

Unemployed Veterans During a Recession: Factors Affecting the Completion Rate of the Vocational Rehabilitation and Employment Program

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Abstract: The purpose of my research is to determine what factors affect the outcome of the Vocational Rehabilitation and Employment program. Previous literature examines individuals from each state in various stages of the program to determine which factors cause their individual outcome. Although previous research covered a broad spectrum of factors there still remains a lack of significant evidence to determine the observed outcome. I added state expenditures to the previous data to attempt to determine whether or not there is a correlation between funding and the completion of the program. I used the Department of Veteran Affairs 2007 Veterans Employability Research Survey. I look at the different stages of the program to determine a cause for termination before completion of the program. My preliminary analysis concluded that state expenditures do not affect completion outcomes suggesting individual and policy factors may be more important than funding.

Introduction

The United States has one of the most comprehensive programs to provide veterans with assistance in the world. The Veterans Administration was established in 1930 when Congress authorized the President to consolidate various agencies into one. Today there are hospitals all over the country to treat wounded veterans. Today we have many troops who have returned from Iraq and Afghanistan with lasting injuries for which they had to seek help and compensation from the Veteran's Administration. To add to these injuries the more recent economic downturn has affected many veterans' beyond the injuries sustained in war zones. Many returned without a job or lost their job as a result of the recession, and veterans may now rely on the Vocational Rehabilitation and Employment Program from the Veterans Administration to help them find and prepare for work.

The Vocational Rehabilitation and Employment program is designed to assist veterans with finding and keeping suitable employment based on their skills. In some cases where the veteran's disability is severe enough they assist in training the veteran to be able to live independently. Once eligibility is established the veteran will then work closely with a counselor to determine their work or independent living goals based on their skills and disabilities.

In 2004 an independent organization evaluated the Vocational Rehabilitation and Employment program and concluded that at least one-third of all veterans enrolled did not persist and complete the program. Instead of completing the program they either had their participation in rehabilitation interrupted or discontinued with the program. Several of the

main factors contributing to unsuccessful participation in the program were financial reasons, family problems or health related issues.

According to the Bureau of Labor Statistics the current rate of unemployed veterans is at seven percent. While this figure is somewhat lower than the 8.3% national average it is still important to determine why there is such a high rate of people not completing the Vocational Rehabilitation and Employment program. Through this study I hope to determine a possible explanation or give a deeper insight into the reasons for the low completion rates.

Literature Review

This literature review focuses on the possible reasons for the low rates of completion in the Vocational Rehabilitation and Employment Program. I look at the reasons for having a program to administer disability payments, as well as the effects it has on the successful return to the workforce. I hope to offer some insight into the reasons for the poor completion rate of the VR&E program through drawing comparisons to other programs.

Disability Payments Used as an Incentive for Treatment of Illness

As of 2006 the U.S. Department of Veterans' Affairs provided disability benefits to 2.72 million veterans of U.S. Military service through the Disability Compensation Program. (Mark Duggan, 2006) Our nation at the time of this study had about 24 million military veterans and the Disability program encompassed more than 11 percent of the total veteran population. To qualify for disability benefits a service member must have one or more service connected disabilities as a result of their service. Once the recipient is entered into the system that individual will then receive a monthly tax free compensation for the disability as well as essentially free medical care for the treatment of their medical issues through the Veterans Health Administration.

The amount of benefits received can vary due to the amount of injuries sustained as well as other factors. The rating system increases in ten percent increments ranging from zero to one hundred. Additional payments are made for loss of limbs, having children and as well as

having a spouse to name a few. If a person has more than one injury the disability rating could have a distorted effect on the actual ability to work due to multiple injuries adding up to a higher percent.

Recently the VA linked Agent Orange to diabetes and thus granted disability to veterans who were exposed during the Viet-Nam War. The findings due to this policy change concluded that there was a 7.6 percent increase in claims for disability as well as another 3.3 percent who were previously enrolled to enjoy an increase in benefits.

Since diagnosis is a requisite for benefit eligibility, and nearly one third of diabetics remain undiagnosed, the advent of disability insurance may have encouraged the detection of diabetes among the previously undiagnosed population. (Singleton, 2009) It has been proven that early detection of certain medical conditions can lead to a longer life. These practices are based on the notion that the benefits of early detection outweigh the costs of screening for them. These costs can add up for anyone who decides to take the route of early detection and may even make some people shy away from this approach.

The Veterans Administration uses disability compensation as an incentive for the veterans to come in and get checked out. In order to receive compensation proof of injury needs to be established followed by a medical exam. It is more cost effective for the VA to give disability checks as an incentive to come in and get checked out and conduct preventative medicine than it is to pay for the health costs when conditions worsen. These practices may cost more in the short term, but in the long term it saves the VA money. The idea behind this is that by getting a medical examination to receive the disability benefits the doctors can have an early detection of medical conditions and treat them before costly long-term medical care is

required. This aspect of the Veterans Administration may be an important part of the healthcare side, while this may prove to be a challenge to success within the VR&E program due to the emphasis placed on enrolling disabled veterans in the Veterans Administration.

Disability as a Substitution

Between 1984 and 2001, the share of nonelderly adults receiving Social Security Disability Insurance income rose by 60 percent to 5.3 million beneficiaries. (Duggan, 2003) Two changes to the system impacted the number of beneficiaries receiving benefits. The first occurred in 1984 and it liberalized the disability determination process, reversing the dramatic reduction in disability claims. The second was a more gradual process. Because the system of determination was progressive and is based on the mean wage in the economy, the widening dispersion of earnings during the 1980s and 1990s substantially raised the ratio of disability income to prior earnings for low-skilled workers, a trend augmented by the rising real value of medical benefits provided. (Duggan, 2003) Along with this increase of Disability benefits the quality of health and life expectancy also increased. So it is possible that while the declining demand for less skilled workers decreased, the demand for benefits increased as a form of substitution.

The Social Security Program provides a large amount of income for many elderly people today and can be viewed as part of the reason why there are less people in the workforce. One possibility is that as the system changes and becomes more liberal an individual may tend to look to Social Security as a means to make ends meet until they are able to retire. Another way to look at this is the level of education and training received by older generations. The rise of expenditures on disability insurance and Social Security Insurance coincided with a sharp

reduction in the relative earnings of low skilled men. (Dan Black, 2002) However; marital status, race and health issues also play a role in determining the labor force participation. The most important of these factors would be health in the determination of a disability. Over time, however; marriage rates, education levels, and health have improved. All of these would tend to increase participation in the workforce. Census data reveals that labor force withdrawal of prime-aged males is concentrated among individuals with the lowest income potential. (Parsons, 1980)

Changing job characteristics in an ever changing world may also be a contributing factor. It is possible that changes in the nature of work such as substantive complexity, relational or interactive nature, autonomy/control task scope, physical demands and terms of employment may have made it more difficult for people with work limitations to compete with others. (Stapleton, 2004)

It is difficult to determine whether workers are truly disabled. Several studies have shown that there are substantial errors in how the disability determination process is conducted. Disability benefits in the U.S. are fairly generous: on average, disability insurance replaces 42 percent of a worker's previous earnings, and these benefits are non-taxable, raising the after-tax replacement rate even further. (Gruber, 2000) It is believed that the difficulty in determining whether or not an individual is actually disabled and the generosity of our system can distort a person's decision making when looking for work. This could basically subsidize an early retirement for the older workers. This would be an argument that the welfare gains of redistributing resources to the low-income disabled would outweigh any costs through the reduction in labor supply

A different approach to this problem could be that service members use their disability as an income substitution. Instead of getting back into the labor pool when they separate they may opt to collect their disability and continue on with their lives without seeking employment. Disability Insurance has long been criticized for its work disincentives. The participation in the Disability Insurance Program is the outcome of the person's decision to apply for the benefits coupled with the eligibility determination decision. With generous income replacement ratios, particularly for low-earners, there is an economic incentive for the disabled previously capable of work to stop working and for people who are not truly disabled to receive a high dis-utility from working to take advantage of the program. (Klaauw, 2007)

Klaauw, (2007) Says that: A popular way to deal with this problem has been to model labor force participation as a function of the ratio of potential benefit levels to wages, which is also known as the replacement rate. There are two problems with this analysis. The first, by grouping both benefit levels and wages into the replacement ratio the separate impacts of wages versus benefit levels on non-labor force participation are confounded. Secondly the actual benefit amounts are based on past earnings which reflect past work decisions.

As previously stated the Social Security Insurance Program has several disincentive effects, the most prominent of which is the increasing sensitivity of labor force exit decisions to adverse economic shocks, which also encourages those individuals who are nearing retirement to claim disability benefits and subsequently transfer into the Social Security retirement program after that. Over the past few years the Social Security Administration has made several attempts to remove the work disincentives built into the program. These attempts have been almost entirely unsuccessful. In 1999, Congress authorized the Ticket to Work

program, which provides an array of inducements for current SSDI beneficiaries to take up employment, including permitting a trial work period of up to nine months, providing 7.75 years of ongoing Medicare eligibility following return to work, and providing three years of automatic benefit reinstatement when claimants' work-place earnings fall below a threshold level. (David H. Autor, 2007) At the time of this publication, only 1,400 of over 12 million tickets issued have led to successful entry back into the workforce.

Disability Payments as a Disincentive to Work

According to the Department of Veterans' Affairs website: Returning home from military service is a complex and individually unique experience. The returning veteran has changed as well as their family; there can also be an array of unknown needs to include the need for employment. In some cases military members may have been excused from employment, education and or training to fulfill their service requirements. Transitioning back into this life can be challenging and different for each service member.

Since 1990 there have been 4.4 million veterans who have entered the workforce with advanced skills and high-responsibility experiences. These are major life changes to go from military readiness to career readiness, and for those who are injured they must also go through a process to try to return to some sort of normalcy after the injuries are sustained.

Recently there has been a disparity between the civilian population and returning veterans for up to 8 years after separation in unemployment. The unemployment rate on average from less than 2 years to 8 years of separation were on average five percent higher than the matched comparison group (Department of Veterans Affairs, 2010). For the veterans who were employed studies showed they were 70% less likely to have a job commensurate

with their responsibilities they had in the military. The studies also showed high ranking individuals often would seek out positions with considerably less responsibility compared to their military positions.

One option for returning veterans with disabilities is the Vocational Rehabilitation and Employment Program. This program helps veterans with service-connected disabilities become employable. The main function is to help veterans in achieving independence in daily living and in addition to this service it also provides educational and vocational counseling for eligible service members. About 1 in 5 veterans who received service-connected disability payments reported also receiving vocational rehabilitation services. Of the veterans surveyed about 13 percent stated they didn't even consider the program and another 11 percent didn't think their disability was severe enough (Department of Veterans Affairs, 2010). (Dennis Drew, 2001) Suggests that due to a person receiving compensation while attending a rehabilitation program they will show a poorer performance rate as well as lower completion rates resulting in less competitive employment. These conclusions have unintentionally created barriers for returning to work. Individuals need to care for themselves and their families and they need to maintain their income. Even though they may want to return to work this may make it difficult for them to do so.

Methods

My analysis focuses on the completion rate among those who took part in the Vocational Rehabilitation and Employment Program. The data I analyzed was taken from the 2007 Veterans Employability Research Survey conducted by ABT Associates Inc. of Bethesda Maryland on behalf of the Veterans Administration. Over 5,000 veterans were interviewed and asked various questions pertaining to their individual experience in the Vocational Rehabilitation and Employment Program. From there they broke down the respondents into five different cohorts.

- Cohort 1: Consisted of veterans who applied for the VR&E program and were found to be eligible, but had a current status of “did not show up for initial appointment”
- Cohort 2: Veterans who had to temporarily interrupt the evaluation and planning phase of the VR&E Program, and had a current status of “dropped out rather than returning to the program”
- Cohort 3: Veterans who continued into the evaluation and planning phase of the VR&E program, and had a current status of “dropped out before a plan was developed”
- Cohort 4: Veterans who completed the evaluation and planning phase of the VR&E program, began a plan of rehabilitation, and had a current status of “dropped out or were otherwise discontinued from the program”
- Cohort 5: Veterans who had a current status of “successful completion” of the VR&E program.

The variable I used as the dependent variable was Cohort 5 or those individuals who successfully completed the VR&E program. The total number of respondents that fit into this category was 1,009 individuals which amounted to a substantial sample size.

My first independent variable was the level of expenditures on the Vocational Rehabilitation and Employment Program per individual veteran. I obtained the number of veterans in each state as well as the total expenditures for each state on the VR&E program from the Veterans Affairs website and came up with a figure for each individual by state. I then

binned the expenditures together to come up with four categories I which was easier to work with. The categories were low, medium low, medium high and high.

The second independent variable I used was the health status of each individual veteran. They ranked their current health at the time of the survey which they rated excellent, very good, good, fair, or poor. I then tested this with a cross tabulation against all five cohorts to determine if overall health was a factor in the completion rate of the program. The requirement to qualify for the VR&E program is to be at least 10% disabled so it is important to look at the level of health per veteran. According to the literature one of the barriers to successful completion of the program is the monetary compensation that goes along with the percent rating (Dennis Drew, 2001).

The third independent variable I used was the overall satisfaction of the program. Again I used the data collected from each individual veteran who responded to the question with; Very satisfied, somewhat satisfied, somewhat dissatisfied or dissatisfied. I then tested these answers with all five cohorts to determine whether or not the overall satisfaction of the program played a role in the overall completion of it.

The last independent variable I used was the level of education of each veteran. I binned the education levels into four categories. The first was a high school diploma or less, followed by some education beyond high school but no further degrees. The third category was those who had a vocational school certificate, associate's degree or bachelor's degree. This was followed by the fourth category of a master's degree or higher. I then used a cross tabulation against binned cohorts. For this analysis I used cohorts 1-4 binned combined with

the 5th cohort to make a determination of whether or not education made a difference in the overall outcome of the program.

Analysis

For my analysis I used SPSS to determine if there was a relationship between my dependent and independent variables. All of my variables are ordinal and I used cross-tabulation to analyze them.

(Table 1.1 about here)

In my first table I looked at the effects of expenditures per veteran divided into four categories; low, medium low, medium high and high. The gamma value of $-.013$ showed there was little association between my independent variable and my dependent variable and that is was a negative relationship. When I look at the Gamma significance of 0.376 it shows little significance among the variables. The Chi-Square measure of significance was $.292$ and also shows little significance among the variables. When we look at the percentages of those who finished the program and compare them to each category of the independent variable we see that the level of expenditures has little to no effect on the outcome of the program as illustrated by the graph. When I look beyond those who completed the program the table shows very little change throughout the varying categories.

(Figure 1.1 about here)

The next independent variable I looked at was the effects of the veteran's current health status on the completion rate of the program. The categories were excellent, very good, good, fair and poor health and tested against the five cohorts. The gamma value for this test was $-.094$ which showed little association as well as a negative relationship due to coding. The gamma significance measured at 0.000 which showed some significance, and the Chi-Square Significance also showed a result of 0.000 which showed some significance.

(Table 1.2 about here)

When we look at the column percentages the results show that as health decreases so does the rate at which veterans complete the program. For the category labeled "excellent" health nearly one-third finished the program while those who reported "poor" health had a completion rate of only about one-tenth of all of those who completed the program. When those who completed the program are compared to those who qualified but withdrew: it shows a 3% increase from those who reported "excellent" health to those reported "poor" health for the first cohort. The last cohort of those who did finish the program shows a 23.5% decrease from those who reported "excellent" health to those who reported "poor" health. This shows the individual's health does matter in relation to completing the program.

The third independent variable I looked at was the overall satisfaction of the program. This variable was broken down into four categories labeled; very satisfied, somewhat satisfied, somewhat dissatisfied, and very dissatisfied. I then tested them against the five cohorts. The gamma value was $-.324$ which showed a moderate measure of association as well as a negative

relationship among the variables due to coding. The gamma significance was .000 which showed some significance and the Chi-Square significance was also .000 which showed some significance.

(Table 1.3 about here)

When I look at the column percentages it is apparent that as like health status as overall satisfaction of the program decreases so does the level of completion of the program. For those who reported they were “very satisfied” with the program nearly forty percent completed the program, while those who reported “very dissatisfied” had a completion rate of less than ten percent. When I look at “very satisfied” and “very dissatisfied” and look at the percentages for each cohort it is apparent there is a large disparity between the two categories. Even for those who qualified for the program there is a 12.5% difference. Again this table shows that overall satisfaction of the program is a factor in the overall outcome of the program.

The fourth independent variable I looked at was the level of education and how it impacted the overall completion rate of the program. I binned the education levels into four categories. The first was those who completed high school, GED, or did not complete high school. The second category was those who had some education beyond high school but did not complete a degree. The third category was for those who received a degree from a vocational school, community college or university. The fourth category was for the respondents who had a master’s degree or beyond. I then tested these categories against the fifth cohort and all others to see if education made a difference. I found the gamma value to be -.324 which shows a low measure of association as well as negative. The gamma significance

was .000 which is significant. The Chi-Square significance was .000 also, this also means there is a high level of significance.

(Table 1.4 about here)

While the data didn't prove to be the answer to the question of why so many people do not finish the program it did show that education level does have an impact on the program completion rates. For those respondents who had some college the level of completion is significantly higher than those who did not have any education beyond high school. For the category of those who possessed a degree there is also a significantly higher percentage of those who completed the program than those who did not. While this figure was not as high as those who only had some education beyond high school it still shows that education is an important factor in the completion rate.

Conclusion

My first hypothesis stated that the level of expenditures would have a significant impact on the overall completion rate of the program. After analyzing the data it showed that expenditures do not have an impact on the outcome of the program. When I looked at the figures for each category they were all fairly constant and did not reflect any change from level of expenditures or between the five cohorts. Because of these findings my first hypothesis is a null conclusion.

My second hypothesis stated that as health decreased among the respondents their level of completion would also decrease. When I turned to the data it showed that current health did have an overall impact on the completion rate of the program. As I looked at those who completed the program there is a clear indication that as health decreased so did the completion rate. These findings prove my hypothesis to be correct.

The third hypothesis stated that as overall satisfaction of the program decreased so would the completion rate. The data showed that satisfaction did play a role in the completion rate of the program. The table showed that as the overall satisfaction rate decreased so did the number of respondents who completed the program. These findings also prove my third hypothesis to be correct.

The fourth hypothesis was that those with more education would have a higher completion rate than those who had less education. The data showed that some education and up to a bachelor's degree made a difference in the completion rate of the respondents. While those who had a high school education as well as those who had advanced degrees did not show to have much impact on the completion of the program, those who had some education beyond high school as those who had a degree showed to have a higher completion rate. The data for this hypothesis shows that education does have an impact on the completion rate of the program; however, it does not prove my hypothesis to be true.

The results show some interesting answers to the questions I posed; however, there does not seem to be any one result that shows the reason why nearly one-third of the people who begin the program finish. After looking over the results I think that it is a combination of factors which result in the completion rate of the program. Now that I know expenditures do

not play a role in program completion I have more questions than answers and in the future would like to look further into policy decisions and how they affect a program of this nature.

Appendix

Table 1.1 Cross Tabulation of expenditures for each veteran by cohort

	Total Per Veteran				Total
	low	medium low	medium high	high	
Qualified but did not show	233 18.8%	230 18.6%	269 20.6%	273 21.9%	1005 20.0%
Interrupted but did not return	268 21.6%	249 20.1%	236 18.1%	252 20.2%	1005 20.0%
Dropped out before plan was made	243 19.6%	268 21.6%	259 19.8%	235 18.9%	1005 20.0%
Began plan but withdrew	252 20.3%	256 20.7%	261 20.0%	238 19.1%	1007 20.0%
Finished Program	246 19.8%	236 19.0%	280 21.5%	247 19.8%	1009 20.1%
Total	1242 100.0%	1239 100.0%	1305 100.0%	1245 100.0%	5031 100.0%

Gamma Value -.013

Gamma Significance 0.376

Chi-Square Significance 0.292

Table 1.2 Cross Tabulation of the Effects of Current Health Status on Completion of Program

		How is your current health					Total
		excellent	very good	good	fair	poor	
COHORT	Qualified but did not show	38 18.2%	160 20.7%	281 18.6%	346 19.9%	173 22.0%	998 19.9%
	Interrupted but did not return	37 17.7%	140 18.1%	310 20.5%	347 20.0%	167 21.2%	1001 20.0%
	Dropped out before plan was made	42 20.1%	120 15.5%	279 18.5%	384 22.1%	180 22.9%	1005 20.0%
	Began plan but withdrew	24 11.5%	138 17.9%	273 18.1%	372 21.4%	196 24.9%	1003 20.0%
	Finished Program	68 32.5%	215 27.8%	367 24.3%	286 16.5%	71 9.0%	1007 20.1%
	Total	209 100.0%	773 100.0%	1510 100.0%	1735 100.0%	787 100.0%	5014 100.0%

Gamma Value -.094

Gamma Significance 0.000

Chi-Square Significance 0.000

Table 1.3 Cross Tabulation of the Overall Satisfaction of the Program

	How satisfied were you with the program				Total
	very satisfied	somewhat satisfied	Somewhat dissatisfied	very dissatisfied	
Qualified but did not show	165 11.9%	239 16.6%	238 23.6%	234 24.4%	876 18.3%
Interrupted but did not return	178 12.8%	276 19.2%	243 24.1%	248 25.9%	945 19.7%
Dropped out before plan was made	183 13.2%	286 19.9%	230 22.8%	279 29.1%	978 20.4%
Began plan but withdrew	326 23.5%	341 23.7%	190 18.8%	134 14.0%	991 20.7%
Finished Program	537 38.7%	296 20.6%	109 10.8%	64 6.7%	1006 21.0%
Total	1389 100.0%	1438 100.0%	1010 100.0%	959 100.0%	4796 100.0%

Gamma Value -.324

Gamma Significance .000

Chi-Square Significance .000

Table 1.4 Cross Tabulation of the Effects of Education Level on Program Completion

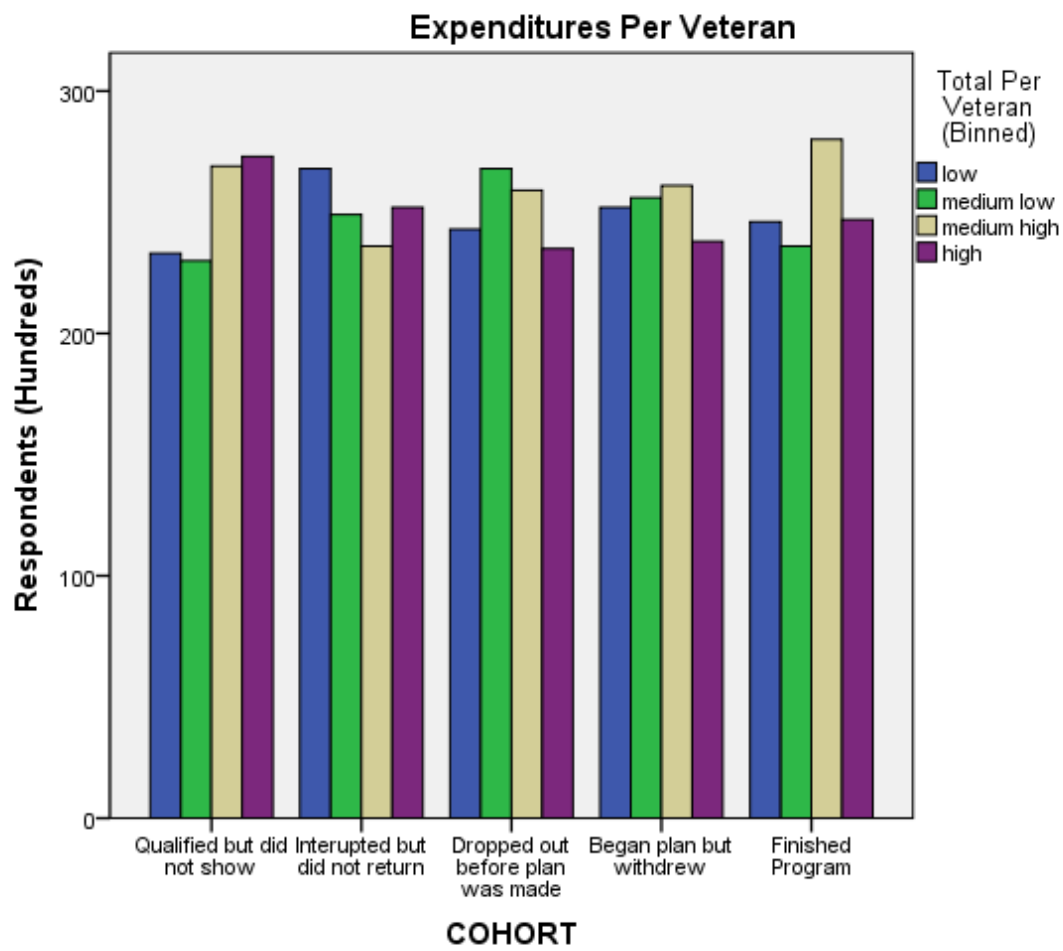
	Education Level				Total
	HS	>HS	Degree	Advanced Degree	
Did not complete Program	61 67.8%	981 53.6%	1478 61.8%	489 69.2%	3009 59.9%
Completed Program	29 32.2%	850 46.4%	914 38.2%	218 30.8%	2011 40.1%
Total	90 100.0%	1831 100.0%	2392 100.0%	707 100.0%	5020 100.0%

Gamma Value -.324

Gamma Significance .000

Chi-Square Significance .000

Figure 1.1



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