



IRAQ AND AFGHANISTAN
VETERANS OF AMERICA

2012 POLICY AGENDA

THE NEW GREATEST GENERATION

EMPOWERING THE NEW GREATEST GENERATION

INTRODUCTION	P. 5
From IAVA Founder and CEO Paul Rieckhoff	
2011: PROGRESS OVER POLITICS	P. 6
2012 IAVA POLICY PRIORITIES	P. 7
ABOUT IAVA'S POLICY AGENDA	P. 10
1. EMPLOY THE NEW GREATEST GENERATION	P. 11
1.1 Encourage Companies to Hire Veterans	
1.2 Encourage Veteran Entrepreneurship	
1.3 Defend Troops Against Job Discrimination	
2. PREVENT SUICIDE AMONG TROOPS AND VETERANS	P. 16
2.1 Prevent Suicide Among Troops	
2.2 Prevent Suicide Among Veterans	
3. PROTECT EDUCATION BENEFITS	P. 19
3.1 Protect Education Benefits from Fraud, Waste and Abuse	
3.2 Ensure Student Veterans are Successful in College	
3.3 Streamline the New GI Bill (New GI Bill 3.0)	
4. IMPROVE CARE FOR FEMALE VETERANS	P. 23
4.1 Improve Health Care for Female Veterans	
4.2 Expand Benefits for Female Veterans	
5. TREAT INVISIBLE INJURIES	P. 25
5.1 Eliminate Combat Stress Stigma and Promote Treatment for Mental Health Injuries	
5.2 Combat the Shortage of Behavioral Health Professionals	
5.3 Improve Tracking and Treatment of Traumatic Brain Injury (TBI)	
5.4 Defend Troops Against Military Sexual Trauma (MST)	
6. SUPPORT MILITARY FAMILIES	P. 29
6.1 Increase Mental Health Support for Military Families	
6.2 Improve Services, Benefits and Health Care for Military Families	
6.3 Support Employment and Education for Military Families	
6.4 Fight Domestic Violence in the Military	
7. REDUCE THE VA CLAIMS BACKLOG	P. 33
7.1 Deliver Quick and Accurate Benefits	
7.2 Seamlessly Transfer Care from Department of Defense to Department of Veterans Affairs	
7.3 Ensure Benefits are Fair	

8. PREVENT AND END VETERAN HOMELESSNESS P. 36

- 8.1 Fight Foreclosure
- 8.2 Prevent Veteran Homelessness
- 8.3 House Homeless Veterans

9. EASE THE TRANSITION HOME P. 39

- 9.1 Protect Funding and Services for Troops and Veterans
- 9.2 Promote Veteran Public Service
- 9.3 Expand Health Care Tracking
- 9.4 Build on the Success of Local Veterans' Courts
- 9.5 Secure an OEF/OIF/OND Memorial
- 9.6 Support Refugees from Iraq and Afghanistan
- 9.7 Honor the Fallen

APPENDIX: INNOVATIVE SOLUTIONS FOR 21ST CENTURY VETERANS..... P. 43

INTRODUCTION

Ten years into America's longest war, our military and their families continue to serve our country with honor and dignity in Afghanistan and around the world. Since September 11, 2001, almost 2.4 million Americans have served in Iraq and Afghanistan and more than three million Americans have been impacted by a loved one deploying. As a nation, we have a solemn obligation to ensure that every service member and veteran who has served and sacrificed for our country in Iraq and Afghanistan has our unwavering support from the front lines and through the rest of their lives. The Iraq War ended this past year, and someday, so too will Afghanistan. Now come the battles on the homefront.

Our nation is still at war. As Iraq and Afghanistan disappear from news headlines, however, the nation's attention will gradually turn away from the veteran community. In the coming years, it is critical that we build a strong movement to continue to show those who served, and those who are still serving, that we stand behind them as a country.

Iraq and Afghanistan Veterans of America (IVA) is the country's first and largest nonprofit organization for veterans of Iraq and Afghanistan. IVA's mission is to improve the lives of Iraq and Afghanistan veterans and their families. We achieve this mission by delivering in four key impact areas: building a lasting community for veterans and their families and supporting new veterans in the areas of health, education and employment. IVA is the only organization that provides a robust support network for new veterans from their deployments, through their transition home and throughout the rest of their lives.

2011 was a critical year for America's New Greatest Generation. With important bi-partisan legislation passed to help veterans find employment in one of the worst economic climates and the launch of key initiatives and programs with partners in the public and private sectors, IVA raised awareness around the unique challenges facing new veterans while ensuring that all Iraq and Afghanistan veterans know we've got their backs. We impacted 294,000 veterans through our Combat to Career program alone, reached 19,000 veterans with peer-to-peer mental health support, connected 34,000 veterans on the ground in their local communities and provided educational support to over 750,000 veterans.

Since 2004, IVA has worked tirelessly to address the challenges facing this new generation of heroes. As the first non-partisan advocacy organization for America's newest veterans, we have partnered with Congress, the White House, the Departments of Defense and Veterans Affairs, corporations and nonprofit organizations alike to meet the needs of service members, veterans and their families. On Capitol Hill, IVA staff and member veterans proudly represent our more than 200,000 members and supporters, testifying 15 times before Congress in 2011 on critical issues ranging from the New GI Bill and veteran unemployment to erasing the stigma of mental health injuries. IVA has also been a force in the national media, appearing on all major networks, newspapers and radio stations to raise awareness about veterans' issues in communities across the country.

Each year marks a new milestone for our veterans' community — and 2011 proved no exception. Last year, IVA successfully shepherded passage of the bi-partisan Vow to Hire Heroes Act, the only jobs bill to pass through the 112th Congress. The White House introduced Joining Forces, an initiative dedicated to ensuring proper support to all service members and veterans, which could be a vital part of bridging the military-civilian divide in America.

Still, there is significant work ahead for our veterans' community. IVA is directly connected to the needs and issues facing new veterans across the country. We have real time communication with our most active members through our confidential veterans-only social network, Community of Veterans. In 2011 we held over 350 local events nationwide. Twice a year we extensively survey our membership. It is clear from their input that there is much to be done. Today, veteran unemployment is unacceptably high. In 2011, the reported jobless rate for Iraq and Afghanistan veterans hit a staggering 12.1 percent, leaving about 234,000 combat veterans struggling to find gainful employment. Despite prevention efforts, the suicide rate among active duty service members remained high in 2011. An active duty service member committed suicide approximately every 30 hours. Finally, our hard-earned education benefits are coming under threat from predatory for-profit schools and a tightening fiscal climate in Washington.

IVA is dedicated to aggressively tackling these issues head-on in the 112th Congress. Our 2012 Policy Agenda lays out an expansive blueprint to address these issues and successfully prepare the country for the surge of new veterans coming home. Our policy recommendations include the calls to: Employ the New Greatest Generation; Prevent Suicides Among Troops and Veterans; Protect Education Benefits; Improve Health Care for Female Veterans; Treat Invisible Injuries; Support Military Families; Reduce the VA Claims Backlog; End Veteran Homelessness and Ease the Transition Home. These priorities derive from an extensive survey of our highly engaged membership of Iraq and Afghanistan veterans as well as coordination with community-based nonprofits and stakeholders nationwide. There is no panacea for these grave issues and only

[INTRODUCTION]

comprehensive, community-based models will turn the tide. Throughout the Policy Agenda, you will see data from IAVA's 2012 survey. Several of our members have also shared their hopes, frustrations and perceived challenges for their generation, and we have highlighted their words in this text.

As we enter the 2012 election cycle we expect this vision of empowering the New Greatest Generation to guide incumbents and challengers in every party and every race, be it local, congressional or presidential. We call on all candidates to embrace these recommendations and make them a central plank of their campaign. Only by banding together, will we be able to ensure the support and resources earned by young veterans remain a priority in this election year and in a way that transcends talking points.

Despite combat operations ending in Iraq, the urgency of the issues facing our troops and veterans from the front lines in Afghanistan to the homefront has only heightened. IAVA looks forward to working with Congress, the Administration and the veterans' community to accomplish the goals in our 2012 Policy Agenda and ensure that every veteran receives the welcome home he or she deserves. Together, we can show the almost 2.4 million veterans of Iraq and Afghanistan and their families that we've got their back and make this generation of veterans the New Greatest Generation.

Sincerely,



Paul Rieckhoff

Founder and CEO

Iraq and Afghanistan Veterans of America

2011: PROGRESS OVER POLITICS

WHILE WE HAVE SEEN DRAMATIC INCREASES TO VETERANS' BENEFITS SINCE 2006, SWEEPING REFORMS WERE GOING TO BE DIFFICULT TO ACHIEVE IN A HYPER-PARTISAN CASH-STRAPPED CONGRESS IN 2011.

With resources tight across the government, IAVA focused on a few scalable, but necessary, legislative and research campaigns. Beginning with IAVA's signature advocacy event, Storm the Hill 2011, this focus on quality over quantity was remarkably successful. Two out of the five veterans-related bills signed by the President in 2011 were IAVA-led, and three out of five contained top priorities for IAVA. Additionally, we were able to extend employment and education assistance through the development of creative partnerships and innovative online programs. Below are several of the victories IAVA achieved for our members in 2011:

EMPLOYMENT

Passed the VOW to Hire Heroes Act (H.R. 674) that will translate military skills into civilian jobs, improve the Transition Assistance Program (TAP) to provide resume and career counseling and provide tax incentives of up to \$9,600 for each veteran a business hires.

Extended USERRA protections to the National Guard through the 2012 National Defense Authorization Act.

EDUCATION

Restored the GI Bill benefits (H.R. 1383) of hundreds of veterans that were negatively affected by the 2010 upgrades to the Post-9/11 GI Bill in order to help these veterans complete their education.

MILITARY FAMILIES

Launched "Unsung Heroes: Military Families After Ten Years of War," IAVA's comprehensive policy report on the economic, health and education issues facing military families.

HEALTH CARE

Extended behavioral health services to the Select Reserves, and mandated pre- and post-deployment behavioral health screening.

Expanded health care access by allowing military physicians to practice across state lines and developed a registry for burn pit exposure.

Extended better care and protections for victims of Military Sexual Trauma.

IAVA 2012 POLICY PRIORITIES

IAVA STANDS READY TO ACT ON ALL OF THE RECOMMENDATIONS IN THIS AGENDA, BUT THE FOLLOWING ISSUES ARE THE MOST URGENT ACTIONS CONGRESS, THE PRESIDENT AND LOCAL PARTNERS MUST TAKE TO ENSURE THAT VETERANS OF IRAQ AND AFGHANISTAN GET THE CARE AND SUPPORT THEY HAVE EARNED.

EMPLOY THE NEW GREATEST GENERATION:

America's newest veterans continue to face serious employment challenges. In 2011, the unemployment rate for Iraq and Afghanistan era veterans was a staggering 12.1 percent, more than three percentage points higher than the national average. An average of 234,000 OIF/OEF veterans struggled to find gainful employment in the most severe economic recession in decades. Compounding the problem, Iraq and Afghanistan veterans leave active duty and find that many civilian employers do not understand the value of their military skills and experience.

In 2011, IAVA led the push to pass the Vow to Hire Heroes Act. This important legislation was the only employment bill passed by the 112th Congress and signed into law by the President. Vow to Hire Heroes fulfilled many of IAVA's policy goals, but IAVA will continue to fight for additional reforms. These include strengthening USERRA job protections, continuing modernization of TAP services, increasing entrepreneurial opportunities, developing best practices for hiring veterans and encouraging partnerships between the veterans' community and corporate America to ensure that we do not lose our investment in the New Greatest Generation of veterans.

PREVENT SUICIDE AMONG TROOPS AND VETERANS:

The number of active duty suicides reached epidemic levels in the past few years. One active duty service member commits suicide approximately every 30 hours, and the rate for veterans is likely even worse. Serious shortages of military mental health professionals, coupled with the heavy stigma associated with even seeking care, have resulted in those who are most in peril not getting the care they need. Furthermore, we currently have no way to accurately track the rate of veteran suicide.

IAVA recommends that the Department of Defense (DoD) and Department of Veterans Affairs (VA) launch a joint national campaign to combat the stigma of seeking help for combat stress injuries and to promote the use of VA and DoD services such as Vet Centers and the Veterans Crisis Line. Also, by expanding the Center for Disease Control and Prevention (CDC) National Violent Death Reporting System system to all 50 states, we can accurately track the rate of veteran suicide. All efforts must be complemented by a presidential call-to-action for a dramatic increase in the number of new mental health professionals providing care as well as the development of new screening and treatment tools.

ENSURE THE SUCCESS OF STUDENT VETERANS

IAVA led the fight for the Post-9/11 GI Bill. Hundreds of thousands of veterans and their families have used the Post-9/11 GI Bill since it was implemented in 2009. Just like its World War II predecessor, however, the Post-9/11 GI Bill is a significant investment in our country's servicemen and women.

It is critical that we continue to research and develop best practices for schools and veterans to ensure that service members succeed in school and our investment pays dividends. While many for-profit schools are providing a good service to veterans and their families, many are wasting veterans' time, benefits and U.S. taxpayer dollars. Potentially, tens of thousands of veterans are wasting their GI Bill and Tuition Assistance on degrees that do not provide the job training that they need. Currently, there is no way to help veterans identify the good schools from the bad actors who carpet bomb veterans with deceptive recruiting and advertising. Additionally, as attention shifts from the war, and the federal deficit becomes Washington's focus, we must fight to ensure that the GI Bill remains a priority for lawmakers. To do this, we must be certain that veterans and their families are getting the best educational value for their dollar and have access to all the information they need to make sound educational choices. This will require schools who engage in fraud and predatory recruitment to not receive federal dollars.

SUPPORT WOMEN VETERANS

Since the integration of the armed forces and the removal of most restrictions on military jobs that women could perform, female service members have distinguished themselves in combat and as leaders. Their contributions are well recognized and female service members in Iraq and Afghanistan have been awarded medals for valor, including the Silver Star. Still, women face unique challenges both in service and as veterans. High rates of suicide and divorce, large numbers suffering from PTSD and an increasing presence among the ranks of the homeless are just a few of the challenges faced by women who have answered the call to duty. Women are the fastest growing segment of the VA population and account for 11.7 percent of service members in OIF and OEF.

IAVA believes that female veterans deserve the highest standards of care and treatment. Congress should increase funding to VA health care to hire more female practitioners who specialize in women's health, and foster an internal culture that welcomes female veterans into VA care. We also believe that service providers must recognize the unique needs of women and move rapidly to meet them. IAVA has been a leader in this fight and we will continue to lead the fight in caring for the women who have led our nation.






ABOUT IAVA'S POLICY AGENDA

TO SET OUR NATION'S NEWEST GENERATION OF VETERANS UP FOR SUCCESS AND PROVIDE THE FULL MEASURE OF CARE, SERVICES AND OPPORTUNITY THAT THEIR SERVICE HAS EARNED WILL TAKE THE COMBINED EFFORTS OF FEDERAL AND STATE GOVERNMENTS IN PARTNERSHIP WITH PRIVATE AND NONPROFIT SECTORS.

Since 2004, IAVA has been a leading voice in fighting for the care, services and opportunities that veterans have earned. In the past few years, the government has answered that call with new initiatives like the Post-9/11 GI Bill, Caregivers and Veterans Omnibus Health Services Act, stop-loss pay, Transition Assistance Program reforms and the VOW to Hire Heroes Act. While these and many other advances in veterans' care were landmark improvements, the government alone cannot solve the challenges that Iraq and Afghanistan veterans face in order to them up for success.

To build the New Greatest Generation, all sectors of federal, state and local government must engage with the private and nonprofit sectors in order to provide for the needs of veterans and their families and create opportunities for them to thrive. The President, members of Congress, governors and mayors all have a shared stake in a successful transition home. IAVA believes that good policy does not end with the federal government, and that communities alongside all levels of government has the responsibility to care for and empower our nation's heroes. Many of the issues facing veterans today are described in quotes from IAVA member veterans throughout this document.

Following an exhaustive survey of our membership, consultation with other policy experts and input from the Veteran Service Organizations (VSO) IAVA developed the policy recommendations found in this document. Many recommendations are legislative, while many others are targeted at the executive branch, local governments and the private and nonprofit sectors. Next to each recommendation are icons representing the stakeholders who can take action on each issue. We have ordered the icons to reflect the level of leadership required by each stakeholder. In 2012, IAVA will be looking to the following stakeholders for leadership and action on veterans' issues:

	CONGRESS		EXECUTIVE
	PRIVATE SECTOR		NONPROFIT SECTOR
	STATE & LOCAL GOVERNMENT		

21st CENTURY SOLUTIONS

In addition to identifying stakeholders for the policy recommendations IAVA is also identifying innovative solutions for 21st Century veterans. These recommendations use the latest technology and business practices to generate creative solutions to problems facing the New Greatest Generation.

EXAMPLE:



- I. Track frequency of veteran suicides by funding the expansion of the CDC's National Violent Death Reporting System violent death reporting system to all 50 states. Mandate that veteran status is reported by the medical examiners.

This indicates that the above recommendation can be completed either through Congressional mandate, State action, or independent action by the Executive Branch.



1. EMPLOY THE NEW GREATEST GENERATION

THE UNACCEPTABLY HIGH UNEMPLOYMENT RATE FOR IRAQ- AND AFGHANISTAN-ERA VETERANS IS TAKING AN ENORMOUS ECONOMIC AND EMOTIONAL TOLL ON NEW VETERANS AND THEIR FAMILIES.

Veteran unemployment continues to rise. Despite their training, knowledge and experience, veterans of Iraq and Afghanistan continue to struggle when transitioning to civilian life. In 2011, the average unemployment rate of OIF/OEF/OND era veterans was 12.1 percent compared to the national average of 8.9 percent. That means 234,000 veterans were unable to find employment. These numbers may not give the full picture. According to a survey of IAVA's membership in January of 2012, 16.7 percent of respondents were unemployed. IAVA led the fight to pass the bi-partisan Vow to Hire Heroes Act, the only employment legislation signed into law in 2011, but a lingering recession will continue to take its toll. The Administration has also suggested that the current force will shrink between 10 to 15 percent as a result of cuts to the Pentagon budget, creating more veterans and making the employment situation gloomier. Calls for austerity in government will also hit new veterans disproportionately. Many continue in public service by working in federal, state, and local government after they leave the military; 30.4 percent of Iraq- and Afghanistan-era veterans work in the public sector.

Finding a job is hard but finding quality employment is even harder. Iraq and Afghanistan veterans leaving the active duty military encounter civilian employers who do not understand the value of their skills and military experience. One study found that more than 60 percent of employers do not believe they have "a complete understanding of the qualifications ex-service members offer." The danger is that veterans of Iraq and Afghanistan will follow the same trends as Vietnam-era veterans and remain significantly behind the curve on employment and earnings. Vietnam veterans had a substantial wage gap with their civilian contemporaries until their fifties and OIF/OEF vets with college degrees earned \$10,000 less than their civilian contemporaries. The population of veterans who need assistance could become chronic and consume substantial resources in social safety net programs. A small investment now could help some of America's most highly trained and motivated individuals contribute to the solution instead of the problem.

National Guardsmen and Reservists have been hit particularly hard on the employment front. The conflicts in Iraq and Afghanistan have relied on National Guard and Reserve forces in an unprecedented manner. Guard and Reserve units comprise 28 percent of all service members who deployed in support of OIF and OEF. Many others have been mobilized for stateside deployments. High deployment rates coupled with uncertainty about when the next deployment may come have made employers nervous. Tens of thousands of Reservists returning from combat are not being promptly re-employed; others are not receiving the full pay, pensions, health care coverage and other benefits to which they are entitled. For those whose re-employment rights are ignored, the Uniformed Services Employment and Re-employment Rights Act (USERRA) offers little relief. It is a noble sentiment that lacks "teeth" in its enforcement.

IAVA has also partnered with many industry leaders (including CBRE, 24 Hour Fitness, British Telecom, Cisco Systems and Futures Inc) to provide innovative approaches to solving the veteran employment crisis and support the New Greatest Generation.

Any successful approach to providing veterans with greater employment opportunities must include public and private partners. In 2011, many companies committed to hiring new veterans. IAVA partnered with the U.S. Chamber of Commerce to begin a series of Smart Job Fairs in cities across the nation to provide veterans with mentoring and coaching on job search skills as well as access to companies looking to leverage veterans' skills, experience and leadership.

These Smart Job Fairs are high touch, data-driven events that provide a full range of services from Post-9/11 GI Bill help to resume workshops and networking opportunities. Additionally, every veteran who attends a Smart Job Fair is given resume writing classes, interview training, Post-9/11 GI Bill benefit support and a \$200 gift certificate for business attire at JCPenney. Building on the success of our first Smart Job Fair in San Francisco, IAVA and the Chamber will host at least four additional job fairs, starting with Atlanta, Chicago, Dallas and New York.

In October 2011, the San Francisco Smart Job Fair hosted 155 confirmed Iraq and Afghanistan veterans and veteran-friendly employers including Bechtel, Southwest and Tesla, as well as local nonprofit groups including Swords to Plowshares, Salvation Army, Farmer Coalition and Goodwill, all committed to hiring our heroes and finding them lasting employment and/or employment-related services. Exit data from the fair showed an impressive day of impact with more than 75 percent of attendees feeling more confident about their ability to get a job and 46 percent of all attendees reporting that they had secured a follow-up meeting as a result of the fair.

[1. EMPLOY THE NEW GREATEST GENERATION]

IAVA also worked with Congress to extend tax credits to companies that hire veterans to incentivize hiring efforts within the private sector. Now the country must come together to ensure that veterans not only find employment, but that they thrive in the workplace and develop meaningful careers. IAVA believes that we can end the veterans' unemployment crisis by encouraging companies to hire vets, promoting veteran entrepreneurship and protecting veterans' jobs.

For more information about the employment and education challenges of new veterans, please see the IAVA Issue Report, "Careers After Combat: Employment and Education Challenges for Iraq and Afghanistan Veterans." All IAVA reports are available at www.iava.org/reports.

1.1 ENCOURAGE COMPANIES TO HIRE VETERANS



I. Create a federal grant or no-interest loan program for states that create job placement and incentive programs for veterans seeking certification in a “green” or “emerging” industry from an accredited trade school, college or university.



II. Provide tax credits for patriotic employers that support employees in the Reserve or National Guard who are called to active duty for over 90 days by paying the difference between service members’ civilian salaries and military wages.



III. Implement Public Law 112-56 — the VOW to Hire Heroes Act — to ensure that the intent of Congress is met in a timely fashion.



IV. Overhaul the Transition Assistance Program (TAP) to allow the program to be tailored to the skill set and education level of the service member.



V. Overhaul the Department of Labor (DoL) One-Stop employment centers to provide skill and education level appropriate counseling and employment services to veterans and better integrate employment services with the Department of Veteran Affairs.



VI. Convene a presidential summit on veteran employment that connects veterans, corporate leaders and community-based nonprofits.



VII. Establish a set of best practices for recruiting, hiring and employing veterans that can be disseminated and adopted by all public and private organizations. Create a national public awareness campaign to disseminate these best practices and educate prospective employers.



VIII. Create state and local veterans’ preference laws for all levels of government hiring and contracting.



IX. Initiate a longitudinal public relations campaign among the public, private and nonprofit sectors targeted at prospective employers and hiring agencies to help reduce the stigma surrounding PTSD or other mental injuries in the workplace.



X. Develop a job search training program for veterans outside of what is offered by DoL, DoD and VA. This program should come from the private and nonprofit sectors and focus on job search planning, resume coaching and interview skills.



XI. Develop small regional job fairs that are targeted to local markets and ensure that prospective employers have local positions available, want to hire and are trained on the value that veterans bring to the workplace.

EMPLOYERS’ KNOWLEDGE ABOUT VETERANS IS BASED ON FICTIONAL MOVIES AND THE MEDIA. MILITARY EXPERIENCE IS NOT RELEVANT TO COMPANIES.

-CHRIS, IAVA MEMBER VETERAN



XII. Develop and field a tool that translates military schools, skills and jobs into professional equivalents in the civilian market.



XIII. Develop industry focused retraining programs to help veterans translate their skills and bridge the gaps between their military skills and what skills they need in the civilian market.

[1. EMPLOY THE NEW GREATEST GENERATION]



XIV. Provide a tax deduction to businesses that provide additional training to ensure returning Reservists and National Guardsmen have the same level of training and seniority as their non-veteran peers. The tax deduction should be equal to the cost of the additional training up to \$1,000 and it must also be available to veteran-owned small businesses.



XV. Create a tax credit for individual veterans who, within 10 years of separation from service, complete skills training beyond what their education benefits cover.



XVI. Simplify the service requirements for the Troops to Teachers program. Expand the impact of Troops to Teachers by including the recruitment of paraprofessionals — substitute teachers, counselors, speech pathologists, JROTC instructors, administrators, coaches and librarians — to increase the amount of veterans in the education system.



XVII. Provide oversight and collaboration to successfully implement the Veterans Employment Initiative for the federal government. The VA and U.S. Office of Personnel and Management (OPM) should update the Veterans Service Organization (VSO) community on the progress of the initiative on a quarterly basis. If this goal is missed two times then Congress should create an advisory board comprised of leaders in the VSO community to oversee the progress of the Veterans Employment Initiative.

FINDING A QUALITY JOB SUITABLE FOR MY LEVEL OF EXPERIENCE HAS BEEN AN ISSUE, A MAJORITY OF THE TIME I HAVE BEEN FORCED TO CONSIDER MINIMUM PAYING POSITIONS DESPITE A MILITARY BACKGROUND AND EXPERIENCE.

- NICHOLAS, IAVA MEMBER VETERAN



XVIII. Mandate public reporting of all VETS-100 forms for all federal contractors with a contract exceeding \$100,000. Require all federal contractors to disclose the number of veterans currently working for them. This information should be publicly accessible on the central website operated by the U.S. Small Business Administration.

1.2 ENCOURAGE VETERAN ENTREPRENEURSHIP



I. Expand DoD Transition Assistance to provide targeted small business training to separating veterans who want to become entrepreneurs.



II. Allow the Departments of Defense and Labor to conduct Transition Assistance Program (TAP) training at facilities outside of military bases.



III. Expand the Entrepreneurship Bootcamp for Veterans (EBV) to all veterans.



IV. Require that any construction project financed by federal or state historic tax credits specify a benchmark of veteran-owned contractor inclusion.



V. Mitigate the effect of frequent and lengthy deployments by providing small business owners who are serving in the National Guard and Reserves with targeted tax relief and additional access to capital, insurance and bonding through established federal and local programs.



VI. Ensure all legislation that promotes small business and manufacturing jobs specifies a benchmark for inclusion of veteran hiring and/or veteran-owned businesses.



VII. Initiate a robust and innovative outreach campaign promoting existing small business loan programs for veterans through the U.S. Small Business Administration.



VIII. Extend contracting preference to veteran-owned small businesses for goods obtained through the federal supply schedule of the General Services Administration.

1.3 DEFEND TROOPS AGAINST JOB DISCRIMINATION



I. Fully fund and actively promote the Employers Support of the Guard and Reserve (ESGR) program, the tip of the spear for defending service members against job discrimination.



II. Hold federal, state and local governments to the same standards of compliance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) as private sector employers. Hiring managers and department heads should face automatic dismissal if a department has been found to repeatedly violate USERRA guidelines.



III. Create standard civil and criminal penalties for employers who have been found to knowingly violate USERRA job protections.



IV. Add the violation of USERRA to the list of offenses that result in suspension or disbarment from eligibility for federal and state government contracts.



V. Make USERRA complaints exempt from pre-dispute binding arbitration agreements.



VI. Prevent employers from firing an employee while a USERRA claim is being processed.



VII. Publish an annual list of the top USERRA violators as identified by the Department of Labor and ESGR.

MY POSITION WAS FILLED IN MY ABSENCE AND I WAS PLACED IN A LOWER TIER POSITION UPON MY RETURN.

-GREG, IAVA MEMBER VETERAN

2. PREVENT SUICIDES AMONG TROOPS AND VETERANS

ACTIVE DUTY SUICIDES HAVE REACHED EPIDEMIC LEVELS. ONE SERVICE MEMBER COMMITS SUICIDE APPROXIMATELY EVERY 30 HOURS AND THE RATE FOR VETERANS IS LIKELY EVEN WORSE.

Active duty and veteran suicides have reached epidemic levels. The Defense Department reported that 295 active duty soldiers, airmen, Marines and sailors committed suicide in 2010. Overall, the Department of Defense tracked 863 suicide attempts that year. Suspected and confirmed Army and Marine Corps suicides totaled 311 in 2011. Since the different services have different criteria for tracking suicide and do not all release data regularly, it is difficult to get a clear picture of the suicide epidemic in the military.

What is most troubling is our limited understanding of veteran suicide. The VA estimated that in 2009, 6,000 veterans committed suicide. It has also said that on average 950 suicides are attempted each month by veterans receiving treatment from the VA, an average of 31 suicide attempts per day. These tragic numbers only represent the limited segment of veterans who interact with the VA. The VA does not regularly release data on the number of veterans that commit suicide and there is almost no information about veteran suicide among the 47 percent of veterans of Operations Enduring Freedom and Iraqi Freedom who never interact with the VA. Thirty-seven percent of IAVA members who were surveyed in January of 2012 knew a fellow veteran who committed suicide. It is fundamental that the government find a way to track all veteran suicides in order to properly address the issue.

Another critical step to understanding how we can stop veteran and service member suicide is to understand that suicide itself is not the whole issue. Suicide is the tragic conclusion of the failure to address the spectrum of challenges confronting returning veterans. And, they are not just mental health injuries; they include the challenges in finding employment, reintegrating to family and community life and many others. Fighting suicide is not just about preventing the act of suicide; it is providing a soft and productive landing for our veterans when they return home.

IAVA is committed to working with government, military and nonprofit partners to erase the stigma of invisible injuries and help ease the transition home for new veterans. In 2008 IAVA became the first and only Veteran Service Organization (VSO) to partner with the Ad Council to launch a groundbreaking National Veteran Support Campaign aimed at addressing the mental health consequences of combat. Launched on Veterans Day 2008, this national multimedia campaign features an innovative series of iconic Public Service Announcements (PSAs) that directs new veterans to IAVA's Community of Veterans, the first and only confidential veterans-only online social network and mental health support program for Iraq and Afghanistan veterans to listen, share their experiences and access critical resources for the transition home. To date, the campaign has reached over one million vets and received over \$123 million in donated media from CNN, MTV, SpikeTV, The New York Times and other outlets and ran as a featured ad during the 2011 Army-Navy game.

To learn more about psychological and neurological injuries, please see the IAVA Issue Reports, "Invisible Wounds: Psychological and Neurological Injuries Confront a New Generation of Veterans" and "Women Warriors: Supporting She Who Has Borne the Battle." All reports are available at www.iava.org/reports.

2.1 PREVENT SUICIDE AMONG TROOPS



I. Mandate follow-up with all service members who screen positive for possible combat stress injuries.



II. Embed behavioral health providers in all operational units overseas.



III. Integrate robust mental health awareness and suicide prevention training into the officer and enlisted education systems.



IV. Implement the recommendations of the DoD Task Force on the Prevention of Suicide, including standardizing suicide prevention programs and improving mental health screening programs.



V. Ensure that personnel conducting the recently mandated person-to-person mental health screenings for all returning service members are trained to identify these hidden wounds effectively.



VI. Allow the DoD to collect and destroy excess prescription medication as part of a coordinated drug “take back” program to limit the availability of unnecessary or leftover prescription medication.

ONE ATE HIS WEAPON, THE OTHER HUNG HIMSELF. THESE ARE THE TWO THAT I KNEW PERSONALLY; OUR UNIT HAS LOST MORE TO SUICIDE THAN WE LOST IN COMBAT.

-COLLEEN, IAVA MEMBER VETERAN

2.2 PREVENT SUICIDE AMONG VETERANS



I. Track frequency of veteran suicides by funding the expansion of the Centers for Disease Control and Prevention Violent Death Reporting System to all 50 states. Mandate that military service is reported by the medical examiners.



II. Develop a joint DoD/VA suicide prevention outreach campaign that utilizes social media and aggressively partners with nonprofits and community services.



III. Allow the VA and DoD to partner with leaders in the private sector to develop and disseminate a robust suicide prevention and awareness campaign.



IV. Develop, evaluate and partner with community-based peer-to-peer and support programs that promote community involvement, risk identification and response among veterans and their families.



V. Integrate VA and DoD suicide prevention efforts with local and state services such as municipal 311 systems, and community-based nonprofits to ensure a seamless network of care and crisis intervention.



VI. Ensure that VA primary care providers and their staff are trained in the assessment, management and triage of acute suicide risk patients.



[2. PREVENT SUICIDES AMONG TROOPS AND VETERANS]



VII. Develop clinical practice guidelines to promote the use of evidence-based practices for the assessment, management and treatment of suicide-related behaviors.



VIII. Train all VA health care providers (including behavioral health providers) in evidence-informed suicide risk assessment, management and treatment planning. Create and provide continuing education tailored to their specialty and area of expertise.



IX. Ensure that all departments of the VA are cooperating and communicating when they encounter a veteran in crisis.



X. Establish state and local public awareness campaigns that target veterans' and family members' mental health and reduce the stigma of seeking mental health care.

SINCE RETURNING FROM IRAQ IN 2003 I HAVE KNOWN FOUR MARINES THAT I HAVE WORKED WITH OR HAVE WORKED FOR ME WHO WERE IRAQ OR AFGHANISTAN VETERANS THAT COMMITTED SUICIDE.

-MICHAEL, IAVA MEMBER VETERAN

3. PROTECT EDUCATION BENEFITS

THE POST-9/11 GI BILL IS THE MOST SIGNIFICANT VETERANS BENEFIT IN A GENERATION AND WILL HELP MILLIONS OF VETERANS AND THEIR FAMILIES BECOME THE NEW GREATEST GENERATION. WE MUST ENSURE THAT IT IS PROTECTED AND CONTINUES TO GIVE VETERANS AND THEIR FAMILIES A CHANCE AT A FIRST-CLASS FUTURE.

IAVA championed the Post-9/11 GI Bill, which has been used by over half a million veterans since 2009. This is a large number, but represents fewer than 25 percent of veterans of Iraq and Afghanistan, a far cry from their grandparents' utilization rate of the original GI Bill. When service members returned from World War II, 78 percent used the GI Bill. When surveyed about the GI Bill's impact, 75 percent of those WWII vets responded that, "It changed my life." As critical as the bill was, however, it took several years of review and revision to get it right. Veterans of the wars in Iraq and Afghanistan, the two longest wars in our nation's history, are only beginning to reap the benefits of the Post-9/11 GI Bill. To ensure that this generation of service members has a chance at a first-class future, several issues must be addressed.

While the Post-9/11 GI Bill has helped over half a million veterans and family members go to school, the program is far from perfect and continues to need reform. Benefits for out-of-state students continue to be far lower than private school students. Predatory recruitment and fraud from a few for-profit schools continue to threaten the long-term viability of the program. The "Payer of Last Resort" clause continues to negatively impact veterans by reducing their benefits. The removal of "break pay" continues to cause financial stress to student veterans. Finally, in order for veterans to succeed, they must graduate and go on to a meaningful job.

Nearly a quarter of Post-9/11 GI Bill dollars and half of DoD Tuition Assistance dollars are going to for-profit schools. While many for-profit schools are providing a good service to veterans and their families, many are wasting veterans' time, benefits and U.S. taxpayer dollars. Potentially, tens of thousands of veterans are wasting their GI Bill and Tuition Assistance on degrees that do not provide the job training that they need. Currently, there is no way to help veterans identify the good schools from the bad actors who carpet bomb veterans with deceptive recruiting and advertising. Veterans are taking on massive amounts of debt attending these schools with no assurance that they are getting the right skills they need for the job market.

As a leader in the fight for the Post-9/11 GI Bill, IAVA remains committed to the success of the new generation of student veterans and is working to ensure that the Post-9/11 GI Bill is as useful and life-changing for today's veterans as it was for their parents and grandparents. To date, IAVA has assisted over 500,000 veterans with their Post-9/11 GI Bill benefits through our best-in-class online portal www.NewGIBill.org. IAVA believes that we can ensure the success of student veterans by protecting education benefits, making campuses more veteran friendly and improving the Post-9/11GI Bill.

[3. PROTECT EDUCATION BENEFITS]

3.1 PROTECT EDUCATION BENEFITS FROM FRAUD, WASTE AND ABUSE



I. Include DoD and VA educational benefits in the category of “government funds” for the purposes of calculating the 90 percent limit of public dollars a for-profit university can receive.



II. Mandate consumer protections for all schools receiving GI Bill and DoD Tuition Assistance funds to include reporting on:

- Total costs for a degree
- Degree completion and retention rates
- Average loan debt incurred by students
- Transferability of credits and certifications
- Whether the school is a public, private nonprofit or private for-profit school
- Job placement rates with salary information
- Availability of student services



III. Require that all schools accepting GI Bill and Tuition Assistance fully report their data to the National Center for Education Statistics’ College Navigator.



IV. Develop and fund a section within College Navigator to allow for social media integration as a tool so that students can rate schools and share their experiences with other students.



V. Require DoD and VA oversight of school performance and student success. These metrics should be collected, tracked and regularly reported to Congress.



VI. Allow DoD and VA to more easily “de-certify” schools that violate federal law or engage in grossly deceptive recruiting practices.



VII. Require VA to distribute an education counseling pamphlet with the Post-9/11 GI Bill Certificate of Enrollment. This pamphlet should direct prospective students to College Navigator and outline what metrics they should consider when choosing a school that is right for their needs.



VIII. Require VA and DoD to distribute information on public student resources like College Navigator, and nonprofit resources like IAVA’s www.NewGIBill.org.



IX. Require VA to develop an Education Benefits Customer Service Portal where student veterans can file complaints about benefits and report fraud, waste and abuse. Veteran complaints should be assigned a case file and tracked as the VA works with agencies to resolve the problem.



X. Fight the reduction of GI Bill benefits as part of an effort to reduce the federal deficit.

3.2 ENSURE STUDENT VETERANS ARE SUCCESSFUL IN COLLEGE



I. Commit to becoming a veteran-friendly campus by adopting “IAVA’s four veteran-friendly best practices:”

- Participate in the New GI Bill Yellow Ribbon Program;
- Agree to be a Servicemember Opportunity College (SOC) and providing college credit for military training;
- Create and support a veterans’ group on campus; and
- Train faculty and staff on veterans’ issues.



II. Develop a program to link veterans with trusted education counseling services that help prospective student veterans with test preparation and admissions counseling.



III. Study veteran success and failure in school to identify a set of standards for student success on campus aimed at easing the transition to and from college and promoting academic success.



IV. Develop a suite of products and services that can help student veterans achieve their academic goals.



V. Fully fund the “Model Programs for Centers of Excellence for Veteran Student Success” grant program that enhances on-campus programs for student veterans.



VI. Require colleges and universities to reimburse paid tuition to students who are deployed mid-academic term and cannot complete coursework.



VII. Provide government grants to VSOs to develop student veteran service programs in order to help veterans achieve their educational goals.



THE SCHOOL DOES AN EXCELLENT JOB AT FOSTERING VETERAN GROUPS. I CHOSE THIS SCHOOL OVER OTHERS PARTICULARLY BECAUSE HOW VETERANS INTERACTED AMONG OTHER VETERANS AS WELL AS THE STUDENT BODY OVERALL.

-JAMES, IAVA MEMBER VETERAN

[3. PROTECT EDUCATION BENEFITS]

3.3 STREAMLINE THE NEW GI BILL (NEW GI BILL 3.0)



I. Stop collecting the \$1,200 Montgomery GI Bill tax from new enlistees.



V. Expand the Post-9/11 GI Bill benefit to allow veterans to use their remaining entitlement to repay student loans.



II. Abolish the “Payer of Last Resort” calculation for tuition/fees benefits in the New GI Bill.



VI. Allow veterans to “cash in” their GI Bill Benefits to use as seed money for starting a small business or start-up.



III. Restore benefits for out-of-state student veterans by either making their benefits on par with student veterans at private schools or requiring schools to treat veterans and their families as in-state students.



VII. Allow medically discharged veterans and retirees to transfer their unused New GI Bill benefits to their spouses and dependents.



IV. Allow National Guardsmen and Reservists with less than three years of total active duty service to participate in the Yellow Ribbon Program.



VIII. Restore interval payments for breaks in the school year. Ensure that break pay does not reduce student veterans’ benefits.

I WISH THERE WAS MORE RECOGNITION AND CREDITS FOR MILITARY SCHOOLS AND EXPERIENCE. AND A PROGRAM FOR TRANSITIONING VETERANS TO COLLEGE. AT MY SCHOOL, EVERY VETERAN HAS TO ASK THE SAME QUESTIONS AND GO THROUGH THE SAME FRUSTRATING PROCESSES

-ROB, IAVA MEMBER VETERAN

4. IMPROVE CARE FOR FEMALE VETERANS

THE NATION IS STILL UNPREPARED TO HANDLE THE SURGE OF RETURNING FEMALE VETERANS.

Women are more integrated into the armed forces than ever before. They comprise 14.4 percent of the active duty force and 17.8 percent of the reserves, the highest rate since the U.S. military was established. Women made up two percent of the military in World War II, less than one percent in Vietnam and seven percent in the first Gulf War. Almost 12 percent of those who have deployed to Iraq or Afghanistan, on the other hand, have been women. In all, 278,904 women have deployed and there are now 67 female flag officers (generals or admirals) across the branches. Women have moved beyond their traditional roles as nurses and support staff. They have guarded bases and prisoners of war; actively patrolled hostile areas; gathered intelligence; rebuilt towns, roads and schools; and commanded battalions.

As women make greater contributions to the armed forces they are increasingly encountering the same issues as their male counterparts, sometimes to a greater degree. Their suicide rate is three times higher than that of civilian women; and 20 percent of women in the VA system are diagnosed with PTSD. The divorce rate for women veterans is twice that of civilian women; and far higher than male veterans. Around eight percent of the 144,842 sheltered homeless veterans are women and women veterans are twice as likely as civilian women to be homeless; if they are already living in poverty their likelihood more than triples.

Women are the fastest growing segment of the veteran population. Not surprisingly, women's use of VA health care is growing as well. According to the VA, women veterans are more likely than men to enroll in the VA, use VA health care and use it more often. Still, the VA health care system has been unprepared for the increased number of women using VA clinics and hospitals. While the VA has taken steps in the right direction, they have been small steps and there is significant room for improvement. Barriers to the highest quality care for women include: lack of access to care at all facilities, service providers with a poor understanding of women's health issues; VA staff inexperienced with women-specific procedures; fragmented women's health services; an adversarial VA culture; inadequate safety and privacy practices; and lack of access to childcare. Specific examples of these problems include: the lack of female restrooms in many facilities; exam rooms and check-in areas that lack privacy; and the high incidence of sexual assault at VA facilities.

Women veterans also face challenges in navigating the disability system. Some are similar to the issues faced by male veterans and some are unique. For example, the PTSD claims of women veterans have been more likely to be denied. Instead, many female combat veterans have been diagnosed with major depressive disorder. In part, this has been due to the VA's reliance on combat awards to substantiate PTSD claims. The VA has changed the method for evaluating PTSD claims but it remains to be seen what effect this has on women veterans' claims. Joining Forces, the effort led by First Lady Michelle Obama and Dr. Jill Biden, has brought increased focus on women veterans' issues, including homelessness, and IAVA welcomes their efforts on behalf of our brave women warriors, but also acknowledges that there is a lot left to accomplish.

America's women in uniform have contributed more than their fair share to the fight. IAVA believes that we should expand health care and improve benefits for female service members. It is our duty to ensure that they receive the benefits and care they deserve.

To learn more about the unique issues impacting women warriors, please see the IAVA Issue Report, "Women Warriors: Supporting She 'Who Has Borne the Battle.'" All IAVA reports are available at www.iava.org/reports.

[4. IMPROVE CARE FOR FEMALE VETERANS]

4.1 IMPROVE HEALTH CARE FOR FEMALE VETERANS



I. Increase funding for Vet Centers and VA medical facilities so the VA can hire more female practitioners, doctors who specialize in women's health, mental health providers and outreach specialists.



II. Increase availability of treatment options and quality care by allowing women enrolled in the VA health care system to be treated by physicians outside of the VA system if specialists in women's health care are not available.



III. Establish a firm deadline for the VA to provide comprehensive health care to women veterans, as recommended by the Government Accountability Office (GAO). The VA must also clearly outline the steps needed so that all facilities can meet this goal.



IV. Assure compliance in all VA facilities with the best practices for safety and privacy outlined in the March 2010 Government Accountability Office report on VA women's health care policies and oversight.



V. Report on the completion rates for participants in the women's care mini-residency program. Establish standards requiring a percentage of staff at each VA facility be graduates of the mini-residency program to ensure that each facility is able to provide basic standards of quality care to women veterans and deadlines for compliance.



VI. Foster an internal culture that welcomes female veterans by strengthening the role of the woman veterans' program manager within the VA and ensuring this position is given the authority necessary to implement policies.

4.2 EXPAND BENEFITS FOR FEMALE VETERANS



I. Appropriate funding for a VA outreach and advertising campaign directed at female troops and veterans to help inform them of their eligibility for VA services, benefits and availability of the Women Veterans Coordinator.



II. Report on the status of the VA pilot program on offering childcare services authorized by the Caregivers and Veterans Omnibus Health Services Act of 2010. If appropriate, expand the program based on need.



III. Evaluate current VA housing and assistance programs for homeless and displaced women veterans and their families and make recommendations for improvement.

THEY LUMP US ALL INTO ONE CATEGORY. I EVEN GET ASKED AT THE VA IF I AM A SPOUSE

-MARY-ANN, IVA MEMBER VETERAN

5. TREAT INVISIBLE INJURIES

MANY TROOPS AND VETERANS ARE STILL NOT GETTING THE MENTAL HEALTH TREATMENT THEY DESPERATELY NEED.

Two-thirds of IAVA members told us in a recent survey that they do not think troops and veterans are getting the mental health care they need. In the landmark 2008 RAND study, *Invisible Wounds of War*, nearly 20 percent of Iraq and Afghanistan veterans screened positive for Post-Traumatic Stress Disorder (PTSD) or major depression. A study by Stanford University found that this number may be closer to 35 percent. Multiple tours and inadequate time at home between deployments significantly increase rates of combat stress. Yet one study found that only 33 percent of veterans seen at the VA received minimal care for PTSD.

Iraq and Afghanistan veterans also face neurological injuries. When service members are near an exploding mortar or roadside bomb, the blast can damage their brains, often leaving an invisible injury, such as Traumatic Brain Injury (TBI). The vast majority of these invisible injuries are mild or moderate, but the injury is widespread: RAND's 2008 study, found that 19 percent of Iraq and Afghanistan veterans reported a probable TBI during deployment. And tens of thousands are coping with psychological and neurological problems other than TBI.

Combat wounds are not the only cause of mental health injuries facing service members and veterans. For decades, they have been dealing with significant and under-reported sexual assault and harassment. Between 2002 and 2008, 66,342 female veterans reported being raped, sexually assaulted or the victim of another form of Military Sexual Trauma (MST). Among veterans seen at the VA, 18.5 percent of females and 0.8 percent of males screened positive for MST. Experts believe that while these numbers are alarming, they may only be the tip of the iceberg, as half of all sexual assaults go unreported.

Compounding these mental health problems are the serious shortages of military mental health professionals. For example, the Army Surgeon General recommends that there should be at least one behavioral health specialist deployed overseas for every 700 service members. The ratio in Operation Enduring Freedom was one provider for every 646 service members in 2009. Yet because service members were dispersed over a large geographical area, it is unclear whether each service member had access to the necessary support. Effective treatment is also scarce for veterans who have left the military. The VA has given mental health diagnoses to more than 385,000 Iraq and Afghanistan veterans, or more than 52 percent of new veterans who visit the VA. But VA care is not always convenient and just over half of Iraq and Afghanistan veterans who are eligible for its care are registered with the VA. Some veterans face significant hurdles in accessing proper care. Veterans in rural communities are especially hard hit and the availability and quality of mental health care for female veterans ranges widely. Many veterans are turning to community-based solutions, such as nonprofit and private sector care to address their needs. As care for these invisible injuries is developed, it must include a clear role for private and nonprofit leaders that are often the front lines of care.

When these mental health problems are untreated, they can and do lead to substance abuse, homelessness, difficulties at home and suicide. Compounding the sometimes inadequate treatment is the heavy stigma associated with receiving mental health care. Almost half of soldiers and a third of Marines in Afghanistan who tested positive for a psychological injury reported concerns that their fellow service members would see them as weak. Almost 1 in 3 of these troops worried about the effect of a mental health diagnosis on their career. As a result, those most in need of treatment may never seek it out. IAVA believes that we should combat the stigma of seeking treatment for mental health injuries, increase the number of mental health professionals available to troops and veterans and improve the tracking and treatment of Traumatic Brain Injury and Military Sexual Trauma.

To learn more about psychological and neurological injuries, please see the IAVA Issue Report, "Invisible Wounds: Psychological and Neurological Injuries Confront a New Generation of Veterans." All reports are available at www.iava.org/reports.

[5. TREAT INVISIBLE INJURIES]

5.1 ELIMINATE COMBAT STRESS STIGMA AND PROMOTE TREATMENT FOR MENTAL HEALTH INJURIES



I. Launch a national awareness campaign to combat the stigma of seeking help for combat stress injuries and to promote the use of DoD and VA services such as Vet Centers and the Veterans Crisis Line. This campaign should be well-funded, research-tested and coordinated through DoD, VA, the White House, local governments and community-based partners.



II. Require a joint DoD and VA study to identify best practices for ensuring that privacy is strictly protected and aligned with federal protections creating doctor-patient confidentiality for service members seeking mental health care.



III. Continue adequate funding to fully implement the National Guard and Reserve Yellow Ribbon Reintegration Program, which provides reintegration training to Reservists, National Guardsmen and their families.



IV. Conduct a comprehensive audit of past personality disorder (Chapter 5-13) discharges by the DoD to certify that service members suffering from service-connected psychological or neurological injuries were not improperly discharged.



V. Develop and promote a nationally recognized certification program which would train mental health professionals in military culture and the unique challenges faced by service members, veterans and their families. This should include best practices in providing care to this community.



VI. Unite the public, private and nonprofit sectors to establish a national veterans' portal that connects veterans to the public and private mental health resources available to veterans of Iraq and Afghanistan.

THE STIGMA HAS AND WILL PREVENT MANY FROM SEEKING TREATMENT UNTIL IT IS TOO LATE.

-TIMOTHY, IAVA MEMBER VETERAN

5.2 COMBAT THE SHORTAGE OF BEHAVIORAL HEALTH PROFESSIONALS



I. Issue a presidential national call to service for skilled mental health professionals.



II. Develop a program to train veterans to be peer support counselors or continue to serve as mental health providers in the DoD and VA.



III. Address the critical shortage of behavioral health professionals within DoD and the VA by employing a full range of special pay, bonuses and incentives.



IV. Develop and aggressively disseminate combat stress injury training programs for civilian behavioral health professionals that treat veterans outside of the VA (i.e., college counselors, rural providers, behavioral health graduate students and professional associations).

WHEN I TRIED TO GET HELP IT TOOK 8 MONTHS TO GET AN APPOINTMENT. THEN I WAS GIVEN A 7 1/2 MINUTE APPOINTMENT EVERY SIX MONTHS IN WHICH THE DOCTOR TOLD ME ABOUT THE MEDS I WOULD BE GIVEN.

-THEODORE, IAVA MEMBER VETERAN



V. Establish and fund a tool to allow for the dissemination and peer review of evidence-based practices for the outreach, engagement and treatment of invisible injuries. This tool should be focused on connecting the mental health community currently treating veterans and be a resource to those who wish to start doing so. This tool should include a section for lay veterans who wish to receive training as peer coaches for other veterans in need of care.



VI. Authorize federal or state grants to VSOs and community-based nonprofits that provide mental health services and assistance.

5.3 IMPROVE TRACKING AND TREATMENT OF TRAUMATIC BRAIN INJURY (TBI)



I. Require that cognitive behavioral therapy be covered by TRICARE for veterans recovering from TBI.



II. Maximize the effectiveness of the TBI Veterans Health Registry by requiring DoD to share with VA operational situation reports of all service members exposed to blasts and other causes of head and neck injury.



III. Increase funding within the Department of Health and Human Services' budget for TBI programs that will increase access to care, train local health providers and provide long-term community support.



IV. Conduct a study to determine whether a neurologist should oversee prescriptions and treatment of TBI, PTSD and depression.



V. Establish a set of best practices for traditional, non-traditional and experimental treatments of invisible wounds, including service and assistance dogs, meditation and acupuncture.



VI. Study the efficacy of medicinal marijuana in the treatment of physical and invisible wounds, including benefits and risks.

[5. TREAT INVISIBLE INJURIES]

5.4 DEFEND TROOPS AGAINST MILITARY SEXUAL TRAUMA (MST)



I. Ensure full funding for the Sexual Assault Prevention and Response Program (SAPR) by including it in DoD's Program Objective Memorandum budgeting process to ensure that a separate line of funding is allocated to the services.



III. Expand the Veterans Crisis Line to allow victims to report sexual assault and harassment even when in theater, with the capability to be connected with local sexual assault response coordinators.



II. Ensure all service members have access to a restricted reporting option and improve avenues for restricted reporting. Allow victims to reserve their right to a restricted report even after disclosing an assault to a third party, with the exception of chain of command or law enforcement.

6. SUPPORT MILITARY FAMILIES

WHEN SERVICE MEMBERS ENLIST, THEIR FAMILIES ENLIST WITH THEM. MILITARY FAMILIES HAVE BRAVED UNIQUE CHALLENGES WITH THE SAME STRENGTH AND RESILIENCE AS THEIR LOVED ONES FIGHTING OVERSEAS.

IAVA's mission is to support and serve not just our veterans but also their families because we know that when service members enlist, their family members effectively enlist with them. A small minority of the country's families have shouldered the consequences of war with quiet strength, resilience and dignity on the home front. In 2010 there were more than three million military spouses, children and adult dependents. These families will need even higher levels of support as service members return from Iraq and Afghanistan over the coming years.

Life during deployments for military families can hardly be described as normal, though in this era of recurring combat tours, it has become the new normal. Military spouses face an increased likelihood of anxiety, depression, sleeping problems and other mental disorders as the result of the stress of separation and fear for their service members' lives. Military children also face developmental challenges resulting from similar stresses, frequent moves and households managed by single parents.

Adding to these extraordinary emotional challenges are the financial burdens unique to military families. Spouses have significant difficulty finding and keeping jobs because of frequent relocation. Families with new orders to move often are unable to sell their homes because of the national housing crisis. And predatory lenders have taken advantage of this largely young population with insufficient financial literacy and limited options. These and other areas of stress in a military family's life must be addressed urgently.

Even after service members return home to their families, the challenges facing military families frequently increase. The reunion of family members can be an exciting and happy time, but it can also cause stress and unforeseen emotional challenges. Changes in family members' roles and responsibilities can make reunions difficult and create conflict. Separation sometimes raises unresolved feelings of anger, resentment and distrust. Spouses and children may worry that another deployment could soon disrupt their lives again.

Veterans come home to their families carrying their own burdens of war, which can make their transition into civilian life painful and potentially harmful to all family members. Increased rates of mental health injuries, such as PTSD, among service members are associated with higher rates of substance abuse, child maltreatment and incidents of domestic violence. Between 2001 and 2011, domestic violence increased by 85 percent and child abuse by 44 percent in the Army. In that same time period in the Army, alcohol was associated with 54 percent of domestic violence cases and 40 percent of child abuse cases. These and other statistics clearly indicate that our response to veterans' needs must take a holistic and nuanced approach that includes their families and others affected by their return from war.

IAVA believes that we can support our military families by expanding access to physical and mental health care, improving services and benefits, enhancing employment opportunities and fighting domestic violence in the military.

For more information about the challenges confronting military families, please see the IAVA Issue Report, "Unsung Heroes: Military Families After Ten Years of War." All IAVA reports are available at www.iava.org/reports.

[6. SUPPORT FOR MILITARY FAMILIES]

6.1 INCREASE MENTAL HEALTH SUPPORT FOR MILITARY FAMILIES



I. Expand VA mental health services to veterans' families, including children, parents, siblings and significant others, if the veteran is receiving VA treatment for mental health or behavioral health problems.



VI. Allow the DoD and VA to partner with and fund community-based nonprofits like Tragedy Assistance Program for Survivors (TAPS) and other VSOs to assist military families and survivors.



II. Issue a nationwide call to recruit mental health professionals and improve training for mental health service providers to better understand the specific needs of service members, veterans and their families and the nuances of military culture.



VII. Raise awareness of PTSD and other mental disorders among service members and their families and reduce the stigma of mental health treatment.



III. Conduct a joint DoD/VA study of secondary PTSD and its impact on military spouses and children.



VIII. Improve training for mental health service providers to effectively diagnose and treat mental and behavioral problems among military children in the early stages of these disorders.



IV. Expand TRICARE to cover grief counseling for survivors.



V. Implement the recommendations of the DoD mental health task force by monitoring survivors and studying their long-term adjustment needs.

EVEN A YEAR AFTER BEING HOME, MY SON WOULD NOT LET ME GO ANYWHERE WITHOUT HIM, NOT EVEN TO BATHROOM

-K. MARK, IAVA MEMBER VETERAN

6.2 IMPROVE SERVICES, BENEFITS AND HEALTH CARE FOR MILITARY FAMILIES



I. Provide childcare vouchers to National Guardsmen and Reservists for all active duty service, including drill weekends, annual training and temporary duty.



III. Evaluate the feasibility of setting periods of stabilization for dual-military couples. Approximately 115,000 members of the military are married to a service member and are not necessarily deployed together. Currently, those with children may specifically opt to alternate deployments so that one parent can always be with the children.



II. Extend the hours of DoD active duty childcare facilities to include weekend and after business hour services.



IV. Regulate car dealers and payday loans within 100 miles of a military installation to prevent them from unfairly targeting service members and their families.



V. Establish a VA pilot program to assess the feasibility of providing childcare subsidies to veterans so that they may access appropriate mental health care services.



VI. Ensure implementation of the VA advisory committee's recommendation on establishing a case-management system for benefits coordination and registry for survivors.



VII. Improve access to affordable and high-quality childcare services, especially for military families who live off-base and have fewer available options.



VIII. Increase subsidies for childcare and improve quality of and access to childcare programs.



IX. Improve access to high-quality childcare services in civilian communities for Guardsmen and Reservists who live off-base.



X. Extend childcare services to cover weekends and after-hours.



XI. Establish free or low-cost assistance services to provide assistance, such as child and senior care or housekeeping, to military families while their family member is deployed.



XII. Enforce stricter monitoring of lending practices to prevent predatory and abusive lending by loan agencies to service members and their families.

6.3 SUPPORT EMPLOYMENT AND EDUCATION FOR MILITARY FAMILIES



I. Fully fund and promote the promote DoD's My Career Advancement Accounts program (MyCAA) that provides military spouses with critical career training and education.



II. Expand online learning opportunities and create greater flexibility for virtual and tele-work for military spouses, so they can keep their jobs when they move.



III. Allow for greater reciprocity for professional licenses across states. Or make licenses and certifications more portable and uniform across state lines to improve military spouse employment.



IV. Create partnerships between the Departments of Defense and Labor for job training programs to help military spouses build skills and expand career opportunities.



V. Provide more accessible and clearer information about financial education opportunities to help military families make better financial decisions.



VI. Grant tax credits to military spouses to pursue educational opportunities.



VII. Make military spouses eligible for in-state college tuition.

[6. SUPPORT FOR MILITARY FAMILIES]



VIII. Ensure that college credits earned at a university by a service member or their spouse are honored if they are forced to change schools due to a deployment or change of station.



IX. Expand grant and scholarship opportunities to service members and spouses.



X. Educate teachers and school administrators on the unique challenges that military children face so they better understand these children's specific needs.



XI. Encourage all states to join the Interstate Compact that makes graduation requirements more uniform to allow military children to transfer between schools easily when they move from state to state.



XII. Establish oversight of programs currently in place to aid military children in civilian schools.

MY WIFE HAS LOST TWO JOBS IN 6 MONTHS...THERE ARE NO INCENTIVES TO HIRE MILITARY SPOUSES.

-RICHARD, IAVA MEMBER VETERAN

6.4 FIGHT DOMESTIC VIOLENCE IN THE MILITARY



I. Implement the 26 outstanding recommendations of the Defense Task Force on Domestic Violence report. The DoD must put in place a comprehensive plan to address the data collection deficiencies in its central domestic violence database. The DoD needs to also annually evaluate and report the prevalence of domestic violence, intimate partner violence and child abuse in the military.



II. Increase accountability for domestic violence offenses within DoD and the civilian criminal justice system and ensure offenders with mental health issues receive needed treatment.



III. Improve coordination between the military and civilian systems to prevent and respond to domestic violence.



IV. Improve data collection on incidents of domestic violence within DoD.



V. Ensure that DoD's domestic abuse policies are implemented and institutionalized at all levels of the military.

7. REDUCE THE VA CLAIMS BACKLOG

VETERANS WHO FOUGHT FOR THEIR COUNTRY SHOULD NOT HAVE TO FIGHT WITH THEIR GOVERNMENT TO RECEIVE BENEFITS WHEN THEY GET HOME.

Almost 2.4 million men and women have served in Iraq and Afghanistan, and the DoD counts more than 47,000 as wounded in action. Hundreds of thousands of troops have suffered invisible mental health injuries not recorded in the official military tally. According to the VA's own numbers, 66 percent of claims are backlogged more than 125 days and up to 17 percent of rating decisions are inaccurate. These wrongly decided claims can take almost 2 years to go through the appeals process, and are the primary source of the backlog. Instead of timely care, efficient processing of disability payments and a seamless transition, many of these new veterans and their families shoulder an unacceptable burden: recovering from their injuries while navigating antiquated and deeply flawed military and veterans' health care and disability systems.

DoD and VA still lack fully interoperable health records. As service members transition from the DoD to the VA system, medical and military service records regularly get lost in the shuffle. While less than half of the VA's current disability caseloads involve Iraq and Afghanistan veterans, the additional cases and their complexity have taxed the agency. As a result, hundreds of thousands of disabled veterans are forced to wait months, and sometimes years, for disability compensation.

In 2007, the scandal at Walter Reed Army Medical Center drew national attention to the bureaucratic red tape confronting wounded troops. Since then, the DoD and VA have developed a Joint Disability Evaluation System that promises to streamline the disability process. In addition, the VA has added more claims processors to deal with the backlog. However, the current VA system rewards the quantity of claims processed, not the quality of processors' decisions. Often unable to work because of their injuries, many veterans awaiting their claims have few options but to rely on friends and family for support, or to fall into debt.

Reforming the VA disability process will be cost effective and will save the taxpayers money by making the government more efficient. However, it will only be possible with a radical shift in culture at the VA. The VA Secretary, Gen. Eric Shinseki, should play a visible role in adopting a new customer service-driven model that puts veterans first.

For more about the health care challenges of new veterans, please see the LAVA Issue Report, "Red Tape: Veterans Fight New Battles for Care and Benefits." All LAVA reports are available at www.lava.org/reports.

[7. REDUCE THE VA CLAIMS BACKLOG]

7.1 DELIVER QUICK AND ACCURATE BENEFITS



I. Require that all medical and claims records be accessible electronically across the entire claims and appeals process.



II. Require appeals forms be sent along with the Notice of Decision letters in order to expedite the appeals process.



III. Adopt the “treating physician rule” for medical evaluations for compensation and pension, requiring the VA to treat private medical opinions with the same weight as an opinion of a VA medical specialist when determining disability rating or eligibility.



IV. Develop a fast track claims process that requires the VA to assign an experienced rater at the front end of the process to evaluate a claim for conditions that can be given an immediate interim rating while the rest of the claim is developed.



V. Reform the VA’s work credit and productivity evaluation system for claims processors. A new system should reward claims processors based on the accuracy of their work, not just the quantity of claims processed, and should take into account the amount of hours worked for productivity evaluations.



VI. Outline the VA’s responsibility to clearly inform veterans about the requirements to substantiate a claim. The VA’s “Duty to Assist” should provide the claimant a thorough explanation of the elements needed to substantiate a claim. The VA must publicize the criteria for claims based on the veteran’s case rather than a general claim.



VII. Transform the Veterans Benefits Administration’s (VBA) adversarial culture, integrating best practices from industry and leveraging modern technology to deliver a system of customer service that rivals organizations like USAA, the gold standard for customer service in the veterans’ community.

THEY ARE PROVIDING VERY GOOD SERVICE, BUT IT TAKES WAY TOO LONG.

-SAM, IAVA MEMBER VETERAN

7.2 SEAMLESSLY TRANSFER CARE FROM DOD TO VA



I. Automatically enroll all troops leaving active duty service in VA health care with an option to opt out. All service members must be briefed about and offered to participate in the Benefits Delivery at Discharge Program.



II. Ensure that all DoD records, including the DD-214, or the summary record of service, are electronic and interoperable with a state-of-the-art VA system. The DD-214 should be updated to include email addresses.



III. Develop a benefits resource counselor program for all National Guard and Reserve units that would train at least one member of every unit on available federal and state benefits for service members and their families.



IV. Require that pre-deployment training and mobilization standards for the National Guard and Reserve be uniform across the services and not based on the individual standards of the pre-mobilization site.

7.3 ENSURE BENEFITS ARE FAIR



I. Revise the VA disability benefits schedule to provide adequate compensation for loss of earnings capacity and quality of life. Modernize the schedule to accommodate new kinds of disabilities, including PTSD. Increase compensation rates to align with the recommendations of the Veterans' Disability Benefits Commission.



II. Keep historical data on claims and develop reporting capability on longitudinal data including original claims, related hearings, adjudications, and appeals to assess trends common errors or bias in claims determination.



III. Allow for concurrent receipt of veterans' disability and military separation or retirement benefits.



IV. Immediately eliminate the Survivor Benefit Program/Dependency Indemnity Compensation offset that reduces benefits from both DoD and VA. Called the widows tax, it is one of the most significant financial burdens among military survivors.

I HAVE A BACKLOGGED BENEFIT CLAIM THAT HAS BEEN WAITING FOR OVER 2 YEARS! UNACCEPTABLE. HEALTHCARE HAS IMPROVED....SLIGHTLY

-JOHN, IAVA MEMBER VETERAN

8. PREVENT AND END VETERAN HOMELESSNESS

VETERANS OF IRAQ AND AFGHANISTAN ARE AT A HIGH RISK OF HOMELESSNESS. YOUNG VETERANS AGED 18 TO 30 MAKE UP 8.8 PERCENT OF THE HOMELESS VETERAN POPULATION, BUT ONLY 5.2 PERCENT OF THE TOTAL VETERAN POPULATION.

The struggles of war continue long after a service member comes home. In the most severe cases, veterans transitioning home have found themselves either homeless or incarcerated. The VA estimates that there were 67,495 veterans homeless on any given night in early 2011 and more than twice as many veterans experienced homelessness at some point during 2010. In 2010, the foreclosure rate in military zip codes was 32 percent, nine percent higher than the national filing rate. At the height of the housing crisis, homes were being foreclosed in military towns at four times the national rate.

Young veterans are especially at risk. In 2010, 13,094 Iraq and Afghanistan veterans accessed VA homeless outreach programs. Young veterans aged 18 to 30 made up 8.8 percent of the homeless veteran population, but only 5.2 percent of the total veteran population. They were also twice as likely to be homeless as their civilian counterparts. Moreover, a significant amount of the homeless were female veterans and their families.

In 2009, the VA laid out a bold vision to fully eradicate homelessness among veterans within five years. This ambitious plan requires a new model for serving veterans including extensive collaboration between government agencies, traditional VSOs and the new breed of grassroots and nontraditional nonprofit organizations like Community Solutions, Jericho Project, New Directions and Community Solutions. This type of partnership between the public and private sector must also be used to smooth the transition home for all veterans.

IAVA believes that we can prevent homelessness by fighting foreclosures, improving support services, and housing homeless veterans.

For more information about the transition challenges facing new veterans, please see the IAVA issue report, "Coming Home: The Housing Crisis and Homelessness Threaten New Veterans." All IAVA reports are available at www.iava.org/reports.

8.1. FIGHT FORECLOSURES



I. Institute a one-year moratorium on mortgage foreclosure for any service member returning from a combat tour. Lenders who fail to abide by the moratorium should face stiff and immediate civil and criminal penalties.



II. Aggregate best practices in retirement planning, debt management and VA home loan program home purchases and fund locally-based training programs in these practices hosted at community colleges and Vet Centers.



III. Allow for the consideration of VA benefits, such as the New GI Bill, as income for VA home loan eligibility determination.



IV. Develop programs in which veterans can utilize guaranteed home loans (such as the VA Home Loan) to rehab and purchase foreclosed properties.

I LIVE WITH MY PARENTS BECAUSE I CANNOT AFFORD TO PAY RENT ANYWHERE.

-ANTHONY, IAVA MEMBER VETERAN

8.2. PREVENT VETERAN HOMELESSNESS



I. Appropriate funding for a VA outreach and advertising campaign directed at homeless veterans and those veterans at risk for becoming homeless, especially ones struggling with potential home foreclosure. The campaign should promote VA home loan and financial counseling services and the VA's homeless assistance services.



II. Implement a national preventive strategy against homelessness, which includes providing emergency utility assistance, short-term rental subsidies and a robust rapid re-housing program that will include veterans' dependants.



III. Establish a partnership between HUD, DoL and community-based nonprofits like Community Solutions that will explore expanding the definition of homelessness to include marginally sheltered or "couch surfing" veterans.



IV. Collect data about the number of homeless veterans by conflict era in the annual survey of homeless veterans conducted by the Departments of Housing and Urban Development and Veterans Affairs.

[8. PREVENT AND END VETERAN HOMELESSNESS]

8.3 HOUSE HOMELESS VETERANS



I. Expand and improve the Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) voucher program based on the recommendations of the National Coalition of Homeless Veterans.



VI. Require the secretaries of the VA and HUD to establish a method for the collection and aggregation of data on homeless veterans participating in their programs. Once the method is established, aggregate the data and report to Congress.



II. Conduct a study to examine utilization rates, service delivery and coordination, and the geographic disparities of veterans' homeless and housing programs, including the distribution of HUD-VASH vouchers.



VII. Extend VA supported housing, which is currently limited to homeless veterans with chronic mental illness or chronic substance abuse disorders, to all homeless veterans.



III. Authorize new federal grants to subsidize specialized reintegration services for homeless women veterans and homeless veterans with children, including job training and placement, counseling, housing and childcare.



VIII. Amend the Internal Revenue Code of 1986 to allow taxpayers to designate a portion of their income tax payment to provide assistance to homeless veterans.



IV. Allow grants made by the VA Secretary for comprehensive services programs for veterans to be used for the construction of new multi-functional and permanent housing facilities.



IX. Allow the DoD, VA and HUD to partner with and fund community-based nonprofits like New Directions, The Jericho Project, Services for the Underserved and Community Solutions to expand service to homeless veterans.



V. Direct the Secretary of Labor to make grants to programs and facilities that provide dedicated services for homeless women veterans and homeless veterans with children. Require grants to be used to provide job training, counseling, placement services and childcare services to expedite the reintegration of such veterans into the labor force.

WHILE I WAS HOMELESS I COULDN'T FIND ANY HELP AT ALL BECAUSE I HAD MY DAUGHTER - MANY DIFFERENT VETERANS ORGANIZATIONS SAID THEY COULD HAVE FOUND HELP HAD I NOT HAD HER WITH ME.

-ADAM, IAVA MEMBER VETERAN

9. EASE THE TRANSITION HOME

COMING HOME FROM WAR CAN BE CHALLENGING FOR SERVICE MEMBERS AND THEIR FAMILIES. BY FULLY FUNDING THE VA, IMPROVING OUTREACH EFFORTS, TRACKING HEALTH ISSUES AND REFORMING THE JUSTICE SYSTEM, WE CAN ENSURE A SUCCESSFUL TRANSITION HOME.

When service members come home, they require medical treatment and a smooth transition from DoD to the VA.

During the past three years, Congress and the White House delivered on their solemn commitment to provide returning veterans with the “best care anywhere” by allocating both adequate and timely funding for the VA. Timely and adequate funding is essential for providing quality medical care to the more than 700,000 veterans of Iraq and Afghanistan that have enrolled in VA health care. This has not always been the case. Beginning in 2009, Congress chose to put the needs of veterans over politics by funding VA health care two years in advance. The practice of funding VA health care one year in advance, known as Advance Appropriations, has allowed VA hospitals to run smoothly while partisanship and politics grind the budgeting process to a halt. Thanks to Advance Appropriations the VA budget for 2012 is secure despite the 112th Congress not passing a budget for the 22nd time in the past 24 years. This only reinforces the necessity of Advance Appropriations, which was IAVA’s top legislative priority in 2009.

One of the boldest initiatives announced by VA Secretary Shinseki in 2009 was the development of the Joint Virtual Lifetime Electronic Record that allows the seamless transition of a veteran’s health record between the DoD, the VA and the private sector. If the VA is successful with this initiative it will dramatically improve health care services for veterans by ensuring a complete continuum of care between the VA and DoD; it will also reduce costs by eliminating the need for duplicate tests. Electronic health records will allow the VA to easily identify common illnesses among Iraq and Afghanistan veterans, such as rare forms of cancer that are affecting many veterans who were exposed to toxic burn pits. Without a coordinated effort between the VA, DoD, Congress, veterans’ groups and the private sector, this bold initiative will not provide the transformation that the VA and all veterans desperately need.

Unfortunately, the urgent need for bold and innovative programs to treat combat-related injuries is apparent in our justice system. Even before the wars in Iraq and Afghanistan began, twelve percent of all inmates in U.S. prisons were veterans, although veterans make up only seven percent of the general population. Many of these veterans face criminal charges related to their mental health injuries and require treatment rather than incarceration. Effective rehabilitation reduces the likelihood for repeat offenses and reduces the costs to taxpayers significantly.

Easing the transition home from war is a complicated process that covers a wide range of issues. By expanding health care funding and tracking, building on the success of local veterans courts, beginning the process of building a memorial and honoring our fallen, we can ensure that no veteran is left behind.

[9. EASE THE TRANSITION HOME]

9.1 PROTECT FUNDING AND SERVICES FOR TROOPS AND VETERANS



I. Ensure that VA funding levels match the annual Independent Budget blueprint, produced by leading VSOs, including IAVA.



II. Provide Advance Appropriations for the health care section of the VA budget for fiscal year 2014.



III. Prioritize VA outreach efforts by including a distinct line-item VA appropriations account. Partner with established communications and public relations firms to reform how the VA communicates its benefits to veterans.



IV. Provide aggressive oversight to ensure that VA funds are spent efficiently and effectively.



V. Establish a set of best practices for resource directories that provide local information geared specifically toward veterans; for example, city-wide 311 services targeted at veterans.



VI. Oppose increases in TRICARE fees and cuts to military retirement benefits to ensure that Congress does not balance the budget on the backs of service members and veterans.



VII. Reject calls for veterans and service members to sacrifice their earned benefits due to tough economic times.



VIII. Support transparency across all VA health care and benefits by continuing to expand and develop online informational tools such as the Blue Button, Veteran Relationship Manager and Joint Virtual Lifetime Electronic Record.

9.2 PROMOTE VETERAN PUBLIC SERVICE



I. Remove age limitations for veterans when participating in and receiving funding for public service programs such as AmeriCorps.



II. Ensure that DoD and Veterans benefits do not count against means testing for compensation stipends earned while conducting public service projects.

9.3 EXPAND HEALTH CARE TRACKING



I. Provide oversight by monitoring the progress and development of the Joint Virtual Lifetime Electronic Record, including submitting regular VA progress reports to Congress.



II. Design and implement national guidelines and programs from the VA to reach out to rural and under-served veterans. Contract with local community health care providers in areas where rural veterans do not have reasonable access to care.



III. Fund a pre- and post-deployment external longitudinal study across the DoD and the VA to track veterans' mental health problems, diseases and mortality.



IV. Mandate and fund a comprehensive study investigating all potential long-term health effects from Iraq and Afghanistan veterans' exposure to hazardous environments and equipment.



V. Require troops returning from a tour in Iraq or Afghanistan to enroll in the Gulf War Registry Program with an opt-out capability, rather than having to self-enroll. The VA must also launch a campaign to enroll veterans who have returned home prior to 2010 in the Registry.



VI. Mandate a comprehensive study of the short- and long-term effects of prophylactic medications such as the malaria drug Melfoquine (aka Lariam). This study will look at side effects, interactions with other medications and the long-term effects of toxicity.



VII. Notify service members if they have been exposed to potentially harmful toxins from open-air burn pits by expanding the Gulf War Registry to include OIF/OEF/OND veterans.

9.4 BUILD ON THE SUCCESS OF LOCAL VETERANS' COURTS



I. Employ the best practices from the 72 veterans' courts operating nationwide to develop a set of guidelines for localities and to successfully execute an alternative sentencing program for veterans whose crimes stem from service-related injuries.



II. Allow local municipalities to establish veterans' courts by providing grants that include basic stipends to support the travel and expenses of veterans volunteering as peer support counselors.



III. Repeal the standing VA prohibition against treating incarcerated veterans. The VA must coordinate with local municipalities to develop counseling, recovery and peer-support services for veterans in the criminal justice system.



IV. Require the Department of Justice to compare quarterly data from the Universal Crime Report with the DoD to determine the numbers of, and reasons for, veterans interacting with the justice system.

[9. EASE THE TRANSITION HOME]

9.5 SECURE AN OEF/OIF/OND MEMORIAL



I. Commit to reserve space for a memorial that honors the sacrifices of Iraq and Afghanistan veterans in the District of Columbia. Planning for the memorial should involve new veterans and Gold Star families.



II. Support the development and construction of an education center at the Vietnam Veterans Memorial.

9.6 HONOR THE FALLEN



I. Modernize operations at Arlington Cemetery to ensure that no veteran is misplaced or dishonored.



III. Ensure that the handling and disposal of the remains of the fallen are held to the highest standards of respect and honor.



II. Audit all National Cemeteries to ensure that the placement of remains matches the placement of headstones.

9.7 SUPPORT REFUGEES FROM IRAQ AND AFGHANISTAN



I. Prepare an actionable contingency plan to evacuate imperiled U.S. affiliated refugees from harm in Iraq and Afghanistan.



III. Increase funding and staffing at refugee processing bureaus in order to meet Congressional SIV targets for Iraqi and Afghan interpreters.



II. Ensure the renewal of Special Immigrant Visas (SIV) for U.S. affiliated refugees that was established under the 2008 NDAA.
















INNOVATIVE SOLUTIONS FOR 21ST CENTURY VETERANS









































TODAY'S VETERANS FACE MANY CHALLENGES. WHILE MANY ARE SIMILAR TO THE ONES FACED BY PREVIOUS GENERATIONS, THE WORLD WE LIVE IN HAS CHANGED. IF WE ARE TO CONTINUE TO EMPOWER THE NEW GREATEST GENERATION WE MUST COME UP WITH INNOVATIVE SOLUTIONS TO BOTH OLD AND NEW PROBLEMS. BELOW IS A ROUNDUP OF WHAT IAVA BELIEVES ARE 21ST CENTURY SOLUTIONS TO COMMON PROBLEMS FACED BY VETERANS AND THEIR FAMILIES:

EMPLOYMENT							
RECOMMENDATION	POLICY PRIORITY						
Industry-focused retraining programs to help veterans translate their skills and bridge the gaps between their military skills and what they need in the civilian market.	1.1, XIII						
Federal grants or no-interest loan programs for states that create job placement and incentive programs at an accredited trade school, college or university.	1.1, I						
Overhaul the Transition Assistance Program (TAP) to allow the program to be tailored to the skill set and education level of the service member.	1.1, IV						
Overhaul the DoL One-Stop employment centers to provide skill and education level-appropriate counseling and employment services to veterans.	1.1, V						
Outreach campaign promoting existing small business loan programs for veterans through the U.S. Small Business Administration.	1.2, VII						

SUICIDE AND MENTAL HEALTH							
RECOMMENDATION	POLICY PRIORITY						
Allow the VA and DoD to partner with the private and nonprofit sector to develop a robust suicide awareness campaign.	2.2, III						
Develop joint DoD/VA social media based suicide prevention campaign in partnership with the private and nonprofit sector.	2.2, II						
Track frequency of veteran suicides by expanding the CDC violent death reporting system to all 50 states.	2.2, I						
Integrate VA and DoD suicide prevention efforts with local and state services like municipal 311 programs and community-based nonprofits.	2.2, V						
Develop combat stress injury training programs for civilian behavioral health professionals.	5.2, IV						
Issue a presidential national call to service for skilled mental health professionals.	5.2, I						
Develop a portal that connects vets to public and private mental health resources nationwide.	5.1, IV						

[INNOVATIVE SOLUTIONS FOR 21ST CENTURY VETERANS]

Establish and fund a tool to allow for the dissemination and peer review of evidence-based practices for the outreach, engagement and treatment of invisible injuries.	5.2, V						
Expand the Veterans Crisis Line to allow victims to report sexual assault and harassment and be connected with a local sexual assault response coordinators.	5.4, III						
Establish a national veterans' portal that connects veterans to the public and private mental health resources available to veterans of Iraq and Afghanistan.	5.1, VI						























EDUCATION							
RECOMMENDATION	POLICY PRIORITY						
Develop a program to link veterans with trusted education counseling services that help prospective student veterans with test preparation and admissions counseling.	3.2, II						
Study the rates of veteran success and failure in school in order to identify a set of standards for student success.	3.2, III						
Develop a suite of products and services that can help student veterans achieve their academic goals.	3.4, IV						
Require VA and DoD to inform students about resources like College Navigator and www.NewGIBill.org .	3.1, VIII						
Require DoD and VA oversight of school performance and student success.	3.1, V						
Require that all schools accepting GI Bill and Tuition Assistance fully report their data to the National Center for Education Statistics' College Navigator.	3.1, III						
Develop and fund a section within College Navigator to allow for social media integration as a tool so that students can rate schools and share their experiences with other students.	3.1, IV						
Require VA to develop an Education Benefits Customer Service Portal where student veterans can file complaints about benefits and report fraud, waste and abuse.	3.1, IX						
Fully fund the "Model Programs for Centers of Excellence for Veteran Student Success" grant program that enhances on-campus programs for student veterans.	3.2, V						
Allow veterans to "cash in" their GI Bill Benefits to use as seed money for starting a small business.	3.3, VI						

MILITARY FAMILIES							
RECOMMENDATION	POLICY PRIORITY						
Train mental health professionals across the country about the unique challenges faced by military families.	6.1, II						
Expand online learning opportunities and create greater flexibility for virtual and tele-work for military spouses, so they can keep their jobs when they move.	6.3, II						
Allow for greater reciprocity for professional licenses across states.	6.3, III						

VA CLAIMS BACKLOG							
RECOMMENDATION	POLICY PRIORITY						
Require that all medical and claims records be accessible electronically across the entire claims and appeals process.	7.1, I						
A fast-track claims process that requires the VA to evaluate a claim for conditions that can be given an immediate interim rating while the rest of the claim is developed.	7.1, IV						
Transform the VBA's adversarial culture to deliver a system of customer service that rivals organizations like USAA.	7.1, VII						
Ensure that all DoD records, including the DD-214, or the summary record of service, are electronic and interoperable with a state-of-the-art VA system.	7.2, II						

HOMELESSNESS							
RECOMMENDATION	POLICY PRIORITY						
Implement a national preventative strategy against homelessness that includes the needs of veterans and dependents.	8.2, II						
Establish partnerships between HUD, DoL and community-based nonprofits to better define homelessness.	8.2, III						
Allow VA grants to be used for construction of multi-functional and permanent housing.	8.3, IV						

[INNOVATIVE SOLUTIONS FOR 21ST CENTURY VETERANS]

TRANSITION							
RECOMMENDATION	POLICY PRIORITY						
Continue to expand and develop online informational tools such as the Blue Button, VRM and Joint Virtual Lifetime Electronic Record.	9.1, VIII						
Establish a set of best practices for resource directories that provide local information geared specifically toward veterans; for example, citywide 311 services targeted at veterans.	9.1, V						
Implement new national guidelines connecting rural and under-served veterans with community services.	9.3, II						
Mandate a comprehensive study on the long term health effects of hazardous exposures.	9.3, IV						

IAVA 2012 POLICY AGENDA

Available in a searchable format online at www.iava.org

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