution of Responses and Summary Statistics for All Dependent Variables

Scale formed from "Broad Interpretation" and "Narrow Interpretation		It is important to me to grant the highest benefit I can defend		It is important to me to grant the lowest benefit I can defend	
Mean	5.593	Mean	9.441	Mean	9.100
Standard Deviation	1.7001	Standard Deviation	1.2873	Standard Deviation	2.1399
Skewness	-1.0829	Skewness	-3.6156	Skewness	-2.756
Number of Observations	1236	Number of Observations	1236	Number of Observations	1236
Frequency		Frequency		Frequency	
1	42	Str. Disagree	10	Str. Agree	47
2	31	2	0	2	8
3	136	3	2	3	11
4	59	4	2	4	9
5	207	5	17	5	17
6	197	6	13	6	37
7	564	7	37	7	16
		8	80	8	50
		9	167	9	113
		Str. Agree	908	Str. Disagree	928

Table 4.8
Independent Variables of Interest

Veteran	
Number	552
% of Sample	44.66
Service-Connected Condition	
Number	319
% of Sample	25.81
% of Veterans	57.78
Vietnam Veteran	
Number	332
% of Veterans	60.12
% with SC Disability	52.4
Gulf War Veteran	
Number	194
% of Veterans	35.1
% with SC Disability	74.74
Peacetime Veteran	
Number	84
% of Veterans	15.2
% with SC Disability	59.2

Table 4.9
Control Variables

Position	RVSR	1004	81.2%
	DRO	232	18.8%
Difficult to Meet Production Std.	No	957	77.4%
	Yes	279	22.6%
Management Attitudes	Lowest 1/3	87	7.0%
	Middle 1/3	322	26.1%
	Highest 1/3	827	66.9%
Centralized Training	No	416	33.6%
	Yes	820	66.3%
Experienced Combat	No	1126	91.1%
	Yes	110	8.9%
Easy or Very Easy to Assign Degrees of Disability to Claims	No	595	48.1%
	Yes	641	51.9%
Time in Agency: 2nd Quartile	No	849	68.7%
	Yes	387	31.3%
Time in Agency: 3rd Quartile	No	963	77.9%
	Yes	273	22.1%
Time in Agency: 4th Quartile	No	940	76.05%
	Yes	296	23.95%

CHAPTER 5

RESULTS: APPROACH TO THE CLAIMS PROCESS

In previous chapters, I introduced the VA as a system, discussed some problems with the claims process, and identified variables for analysis. This chapter is the first of two that will explicitly test the theory of representative bureaucracy in this setting and with Veterans status and service-connected disability status as the key independent variables of interest, using a generalized ordered logit model (OGLM). Various excursions on the basic model will also be explored to test for robustness of findings.

This first empirical chapter will test the two hypotheses formulated earlier:

H1: Claims processors who are Veterans will report more favorable attitudes toward claimants than their non-Veteran peers.

H2: Claims processors with service-connected disabilities will report more favorable attitudes toward claimants than their non-Veteran peers.

I. The Model

The dependent variable, "Approach to Claims," in this series of models is a scale I created from the reverse coding and combination of "I apply a narrow and conservative interpretation to the rating schedule" with its opposite question, "I apply a broad and liberal interpretation to the rating schedule." The variable is heavily skewed toward the high end of the 7-point Likert scale, with a mean of 5.588 and a skewness of -1.0733. The independent variables of interest are Veteran status (divided into eras of service) and service connected disability

status. The model controls for time in the agency, position in the agency, and a number of other things (see chapter 4 for a full discussion of each of the controls).

The model selected for this chapter is a version of the well-known ordered logistic model, with the primary modification being the relaxation of the homoskedasticity requirement of both OLS and ordered logit. This selection of model was driven by a number of factors: first, although OLS generally yields results similar to logistic regression when used on a categorical dependent variable (Pohlman & Leitner, 2003) it is not necessary to use it when superior models are readily available. Second, collapsing the dependent variable into just two categories and applying a logit model is inadvisable because of the corresponding loss of information and efficiency in the model. Third, explicit testing of the homoskedasticity assumption finds that the assumption is violated, resulting in the need to use an alternate model.

While numerous excursions from the basic model will be discussed, the basic model presented here is as follows:

$$\Pr[\text{Approach} = z|x] = \beta_0 + \beta_1 \text{ Vietnam Veteran} + \beta_2 \text{ Gulf War Veteran} + \beta_3 \text{ Peacetime Only Veteran} + \beta_4 \text{ Experienced Combat} + \beta_5 \text{ Service Connected Disability} + \beta_6 \text{ Rating Veterans Service Representative} + \beta_7 \text{ Experiences Time Pressure} + \beta_8 \text{ Management Attitude} + \beta_9 \text{ Centralized Training} + \beta_{10} \text{ Difficulty in Assigning Degrees of Disability} + \beta_{11\text{-}13} [\text{Quartiles of Experience}] + \varepsilon,$$

where z can take on any value from 1 to 7 (the values of the "Approach to Claims" variable).

An ordered logit model is appropriate for use here under the assumption that the scale, as created, is measuring a latent variable y* that runs from "very conservative and narrow view of the rating schedule" to "very broad and liberal view of the rating schedule" with the "very broad" end of y* being the most favorable from the point of view of the individual claimant. However, the scale as created is a "collapsed or limited version of [the] latent variable… (Williams, 2009)" In other words, the conceptual structure does not identically match the observed variable, the

scale described earlier. Instead, the observed y is related to the latent variable y* in the following way:

$$y=1 \text{ if } -\infty<y^*<\kappa_1$$
$$y=2 \text{ if } \kappa_1<y^*<\kappa_2$$
$$y=3 \text{ if } \kappa_2<y^*<\kappa_3$$
$$y=4 \text{ if } \kappa_3<y^*<\kappa_4$$
$$y=5 \text{ if } \kappa_4<y^*<\kappa_5$$
$$y=6 \text{ if } \kappa_5<y^*<\kappa_6$$
$$y=7 \text{ if } \kappa_6<y^*<+\infty$$

What this means is that as y* ranges from a very low value to a very high value, we observe different values of the variable y (the broad/narrow scale). Interestingly, because the observed outcomes measure the same latent variable, it is possible to collapse categories into groups, provided that the groups are roughly equal in size and that the scale is not collapsed all the way to a single dichotomous measure. Williams (2009) notes one potential problem with this construct: ordered logit models, like OLS, assume homoskedastic errors, or that the standard deviation of the dependent variable is constant throughout the values of the explanatory variables. Unlike OLS, though, heteroskedasticity in logit models both increases the standard errors *and* biases the parameter estimates. Making this assumption inappropriately has the potential to hide real differences, create differences where none exist, and even show differences in the opposite direction from what actually exists (Williams 2009)[24].

Since both homoskedasticity tests reject the assumption, the solution is to use a modeling technique that does not rely on that assumption. Williams (2006, 2009) proposes two such

[24] Fortunately, it is not necessary to guess whether the model is homoskedastic: it is a directly testable proposition using two user-written commands available in STATA. A significant test statistic indicates heteroskedasticity for both tests. The first of these commands is called in STATA by `omodel logit iv dv`. It yields a X^2 test statistic of 145.86 with 65 degrees of freedom, for a P-value of 0.000. The second is called in STATA by running the model using the usual ordered logit command and then using the `brant, detail` command. This test results in an insignificant X^2 overall but highly significant statistics for Vietnam Veteran, Gulf War Veteran, Peacetime Veteran, and management attitudes.

models, both of which are appropriate and yield virtually identical results in this case[25]. The latter command is less computationally intensive, and yields marginal effects more readily for ease of interpretation.

II. Results

Basic Model

As a first step, I analyzed a basic model using OGLM but a smaller number of controls. I used Veteran status as an aggregate category rather than broken out by era of service, service-connected disability, and position within the agency. The purpose of this simplified regression is to demonstrate the performance of these controls without the additional complication of simultaneously interpreting multiple controls. Table 5.1 shows these simple results: for the highest category of the dependent variable, Veteran status is negative and statistically significant. The result is fairly mild, though: Veterans without service-connected disabilities are 6.58% less likely to be in the most favorable category. Service-connected disability has a positive coefficient of 10.7%, meaning that Veterans with service-connected disabilities are about 4% more likely to be in the top category. Finally, RVSRs, the lower of the two category of raters surveyed, are 25.2% less likely to be in the highest category.

These simple results are clearly grossly underspecified: they do not have controls for the different eras of service or for time pressure, time with agency, management attitudes, or any of the other controls. Still, though, building the model from this basic model helps to set the stage for future interpretation.

[25] The commands in question are the "gologit2" and "oglm" commands. "gologit2" stands for generalized ordered logistic and "oglm" stands for ordered generalized linear model (actually a misnomer, as the model is non-linear).

Full Model

The full model tests the relationship between the independent variables of interest and the 'approach to claims' dependent variable. Results from this model are found in table 5.2: the first three rows show the effect of various kinds of Veteran status and the 5th row shows the effect of service connected disability status. In this model, Vietnam Veterans without service-connected disabilities and who did not experience combat are 12.45% less likely to take the most claimant-favorable approach, a startling result, and not what was hypothesized or what the literature predicts. Other kinds of Veterans show small, statistically insignificant results. Having a service-connected disability increases the odds of being in the highest category by 13.4% regardless of what the Veteran's period of service was (recall that, by definition, only Veterans can have service-connected disabilities).

Several controls are significant. Rating Veterans Service Representatives, the lower of the two categories of raters, are 19.97% less likely to report in the highest category. Management attitudes that favor claimants result in more favorable respondent attitudes[26]. Finally, the more experienced a respondent is, the more likely they were to answer in the highest category: the third quartile and the fourth quartile of experience were 11.29% and 16.75% more likely to be in the top category. This model has a likelihood ratio X^2 of 216.47 with 13 degrees of freedom: a statistically significant finding for the model as a whole. It explains only 5.67% of the variation in the dependent variable, however[27]. While this seems to be a fairly anemic statistic, the system in question is an extremely complex one, with many unobserved variables such as local economic conditions, the mix of claims that each office processes, influence of interest groups

[26] This is one interpretation. The other is that respondents who are in the highest category themselves report having managers who are favorable toward claimants. The data do not permit me to match the responses of managers with the responses of individual RVSRs or DROs.
[27] This is calculated in STATA under the title of "Pseudo-R2". True R^2 is not calculable in non-linear models.

and legal representation for Veterans in the claims process, influence of powerful outside groups such as members of Congress, and the like.

Among the insignificant controls, the most interesting is the issue of combat experience. Many other studies have found that greater combat exposure results in poorer physical and mental health and other problems, but no studies of which I am aware have directly discussed workplace attitudes in relation to combat exposure. Several factors may contribute to the null finding for combat exposure: first, it may be that the Veteran status and service-connected disability status account for much of the effect of combat experience, essentially overwhelming that variable's explanatory power. Additionally, the representative bureaucracy literature has a great deal to say on this point: in particular, combat experience is not a necessary precondition for applying for disability claims, and so it may just be that the issue of combat experience is not salient in this context. It stands to reason that the experience of combat may have an effect of its own: because combat can be such a formative experience, a positive effect on representation could be expected. A counterclaim to that hypothesis is that assignment to combat operations is a variable with an element of both randomness and non-randomness. For example, even if a soldier enlists in the infantry voluntarily, it is by no means certain that he will experience combat during his enlistment. The assignment to a combat specialty may be non-random (most enlistees, including during periods of draft, have some input as to their military specialty), but the assignment of combat units to a theater of combat operations includes some element of randomness, at least from the perspective of the individual soldier. The effect of all of this selection is that individual Veterans may view the question of whether another Veteran served in combat as a moot one: the fact that he entered service at all means that he was willing (at least theoretically) to experience combat. On the other hand, it might also be the case that they would

be likely to judge cases more harshly if the claimant's service was deemed to be less honorable or arduous than their own. Either way, it is a bit surprising that there is no statistically significant finding in either direction.

A highly significant and large effect for Vietnam Veterans in the negative direction is the most striking finding in the basic model, and unexpected. Several factors may be at work here: Vietnam Veterans had different combat and non-combat experiences than other Veterans in this sample: in particular, the issue of conscription and a non-supportive environment for returning Veterans in the United States. It is plausible that these Veterans developed a strong identity in response to those factors, so the fact that it has a statistically significant effect is unsurprising. What is surprising, though, is that the effect is *negative.* In interviews[28], former RVSRs found this finding unsurprising, however: one former RVSR, a 30-year employee of the VA who was not herself a Veteran, said that "being a Veteran can be detrimental. [I had a friend] who was a Marine sniper in Vietnam and was very judgmental on those who claimed [Post-Traumatic Stress Disorder]." As the text comments in the survey responses and informal interviews by the author in January 2011 demonstrate, it is possible that for some conditions or in some circumstances, Veteran status may actually result in a less generous orientation toward claimants. One former RVSR commented that he had had a highly decorated Veteran of the Vietnam War working in his office. The Veteran "believed that there was no such thing as Post-Traumatic Stress Disorder because he himself did not have it, and so he refused to compensate for it" (Interview by author, 24 January 2011). The same may hold true for service-connected disability: the individual RVSR or DRO may be less likely to grant service-connected disability payments if the disability

[28] I informally interviewed one current rater and one former rater for this dissertation. I conducted both conversations over the phone, using the same set of questions. Each conversation lasted approximately 40 minutes. These individuals were willing to talk to me, in part, because of the power of representative bureaucracy: they knew that I am a seriously wounded Veteran myself, and thus were willing to take time to help me understand the process of rating claims more fully.

is perceived as less severe than the disability that the rater himself has, or if the disability occurred under less "honorable" circumstances: the former RVSR interviewed on January 24, 2011 said that combat-related disabilities are seen by many to be more deserving than non-combat (typically training- or disease-related) disabilities. Certainly, more testing is warranted, and post-hoc explanations for this finding ring hollow. Nevertheless, the finding is large, statistically significant, and holds across all specifications of the model.

Model 3: Veterans without Service-Connected Disabilities

The third model explicitly tests whether Veterans without service-connected disorders are less favorable toward claimants than are raters who never served in the military. The results are in Table 5.3. Controls are the same, with the exception that "service connected disability" is excluded because there are no observations in the sub-sample with that property. The independent variables taken together explain 5.47% of the variation in the dependent variable, and the model is significant overall, with a X^2 test statistic of 156.85 with 12 degrees of freedom.

The results from the base model are confirmed. Vietnam Veterans are 14.08% less likely to place themselves in the highest category of "Approach to Claims." Gulf War Veterans are also statistically significant and negative, at 12.85%. RVSRs retain their negative sign and substantively similar magnitude, with a 16.84% lower chance of taking the most pro-claimant position. Positive management attitudes have a strong and statistically significant effect on respondent attitudes of 24.36%. Here again, greater experience yields a higher chance of answering the question in the most Veteran-favorable way, with those in the third quartile being 8.67% more likely and those in the 4th quartile being 20.8% more likely. Those who report difficulty assigning degrees of disability are slightly more likely to answer in the highest category, about 7.7%.

For this sub-sample, combat experience is still statistically insignificant, as is the experience of peacetime-only Veterans. Interestingly, having attended centralized RVSR training has no effect (either substantively or statistically): this may mean that agency values are passed on and preserved through other means than formalized training. The finding for experience is another indicator that this might be true.

Model 4: Veterans with and without Service-Connected Disabilities

The second variant on the base model involves the 552 respondents who reported being Veterans, the majority of whom reported having service-connected conditions. In this group, the base model results were again largely confirmed, and are available in Table 5.4. Compared with peacetime Veterans, Vietnam Veterans with no service-connected conditions were 10.89% less likely to be in the highest category. Vietnam Veterans with service-connected disabilities were about 3% more likely to be favorable, because the coefficient on service-connected disability by itself shows that those with service-connected disabilities were 13.88% more likely to report being in the highest category. Positive management attitudes had an even stronger positive effect on these Veterans, 30.72%. Experience variables were also quite large and statistically significant: the 3rd quartile was 19.51% more likely and the 4th quartile was 15.06% more likely.

Being a Vietnam Veteran and being an RVSR were both negative and statistically significant: Vietnam Veterans were 10.89% less likely and RVSRs were 16.95% less likely to report being in the highest categories. Centralized RVSR training, Gulf War Veteran status, combat experience, time pressure, and difficulty in assigning degrees of disability were all insignificant, though the reported effects were in the expected directions. The model overall had a X^2 test statistic of 118.6 with 12 degrees of freedom and explained 6.91% of the dependent

variable variation. Again, this is a fairly small pseudo-R^2, but focusing on individual variables rather than the percent of variation explained may be more useful.

Model 4 & 5: Rating Veterans Service Representatives and Decision Review Officers

Rating Veteran Service Representatives (RVSRs) and Decision Review Officers (DROs) occupy distinct positions in the rating office hierarchy. RVSRs receive a case that is "ready to rate" from VSRs who have prepared the case, gathered necessary evidence, etc. At that point, the RVSR goes through the case file and determines an actual rating- a percentage between 0% and 100%- for the disabilities documented in the file. Decision Review Officers, however, have a different function. Although typically they have served as RVSRs previously, their function is primarily to handle cases on review: either when a Veteran disagrees with the decision and files a "Notice of Disagreement (NOD)" or when the case is flagged for further review by the quality assurance processes inside the rating office. The DRO handles the case "*de novo*," meaning that he or she has the authority to go back to the beginning of the case development- to seek new information, to ask the claimant for new evidence, to order updated medical exams, and the like. The DRO is entrusted with a significantly elevated level of authority and discretion, tends to be a more senior employee, and tends to handle cases that are either very difficult or in dispute on the merits.

Because these two types of employees are so different in function, seniority, and authority, I split the sample into two segments: DROs and RVSRs. The full findings can be found in tables 5.5 (for RVSRs) and 5.6 (for DROs). As suspected, the two groups vary dramatically. For DROs, the X^2 drops from what we have seen earlier to 'only' 21.86 with 12 degrees of freedom, still highly significant. The model also explains 5.22% of the variation in the dependent variable. For RVSRs, the model's X^2 was 155.62 with 12 degrees of freedom, a

highly significant result. The model explains 4.8% of the variation in the dependent variable.

DROs who are Vietnam Veterans but without service-connected disabilities are 25.17% less likely to report being in the highest category, as opposed to RVSRs who are Vietnam Veterans with no service-connected disabilities, who are 9.43% less likely to report being in that category. If the Veteran had a service-connected disability, the effect of that cancelled out the effect of his cohort of service because those with service-connected disabilities were 25% more likely to be in the top category. Strikingly, peacetime Veterans who are DROs were 33.2% less likely to report being in that category. This was the first time that peacetime Veterans had a significant result. Likewise, DROs with combat experience were 17.43% more likely to report being in the highest category, again the first time that any model shows an effect for combat experience. In service-connected disability, DROs were 3 times more likely than RVSRs to report being in the highest category. Finally, experience was insignificant for DROs, but highly significant for RVSRs. The difference between the two groups in the effects of experience may be due to the fact that DROs tended to be with the agency longer (a mean time of over 10 years) than RVSRs (a mean time of just over 4 years). The effects of experience may already be accounted for by the fact that the respondent is a DRO rather than an RVSR. The contrast between DROs and RVSRs on these key questions is probably the most interesting empirical finding of this chapter. The theory of representative bureaucracy predicts that greater discretion will allow individuals to act upon their identities; comparing RVSRs and DROs side-by-side seems to confirm that this is the case in this particular setting.

The second truly striking finding is that despite the various specifications and even after controlling for service-connected disability, combat experience, and time in agency, Vietnam Veterans are much less likely to report a client-favorable view toward the rating process. This

does not at all comport with the early expectations that I had, and begs for an explanation. Several come to mind: first, the comments to the survey, though it is not possible to link them to individual respondents, seemed to take two different tacks on this same question. Some Veterans, self-identified in the comments as such, claimed that because they know the hardships of military life, they also feel as though other Veterans "deserve" the benefit of the doubt. These Veterans would seemingly take a broader and more liberal view of the rating schedule in order to grant a claim if at all possible. Others, also self-identified, took an opposite and somewhat harsh view, saying that some claimants just seem to be 'milking the system' and that the system is unfair to many Veterans, particularly in the case of certain specific kinds of disabilities. For example, one commenter pointed out the seeming absurdity of a 50% disability rating for a hysterectomy and a 50% rating for sleep apnea with use of a nighttime breathing assistance device, when a below-knee amputation by itself only rates a 40% disability findings. These respondents seemed most upset about the horizontal equity issues between 'deserving' and 'undeserving' Veterans, and many seemed personally offended.

However, the effect of Veteran status is not uniform across peacetime, Gulf War, and Vietnam Veterans: the latter were consistently more negative toward the claims process. It is tempting to point out that Vietnam Veterans were exposed to many things that other Veterans were not: a draft, a hostile social environment upon return, greater battle and non-battle casualties, herbicide exposure, and the like (see Gade and Wenger 2010 for an overview). It is striking that only Vietnam Veterans show this strong effect across all specifications, despite Vietnam ending 33 years before this data was gathered. Certainly, the service experience of Vietnam Veterans differed substantially from that of other Veterans. It may also be the case that the early formative experience of Vietnam-era service is kept "refreshed" and salient because of

work within the VA: they face other Vietnam Veterans every day, and so Vietnam status remains a key reference point for them. Unfortunately, without an in-depth qualitative portion or more specificity in the survey, it is not possible to show one way or another the 'why' of this strong finding. Instead, further exploration may be indicated in subsequent research.

III. Discussion

The first hypothesis tested here is disconfirmed: in all specifications, Vietnam Veterans without service-connected disability and who did not experience combat report harsher approaches to the claims process. This effect ranges from -9.43% to -25.17%, depending on the specification. In some specifications, Gulf War Veterans or peacetime Veterans are also negative and significant.

The second hypothesis is confirmed: those with service-connected conditions approach the claims process in a broader and more liberal way. This effect ranges from a low of 10% to a high of 24%, depending on the specification, and is highly statistically significant in all specifications. This is independent of the effect of Veteran status and whether the respondent is an RVSR or not.

The results of this empirical chapter are quite interesting, though perhaps less compelling than they might be given additional data. First, the dependent variable here is one that is, at its core, an attitude measure. It would be much more compelling to show that demographics lead to attitudes, which in turn lead to measurable differences in actual work outputs. For example, if it were possible to link each RVSR and DRO to his actual allowance rate, or to have raters handle a series of 'standardized cases' and measure the differential outputs that they produce, the case for representative bureaucracy in this setting would be much stronger. Even under the data restrictions at hand, the results are consistent across all the models tested, as Table 5.6 shows.

Second, the dependent variable here can be a bit confusing: it is a 7-category scale created from two other questions, as outlined in earlier chapters. The thing to remember, though, is that nearly half of respondents answered in the top category (564/1236, or 45.63%). What this means for interpretation is that the distinction between the 7th category and all other categories is nearly the same as if the dependent variable had been strictly dichotomized to a 0/1 variable. In practice[29], the logit results and OGLM results are essentially indistinguishable, even though the literature indicates that the using an OGLM model is more appropriate. For this data, it is not an ironclad case for OGLM over standard logistic regression, though the former is indicated by the pre-estimation testing.

Third, these results should be interpreted carefully as a policy matter. The stated reason that the VA was loath to release this data was that they were concerned about the possibility of researchers being able to identify respondents by backtracking their demographics. In private conversations with VA officials, though, the overriding concern that they expressed was that a finding of this type would undermine the legitimacy of the rating process. If individual raters are acting on their own personal beliefs and values, then the system is likely to continue to produce what VA officials call 'claims variance,' and that variance may not be controllable in any reasonable way. Currently, the VA is working on a number of initiatives[30] that might begin to extract the human element from the claims process: increased automation, standardized forms and templates, and even creating specialized units to handle different parts of the same claim. For example, there might be a 'mental conditions,' 'orthopedic conditions,' and 'sensory organs' section, each working on different parts of the same claim. Even if the VA were to attempt this,

[29] I ran the logistic regression results with marginal effects on a dichotomized version of the dependent variable, and the results are significant in exactly the same places. The coefficients vary by only a small amount. These results are available upon request.

[30] The author is a member of the VA Advisory Committee on Disability Compensation, and these suggestions and others are currently under consideration at the VA.

though, it is not at all clear that the human element can be extracted from the process: automation, stove piping, and standardization may decrease the *range* of variance without eliminating the *fact* of variance.

Table 5.1
Marginal Effects After OGLM for All Respondents (Basic Specification)

Variables	Approach to Claims (Higher is More Claimant-Favorable)						
	1	**2**	**3**	**4**	**5**	**6**	**7**
Veteran	0.0083*	0.0058*	0.0223*	0.0079*	0.0184*	0.0031*	-0.0658*
	[0.0047]	[0.0033]	[0.0121]	[0.0043]	[0.0098]	[0.0018]	[0.0349]
Service Connected Disability	-0.0121***	-0.0086**	-0.0338***	-0.0125***	-0.0313**	-0.0088*	0.1070***
	[0.0045]	[0.0033]	[0.0123]	[0.0048]	[0.0124]	[0.0049]	[0.0405]
RVSR	0.0244***	0.0175***	0.0712***	0.0276***	0.0766***	0.0346***	-0.2519***
	[0.0043]	[0.0035]	[0.0095]	[0.0048]	[0.0118]	[0.0085]	[0.0335]
Observations	1,236	1,236	1,236	1,236	1,236	1,236	1,236

Table 5.2
Marginal Effects After OGLM for All Respondents

Variables	Approach to Claims (Higher is More Claimant-Favorable)						
	1	2	3	4	5	6	7
Vietnam Veteran	0.0143***	0.0111***	0.0457***	0.0168***	0.0367***	-0.0001	-0.1245***
	[0.0053]	[0.0042]	[0.0150]	[0.0055]	[0.0103]	[0.0030]	[0.0365]
Gulf War Veteran	0.0064	0.0050	0.0207	0.0078	0.0176	0.0007	-0.0582
	[0.0055]	[0.0043]	[0.0173]	[0.0063]	[0.0132]	[0.0014]	[0.0455]
Peacetime Only Veteran	-0.0025	-0.0020	-0.0085	-0.0034	-0.0085	-0.0015	0.0264
	[0.0058]	[0.0046]	[0.0203]	[0.0082]	[0.0211]	[0.0047]	[0.0647]
Experienced Combat	-0.0012	-0.0009	-0.0040	-0.0016	-0.0039	-0.0006	0.0122
	[0.0050]	[0.0040]	[0.0172]	[0.0068]	[0.0169]	[0.0029]	[0.0528]
Service Connected Disability	-0.0119***	-0.0094***	-0.0413***	-0.0167***	-0.0438***	-0.0112*	0.1343***
	[0.0038]	[0.0032]	[0.0127]	[0.0056]	[0.0149]	[0.0060]	[0.0435]
Rating Veterans Service Representative	0.0160***	0.0128***	0.0571***	0.0238***	0.0663***	0.0237***	-0.1997***
	[0.0035]	[0.0030]	[0.0106]	[0.0052]	[0.0144]	[0.0086]	[0.0400]
Experiences Time Pressure	0.0015	0.0012	0.0049	0.0019	0.0045	0.0005	-0.0145
	[0.0033]	[0.0026]	[0.0111]	[0.0043]	[0.0101]	[0.0010]	[0.0323]
Management Attitude	-0.0258***	-0.0203***	-0.0869***	-0.0339***	-0.0817***	-0.0106**	0.2592***
	[0.0042]	[0.0039]	[0.0101]	[0.0054]	[0.0101]	[0.0052]	[0.0232]
Has Attended RVSR Training	-0.0031	-0.0024	-0.0103	-0.0040	-0.0095	-0.0010	0.0304
	[0.0031]	[0.0024]	[0.0100]	[0.0039]	[0.0090]	[0.0010]	[0.0290]
Difficulty in Assigning Degrees of Disability	-0.0056*	-0.0044*	-0.0187**	-0.0073**	-0.0175**	-0.0022	0.0556**
	[0.0029]	[0.0023]	[0.0092]	[0.0037]	[0.0086]	[0.0015]	[0.0271]
2nd Quartile of Experience	-0.0038	-0.0030	-0.0128	-0.0050	-0.0124	-0.0020	0.0389
	[0.0034]	[0.0027]	[0.0116]	[0.0046]	[0.0116]	[0.0023]	[0.0360]
3rd Quartile of Experience	-0.0100***	-0.0079***	-0.0347***	-0.0141***	-0.0369***	-0.0093*	0.1129***
	[0.0035]	[0.0029]	[0.0117]	[0.0051]	[0.0138]	[0.0054]	[0.0403]
4th Quartile of Experience	-0.0143***	-0.0113***	-0.0502***	-0.0205***	-0.0550***	-0.0162**	0.1675***
	[0.0039]	[0.0033]	[0.0126]	[0.0058]	[0.0157]	[0.0076]	[0.0453]
Observations	1,236	1,236	1,236	1,236	1,236	1,236	1,236

Table 5.3
Marginal Effects After OGLM for All Respondents Except Those with Service Connected Disabilities

Variables	Approach to Claims (Higher is More Claimant-Favorable)						
	1	2	3	4	5	6	7
Vietnam Veteran	0.0183**	0.0122**	0.0585***	0.0201***	0.0399***	-0.01	-0.1408***
	[0.0076]	[0.0052]	[0.0208]	[0.0069]	[0.0106]	[0.0067]	[0.0419]
Gulf War Veteran	0.0177	0.0117	0.0555*	0.0186**	0.0350***	-0.0100	-0.1285**
	[0.0113]	[0.0075]	[0.0311]	[0.0094]	[0.0124]	[0.0113]	[0.0587]
Peacetime Only Veteran	-0.0098	-0.0068	-0.0366	-0.0149	-0.0417	-0.0118	0.1216
	[0.0062]	[0.0044]	[0.0238]	[0.0105]	[0.0330]	[0.0160]	[0.0925]
Experienced Combat	0.0036	0.0024	0.0123	0.0045	0.0103	-0.0002	-0.0330
	[0.0102]	[0.0069]	[0.0339]	[0.0122]	[0.0262]	[0.0028]	[0.0864]
Rating Veterans Service Representative	0.0139***	0.0096***	0.0515***	0.0208***	0.0572***	0.0154*	-0.1684***
	[0.0039]	[0.0030]	[0.0129]	[0.0060]	[0.0169]	[0.0084]	[0.0464]
Experiences Time Pressure	0.0069	0.0047	0.0236*	0.0087*	0.0196*	-0.0006	-0.0628*
	[0.0045]	[0.0031]	[0.0143]	[0.0052]	[0.0108]	[0.0020]	[0.0358]
Management Attitude	-0.0246***	-0.0168***	-0.0864***	-0.0327***	-0.0787***	-0.0043	0.2436***
	[0.0048]	[0.0040]	[0.0120]	[0.0061]	[0.0117]	[0.0059]	[0.0269]
Has Attended RVSR Training	-0.0013	-0.0009	-0.0046	-0.0017	-0.0042	-0.0002	0.0130
	[0.0034]	[0.0023]	[0.0119]	[0.0045]	[0.0106]	[0.0005]	[0.0330]
Difficulty in Assigning Degrees of Disability	-0.0079**	-0.0054**	-0.0275**	-0.0104**	-0.0247**	-0.0012	0.0770**
	[0.0034]	[0.0024]	[0.0112]	[0.0044]	[0.0100]	[0.0019]	[0.0306]
2nd Quartile of Experience	-0.0036	-0.0025	-0.0127	-0.0049	-0.0119	-0.0010	0.0365
	[0.0039]	[0.0027]	[0.0139]	[0.0054]	[0.0135]	[0.0018]	[0.0409]
3rd Quartile of Experience	-0.0080**	-0.0055*	-0.0287**	-0.0112*	-0.0289*	-0.0045	0.0867*
	[0.0040]	[0.0029]	[0.0142]	[0.0059]	[0.0157]	[0.0044]	[0.0456]
4th Quartile of Experience	-0.0173***	-0.0119***	-0.0637***	-0.0256***	-0.0704***	-0.0193**	0.2081***
	[0.0046]	[0.0036]	[0.0145]	[0.0068]	[0.0185]	[0.0096]	[0.0510]
Observations	917	917	917	917	917	917	917

Table 5.4
Marginal Effects After OGLM for Veterans Only Including Those with Service Connected Disabilities

Variables	Approach to Claims (Higher is More Claimant-Favorable)						
	1	2	3	4	5	6	7
Vietnam Veteran	0.0132**	0.0111*	0.0324**	0.0166**	0.0287**	0.0069	-0.1089**
	[0.0067]	[0.0057]	[0.0157]	[0.0084]	[0.0145]	[0.0050]	[0.0525]
Gulf War Veteran	0.0072	0.006	0.0172	0.0086	0.014	0.0022	-0.0551
	[0.0074]	[0.0062]	[0.0173]	[0.0086]	[0.0136]	[0.0022]	[0.0540]
Experienced Combat	-0.0018	-0.0015	-0.0045	-0.0023	-0.0039	-0.0008	0.0149
	[0.0064]	[0.0054]	[0.0158]	[0.0081]	[0.0140]	[0.0033]	[0.0529]
Service Connected Disability	-0.0186***	-0.0153***	-0.0436***	-0.0215***	-0.0347***	-0.0051	0.1388***
	[0.0069]	[0.0059]	[0.0146]	[0.0076]	[0.0113]	[0.0039]	[0.0424]
Rating Veterans Service Representative	0.0181***	0.0154***	0.0464***	0.0249***	0.0470***	0.0177*	-0.1695***
	[0.0063]	[0.0056]	[0.0150]	[0.0090]	[0.0176]	[0.0101]	[0.0572]
Experiences Time Pressure	-0.0003	-0.0002	-0.0007	-0.0003	-0.0006	-0.0001	0.0021
	[0.0062]	[0.0052]	[0.0152]	[0.0077]	[0.0130]	[0.0026]	[0.0500]
Management Attitude	-0.0386***	-0.0322***	-0.0936***	-0.0474***	-0.0798***	-0.0156*	0.3072***
	[0.0080]	[0.0079]	[0.0159]	[0.0102]	[0.0145]	[0.0086]	[0.0360]
Has Attended RVSR Training	-0.0039	-0.0032	-0.0093	-0.0047	-0.0078	-0.0014	0.0303
	[0.0058]	[0.0048]	[0.0137]	[0.0069]	[0.0111]	[0.0019]	[0.0437]
Difficulty in Assigning Degrees of Disability	-0.0062	-0.0052	-0.0151	-0.0076	-0.0129	-0.0025	0.0496
	[0.0054]	[0.0045]	[0.0129]	[0.0067]	[0.0111]	[0.0026]	[0.0422]
2nd Quartile of Experience	-0.0074	-0.0062	-0.0183	-0.0095	-0.0165	-0.0042	0.0621
	[0.0068]	[0.0058]	[0.0169]	[0.0090]	[0.0161]	[0.0051]	[0.0586]
3rd Quartile of Experience	-0.0200***	-0.0170***	-0.0519***	-0.0283***	-0.0548***	-0.0230*	0.1951***
	[0.0067]	[0.0061]	[0.0165]	[0.0101]	[0.0204]	[0.0129]	[0.0656]
4th Quartile of Experience	-0.0172**	-0.0145**	-0.0430**	-0.0226**	-0.0407**	-0.0126	0.1506**
	[0.0079]	[0.0069]	[0.0192]	[0.0108]	[0.0199]	[0.0089]	[0.0691]
Observations	552	552	552	552	552	552	552

Table 5.5
Marginal Effects After OGLM for RVSRs

Variables	Approach to Claims (Higher is More Claimant-Favorable)						
	1	2	3	4	5	6	7
Vietnam Veteran	0.0122**	0.0106**	0.0409**	0.0127**	0.0248***	-0.0070	-0.0943**
	[0.0061]	[0.0053]	[0.0185]	[0.0056]	[0.0094]	[0.0050]	[0.0389]
Gulf War Veteran	0.0051	0.0045	0.0178	0.0057	0.0118	-0.0024	-0.0426
	[0.0062]	[0.0054]	[0.0207]	[0.0065]	[0.0125]	[0.0038]	[0.0474]
Peacetime Only Veteran	-0.0098*	-0.0088*	-0.0374*	-0.0133	-0.0343	-0.0036	0.1073
	[0.0057]	[0.0052]	[0.0222]	[0.0086]	[0.0250]	[0.0075]	[0.0727]
Experienced Combat	0.0022	0.0019	0.0076	0.0025	0.0052	-0.0009	-0.0185
	[0.0067]	[0.0059]	[0.0231]	[0.0074]	[0.0152]	[0.0033]	[0.0549]
Service Connected Disability	-0.0102**	-0.0091**	-0.0377**	-0.0130**	-0.0311*	-0.0002	0.1013**
	[0.0047]	[0.0043]	[0.0172]	[0.0063]	[0.0159]	[0.0029]	[0.0489]
Experiences Time Pressure	0.0005	0.0005	0.0019	0.0006	0.0014	-0.0002	-0.0047
	[0.0039]	[0.0035]	[0.0139]	[0.0046]	[0.0099]	[0.0013]	[0.0346]
Management Attitude	-0.0303***	-0.0268***	-0.1074***	-0.0355***	-0.0779***	0.0093	0.2684***
	[0.0053]	[0.0052]	[0.0128]	[0.0061]	[0.0108]	[0.0062]	[0.0245]
Has Attended RVSR Training	-0.0024	-0.0021	-0.0084	-0.0028	-0.0059	0.0008	0.0207
	[0.0036]	[0.0032]	[0.0126]	[0.0041]	[0.0087]	[0.0015]	[0.0307]
Difficulty in Assigning Degrees of Disability	-0.0066*	-0.0059*	-0.0235**	-0.0077**	-0.0169**	0.0020	0.0586**
	[0.0034]	[0.0030]	[0.0115]	[0.0039]	[0.0084]	[0.0016]	[0.0284]
2nd Quartile of Experience	-0.0036	-0.0032	-0.0127	-0.0042	-0.0095	0.0009	0.0323
	[0.0039]	[0.0035]	[0.0139]	[0.0047]	[0.0106]	[0.0010]	[0.0357]
3rd Quartile of Experience	-0.0105***	-0.0094**	-0.0388***	-0.0135**	-0.0329**	-0.0011	0.1062**
	[0.0040]	[0.0037]	[0.0144]	[0.0055]	[0.0141]	[0.0033]	[0.0424]
4th Quartile of Experience	-0.0149***	-0.0134***	-0.0569***	-0.0204***	-0.0539***	-0.0079	0.1673***
	[0.0043]	[0.0040]	[0.0151]	[0.0063]	[0.0179]	[0.0072]	[0.0506]
Observations	1,004	1,004	1,004	1,004	1,004	1,004	1,004

Table 5.6
Marginal Effects After OGLM for DROs

Variables	Approach to Claims (Higher is More Claimant-Favorable)						
	1	2	3	4	5	6	7
Vietnam Veteran	0.0249*	0.0043	0.0338**	0.0363**	0.0767***	0.0758***	-0.2517***
	[0.0130]	[0.0046]	[0.0163]	[0.0169]	[0.0289]	[0.0260]	[0.0818]
Gulf War Veteran	-0.0106	-0.0019	-0.0153	-0.0175	-0.0423	-0.0560	0.1436
	[0.0098]	[0.0025]	[0.0139]	[0.0163]	[0.0404]	[0.0621]	[0.1398]
Peacetime Only Veteran	0.0504	0.0084	0.0614	0.0586*	0.0987***	0.0541***	-0.3315***
	[0.0377]	[0.0097]	[0.0398]	[0.0335]	[0.0383]	[0.0185]	[0.1277]
Experienced Combat	-0.0129*	-0.0023	-0.0185*	-0.0213*	-0.0512*	-0.0681	0.1743*
	[0.0076]	[0.0025]	[0.0104]	[0.0120]	[0.0274]	[0.0415]	[0.0909]
Service Connected Disability	-0.0191**	-0.0034	-0.0271**	-0.0306**	-0.0714***	-0.0892***	0.2407***
	[0.0089]	[0.0035]	[0.0114]	[0.0126]	[0.0241]	[0.0311]	[0.0688]
Experiences Time Pressure	0.0041	0.0007	0.0058	0.0064	0.0141	0.0151	-0.0461
	[0.0069]	[0.0014]	[0.0095]	[0.0103]	[0.0223]	[0.0231]	[0.0724]
Management Attitude	-0.0141**	-0.0025	-0.0197**	-0.0219**	-0.0490***	-0.0542***	0.1614***
	[0.0070]	[0.0026]	[0.0092]	[0.0100]	[0.0189]	[0.0205]	[0.0535]
Has Attended RVSR Training	-0.0060	-0.0010	-0.0083	-0.0092	-0.0205	-0.0224	0.0674
	[0.0064]	[0.0015]	[0.0088]	[0.0097]	[0.0206]	[0.0223]	[0.0668]
Difficulty in Assigning Degrees of Disability	0.0001	0.0000	0.0002	0.0002	0.0005	0.0005	-0.0015
	[0.0058]	[0.0010]	[0.0081]	[0.0090]	[0.0202]	[0.0224]	[0.0666]
2nd Quartile of Experience	-0.0126	-0.0022	-0.0181	-0.0208	-0.0501	-0.0667	0.1705
	[0.0094]	[0.0027]	[0.0132]	[0.0153]	[0.0368]	[0.0560]	[0.1257]
3rd Quartile of Experience	-0.0092	-0.0016	-0.0130	-0.0146	-0.0338	-0.0403	0.1125
	[0.0117]	[0.0026]	[0.0165]	[0.0186]	[0.0430]	[0.0546]	[0.1438]
4th Quartile of Experience	-0.0191	-0.0033	-0.0262	-0.0283	-0.0607	-0.0610	0.1986
	[0.0185]	[0.0044]	[0.0241]	[0.0251]	[0.0489]	[0.0439]	[0.1559]
Observations	232	232	232	232	232	232	232

Table 5.7
Marginal Effects After OGLM for All Models (Category 7 Only)

Variables	All Respondents (Base Model)	Veterans without SC Disabilities and Non-Veterans	All Veterans	RVSR	DRO
Vietnam Veteran	-0.1245***	-0.1408***	-0.1089**	-0.0943**	-0.2517***
	[0.0365]	[0.0419]	[0.0525]	[0.0389]	[0.0818]
Gulf War Veteran	-0.0582	-0.1285**	-0.0551	-0.0426	0.1436
	[0.0455]	[0.0587]	[0.0540]	[0.0474]	[0.1398]
Peacetime Only Veteran	0.0264	0.1216		0.1073	-0.3315***
	[0.0647]	[0.0925]		[0.0727]	[0.1277]
Experienced Combat	0.0122	-0.0330	0.0149	-0.0185	0.1743*
	[0.0528]	[0.0864]	[0.0529]	[0.0549]	[0.0909]
Service Connected Disability	0.1343***		0.1388***	0.1013**	0.2407***
	[0.0435]		[0.0424]	[0.0489]	[0.0688]
Rating Veterans Service Representative	-0.1997***	-0.1684***	-0.1695***		
	[0.0400]	[0.0464]	[0.0572]		
Experiences Time Pressure	-0.0145	-0.0628*	0.0021	-0.0047	-0.0461
	[0.0323]	[0.0358]	[0.0500]	[0.0346]	[0.0724]
Management Attitude	0.2592***	0.2436***	0.3072***	0.2684***	0.1614***
	[0.0232]	[0.0269]	[0.0360]	[0.0245]	[0.0535]
Has Attended RVSR Training	0.0304	0.0130	0.0303	0.0207	0.0674
	[0.0290]	[0.0330]	[0.0437]	[0.0307]	[0.0668]
Difficulty in Assigning Degrees of Disability	0.0556**	0.0770**	0.0496	0.0586**	-0.0015
	[0.0271]	[0.0306]	[0.0422]	[0.0284]	[0.0666]
2nd Quartile of Experience	0.0389	0.0365	0.0621	0.0323	0.1705
	[0.0360]	[0.0409]	[0.0586]	[0.0357]	[0.1257]
3rd Quartile of Experience	0.1129***	0.0867*	0.1951***	0.1062**	0.1125
	[0.0403]	[0.0456]	[0.0656]	[0.0424]	[0.1438]
4th Quartile of Experience	0.1675***	0.2081***	0.1506**	0.1673***	0.1986
	[0.0453]	[0.0510]	[0.0691]	[0.0506]	[0.1559]
Observations	1236	917	552	1004	232

CHAPTER 6

RESULTS: DESIRED CLAIMS LEVEL

In this chapter, I continue empirically testing the theory of representative bureaucracy as applied to Veterans and to those Veterans with service-connected conditions (or disabilities). I test two dependent variables, both measuring a similar concept: whether the rater seeks a "high" or a "low" benefit for each claimant. As in chapter 5, the two independent variables of interest are Veteran status (divided into era of service) and service-connected disability. This chapter uses logistic regression and ordered logistic regression, and will examine not only the base model of all respondents, but various combinations and sub-populations.

This chapter tests two hypotheses formulated earlier:

H3: Claims processors who are Veterans will seek higher claims levels for claimants than those who are not Veterans;

H4: Claims processors with service-connected disabilities will seek higher claims levels for claimants than those without service-connected disabilities.

I. The Model

The dependent variables I first introduced in the latter half of chapter 4 form the two dependent variables for this chapter. Each is a categorical variable with 10 categories, from "strongly disagree" to "strongly agree." The two questions appeared in the original survey as 31e. and 31f.: "How important are the following objectives to you? e. "Granting Veterans the highest benefit allowed by the rating schedule (the highest I can defend)" and f. "Granting

Veterans the lowest benefit allowed by the rating schedule (the lowest I can defend)." As one might expect, both dependent variables are skewed toward the 'claimant-favorable' end of the scale, with 73% of observations in the highest category for "highest benefit" and 75% of observations in the highest category for "lowest benefit."

Chapter 4 details the efforts that I made to combine these two questions into a scale: those efforts failed and so these two variables are modeled and interpreted separately for the remainder of this chapter. Nevertheless, as in the "Approach to Claims" case (chapter 5) it is easy to visualize that there is a latent variable y* that underlies both of these scales, running from 'claimant-hostile' to 'claimant-favorable'. What we observe, though, is not y* but y: the collapsed version of the latent variable. It actually matters little where the collapsing occurs: this chapter will examine both dependent variables collapsed into a dichotomous version and a three-category version. The dichotomous version of the dependent variables is created by coding the top category to "1" and the bottom 9 categories to "0." Collapsing categories 1-5 into "low," 6-9 into "middle" and 10 into "high" creates the categorical version. In the categorical version, the observed y is related to the latent y* in the following way:

$$y=1 \text{ if } -\infty<y^*<\kappa_1$$
$$y=2 \text{ if } \kappa_1<y^*<\kappa_2$$
$$y=3 \text{ if } \kappa_2<y^*<+\infty$$

The models for each dependent variable are identical to each other and to the model in chapter 5:

$$\Pr[\text{Approach}=z|x] = \beta 0 + \beta 1 \text{ Vietnam Veteran} + \beta 2 \text{ Gulf War Veteran} + \beta 3 \text{ Peacetime Only Veteran} + \beta 4 \text{ Experienced Combat} + \beta 5 \text{ Service Connected Disability} + \beta 6 \text{ Rating Veterans Service Representative} + \beta 7 \text{ Experiences Time Pressure} + \beta 8 \text{ Management Attitude} + \beta 9 \text{ Centralized Training} + \beta 10 \text{ Difficulty in Assigning Degrees of Disability} + \beta 11\text{-}13 [\text{Quartiles of Experience}] + \varepsilon,$$

where z can take on any value from 1 to 3.

Testing both models for homoskedasticity finds that they are, in fact, homoskedastic. This means that unlike the previous chapter, the usual ordered logistic regression is acceptable rather than the generalized version found in Williams (2006 & 2009).

For ease of interpretation, I analyzed each dependent variable will as a dummy or dichotomous dependent variable using logit, and then as a categorical dependent variable using ordered logit. In all cases, I calculated and present marginal effects for ease of interpretation.

II. "Lowest Rating I can Defend" Results

The dependent variable in this case appears in the original survey as question 31f.: "How important are the following objectives to you? Granting Veterans the lowest benefit allowed by the rating schedule (the lowest I can defend)." Recall from Chapter 4 that this variable was reversed so that higher scores are more favorable toward the Veteran claimant, and was skewed heavily toward the high end of the scale. Attempts to combine it with the "Highest I can Defend" variable were not successful because the correlation between the two were too low to permit combining them: testing using Cronbach's α confirmed the unsuitability of a combination scale. This fact alone led me to suspect that some factor is causing either this variable or its counterpart (see section II, below) to be problematic and undermining its validity somewhat. It may be the case that the phrasing of the question is problematic: having a negative attitude toward claimants would not necessarily result in a respondent being willing to answer in the affirmative to a question explicitly saying that he seeks the lowest rating possible. Nevertheless, the underlying question seems fairly straightforward: how does the rater feel about the outcomes that each claimant achieves?

The dependent variable, "lowest result," skews heavily toward the high end of the 10-point Likert scale, as detailed in chapter 4: 75% of respondents are in this category. "9" is the

second-highest category, with just under 9% of the observations. Independent variables of interest, as before, are Veteran status (divided into Vietnam, Gulf, and peace time) and service-connected disability.

Logistic Regression Results

In the basic specification (Table 6.1, Model 1), Vietnam Veterans were, in fact, less likely to be in the highest category. This result is unsurprising, given the outcomes discussed in the previous chapter, but nevertheless goes against the hypothesis. Neither Gulf War nor peacetime veterans showed a statistically significant result, though both were in the negative direction. Surprisingly, and also not comporting with the hypothesized effects, service-connected disability had no statistically significant effect, though it was in the positive direction. Rating Veterans Service Representatives were less likely by 9.16% ($p<.01$) to answer in the highest category, confirming the finding from chapter 5. Experience also increased the odds of being in the highest category: those in the third quartile were 6.46% more likely to answer in the highest category. Those who had attended RVSR training were 5.19% more likely to be in the highest category. By far the largest effect was that for that for management attitude: positive management attitudes increased the chances of being in the highest category by 22.57% per level[31].

Model 2 excludes Veterans receiving service-related compensation from the sample, leaving only non-Veterans and Veterans not receiving service-connected compensation.

[31] This is a three-level control: high, medium, and low. Because this question appeared in the same 'block' of questions on the survey as the dependent variable question and was correlated (+.4433) with the dependent variable, I analyzed sensitivity three different ways. First, I used the management attitude scale from chapter 5 as a control in place of this control: all the other marginal effects were unchanged, but the management attitude scale was insignificant. Next, I used the management attitude variable created from "it is important to my supervisors to grant the highest possible benefit". That variable was positive and significant. A third way of dealing with this correlation was to drop the management attitude control entirely. Marginal effects for the other variables were still roughly the same.

Otherwise, the model is unchanged. The magnitude, direction, and significance of RVSR, management attitude, RVSR training, and experience were unchanged, though the marginal effects were not identical to Model 1. RVSRs were still more likely to be in the lower category, management attitude was still large and positive, and RVSR training had a small positive effect. Vietnam Veterans in this sub-sample were significant and 8% less likely to be in the top category.

Model 3 excludes non-Veterans, allowing a direct comparison of Veterans receiving compensation and those not receiving compensation based on disability. In this sub-sample, Vietnam Veterans are 8.44% less likely than peacetime Veterans to report being in the upper category ($p<.1$), RVSRs are still negative and significant, management attitude is unchanged, and experience is unchanged. However, RVSR training loses its significance but retains a similar coefficient to models 1 and 2: the standard error increased slightly.

Probably the most interesting finding is in Models 4 and 5, where RVSRs and DROs are split and run separately from one another. Vietnam Veterans who were RVSRs were 13.58% less likely to be in the highest category, had a management influence twice as large as the DROs (25.5% more likely vs. 12% more likely), and were more likely to respond in the highest category when they had more experience. The fact that DROs who were Vietnam Veterans did not have a statistically significant difference from other DROs is surprising: DROs have much greater discretion than RVSRs, and thus should theoretically be more likely to act upon their different identities. On the other hand, since they are more senior in the organization, it may be the case that their institutional training and socialization has subordinated their inclination to act on behalf of other Veterans.

Ordered Logistic Regression Results

The second analysis technique for this dependent variable was to narrow the number of categories from 10 to 3[32] and to run the model as an ordered logistic regression. The results for the first model (all respondents) can be seen in Table 6.3, and each variation can be seen in subsequent tables. As an analytical matter, the upper category of the three-category version should have roughly the same results as the dichotomized version, provided that the upper category is 'cut' at the same point as the dichotomized version. The ordered logistic results for the upper category, then, are essentially indistinguishable from the answers for the logistic regression discussed in the previous section. Furthermore, the sum of the effects for the two lower categories is the same as the effects for the upper category, though in the opposite direction. This makes good intuitive sense: Vietnam Veterans who were 10% less likely to answer in the upper category were a total of 10% more likely to answer in one of the other categories. This is the case here, and the results for that category are the largely the same as that for the logistic regression.

Ordered logistic regression allows me to examine each category of the dependent variable separately, and begin to make observations about the pattern of responses that emerges. For example, examining the lowest category of table 6.3 (all respondents), we observe that Vietnam Veterans were 6.6% more likely to be in this, the lowest of the three categories. RVSRs were 6% more likely to be in the lowest category. On the other hand, those with positive managers were 14.4% less likely to be in the lowest category, those who had attended centralized RVSR training were 3.84% less likely, and those with more experience were 3.57% (third quartile) and 3.97%

[32] This eased interpretation considerably while still retaining much of the information. To check whether this was a reasonable transformation, I regressed the three-category version on the ten-category version, and found that the three category version explained 71% of the variation in the ten-category version. This comports with the theoretical underpinnings of the dependent variable as well: since I believe that there is a latent variable at work here, it does not matter whether I 'observe' it in three places or 10.

(fourth quartile) less likely to be in this lowest category. The real analytical benefit of running an ordered logistic regression after already having examined the simpler logistic regression is that we can observe where the respondents who were less likely to answer in the most claimant-favorable category 'ended up'; that is, were they just likely to answer the question slightly less favorably, or much less favorably? In this data, it appears that the relationships observed at the top level still hold at the lower levels. In other words, it does not appear to matter whether one tests the hypotheses from the top or bottom: similar results emerge either way.

Ordered logistic regression, then, provides a robustness check to the more general findings revealed by logistic regression. In this case, not only are Vietnam Veterans, peace-time Veterans, and RVSRs less likely to be in the very highest category, they were also much more likely to be in the lowest possible category. This finding holds across the other specifications of the model: Veterans vs. non-Veterans (table 6.4), Veterans only (Table 6.5), RVSRs only (Table 6.6), and DROs only (Table 6.7).

III. "Highest Rating I can Defend" Results

The counterpart to the 'lowest rating I can defend' question is the question that asks "It is important to me to grant the highest possible benefit (the highest I can defend)." On its face, this question is the opposite of the previous question. In chapter 4, I discussed this at length, including my efforts to combine the two questions into a scale measuring the same latent variable. Nevertheless, the 'highest possible' variable retains some interesting properties, and is discussed below.

As expected, the 'highest possible' variable is heavily skewed toward the high end of the scale. 908/1236 (73.46%) of respondents strongly agreed with the statement that it is important to them to grant the highest benefit they can defend. 167 (13.51%) answered a "9" on this 10-

point Likert scale, and the percentages monotonically decline to near-zero at the low end of the scale: only 10 respondents gave this question a "1." I performed two transformations to enable the analysis that follows: first, on the theory that those who answered a "10" are fundamentally different from those who answered at any other level, the variable was dichotomized at that level. This yielded a dummy variable with 26.54% of its observations at "0" and 73.46% of its observations at "1." The second transformation was to reduce the variable from a 10-level variable to a three-level variable by recoding 1-5 to equal "0," 6-9 to equal "1," and 10 to equal "2." This yields a three-level categorical variable with 13.03% of observations in the lowest category, 13.51% in the middle category, and the same 73.46% in the upper category.

Controls are unchanged from the previous models in this chapter and those in the chapter 5, with the exception that the management attitude variable is changed from "it is important to management in my office to grant the lowest possible benefit" to "it is important to management in my office to grant the highest possible benefit." The dependent variable and the management control are correlated at +.2588[33].

Logistic Regression Results

Logistic regression results for this model are similar to the results for the 'lowest possible' model. In the full sample specification (Model 1, Table 6.8), Vietnam Veterans are again less likely to answer in the highest possible category by 11.24% ($p<.01$). None of the other independent variables of interest are significant, though the signs are in the anticipated direction and the magnitudes are similar to other models. RVSRs are no more or less likely to answer this

[33] As the first footnote in this chapter discusses, this control gave me some pause. It stands to reason that whatever forces might make a respondent hurry through the survey, answer dishonestly, or otherwise affect the error structure of the dependent variable may affect the error structure of this independent variable as well. However, subsequent testing shows that the model is robust to changes in this control: the only coefficient that changes in magnitude or significance when the management control is changed to another one is the one for the management control. This leads me to believe that the management control is acceptable for inclusion in the model just the way it is.

question differently (there is a tiny positive and statistically insignificant coefficient on RVSR), nor does experience appear to matter. Management attitude is still in the positive direction, though much reduced in magnitude from earlier models: a one-level increase in manager attitudes has a 16.6% increase in the likelihood of the respondent being in this category.

Model 2, for non-service connected Veterans and non-Veterans only shows similar results to the base model: Vietnam Veterans in this sub-sample are 15.25% ($p<.01$) less likely to be in the uppermost category. Gulf War Veterans in this sub-sample are also significant (though barely) and negative (13.47%, $p<.1$). Each level increase in manager attitude increases the likelihood of respondents being in the upper category by 15.54% ($p<.01$). The Veteran-only sub-sample in Model 3 shows that Vietnam Veterans and Gulf War Veterans are not significantly different from peacetime Veterans (the omitted category). In fact, for this sub-sample, the entire model is insignificant (unless management attitude is included, see footnote 33), as shown by a likelihood-ratio test[34].

Models 4 and 5 are interesting as well: DROs who were Vietnam Veterans were 14.82% ($p<.1$) less likely to answer in the uppermost category, and RVSRs who were Vietnam Veterans were 9.69% ($p<.05$) less likely to answer in that category. Management attitudes are significant, stable, and positive, and of the same magnitude for these two models as for the other three.

Ordered Logistic Regression Results

After dividing the dependent variable into three levels (high, medium, and low), I ran ordered logistic regression to more closely examine the information contained in the ordering of

[34] Although R^2 is a statistic reserved for linear regressions, STATA calculates pseudo-R^2 statistics for logistic regressions. For each of the 5 models (base and four variations), the pseudo-R^2 statistic is around 10% or slightly less. Each of the models is significantly different from 0 except for model 3. Part of the problem is that the VA claims system is a very complex one and part of the problem may be the fact that the dependent variable has some odd properties as discussed earlier (heavy skew, not combinable with its counterpart question, etc.)

the low and medium categories[35]. The rationale for using ordered logistic regression here is that there is information contained in the ordering itself, beyond that revealed in the previous logistic regression. Unfortunately, just as there was little of significance in the logistic regression results, there was also little of significance in the ordered logistic results.

For the full sample, Vietnam Veterans were 5.77% more likely to be in the lowest category and those with pro-Veteran management were 8.81% less likely to be in the lowest category. When Veterans with service-connected conditions are excluded from the sample, Vietnam Veterans are 8.1% ($p<.01$) and Gulf War Veterans are 9.34% ($p<.1$) more likely to be in the bottom category rather than the other categories. This pattern holds for the DRO-only and RVSR-only sub-samples (see Tables 6.10-6.14).

IV. Discussion

Hypothesis 3 was that Veterans would seek higher claims levels for other Veterans, as compared to non-Veterans. As in chapter 5, this hypothesis is disconfirmed: in all cases where a statistically significant result is found, Veterans (especially Vietnam Veterans) are less likely to answer in the most claimant-favorable way; for the "highest benefit" dependent variable this effect varies from 8.75% less likely to 15.2% less likely in Vietnam Veterans (who are almost always statistically significant at a very high degree). For Gulf War Veterans, the result is slightly less significant (in fact, in several specifications the effect is not significant at all) and smaller in magnitude. With the exception of management attitude controls, none of the controls are significant: this is a departure from the findings of chapter 5, where experience, training,

[35] As a consequence of how the models are built, the coefficients on the likelihood of being in the highest category in an ordered logit and in the upper category for a basic logit are the same; this fact also provides a useful test to ensure that the controls have been properly entered into the model.

position in the agency, and difficulty in assigning claims levels are all significant in most specifications.

Hypothesis 3 is also disconfirmed in the "lowest benefit" dependent variable. As for the "highest benefit" variable, the effect of Vietnam Veteran status is significant and negative for 3 of the models and negative but insignificant for the Veteran-only and DRO-only specifications. The effect of Vietnam Veteran status ranges from 8.7% to 12.78%. RVSRs, like chapter 5, are significant and negative; experience is significant and positive, and management attitudes are significant and positive.

Interestingly, for all specifications of the "highest benefit" and "lowest benefit" models, the effect of service-connected disability is not significant. Thus, hypothesis 4 is disconfirmed as well. Recall from chapter 5 that service-connected disability was a strong positive influence: here, the results are insignificant.

Taken together, these findings are interesting for a number of reasons. First, as the theory chapter explained, I expected that Veteran status and service connected disability status would exert a very strong and very significant effect on attitudes in this setting, because the dual conditions of salience and discretion were met. Finding that this is not true leaves me with the inherently messy task of formulating reasons for why the theory might not hold in this case from an *ex post* point of view. There are several reasons. First, some type of selection effect might be taking place in how claims processors enter the VA in the first place. Veterans may be first exposed to the VA as a result of their service- the VA does an excellent job of reaching out to Veterans to provide various kinds of services- and so Veterans may be drawn to the VA in that way. Non-veterans, on the other hand, are probably not exposed in that way: they must, for some reason, seek employment at the VA without ever having received any services from the VA. It is

possible that empathy for the condition of Veterans, or a predisposition to want to help them, is at play. This means that the Veterans who work at the VA may be drawn fairly randomly from the Veteran population, but the non-Veterans are selecting into the VA because of the strong positive feelings they have toward military service. That alone would explain the odd negative finding.

Second, but related to the first, is the fact that non-Veterans have not 'seen how the sausage is made'- they lack experience of what the military looks like from the inside. As a result of this, they may be more willing to accept tales of pervasive hardship across the board, where Veterans may better understand the different levels of hardship that are only visible from inside the military itself. Evidence for this is somewhat sparse, but one of the informal interviews I conducted was with a woman who had been both an RVSR and DRO in the past, and had worked herself up from the lowest clerk level to be a fairly senior rater. When I asked her about whether different military specialties were tougher than each other, she said "No, I believe that everyone who served is equally deserving of compensation." While that is true, it is not true that every specialty is equally likely to result in service-connected disability. So it may be the case the Veterans working in the VA are harsher on claimants because they know, or think they know, enough to be harsher on claimants. They may also be harsher for a more sinister reason: some of the literature discussed in chapter 4 on military identity formation indicates that parts of some kinds of military training may serve to desensitize service members to the struggles of others; more data would be needed to see if this hypothesis is at work here.

One other cautionary note is in order: the struggle to combine these two dependent variables into a scale was unsuccessful for a reason; it is impossible to determine what that reason might have been. Although the two dependent variables were formed from back-to-back

questions with identical wording (except for the 'lowest' and 'highest' substitution), they still were barely correlated with each other. This makes any conclusion drawn from even the most careful analysis of these models somewhat suspect: the validity of any analytical results depends in large part on the construct validity of the dependent variable. Still, it is encouraging that the results for Vietnam Veterans match the results for the "Approach to claims" analysis in chapter 5, and an interesting departure from the representative bureaucracy literature that people who 'should' share and act upon an identity appear to not be doing so (at least in this contextual setting).

Table 6.1
Marginal Effects after Logistic Regression for "Lowest Benefit."

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Vietnam Veteran	-0.1091***	-0.0800*	-0.0844*	-0.1358***	-0.0342
	[0.0392]	[0.0477]	[0.0468]	[0.0477]	[0.0564]
Gulf War Veteran	-0.0445	-0.0114	-0.0143	-0.053	0.013
	[0.0446]	[0.0607]	[0.0513]	[0.0518]	[0.1139]
Peacetime Only Veteran	-0.1062	-0.0876		-0.0925	-0.1434
	[0.0689]	[0.0935]		[0.0790]	[0.1356]
Experienced Combat	-0.0219	-0.0413	-0.0243	-0.0358	0.0233
	[0.0475]	[0.0865]	[0.0513]	[0.0583]	[0.0652]
Service Connected Disability	0.0371		0.0085	0.0423	0.0248
	[0.0349]		[0.0417]	[0.0428]	[0.0511]
RVSR	-0.0916***	-0.0792**	-0.1287***		
	[0.0299]	[0.0335]	[0.0453]		
Experiences Time Pressure	-0.0201	-0.0348	-0.0062	-0.0339	0.011
	[0.0306]	[0.0353]	[0.0484]	[0.0375]	[0.0451]
Management Attitude	0.2257***	0.2201***	0.2158***	0.2545***	0.1194***
	[0.0159]	[0.0179]	[0.0260]	[0.0189]	[0.0266]
Has Attended RVSR Training	0.0519*	0.0610*	0.0501	0.0604*	0.0204
	[0.0280]	[0.0318]	[0.0427]	[0.0337]	[0.0432]
Difficulty in Assigning Degrees of Disability	-0.0101	-0.0073	-0.006	-0.0247	0.0389
	[0.0248]	[0.0278]	[0.0401]	[0.0294]	[0.0448]
2nd Quartile of Experience	0.0113	-0.0016	0.0444	0.0104	0.063
	[0.0323]	[0.0368]	[0.0515]	[0.0365]	[0.0670]
3rd Quartile of Experience	0.0646**	0.0643*	0.0783	0.0629*	0.0988
	[0.0321]	[0.0357]	[0.0531]	[0.0379]	[0.0671]
4th Quartile of Experience	0.0621*	0.0547	0.0762	0.0781*	0.0757
	[0.0359]	[0.0395]	[0.0594]	[0.0405]	[0.1021]
Observations	1,236	917	552	1,004	232

Standard errors in brackets
*** p<0.01, ** p<0.05, * p<0.1
Model 1: Base Model, All Respondents Included
Model 2: Veterans with No Service Connected Conditions and Non-Veterans
Model 3: Veterans only, Including Service Connected Conditions
Model 4: Rating Veterans Service Representatives Only
Model 5: Decision Review Officers Only

Table 6.2
Marginal Effects after Ordered Logistic Regression for "Lowest Benefit" (Highest Category Only.)

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Vietnam Veteran	-0.1068***	-0.0872*	-0.0741	-0.1278***	-0.0374
	[0.0380]	[0.0473]	[0.0456]	[0.0456]	[0.0565]
Gulf War Veteran	-0.0358	-0.0080	0.0047	-0.0408	0.0182
	[0.0423]	[0.0587]	[0.0493]	[0.0490]	[0.1086]
Peacetime Only Veteran	-0.1173*	-0.0908		-0.1044	-0.1414
	[0.0680]	[0.0911]		[0.0784]	[0.1300]
Experienced Combat	-0.0071	-0.0027	-0.0075	-0.0156	0.0324
	[0.0436]	[0.0727]	[0.0480]	[0.0528]	[0.0603]
Service Connected Disability	0.0345		0.0067	0.0355	0.0286
	[0.0340]		[0.0409]	[0.0420]	[0.0497]
RVSR	-0.1033***	-0.0853***	-0.1420***		
	[0.0283]	[0.0322]	[0.0436]		
Experiences Time Pressure	-0.0217	-0.0395	-0.0040	-0.0315	0.0002
	[0.0299]	[0.0348]	[0.0471]	[0.0364]	[0.0454]
Management Attitude	0.2406***	0.2315***	0.2373***	0.2700***	0.1242***
	[0.0160]	[0.0179]	[0.0260]	[0.0188]	[0.0267]
Has Attended RVSR Training	0.0631**	0.0657**	0.0685	0.0739**	0.0310
	[0.0276]	[0.0311]	[0.0424]	[0.0332]	[0.0430]
Difficulty in Assigning Degrees of Disability	-0.0142	-0.0111	-0.0149	-0.0299	0.0414
	[0.0242]	[0.0272]	[0.0395]	[0.0287]	[0.0447]
2nd Quartile of Experience	0.0012	-0.0110	0.0385	-0.0003	0.0511
	[0.0317]	[0.0362]	[0.0504]	[0.0357]	[0.0733]
3rd Quartile of Experience	0.0607*	0.0614*	0.0797	0.0581	0.0864
	[0.0316]	[0.0352]	[0.0518]	[0.0374]	[0.0683]
4th Quartile of Experience	0.0673*	0.0647*	0.0874	0.0830**	0.0602
	[0.0346]	[0.0376]	[0.0575]	[0.0390]	[0.0967]
Observations	1236	917	552	1004	232

Model 1: Base Model, All Respondents Included
Model 2: Veterans with No Service Connected Conditions and Non-Veterans
Model 3: Veterans only, Including Service Connected Conditions
Model 4: Rating Veterans Service Representatives Only
Model 5: Decision Review Officers Only

Table 6.3
Marginal Effects after Ordered Logistic Regression for "Lowest Benefit" (All Respondents.)

Variables	Approach to Claims (Higher is More Claimant-Favorable)		
	1	**2**	**3**
Vietnam Veteran	0.0663***	0.0405***	-0.1068***
	[0.0245]	[0.0140]	[0.0380]
Gulf War Veteran	0.0218	0.0140	-0.0358
	[0.0262]	[0.0162]	[0.0423]
Peacetime Only Veteran	0.0749	0.0423*	-0.1173*
	[0.0464]	[0.0221]	[0.0680]
Experienced Combat	0.0043	0.0028	-0.0071
	[0.0263]	[0.0173]	[0.0436]
Service Connected Disability	-0.0205	-0.0140	0.0345
	[0.0201]	[0.0140]	[0.0340]
RVSR	0.0600***	0.0433***	-0.1033***
	[0.0162]	[0.0129]	[0.0283]
Experiences Time Pressure	0.0131	0.0086	-0.0217
	[0.0182]	[0.0117]	[0.0299]
Management Attitude	-0.1443***	-0.0963***	0.2406***
	[0.0111]	[0.0106]	[0.0160]
Has Attended RVSR Training	-0.0384**	-0.0247**	0.0631**
	[0.0171]	[0.0108]	[0.0276]
Difficulty in Assigning Degrees of Disability	0.0085	0.0057	-0.0142
	[0.0145]	[0.0097]	[0.0242]
2nd Quartile of Experience	-0.0007	-0.0005	0.0012
	[0.0190]	[0.0127]	[0.0317]
3rd Quartile of Experience	-0.0357*	-0.0249*	0.0607*
	[0.0184]	[0.0134]	[0.0316]
4th Quartile of Experience	-0.0397**	-0.0277*	0.0673*
	[0.0201]	[0.0147]	[0.0346]
Observations	1236	1236	1236

Table 6.4
Marginal Effects after Ordered Logistic Regression for "Lowest Benefit" (Veterans without Service Connected Conditions and Non-Veterans)

Variables	**Approach to Claims (Higher is More Claimant-Favorable)**		
	1	**2**	**3**
Vietnam Veteran	0.0549*	0.0323*	-0.0872*
	[0.0310]	[0.0168]	[0.0473]
Gulf War Veteran	0.0049	0.0031	-0.0080
	[0.0360]	[0.0227]	[0.0587]
Peacetime Only Veteran	0.0579	0.0328	-0.0908
	[0.0611]	[0.0303]	[0.0911]
Experienced Combat	0.0017	0.0011	-0.0027
	[0.0443]	[0.0284]	[0.0727]
RVSR	0.0505***	0.0348**	-0.0853***
	[0.0188]	[0.0140]	[0.0322]
Experiences Time Pressure	0.0243	0.0152	-0.0395
	[0.0218]	[0.0132]	[0.0348]
Management Attitude	-0.1407***	-0.0907***	0.2315***
	[0.0127]	[0.0118]	[0.0179]
Has Attended RVSR Training	-0.0405**	-0.0252**	0.0657**
	[0.0195]	[0.0120]	[0.0311]
Difficulty in Assigning Degrees of Disability	0.0067	0.0043	-0.0111
	[0.0165]	[0.0107]	[0.0272]
2nd Quartile of Experience	0.0067	0.0043	-0.0110
	[0.0221]	[0.0141]	[0.0362]
3rd Quartile of Experience	-0.0367*	-0.0247*	0.0614*
	[0.0208]	[0.0147]	[0.0352]
4th Quartile of Experience	-0.0387*	-0.0260*	0.0647*
	[0.0222]	[0.0157]	[0.0376]
Observations	917	917	917

Table 6.5
Marginal Effects after Ordered Logistic Regression for "Lowest Benefit" (Veterans Only)

Variables	**Approach to Claims (Higher is More Claimant-Favorable)**		
	1	**2**	**3**
Vietnam Veteran	0.0443	0.0297	-0.0741
	[0.0273]	[0.0188]	[0.0456]
Gulf War Veteran	-0.0028	-0.0019	0.0047
	[0.0297]	[0.0196]	[0.0493]
Experienced Combat	0.0045	0.003	-0.0075
	[0.0291]	[0.0189]	[0.0480]
Service Connected Disability	-0.004	-0.0026	0.0067
	[0.0247]	[0.0162]	[0.0409]
RVSR	0.0823***	0.0597***	-0.1420***
	[0.0249]	[0.0204]	[0.0436]
Experiences Time Pressure	0.0024	0.0016	-0.004
	[0.0285]	[0.0187]	[0.0471]
Management Attitude	-0.1430***	-0.0943***	0.2373***
	[0.0174]	[0.0158]	[0.0260]
Has Attended RVSR Training	-0.0419	-0.0266	0.0685
	[0.0265]	[0.0164]	[0.0424]
Difficulty in Assigning Degrees of Disability	0.009	0.0059	-0.0149
	[0.0238]	[0.0157]	[0.0395]
2nd Quartile of Experience	-0.023	-0.0155	0.0385
	[0.0298]	[0.0207]	[0.0504]
3rd Quartile of Experience	-0.0467	-0.033	0.0797
	[0.0297]	[0.0226]	[0.0518]
4th Quartile of Experience	-0.0518	-0.0356	0.0874
	[0.0337]	[0.0243]	[0.0575]
Observations	552	552	552

Table 6.6
Marginal Effects after Ordered Logistic Regression for "Lowest Benefit" (RVSRs Only)

Variables	Approach to Claims (Higher is More Claimant-Favorable)		
	1	**2**	**3**
Vietnam Veteran	0.0868***	0.0411***	-0.1278***
	[0.0325]	[0.0140]	[0.0456]
Gulf War Veteran	0.0269	0.0139	-0.0408
	[0.0328]	[0.0162]	[0.0490]
Peacetime Only Veteran	0.0716	0.0329	-0.1044
	[0.0567]	[0.0220]	[0.0784]
Experienced Combat	0.0102	0.0054	-0.0156
	[0.0348]	[0.0180]	[0.0528]
Service Connected Disability	-0.0229	-0.0126	0.0355
	[0.0269]	[0.0152]	[0.0420]
Experiences Time Pressure	0.0207	0.0108	-0.0315
	[0.0241]	[0.0123]	[0.0364]
Management Attitude	-0.1755***	-0.0945***	0.2700***
	[0.0138]	[0.0118]	[0.0188]
Has Attended RVSR Training	-0.0489**	-0.0250**	0.0739**
	[0.0224]	[0.0111]	[0.0332]
Difficulty in Assigning Degrees of Disability	0.0195	0.0105	-0.0299
	[0.0187]	[0.0101]	[0.0287]
2nd Quartile of Experience	0.0002	0.0001	-0.0003
	[0.0232]	[0.0125]	[0.0357]
3rd Quartile of Experience	-0.0372	-0.0210	0.0581
	[0.0235]	[0.0140]	[0.0374]
4th Quartile of Experience	-0.0524**	-0.0306**	0.0830**
	[0.0241]	[0.0153]	[0.0390]
Observations	1,004	1,004	1,004

Table 6.7
Marginal Effects after Ordered Logistic Regression for "Lowest Benefit" (DROs Only)

Variables	Approach to Claims (Higher is More Claimant-Favorable)		
	1	**2**	**3**
Vietnam Veteran	0.0116	0.0258	-0.0374
	[0.0179]	[0.0390]	[0.0565]
Gulf War Veteran	-0.0055	-0.0126	0.0182
	[0.0326]	[0.0761]	[0.1086]
Peacetime Only Veteran	0.0486	0.0928	-0.1414
	[0.0509]	[0.0814]	[0.1300]
Experienced Combat	-0.0098	-0.0226	0.0324
	[0.0180]	[0.0426]	[0.0603]
Service Connected Disability	-0.0087	-0.0199	0.0286
	[0.0152]	[0.0348]	[0.0497]
Experiences Time Pressure	-0.0001	-0.0002	0.0002
	[0.0140]	[0.0314]	[0.0454]
Management Attitude	-0.0382***	-0.0860***	0.1242***
	[0.0122]	[0.0219]	[0.0267]
Has Attended RVSR Training	-0.0096	-0.0214	0.0310
	[0.0135]	[0.0298]	[0.0430]
Difficulty in Assigning Degrees of Disability	-0.0128	-0.0286	0.0414
	[0.0144]	[0.0308]	[0.0447]
2nd Quartile of Experience	-0.0152	-0.0358	0.0511
	[0.0216]	[0.0522]	[0.0733]
3rd Quartile of Experience	-0.0260	-0.0603	0.0864
	[0.0215]	[0.0484]	[0.0683]
4th Quartile of Experience	-0.0188	-0.0414	0.0602
	[0.0311]	[0.0661]	[0.0967]
Observations	232	232	232

Table 6.8
Marginal Effects after Logistic Regression for "Highest Benefit"

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Vietnam Veteran	-0.1124***	-0.1525***	-0.0021	-0.0969**	-0.1482*
	[0.0386]	[0.0491]	[0.0525]	[0.0434]	[0.0821]
Gulf War Veteran	-0.0718	-0.1347*	-0.0167	-0.0897*	-0.1178
	[0.0474]	[0.0751]	[0.0559]	[0.0519]	[0.1783]
Peacetime Only Veteran	-0.0949	0.0254		-0.0778	-0.164
	[0.0655]	[0.0775]		[0.0739]	[0.1460]
Experienced Combat	0.0185	-0.0327	0.0167	0.0059	0.0359
	[0.0452]	[0.0824]	[0.0529]	[0.0532]	[0.0888]
Service Connected Disability	0.0207		0.0299	0.0443	-0.0413
	[0.0368]		[0.0435]	[0.0411]	[0.0796]
RVSR	-0.0209	-0.05	-0.0184		
	[0.0342]	[0.0365]	[0.0536]		
Experiences Time Pressure	-0.0068	-0.0199	0.0229	-0.0192	0.0618
	[0.0313]	[0.0362]	[0.0494]	[0.0359]	[0.0632]
Management Attitude	0.1662***	0.1554***	0.1864***	0.1676***	0.1571***
	[0.0172]	[0.0200]	[0.0275]	[0.0191]	[0.0403]
Has Attended RVSR Training	0.0165	0.0145	-0.0108	0.0541*	-0.1171*
	[0.0277]	[0.0313]	[0.0434]	[0.0317]	[0.0605]
Difficulty in Assigning Degrees of Disability	0.0339	0.0407	0.0378	0.0284	0.0768
	[0.0258]	[0.0291]	[0.0423]	[0.0285]	[0.0637]
2nd Quartile of Experience	0.0181	-0.0156	0.0541	0.0089	0.0945
	[0.0353]	[0.0416]	[0.0587]	[0.0365]	[0.1257]
3rd Quartile of Experience	-0.035	-0.0534	-0.0283	-0.0386	0.0833
	[0.0405]	[0.0471]	[0.0691]	[0.0430]	[0.1321]
4th Quartile of Experience	0.0029	-0.0073	-0.0654	-0.0278	0.1709
	[0.0425]	[0.0482]	[0.0728]	[0.0489]	[0.1544]
	0	0	0	0	0
Observations	1,236	917	552	1,004	232

Standard errors in brackets
*** p<0.01, ** p<0.05, * p<0.1
Model 1: Base Model, All Respondents Included
Model 2: Veterans with No Service Connected Conditions and Non-Veterans
Model 3: Veterans only, Including Service Connected Conditions
Model 4: Rating Veterans Service Representatives Only
Model 5: Decision Review Officers Only

Table 6.9
Marginal Effects after Ordered Logistic Regression for "Highest Benefit" (Highest Category Only)

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Vietnam Veteran	-0.1034***	-0.1445***	0.0001	-0.0875**	-0.1524*
	[0.0371]	[0.0473]	[0.0503]	[0.0416]	[0.0809]
Gulf War Veteran	-0.0826*	-0.1594**	-0.0323	-0.0964*	-0.1068
	[0.0468]	[0.0752]	[0.0543]	[0.0511]	[0.1674]
Peacetime Only Veteran	-0.0768	0.0442		-0.0532	-0.1954
	[0.0617]	[0.0714]		[0.0686]	[0.1440]
Experienced Combat	0.0327	-0.0099	0.0345	0.0128	0.0686
	[0.0421]	[0.0736]	[0.0499]	[0.0508]	[0.0783]
Service Connected Disability	0.0187		0.0322	0.0414	-0.0367
	[0.0358]		[0.0422]	[0.0403]	[0.0765]
RVSR	-0.0295	-0.0559	-0.0306		
	[0.0326]	[0.0351]	[0.0506]		
Experiences Time Pressure	-0.0084	-0.0166	0.0152	-0.0249	0.0792
	[0.0307]	[0.0353]	[0.0486]	[0.0355]	[0.0606]
Management Attitude	0.1643***	0.1548***	0.1846***	0.1653***	0.1620***
	[0.0167]	[0.0195]	[0.0264]	[0.0185]	[0.0396]
Has Attended RVSR Training	0.0181	0.0144	-0.0067	0.0524*	-0.1033*
	[0.0270]	[0.0307]	[0.0421]	[0.0309]	[0.0592]
Difficulty in Assigning Degrees of Disability	0.0334	0.0413	0.0434	0.0336	0.0435
	[0.0251]	[0.0285]	[0.0408]	[0.0278]	[0.0612]
2nd Quartile of Experience	0.0094	-0.0212	0.0497	0.0017	0.0338
	[0.0350]	[0.0411]	[0.0580]	[0.0361]	[0.1456]
3rd Quartile of Experience	-0.0399	-0.0541	-0.0272	-0.0405	0.0316
	[0.0397]	[0.0463]	[0.0666]	[0.0421]	[0.1366]
4th Quartile of Experience	-0.0026	-0.0060	-0.0624	-0.0306	0.1189
	[0.0418]	[0.0471]	[0.0704]	[0.0480]	[0.1443]
Observations	1236	917	552	1004	232

Standard errors in brackets
*** p<0.01, ** p<0.05, * p<0.1
Model 1: Base Model, All Respondents Included
Model 2: Veterans with No Service Connected Conditions and Non-Veterans
Model 3: Veterans only, Including Service Connected Conditions
Model 4: Rating Veterans Service Representatives Only
Model 5: Decision Review Officers Only

Table 6.10
Marginal Effects after Ordered Logistic Regression for "Highest Benefit" (All Respondents)

Variables	Approach to Claims (Higher is More Claimant-Favorable)		
	1	**2**	**3**
Vietnam Veteran	0.0577***	0.0457***	-0.1034***
	[0.0217]	[0.0159]	[0.0371]
Gulf War Veteran	0.0463*	0.0364*	-0.0826*
	[0.0275]	[0.0196]	[0.0468]
Peacetime Only Veteran	0.0433	0.0335	-0.0768
	[0.0366]	[0.0253]	[0.0617]
Experienced Combat	-0.0172	-0.0155	0.0327
	[0.0217]	[0.0204]	[0.0421]
Service Connected Disability	-0.0100	-0.0088	0.0187
	[0.0190]	[0.0169]	[0.0358]
RVSR	0.0156	0.0139	-0.0295
	[0.0171]	[0.0156]	[0.0326]
Experiences Time Pressure	0.0045	0.0039	-0.0084
	[0.0166]	[0.0141]	[0.0307]
Management Attitude	-0.0881***	-0.0763***	0.1643***
	[0.0096]	[0.0096]	[0.0167]
Has Attended RVSR Training	-0.0097	-0.0084	0.0181
	[0.0146]	[0.0124]	[0.0270]
Difficulty in Assigning Degrees of Disability	-0.0180	-0.0155	0.0334
	[0.0135]	[0.0117]	[0.0251]
2nd Quartile of Experience	-0.0050	-0.0044	0.0094
	[0.0187]	[0.0163]	[0.0350]
3rd Quartile of Experience	0.0218	0.0182	-0.0399
	[0.0220]	[0.0177]	[0.0397]
4th Quartile of Experience	0.0014	0.0012	-0.0026
	[0.0224]	[0.0193]	[0.0418]
Observations	1236	1236	1236

Standard errors in brackets
*** p<0.01, ** p<0.05, * p<0.1

Table 6.11
Marginal Effects after Ordered Logistic Regression for "Highest Benefit" (Veterans without Service-Connected Conditions and Non-Veterans)

Variables	Approach to Claims (Higher is More Claimant-Favorable)		
	1	**2**	**3**
Vietnam Veteran	0.0819***	0.0626***	-0.1445***
	[0.0292]	[0.0192]	[0.0473]
Gulf War Veteran	0.0934*	0.0660**	-0.1594**
	[0.0494]	[0.0267]	[0.0752]
Peacetime Only Veteran	-0.0226	-0.0216	0.0442
	[0.0354]	[0.0360]	[0.0714]
Experienced Combat	0.0052	0.0047	-0.0099
	[0.0391]	[0.0344]	[0.0736]
RVSR	0.0287	0.0272	-0.0559
	[0.0177]	[0.0176]	[0.0351]
Experiences Time Pressure	0.0088	0.0078	-0.0166
	[0.0188]	[0.0165]	[0.0353]
Management Attitude	-0.0813***	-0.0735***	0.1548***
	[0.0110]	[0.0112]	[0.0195]
Has Attended RVSR Training	-0.0076	-0.0068	0.0144
	[0.0162]	[0.0145]	[0.0307]
Difficulty in Assigning Degrees of Disability	-0.0217	-0.0196	0.0413
	[0.0151]	[0.0135]	[0.0285]
2nd Quartile of Experience	0.0112	0.0100	-0.0212
	[0.0219]	[0.0193]	[0.0411]
3rd Quartile of Experience	0.0291	0.0251	-0.0541
	[0.0255]	[0.0209]	[0.0463]
4th Quartile of Experience	0.0032	0.0028	-0.0060
	[0.0249]	[0.0223]	[0.0471]
Observations	917	917	917

Standard errors in brackets
*** p<0.01, ** p<0.05, * p<0.1

Table 6.12
Marginal Effects after Ordered Logistic Regression for "Highest Benefit" (Veterans Only)

Variables	Approach to Claims (Higher is More Claimant-Favorable)		
	1	**2**	**3**
Vietnam Veteran	-0.0001	-0.0001	0.0001
	[0.0284]	[0.0219]	[0.0503]
Gulf War Veteran	0.0184	0.0139	-0.0323
	[0.0312]	[0.0232]	[0.0543]
Experienced Combat	-0.0192	-0.0153	0.0345
	[0.0274]	[0.0226]	[0.0499]
Service Connected Disability	-0.0183	-0.0139	0.0322
	[0.0241]	[0.0182]	[0.0422]
RVSR	0.0171	0.0135	-0.0306
	[0.0279]	[0.0227]	[0.0506]
Experiences Time Pressure	-0.0085	-0.0067	0.0152
	[0.0271]	[0.0215]	[0.0486]
Management Attitude	-0.1044***	-0.0802***	0.1846***
	[0.0157]	[0.0141]	[0.0264]
Has Attended RVSR Training	0.0038	0.0029	-0.0067
	[0.0237]	[0.0184]	[0.0421]
Difficulty in Assigning Degrees of Disability	-0.0245	-0.0188	0.0434
	[0.0231]	[0.0178]	[0.0408]
2nd Quartile of Experience	-0.0277	-0.0221	0.0497
	[0.0318]	[0.0263]	[0.0580]
3rd Quartile of Experience	0.0156	0.0116	-0.0272
	[0.0387]	[0.0280]	[0.0666]
4th Quartile of Experience	0.036	0.0264	-0.0624
	[0.0416]	[0.0290]	[0.0704]
Observations	552	552	552

Standard errors in brackets
*** p<0.01, ** p<0.05, * p<0.1

Table 6.13
Marginal Effects after Ordered Logistic Regression for "Highest Benefit" (RVSRs Only)

Variables	Approach to Claims (Higher is More Claimant-Favorable)		
	1	**2**	**3**
Vietnam Veteran	0.0508**	0.0367**	-0.0875**
	[0.0251]	[0.0169]	[0.0416]
Gulf War Veteran	0.0565*	0.0399**	-0.0964*
	[0.0315]	[0.0200]	[0.0511]
Peacetime Only Veteran	0.0308	0.0224	-0.0532
	[0.0411]	[0.0277]	[0.0686]
Experienced Combat	-0.0071	-0.0057	0.0128
	[0.0280]	[0.0228]	[0.0508]
Service Connected Disability	-0.0229	-0.0185	0.0414
	[0.0221]	[0.0184]	[0.0403]
Experiences Time Pressure	0.0141	0.0108	-0.0249
	[0.0203]	[0.0152]	[0.0355]
Management Attitude	-0.0926***	-0.0727***	0.1653***
	[0.0111]	[0.0103]	[0.0185]
Has Attended RVSR Training	-0.0298*	-0.0226*	0.0524*
	[0.0179]	[0.0132]	[0.0309]
Difficulty in Assigning Degrees of Disability	-0.0189	-0.0148	0.0336
	[0.0156]	[0.0123]	[0.0278]
2nd Quartile of Experience	-0.0010	-0.0008	0.0017
	[0.0202]	[0.0159]	[0.0361]
3rd Quartile of Experience	0.0231	0.0175	-0.0405
	[0.0244]	[0.0178]	[0.0421]
4th Quartile of Experience	0.0174	0.0132	-0.0306
	[0.0277]	[0.0203]	[0.0480]
Observations	1,004	1,004	1,004

Standard errors in brackets
*** p<0.01, ** p<0.05, * p<0.1

Table 6.14
Marginal Effects after Ordered Logistic Regression for "Highest Benefit" (DROs Only)

Variables	Approach to Claims (Higher is More Claimant-Favorable)		
	1	**2**	**3**
Vietnam Veteran	0.0643*	0.0881*	-0.1524*
	[0.0368]	[0.0466]	[0.0809]
Gulf War Veteran	0.0474	0.0594	-0.1068
	[0.0815]	[0.0866]	[0.1674]
Peacetime Only Veteran	0.0938	0.1017	-0.1954
	[0.0823]	[0.0644]	[0.1440]
Experienced Combat	-0.0266	-0.0420	0.0686
	[0.0294]	[0.0495]	[0.0783]
Service Connected Disability	0.0151	0.0216	-0.0367
	[0.0321]	[0.0446]	[0.0765]
Experiences Time Pressure	-0.0314	-0.0479	0.0792
	[0.0239]	[0.0376]	[0.0606]
Management Attitude	-0.0657***	-0.0963***	0.1620***
	[0.0181]	[0.0271]	[0.0396]
Has Attended RVSR Training	0.0419*	0.0614*	-0.1033*
	[0.0248]	[0.0360]	[0.0592]
Difficulty in Assigning Degrees of Disability	-0.0178	-0.0257	0.0435
	[0.0253]	[0.0362]	[0.0612]
2nd Quartile of Experience	-0.0134	-0.0204	0.0338
	[0.0564]	[0.0893]	[0.1456]
3rd Quartile of Experience	-0.0126	-0.0189	0.0316
	[0.0540]	[0.0826]	[0.1366]
4th Quartile of Experience	-0.0498	-0.0691	0.1189
	[0.0632]	[0.0820]	[0.1443]
Observations	232	232	232

Standard errors in brackets
*** p<0.01, ** p<0.05, * p<0.1

CHAPTER 7

FINDINGS, STRENGTHS AND WEAKNESSES, POLICY IMPLICATIONS, FUTURE RESEARCH, AND REMARKS

Representative bureaucracy has long been seen as one answer to the question of how a powerful, entrenched, and pervasive bureaucratic structure can co-exist in a democratic system with the elected parts of government. Since the Constitution and other founding documents do not address the question of bureaucracy at all (a surprising omission, considering that even in the founding period there were constables, tax collectors, customs agents, soldiers, and many of the other forebears of today's professional bureaucracy), we are forced to deal with a system in which bureaucracy is supposed to protect and uphold democratic ideals without practicing them at all. In theory, bureaucrats acting upon a conception of justice could correct past wrongs and protect the disadvantaged from future wrongs without any input from politicians or the citizen-electors at all. On the other hand, bureaucrats can easily short-circuit democracy by acting in a way contrary to democratic values even though they themselves are within a 'democratic' system. This chapter will recap the models used for this study of representative bureaucracy, highlight significant findings, outline some strengths and weaknesses of the study, implications for policy, and a research agenda for the future. The chapter will conclude with some thoughts on the practice of governance today and how and when the bureaucracy can represent the citizenry.

I. Findings and Discussion

The first dependent variable analyzed was a scale created from two questions related to the 'approach to claims' that respondents used. Recall that I had hypothesized that Veteran identity and service-connected disability would both result in a more favorable approach to claims. In a surprising and paradoxical result, Veteran identity had a strong negative effect for Vietnam Veterans, and a non-significant effect in Gulf War and peacetime only Veterans. For Vietnam Veterans, the effect is large (-12.5% in the full sample) and highly significant. For service-connected disability, however, the result was equally large but in the positive direction as hypothesized. Service connected disabled Veterans were consistently more likely to report a more claimant-favorable response to claims. This effect persisted across the entire sample and the several sub-samples, and was as large, positive, and significant as the Vietnam coefficient was large, negative, and significant. One sub-sample in particular was very interesting: Decision Review Officers, having both more discretion and more experience, were more likely to be negative if Vietnam Veterans and positive if having a service-connected disability. The effect size was twice as large for this sub-sample as for the whole sample: Vietnam Veterans were 25% less likely to report a claimant-favorable attitude, and service-connected disabled Veterans were 24% more likely to report a claimant-favorable attitude among the 232 Decision Review Officers surveyed.

None of the control variables had the same kind of unexpected result as Veteran status; all were in the expected direction. They were also of relatively consistent size for the entire sample and all the sub-samples. These control variables, taken as a whole, indicate that the office environment matters a great deal: in particular, managers who were reported as claimant-favorable were likely to have subordinates who reported themselves as claimant favorable,

respondents who reported that it was difficult to perform their assigned tasks tended to be slightly more claimant-favorable in most specifications, and the experience level of the personnel involved mattered a great deal. Those with experience in the third and fourth quartiles (the third quartile of experience starts at 4 years and the fourth quartile starts at 8.25 years) were much more likely to approach claims in a claimant-favorable way. This suggests a process of organizational socialization or training that results in a claimant-favorable environment among raters of both levels.

The second and third dependent variables both measure the claims level that each respondent desired: specifically, whether it was important to the respondent to grant the highest benefit possible or not. Again, my hypothesis was that Veterans and those with service-connected disabilities would respond in a more claimant-favorable way; again, the results were mixed. Vietnam Veterans were more likely to answer in a less claimant-favorable way than non-Veterans, with between a 8.7% and 12.7% chance of appearing in the most-claimant favorable category. Service-connected disability had no significant effect.

The only significant control variable was management attitude. After suspecting collinearity between the dependent variable and the management control, I ran the models without the management control and found the results to be largely unchanged. Time pressure, time with agency, and difficulty in assigning degrees of disability were all insignificant.

The Vietnam Veteran (and, in some specifications, the Gulf War Veteran) negative finding was of similar size to the previous dependent variable. The model's lack of significance for service-connected disability and for most of the controls is concerning: both intuition and the previous models indicate that they should show effects. Recall, though, that the dependent variables themselves are odd in some way and possibly corrupted, as the technical discussion in

chapter 4 makes clear. Nevertheless, the results are interesting and partially confirm the chapter 5 findings; they continue to suggest that Vietnam Veterans in particular are less likely to view claims in a claimant-favorable way. Here, too, this finding remains odd and paradoxical. The 'hardship' explanation, self-selection bias in employment, and other unobserved factors may be to blame for the fact that Veterans appear to 'represent' in the opposite of the expected direction.

The results taken as a whole are striking: Vietnam Veterans in particular tended to be much less Veteran-favorable than other types of Veterans and than non-Veterans, even when controlling for experience, position in the agency, and other important factors. This paradoxical result runs contrary to my *a priori* expectations and contrary to what the representative bureaucracy literature predicts. The data at hand is insufficient to the task of determining a causal story for why that might be, and any explanation of this phenomenon is likely to find both proponents and detractors.

Vietnam Veterans differ from other kinds of Veterans in several important ways, any of which may be the cause of their demonstrated attitudes. First, they are from a different generation than younger Veterans and from many of the non-Veterans working in the VA. The average Vietnam Veteran was born around the mid-to-late 1940s, and may have views toward governmental assistance that reflect growing up in an America with a much less robust social safety net. Second, Vietnam Veterans returned from Vietnam to a country that was quite polarized and did a very poor job of separating the warrior from the war. As a result of that, many Vietnam Veterans felt rejected, used, and angry about how their society and government had treated them. This may have contributed to the formation of a concentrated Veteran identity around the Vietnam experience rather than a less concentrated identity around military service more generally. Third, Veterans within the VA may be inured to the hardships of military

service and thus less likely to be sympathetic to borderline claims. Because parts of some kinds of military training require desensitization toward the suffering of others, perhaps Veterans are simply less sympathetic in this setting and in other settings. Among Vietnam Veterans this effect would be particularly pronounced, as their wartimes service was by nearly any measure harsher than the service of other combat Veterans in this sample. The end of the draft also marks a major change in the composition of the Veteran population: no draft meant that younger Veterans were likely to have selected into the military for distinctly different reasons than their drafted counterparts, and come into the service with markedly different attributes to start with. One final explanation is plausible: perhaps Veterans use their personal experiences to 'filter' the claims- some legitimate, some not- that claimants make. For instance, a Vietnam Veteran who served in an area affected by Agent Orange or other defoliants would likely take a very dim view of a Veteran who claimed to be affected by the same defoliant but who served in the so-called 'Blue Water Navy' and supported operations in Vietnam from far offshore[36]. A combat-disabled Veteran (much more likely to be a Vietnam Veteran solely due differential casualty rates) may view the disabilities of a Veteran whose condition was due to mental stress, disease, or non-battle injury of some kind.

While one or a combination of all of these explanations may explain the negative findings for Vietnam Veterans, another issue is particularly striking from the point of view of the identity formation literature and the representative bureaucracy literature: the time interval from completion of military service to the time this data was gathered (in 2005) was between 30 and 40 years for Vietnam Veterans, yet their responses indicate that they still have extremely strong

[36] This example is one that is currently in the news. 'Blue Water Navy' Veterans are seeking access to VA disability compensation and health care based on exposure to herbicides sprayed only on-shore during the Vietnam conflict. It stands to reason that Veterans may have different opinions than non-Veterans on the legitimacy of such claims, based solely on their own experiences.

differences from others. The literature would indicate an opposite effect: that time would result in weakening of the formed identity, not a strengthened identity. Several explanations for this are possible. First, it may be the case that Vietnam Veterans were even more negative during the timer period closer to their service. This would mean that the effects I observed here are actually a remnant of a much stronger attitude closer to the end of service. Alternately, it may be that Veteran identity strengthens over time: that as time passes, Veterans begin to romanticize their own service in comparison to the service of others or in absolute terms. This, in turn, would lead to Vietnam Veterans having the strongest identity solely due to the passage of time. Regardless of the 'why', the fact remains that Vietnam Veterans are clearly different across all specifications than their non-Vietnam Veteran peers, whether non-Veterans or Veterans from some other period.

The causal story here is quite important, so further research is clearly indicated. A purpose-built study of representative bureaucracy among Vietnam Veterans would include several factors that are missing in this data. For example, whether the Veteran was drafted or not might mean a great deal in terms of his views of whether the government is just and fair or whether it is capricious; this might make a difference in his view of Veterans. Although only a minority of Vietnam Veterans were draftees, it would be unsurprising to find that draftees have an even stronger effect in the negative direction. The nature of the duties that a Veteran was trained in and whether they executed those duties in combat might also make a difference, especially in cases where the Veteran bureaucrat and agency client are in close proximity; dissimilar military specialties may lead to lower attitude and experience congruence and thus to less active representation. It would also be interesting to observe whether recipients of medals for valor or for being wounded in combat receive more deferential treatment than do Veterans

without those distinctions in their military record. It may be the case that "Veteran" is more appropriately treated as a construct with multiple strata rather than as a monolithic or era-based construct. At the highest stratum might be individuals decorated for valor or wounded in action; at the lowest level might be Veterans who received General Discharges or those with conditions with a stigma attached (like Post-Traumatic Stress Disorder). Finally, self-selection into the VA might be partially to blame: perhaps those non-Veterans with great sympathy for Veterans seek employment at the VA, but Veterans seek employment there to continue their federal employment, because they are more familiar with the VA because of receiving some services from the VA, or the like. This self-selection bias would result in the effects being what they appear to be here, but the process of employment-seeking at the VA is unobserved in the available data.

For service-connected disability, the observed effects were strong and positive, meaning that there is a process of representation among those with service-connected disabilities. The effect was as anticipated: having been through the process of applying for service-connected compensation and of living with some kind of disability or condition leads to more favorable attitudes toward others with those same experiences. This finding, too, has several unobserved facets: for example, do those with severe conditions (spinal cord injury, amputation, or burns, for example) retain their apparent favorable attitudes even when the claimant is one with a less severe disability or condition? Do those with combat-acquired conditions view those with training-related conditions less favorably? Like the discussion of 'Veteran' earlier, the construct of "service-connected disability" may be overly broad. The VA has the data to address this question if it chose to do so; this effort would simply require asking a rater what their current percentage rating was rather than whether they had a service-connected disability rating more

generally. I would expect this research to find that there are differences in the way slightly disabled and more disabled raters handle claims, and probably differences based on the specific facts of each claimant's case and how it compares to their own.

Recall from the literature that much of the legitimacy of the theory of representative bureaucracy is gleaned from the fact that the groups involved are typically disadvantaged ones: racial minorities in particular. In this case, the groups involved are tightly-knit, exclusive groups which would be expected to 'represent' under nearly all circumstances. However, they cannot be said to be uniformly 'disadvantaged' groups in any sense of the word. Instead, Veterans are better educated, more financially successful, and more healthy than the bulk of their peers, not to mention the massive political power wielded by Veterans groups. The exceptions from the Vietnam era (possibly apocryphal stories of returning Veterans being spat upon and so forth) simply serve to prove the rule: Veterans face little overall disadvantage in society. Perhaps, then, this identity is only activated in cases where disadvantage is present, as in the case of service-connected disability. Certainly, the confluence of service-connection and disability is worthy of much more exploration in a purpose-built study rather than using an existing data set.

These findings also point to another possibility that does not appear in the literature. It is possible that some identities are "concentrated" while some are "diffuse." An example of a concentrated identity might be that of a rape victim or survivor of a truly extreme combat experience of some kind (being held in a POW camp, for instance). A concentrated identity, in the context of representative bureaucracy studies, would be characterized by evidence that it is active even when it is not salient: the experience underlying the identity is so searing that the resulting identity is strong enough to override the normal requirement for salience and attitude congruence between bureaucrat and client. A diffuse identity, on the other hand, becomes active

only when salience triggers it, and is a background condition otherwise. For example, gender is likely diffuse except when a salient policy area activates it: race might be concentrated or diffuse. In this study, it is possible that service-connected disability is a concentrated identity only when it is a major disability and is a diffuse identity on the lower end of the disability continuum. It is also possible that Veteran identity is concentrated for some Veterans and diffuse for others. In view of the possibility of an unobserved 'diffuse-concentrated' dichotomy, it is possible that some of the paradoxical results just discussed might become clearer or stronger if the strength of the identity could be modeled in some way.

II. Strengths and Weaknesses of the Study

As representative bureaucracy research, this study had several strong points. First, the 'necessary but not sufficient' test for salience is met. Veteran disability compensation is clearly salient to Veterans working in the VA, whether or not they themselves receive VA compensation. Second, as confirmed by the comments to the survey discussed in chapters 3 and 4, raters have great discretion: the higher of the two kinds of raters, Decision Review Officers, have almost complete discretion. The lower of the two kinds, RVSRs, have moderate to great discretion. They may order new medical exams, seek additional service records, and the like. Many of them also have single signature authority, meaning that they are allowed to make final decisions largely on their own. Finally, although the groups studied cannot be said to be 'minorities' in the sense of facing disadvantage in society, they are clearly groups with strong identities forged, in some cases, in truly awful conditions from basic training to combat in southeast and southwest Asia.

Next, organizational pressures are in favor of representation in this setting, at least on their face (recall that the mission of the VA is to "care for him who has borne the battle"). The

VA is an agency designed explicitly for advocacy purposes, or to take care of one particular group of people. Thus, the organizational environment allows representation, making it potentially easier to observe. In the opposite kind of environment, where advocacy and representation are proscribed, it would be much more difficult to observe any mild effects. Thus, representation might actually be amplified in the VA: the fact that Vietnam Veterans (in particular) are negative is thus very odd. It may be, though, that the experience of Vietnam Veterans inoculates them in some way from the effects of organizational socialization; only deliberate follow-on research will uncover whether that is the case as this data is insufficient for the task.

Another strength of this research lies in the fact that individuals are the unit of analysis. Many of the representative bureaucracy studies rely on group level analysis, while wondering what the effect of each individual is on the outcome of interest. While the threshold effects studies that rely on percentages of group representation are interesting, at some point an individual bureaucrat gets to make decisions: this study measures their attitudes about the decisions they make and the effect of being in the groups of interest on those attitudes.

This strength leads into the first weakness: because individuals are the unit of analysis, the VA was very hesitant to provide even the data used here, much less individual performance information. As a result, only stated attitudes are measured here, not measured performance. In the socialization-attitudes-performance chain, the performance link is missing. It is comforting to know that many studies show that there is an attitude-performance link generally, but in this case it is an unobservable factor.

The next weakness lies in an assumption that I made early on, and still believe to be the case: that there is something fundamentally different about people who answer in the 'top'

category of my dependent variables versus all the other respondents. Evidence for this is that the top category for these dependent variables generally includes 70% or more of the observations. I envision this category as a 'sticky' category, and believe that respondents will generally default to that answer. The act of coming 'unstuck' and moving to a less claimant-favorable category is likely one that is not undertaken lightly. Nevertheless, it is possible that some benign explanation is the true one. Perhaps Vietnam Veterans are curmudgeonly and answer questions of all varieties in a less enthusiastic manner: no hard evidence supports that conclusion either, though. The fact that service-connected disability status was positive in most specifications, though, indicates that there is some representation at work here, and so I accept the negative coefficient on Vietnam Veterans just as readily as I do the positive ones on service-connected disability, experience, and the others.

Another possible weakness is the lack of basic demographic data on respondents: we do not know their sex, age, education level, or race. This weakness is mitigated somewhat by several factors: most of the respondents are male, according to the published report, we have a good proxy for age in 'experience at the agency,' and education levels are essentially uniform according to the published report. Race is potentially the most problematic of the missing variables, but, as chapter 2 makes clear, we do not generally expect to find that representative bureaucracy is active in populations where the issues at stake are not salient to the demographic. Since Veterans benefits are not a 'race' issue, it is possibly irrelevant that this data field is missing. On the other hand, much of the literature on racial issues discusses disparate results that blacks get in interacting with the government generally: for that reason, perhaps any transfer payments, including disability based on military service, is loaded with significance for racial minorities. Whether this is true or not in this case is irrelevant: I do not have any information on

the race of the respondent. Even though I do not believe that these missing demographics affect the study, it would be better to have them so that these effects could be measured or ruled out directly.

Finally, it is possible, as discussed in the previous section, that for some Veterans, their Veteran status is 'concentrated' and for some it is 'diffuse,' and that the same is true for those with service-connected disability. Modeling it in some way for future studies might be appropriate, as it seems to be a factor that would modify the potential for representative behavior in a non-trivial way. The fact that I do not model it here is a function both of the data and the lack of a strong theory upon which to rest empirical study.

III. Policy Implications

At the root of nearly any study of the behavior of public employees is the issue of how that behavior affects the distributional outputs of that agency. In this case, there are significant policy implications for a finding that Veterans or Veterans receiving service-connected disability payments process claims differently than non-Veterans.

First, the impetus for the data-gathering effort that the VAOIG undertook in 2005 was a horizontal equity problem across different offices within the VA. Some Veterans, as reported by the *Chicago Sun-Times*, received less in Illinois for the same disabilities that they would have received elsewhere. Although the VAOIG analyzed various issues in their final report, they did not look 'inside the black box' of the bureaucracy itself to discover what I believe I have shown here: that part of the variation in claims likely results from the different attitudes of their own workforce. Part of the policy response to this is an effort that is already underway at the VA: computer assisted claims processing should help limit the amount of variation that occurs, as the software will help claims processors make judgments about the severity of an ailment, whether

enough evidence is present, and other critical judgments. In essence, this policy response is an effort to narrow the amount of discretion exercised on each case.

Second, understanding that Veterans and those with service-connected disabilities may process claims differently might require different training regimens: perhaps Veterans should undergo different training than non-Veterans in order to get the two groups to perform the work in a more similar way. Just acknowledging that this process is taking place would be a rather major step: the interview with a former VA official in which he said that the VA "didn't want to know" if this process was taking place is instructive as to what the formal position of the agency might be if they were to take a formal position.

Third, this finding, if confirmed in other studies, may require a structural change within the processing system in order to protect the VA from legal claims related to equal protection concerns. If two claimants with equal conditions are rated by two raters, one of whom is a Veteran and one is not, and receive unequal ratings, then the VA may be substantially liable for damages related to the fact that the two claimants were not treated equally, especially if they knew of the potential for differential claims and did not address it in some way. Perhaps an oversight process would solve the problem, perhaps not: those are questions for the professionals within the VA who are responsible for designing and modifying the systems.

IV. Future Research

A significant finding for active representation in these two populations is certainly exciting. Still, though, much more research needs to be done in order to explore the potential for Veterans representation in other contexts. For example, because the VA is the second-largest cabinet department in the number of personnel it has and in its discretionary budget, there are a

vast number of different programs where bureaucrats make decisions about Veterans. Do those bureaucrats who are Veterans systematically treat other Veterans differently than their non-Veteran counterparts? For example:

-The VA administers hundreds of hospitals and clinics around the country and overseas: do physicians and other health care providers who are Veterans treat patients differently than those who are not?

-The VA administers large-scale job training programs: does the Veteran status of the counselor make a difference in how they treat clients?

-The VA administers several different kinds of cash benefit programs, including programs for indigent Veterans, surviving spouses, and unemployed Veterans. Does the Veteran status of those responsible for those programs make a difference for how the programs operate?

-The VA administers a large home-loan program: does the Veteran status of those operating the program make a difference in who receives loans and who does not?

More broadly, though: if Veterans status is an identity for which salience is not required, then perhaps, as Mosher (1982) warns, there may be a legitimate threat to orderly democratic governance if Veterans are representing other Veterans whenever they come into contact. For example, do police officers who are Veterans *really* give citations and do searches at a lower rate of the citizen is also a Veteran? Do sentences vary among Veteran and non-Veteran criminals? Do IRS agents who are Veterans tend to choose not to audit a return if the taxpayer is also a Veteran? In essence, representation without an outer bound of salience becomes bias- simply class action- with no end in sight.

V. Closing Remarks

This research originated in my observations of the Veterans Benefits system while I was working at the White House Domestic Policy Council from 2007-2008, and was originally concerned with the admittedly narrow question of why claims vary across different VA offices. The answer is complex, but representation among Veteran raters appears to certainly be one of the factors.

However, the larger question is this: if a socially powerful, influential, well-educated, and politically active group such as Veterans is exercising and benefitting from active representation, where does that leave the theory? Theorists have long said that representation is a legitimate function because it helps to correct past disparate treatment or helps minority groups get a fair shake in their interactions with government. To the extent that this is true, perhaps representation is a legitimate function. But what happens to the theory if Veterans are found, across many different contexts, to be furthering the welfare of other Veterans above the needs of other deserving citizens who are not Veterans? Does 'active representation' then just become another word for narrow, class-based bias?

The reason that the politics-administration dichotomy as an idea was so powerful for so long is that it is, potentially, important. Perhaps the bureaucracy has no business advocating on behalf of its own interests and, instead, should be neutrally and faithfully executing the instructions given it from its legitimate political masters. However, it is clear from much research in the public administration field that such a "should" has no chance of becoming a "does"- bureaucrats bring their values to work with them and will continue to do so until there are no bureaucrats or no values. Either end to the problem is an undesirable one.

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APPENDIX A: Survey Instrument from 2005 VAOIG Survey

Appendix E

Survey of Rating Veterans Service Representatives and Decision Review Officers (March and April 2005)

1. I work in: (drop-down box listing VAROs) [14]

VARO Location	Potential Respondents	Responses Received	Percent Responding
Albuquerque, NM	18	8	44.4
Anchorage, AK	3	2	66.7
Atlanta, GA	56	38	67.9
Baltimore, MD	26	14	53.8
Boise, ID	12	8	66.7
Boston, MA	19	11	57.9
Buffalo, NY	26	21	80.8
Chicago, IL	37	27	73.0
Cleveland, OH	92	76	82.6
Columbia, SC	48	24	50.0
Denver, CO	35	23	65.7
Des Moines, IA	13	12	92.3
Detroit, MI	31	25	80.6
Fargo, ND	11	10	90.9
Fort Harrison, MT	9	9	100
Hartford, CT	14	12	85.7
Honolulu, HI	9	8	88.9
Houston, TX	82	63	76.8
Huntington, WV	31	30	96.8
Indianapolis, IN	33	29	87.9
Jackson, MS	26	18	69.2
Lincoln, NE	29	11	37.9
Little Rock, AR	22	19	86.4
Los Angeles, CA	57	27	47.4
Louisville, KY	23	17	73.9
Manchester, NH	8	7	87.5
Manila, Philippines	10	4	40.0
Milwaukee, WI	31	22	71.0
Montgomery, AL	44	23	52.3
Muskogee, OK	66	58	87.9
Nashville, TN	51	31	60.8
Newark, NJ	21	14	66.7
New Orleans, LA	34	24	70.6
New York, NY	40	23	57.5

[14] Totals in the following tables may not add due to rounding.

VARO Location	Potential Respondents	Responses Received	Percent Responding
Oakland, CA	66	39	59.1
Philadelphia, PA	70	52	74.3
Phoenix, AZ	41	26	63.4
Pittsburgh, PA	21	12	57.1
Portland, OR	25	13	52.0
Providence, RI	10	5	50.0
Reno, NV	13	11	84.6
Roanoke, VA	42	27	64.3
St. Louis, MO	55	47	85.5
St. Paul, MN	30	21	70.0
St. Petersburg, FL	128	74	57.8
Salt Lake City, UT	19	13	68.4
San Diego, CA	53	34	64.2
San Juan, PR	29	10	34.5
Seattle, WA	63	53	84.1
Sioux Falls, SD	9	8	88.9
Togus, ME	27	23	85.2
Waco, TX	96	71	74.0
Washington, DC [15]	28	7	25.0
White River Junction, VT	4	4	100
Wichita, KS	12	7	58.3
Wilmington, DE	3	3	100
Winston-Salem, NC	81	41	50.6
Total	1992	1349	67.7

2. My current position is:

Response	No.	Percent
RVSR	1064	80.1
DRO	246	18.5
Other (Please specify) [16]	19	1.4
Total	1329	100

Each respondent whose answer to Question 2 was "RVSR" was asked the two following questions:

[15] These numbers include employees of both VARO Washington and the Appeals Management Center.

[16] Respondents whose answer to Question 2 was "Other" included coaches, RVSR trainees, specialized RVSRs, a Rating Quality Officer, and an RVSR currently assigned to another position.

2.1 Do you have single signature authority for denied disability compensation claims?

Response	No.	Percent
Yes	843	79.5
No	217	20.5
Total	1060	100

2.2 Do you have single signature authority for granted disability compensation claims?

Response	No.	Percent
Yes	851	80.2
No	210	19.8
Total	1061	100

3. How long have you worked as an RVSR or DRO? (If you've served in both positions, provide the combined years of experience.) Please respond in years; 6 months is .5 year.

Each respondent was asked to type the answer in a blank space. The following table categorizes the responses.

Response	No.	Percent
1 year or less	91	6.9
More than 1 year, less than 3 years	219	16.6
3–5 years	565	42.7
6–10 years	264	20.0
11–15 years	108	8.2
16 years or more	75	5.7
Total	1322	100

4. How long have you worked (in any capacity) in the Veterans Benefits Administration? Please respond in years. Three months is .25 year.

Each respondent was asked to type the answer in a blank space. The following table categorizes the responses.

Response	No.	Percent
1 year or less	4	0.3
More than 1 year, less than 3 years	120	9.0
3–5 years	361	27.1
6–10 years	119	8.9
11–15 years	253	19.0
16 years or more	473	35.6
Total	1330	100

5. Have you completed training for, or worked in, any of the following occupations? Check all that apply.

Response	No.	Percent
Physician	8	0.6
Physician Assistant	4	0.3
Registered Nurse	175	13.4
Licensed Practical Nurse or Licensed Vocational Nurse	20	1.5
Attorney	64	4.9
Paralegal	43	3.3
Veterans Service Organization Representative	66	5.1
Veterans Service Representative (Adjudicator)	811	62.1
Other Clinical Profession (Please specify)[17]	116	8.9
Total	1,307	100

6. Are you a veteran?

Response	No.	Percent
Yes	601	44.9
No	738	55.1
Total	1339	100

Each respondent who answered "Yes" to Question 6 was asked the three following questions:

[17] The most frequently mentioned clinical occupations were military medical corpsman, social worker, and emergency medical technician.

6.1 When did you serve on active duty? Please check all that apply.

Response	No.	Percent
WWII (Dec. 7, 1941–Dec. 31, 1946)	0	0
Korean Conflict (Jun. 27, 1950–Jan. 31, 1955)	1	0.1
Vietnam Era (Feb. 28, 1961–May 7, 1975)	357	45.8
Gulf War (Aug. 2, 1990–present)	214	27.4
Peacetime	208	26.7
Total	780	100

6.2 Did your service include combat?

Response	No.	Percent
Yes	122	20.4
No	476	79.6
Total	598	100

6.3 Do you have any service-connected conditions?

Response	No.	Percent
Yes	353	59.2
No	243	40.8
Total	596	100

7. What is your age?

Each respondent was asked to type the answer in a blank space. The following table categorizes the responses.

Response	No.	Percent
20–29 years	56	4.2
30–39 years	291	22.0
40–49 years	353	26.7
50–59 years	546	41.3
60 years and over	77	5.8
Total	1323	100

8. Have you attended centralized Rating Veterans Service Representative training in a formal classroom environment?

Response	No.	Percent
Yes	870	64.9
No	470	35.1
Total	1340	100

9. How often does your office provide formal classroom instruction on rating policies and procedures?

Response	No.	Percent
Once a week	241	18.0
Once a month	610	45.6
Once a quarter	241	18.0
Once biannually (twice a year)	101	7.5
Once annually or less often	112	8.4
Never	33	2.5
Total	1338	100

10. In the past 12 months, approximately how many hours of formal classroom instruction on rating policies and procedures have you received?

Response	No.	Percent
None	57	4.3
1–10 hours	544	40.7
11–20 hours	322	24.1
21–30 hours	116	8.7
31–40 hours	78	5.8
41–50 hours	96	7.2
More than 50 hours	123	9.2
Total	1336	100

11. Approximately how often does your Rating Team spend time together reviewing and discussing manual changes, court decisions, frequently asked questions, and related issues?

Response	No.	Percent
Once a week	246	18.5
Once a month	442	33.2
Once a quarter (every 3 months)	200	15.0
Once biannually (twice a year)	76	5.7
Once annually or less often	130	9.8
Never	239	17.9
Total	1333	100

12. Did you watch the VBN broadcast "C&P: Requesting Medical Opinions," which was initially transmitted on March 11, 2004, or a video recording of it?

Response	No.	Percent
Yes	979	73.4
No	355	26.6
Total	1334	100

13. Did you watch the VBN broadcast "C&P: Evaluating Degenerative & Traumatic Arthritis Claims," which was initially transmitted on September 23, 2004, or a video recording of it?

Response	No.	Percent
Yes	944	70.7
No	392	29.3
Total	1336	100

14. Overall, how would you evaluate the quality of the VBA rating training, including both formal classroom instruction and on-the-job training, you have received?

Response	No.	Percent
Very good	182	13.6
Good	586	43.8
Neither good nor poor	356	26.6
Poor	159	11.9
Very poor	55	4.1
Total	1338	100

15. Have you ever been assigned primary responsibility for training new RVSRs? (Being asked to provide occasional, brief classroom presentations should not be considered primary responsibility for training.)

Response	No.	Percent
Yes	235	17.6
No	1103	82.4
Total	1338	100

Each respondent who answered "Yes" to Question 15 was asked the following question:

15.1 Approximately how many RVSRs have you trained?

Response	No.	Percent
5 or less	93	39.6
6–10	61	26.0
11–20	41	17.4
21–30	12	5.1
More than 30	28	11.9
Total	235	100

16. Does your office conduct local STAR of rating decisions?

Response	No.	Percent
Yes	1253	93.6
No	21	1.6
Don't know	65	4.9
Total	1339	100

17. Based on your experience in the past 12 months, approximately how many of the claims sent to the Rating Team as ready to rate were not actually ready to rate?

Response	No.	Percent
Less than 10 percent	187	14.4
10–19 percent	272	20.9
20–29 percent	314	24.1
30–39 percent	257	19.7
40–49 percent	117	9.0
50 percent or more	155	11.9
Total	1302	100

18. Based on your experience in the past 12 months, how many of the claims that WERE NOT READY TO RATE when they were sent to the Rating Team WERE ACTUALLY RATED without all of the information needed? Consider only final ratings, not partial ratings.

Response	No.	Percent
None	305	23.6
Less than 5 percent	474	36.7
5–10 percent	249	19.3
11–25 percent	134	10.4
26–50 percent	74	5.7
More than 50 percent	56	4.3
Total	1292	100

19. Based on your experience in the past 12 months, approximately how many PTSD claims sent to the Rating Team as ready to rate were not actually ready to rate?

Response	No.	Percent
Less than 10 percent	610	47.1
10–19 percent	291	22.5
20–29 percent	183	14.1
30–39 percent	103	8.0
40–49 percent	35	2.7
50 percent or more	73	5.6
Total	1295	100

20. Based on your experience in the past 12 months, how many of the PTSD claims that WERE NOT READY TO RATE when they were sent to the Rating Team WERE ACTUALLY RATED without all of the information needed? Consider only final ratings, not partial ratings.

Response	No.	Percent
None	498	38.8
Less than 5 percent	440	34.2
5–10 percent	170	13.2
11–25 percent	73	5.7
26–50 percent	54	4.2
More than 50 percent	50	3.9
Total	1285	100

21. Based upon your experience in the past 12 months, approximately how many of the C&P exams used by your office are done by contract examiners (QTC)?

Response	No.	Percent
None	465	35.5
1–25 percent	467	35.6
26–50 percent	177	13.5
51–75 percent	123	9.4
76–99 percent	64	4.9
100 percent	15	1.1
Total	1311	100

Each respondent whose answer to Question 21 was anything other than "None" was asked the following question:

21.1 How would you evaluate the quality of C&P exams done by contract examiners (QTC)?

Response	No.	Percent
Very good	79	9.4
Good	335	39.8
Neither good nor poor	291	34.6
Poor	115	13.7
Very poor	22	2.6
Total	842	100

Each respondent whose answer to Question 21 was anything other than "100 percent" was asked the following question:

21.2 How would you evaluate the quality of C&P exams done by VA examiners?

Response	No.	Percent
Very good	66	5.1
Good	552	42.6
Neither good nor poor	437	33.7
Poor	205	15.8
Very poor	35	2.7
Total	1295	100

22. Do you obtain the concurrence of another Rating Team member, a supervisor, or a DRO before returning inadequate C&P exams?

Response	No.	Percent
Yes	966	72.3
No	370	27.7
Total	1336	100

23. Based upon your experience in the past 12 months, approximately how many C&P exams WERE returned by your office because they were insufficient for rating purposes?

Response	No.	Percent
Less than 1 percent	245	18.8
1–5 percent	517	39.6
6–10 percent	348	26.6
11–19 percent	111	8.5
20–29 percent	62	4.7
30 or more percent	23	1.8
Total	1306	100

24. Based upon your experience in the past 12 months, approximately what percentage of C&P exams SHOULD HAVE BEEN returned by your office because they were insufficient for rating purposes?

Response	No.	Percent
Less than 1 percent	110	8.4
1–5 percent	256	19.6
6–10 percent	331	25.4
11–19 percent	192	14.7
20–29 percent	205	15.7
30 or more percent	210	16.1
Total	1304	100

25. Consider your use of the VA Schedule for Rating Disabilities to determine disability ratings. OVERALL, how easy or difficult for YOU is translating complete medical evidence to a diagnostic code with DEGREES OF DISABILITY (severe, moderately severe, etc.)? Check one.

Response	No.	Percent
Very easy	99	7.4
Generally easy	600	44.9
Neither easy nor difficult	417	31.2
Generally difficult	193	14.4
Very difficult	28	2.1
Total	1337	100

26. Listed below are body systems, conditions, or disorders. In your experience when using the VA Schedule for Rating Disabilities and when examination evidence is complete, in general, how easy or difficult is ASSIGNING DEGREES OF DISABILITY (severe, moderately severe, etc.) to each of the following? Check one answer for each of the following.

Body System, Condition, or Disorder[18]	Response					
	Very Easy	Generally Easy	Neither Easy Nor Difficult	Generally Difficult	Very Difficult	TOTAL
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
a. Musculoskeletal	94 (7.0)	619 (46.4)	318 (23.8)	267 (20.0)	36 (2.7)	1334 (100)
b. Organs of Special Sense	313 (23.5)	639 (47.9)	244 (18.3)	120 (9.0)	18 (1.4)	1334 (100)
c. Systemic Diseases	104 (7.8)	523 (39.4)	522 (39.3)	167 (12.6)	12 (0.9)	1328 (100)
d. Respiratory	239 (17.9)	761 (57.1)	238 (17.9)	83 (6.2)	11 (0.8)	1332 (100)
e. Cardiovascular	249 (18.8)	746 (56.3)	237 (17.9)	88 (6.6)	6 (0.5)	1326 (100)
f. Digestive	97 (7.3)	620 (46.8)	445 (33.6)	153 (11.6)	9 (0.7)	1324 (100)
g. Genitourinary	150 (11.3)	671 (50.5)	374 (28.1)	123 (9.3)	11 (0.8)	1329 (100)

[18] Question 26 is a duplicate of a question in the 1988 GAO survey. Since that survey was done, the body systems used in the rating schedule to categorize disabilities were changed. The name of one category was changed from Systemic Diseases to Infectious Diseases, Immune Disorders, and Nutritional Deficiencies. Another category, Organs of Special Sense, was split into two categories, Auditory and Eye.

Body System, Condition, or Disorder	Response					
	Very Easy	Generally Easy	Neither Easy Nor Difficult	Generally Difficult	Very Difficult	TOTAL
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
h. Gynecological Conditions	109 (8.2)	585 (44.0)	410 (30.9)	197 (14.8)	28 (2.1)	1329 (100)
i. Hemic and Lymphatic	94 (7.1)	549 (41.4)	500 (37.7)	169 (12.8)	13 (1.0)	1325 (100)
j. Skin	150 (11.3)	647 (48.7)	370 (27.9)	146 (11.0)	15 (1.1)	1328 (100)
k. Endocrine	136 (10.3)	683 (51.8)	374 (28.4)	111 (8.4)	15 (1.1)	1319 (100)
l. Neurological and Convulsive Disorders	58 (4.4)	425 (31.9)	448 (33.6)	343 (25.7)	59 (4.4)	1333 (100)
m. Mental Disorders	134 (10.1)	524 (39.5)	348 (26.2)	258 (19.4)	64 (4.8)	1328 (100)
n. Dental and Oral Conditions	123 (9.3)	433 (32.7)	509 (38.4)	209 (15.8)	51 (3.8)	1325 (100)

27. Consider the situation in which you are translating complete medical evidence to diagnostic codes with DEGREES OF DISABILITY (severe, moderately severe, etc.). OVERALL, in your experience, how likely or unlikely will the situation occur that you could support two or more different ratings for the same medical condition? Check one.

Response	No.	Percent
Very likely	169	12.7
Somewhat likely	529	39.7
As likely as not	302	22.6
Somewhat unlikely	282	21.1
Very unlikely	52	3.9
Total	1334	100

28. Consider the situation in which you are translating complete medical evidence to diagnostic codes with DEGREES OF DISABILITY (severe, moderately severe, etc.). In your experience, how likely or unlikely will the situation occur in which you could support two or more different ratings for the same medical condition? Check one response for each body system, condition, or disorder.

Body System, Condition, or Disorder[19]	Response					
	Very Unlikely	Somewhat Unlikely	As Likely As Not	Somewhat Likely	Very Likely	TOTAL
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
a. Musculoskeletal	80 (6.1)	297 (22.5)	279 (21.1)	464 (35.1)	202 (15.3)	1322 (100)
b. Organs of Special Sense	468 (35.6)	549 (41.7)	167 (12.7)	111 (8.4)	21 (1.6)	1316 (100)
c. Systemic Diseases	216 (16.5)	532 (40.6)	344 (26.2)	187 (14.3)	32 (2.4)	1311 (100)
d. Respiratory	290 (22.0)	548 (41.6)	224 (17.0)	223 (16.9)	33 (2.5)	1318 (100)
e. Cardiovascular	277 (21.1)	508 (38.6)	245 (18.6)	229 (17.4)	56 (4.3)	1315 (100)
f. Digestive	126 (9.6)	436 (33.2)	382 (29.1)	304 (23.1)	66 (5.0)	1314 (100)
g. Genitourinary	204 (15.6)	538 (41.0)	318 (24.3)	213 (16.2)	38 (2.9)	1311 (100)
h. Gynecological Conditions	222 (16.9)	566 (43.0)	322 (24.5)	177 (13.5)	28 (2.1)	1315 (100)
i. Hemic and Lymphatic	214 (16.3)	577 (44.0)	342 (26.1)	157 (12.0)	20 (1.5)	1310 (100)
j. Skin	178 (13.6)	491 (37.4)	323 (24.6)	261 (19.9)	61 (4.6)	1314 (100)
k. Endocrine	216 (16.6)	575 (44.2)	319 (24.5)	160 (12.3)	32 (2.5)	1302 (100)
l. Neurological and Convulsive Disorders	98 (7.5)	302 (23.0)	363 (27.7)	409 (31.2)	139 (10.6)	1311 (100)
m. Mental Disorders	158 (12.0)	258 (19.6)	277 (21.1)	367 (28.0)	253 (19.3)	1313 (100)
n. Dental and Oral Conditions	352 (27.0)	516 (39.6)	315 (24.2)	94 (7.2)	26 (2.0)	1303 (100)

[19] Question 28 is a duplicate of a question in the 1988 GAO survey. Since that survey was done, the body systems used in the rating schedule to categorize disabilities were changed. The name of one category was changed from Systemic Diseases to Infectious Diseases, Immune Disorders, and Nutritional Deficiencies. Another category, Organs of Special Sense, was split into two categories, Auditory and Eye.

29. Based upon your experience in the past 12 months, approximately how many rating decisions required the use of analogous diagnostic codes for one or more claimed disabilities?

Response	No.	Percent
Less than 5 percent	139	10.4
5–10 percent	314	23.6
11–20 percent	358	26.9
21–30 percent	287	21.5
31–40 percent	122	9.2
41–50 percent	71	5.3
More than 50 percent	42	3.2
Total	1333	100

30. Based upon your experience in the past 12 months, to what extent does the necessity to use analogous diagnostic codes result in inconsistent decisions among raters?

Response	No.	Percent
Little or no extent	310	23.4
Some extent	583	44.0
Moderate extent	292	22.0
Great extent	108	8.2
Very great extent	32	2.4
Total	1325	100

31. When you are rating disability claims, how important are the following objectives TO YOU? Rank the importance of each objective on a scale from 1 to 10, with 1 being NOT IMPORTANT and 10 being EXTREMELY IMPORTANT.

Objective	Response										
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**TOTAL**
	No. (%)	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**
a. Avoiding errors that might be identified by STAR reviewers	48 (3.6)	20 (1.5)	22 (1.6)	19 (1.4)	75 (5.6)	23 (1.7)	54 (4.0)	167 (12.5)	144 (10.8)	763 (57.2)	1335 (100)
b. Complying fully with all pertinent laws, regulations, and VA policies and procedures	6 (0.4)	1 (0.1)	0 (0.0)	1 (0.1)	1 (0.1)	8 (0.6)	19 (1.4)	65 (4.9)	166 (12.4)	1071 (80.0)	1338 (100)
c. Ensuring I have sufficient information about the claims before making a decision	7 (0.5)	0 (0.0)	0 (0.0)	1 (0.1)	14 (1.0)	22 (1.6)	39 (2.9)	120 (9.0)	244 (18.2)	891 (66.6)	1338 (100)
d. Getting the concurrence of other reviewers	216 (16.2)	157 (11.8)	136 (10.2)	83 (6.2)	194 (14.6)	125 (9.4)	116 (8.7)	156 (11.7)	70 (5.3)	80 (6.0)	1333 (100)
e. Granting veterans the highest ratings allowed by the rating schedule (the highest I can defend)	10 (0.7)	0 (0.0)	2 (0.1)	2 (0.1)	18 (1.3)	16 (1.2)	39 (2.9)	92 (6.9)	172 (12.9)	984 (73.7)	1335 (100)
f. Granting veterans the lowest ratings allowed by the rating schedule (the lowest I can defend)	997 (75.0)	117 (8.8)	55 (4.1)	18 (1.4)	42 (3.2)	23 (1.7)	9 (0.7)	11 (0.8)	8 (0.6)	49 (3.7)	1329 (100)
g. Improving the timeliness of ratings	41 (3.1)	25 (1.9)	25 (1.9)	32 (2.4)	118 (8.8)	113 (8.5)	149 (11.2)	238 (17.8)	177 (13.3)	416 (31.2)	1334 (100)

Appendix E

Objective	1	2	3	4	5	6	7	8	9	10	TOTAL
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
h. Meeting my daily production quota	35 (2.6)	16 (1.2)	15 (1.1)	11 (0.8)	70 (5.3)	49 (3.7)	58 (4.4)	161 (12.1)	155 (11.6)	764 (57.3)	1334 (100)
i. Minimizing the number of appeals	124 (9.3)	55 (4.1)	63 (4.7)	44 (3.3)	109 (8.2)	119 (9.0)	114 (8.6)	172 (12.9)	126 (9.5)	403 (30.3)	1329 (100)
j. Minimizing the number of complaints from veterans and their representatives	111 (8.3)	48 (3.6)	72 (5.4)	49 (3.7)	143 (10.7)	105 (7.9)	112 (8.4)	192 (14.4)	127 (9.5)	376 (28.2)	1335 (100)
k. Minimizing the number of decisions overturned on appeal	152 (11.4)	56 (4.2)	64 (4.8)	49 (3.7)	118 (8.9)	112 (8.4)	103 (7.7)	169 (12.7)	138 (10.4)	369 (27.7)	1330 (100)
l. Minimizing the number of decisions remanded on appeal	144 (10.8)	49 (3.7)	58 (4.4)	44 (3.3)	123 (9.3)	99 (7.5)	103 (7.8)	165 (12.4)	146 (11.0)	397 (29.9)	1328 (100)
m. Minimizing the number of reopened claims	272 (20.6)	83 (6.3)	95 (7.2)	60 (4.5)	163 (12.3)	118 (8.9)	102 (7.7)	139 (10.5)	84 (6.4)	206 (15.6)	1322 (100)
n. Rating as many claims each day as possible	89 (6.7)	38 (2.9)	50 (3.8)	37 (2.8)	115 (8.6)	95 (7.1)	125 (9.4)	215 (16.2)	143 (10.7)	424 (31.9)	1331 (100)
o. Reducing my backlog of pending work	63 (4.7)	21 (1.6)	35 (2.6)	25 (1.9)	94 (7.1)	108 (8.1)	131 (9.8)	227 (17.0)	171 (12.8)	457 (34.3)	1332 (100)
p. Saving the taxpayers money	453 (34.0)	114 (8.6)	87 (6.5)	57 (4.3)	142 (10.7)	85 (6.4)	63 (4.7)	76 (5.7)	62 (4.7)	193 (14.5)	1332 (100)

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32. In your opinion, how important are the following objectives TO MANAGEMENT in your office? Rank the importance of each objective on a scale from 1 to 10, with 1 being NOT IMPORTANT and 10 being EXTREMELY IMPORTANT.

Objective	Response										
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**TOTAL**
	No. (%)	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**
a. Avoiding errors that might be identified by STAR reviewers	31 (2.3)	20 (1.5)	34 (2.6)	25 (1.9)	62 (4.7)	57 (4.3)	104 (7.8)	169 (12.7)	142 (10.7)	684 (51.5)	1328 (100)
b. Complying fully with all pertinent laws, regulations, and VA policies and procedures	43 (3.2)	44 (3.3)	41 (3.1)	44 (3.3)	89 (6.7)	77 (5.8)	112 (8.4)	190 (14.3)	150 (11.3)	538 (40.5)	1328 (100)
c. Ensuring RVSRs and DROs have sufficient information about the claims before making rating decisions	74 (5.6)	58 (4.4)	64 (4.8)	72 (5.4)	136 (10.3)	139 (10.5)	141 (10.6)	215 (16.2)	133 (10.0)	293 (22.1)	1325 (100)
d. Ensuring RVSRs and DROs meet their daily production quotas	32 (2.4)	12 (0.9)	12 (0.9)	15 (1.1)	48 (3.6)	58 (4.4)	89 (6.7)	153 (11.5)	131 (9.9)	775 (58.5)	1325 (100)
e. Granting veterans the highest ratings allowed by the rating schedule (the highest the RVSRs and DROs can defend)	53 (4.0)	15 (1.1)	28 (2.1)	28 (2.1)	103 (7.8)	94 (7.1)	114 (8.6)	204 (15.4)	158 (11.9)	527 (39.8)	1324 (100)
f. Granting veterans the lowest ratings allowed by the rating schedule (the lowest the RVSRs and DROs can defend)	794 (60.1)	102 (7.7)	83 (6.3)	49 (3.7)	105 (7.9)	56 (4.2)	27 (2.0)	31 (2.3)	16 (1.2)	59 (4.5)	1322 (100)
g. Improving the timeliness of ratings	11 (0.8)	6 (0.5)	7 (0.5)	9 (0.7)	24 (1.8)	28 (2.1)	76 (5.7)	128 (9.7)	161 (12.2)	875 (66.0)	1325 (100)

Appendix E

Objective	1	2	3	4	5	6	7	8	9	10	TOTAL
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
h. Maximizing the number of rating decisions done each day	15 (1.1)	1 (0.1)	5 (0.4)	6 (0.5)	18 (1.4)	27 (2.1)	73 (5.5)	101 (7.7)	132 (10.0)	939 (71.3)	1317 (100)
i. Minimizing the number of appeals	84 (6.4)	45 (3.4)	46 (3.5)	52 (4.0)	102 (7.8)	95 (7.2)	117 (8.9)	164 (12.5)	119 (9.0)	492 (37.4)	1316 (100)
j. Minimizing the number of complaints from veterans and their representatives	63 (4.8)	39 (3.0)	57 (4.3)	45 (3.4)	113 (8.5)	106 (8.0)	134 (10.1)	194 (14.7)	126 (9.5)	445 (33.7)	1322 (100)
k. Minimizing the number of decisions overturned on appeal	97 (7.4)	56 (4.3)	66 (5.0)	49 (3.7)	127 (9.7)	114 (8.7)	126 (9.6)	157 (11.9)	113 (8.6)	411 (31.2)	1316 (100)
l. Minimizing the number of decisions remanded on appeal	65 (4.9)	41 (3.1)	49 (3.7)	43 (3.3)	108 (8.2)	88 (6.7)	113 (8.6)	175 (13.3)	140 (10.6)	495 (37.6)	1317 (100)
m. Minimizing the number of reopened claims	225 (17.0)	105 (7.9)	97 (7.3)	69 (5.2)	159 (12.0)	116 (8.8)	122 (9.2)	106 (8.0)	75 (5.7)	248 (18.8)	1322 (100)
n. Reducing the backlog of pending work	12 (0.9)	5 (0.4)	6 (0.5)	9 (0.7)	16 (1.2)	29 (2.2)	67 (5.1)	99 (7.5)	141 (10.7)	932 (70.8)	1316 (100)
o. Saving the taxpayers money	553 (41.9)	107 (8.1)	73 (5.5)	66 (5.0)	126 (9.6)	102 (7.7)	63 (4.8)	56 (4.3)	32 (2.4)	141 (10.7)	1319 (100)

33. How easy or difficult is it for YOU to meet your daily production standard?

Response	No.	Percent
Very easy	67	5.1
Generally easy	230	17.4
Neither easy nor difficult	405	30.6
Generally difficult	443	33.5
Very difficult	178	13.5
Total	1323	100

34. In recent months, questions have been raised in the media about the consistency of rating decisions and the way in which rating decisions are made. Please indicate your agreement or disagreement with the following statements.

Statement	Response					
	Strongly Agree	**Agree Somewhat**	**Neither Agree Nor Disagree**	**Disagree Somewhat**	**Strongly Disagree**	**TOTAL**
	No. (%)	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**
a. When rating a disability claim, I start with the assumption that the veteran is applying for the highest possible rating for the claimed condition.	889 (66.4)	198 (14.8)	182 (13.6)	41 (3.1)	28 (2.1)	1338 (100)
b. When rating a disability claim, I start with the assumption that the veteran is applying for the lowest possible rating for the claimed condition.	12 (0.9)	7 (0.5)	147 (11.0)	113 (8.4)	1060 (79.2)	1339 (100)
c. When reviewing a compensation claim, I first determine whether the highest possible rating for the claimed condition can be granted and, if not, move down the rating schedule to determine whether the next highest rating can be granted.	552 (41.5)	246 (18.5)	301 (22.6)	122 (9.2)	109 (8.2)	1330 (100)
d. When reviewing a compensation claim, I first determine whether the lowest possible rating for the claimed condition can be granted and then move up the rating schedule to determine whether a higher rating can be granted.	138 (10.4)	141 (10.6)	253 (19.0)	180 (13.5)	621 (46.6)	1333 (100)

Appendix E

Statement	Response					
	Strongly Agree	**Agree Somewhat**	**Neither Agree Nor Disagree**	**Disagree Somewhat**	**Strongly Disagree**	**TOTAL**
	No. (%)	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**
e. When rating a disability claim, I apply a broad and liberal interpretation of the rating schedule.	672 (50.3)	396 (29.7)	170 (12.7)	64 (4.8)	33 (2.5)	1335 (100)
f. When rating a disability claim, I apply a narrow and conservative interpretation of the rating schedule.	34 (2.5)	52 (3.9)	168 (12.6)	243 (18.2)	840 (62.8)	1337 (100)
g. In my office, management encourages RVSRs to apply a broad and liberal interpretation of the rating schedule.	534 (40.0)	384 (28.8)	271 (20.3)	79 (5.9)	67 (5.0)	1335 (100)
h. In my office, management encourages RVSRs to apply a narrow and conservative interpretation of the rating schedule.	55 (4.1)	60 (4.5)	274 (20.5)	269 (20.1)	678 (50.8)	1336 (100)
i. In my office, RVSRs and DROs who grant lower disability ratings are likely to receive better performance appraisals and more awards than others.	53 (4.0)	30 (2.3)	368 (27.8)	124 (9.4)	750 (56.6)	1325 (100)

Appendix E

Statement	Response					
	Strongly Agree	**Agree Somewhat**	**Neither Agree Nor Disagree**	**Disagree Somewhat**	**Strongly Disagree**	**TOTAL**
	No. (%)	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**	**No. (%)**
j. In my office, RVSRs and DROs who grant higher disability ratings are likely to receive better performance appraisals and more awards than others.	113 (8.5)	91 (6.9)	483 (36.5)	129 (9.7)	509 (38.4)	1325 (100)
k. I have no difficulty meeting my production standard without sacrificing quality.	163 (12.3)	242 (18.2)	273 (20.6)	308 (23.2)	341 (25.7)	1327 (100)
l. If I make sure I have sufficient evidence for rating each case and thoroughly review the evidence, I have difficulty meeting my production standard.	400 (30.0)	354 (26.5)	258 (19.3)	168 (12.6)	154 (11.5)	1334 (100)

35. Based upon your experience, do RVSRs and DROs in your office grant a combined disability rating of 10 percent just to process the veteran's claim quickly and reduce the backlog of work?

Response	No.	Percent
Yes	154	11.6
No	1170	88.4
Total	1324	100

36. In the last 2 to 3 months, have YOUR rating decisions been affected by published comparisons of compensation payments to veterans in different states?

Response	No.	Percent
Yes	41	3.1
No	1287	96.9
Total	1328	100

Each respondent who answered "Yes" to Question 36 was asked the following question:

36.1 How have your decisions been affected by published comparisons of compensation payments to veterans in different states?

Response	No.	Percent
I've been much more inclined to grant higher ratings to the veterans.	6	15.4
I've been somewhat more inclined to grant higher ratings to the veterans.	30	76.9
I've been somewhat more inclined to grant lower ratings to the veterans.	3	7.7
I've been much more inclined to grant lower ratings to the veterans.	0	0.0
Total	39	100

37. In the last 2 to 3 months, has management in your office encouraged the RVSRs and DROs to change their attitudes when rating disability claims?

Response	No.	Percent
Yes	311	23.5
No	1014	76.5
Total	1325	100

Each respondent who answered "Yes" to Question 37 was asked the following question:

37.1 In the last 2 to 3 months, how has management in your office suggested RVSRs and DROs change their attitudes when rating disability claims?

Response	No.	Percent
Management has encouraged RVSRs and DROs to grant much higher ratings to the veterans.	52	17.0
Management has encouraged RVSRs and DROs to grant somewhat higher ratings to the veterans.	117	38.2
Management has encouraged RVSRs and DROs to grant somewhat lower ratings to the veterans.	2	0.7
Management has encouraged RVSRs and DROs to grant much lower ratings to the veterans.	0	0
Other (Please explain)[20]	135	44.1
Total	306	100

38. How would you assess staffing of the rating activity (RVSRs and DROs) in your office? Check one.

Response	No.	Percent
The rating activity has a much larger staff than needed to provide timely and high quality service.	9	0.7
The rating activity has a somewhat larger staff than needed to provide timely and high quality service.	44	3.3
The rating activity staff is about the right size.	415	31.0
The rating activity has a somewhat smaller staff than needed to provide timely and high quality service.	517	38.7
The rating activity has a much smaller staff than needed to provide timely and high quality service.	352	26.3
Total	1337	100

Please enter any additional comments here.

[20] Respondents whose answer to Question 37 was "Other" most often indicated that management encouraged RVSRs and DROs to interpret the criteria liberally and grant benefits if possible. Other common statements indicated that management encouraged RVSRs and DROs to avoid deferring issues and process more claims.