## THE BIG SIX IAVA'S POLICY PRIORITIES FOR 2018



2017 was the 13th year since IAVA's founding and one of solid impacts. In the first half of the 115th Congress, despite the nastiest, most divisive time in recent memory, we scored several important legislative victories for veterans that will serve to connect, unite and empower Post-9/11 veterans for many years to come.

But there is much more to be done in 2018. As over 3 million men and women have now served since 9/11, this is a pivotal year for America to invest in their potential to take our nation forward for the next generation. However, this also is a midterm election year, fraught with increasingly partisan fights in a Congress that has already shut down the government once and continues to seem at war with itself much more so than with our problems and our enemies. These circumstances make it even more essential for our next generation community of veterans to drive policy makers to focus on the matters we and our families care about most.

In 2018, IAVA will focus on 6 priorities that our members see as most pressing. This "Big 6" contains the challenges and opportunities that IAVA members care about most--and see as areas where we can uniquely make an impact. IAVA is building on our core four policy priorities from 2017 to elevate and introduce to the nation two long-standing issues that are extremely important to our community. Two issues will be in sustainment campaigns: suicide and women's support. Two issues will be in defensive campaigns: defending our educational benefits and necessary, earned government support. Two issues will be initiated in full on the national stage for the first time by IAVA: toxic exposures/burn pits and medical cannabis. IAVA members are poised to educate the public, design solutions for positive impact, and lead the way to the future. That starts with our 2018 Big Six outlined below. Each campaign will drive toward outcomes in 4 key areas: 1) Public Awareness 2) Executive Action 3) Legislative Change 4) Local Support.

### THE BIG SIX

#### IAVA'S POLICY PRIORITIES FOR 2018



- 1. SUSTAIN CAMPAIGN TO COMBAT SUICIDE AMONG TROOPS AND VETERANS
- 2. SUSTAIN CAMPAIGN TO RECOGNIZE AND IMPROVE SERVICES FOR WOMEN VETERANS
- 3. DEFEND VETERAN AND MILITARY EDUCATION BENEFITS
- 4. DEFEND AND REFORM GOVERNMENT SUPPORT FOR TODAY'S VETERANS
- 5. INITIATE SUPPORT FOR INJURIES FROM BURN PITS AND OTHER TOXIC EXPOSURES
- 6. INITIATE EMPOWERMENT OF VETERANS WHO WANT TO UTILIZE CANNABIS

# SUSTAIN CAMPAIGN TO COMBAT SUICIDE AMONG TROOPS AND VETERANS

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For nearly a decade, IAVA and the veteran community have called for immediate action by our nation's leaders to appropriately respond to this crisis of 20 military and veterans dying every day from suicide. Thanks to the courage and leadership of veterans, military family members and our allies, there has been tremendous progress. The issue of veteran suicide is now the subject of national conversation, increased media coverage, a reduction in stigma and a surge of government and private support. In 2015, IAVA and our partners jump-started a national conversation. But the flood of need continues nationwide-and continues to rise. In our latest Member Survey, 65% of IAVA members knew a post-9/11 veteran who attempted suicide. 58% know a post-9/11 veteran that died by suicide. Every day, we are losing more of our brothers and sisters to suicide. This is not the time for America to let up. Instead, this is a time to redouble our efforts as a nation and answer the call to action. And IAVA will continue to maintain our leadership on that charge.

The IAVA-led Campaign to Combat Suicide and the passage of the Clay Hunt Suicide Prevention for American Veterans (SAV) Act in 2015 was a historic breach element--a big first step. That effort woke up America to this pressing national security, public health and moral issue. Leaders from the military, government, the medical community, politics, sports and entertainment--all stepped up to help. The entire world watched on live television as Clay Hunt's courageous personal story was told by the President, and the issue was elevated to a level never before seen, at a signing ceremony at the White House. Over the last three years, IAVA has continued to push for awareness, support and action. We have continued to advocate in the media, testify on Capitol Hill, reach out on the ground and online to veterans nationwide, and vigilantly monitor the law's implementation of the SAV Act by the VA. In 2017, we continued our fight to combat military and veteran suicide and led a successful effort to remove a provision from the NDAA that would have established an oath to be taken by transitioning servicemembers to combat suicide. Although well-intentioned, the provision had the potential to increase suicides. We also continued to spread public awareness for the suicide epidemic as thought leaders in panels, roundtable discussions with policymakers, and documentaries. Sobering statistics on suicide continue to be released, identifying women veterans at especially high risk of suicide. IAVA's groundbreaking Rapid Response Referral Program (RRRP) continued to serve as a safety net for thousands--and continued to gather critical data on the growing and shifting wave of need and supportive services. But after a decade and a half of war, the need for reinforcements only continues to grow.

- 1. Remain a vigilant watchdog to ensure Congress fully implements the Clay Hunt SAV Act.
- 2. Hold the VA and DoD accountable to create an effective joint plan of action to provide expanded mental health services for servicemembers transitioning out of uniform, as directed by Executive Order in January 2018.
- 3. Raise awareness and ensure that the media covers veteran suicide responsibly and adequately to highlight the severity of the crisis.
- 4. Continue to connect, unite and empower post-9/11 veterans nationwide facing mental health issues through our digital resources, our local VetTogether events and our nationally-recognized Rapid Response Referral Program (RRRP).

# SUSTAIN CAMPAIGN TO RECOGNIZE AND IMPROVE SERVICES FOR WOMEN VETERANS

In 2017, IAVA launched our groundbreaking campaign, #SheWhoBorneTheBattle, focused on recognizing the service of women veterans and closing gaps in care provided to them by the VA. While many other organizations waited or chose other issues, we made the bold choice to lead on an issue that was important to not just the 20% of our members that are women, but to our entire membership, the future of healthcare and America's national security. We fought hard for top-down culture change in the VA for the more than 345,000 women who have fought in our current wars--and for all Americans.

IAVA championed the bipartisan Deborah Sampson Act, comprehensive legislation aimed at improving VA services for women veterans, which now boasts dozens of cosponsors from both parties in the Senate and House. We deployed a media blitzkrieg, bringing much needed public awareness to the plight of women veterans, reaching more than 21 million people in traditional media and another 60 million on social media. And we backed important bills like the PRIVATE Act, in the wake of the Marines United scandal, which explicitly prohibits servicemembers from sharing intimate media without consent and strengthens military law to better enable prosecutions and passed into law as part of the FY18 National Defense Authorization Act (NDAA). By the end of 2017, the #MeToo movement exploded across America, including a sub-movement for #MeTooMilitary, as military sexual assault and military sexual trauma continues to plague our community. IAVA's latest Member Survey showed that 35% of IAVA women and 1% of IAVA men are survivors of military sexual assault.

2018 is a watershed moment for equality in American history, with an unprecedented number of women running for public office in the midterm elections, and we will ensure #SheWhoBorneTheBattle remains a priority in the national conversation and in all policymaking.

#### IN 2018 IAVA WILL

- 1. Continue our public awareness campaign, #SheWhoBorneTheBattle, to bring greater cultural understanding of the increasing contributions of women service members,
- 2. Pass the Deborah Sampson Act, which:

Asks for a sensing of Congress to change the dated and exclusionary VA motto that currently reads, "To care for him who shall have borne the battle, and for his widow and for his orphan."

Empowers women veterans by expanding peer-to-peer counseling, group counseling and call centers. Improves the quality of care for infant children of women veterans

Eliminates barriers to care

Provides support services for women veterans seeking legal assistance Improves the collection and analysis of data regarding women and minority veterans

3. Continue to connect, unite and empower female post-9/11 veterans through our digital resources, our local VetTogether events and our nationally-recognized Rapid Response Referral Program (RRRP).

## EDUCATION BENEFITS



In 2008, the Post-9/11 GI Bill was created and supported with IAVA leadership and has now sent more than one million veterans to school, and remains one of the military's best retention and recruiting tools.

Last year, IAVA worked with VSO partners to pass the Harry W. Colmery Veterans Educational Assistance Act, which included numerous expansions for the GI Bill, including elimination of the 15-year time limit to use the benefit.

But the GI Bill is constantly under threat of cuts by Congress, which is why IAVA continues to #DefendTheGIBill. IAVA swiftly defeated a ridiculous attempt in 2017 to establish a \$2,400 fee for new servicemembers to access the benefit, resulting in the final version of the #ForeverGIBill providing the same expansions, but without establishing an absurd user fee. However, the GI Bill is still being exploited by predators in the for-profit education sector who take advantage of veterans' benefits and often leave veterans stuck with unnecessary debt and a subpar education. And we must continue to hold the line in defending these essential, earned benefits that are a cost of war.

- 1. Pressure Congress to close loopholes that reward these bad actors for exploiting veterans and strengthen regulations that help veterans choose the best educational programs to meet their career goals.
- 2. Steadfastly defend the GI Bill against any cuts, waste or abuse.
- 3. Support efforts to elevate education and economic opportunity benefits like the GI Bill to the VA Undersecretary level.
- 4. Continue to connect, unite and empower post-9/11 veterans facing educational challenges and/or exploring educational opportunities through our digital resources, our local VetTogether events and our nationally-recognized Rapid Response Referral Program (RRRP).

### DEFEND AND REFORM GOVERNMENT SUPPORT FOR TODAY'S VETERANS

Since the 2014 Phoenix scandal exposed many VA problems across the country, IAVA has been a leader in the fight to drive accountability. We supported empowering the VA Secretary with the tools to expedite the removal of employees who harm veterans, and following advocacy by IAVA and our VSO partners, the Department of Veterans Affairs Accountability and Whistleblower Protection Act was finally signed into law in 2017. IAVA also worked with our VSO partners to finally reform and streamline the VA's disability appeals process with passage of the Veterans Appeals Improvement and Modernization Act. The VA "Choice" Program still lingers, and IAVA banded together with our VSO partners to defeat on the House floor an extension that would have ignored critical VA needs by pulling money away from other core services to fund this controversial, unproven public policy experiment. In the wake of the defeat of that proposal, IAVA succeeded in helping to pass a Choice funding extension that did not compromise investment in VA foundational services and hiring.

But the fight for government reform and the defense of the core VA services we count on is even more pressing in 2018. The last "Choice" extension granted in December 2017 will run out of money in late spring/early summer 2018, and bipartisan legislation IAVA and VSOs support to permanently reform and consolidate the VA's community care programs, including the "Choice" program has stalled. Additionally, the Department of Defense (DoD) FY18 budget has been particularly hamstrung by multiple continuing resolutions - which only continue funding at the last year's levels in the absence of a year-long bill - since the beginning of FY17, greatly harming military readiness and national security. At the very least, funding and key structures at the VA and DoD must be protected from short-sighted cuts and political posturing.

- 1. Continue to press for accountable VA leadership.
- 2. Press to end political stalemates and government shutdowns that disparately impact our military and veteran community.
- 3. Advocate to end sequester and ensure the Department of Defense and VA have the resources they need in a timely, predictable fashion.
- 3. Fight any efforts to destroy, undermine or privatize the Department of Veterans Affairs by political groups that seek to squash the grassroots voices of IAVA members and the members of other leading VSOs.
- 4. Continue to connect, unite and empower post-9/11 veterans facing challenges with the VA, Department of Defense and other government agencies through our digital resources, our local VetTogether events and our nationally-recognized Rapid Response Referral Program (RRRP).

## INITIATE SUPPORT FOR INJURIES FROM BURN PITS AND OTHER TOXIC EXPOSURES

Our members have made it clear: 2018 is the year IAVA will educate Americans about burn pits and airborne toxic exposures and the devastating potential impact they could be having on the health and welfare of millions of Post-9/11 veterans and their families. According to IAVA's most recent member survey, 80% of respondents were exposed to burn pits during their deployments and over 60% of those exposed reported having symptoms. Burn pits were a common way to get rid of waste at military sites in Iraq and Afghanistan, particularly between 2001 and 2010. There are other hazards beyond burn pits that occurred in Iraq and Afghanistan that may pose danger for respiratory illnesses, including high levels of fine dust and exposure to other airborne hazards. Year after year, we have seen an upward trend in the number of members reporting symptoms associated with burn pit exposure. IAVA will sound the alarm for all Americas: burn pits could be the Agent Orange for our generation of veterans.

In 2017, an IAVA-backed provision was included in the NDAA to require the VA to coordinate efforts related to burn pit-related diseases and effective treatments for those diseases. While this provision is a step forward, we'll continue to fight for more resources to address burn pit and toxic exposure issues.

- 1. Advocate for increased funding for research into the association between toxic exposures, burn pits, and diseases expected to be associated with such exposure.
- 2. Press for VA clinicians to be trained to query and identify illnesses tied to toxic exposure. (Currently, the VA's Airborne Hazards and Open Burn Pits registry is self selected; from our latest member survey only 35% of IAVA members exposed to burn pits are registered.)
- 3. Press for mandatory screening for toxic exposure for all veterans entering VA, similar to the screenings conducted for Military Sexual Assault.
- 4. Encourage DoD to identify all those exposed to burn pits and other toxins both at bases in CONUS or while deployed and work with the VA to proactively reach out to encourage enrollment in the Burn Pit and Airborne Hazards Registry.
- 5. Continue to connect, unite and empower post-9/11 veterans facing health issues they believe may be associated with toxin exposures through our digital resources, our local VetTogether events and our nationally-recognized Rapid Response Referral Program (RRRP).

### INITIATE EMPOWERMENT OF VETERANS WHO WANT TO UTILIZE CANNABIS



IAVA veterans have sounded off and clearly demanded: 2018 is the year we will be heard on the important and emerging health issue of utilizing cannabis to treat injuries of war. Veterans consistently and passionately have communicated that cannabis offers effective help in tackling some of the most pressing injuries we face when returning from war. In our latest Member Survey, only 15% opposed legalization for medical use. The youngest of the Post-9/11 generation are most supportive; with about three-fourths of IAVA members under 35 supporting the allowance of medical marijuana. Across party lines, medical cannabis is largely unopposed. Yet our national policies are outdated, research is lacking, and stigma persists. In 2018, IAVA members will set out to change that and launch a national conversation underscoring the need for bipartisan, data-based, common-sense solutions that can bring relief to millions, save taxpayers billions and create thousands of jobs for veterans nationwide. Those solutions must include the approval of medical cannabis for every veteran in America who needs it.

Our nation is rapidly moving toward legalizing cannabis, and twenty nine states now permit medical cannabis. Yet, as with many innovative solutions to veteran needs, progress on this issue within the VA has been slow and incremental--and lags behind the needs of veterans and the changing reality of state-level laws. There has been marginal progress, as in late 2017, when the Veterans Health Administration issued a policy change which urged patients to discuss medical marijuana use with their doctors. This policy change alleviates previous concern that admitting to cannabis use could jeopardize VA benefits, a policy recommendation noted in IAVA's Policy Agenda. But VA physicians still cannot refer patients to legally sanctioned state medical cannabis programs because of the federal prohibition. Moreover, patients are not allowed to have any cannabis on VA property, even if it is medically prescribed to them and the state they are living in allows it. And VA employees are still barred from using any form of cannabis, including medical cannabis, while roughly one-third of VA employees are veterans and may want access to cannabis as a treatment option.

Further, in opposition to strong and rising popular opinion across the veterans community, the VA Secretary announced in early 2018 that the VA will not conduct research into whether medical cannabis could help veterans suffering from PTSD and chronic pain. This is despite protest from many in the VSO community who posit medical cannabis could serve as an alternative to opioids and antidepressants. A January 2017 National Academy of Sciences study that stated: there was "conclusive or substantial" evidence that cannabis is effective in treating chronic pain, moderate evidence that cannabis helps with sleep (there is additional research that shows the link between lack of sleep and suicidal ideation), limited evidence in improving anxiety symptoms, and limited evidence in improving PTSD symptoms.

- 1. Call on Congress to pass legislation to reclassify marijuana as a Schedule III drug from a Schedule I drug.
- 2. Push to close the loopholes in VA policy which inhibit the discussion of cannabis usage between veterans and VA clinicians.
- 3. Press the VA and private medical community to conduct research into the use of medical cannabis as a treatment option for chronic pain and mental health injuries.
- 4. Push to update current VA medical cannabis policy to allow for VA clinicians to provide recommendations and opinions to patients regarding medical cannabis programs.
- 5. Call for support to Senate FY 2018 Commerce/Justice/Science Appropriations (S. 1662/Sect. 538) language that prohibits the Department of Justice from preventing implementation of state cannabis access laws, including for medical purposes.
- 6. Continue to monitor and share IAVA members opinions on all elements of evolving cannabis policy--to include the growing support for allowance of recreational use.
- 7. Where permitted, continue to connect, unite and empower post-9/11 veterans seeking legal cannabis support options through our digital resources, our local VetTogether events and our nationally-recognized Rapid Response Referral Program (RRRP).