

2013 POLICY AGENDA

THE NEW GREATEST GENERATION

IRAQ AND AFGHANISTAN
VETERANS OF AMERICA



IAVA'S 2013 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.

BREAK THE BACKLOG: Too many veterans are stuck in a growing VA backlog. According to the VA's own estimates, 70 percent of claims are backlogged by more than 125 days. Regionally the problem is worse, with claims at the Oakland and Baltimore offices above 80 percent. Disability benefits are designed to fill the gaps in loss of earnings potential and quality of life caused by injuries sustained during military service and long wait times have a devastating impact on veterans and their families. The problem is complex, and there will be no magic bullet that will solve this crisis. Although we are cautiously optimistic that reforms coming online at VA this year will help, it is clear that this is a problem that the VA is unable to solve on its own. We need leadership at all levels of government to call upon every available resource to finally break the backlog. This includes calling on the President to establish a commission to end the backlog and ensuring that the entire VA, not just health care, is both funded fully and in advance. This will ensure that reforms underway and in the pipeline will not fall prey to the politics that have surrounded the budgetary process.

PREVENT SUICIDE AMONG TROOPS AND VETERANS: The known rate of suicide among troops and veterans is tragically high. In 2012, 349 active-duty service members committed suicide, an increase of 16 percent from 2011. We still don't know the full extent of the problem among the veteran population. In 2013, the VA reported that a veteran commits suicide every 65 minutes — that's 22 veterans every day. Our country must swiftly and boldly address the psychological wounds of war. First and foremost, we must combat the stigma surrounding mental health injuries by ensuring that all who need care have access and all who have been denied care don't fall through the cracks. Secondly, the VA must seek partnerships with nonprofit, military and local mental health services to fill the gaps in care for veterans and their families.

STREAMLINE THE NEW GI BILL: Student veterans still face significant challenges when attending a public college or university outside their state of residence. These out-of-state students are charged a higher tuition rate by their college, but the Post-9/11 GI Bill only compensates them for the lower in-state tuition rate. These out-of-state students attending public schools are not only being charged more for their education, but they may also often receive fewer benefits than students attending private institutions. This problem has caused many students to accrue significant amounts of debt, or postpone their education entirely. No veteran should have to wait to start his or her education because of subjective state requirements for residency. With many veterans unable to establish legal residency in any state due to multiple deployments and military moves to duty stations across the world, it's time that all states follow the example of the 14 who already automatically count veterans as in-state residents.

EMPLOY THE NEW GREATEST GENERATION: In 2012, the average unemployment rate for new veterans was 9.9 percent, almost two points higher than the national average of 8.1 percent, but significantly lower than the average of 12.1 percent new vets faced in 2011.²³ While we have made progress in the fight against veteran unemployment, the fight is far from over. The systemic challenges that lead to the veteran unemployment — including both cultural and legal barriers to employment — remain unsolved.

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The Story of the New Greatest Generation

For over a decade, less than 1 percent of Americans have fought on our behalf overseas. As a nation, we have asked the few to carry the burden of the many. Often, they've missed birthdays, weddings, graduations and football games. Alongside them, each step of the way, have been their families. This generation of veterans has given more than their fair share. And so, it is time that we as a nation begin to ease some of that burden.

IAVA's 2013 Policy Agenda is a guide for how to care for and support this generation of veterans. This document serves as a blueprint for how this country can recommit itself to our nation's warriors and their families. With the nation behind them, veterans of Iraq and Afghanistan will walk in the footsteps of previous generations of veterans, and lead our country as the New Greatest Generation. Without investing in these veterans today, we fear that our country will squander the immense potential of these future leaders.

We cannot afford to wait for institutional or policy change alone. In order to initiate the critical changes that will empower our country's newest generation of veterans, we must recommit ourselves by building an infrastructure with multiple partners — government, business and nonprofit — that will get the job done.

At our core, IAVA believes that it's our responsibility to give voice to our veterans' challenges. But these challenges do not alone define our community. Amid the stories of struggle are many more stories of success. Veterans from Iraq and Afghanistan have been elected to Congress. They have become the first in their families to receive college degrees. They have become small business owners. And they have become teachers to our children. Even after they come home, veterans have proven that they are committed to a lifetime of leadership and public service.

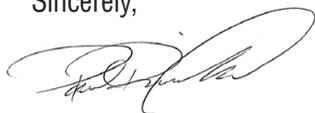
Thanks to the collective effort of the veteran community, we saw historic change over the past year. Congress has worked through partisan gridlock to deliver critical legislation that will help prevent suicide, protect student veterans and help veterans find meaningful employment. The President has also stepped up with two landmark Executive Orders aimed at improving mental health care and veterans' education.

In IAVA's 2013 Policy Agenda, you'll find our recommendations on how elected officials, community leaders and business leaders can continue that progress in the year ahead. Together, we can create thorough and sustainable solutions if we follow this guide.

But leaders cannot shoulder this responsibility alone. As we continue to draw down from Afghanistan, the national conversation will begin to shift away from the war and its warriors. With that shift, we fear the aggressive and innovative action we need to support this New Greatest Generation will also wane. In a time of intense political division, supporting our veterans is an issue both sides of the aisle can agree on. Just as we have asked our troops to maintain focus for over ten years, we must now demand the same from our country for the decades to come.

Now is the time to act. Now is the time when the story of this New Greatest Generation of veterans will be written.

Sincerely,



Paul Rieckhoff
Founder and Chief Executive Officer
Iraq and Afghanistan Veterans of America

2012: Progress Despite Politics

Despite a tough partisan climate and contentious elections across the country, our country's elected leaders crossed party lines and showed their commitment to veterans and their families. With support from our friends and allies in the veterans community, IAVA made enormous progress on key areas of impact through three pieces of legislation — the National Defense Authorization Act (NDAA), the Transparency of Education Opportunities for Veterans Act of 2012, and the Dignified Burial and Other Veterans' Benefits Improvements Act of 2012 — as well as two Executive Orders on education and mental health.

HEALTH

- Required the VA and DoD to develop a joint national campaign to prevent suicide;
- Enhanced existing suicide prevention programs in the DoD and VA and established new suicide prevention programs;
- Expanded access to mental health service providers for veterans, troops and military families;
- Expanded efforts to explore the use of engaging community partners to provide mental health services, particularly for members of the Guard and Reserve;
- Created a Military and Veterans Mental Health Interagency Task Force to make recommendations on how to improve mental health and substance abuse treatment programs;
- Established a Burn Pit Registry for veterans exposed to the toxic materials released from burn pits to track emerging health concerns;
- Improved investigation of Military Sexual Trauma (MST) and protections for survivors.

EDUCATION

- Required for-profit schools to report data on student outcomes, such as graduation rates and levels of student debt;
- Instructed the VA to create a tool based on the newly required data to help veteran students choose the best educational program for their career goals;
- Established a new complaint system for veterans to report abuse from colleges and universities;
- Prohibited some deceptive recruiting practices of for-profit schools;
- Mandated that the DoD review access to military bases by for-profit schools.

EMPLOYMENT

- Created a pilot program to make transition and employment resources available to veterans after they leave the military;
- Smoothed the path from military service to teaching through an improved Troops to Teachers Program;
- Required states to consider military service for requirements to obtain their state credentials and licenses.

Despite this progress, there is still much to be done for new veterans and their families. With the strength of our more than 200,000 members and supporters, IAVA will be a tireless advocate to make 2013 another year of impact for Iraq and Afghanistan veterans and their families.

About IAVA's Policy Agenda

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, it is clear that the government alone cannot solve the challenges that Iraq and Afghanistan veterans face, nor can they alone set them up for success.

To build the New Greatest Generation, all sectors of federal, state and local governments must engage with the private, nonprofit and philanthropic sectors in order to provide for the needs of veterans and their families, as well as to 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 a strong community 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.

Many recommendations are legislative, while many others are focused on the executive branch and local governments, as well as the private, nonprofit and philanthropic 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 2013, IAVA will look to the following stakeholders for leadership and action on veterans' issues:

	CONGRESS		EXECUTIVE
	PRIVATE SECTOR		NONPROFIT SECTOR
	STATE & LOCAL GOVERNMENT		PHILANTHROPY

EXAMPLE:



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.

This indicates that the above recommendation can be completed either through Executive action, Congressional mandate and state action, as well as through actions taken by various stakeholders in the private sector. They will be listed in the order of preference.

1. Deliver 21st Century Government Reforms for Vets

After a decade of war, many veterans return home to a country struggling to meet their needs. With the war in Iraq now over and the war in Afghanistan coming to a close, thousands of veterans are pouring into an already overburdened system. Our veterans deserve to come home to a government that provides the same excellent service that it demanded of our service members. While we have seen progress, there is still an unacceptable backlog and our country is still failing our veterans.

Many veterans are frustrated by the complex system of benefits and services available to them. When struggling, many veterans cannot decipher whom or where to turn to for help first. The VA should be the primary one-stop shop for the services and benefits that veterans have earned. It should be a veteran's best advocate and focused on empowering each veteran to reach his or her full potential. Instead, the VA is often unresponsive and does not proactively work to provide the tailored services and benefits to individual veterans. Instead of having a VA that fights for them, veterans often find themselves fighting the VA.

The VA must change its culture to one that focuses on quickly and efficiently delivering services with a focus on serving the veteran. At the close of 2012, more than half a million veterans had waited more than 125 days for the VA to process their disability claims.¹ The VA asserts that these delays are the result of new legislation that expanded access to benefits, and thus services, to more veterans. These new laws provide better care for veterans exposed to Agent Orange, but combined with the surge of claims from returning Iraq and Afghanistan veterans, have caused a significant backlog at the VA. In 2013, the VA is set to field their digital claims processing system, the Veterans Benefits Management System (VBMS). The VA claims that VBMS will reduce the backlog to all claims processed within 125 days at 98 percent accuracy.² Unfortunately, the VA Inspector General does not agree. A February 2013 VA IG report revealed significant problems with the VBMS.³ After 11 years of war and decades of problems with the backlog, veterans need to see results.

These challenges will not be the last that the VA is forced to confront. The veteran population in the U.S. is dramatically shrinking. While 16.1 million Americans served in World War II, and 8.7 million served in Vietnam, only 2.5 million Americans have served in Iraq and Afghanistan.⁴ These changing demographics will force the VA to revolutionize its delivery of services. Other challenges will surface, and the VA must be ready to quickly adapt to the changing landscape of serving veterans; our veterans cannot afford for the VA to be one change in law or a sudden surge in claims away from another crippling backlog.

Creating an infrastructure to care for our nation's veterans is not the responsibility of the VA alone. Many cities and states have stepped up to create 311 systems for veterans that connect them to the services and benefits available in their communities. For our part, IAVA has recently launched a Rapid Response Referral Program to connect veterans to the best-in-class resources available. This pilot program provides referrals to resources in the areas of employment, education, health, public benefits, housing and legal assistance, and then follows up with each of our members to ensure the benefits and services are received.

Our country has a long way to go to deliver for our veterans and military families. With more than one million veterans expected to separate from the military within the next five years, there has not been a more critical time to invest in addressing these challenges today. We must:

- 1.1: Break the Backlog: Deliver Quick and Accurate Benefits
- 1.2: Seamlessly Transfer Care from the DoD to the VA
- 1.3: Improve Government Outreach to Veterans
- 1.4: Protect Funding and Services for Troops and Veterans
- 1.5: Honor the Fallen
- 1.6: Build on the Success of Local Veterans Courts
- 1.7: Support Refugees from Iraq and Afghanistan

1.1: Break the Backlog: Deliver Quick and Accurate Benefits and Care

Too many veterans are stuck in a growing VA backlog. According to the VA's own estimates, 70 percent of claims are backlogged by more than 125 days.⁵ Regionally the problem is worse, with claims at the Oakland and Baltimore offices above 80 percent.⁶ Long wait times have a devastating impact on veterans and their families. Disability benefits are designed to fill the gaps in loss of earnings potential and quality of life caused by injuries sustained during military service. The long wait times for decisions on these disability claims delay the dispensing of benefits, but they do not delay the impact of injuries. Unable to work and still waiting on their claims decision, veterans are left to rely on family or to go into debt.

The VA claims that this growth is due to efforts to expand access, including a surge in claims stemming from new rules on Agent Orange and from new veterans returning home. While these factors have increased pressure on the VA system, our veterans cannot afford for the VA to be one change in law or a sudden surge in claims away from a crippling backlog.

Inaccurate claims decisions are one of the most significant contributing factors to the growing backlog. According to the VA, 14 percent of rating decisions are inaccurate, and it can take the VA up to two years to re-evaluate these inaccurate claims.⁷ Solving the problem requires a change in culture at the VA — a move to one that rewards accuracy, efficiency and customer-service. The VA must become an institution that fights for veterans, rather than one that fights with veterans.

- I.  Establish a Presidential Commission to end the VA claims backlog.
- II. 
 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 the best in the private sector.
- III. 
 Reform 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.
- IV. 
 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.
- V. 
 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.
- VI. 
 Require appeals forms be sent along with the Notice of Decision letters in order to expedite the appeals process.
- VII. 
Fund the entire VA — not just the health care system — one year in advance. This will allow the VA to effectively plan for upgrades to the claims processing system.
- VIII. 
 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.

1.2: Seamlessly Transfer Care from the DoD to the VA

Many veterans are lost in the transition between the Departments of Defense and Veterans Affairs. Despite being eligible for the benefits, just 56 percent of eligible veterans from Iraq and Afghanistan have enrolled in VA health care.⁸ Many other veterans lose critical health records when they leave the DoD; later, these veterans face challenges in receiving quality health care or filing complete benefits claims because they don't have access to these records.

The VA and DoD have announced a number of efforts to smooth the transition between the DoD and the VA. In 2009, VA Secretary Eric Shinseki reported that the DoD and VA were developing a Joint Virtual Electronic Record that would integrate health records from the DoD, VA, and the private sector into a single record that will follow a service member to the VA when they separate from the military. This effort has since been scrapped in favor of making the current DoD and VA records systems communicate. This is a critical step that will enable the VA to identify emerging health issues among veterans, provide more accurate and efficient decisions on benefits' claims, and improve care for service members by ensuring a continuity of care between the two departments. This December, Secretary of Defense Leon Panetta reported that the DoD would start conducting complete exit physicals so that health issues are identified earlier, and those issues can be more easily tracked for disability claims. Yet, veterans are being asked to wait far too long for these critical reforms. Meanwhile, the VA backlog continues to grow, negatively impacting other veterans.



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



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



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 civilian email addresses.



V. 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.



III. Provide oversight by monitoring the progress and development of interoperable DoD and VA health records, including submitting regular VA progress reports to Congress.



VI. Fully implement the proposed comprehensive exit physical before a service members separates from the military.

1.3: Improve Government Outreach to Veterans

The VA provides critical services for veterans of Iraq and Afghanistan, but it desperately needs to invest in modern outreach in order to repair its damaged brand. Every veteran of Iraq and Afghanistan is eligible for five years of VA health care after separating from the military, but just 56 percent of eligible veterans from Iraq and Afghanistan are registered with the VA.⁹ Many veterans simply do not know about the resources that are available to them. In our annual Membership Survey, eight percent of the 28 percent of IAVA members who are not enrolled in VA health care reported that they were confused about the process. These problems can especially impact veterans and families living in under-served or rural areas. Through concerted outreach and partnerships with nonprofits, the VA can better educate veterans about the benefits they have earned.

The VA's reputation is tarnished by negative reports about the size of the disability claims backlog and long wait times for mental health care. In IAVA's 2013 Membership Survey, just 59 percent feel positive or very positive about the VA, while 29 percent have a somewhat negative or very negative opinion of the VA. Only 39 percent of our members think the VA is providing adequate support to troops and veterans regarding their mental health injuries and care. And only 26 percent of our membership agrees with the statement, "The VA listens to veterans of Iraq and Afghanistan." Considering that the VA should be a veteran's strongest advocate and ally, these are deeply disappointing statistics. The VA must work to change their culture to be one that fights for veterans, rather than one that fights veterans.

1.3: Improve Government Outreach to Veterans (Cont.)

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

II.  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.

III.  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.

IV.  Design and implement national guidelines and programs for 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.

V.  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.

VI.  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.

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

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

IX.  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.

X.  Mandate the creation of a Mental Health Discharge Board of Review to address low DoD disability ratings and discharges relating to invisible injuries.

1.4: Protect Funding and Services for Troops and Veterans

Over the last four years, Congress and the White House have delivered upon their commitment to support this generation of veterans by allocating adequate funding for the Department of Veterans Affairs. The VA's budget has increased by 104 percent between 2001 and 2012 (in constant dollars), enabling the Department of Veterans Affairs to address some of the systemic issues that prevent the VA from delivering quick and quality services to veterans and their families.¹⁰ As our country turns its attention to reducing the deficit, Congress must ensure that we continue to invest in this generation of veterans and refuse to balance the budget on the backs of veterans. Our country has already invested billions of dollars to make these men and women successful warriors; with continued support we can ensure that our country's veterans continue to be successful citizens.

In 2009, Congress recognized the importance of allowing the VA to plan ahead in order to best deliver services to veterans and funded VA health care two years in advance. This process, called advance appropriations, was IAVA's top priority in 2009 and has allowed the VA to provide services to veterans despite the failure of Congress to pass a budget. With an expected one million veterans separating from the military within the next five years, Congress must continue to prioritize advance appropriations to ensure the VA can adequately prepare to support veterans and their families.

- I.  Ensure that VA funding levels match the annual Independent Budget blueprint, produced by leading VSOs, and endorsed by IAVA.
- II.  Provide Advance Appropriations for the health care section of the VA budget for fiscal year 2015.
- III.  Provide aggressive oversight to ensure that VA funds are spent efficiently and effectively.
- IV.  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.
- V.  Reject calls for veterans and service members to sacrifice their earned benefits due to tough economic times.

1.5: Honor the Fallen

Through February 2013, 6,640 of the 2.5 million service members who have served in Iraq and Afghanistan have lost their lives.¹¹ These men and women gave the ultimate sacrifice while defending our country's freedom and deserve to be remembered with the utmost respect and admiration. In 2010, our country was shocked when an investigation uncovered that Arlington National Cemetery had misplaced remains or placed them in tombs with incorrect headstones. While Arlington has made progress in addressing the issues exposed by the scandal, we must ensure that the appropriate procedures and infrastructure are in place to ensure that every fallen service member receives the burial they deserve.

Veterans of Iraq and Afghanistan should have their service honored on the National Mall as we have honored those from World War II, the Korean War, and the Vietnam War. Planning and completing war memorials is a significant undertaking: The WWII memorial was completed nearly sixty years after the end of the war, and the Vietnam Veterans Memorial encountered enormous barriers before it could be constructed. With this in mind, we should begin planning now, in order to honor the service of the less than one percent of Americans who have carried the burden of our nation's two longest wars.



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



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



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



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



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



VI. Arlington National Cemetery must ensure all remains and internment records are properly tracked in an electronic database.

1.6: Build on the Success of Local Veterans Courts

Veterans Courts offer an alternative to traditional sentences for veterans who are arrested and convicted. The first Veterans Court was established in Buffalo, New York in 2008. As of November 2012, there were 120 Veterans Courts in 35 states, and many more will soon be established.¹² Rather than sending veterans to jail, Veterans Courts require veterans to enter a rehabilitative program and meet its requirements, which often entail mental health treatment programs. For the veteran, the result is powerful: They are given a second chance to transition without the stigma of criminal charges against them. For society, Veterans Courts cost less and greatly reduce recidivism rates.

I.  Employ the best practices from the 120 Veterans Courts operating nationwide to develop a set of guidelines for localities to successfully execute an alternative sentencing program for veterans whose crimes stem from service-related injuries.

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.

II.  Assist local municipalities in establishing Veterans Courts by providing grants that include basic stipends to support the travel and expenses of veterans volunteering as peer support counselors.

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

1.7: Support Refugees from Iraq and Afghanistan

While deployed, service members have the backs of the man or woman to their right and to their left. Native Iraqis or Afghans become a part of their unit, either as a translator or as a trusted community partner. Simply by working closely with the American military, many of these men and women put themselves in harms way. For some service members, the battle to care for these translators or trusted partners does not end when the service member returns home; they want to ensure that their friend stays safe. Many veterans are therefore concerned with key reforms that can protect these native Iraqi and Afghan men and women who served alongside them.

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 established through the 2008 NDAA.

2. Prevent Suicide Among Troops and Veterans

The known rate of suicide among troops and veterans is tragically high. In 2012, 349 active duty service members committed suicide, an increase of 16 percent from 2011.¹³ We still don't know the full extent of the problem among the veteran population. In 2013, the VA reported that a veteran commits suicide every 65 minutes — that's 22 veterans every day.¹⁴

Over the past year, a number of encouraging efforts to address suicide among service members and veterans moved forward. Aided by TIME Magazine's June 2012 cover story on suicide among troops, public awareness is growing. In September, the Army held a service-wide stand-down that aimed to teach service members about available resources and about suicide prevention. In Washington, D.C., Congress worked to improve suicide prevention programs through the National Defense Authorization Act, which standardizes suicide prevention programs across the DoD and VA and establishes a suicide prevention program within the Guard and Reserve. Furthermore, in August, the President signed an Executive Order that established an interagency task force to develop a plan to end suicide among troops and veterans. These were critical steps to addressing the alarmingly high numbers of suicides in our military community.

IAVA has also developed programs to address suicide among troops and veterans. Suicide is a deeply personal issue to IAVA; more than 37 percent of our members know someone who has been lost to suicide. Often, our staff is on the front lines in combatting suicide and identifying veterans who are considering suicide. Through our programs and events, our members have alerted our team to veterans who may be in crisis. In 2012, we launched a partnership with the VA's Veterans Crisis Line to ensure that our members are aware of the Veterans Crisis Line and to allow us to work together to support any of our members who may be expressing suicidal thoughts.

Despite this progress, there is still much to do to combat suicide among troops and veterans. As General Lloyd Austin said recently, "Suicide is the toughest enemy I have faced in my 37 years in the Army." We must work together to defeat this enemy. IAVA calls on our country to:

- 2.1: Engage the Public in Preventing Military Suicide
- 2.2: Improve DoD Suicide Prevention Programs
- 2.3: Expand Suicide Prevention Programs for Veterans
- 2.4: Increase Understanding of Suicide Among Troops and Veterans
- 2.5: Eliminate Combat Stress Stigma and Promote Treatment for Mental Health Injuries
- 2.6: Combat the Shortage of Behavioral Health Professionals

2.1: Engage the Public in Preventing Military Suicide

An effort from the entire country will be needed in order to stem the rising number of suicides among service members and veterans. Efforts to combat suicide cannot be left to the Departments of Defense and Veterans Affairs alone. Because of concerns about the opinions of their employers or families, many veterans seek care outside the traditional structures of the VA or DoD for their suicidal thoughts, their mental health injuries or other challenges they might face. Other veterans have had negative experiences with the VA or DoD support services, and as a result, they sometimes don't return for follow-up care. Still more veterans and service members simply are not aware of the services available to them: Just 56 percent of eligible Iraq and Afghanistan veterans are even registered with the VA.¹⁵

As a result, suicide prevention programs must be available to troops and veterans no matter whom they turn to for support. Accomplishing this goal will take strong efforts to increase awareness and integrate services across the country. No veteran in crisis should fall through the existing gaps in services or get stuck navigating the various services available to them. Instead, we should come together as one community to support these veterans, service members and families in what may be their darkest hour of need.



I. Fully implement the joint DoD/VA suicide prevention campaign required by the President's September 2012 Executive Order and ensure the campaign utilizes social media and aggressively partners with nonprofits and community services.



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



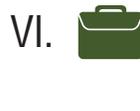
II. Integrate VA and DoD suicide prevention efforts with local and state services such as municipal 311 systems and community-based nonprofits to ensure a seamless network of care and crisis intervention.



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



III. 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.



VI. Distribute and display suicide prevention materials at gun stores and firing ranges.



VII. Establish and disseminate best practices to gun store and firing range owners about how to avoid selling guns to a suicidal veteran.

2.2: Improve DoD Suicide Prevention Programs

The number of service members who commit suicide is tragically high — and sadly it is growing. In 2012, 349 active-duty service members committed suicide, an increase of 16 percent from 2011.¹⁶ In the Army alone, 325 members of the active-duty, Reserve, and Guard components committed suicide, in 2012, which is an increase of 42 from 2011.¹⁷ Overall, in 2012, more service members committed suicide than were killed in combat.

These numbers create a need for the military and its leadership to focus on suicide prevention. Suicide is an enemy that we face overseas, here at home, and with service members who have not yet deployed to Iraq or Afghanistan. While we have been at war for more than a decade, these deployments may not directly be the driving force behind the increase in suicide numbers. In 2011, just under half (47 percent) of DoD active duty suicides had a history of Iraq or Afghanistan deployment.¹⁸ We may never know what causes each man and woman to take his or her own life; but we do know that we can do better to equip our military with the resources to combat suicide.

- I.  Implement the recommendations of the DoD Task Force on the Prevention of Suicide, including standardizing suicide prevention programs and improving mental health screening programs.
- II.  Mandate follow-up with all service members who screen positive for possible combat stress injuries.
- III.  Embed behavioral health providers in all operational units overseas.
- IV.  Integrate robust mental health awareness and suicide prevention training into the officer and enlisted education systems.
- V.  Ensure that personnel conducting the recently mandated person-to-person mental health screenings for all returning service members are trained to identify effectively these hidden wounds.
- 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.
- VII.  Suicide prevention material should be distributed when an individual registers a firearm with Military Police.

2.3: Expand Suicide Prevention Program for Veterans

We don't have a complete picture of how many veterans commit suicide, but from the snapshots of data that we do have, the number of veterans who commit suicide is tragically high. In a 2013 report, the VA reported that one veteran commits suicide every 65 minutes, meaning that 22 veterans take their lives each day.¹⁹ These numbers may barely scratch the surface.

The VA must be better equipped to address the needs of a veteran in crisis. The VA's Veterans Crisis Line is front and center in this effort, but beyond the Veterans Crisis Line, VA employees — no matter where they work within the VA — need to be trained to better identify veterans in crisis, and to better connect veterans to available resources.

I.



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

III.



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

II.



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

“We (the U.S.) need to help our veterans as a society. More can always be done to slow or stop the prevalence of suicide, sexual assault and pervasive trauma.”

—Steve, IAVA Member Veteran

2.4: Increase Understanding of Suicide Among Troops and Veterans

We still don't know enough about suicide among troops and veterans. Our community is devastated by the rising number of troops and veterans who commit suicide, but the truth is that the numbers don't tell the whole story. The VA does not regularly report the number of veterans who commit suicide in the VA system, and they interact with only 56 percent of eligible veterans from Iraq and Afghanistan.²⁰ Without clear, uniform and consistent reporting on the number of men and women who commit suicide, we cannot fully understand the problem or judge the effectiveness of programs designed to address it. Our community must also strive toward a better understanding of why service members and veterans commit suicide at such an alarming rate. Often it is assumed that the conditions of combat compel veterans to commit suicide, but more than half of the service members that commit suicide have never deployed. We need better research to inform our efforts to address this alarming problem.

- I.  Speed the processing of the Centers for Disease Control and Prevention Violent Death Reporting System, which tracks veteran suicide, to all 50 states so that veteran suicides are reported in a timely manner.
- II.  Develop clinical practice guidelines to promote the use of evidence-based practices for the assessment, management and treatment of suicide-related behaviors.
- III.  Standardize the tracking and reporting of suicides in the military across all branches.
- IV.  Decriminalize suicide attempts by ending DoD prosecution of suicide attempts.

2.5: Eliminate Combat Stress Stigma and Promote Treatment for Mental Health Injuries

Sadly, the stigma surrounding mental health injuries and care prevents many veterans from seeking the mental health care they may need. In IAVA's 2012 Membership Survey, 50 percent of respondents said that someone close to them suggested they seek care for a mental health injury. Of these, 80 percent said they sought care. Yet for those who did not, 43 percent expressed concern that it would affect their career; 33 percent didn't want to be perceived differently by peers; 30 percent would rather talk to friends or family instead; and 30 percent said they didn't need care.



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



IV. Prohibit the Departments of VA and Justice from restricting the gun ownership rights of veterans seeking mental health treatment without an order from a judicial authority.

“Until the stigma in the military is changed, where service members know they can come forward and get help, mental health issues will always be hidden. DoD is probably doing all they can, yet service members don't come forward and then hurt themselves or others. VA needs to do more.”

–Kurt, IAVA Member Veteran

2.6: Combat the Shortage of Behavioral Health Professionals

IAVA's 2013 Membership Survey exposed that 80 percent of our respondents don't think troops and veterans are getting the care they need for mental health injuries, including combat-related stress or military sexual trauma. In 2012, the Inspector General of the VA reported that more than half of veterans who were evaluated and determined to need immediate mental health care had to wait an average of 50 days for mental health services.²¹ In response, the VA quickly announced that it would hire an additional 1,900 mental health care professionals. The VA was right to do so because the IG report exposed a harsh truth: There is a critical shortage of mental health care professionals to meet the needs of today's veterans. A landmark 2008 RAND study of the mental health injuries of veterans revealed that nearly 20 percent of Iraq and Afghanistan veterans have PTSD or major depression.²²

The impact of the shortage of mental health care providers is not limited to the VA, but also impacts the DoD. In our 2013 Membership Survey, 74 percent of respondents do not think that the DoD is doing a good job of providing adequate support to troops and veterans regarding their mental health injuries and care, and 60 percent feel the same about the VA. Whether it is by hiring more mental health professionals or by effectively implementing new legislation to expand the network of mental health care for Guard and Reservists, the government as a whole must expand access to mental health professionals and services.

It is critical to educate community mental health providers and others who interact with veterans concerning the unique mental health injuries that veterans sustained in war. Veterans of these wars look for service providers who understand their needs and military culture, rather than those who work specifically for the DoD or VA. To address the unmet demand of troops and veterans from the DoD and VA who are uncomfortable accessing care at these facilities or of those who live in rural areas far away from the closest VA or DoD installation, we need a community of mental health professionals who understand the needs of today's veterans.

“I am currently receiving treatment from the VA, the Vet Center and a private practice psychologist. I have also, on a few occasions, called the Hotline myself. I think that it is important to note that on two of my calls an automated system has told me to leave my name and phone number and someone would call me back ASAP. No one has ever called back. This is very scary, at best! It is a very good thing that my psychologist and psychiatrist both take calls after normal business hours.”

—RKW, IAVA Member Veteran

2.6: Combat the Shortage of Behavioral Health Professionals (Cont.)



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



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



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.



Develop and promote a nationally recognized certification program that 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.



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



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



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.



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



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.



Extend special combat veteran eligibility for VA health care from five years after leaving service to 10 years.

3. Defend Veteran and Military Education Benefits

Passed in 2008, the Post-9/11 GI Bill is the most generous veterans benefit for our generation — and the most generous since the World War II GI Bill. IAVA was a driving force behind the passage of the Post-9/11 GI Bill, and we championed upgrades to the bill that expanded the benefit to more than 500,000 veterans in 2010. In 2011, we worked to restore benefits to hundreds of veterans whose benefits were unintentionally impacted following these upgrades. Despite years of work by IAVA and our partners in the veteran community, there are still structural problems with the Post-9/11 GI Bill and checks from the VA continue to be late.

In 2012, IAVA led the charge to defend the Post-9/11 GI Bill against predatory for-profit schools that were recruiting veterans to profit from their education benefits rather than to educate the New Greatest Generation. Last year, elected leaders took significant steps to address this problem. Through an Executive Order and the Improving Transparency of Education Opportunities for Veterans Act of 2012, veterans will now have access to information on student outcomes to distinguish quality for-profit schools from predatory ones; veteran and military students will be able to report bad actors through a new complaint system; and for-profits schools will be prohibited from some predatory recruiting practices.

IAVA's New GI Bill program provides support to current and prospective veteran and military students. In 2012 alone, our GI Bill calculator, featured on NewGIBill.org, helped 217,000 individuals understand the New GI Bill, and our education program staff provided tailored support directly to 1,000 veterans facing challenges or questions when using their GI Bill. The experiences of the almost one million veterans and their dependents who have used the New GI Bill demonstrate the enormous potential of this landmark benefit, and illustrate how this landmark benefit can be improved.

One group of students facing significant challenges in using the GI Bill is veteran students attending a public college or university outside their state of residence. These out-of-state students are charged a higher tuition rate by their college, but the Post-9/11 GI Bill only compensates them for the lower in-state tuition rate. These out-of-state students attending public schools are not only being charged more for their education, but they may also often receive fewer benefits than students attending private schools. This problem has caused many students to take on significant debt.

With the 2014 withdrawal from Afghanistan and an anticipated smaller military force in the coming years, more veterans will return home and pursue a college degree using the Post-9/11 GI Bill. Our nation's higher education system must be prepared to welcome home our service members and support their academic and professional success. IAVA is committed to safeguarding veterans' education benefits and empowering today's veterans to become the Newest Greatest Generation. Steps are needed today to:

- 3.1: Streamline the New GI Bill
- 3.2: Defend the GI Bill Against Fraud, Waste and Abuse
- 3.3: Ensure Student Veterans are Successful

3.1: Streamline the New GI Bill

Following the upgrades to the Post-9/11 GI Bill in 2010, some students who are enrolled in public colleges or universities outside of their state of residence have faced significant challenges in financing their education. These students are considered out-of-state students by state schools and are charged a higher tuition rate. Yet, the VA only pays the lower tuition rate for in-state students. If these same students chose to go to a private school, they would receive up to the maximum of \$18,077, which is often higher than the in-state rate covered by the Post-9/11 GI Bill. As a result, these veterans are not only compensated as if they were in-state students despite having to pay a higher rate for out-of-state students, but they are not even compensated as if they were attending a private school.

More improvements to the Post-9/11 GI Bill can better support veteran students and ensure they receive the benefits that they have earned. Many veterans struggle to make ends meet over holiday and summer breaks when they don't receive benefits. Others are not able to take full advantage of the Post-9/11 GI Bill because they are restricted from participating in the Yellow Ribbon Program. Many other veterans have the value of their GI Bill reduced because of regulations that force schools to use earned scholarships to pay tuition and fees before they charge the VA for the remainder of the bill, without pro-rating the amount of their GI Bill eligibility they actually use. Addressing these issues will allow the Post-9/11 GI Bill to continue to be the signature investment in the future of this generation of veterans.

- I.  Restore benefits for out-of-state student veterans by either making their benefits equal to student veterans at private schools or requiring schools to treat veterans and their families as in-state students.
- II.  Restore interval payments for breaks in the school year. Ensure that break pay does not reduce student veterans' benefits.
- III.  Stop collecting the \$1,200 Montgomery GI Bill from new enlistees.
- IV.  Abolish the "payer of last resort" calculation for tuition/fees benefits in the New GI Bill.
- V.  Allow National Guardsmen and Reservists with less than three years of total active duty service to participate in the Yellow Ribbon Program.
- VI.  Expand the Post-9/11 GI Bill benefit to allow veterans to use their remaining entitlement to repay student loans.
- VII.  Allow veterans to "cash in" their GI Bill Benefits to use as seed money for starting a small business or start-up.
- VIII.  Allow medically discharged veterans and retirees to transfer their unused New GI Bill benefits to their spouses and dependents.

3.2: Defend the New GI Bill Against Fraud, Waste and Abuse

The Post-9/11 GI Bill must be protected from predatory for-profit schools that seek to exploit rather than educate military and veteran students. For-profits schools receive a significant portion of federal education benefits: According to the Senate HELP Committee report, close to 40 percent of Post-9/11 GI Bill funding and nearly half of DoD Tuition Assistance funding is paid to for-profit schools. Many of these schools proudly serve military or veteran students and fill a gap in educational services that traditional schools do not provide to non-traditional students. Others engage in deceptive recruiting practices to recruit veterans — and their tuition benefits — but fail to provide a quality education or to adequately prepare students for their future career. Existing law makes it incredibly profitable for a for-profit school to target veteran and military students through aggressive and deceptive marketing campaigns. Through strong reforms, elected leaders can take the target off the backs of our veterans.



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



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



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



Require the VA to distribute an education-counseling pamphlet along 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.



Fix the 90-10 loophole by including 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.



Prevent all schools from using taxpayer dollars for marketing and recruiting veterans.



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.

3.3: Ensure Student Veterans are Successful

The legacy of the Post-9/11 GI Bill will be defined by the success of veteran and military students. Schools must be equipped to support veterans of Iraq and Afghanistan on campus. Many veterans may face challenges that will need to be confronted while attending school. In IAVA's Membership Survey, 49 percent of respondents reported seeking care for a mental health injury.

Some schools have developed effective support programs for veterans on their campus. They often set up student veteran groups and provide tailored resources and benefits to veteran and military students. The best practices of schools where veterans thrive should be adopted across the higher education sector so that more veterans can get the most out of their educational experience.

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|---|--|---|--|
| <p>I. 
</p> | <p>Commit to becoming a veteran-friendly campus by adopting “IAVA's four veteran-friendly best practices”:</p> <ol style="list-style-type: none"> 1. Participate in the New GI Bill Yellow Ribbon Program; 2. Agree to be a Servicemember Opportunity College (SOC) and provide college credit for military training; 3. Create and support a veterans group on campus; 4. Train faculty and staff on veterans issues. | <p>IV. 
</p> | <p>Require colleges and universities to reimburse tuition paid to students who are deployed mid-academic term and cannot complete coursework.</p> |
| <p>II. 


</p> | <p>Study veteran success and failure in school to identify a set of metrics for student success on campus, which would be aimed at easing the transition to and from college, and promoting academic success.</p> | <p>V. 

</p> | <p>Develop a program to link veterans with trusted education counseling services that help prospective student veterans with test preparation and admissions counseling.</p> |
| <p>III. 


</p> | <p>Fully fund the “Model Programs for Centers of Excellence for Veteran Student Success” grant program that enhances on-campus programs for student veterans.</p> | <p>VI. 

</p> | <p>Develop a suite of products and services that can help student veterans achieve their academic goals.</p> |
| | | <p>VII. 

</p> | <p>Provide government grants to VSOs and nonprofits to develop student veteran service programs in order to help veterans achieve their educational goals.</p> |

4. Employ the New Greatest Generation

In 2012, the average unemployment rate for new veterans was 9.9 percent, almost two points higher than the national average of 8.1 percent, but significantly lower than the average of 12.1 percent new vets faced in 2011.²³ While we have made progress in the fight against veteran unemployment, the fight is far from over. The systemic challenges that lead to the veteran unemployment — including both cultural and legal barriers to employment — remain unsolved.

Despite many new initiatives to hire veterans, employers still struggle to understand the potential that veterans bring to their companies. Veterans return home with technical and leadership skills that were developed in training and tested in the harshest of environments. These skills would be an asset to any business, yet veterans often have trouble translating these skills to the civilian job market. Veterans require employment resources to help them navigate the complex landscape of today's workforce.

Guard and Reservists put their civilian careers on hold to deploy and upon their return home expect to be promptly re-employed, as is required by the Uniformed Services Employment and Re-Employment Rights Act (USERRA). Unfortunately, they often return home to learn that the law is easily violated — and often without consequence.

There have been great strides to address the veteran unemployment crisis. In 2011, Congress worked with IAVA to put veterans before politics and passed the landmark Vow to Hire Heroes Act. In 2012, this enormous effort was followed by further progress to provide employment resources to veterans.

Outside Washington, D.C., IAVA developed programs to help veterans transition from military service to civilian employment, providing direct services to over 750 members through 38 initiatives. We launched new open houses with top tier companies, like PIMCO, Y&R and Cosmopolitan Hotel, where our members could learn more about and connect with companies interested in hiring veterans. We held resume writing and interview skills training workshops to help veterans translate their military experiences for today's civilian job market. IAVA also launched a partnership with the Fullbridge Business Immersion program, which provides world-class instruction in core business skills such as business research and analysis, project and time management and communication skills. In its first class, IAVA sent ten veterans through the program, and we are looking forward to expanding upon this work in 2013.

In 2012, our country answered the call to fight the rising rates of new veteran unemployment, but there is still work to do. Our country must now answer the call to:

- 4.1: Translate Military Skills for the Civilian Job Market
- 4.2: Encourage Employers to Hire Veterans
- 4.3: Support Veteran Entrepreneurs and Small Business Owners
- 4.4: Defend Troops Against Job Discrimination
- 4.5: Support Veterans in the Workforce
- 4.6: Provide Veterans with Employment Resources
- 4.7: Enable Veterans to Continue Public Service

4.1: Translate Military Skills for the Civilian Job Market

Translating military skills for the civilian job market is one of the most significant obstacles during the transition from combat to career. In a 2012 survey conducted by IAVA and Prudential Financial, Inc., 60 percent of respondents reported that they were concerned about how to translate the skills they built in the military to the civilian job market. Employers also reported that they struggle to decipher military skills for their company. The barriers to translating military skills for today's job market are not defined by cultural problems alone but also by civilian licenses and certifications. In jobs ranging from nurses to truck drivers to electricians, many veterans return home hoping to continue their military careers in the civilian sectors only to find that a license or credential keeps them from doing so. No piece of paper should stand between a veteran and a job they were trained to do in the military.

I.



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

III.



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

II.



Account for military service when crafting requirements for state certifications and licenses.

“While I have valuable skills and a decent knowledge of the process, I am usually not considered the best candidate due to the fact that my experiences and education do not directly fit the position. The jobs in foreign affairs and national security that better suit my talents, experience and temperament are not readily available in my region.”

—Anonymous, IAVA Member Veteran

4.2: Encourage Employers to Hire Veterans

Hiring veterans isn't just the right thing to do; it's a smart investment. Over the last year, many private sector companies and government agencies recognized the value veterans bring to their organizations and have launched initiatives to hire veterans. These efforts show progress in encouraging business to hire veterans, but there is still work to be done. Some employers remain wary of hiring veterans — at times because of lingering negative stereotypes of veterans, such as the prevalence of PTSD. Others are invested in hiring veterans, but struggle to recruit them. Educating businesses about veterans and offering incentives to companies that do hire veterans will help further encourage business to hire veterans.

I. 

Permanently extend the Vow to Hire Heroes Act Tax Credits that reward businesses for hiring unemployed veterans and wounded warriors.

II. 



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.

III. 



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.

IV. 

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

V. 



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

VI. 

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.

VII. 



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

VIII. 



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 number of veterans employed in the education system.

4.3: Support Veteran Entrepreneurs and Small Business Owners

The circumstances veterans face in combat forges entrepreneurial skills. It's no surprise that many veterans return home ready to start small businesses. Yet, many vets aren't aware of the resources available to them to help start a small business, and others report that they would benefit from new programs and resources.

Service in the Guard and Reserve often poses significant threats to small business owners. Frequent deployments endanger efforts to build a strong customer base for a business and some small business owners are forced to shut down their businesses while deployed. In addition to providing resources for veterans working to start small businesses, the government can help sustain existing veteran-owned small businesses both by supporting veterans small business while the owner is deployed and by granting preference to veteran-owned small businesses for government contracts.

- I.  Allow veterans to use their GI Bill Benefits as seed money for starting a small business or start-up.
- II.  Require any construction project financed by federal or state historic tax credits to specify a benchmark of veteran-owned contractor inclusion.
- III. 
 Initiate a robust and innovative outreach campaign promoting existing small business loan programs for veterans through the U.S. Small Business Administration.
- IV. 
 Mitigate the effect of frequent and lengthy deployments by providing small business owners 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.
- V. 
 Expand the Entrepreneurship Bootcamp for Veterans (EBV) to all veterans.
- VI. 

 Expand DoD Transition Assistance to provide targeted small business training to separating veterans who want to become entrepreneurs.
- VII. 
 Ensure all legislation that promotes small business and manufacturing jobs specifies a benchmark for inclusion of veteran hiring and/or veteran-owned businesses.
- VIII. 
 Extend contracting preference to veteran-owned small businesses for goods obtained through the federal supply schedule of the General Services Administration.

4.4: Defend Troops Against Job Discrimination

The conflicts in Iraq and Afghanistan have relied heavily on National Guard and Reserve troops. When these troops leave their civilian jobs for a deployment, the Uniformed Services Employment and Re-adjustment Rights Act (USERRA) requires their employer to re-employ them upon return. However, frequent, multiple deployments for Guard and Reserve members worry employers already concerned about their bottom lines in a tough economy. Many Reservists don't get their jobs back quickly upon their return, and still others don't receive the full pay and benefits that they are entitled. USERRA fails to provide protections or recourse to these service members because it lacks an enforcement mechanism to punish those who violate the law. The government itself is one of the worst violators: Eighteen percent of 2011 USERRA complaints involved federal agencies. With fourteen percent of Guard and Reserves currently employed in the federal government, it is critical that the government play by the same rules required of the private sector.²⁴

- I.  Create standard civil and criminal penalties for employers who have been found to knowingly violate USERRA job protections.
- II.  Publish an annual list of the top USERRA violators as identified by the Department of Labor and Employers Support of the Guard and Reserve (ESGR) program.
- III.  Add the violation of USERRA to the list of offenses that results in suspension or disbarment from eligibility for federal and state government contracts.
- IV.  Prevent employers from firing an employee while a USERRA claim is being processed.
- V.  Make USERRA complaints exempt from pre-dispute binding arbitration agreements.
- VI.  Fully fund and actively promote ESGR, the tip of the spear for defending service members against job discrimination.
- VII.  Hold federal, state and local governments to the same standards of compliance with 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.
- VIII.  Extend USERRA protections beyond the current five-year limit.

4.5: Support Veterans in the Workforce

There are both systematic and cultural challenges that can prevent some veterans from succeeding in civilian jobs. Many veterans worry that civilian work environments do not understand them; in fact, IAVA's 2012 Employment Survey with Prudential found that 55 percent of respondents cited concerns about cultural barriers when transitioning to the civilian workforce. These concerns included worries that they wouldn't be able to relate with civilian co-workers or would appear intimidating to civilian co-workers, and concerns that their managers didn't understand military culture. There can also be systemic barriers to gaining support in the workforce. Deployments may cause Guard and Reservists to miss new training required for their job. Despite reemployment protections, many members of the Guard and Reserve find themselves behind their civilian peers in training. This causes many to have to ask their employer to spend more resources to give them the training or pay for it out of their own pocket.



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



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.

III.



Include training on PTSD or TBI awareness training along with other required American with Disabilities Act (ADA) training in the workplace.

IV.



Establish veteran affinity groups within a business to connect veteran employees with provide peer-to-peer support in the workplace.

4.6: Provide Veterans with Employment Resources

Veterans of Iraq and Afghanistan stand ready to continue leading in the civilian sector, but many need help finding their next job. The military does not require the same type of application process as the civilian job market; for some veterans, then, it will be their first time navigating job postings, writing a resume, or networking to find a new job. IAVA's 2012 Employment Survey with Prudential revealed that an overwhelming majority of unemployed veterans report needing help with job search tasks, such as identifying companies they would like to work for, writing resumes and cover letters, or building interview skills. In the same survey, more than a third of our respondents reported that they did not receive any employment resources during their transition. While many resources exist at the federal and state levels, they are under-utilized.

- I.  Fully implement the proposed Transition Assistance Program to allow the program to be tailored to the skill set and education level of the service member.
- II.  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 VA.
- III.  Develop interview training programs that instruct veterans what employers are allowed and prohibited from asking in interviews.
- IV.  Create a tax credit for individual veterans who, within 10 years of separation from service, complete skills training beyond what their education benefits cover.
- V.  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.
- VI.  Create partnerships between nonprofit organization and companies to place veterans in internships or fellowships.
- VII.  Establish a program to train veterans on professional networking and leveraging their professional network to find employment. Ensure the program includes training on online networking.

4.7: Enable Veterans to Continue Public Service

Veterans once answered the call to serve their country by putting on a military uniform, but many want to continue their service when they leave the military through public service or by working in the government or nonprofit sectors. Our 2013 Membership Survey revealed that 30 percent of our members work in the government. Veterans preference laws demonstrate the willingness of the federal government to hire veterans, but these laws can be hard to understand and do not extend to all levels of government. Other veterans face barriers when seeking to continue public service through civic service programs like AmeriCorps. These men and women have shown the dedication to serve our nation once before and should have a smooth path to continuing that service once again.

- 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.
- III.  Allow veterans to use one year of their GI Bill Benefits for public service in the government or nonprofit sectors.
- IV.  Allow the DoD and VA to provide grants for nonprofit service programs that provide assistance to communities in need.
- V.  Establish a “veterans emergency response corps” that provides funding and guidance from FEMA to nonprofits that organize veterans to provide emergency services following a domestic disaster.

5. Provide Game Changing Health Care For Veterans

Providing quality care for veterans of Iraq and Afghanistan requires an innovative approach that addresses both the mental and physical health of a veteran. Our country must guarantee that these veterans receive the best health care we can give them for their injuries sustained in battle.

We must continue to expand efforts to connect more veterans to mental health resources, beginning by recommitting ourselves to erase the stigma that prevents many veterans from seeking mental health care. When veterans do seek mental health care, the VA, the DoD, and private and nonprofit providers must be ready to meet their needs. In April 2012, the Inspector General of the VA reported that the VA was failing to meet their own standard of providing care to veterans within two weeks of an evaluation that details that they need care. In fact, approximately half of these veterans were waiting an average of 50 days for an initial appointment.²⁵ These delays are unacceptable and only stand to discourage veterans from seeking the care they need.

IAVA has contributed to this effort by establishing innovative methods to deliver mental health support to our members. As part of our innovative outreach campaign with the Ad Council, our exclusive online social network, Community of Veterans, provides a platform for nearly 25,000 veterans to connect to one another and to mental health resources, and to provide peer-to-peer mental health support. Our Rapid Response Referral Program connects veterans to best-in-class resources for all aspects of health.

The VA and DoD must provide the best-in-class service of physical health care needs. The VA and DoD health care systems must take a proactive approach in understanding and developing innovative treatments to address the signature issues of today's wars. The VA and DoD must leverage today's technological advancements to closely monitor and better anticipate injuries and evaluate new treatments. With significant advancements in medical care, more service members are surviving previously deadly injuries. Improvised Explosive Devices (IED) have caused many veterans to suffer blast injuries, such as Traumatic Brain Injury (TBI) and genital injuries, which now require significant attention from the best in our medical community.

The wars in Iraq and Afghanistan pose enough of a significant threat to the health of veterans and their families; these already extenuating circumstances should not be exacerbated by internal threats. Sadly, Military Sexual Trauma (MST) has been a stain on the military community. One in five women seeking care at the VA screen positive for MST.²⁶ While significant progress has been made in the fight to combat MST, there is still work to be done.

Veterans of Iraq and Afghanistan are surviving combat injuries at historical rates. While this means that more veterans will live with complicated physical wounds, it also means that there are many other injuries that are less apparent and more difficult to treat. The average Vietnam veteran claimed four injuries when filing for VA disability. The average OIF/OEF/OND veteran claims 11 to 14 injuries per claim.²⁷ After 11 years of treating these visible and invisible wounds, it is clear that we need to invest in new ways of treating the signature, more complex wounds of these wars.

To care for our nation's veterans, IAVA calls on the country to:

- 5.1: Improve Care for the Signature Injuries of the Wars in Iraq and Afghanistan
- 5.2: Expand Healthcare Tracking and Research
- 5.3: Defend Troops Against Military Sexual Trauma
- 5.4: Clarify and Explore the Use of Service Dogs
- 5.5: Study and Field Innovative Health Care Treatments

5.1: Improve Care for the Signature Injuries of the Wars in Iraq and Afghanistan

Improvised Explosive Devices, or IEDs, have become the most deadly weapon of the wars in Iraq and Afghanistan. Their use has caused a new class of blast injuries that are quickly becoming the signature wounds of the wars in Iraq and Afghanistan.

In a landmark 2008 study, RAND reported that 19 percent of service members that deployed to Iraq and Afghanistan likely had Traumatic Brain Injury, or TBI, which can be difficult to diagnose because they often don't leave an external mark.²⁸ While research and care for TBI continues to evolve, we still need to learn more about the injury, particularly the lingering long-term effects of the injury.

Tinnitus, commonly referred to as "ringing in the ears," is the leading service-connected disability for veterans of Iraq and Afghanistan. Despite the prevalence of tinnitus among this community, there is no cure and many VA medical centers fail to provide services for the condition.

Between 2005 and 2011, more than 1,824 service members have suffered genital wounds.²⁹ These devastating genitourinary (GU) injuries nearly doubled between 2009 and 2011, increasing from 153 in 2009 to 299 in 2011.³⁰ When compared to historical rates of GU injuries, the increase among service members serving in Iraq and Afghanistan is alarming. Historically, the rate of GU injuries in the Army was 2 to 5 percent of all wounded. In 2010, however, 12.7 percent of wounded Iraq and Afghanistan service members suffered GU injuries.³¹ Healing these deeply personal injuries requires a comprehensive approach that emphasizes the overall health and wellness of our nation's veterans — including family planning alternatives for those injured in the line of duty.

- 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.  Ensure that veterans with disabling genital injuries have access to the same reproductive services in the VA as in the DoD.
- VI.  Research and develop medical treatment options to address Tinnitus that draws on the best resources of the government, private and nonprofit sectors.

5.2: Expand Healthcare Tracking and Research

Every conflict has brought a unique set of health challenges, but the full impact of those affecting veterans of Iraq and Afghanistan is still unknown. In addition to being exposed to a range of substances that may have long-term effects on the health of a veteran, troops survive with serious injuries sustained in battle that they would not have survived in previous wars. Unless we start to closely monitor the veterans of this generation, we will never know what conditions may be present, or the treatments that prove to be most effective.



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



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



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.



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



Develop an electronic system to track the purchasing and referrals of prosthetic and sensory aid devices.



Ensure proper funding for the Vision Center of Excellence (VCE) for the prevention, diagnosis, mitigation, treatment and rehabilitation of military eye injuries that was authorized by the 2008 National Defense Authorization Act (NDAA).



Ensure proper funding and establish The Hearing Center of Excellence (HCE) and Limb Extremity Center of Excellence that were established in the 2009 NDAA.



Ensure dedicated program funding in the FY14 budget for the Peer Reviewed Vision Trauma Program, including a line itemed budget request of \$10 million dollars for extramural research.

5.3: Defend Troops Against Military Sexual Trauma

The prevalence of Military Sexual Trauma (MST) is a stain on the military community. According to the VA, more than one in five women seeking care at the VA screened positive for MST.³² While survivors of MST are primarily women, men are also survivors of MST; in FY 2011, 1.2 percent of all male veterans screened at the VA reported a history of MST.³³ These numbers are particularly terrifying given that half of all sexual assaults generally go unreported.

Recent reports underscored the need to significantly overhaul the process to report and investigate MST. In 2012, Congress acted to improve the process for reporting and investigating MST. The military is now required to keep records about MST for 20 years. This record keeping will not only allow the military to better prosecute those who perpetrate MST, but will also aid survivors of MST by substantiating their disability claims based on MST. Congress also established a Special Victims Unit, to respond and investigate cases of MST, and there are now improved protections for survivors of MST. If implemented effectively, these steps will help shift the military culture to one that supports survivors of MST.

Despite this significant progress in combating MST, the military and the VA must still take steps to prevent further incidents of MST, and to support survivors of MST when they transition out of the military. As the military considers how to implement lifting the restriction on women in combat, they must have a plan to prevent MST. The VA must also examine its disability claims process for survivors of MST. The disability process often causes MST survivors to re-live their traumatic experiences, yet sadly they are often denied assistance. While we've made great strides on addressing MST, we must continue to work to address this critical issue.

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.

II.



Report on the progress of the implementation of new reporting and investigation procedures for MST.

III.



Outline a plan to prevent an increase in military sexual trauma in newly integrated MOSs following the military's drop of the ban of women in combat arms units.

IV.



Make it easier to obtain service-connection for veterans claiming PTSD based on substantiated MST.

5.4: Clarify and Explore the Use of Service Dogs

A service dog is specifically trained to assist with tasks that will improve the quality of life or independence of a veteran. For instance, a dog may be paired with a veteran who has a Traumatic Brain Injury that has impacted her balance, and the dog is trained to help steady her as she walks. Veterans of Iraq and Afghanistan have adopted and trained dogs in record numbers, and many find them useful partners in their recovery. Yet, despite their popularity, there are still many questions about the best uses for dogs. There are even more questions about what should qualify as an appropriate medical and therapeutic use for dogs.

The VA currently supports veterans who use service dogs by providing benefits to care for the dog. The VA itself does not train or provide the service dog, but they do provide referrals to outside accredited agencies. Despite this, the guidelines on the use of service dogs are unclear and confusing, and many veterans confront barriers when trying to bring their service dog to VA and DoD facilities.

Given the success of service dogs in treating veterans with invisible injuries, many veterans are exploring the effectiveness of using service dogs to help treat veterans with PTSD. Anecdotally, many veterans report feeling better about their PTSD symptoms with support from service dogs, but we must explore these claims with scientific research. Right now, there is not enough research to understand the potential of service dogs to help veterans with PTSD alone.

I.



VA must partner with Assistance Dogs International accredited service dog agencies to educate VA staff and veterans on the availability of service dogs and the accompanying benefits.

IV.



VA must implement clearer process and outreach to veterans on the application process for benefits and the education on the availability of benefits to veterans using service and guide dogs.

II.



VA and DoD must develop and improve their education and outreach efforts, both internally and externally, to educate providers on the new clinical guidelines, proper referral processes, and the benefits available to veterans already using service and guide dogs.

V.



VA must start tracking how many veterans currently use medically prescribed service and guide dogs, and how many veterans are referred to service and guide dogs agencies, as outlined in the newly published clinical guidelines for VA providers.

III.



DoD and VA must partner to make sure their policies and benefits regarding service and guide dogs are the same.

VI.



Veterans using service dogs must be granted equal access to VA owned and controlled properties, as those veterans using guide dogs already have. This includes in-patient medical care.

5.5 Study and Field Innovative Health Care Treatments

Veterans of Iraq and Afghanistan are surviving combat injuries at historical rates. While this means that more veterans will live with complicated physical wounds, it also means that there are many other injuries that are less apparent and more difficult to treat. The average Vietnam veteran claimed four injuries when filing for VA disability. The average Iraq and Afghanistan veteran claims 11 to 14 injuries.³⁴ After 11 years of treating these complex wounds, it is clear that we need to invest in new ways of treating the signature, more complex wounds of these wars.



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



IV. Provide grants for innovative nonprofits, like Operation Mend, that provide life changing surgeries and medical services to severely wounded warriors.



II. Fund research to explore innovative uses of telemedicine to provide care for rural and infirmed veterans who do not have easy access to medical facilities.



V. Fund research in the use of hyperbaric oxygen therapy for the treatment of TBI.



III. Fund research in the use of virtual reality emersion therapy as a possible treatment for PTSD and combat related anxiety disorders.



VI. Ensure that veterans using lawfully prescribed medical marijuana are protected from federal prosecution, at least until studies make a final determination as to its benefits for treatment.

6. Improve Care and Services for Female Veterans

Women are playing an ever-increasing role in the wars in Iraq and Afghanistan. Close to fifteen percent of the active duty force and eighteen percent of the Reserves are women, and they are a population that continues to grow.³⁵ Since 2001, according to DoD, more than 292,975 women veterans have served in Iraq and Afghanistan. They comprise almost 12 percent of all veterans of Iraq and Afghanistan.

In a historic move, Secretary of Defense Leon Panetta announced in January 2013 that the Department of Defense would allow women to serve in combat arms units. Instead of asking why women should be allowed to serve in combat arms units, the services are now required to justify why they should be restricted from these roles. This move will further expand the role of women in the U.S. military.

As women continue to expand their role within the military, many female veterans are increasingly confronted with the same challenges as their male counterparts — and some face even more difficult challenges. The divorce rate for enlisted women service members is three times higher than male service members,³⁶ and their suicide rate is three times higher than that of civilian women.³⁷ Eighteen percent of women in the VA system have been diagnosed with PTSD.³⁸ Women veterans are twice as likely as their civilian counterparts to be homeless.³⁹

Women are increasingly seeking care from the VA, but the VA still struggles to meet the unique needs of female veterans. According to the most recent survey of our membership, approximately 57 percent of women respondents reported that they had access to doctors that specialize in women's health care, and only about 48 percent have access to specialized facilities for women. Not every VA has an OB/GYN, and others don't have private exam and check-in rooms. The VA has made significant gains in recruiting more healthcare professionals that specialize in women healthcare, but they cannot stop until every female veteran has access to the care they need.

Women also face barriers in navigating the VA benefits system. Women veterans are more likely to have their disability claims based on PTSD denied because of the VA's past reliance on combat awards. While the VA has changed this system, women veterans have yet to see the impact of these changes. Women veterans also face a higher rate of homelessness. According to recent reports, 60 percent of VA-funded homeless shelters are not open to women and children.⁴⁰

At their core, the specific challenges confronting women veterans are derived from a culture that does not understand the enormous contributions of women to the military. Too often women veterans are asked if they are the spouse of a veteran, rather than asked if they are a veteran themselves. Our country must change our perception of the typical veteran from one that is male alone to one that is either male or female. These changes must take place not just in specialized facilities for women, but across the VA, the federal government and the country.

Women should receive the same level of care and benefits as their male counterparts. IAVA supports efforts to:

6.1: Improve Health Care for Female Veterans

6.2: Expand Benefits for Female Veterans

6.1: Improve Health Care for Female Veterans

Healthcare for female veterans continues to lag behind the contributions these women are making on the battlefield. Many female veterans still don't have access to doctors that specialize in women's health care; in fact, IAVA's 2013 Member Survey reported that just 57 percent of our female members have access to these doctors. Just 61 percent had adequate access to female practitioners. The VA has made significant efforts to improve access for female veterans, but there is still a long way to go for female veterans to uniformly receive the care and benefits they've earned.

The environment at VA hospitals is still unwelcoming to many female veterans. Twenty-eight percent of IAVA's female survey respondents reported that the VA fails to provide a "safe and comfortable environment" to them. As the role of women in the military expands, so too must the VA's focus on creating an environment where both men and women can find adequate health care. The VA must quickly address these cultural barriers to fully support today's female veterans.



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



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.



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.



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.



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



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

6.2: Expand Benefits for Female Veterans

Female veterans are confronted with the same challenges as their male counterparts, but are often met with significant barriers to receive the same benefits and care. Eighteen percent of women who enrolled in the VA have been diagnosed with PTSD, but many face significant barriers to have their disability claims for PTSD approved.⁴¹ Women veterans are also three times more likely than their civilian peers to be homeless, but just 30 percent of VA homeless shelters are open to women.⁴²

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.



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

“We need to do more to protect our female service members from sexual assault and take better care of those who have experienced it.”

–Brandon, IAVA Member Veteran

7. End Veteran Homelessness

Many veterans of Iraq and Afghanistan struggle to find or keep a home. On a single night in 2012, 62,619 veterans were homeless. While the number of homeless veterans has dropped 7 percent in the last year, the numbers are still too high.⁴³ There are many veterans who may not be living on the streets, but struggle to find permanent housing. Some veterans are forced to stay with friends or family because they cannot afford to live on their own; in fact, 8 percent of IAVA members surveyed live with their parents or friends because they are unable to afford to pay rent.

Homelessness is a complex issue that is directly tied to other issues a veteran may encounter during transition. According to a recent study from Yale Law School, a majority of homeless veterans have been diagnosed with PTSD or a mood disorder. Delays at the VA can exacerbate veteran homelessness, because many veterans depend on the housing allowance from their GI Bill, or are counting on their disability benefits. Combating homelessness takes an effort to ensure that all benefits and services are delivered properly.

Military families have also been disproportionately impacted by the housing crisis. In 2010, the foreclosure rate in military zip codes was 32 percent, nine percent higher than the national average.⁴⁴ At the height of the housing crisis, homes were being foreclosed in military towns at four times the national rate.⁴⁵ Military families face unique challenges because they frequently have to move. When housing prices were soaring and demand was high, it was easy for service members to sell their homes before moving to another base. Today's housing market, however, is different as many military families struggle to sell their home before moving.

VA Secretary Eric Shinseki has made combating veteran homelessness a cornerstone of his administration. In 2009, Secretary Shinseki unveiled a bold plan to eradicate veteran homelessness by 2014. The plan calls for the government to not only work to provide programs specifically to veterans, but to employ the full resources of other public benefits and nonprofits to support homeless veterans.

No veteran should have to return home and not be able to find a place to live. The country must come together to prevent veteran homelessness, starting with efforts to:

- 7.1: Prevent Veteran Homelessness
- 7.2: House Homeless Veterans
- 7.3: Fight Foreclosures on Veterans

7.1: Prevent Veteran Homelessness

In addition to the 62,619 veterans who are homeless in the United States, many more are at risk of becoming homeless.⁴⁶ Many veterans are marginally sheltered; for instance, many veterans couch surf or stay with friends and families because they are unable to afford rent. Many veterans may not be aware of the resources available to them, as outreach to homeless veterans or marginally sheltered veterans can prove difficult without a permanent address or other method of contact.

Other veterans may run into trouble for a short period that puts them at greater risk of becoming homeless. At times, GI Bill checks are late, meaning that a veteran does not receive their housing allowance. Other veterans depend on their disability benefits to make up for lost earnings potential, but if claims are stuck in the disability claims backlog, many veterans are left to depend on friends and family, or go into debt. There are no robust services to help veterans address these short-term problems.



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' dependents.



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.



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.



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.

"I had to move my family (wife and four kids) in with my wife's parents because we could not afford our home anymore."

—Anonymous, IAVA Member Veteran

7.2: House Homeless Veterans

The first step to ending veteran homelessness is to get the more than 62,619 veterans who are currently homeless off the streets.⁴⁷ This must include efforts to provide veterans with immediate shelter through VA housing programs, and initiatives to transition veterans into temporary housing, which will enable a veteran to seek long-term housing. Homeless women veterans face unique challenges. While the women veteran population has doubled between 2001 and 2011, more than 60 percent of VA-funded homeless shelters that are open to women will not accept children.⁴⁸

Fighting homelessness among veterans will not be the effort of the VA alone; many homeless veterans will seek support from other public services available to all Americans, regardless of veterans' status. The VA must work with these organizations to more effectively support veterans, regardless of where they choose to seek care.

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| <p>I. </p> | <p>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.</p> | <p>VI. 
</p> | <p>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.</p> |
| <p>II. </p> | <p>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.</p> | <p>VII. </p> | <p>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, in order to expedite the reintegration of such veterans into the labor force.</p> |
| <p>III. </p> | <p>Extend VA supported housing, which is currently limited to homeless veterans with chronic mental illness or chronic substance abuse disorders, to all homeless veterans.</p> | <p>VIII. 
</p> | <p>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.</p> |
| <p>IV. </p> | <p>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.</p> | <p>IX. </p> | <p>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.</p> |
| <p>V. </p> | <p>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.</p> | | |

7.3: Fight Foreclosures on Military Families

Veterans of Iraq and Afghanistan have been hit particularly hard by the foreclosure crisis. According to the 2010 report, *Financial Capability in the United State: Military Survey – Executive Study* published by the Financial Industry Regulatory Authority (FINRA) Investor Education Foundation, 51 percent of military families own homes, which is a rate much lower than the national average of 67 percent.⁴⁹ In 2010, more than 20,000 active-duty and reserve service members had their homes foreclosed upon, despite government efforts that prevented 66,000 more.⁵⁰ In 2008, foreclosures in military towns were four times higher than the national average, and between 2008 and 2010 foreclosures in military zip codes increased by 32 percent.⁵¹

A large majority of military families — 93 percent according to the 2010 survey — depend on mortgages to finance their home. This rate is much higher than the national average of 64 percent of civilians.⁵² When service members are required to move as a part of their service, they often have to navigate the challenge of selling a home with a mortgage while securing new housing where they have been transferred. Home prices have fallen dramatically since 2006, making it more difficult for service members impacted by frequent moves to sell their homes to pay off their mortgages.

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, 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 am about to lose our home because I can't get a financial institution to finance the home.”

—Anonymous, IAVA Member Veteran

8. Support Military Families

When service members enlist, their family enlists with them. When they are transferred to a new base, their spouses leave jobs and children leave schools to move along side them. When they deploy, their spouses and children deploy with them. And, when service members transition home their families struggle to confront many challenges, too. The men, women and children of military families are truly the unsung heroes of the wars in Iraq and Afghanistan.

Military families are confronted with their own challenges from war. According to the 2010 study, *Deployment and the Use of Mental Health Services Among U.S. Army Wives*, 36.6 percent of active duty wives were diagnosed with at least one mental health injury.⁵³ Children also feel the strain; after a parent's deployment, military children are more likely to have social or psychological problems. Families support their service member as they transition home from Iraq or Afghanistan, and injuries sustained in war may present new challenges. For instance, mental health injuries in service members have been linked to a higher prevalence of domestic violence and substance abuse. In addition to carrying their own burdens, military families often become the first line of defense for their servicemember.

Military spouses often face significant employment barriers. Blue Star Families' 2012 Military Family Lifestyle Survey revealed that 57 percent of the military spouses surveyed believed that being a military spouse had a negative impact on their career. Their fears are grounded in a tough reality; according to the DoD, in June 2011 the unemployment rate among military spouses was a staggering 26 percent.⁵⁴

Frequent moves are a defining part of the life of a military family and they have deep consequences for the education and career goals of military spouses and children. Military spouses often struggle to transfer their credentials and licenses across state lines when they move. Transferring these licenses not only takes time which further interrupts the career path of military spouses, but it often costs military spouses money to apply for the license or certification in a new state.

Fortunately, some progress has been made to address these challenges. In April 2011, the White House launched the Joining Forces Initiative that aimed to strengthen the country's commitment to America's military families. Through employment initiatives and partnerships with the private sector, Joining Forces has made critical progress in supporting military families.

In December 2012, Congress passed legislation that would open up more mental health care services to military families. Despite these efforts, our country must stand behind those who served along side our troops. To do so we should:

- 8.1: Increase Mental Health Support for Military Families
- 8.2: Support Employment and Education for Military Families
- 8.3: Improve Services, Benefits and Healthcare for Military Families
- 8.4: Fight 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.

8.1: Increase Mental Health Support for Military Families

Service members and veterans are not the only ones who can suffer mental health injuries as a result of their service — military families can also be impacted. According to a 2010 study of active duty military wives, 37 percent of respondents had been diagnosed with at least one mental health injury.⁵⁵ The longer a partner was deployed, the more these military spouses were impacted. Military children often have emotional difficulties and require mental health support as a result of their parent's service; some studies have found that up to one-third of children between the ages of 5 and 12 were likely to develop social and psychological problems after their parent's deployment.⁵⁶

While the mental health services for troops and veterans are improving, resources for military families lag behind. Many family members have the same hesitations about seeking health care as veterans. This has been a contributing factor to the lingering mental health challenges of veterans and troops and military families. As reported in IAVA's *Unsung Heroes: Military Families After Ten Years of War*, many military spouses want to seek care but are worried about the impact it will have on their own or their partner's careers. And few mental health care providers understand the unique needs and experiences of military children.



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.



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



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



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.



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.



VII. Fund and promote an awareness campaign for PTSD and other mental disorders among service members and their families, in order to reduce the stigma of mental health treatment.



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.

8.2: Support Employment and Education for Military Families

In June 2011, the unemployment rate among military spouses was a staggering 26 percent.⁵⁷ In the 2012 Blue Star Families' Military Lifestyle Survey, 57 percent of respondents who were military spouses felt that being a military spouse had a negative impact on their ability to pursue a career. Of the military spouses who were not working but wanted to be working, 27 percent of respondents faced challenges with their state licenses, certifications or other professional qualifications due to military moves across state lines.

The military lifestyle can also have a negative impact on military spouses seeking to earn a degree. Frequent moves interrupt their studies and mean that military spouses often take longer to achieve their educational goals. The military can also make education more expensive because military spouses face enormous barriers to establish residency in any state and often are ineligible for in-state tuition.

8.2: Support Employment and Education for Military Families (Cont.)

I.  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. Institutionalize the practices for states that have already joined..

II.  Provide tax credits to offset expenses by military spouses who must obtain professional or trade license or certification when the Active or Reserve service member is relocated to a state in which the spouse is no longer qualified to work.

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

IV.  Make military spouses eligible for in-state college tuition when using DoD education benefits.

V.  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.

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

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

VIII.  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.

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

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

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

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

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

8.3: Improve Services, Benefits and Healthcare for Military Families

Military life poses significant constraints on military families. Spouses' employment opportunities are often constrained by the availability of childcare, particularly when their service member is deployed. While the Department of Defense has taken steps to provide childcare to military families, not all of these families — particularly those who live off base and those in the Guard and Reserve — have access to these resources. The cost of childcare can put a significant burden on many military families.

Military families are too often the targets of predatory lending. Many service members are young and, according to the 2012 Blue Star Families' Military Lifestyle Survey, 68 percent of military families reported that they were stressed about their financial situation. Some predatory lending agencies know that military families are vulnerable and target them for high-interest rate programs that are particularly risky. While Congress has taken steps to address this issue, further action is needed to prevent predatory lenders from preying on military families.

8.3: Improve Services, Benefits and Healthcare for Military Families (Cont.)



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



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



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



IV. 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.



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



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. 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.



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



XII. Track the rates of spousal suicide in the military.

8.4: Stop Domestic Violence in the Military

Domestic violence is an increasing problem in the military community. While the prevalence of domestic violence is difficult to measure, many studies have found rates of domestic violence ranging from 13 to 58 percent among active duty service members and veterans.⁵⁸ In the Blue Star Families' 2012 Military Lifestyle Survey, 5 percent of their respondents reported feeling threatened by or afraid of their service member. Eleven percent of their respondents reported being either often or sometimes verbally abused. One percent reported being hurt by their service member.

The Department of Defense has taken steps to address domestic violence in the military, but the DoD still must work to improve oversight over domestic violence and create a single, uniform database to track the prevalence of domestic violence in the military. Only by truly understanding the scope of the problem will the Department of Defense be able to effectively address the problem.

- I.  Increase accountability for domestic violence offenses within DoD and the civilian criminal justice system, and ensure offenders with mental health issues receive needed treatment.
- II.  Improve coordination between the military and civilian systems to prevent and respond to domestic violence.
- III.  Expand data collection on incidents of domestic violence within DoD.
- IV.  Ensure that DoD's domestic abuse policies are implemented and institutionalized at all levels of the military.

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