

POLICY AGENDA
**FULFILL THE
PROMISE**
TO TODAY'S VETERANS

IRAQ AND AFGHANISTAN
VETERANS OF AMERICA



Big Four for 2015: IAVA's Top Policy Priorities

1. Continue to Combat Suicide Among Troops and Veterans

When it comes to veteran and troop suicide there can be no misses—the stakes are too high and our national responsibility is too great. That anyone who has worn our uniform concludes that they have no support and no alternative but suicide is a national crisis and disgrace. For nearly a decade, IAVA and the veterans' community have long called for immediate action by our nation's leaders to end this crisis. In that time we have lost too many friends, but there has been some progress—most notably the passage of the IAVA-led Clay Hunt Suicide Prevention for American Veterans (SAV) Act of 2015. But there is still much work to be done. There can be no rest until every veteran and every service member has access to the best mental health care. Working with community groups, Congress and the Administration must lean the full force of the federal government into this problem to better identify and support those in crisis and dramatically improve access to and the quality of mental health care.

2. Fully Recognize and Improve Services for Women Veterans

Nearly 280,000 women have served in Iraq and Afghanistan. While the number of male veterans is expected to decline in the next five years, the women veteran population will increase, and women have taken on new roles and responsibilities throughout the services. Though the quality of care and services provided by the Department of Veterans Affairs (VA) for all veterans needs to dramatically improve, women veterans especially need to see an improvement in the VA's standard of care. Not only do women veterans encounter barriers to care and benefits, they do so in a culture that often does not accept them or fully recognize them as veterans. The VA has made some progress providing care, access and benefits for women veterans, but Congress and the VA must work to change the underlying culture and proactively identify and close gaps in care for women veterans.

3. Reform the VA for Today's Veterans

The VA scandal of 2014 brought to light problems that veterans of all generations face in trying to get their hard earned benefits and care from the VA: a negligent log jam of claims and overdue health care. Much of the crisis was preventable and predictable and it is surely fixable; however, it will require the use of new, innovative solutions. The new Secretaries at the VA and Department of Defense (DoD) must be given the resources, authority and space to succeed—while being held accountable. State-of-the-art solutions, like IAVA's "The Wait We Carry" (www.thewaitwecarry.org), which aggregates individual veterans' reports on their care, can be a model for veteran outreach and accountability. At the very least, funding and key structures at the VA must be protected from short-sighted cuts and political posturing. This must be the year we all work together to create a dynamic, responsive, veteran-centric system set to meet every veteran's needs for decades to come. Our military is the world's most advanced; our care for our veterans must be the same.

4. Defend Veteran and Military Education Benefits

The Post-9/11 GI Bill has sent more than one million veterans to school. It has helped these veterans in their transition home but it has also trained America's next greatest generation to lead in tech startups, Fortune 500 corporations, nonprofits and at every level of government across the country. Though wildly successful, the New GI Bill has been exploited by predators in the for-profit school sector who take advantage of veterans' benefits and often leave veterans stuck with unnecessary debt and a subpar education. Congress must close loopholes that reward these bad actors for exploiting veterans and strengthen regulations that help veterans choose the best educational programs to meet their career goals.



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Realizing the Vision

For the past 10 years, we at IAVA—growing to 400,000 members strong—have committed ourselves to a singular mission: “to connect, unite and empower post-9/11 veterans.” This mission isn’t only about guaranteeing our fellow veterans and our families the benefits and services they earned through service and sacrifice. It is also about ensuring all veterans feel welcome and understood when they come home and have a community to which they can (re)connect. Part of that work requires closing the divide between military and civilians by sharing our values, experiences and culture with the 99 percent of Americans who have not served in these most recent wars. And it is about creating ways that we can continue to serve our country. This all contributes to our movement’s transformative vision of “an empowered generation of veterans who provide sustainable leadership for our country and their communities.”

Our friend Clay Hunt was a stellar example of a veteran singularly focused on making that vision a reality. He lived it, taking other veterans on mountain bike excursions, providing disaster relief with Team Rubicon, and Storming the Hill with IAVA in 2010. Years before the truth came out through the 2014 VA scandal, Clay stood with IAVA and his fellow veterans, before Senators, Congress members and the White House to demand ending the VA claims backlog. But like too many of our fellow veterans, Clay had a burden that was too heavy for him to carry, and a year later he was lost to suicide. We all mourned Clay, but we could find no better way to honor him and carry on his commitment to his fellow veterans than by aggressively advocating for a comprehensive veteran suicide prevention bill in Washington, D.C. IAVA made passing that bill—named in his memory—our top priority in 2014. We are proud to report that just a few months ago, following an unprecedented bipartisan effort, Clay’s parents and I joined President Obama as he signed the Clay Hunt Suicide Prevention for American Veterans (SAV) Act into law.

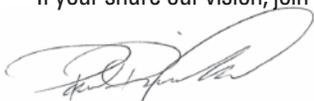
This historic bill will certainly save lives, and it shows America what Congress can achieve when we are united. The road was long—it was longer than it should have been—but we thank everyone who looked past partisanship and politics to get it done.

But our fight has just begun. There is much more work ahead and the stakes have never been higher. 2015 will be the most important year for Iraq and Afghanistan veterans; almost three million of us have now served since 9/11; the VA scandal exposed an unprecedented betrayal; post-9/11 veteran unemployment is still too high; women veterans are too often treated as second class vets; and too many in the public seem ready to close the book on the wars in Iraq and Afghanistan.

The landscape isn’t good. Congress remains divided and with a presidential election ahead it will only get worse. Even so, support for our veterans can be the one issue that unites our country. Washington was able to put political bickering aside to pass the SAV Act, and we expect the same bipartisan collaboration to pass similarly comprehensive legislation tackling each of IAVA’s Big Four priorities for 2015.

We would never go outside the wire without a plan to achieve our mission’s goal. The recommendations that follow are not a wish list, but a plan to transform our landscape forever and set a generation of leaders up for success. They are a blueprint, laying out what the Department of Defense, the VA, the President, governors, mayors, corporations, nonprofits and all Americans should do to achieve this vision: an empowered generation of veterans who provides sustainable leadership for our country and its communities.

If you share our vision, join us and do your part. Onward!



Paul Rieckhoff
Founder and CEO

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. We brought the same cutting edge thinking and urgency that we relied upon to fight two unconventional wars to the problems facing our community at home. Over this time, Washington, D.C. has answered our call by passing a number of IAVA-led initiatives like the Post-9/11 GI Bill, Caregivers and Omnibus Health Services Act, stop-loss pay, Transition Assistance Program reforms, VOW to Hire Heroes Act and Clay Hunt SAV Act. These and many other advances in veterans' care were historic and are already showing their worth, improving the lives of hundreds of thousands of veterans and their families. There remains much to be done at the national level, but government alone cannot solve the challenges that post-9/11 veterans face.

To build the New Greatest Generation, all sectors of our federal, state and local governments must engage with the private, nonprofit and philanthropic sectors to support veterans and their families and create opportunities for us to thrive. The President, members of Congress, governors and mayors all have a shared stake in successful transitions home. Through IAVA's local programs around the country we've proven that good policy does not begin and end in Washington, and that a strong local community alongside all levels of government can empower our nation's returning warriors.

The recommendations that follow are the result of our extensive annual process of research, analysis and policy design. We take into account all that's been accomplished and all that has not. As a member-led organization we survey our membership—the largest data pool of Iraq and Afghanistan veterans in the world—and review the most up-to-date statistics and research. We incorporate IAVA's own cutting edge policy reports and collaborate with stakeholders and experts across the veterans' community and outside of it. We thank our partners in The Military Coalition (TMC), leaders of the Independent Budget, and veterans' movement leaders from across the nation who represent service members, veterans and their families by informing these recommendations.

Many of the recommendations are legislative, while others focus on the executive branch and local governments. Still others are meant for the private, nonprofit and philanthropic sectors. Next to each recommendation are icons representing the stakeholders who can take action on each recommendation. While we expect coordination on many of these proposals, we have ordered the icons to reflect the degree of leadership required by each stakeholder. IAVA will continue to look to the following stakeholders for leadership and action on veterans' issues:

| | | | |
|---|--------------------------|---|------------------|
|  | CONGRESS |  | EXECUTIVE |
|  | PRIVATE SECTOR |  | NONPROFIT SECTOR |
|  | STATE & LOCAL GOVERNMENT |  | PHILANTHROPY |

EXAMPLE:



Integrate 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.

2014: A Historic Year for Veterans in Washington, D.C.

This past year had unprecedented challenges and opportunities for veterans in Washington, D.C., and IAVA's veterans rose to meet each one. Most notably, in 2014, we were faced with a major scandal at the Department of Veterans Affairs (VA), but we successfully advocated for passage of a comprehensive veteran suicide prevention bill.

As the full extent of the backlog, malfeasance and cover-up at the VA came to light, IAVA led the charge for transparency and accountability. Always focused on solutions and working with both Republicans and Democrats, we helped craft the short-term fix to the VA access crisis.

Following the release of IAVA's Campaign to Combat Suicide white paper and a very successful Storm the Hill 2014, which focused on ending veteran suicide, IAVA members united to pass the Clay Hunt Suicide Prevention for American Veterans (SAV) Act. Unwavering after the bill was blocked at the end of the 113th Congress (2014), IAVA kept the pressure on and the Clay Hunt SAV Act was passed by Congress and signed by the President within the first 35 days of the 114th Congress in 2015.

Below are additional highlights impacting our members from IAVA's policy program work in the past year:

Continued Focus on the VA to Close the Disability Claims Backlog:

- Due to IAVA's efforts to highlight the problem, the VA reduced its backlog by nearly 60 percent since its peak of 611,000 in March 2013,¹ falling to about 250,000 by the end of 2014.²
- The VA implemented a new choice for veterans to submit a fully developed claim, an initiative supported by IAVA and intended to expedite the processing of disability compensation claims. Since implementation, over 40 percent of claims submitted are fully developed.³
- IAVA released its *The Red Tape Report: The Battle to End the VA Backlog*—a one-of-its-kind report, which was covered by more than 70 national and local media outlets.

Supporting Efforts to End Military Sexual Assault:

- Due in part to IAVA's advocacy efforts, the Department Of Defense (DoD):
 - 1) adopted measures to provide stronger support for survivors of military sexual assault, including providing them independent legal counsel throughout judicial proceedings,
 - 2) created safeguards to protect survivors from retaliation by criminalizing acts of retaliation, and
 - 3) strengthened the investigation and punishment of military sexual assault; now sexual offenders will be dishonorably discharged from the military.

Promoting Veteran Employment:

- IAVA's support helped improve resources available to credentialing agencies and to veterans struggling to translate military service skills to the civilian job market.

Supporting Veteran Education:

- IAVA successfully advocated for the passage of the GI Bill Tuition Fairness Act of 2014, which required all states to offer in-state tuition to veterans who want to go to school using the Post-9/11 GI bill within three years of their discharge from active duty, regardless of their original state of residence. This impacts an estimated 3,800 veterans annually and saving the government an estimated \$139 million over the 2014-2023 period.⁴
- IAVA pressured the VA to reverse a 1% reduction in the Basic Allowance for Housing (BAH) for users of the Post-9/11 GI Bill when active duty BAH rates were being adjusted downward.

Easing the Transition Home:

- IAVA successfully advocated for the passage of enhancements to the DoD's Transition Assistance Program, which serves as a transition facilitator for an average of 207,000 troops each year.⁵

Building a Bipartisan Pro-Veteran Movement on Capitol Hill:

- During a historically partisan time, IAVA worked with members of Congress on both sides of the aisle to build unanimous support for the Clay Hunt SAV Act.
- IAVA led the creation of the Post-9/11 Congressional Veterans Caucus.
- IAVA successfully advocated for the passage of advance appropriations for all of the VA's mandatory spending to prevent a stoppage of VA disability and compensation checks to more than 3.5 million veterans should another government shutdown occur.

Community Rebuilding

In 2014, our member-led community grew by 40 percent—a rate higher than that of any other VSO. This past year we continued to expand our enormously successful VetTogether program. These member-led gatherings—including BBQs, happy hours, film screenings and fishing trips—take place in local communities around the country on the 11th day of every month. VetTogethers are the next generation of the traditional veterans' halls and replicate the unique camaraderie we shared while in uniform. In 2014, over 300 VetTogethers were hosted nationwide, and we project that number will double in the next year.

Complementing our local community, vets also connect online through myIAVA—an online veterans hall and the premier social network for IAVA members. On myIAVA, members find peer support, plan and attend member-led VetTogethers using our proprietary events tool, get help using the New GI Bill, access IAVA resources or simply connect to discuss the issues of the day.

Transition Assistance

Coming home from war isn't easy, so IAVA provides innovative programs to support new veterans as they navigate the tough decisions and many hurdles that often accompany their transition home. Our signature program, the Rapid Response Referral Program (RRRP) which has served more than 5,000 veterans, connects new veterans and their families nationwide with best-in-class resources and services to meet their transition goals. Our Veteran Transition Managers (VTMs) respond to every case within 48 hours and are masters-level social workers. IAVA VTMs provide high-touch support through non-traditional, high-tech mediums, online and on the phone, and work with new veterans to address issues in all areas of their transition, including: employment, education, VA enrollment, mental health, financial assistance, legal aid and housing. RRRP serves the youngest and most diverse veterans in America. Twenty percent of RRRP clients are women veterans—and their average age is 30. IAVA's VTMs work fast and effectively to support America's newest generation of warriors.

More 2014 Impact Highlights

IAVA has made a real, lasting impact on thousands of veterans. Some recent examples of the ways we've built community and supported transitions include:

- More than 2,000 veterans and family members served through IAVA's Rapid Response Referral Program (RRRP);
- A 20% decrease in veterans' transition-related stress after using RRRP services;
- 304 member-hosted VetTogethers across the country;
- Over 550 veterans received support in navigating their individual educational issues;
- Nearly 300 employment-related referrals made for veterans and family members through RRRP;
- Hundreds of veterans benefitted from one-on-one resume support through 16 resume workshops nationwide;
- 42 new veteran leaders received training as top advocates and spokespeople.

1. CONTINUE TO COMBAT SUICIDE AMONG OUR TROOPS

The Clay Hunt SAV Act, signed into law on February 12, 2015, puts into motion three critical policies to help end veteran suicide by increasing access to mental health care, better meeting the growing demand for mental health care providers, and boosting the accountability of Department of Veterans Affairs' (VA) mental health and suicide prevention programs. Even with this progress, the fight against this silent killer has only begun. It will take the full force of our nation to combat the crisis of suicide among troops and veterans.

The VA estimates that 22 veterans die from suicide each day, and the Department of Defense (DoD) reports that 434 service members (active and reserve components) died by suicide in 2014.^{6,7} Despite increased efforts to combat suicide among troops and veterans, we are still missing the fundamentals of a high-quality, timely mental health care system. The Clay Hunt SAV Act was a first step in addressing this challenge, but there is still more to be done.

Troops and veterans deserve immediate access to the best mental health care in the world, yet more than 70 percent of IAVA's surveyed members indicate they did not believe that troops and veterans are getting the care they need.⁸ Common barriers to care—like lack of access to providers, inconvenient appointment availability and limited access to evidence-based treatments—make getting help difficult. Additionally, the stigma of seeking mental health care continues to be an obstacle for many veterans.

Among survey respondents who self-report a mental health injury but hasn't sought help, the main reason for not seeking care are concerns over how their loved ones and peers will perceive them and concerns that it might affect their career.⁹ Significantly more work is needed to eliminate the barriers and stigma that prevent many from seeking the care they need.

The high number of suicides among troops and veterans demands a proactive approach to support troops and veterans in crisis. When veterans and service members seek care, they cannot be met with ever-changing providers or unresponsive programs. No troop or veteran can be allowed to fall through the cracks between programs and services—or between the DoD and the VA.

To streamline available resources, IAVA has maintained a close partnership with the Veterans Crisis Line, consistently connecting veterans in need with its lifesaving services. Our Rapid Response Referral Program, which has supported nearly 5,000 veterans since launching in December 2012, provides veterans with one-on-one transition navigation support, including connecting them to both government and non-government mental health resources. Government funding, support and partnerships with innovative programs like this must be expanded.

2014 will hopefully prove itself to be a turning point in our fight to end veteran suicide. What began as IAVA's Campaign to Combat Suicide grew to a national movement to combat suicide among troops and veterans. As the Clay Hunt SAV Act is implemented this year, lasting change will come with sustained focus and a national, multi-sector effort building on the momentum of 2014.

- 1.1: Improve Access to Quality Mental Health Care
- 1.2: Grow the Supply of Mental Health Providers to Meet the Growing Demand
- 1.3: Improve the Quality of Mental Health Care
- 1.4: Better Identify and Support Troops and Veterans in Crisis
- 1.5: Streamline Mental Health Care for Troops and Veterans
- 1.6: Engage All Americans in Combatting Suicide

1.1: Improve Access to Quality Mental Health Care

Every veteran and service member should have access to low cost, high-quality mental health care. Today, all veterans of Iraq or Afghanistan are eligible from the Department of Veterans Affairs (VA) health care for five years following their deployments. But for many veterans, this is not enough time. Mental health injuries often manifest years after service when the five-year window has closed and, as a result, many veterans are left without care.

Other veterans are ineligible for services because of their discharge status. Between 2001 and 2010, an estimated 30,000 service members were potentially improperly discharged from the military with a “personality disorder,” leaving them ineligible for VA mental health support.¹⁰ Even now, some veterans are discharged because of disciplinary problems that can be attributed to mental health injuries. The Department of Defense (DoD) must review procedures to ensure veterans in need are not left without access to benefits and services because of a mental health problem resulting from their service.

National Guard members and reservists often struggle to gain access to mental health services. Unlike their peers who return to military bases, they’re at particularly high risk because they transition from active duty status into communities that often have few resources to support them. Yet, existing programs aren’t being fully funded and many programs that serve others in the military community, like Vet Centers, are not available to them.

IAVA Recommendations:



Extend special combat veteran eligibility for VA health care from five years to 15 years after leaving active duty.



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.



Fully fund the embedded behavioral health provider program for National Guard and Reserve units.



Evaluate Vet Center utilization and patient outcome, conduct a gap analysis nationally and expand this model of care to fill those gaps in communities across the nation.



Clarify the existing mental health parity regulations for Managed Care Organizations and Alternative Benefit plans.



Review and alter DoD procedures to prevent discharges for disciplinary or administrative issues that are the result of a mental health injury.



1.2: Grow the Supply of Mental Health Providers to Meet the Growing Demand

The number of mental health professionals dedicated to serving veterans and troops cannot keep pace with the demand for mental health services. Today, almost 30 percent of new veterans treated at the Department of Veterans Affairs (VA) have been diagnosed with Post-Traumatic Stress Disorder and 57 percent have some form of a mental health injury.¹¹ If these trends are true for the entire veteran population, we will be profoundly unprepared to address this enormous demand for mental health services in and out of the VA.

The federal government, starting with the President, should continue to encourage the next generation of clinicians to pursue careers in mental health and expand the pipeline of qualified mental health providers to care for troops and veterans.

The VA is only bearing the brunt of a little more than half the demand. Only 60 percent of new veterans are enrolled with the VA, meaning many other veterans seek care through private or community services.¹² The government should work closely with community partners to share best practices and ensure these local providers are equipped with the resources needed to care for veterans and their families. Private philanthropy must also respond.

IAVA Recommendations:

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|--|--|---|--|
| <p>I. </p> | <p>Ensure DoD and VA mental health care providers and appointment systems are available after traditional work hours.</p> | <p>VI. </p> | <p>Expand outreach to educate civilian mental health providers about TRICARE benefits.</p> |
| <p>II.   </p> | <p>Authorize federal or state grants to community-based nonprofits that provide mental health services and assistance.</p> | <p>VII.     </p> | <p>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.</p> |
| <p>III. </p> | <p>Make permanent the funding of additional Graduate Medical Education slots established by the Veterans Choice and Accountability Act of 2014 beyond the five-year window to ensure the added residencies do not disappear.</p> | <p>VIII.  </p> | <p>Replace the statutory payment formula with a formula that accurately adjusts Medicare reimbursement rates with rising health care costs. Since TRICARE reimbursement rates are tied to Medicare reimbursement rates, the current formula discourages many providers from accepting TRICARE.</p> |
| <p>IV. </p> | <p>Conduct a workforce analysis to project the future need for mental health providers at the VA and the DoD. Assessment should consider both services rendered and services requested.</p> | <p>IX.  </p> | <p>Private philanthropy must also fund local and national non-profit mental health services and programs like IAVA's RRRP.</p> |
| <p>V.  </p> | <p>Increase inpatient beds at VA health facilities to meet the demands of the veterans served at the local level, particularly for those who are traditionally underserved, such veterans with children or those with a history of alcohol dependency.</p> | | |



1.3: Improve the Quality of Mental Health Care

Troops and veterans deserve high-quality mental health care staffed by highly trained professionals; however, veterans are concerned with the quality of the care currently available to them. Of the 73 percent of respondents to IAVA's member survey who felt troops and veterans do not get the care they need for mental health injuries, half of those felt it was because they don't have access to high quality services.¹³

Providers must be trained to address the specific needs of veterans and their families. Departments of Veterans Affairs (VA) and Defense (DoD), along with other government and private entities must continue to invest in research to identify best practices in mental health care and suicide prevention. Existing and emerging research must then be widely disseminated to the DoD, the VA and private mental health care professionals. By providing best practices to service providers across the country, we can ensure that more veterans are getting specialized, quality care wherever they may seek it.

IAVA Recommendations:

- I.  Require all TRICARE providers be trained in the identification of PTSD.
- II.  Identify all programs within the DoD related to mental health and suicide prevention; develop clear metrics to assess their impact on mental health and suicide prevention programs.
- III. 
 Require the DoD to report annually about the impact of existing mental health programs. Reports should include how the program is improving the quality of life for veterans and their families.
- IV. 
 Ensure that personnel conducting the mandated person-to-person mental health screenings for all returning service members are trained to effectively identify hidden wounds.
- V. 




 Establish and fund a tool to allow for the dissemination and peer review of evidence-based practices for the outreach, engagement and treatment of invisible injuries. This tool should be focused on connecting members of the mental health community currently treating veterans and should be a resource to those who wish to start doing so.
- VI. 
 Establish and fund a visiting clinician program to allow for the identification of evidence-based practices, and fund an expert in the practice to train other clinicians.
- VII. 
 Establish a mechanism to better translate evidenced-based research into practice at the DoD and the VA.

1.4: Better Identify and Support Troops and Veterans in Crisis

Suicide prevention requires a proactive approach to identify veterans at risk of attempting suicide and to provide seamless care to these veterans. The act of suicide itself is a tragic symptom of a broad spectrum of factors, including relationship problems, mental health issues, and/or career and financial stressors. The earlier we identify that a service member or veteran is at risk, the more opportunities to address these challenges before he or she ever considers suicide. The Departments of Veterans Affairs (VA) and Defense (DoD) and private entities must continue to invest in research to identify risk factors and develop early intervention protocols.

IAVA Recommendations:

- I.  Train local first-responders in the best practices to identify, intervene and support a veteran in crisis.
- II.  Require the VA to develop mechanisms to share information across each department and establish standard procedures to ensure that every veteran identified as at risk for suicide is supported by all VA resources.
- III.  Continue to expand partnerships between the Veterans Crisis Line and external stakeholders to ensure veterans are aware of the crisis line and are effectively connected to its services.
- IV.  Ensure that VA primary care providers and their staff are trained in the assessment, management and triage of acute suicide risk patients.
- V.  Integrate VA and DoD suicide prevention efforts with local and state services, such as municipal 311 systems and community-based nonprofits, to ensure a seamless network of care and crisis intervention.
- VI.  Establish VA and DoD drug take-back programs at all medical facilities co-located with a pharmacy to limit the availability of unnecessary or leftover prescription medication.
- VII.  Fully implement the 19 new executive actions announced in 2014 to improve the mental health of service members, veterans and their families, which builds on the progress of the President's 2012 (Mental Health) Executive Order.



1.5: Streamline Mental Health Care for Troops and Veterans

When veterans seek care for a mental health injury, services must be ready to immediately respond to their requests for treatment. Asking for help can be profoundly difficult and often requires tremendous courage. All too often, the families of those lost tell stories of disjointed services, moments when their loved one asked for help only to be met with overly complex bureaucracies, and ever-changing providers unable to administer the continuity of care needed. With proactive efforts that emphasize a holistic, long-term approach to mental health care, we can ensure veterans no longer slip through the cracks.

We must streamline the transfer of care between the Departments of Defense and Veterans Affairs. Today, if a service member attempts suicide while in the service, there are no mechanisms to ensure that he or she enrolls in care following separation from the military. Despite repeated promises to develop a fully interoperable electronic health record, the VA and DoD still struggle to share medical records, making coordinating long-term care for veterans even more difficult.

IAVA Recommendations:

- I.  Integrate mental health check-ups as a regular part of required physicals for preventative care.
- II.  Integrate basic skills for recognizing and treating mental health injuries into First Aid training for all service members.
- III. 
 Require VA and DoD mental health professionals treating clients to provide at least 30 days' notice before leaving their positions.
- IV.  Implement the 2014 Executive Action to automatically enroll all service members leaving military service who are receiving care for mental health conditions in the Department's inTransition program, through which trained mental health professionals help these individuals transition to a new care team in the VA.
- V. 
 Provide oversight by monitoring the progress and development of interoperable DoD and VA health records, including submitting regular DoD and VA progress reports to Congress. (Also listed in Section 3)

1.6: Involve All Americans in Combatting Suicide

Communities in and out of the military are vital to combating suicide among troops and veterans to ensure veterans are supported in their efforts to seek care and in their transition home.

The stigma of seeking mental health care is a national problem, not just among veterans, and keeps many from trying to get help. According to IAVA's member survey, an encouraging 77 percent of respondents sought care when it was suggested that they do so by a friend or family member.¹⁴ Still, for those who reported having a mental health injury and not seeking care, they identified the concern that a mental health diagnosis might affect their career as a primary reason for why they ultimately refused to seek professional care.¹⁵ Unfortunately, the stigma of seeking help is still very real, and to truly change this stigma, the entire American and military community must adopt mental health care as a routine aspect of maintaining a healthy lifestyle.

IAVA Recommendations:

- | | | | |
|--|--|---|---|
| I.  | Coordinate existing mental health awareness campaigns into one effort to remove the stigma of seeking help for combat stress injuries and to promote effective resources. This campaign should be well funded, research-tested and coordinated through the DoD, the VA, the White House, local governments and community-based partners. | V.  | Emphasize throughout the chain of command the importance of mental health care, recognize and discipline accordingly those leaders who act as a barrier to care, and reward those who emphasize care among their service members. |
| II.  | Establish state and local public awareness campaigns that target veterans' and family members' mental health and reduce the stigma of seeking mental health care. | VI.  | Distribute trigger locks when an individual registers a firearm with Military Police. |
| 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. | VII.  | Message firearm safety and safe storage through participation in a firearm safety campaign, such as the National Shooting Sports Foundation's "Own it? Respect it. Secure it." campaign. |
| IV.  | Decriminalize suicide attempts within the Uniform Code of Military Justice. | VIII.  | Educate service members and veterans about the changes to the Questionnaire for National Security Positions security clearance form (SF86) regarding mental health history, which includes an exception if you have sought care for injuries related to military service. |
| | | IX.  | Integrate robust and effective mental health awareness and suicide prevention training into the military education systems. |

2. FULLY RECOGNIZE AND IMPROVE SERVICES FOR WOMEN VETERANS

Women are currently the fastest growing population in both the military and veteran communities, and their numbers have been growing steadily since the 1970s. And while more women are joining the military and are finally being given unprecedented roles in combat and greater responsibilities in leadership, veteran services and benefits often treat them as second-class veterans. Women currently comprise nearly 20 percent of new recruits, 15 percent of the 1.4 million active duty force, 18 percent of the 850,000 reserve component and there is one female officer for every 4.2 female enlisted personnel, compared to one male officer for every 4.8 male enlisted.¹⁶ To date, 280,000 women have served in Iraq and Afghanistan.¹⁷ In 2001, women were estimated to make up about six percent of the veteran population.¹⁸ By 2020, it's estimated they'll represent 11 percent.¹⁹ Twenty percent of IAVA members and 35 percent of IAVA's leaders are women. Women are leading the way in every single aspect of what we do.

Historically, women have played a critical role in the military, but those contributions were generally overlooked. While women have served on the front lines, the Department of Defense (DoD) only recently officially opened combat posts to women, and the effort to integrate this change across the services is ongoing. These new roles will likely attract more women to the military and we will see more women leading our military in the years to come. Yet even as the military offers new opportunities for women to serve, many deterrents remain, including a culture that often doesn't recognize their contribution or veteran status, and a system that was designed without their particular needs and experiences in mind.

Excellent health care is critical for our returning warriors, but the Department of Veterans Affairs (VA) is failing to provide it for women veterans. In last year's IAVA Member Survey, 13 percent of IAVA women veterans surveyed reported that the VA did not provide an adequate number of women practitioners; only 41 percent believed the VA provided an adequate number of doctors specializing in women's care; and only 34 percent said the VA adequately provided specialized facilities. In addition, one in four of the women veterans felt the VA did not adequately provide information and resources relating to women women's health care.²⁰

Beyond health care, women veterans are more likely than their male peers to face economic and personal challenges. Women veterans have consistently higher rates of unemployment, are more likely to be homeless, and are more likely to be single parents.²¹⁻²³ It's critical that we focus our resources on policies that address the unique employment, housing and child care needs of our women veterans.

Finally, it's essential that we improve care and services for our women warriors, but that can't happen until we recognize the tremendous contributions of women in the military. In both military and civilian communities, women often find their service questioned because of preconceived notions of what a veteran looks like. Until the country fully recognizes women veterans for their contributions, and acknowledges the growing diversity across the services, these misperceptions and disparities in care and services will continue to impede women's success after service.

2.1: Improve Care and Benefits for Women Veterans

2.2: Improve Employment, Housing and Child Care Benefits and Services

2.3: Strengthen Public Awareness and Research about Women Veterans

2.4: Improve Evaluation and Research on Issues Confronting Women Veterans

2.1: Improve Care and Benefits for Women Veterans

The Department of Veterans Affairs (VA) has made progress improving women-specific care for women veterans, such as embedding a designated women's health care provider in each of the 140 VA health systems with primary care services, establishing Women's Health Centers at over 80 VA Medical Centers and Community-Based Outpatient Clinics and providing direct assistance and outreach to women veterans through the VA women veterans call center.²⁴ However, significant gaps in the quality of care available to women veterans at the VA remain. For example, IAVA continues to hear from women veterans about the challenges they face in seeking care from gynecologists at the VA. According to a 2014 DAV report *Women Veterans: The Long Journey Home*, one third of VA medical centers do not have a gynecologist on staff, and so refer women veterans to community providers for this care. This can cause additional challenges in coordinating care for those veterans.

In the 2014 IAVA Member Survey, only one out of three women veterans said they felt somewhat to very positive about the VA's care and treatment of women veterans.²⁵ Changing this response will require establishing clear standards, training VA staff to meet these standards, and investing in appropriate facilities, women practitioners and doctors who specialize in women's health. Facilities and providers must regularly be evaluated to ensure they meet the standards our veterans deserve.

As the VA improves the quality of care, it must also improve communications with women veterans to make them aware of the services available to them. Only 58 percent of IAVA women veterans surveyed had been contacted by the VA or had seen VA advertisements about women's eligibility for VA services and benefits.²⁶

IAVA Recommendations:

- I.  Ensure funding for all Vet Centers and VA medical facilities includes an emphasis on women practitioners, outreach specialists and doctors who specialize in women's health and mental health.
- II.  Reauthorize the VA Readjustment Counseling Services women veterans retreat program and study the program to determine its effectiveness and success factors.
- III.  Establish standards requiring that all staff at each VA facility be able to provide basic standards of quality care to women veterans and set deadlines for compliance with those standards.
- IV.  Assure compliance in all VA facilities with the best practices for safety and privacy outlined in the March 2010 Government Accountability Office report on VA women's health care policies and oversight.
- V.  Ensure that all VA medical centers have appropriate facilities and are fully staffed to support the needs unique to women veterans, including women's clinic and reproductive services.
- VI.  Evaluate the quality of care provided by the VA and VA-purchased care for women veterans, particularly in mental health care and peer-support programs.
- VII.  Continue to evaluate Veterans Integrated Service Network (VISN) executives on the availability and quality of care for women veterans.



2.2: Improve Employment, Housing and Child Care Benefits and Services

Veteran transition support doesn't end with health care. Homeless women veterans generally face more difficulties than their male counterparts in finding emergency and temporary housing, particularly when they also need shelter for their family. Moreover, women veterans tend to have a higher unemployment rate than their male counterparts. At the close of 2014, the Bureau of Labor and Statistics reported that the unemployment rate at the end of CY 2014 for post-9/11 male veterans was 6.9 percent compared to 8.5 percent for post-9/11 women veterans. As the number of women veterans increases, these disparities will only become more amplified. The differences are outrageous and we need to ensure that women have the same access to care and benefits that their male counterparts are afforded.

IAVA Recommendations:

- I.   Expand child care services at all VA facilities and in local communities to ensure child care does not prevent veterans from seeking care or finding meaningful employment.
- II.   Expand VA housing and assistance programs for homeless and displaced women veterans and their families.
- III.   Develop structured pilot programs that build on promising practices from Department of Labor Career one-stop service centers focusing on the employment needs of women veterans.
- IV.   Fund non-profit womens' programs at the national and local levels.

2.3: Strengthen Public Awareness and Research about Women Veterans

Women are the fastest growing population within the veteran community, but the American public still does not understand the extent of their contributions. This lack of understanding not only impacts their reception when seeking health care from the Department of Veterans Affairs (VA), but throughout their transition home. For example, when searching for jobs, employers often don't appreciate the value that women veterans can offer from their experience and training.

While women were formally barred from combat roles before 2013, women have served in combat throughout the wars in Iraq and Afghanistan. They are returning home and are ready to lead—as evidenced by the fact that four women veterans of Iraq and Afghanistan were elected to Congress in 2014—but they face an uphill battle. Outdated notions of women's service pervade the culture and the stories of women veterans are rarely told, which contributes to the lack of understanding of their roles. It's past time for the nation to understand the changing face of our military and recognize the strength, determination, skills and leadership that our women veterans embody.

Finally, the VA must get ahead of the curve and invest in research to understand and project the future needs of women veterans to ensure the system of care is ready to support them.

IAVA Recommendations:

- I.    Conduct a comprehensive public awareness campaign, similar to the IAVA/Ad Council PSA campaigns, to bring greater cultural understanding of the increasing contributions of women service members.
- II.  Appropriate funding for a VA outreach and advertising campaign directed at women troops and veterans to help inform them of their eligibility for VA services, benefits and availability of the Women Veterans Coordinator and Clinics.
- III.  Ensure that a diverse veteran population is represented in all VA outreach and promotional materials to inform veterans of their eligibility for services and benefits, including women and minority veterans, and veterans with disabilities.
- IV.   Foster an internal culture within the VA that welcomes women veterans by strengthening the role of the women veterans' program manager and ensuring this position is given the authority necessary to implement policies.
- V.  Ensure that patient advocates are trained and prepared to handle complaints at every VA medical facility related to harassment or individuals creating a hostile environment for minority veteran populations, including women.
- VI.  Develop training to improve the VA staff's understanding of women veterans, their range of military service experience and their unique needs.
- VII.  Ensure that peer support programs represent the diversity of the veteran population, to include women peer mentors.
- VIII.   Expand the American public's understanding of the contributions of military and veteran women by including women veteran characters in movies, television, and fiction and nonfiction writing.

2.4: Collect, Analyze and Share Data on Services for Women Veterans

Without good data there is no way to know the extent to which women veterans are underserved, nor will there be a way to see if we are making progress in changing these systems. To design precise policy solutions and to hold accountable every agency in the continuum of care we need robust data collection, sharing, analysis and publication.

IAVA Recommendations:

- I.  Ensure that federal government agencies, including the Departments of Labor (DOL), Health and Human Services (HHS), Housing and Urban Development (HUD), Veterans Affairs and the Defense Department incorporate gender and minority analyses in all reports to identify gaps in services and programs.
- II.  Ensure that the VA's Veteran Benefits Administration (VBA) tracks and analyzes all rating decisions by gender to ensure accurate, timely and equitable decisions by rating specialists.
- III.  Evaluate the quality of care provided by the VA and VA-purchased care for women veterans, particularly in mental health care.
- IV.  Evaluate current Department of Veterans Affairs (VA) housing and assistance programs for homeless and displaced women veterans and their families to identify gaps in housing support provision.
- V.  Report disaggregated data on every agency's services and programs for veterans to the public for external analysis.
- VI.  Continue to study the specific post-deployment health needs of women and evaluate existing VA services, particularly regarding health concerns, such as breast cancers, osteoporosis and heart disease, which often impact women at a higher rate.
- VII.  Fund independent research to better understand the needs of women veterans like RAND's 2008 Invisible Wounds Report.

3. REFORM GOVERNMENT FOR TODAY'S VETERANS

A government still stuck in the 20th century is trying to meet the demands of today's new generation of veterans. Despite enormous efforts over the last 10 years, too many veterans are still waiting too long for decisions on their disability claims; at the end of 2014, more than 242,000 veterans were stuck in the Department of Veterans Affairs (VA) backlog.²⁷ Roughly 60 percent of new veterans are enrolled in VA care²⁸ and those that are often face long wait times for appointments. Others are simply lost in the cracks—between the the Department of Defense and the VA, or between state, local, nonprofit and private services.

The numbers reported by the VA only tell part of the story and last year's VA scandal casts a shadow on all its data. In 2013 and 2015, IAVA gave a voice to the stories of thousands of veterans stuck in the VA disability claims process through TheWaitWeCarry.org, a groundbreaking interactive website collecting and publicizing quantitative and qualitative data on the VA backlog. TheWaitWeCarry.org has collected almost 3,000 stories, putting the faces and critical details on the true cost of outdated government services: women and men who wore our nation's uniform struggling with the financial and emotional stress of waiting for their benefits.

Of the veterans that reported their experiences:

- 74% reported filing disability claims was extremely or moderately stressful;
- 56% reported filing disability claims was extremely or moderately financially straining; and
- 48% reported the overall quality of their VA health care was "unacceptable" or "minimally acceptable."

The VA has recognized the TheWaitWeCarry.org as a valuable vehicle to connect with veterans in need, and Secretary McDonald recently applauded this groundbreaking tool in a blog on the VA website.

The system required to best serve today's veterans—whether they served in Vietnam or Iraq and Afghanistan—will be very different from the current legacy system. Our newest veterans are returning home ready for full lives having survived complex injuries that would previously have been fatal or absolutely debilitating. Meanwhile, the veterans' population in the United States is shrinking, with the number of veterans dropping from 28.5 million in 1980²⁹ to 21.2 million in 2013.³⁰ With less than one percent of the U.S. population having served in Iraq or Afghanistan, local support and public awareness of veterans' issues are waning. These changing demographics and circumstances require a nimble, dynamic system of care that can anticipate the needs of veterans and respond quickly; yet, the DoD and the VA still do not effectively transfer a service members medical records when they leave the jurisdiction of one agency to the other's.

A bold approach will take the full coordination of the executive branch and Congress, along with stakeholder partners in state and local governments, and the private and nonprofit sectors. We need a system that leverages the use of new technologies to streamline processes and enables the VA to take a more dynamic approach to respond to the needs of today's veterans. Even so, the best technology will not save a system if it is built upon outdated structures. The VA must connect its internal departments and work with the DoD to streamline services.

Veterans envision a system of care designed with the same entrepreneurial spirit required of them during their service. Standing on ceremony or hiding behind process cannot stand; success must be measured by results. Today, veterans too often feel like they are fighting the government for the services and benefits they have earned; a successful system of care will fight for them.

3.1: Finally End the VA Backlog

3.2: Seamlessly Transfer Care from the DoD to the VA

3.3: Improve Government Outreach to Veterans

3.4: Defend Troops Against Military Sexual Assault

3.5: Build on the Success of Local Veterans' Courts

3.1: Finally End the VA Backlog

Despite significant progress in 2014, too many veterans remained stuck in the Department of Veterans Affairs (VA) disability backlog. The VA backlog decreased by 34 percent in 2014, but more than 242,000 were still waiting more than 125 days for decisions on their claims at the end of 2014. Moreover, at the end of 2014 there were more than 287,500 veterans waiting on their appeals of the initial decisions on their claims.³¹ These men and women often face significant financial and emotional stress while waiting for the benefits and care that they've earned.

Under the leadership of the the new Secretary, Bob McDonald, the VA has implemented a massive transformation plan to improve the disability claims process. Yet, it remains unclear if these efforts are sufficient to keep pace with incoming claims and while the disability backlog is coming down, there is a growing number of pending appeals. The VA must give stakeholders the tools to help assess their progress and help solve their problems with outside-in solutions by establishing clear goals and metrics and expeditiously releasing complete data on their progress towards those goals.

But you can't speed up a train running on broken rails and the VA still has to address the factors that created the VA disability claims backlog: the burdensome process and misaligned VA staff incentives. Veterans often struggle to understand the claims process and how they can help the VA more quickly adjudicate their claims. At the same time, the VA must reform the work credit system to hold VA employees accountable at every level and improve its ability to collect and use private medical evidence to substantiate a claim.

IAVA Recommendations:

- I.  Transform VBA's adversarial culture, integrating best practices from industry and leveraging modern technology to deliver a system of customer satisfaction that rivals the best in the private sector.
- II.  Reform VA's work credit and productivity evaluation system for claims processors. A new system should reward processors based on the accuracy and the amount of hours worked in productivity evaluations, not the quantity of claims they processed.
- III.  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.
- IV.  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.
- V.  Require that appeals forms be sent along with the Notice of Decision letters to expedite the appeals process.
- VI.  Evaluate the Segmented Lanes work initiative to continually assess whether it is meeting the goals of fast tracking simpler claims and streamlining more complex claims through experienced staff.
- VII.  Fund independent data visualization and accountability programs like IAVA's The Wait We Carry.

3.1: Finally End the VA Backlog (Cont'd)

- VII.  Report the intake of new compensation and pension claims on the Monday Morning Work Report, the weekly report on the performance of the VBA's 56 regional offices' processing of compensation, pension and education benefits.
- VIII.  Report statistics on the intake and processing of supplemental and original claims separately in the Monday Morning Report to allow for better analysis of the challenges slowing each type of claim.
- IX.  Build a predictive model to accurately project the workload and the resource required, including personnel, to meet the future disability claims demand.
- X.  Make all disability benefits questionnaires available to private medical providers.
- XI.  Simplify notification letters to provide easily digestible, specific and clear information about the reasons for rating decisions.
- XII.  Continue to engage veteran stakeholders in updating the VA Schedule for Rating Disabilities (VASRD). Information about the reasons for rating decisions.
- XIII.  Require the VA to accept a PTSD diagnosis from a qualified private medical provider.
- XIII.  Allow the VA to incentivize private medical providers to furnish medical health records to the VA for processing.
- XV.  Clarify and report accuracy ratings for each regional VA. Designate what percentage of errors are processing errors, such as improperly completed paperwork, and those that are inaccurate rating decisions.
- XVI.  Create a fully developed appeal option for veterans similar to the fully developed claims process to provide veterans more choice while saving time during the appeals process.
- XVII.  Provide the Board of Veteran Appeals with full access to and integration with Veterans Benefits Management System (VBMS).
- XVIII.  Revise title 38 U.S. Code § 7107 so that the VA may utilize video teleconference hearings more frequently and as the default option when scheduling hearings, and the appellant may request a video hearing in lieu of an onsite hearing.

3.2: Seamlessly Transfer Care from the DoD to the VA

Despite the commitments of past presidents and Secretaries of the Departments of Veterans Affairs (VA) and Defense (DoD), there is still no sustainable system to share electronic health records. The DoD and the VA have established stop-gap measures to lessen the negative impact of the two isolated systems, but it is still unclear how the departments will achieve this singularly important goal of fully sharing electronic health records.

The consequence of the failure to seamlessly share information is that too many veterans are falling through the cracks in the transition from the DoD to the VA. Despite initiatives to enroll more service members in eBenefits and reach more service members through the Transition Assistance Program, just 60 percent of all new veterans are registered for VA health care.

National Guard members and reservists face particular difficulties in their transition between the DoD and the VA, since they are bounced between the VA, DoD and state care. Dealing with so many agencies, they often struggle to obtain their medical and service records, resulting in more delays in applying for VA benefits and services.

IAVA Recommendations:

- I.  Automatically enroll all troops leaving active duty service in VA health care with an option to opt out.
- II.  Fully implement the DoD plan to develop an automated system to transfer Service Treatment Records to the VA electronically.
- III.  Provide oversight by monitoring the progress and development of interoperable DoD and VA health records, including submitting regular DoD and VA progress reports to Congress.
- IV.  Fully implement the comprehensive exit physical before a service member separates from the military.
- V.  Improve the transition of National Guard medical and service records from state National Guard units to VA.

3.3: Improve Government Outreach to Veterans

Too many veterans don't understand the benefits for which they are eligible. More than 10 percent of IAVA's survey respondents who were not enrolled in Department of Veterans Affairs (VA) care indicated that this was because they were unsure of whether or not they qualified. Another 11 percent said they did not know how to apply.³² Just 60 percent of new veterans use VA health care. It is an untapped resource for many veterans of Iraq and Afghanistan, not because they made an informed decision to opt out, but because they don't know enough about the benefits available to them.

Over the last year, the VA has taken steps to improve its outreach to veterans. As the VA works to streamline its website and develop new promotional materials, the VA will improve its ability to reach out to veterans of all generations.

VA's outreach must achieve two goals: 1) VA outreach must clearly communicate to veterans what benefits are available to them, and 2) VA must provide a seamless flow of information when applying for and using these benefits. Without this dual approach, the VA will fail to effectively enroll and retain all veterans who want to take advantage of the benefits they earned.

IAVA Recommendations:



I. Prioritize VA outreach efforts by including a distinct line item in VA appropriations for marketing and outreach. Partner with Veteran Service Organizations and best-in-class communications, technology and public relations firms to reform how the VA communicates its benefits to veterans.



II. Establish a set of best practices for local resource directories, such as citywide 311 services, that provide local information geared specifically toward veterans.



IV. Design and implement national guidelines and programs for VA to reach out to rural and underserved veterans. Contract with local community health care providers and veteran service organizations in areas where rural veterans do not have reasonable access to care.



V. Fund and partner with Veteran Service Organizations (VSOs), especially next generation VSOs, to expand reach and trust across the veteran community.



VI. Increase appropriations to the VA's Office of Rural Health (ORH) annually by the same percentage increase approved for VA Medical Centers to ensure continued support to rural and remote area veterans



VII. Given the importance of the ORH in supporting rural and remote veterans, elevate its organizational position in the VA from its current position under the Deputy Undersecretary for Health for Policy and Services.



VIII. Give authority to ORH to establish partnerships and grant funds to non-VA organizations that serve the rural and remote veteran community.



IX. Fund private nonprofit support programs that expand housing, health care and technology access to rural and remote veterans.

3.4: Defend Troops Against Military Sexual Assault

If troops aren't safe in our military, they can't defend America against our enemies. The scourge of military sexual assault in the military is a national embarrassment and must be eliminated. While military sexual assault is often framed as a women's issue, it impacts both men and women. And while the percentage (4.3 percent in FY 2014) of active duty women estimated to experience unwanted sexual contact is higher than the percentage of men (0.9 percent in FY 2014), in raw numbers more active duty men are estimated to have experienced unwanted sexual contact than women.³³

The FY 2012 annual report from the Department of Defense's (DoD) Sexual Assault Prevention and Response Office (SAPR) was a wake-up call to the nation, revealing an estimated 26,000 cases of unwanted sexual contact in the military.³⁴ Both the DoD and Congress responded. Congress passed significant legislative reforms to protect survivors from retaliation, track and preserve evidence of sexual assault, prevent sexual assault, and begin reforming the military judicial system to better prosecute crimes of sexual assault. The DoD continues to assess sexual assault in the military through annual updates and address the findings in these reports.

In the FY 2014 update, the DoD reported some improvements, including an increase in the number of reports filed, indicating less stigma associated with reporting an assault, and an overall decrease in the number of estimated accounts of unwanted sexual contact (estimated at 18,900).³⁵ However, there is still much bad news. The report highlighted no significant change in the high number of retaliation for reporting. The report also revealed that while the number of women experiencing unwanted sexual contact decreased, the number of men didn't significantly change. This highlights the need for additional action to create the circumstances where all survivors can come forward to report cases of sexual assault.

Survivors may not choose to formally report a sexual assault for fear of retaliation, whether professional or social. Continued efforts are needed to help survivors of sexual assault come forward so they can seek the care they need, bring the perpetrator to justice, and prevent future assaults by that perpetrator. This will require holding military leaders, throughout the chain of command, accountable for fostering an environment where retaliation against those reporting is unacceptable.

Congress must improve the military justice system by placing the disposition authority for all serious crimes in the hands of experienced and impartial military prosecutors, instead of the chain of command. While the chain of command would remain involved, the ultimate decision would rest with the prosecutor, ensuring that decisions of whether to prosecute is made on the facts of the case alone, giving both the survivor and accused justice.

IAVA Recommendations:

- I.   Ensure full funding for the SAPR by including it in the DoD Program Objective Memorandum budgeting process to ensure that a separate line of funding is allocated to the services.
- II.  Provide a plan to prevent an increase in military sexual assault in newly integrated Military Occupation Specialties following the military's decision to allow women to serve in combat arms units.
- III.  Place the disposition authority for cases involving serious crimes in the hands of an experienced, independent military prosecutor.
- IV.  Determine additional support systems needed for male survivors of sexual assault.
- V.   Evaluate the discharge status of survivors of military sexual assault and upgrade the status of those who may have been a victim of retaliation for reporting.

3.5: Build on the Success of Local Veterans' Courts

IAVA has long been a strong supporter of these effective, innovative courts. More than 40 states have established Veterans Courts to offer alternatives to traditional criminal sentences for veterans with legal trouble characteristic of a mental health injury rather than criminality.³⁶ While the first Veteran Court was established just six years ago in Buffalo, New York, today it is estimated that more than 250 exist.³⁷

Veterans Courts provide enormous benefits both to veterans and the community. Those convicted through a Veterans Court are put through a rehabilitative program that often includes mental health support, and they avoid criminal sentences if they meet the requirements of the program. This provides veterans with a second chance, but also lowers recidivism rates. As more is understood about these programs, state and local governments should now seek to adopt best practices and expand the use of Veterans Courts beyond the 40 states that currently have them.³⁸

Additionally, there is no clear sense of how many veterans are incarcerated and for which crimes. Some of these incarcerated veterans would certainly come under the jurisdiction of a Veterans Court, their crimes being characteristic of mental health injuries, but slipped through the cracks or they didn't have a local Veterans Court available to them. Unfortunately, these incarcerated veterans don't receive treatment from the Department of Veterans Affairs (VA) for injuries, though they could benefit from VA expertise on combat-related physical and mental health injuries.

IAVA Recommendations:



I. Employ the best practices from the more than 250 Veterans Courts³⁹ 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.



IV. 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. Provide grants to states to establish Veterans Courts.



V. 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, incarcerated veterans.



III. 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.



VI. Train probation officers in the benefits available to veterans to aid in helping formerly incarcerated veterans transition back into their communities.

4. DEFEND VETERAN AND MILITARY EDUCATION BENEFITS

Less than two years ago, the one millionth new veteran went to school on the Post-9/11 GI Bill,⁴⁰ known as the New GI Bill, and we realized the vision that IAVA and partner organizations had for our newest veterans when we started to advocate for this historic benefit in 2007. IAVA is proud of our leadership in driving the passage of the Post-9/11 GI Bill in 2008 and in championing upgrades in 2010 and 2014, these upgrades simplified and improved tuition benefits, expanded eligibility to the National Guard, included vocational programs, and made nationwide in-state tuition rates a possibility for new veterans beginning this year.

Despite the enormous success of the New GI Bill, there is still work to be done. There have been attempts to measure the impact of the New GI Bill, but there is no centralized mechanism to track graduation rates, employment outcomes and other measures of success that would help veterans make better decisions about how best to use their benefits. Meanwhile, veterans' New GI Bill benefits remain under attack by predatory for-profit schools that see the New GI Bill as a shortcut to profits. Even with recent regulations passed to help veterans evaluate schools, the so-called "90/10" loophole that incentivizes predatory actors to target veterans and their families remains open. The 90/10 law states that no more than 90 percent of a for-profit school's revenue be generated by federal funds, relying on 10 percent of their revenue thus requiring them to prove their value through the free market. However, because the law was written to exclude federal GI Bill benefits from the 90 percent the legislative intent has not been realized and problems continue to persist, hence creating a loophole.

As the war in Afghanistan winds down, the Post-9/11 GI Bill will continue to be at the core of new veterans' transition home, into careers, and into positions of leadership in every sector. The country's higher education system must be fully equipped to meet their needs and ensure their success.

4.1: Defend the New GI Bill from Fraud, Waste and Abuse

4.2: Streamline the New GI Bill

4.3: Ensure the Success of Veterans on Campus

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

In recent years, Congress and President Obama took steps to protect student veterans from the practices of some predatory actors in the for-profit schools sector. Through the Improving Transparency of Education Opportunities for Veterans Act of 2012 and the 2012 Principles of Excellence for Military and Veteran Education Programs Executive Order, student veterans were given more resources to distinguish quality education programs—aligned to their career goals—from poorer, abusive programs.

Despite these reforms, for-profit schools remain incentivized to target student veterans. A 2014 Senate Health, Education, Labor and Pension (HELP) Committee report found that eight of the 10 schools receiving the most revenue from Post-9/11 GI Bill benefits were for-profit companies, though they only educated 25 percent of veterans.⁴¹ Limitations in the regulations and in the reporting requirements prevent many poor-performing schools from being identified or disciplined. Congress must take bold action to prevent these schools from squandering veterans' educational benefits and jeopardizing their futures.

IAVA Recommendations:

- I.  Close the 90/10 loophole by including DoD and VA education benefits in the category of "government funds" for the purposes of calculating the 90 percent limit of public dollars a for-profit school can receive.
- II.  Require the DoD and VA to provide oversight of school performance and student success. These metrics should be collected, tracked, regularly reported to Congress, and made available to the public.
- III.  Prevent all schools from using taxpayer dollars for marketing and recruiting veterans and service members.
- IV.  Eliminate VA education funding for programs that participate in Title IV.
- V.  Require the VA and DoD to independent information information on student resources like College Navigator and nonprofit resources like IAVA's www.NewGIBill.org.
- VI.  Develop and fund a section within College Navigator to allow for social media integration as a tool so students can rate schools and share their experiences with other students.
- VII.  Adopt gainful employment regulations that ensure government funding is provided only to vocational programs with proven employment outcomes for students.

4.2: Streamline the New GI Bill

While the Post-9/11 GI Bill is a historically comprehensive educational benefit for veterans and their families, it can be significantly improved. Currently, veterans often struggle to make ends meet between semesters. Veterans do not receive their housing allowances during the holiday breaks and often cannot get a job for such a short period to cover their basic costs. And for new enlistees, they are still automatically enrolled into the old Montgomery GI Bill and pay a buy-in fee of \$100 for the first 12 months of enlistment, even with the free Post-9/11 GI Bill in place.

Some veterans are enrolled in schools that participate in the Yellow Ribbon Program, which helps cover the cost of tuition at private colleges and universities, but this program is not offered at all schools. Additionally, some veterans are unable to pursue scholarships to cover additional costs of their education without losing portions of their GI Bill benefits. IAVA is continuing to fight to ensure that the New GI Bill completely enables veterans to complete their education.

IAVA Recommendations:

- I.  Restore interval payments for breaks in the school year. Ensure that break pay does not reduce student veterans' benefits.
- II. 
 Require that new enlistees opt-in to the Montgomery GI Bill, rather than opt-out.
- III.  Abolish the "payer of last resort" calculation for tuition and fees benefits in the New GI Bill.
- IV.  Allow National Guardsmen and Reservists with less than three years of total active duty service to participate in the Yellow Ribbon Program.
- V.  Expand the Post-9/11 GI Bill benefit to allow veterans to use their remaining entitlement to repay student loans.
- VI.  Allow veterans to "cash in" their GI Bill benefits to use as seed money for starting a small business.
- VII.  Allow medically discharged veterans and retirees to transfer their unused GI Bill benefits to their spouses and dependents.

4.3: Ensure the Success of Veterans on Campus

The post-WWII GI Bill proved to be a smart investment, returning seven dollars to the economy for every dollar invested in the program.⁴² The question of whether the Post-9/11 GI Bill can live up to that legacy will depend on the success of today's student veterans. The government should continue to build upon its existing programs to support veterans on campus to realize the full potential of the Post-9/11 GI Bill.

Veterans also bring unique experiences to college campuses, greatly contributing to the diversity on campus. It's in the interest of college campuses to attract this talent and provide a supportive environment in which these leaders can thrive. In IAVA's member survey, 30 percent of our student veterans identified availability of support programs for military students as a reason why they chose their school.⁴³ By investing in programs on campus, schools can both support their current student body and attract the interest of more veterans and their families.

IAVA Recommendations:

- I. 

 Commit to becoming a veteran-friendly campus by adopting "IAVA's four veteran-friendly best practices":
 - Participate in the New GI Bill Yellow Ribbon Program;
 - Agree to be a Servicemember Opportunity College (SOC) and provide college credit for military training;
 - Create and support a veterans' group on campus;
 - Train faculty and staff on veterans' issues.
- II. 



 Collect metrics on the performance of student veterans in individual schools to establish a set of best practices to support student veterans and help student veterans make more informed educational decisions.
- III. 


 Fully fund the Model Programs for Veteran Student Success grant program, which enhances on-campus programs for student veterans.
- IV. 
 Require colleges and universities to reimburse tuition paid to students who are deployed mid-academic term and cannot complete coursework.
- V. 

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

 Provide government grants to VSOs and nonprofits to develop student veteran service programs in order to help veterans achieve their educational goals.
- VII.  Expand the VetSuccess on Campus (VSOC) program to cover more veterans, including those attending online programs.

5. PRESERVE OUR LEGACY

The threats to veterans' benefits and care are real. During sequestration, the military cut support services for military families and Pentagon leaders are being forced to consider additional cuts. Through the Bipartisan Budget Act, Congress cut retirement benefits for those currently serving. While Congress ultimately restored these benefits, it was a clear statement: the promises to protect veterans' benefits are already wavering.

The benefits and pay for our troops are also under fire. Cutting pay and benefits could have disastrous effects on our nation's capability to respond to further threats. Over the last 10 years, Congress has finally made military pay and benefits competitive with jobs in the civilian sector. America demands a lot from both service members and their families; they spend months apart for deployments and training, move frequently, and risk their lives. This is a lot to ask anyone and any family. If military pay and benefits start to stagnate and aren't competitive, it will become difficult for the military to retain its much-needed troops.

Cutting benefits also threatens recruitment. President George Washington once said, "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive how the veterans of earlier wars were treated and appreciated by their nation." These guiding words remain sage advice today as the era of war in Iraq and Afghanistan begins to close.

In the coming years it will seem politically expeditious to find "savings" in cuts to veterans' services and benefits. Congress, the President, and the American people must put in place protections to block any future attempts to erode the system of care for veterans and their families. We don't know what the future holds for many veterans and their families. Many of the effects of today's wars are still unknown and some veterans are working to integrate back into their families and communities. They have not yet sought support for injuries that may become more severe with time. The system of care must still be there for veterans when their injuries emerge.

Now is the time when troops and veterans will ask if the country has their backs and if our nation will keep its promises. The answer to both questions must be as absolute as our resolve when we deployed.

5.1: Protect Funding and Services for Troops and Veterans

5.2: Defend Military Pay and Benefits

5.3: Protect Refugees from Iraq and Afghanistan

5.4: Secure IAVA Congressional Charter

5.1: Protect Funding and Services for Troops and Veterans

The long-term needs of new veterans are still not fully understood and will only be revealed as research continues and more veterans return home.

Research estimates that one of five new veterans have invisible injuries such as TBI or PTSD.⁴⁴ In addition, the military's use of so-called "burn pits" to destroy waste has already impacted the health of new veterans, but little is understood about the long-term effects of exposure to the pits. With our presence in Iraq and Afghanistan no longer in the headlines, the country must continue investing in the system of care for veterans and their families. Congress must continue to appropriate funding levels for the Departments of Veterans Affairs (VA) and Defense (DoD) to match the benchmarks set by leaders of the veterans' community in the 2015 Independent Budget.

Congress should also extend advance appropriations to the entire VA. In 2010, following a series of missed budgets, Congress responded to calls from IAVA and our partners throughout the veterans' community to restore predictability to the VA health care budget by appropriating funds one year in advance. Now is the time to protect all VA programming from the whims of political bickering; the entire VA needs budget stability to continue its transformation efforts.

IAVA Recommendations:

- I.  Ensure that the VA funding levels match the annual Independent Budget blueprint, produced by leading VSOs and endorsed by IAVA.
- II.  Provide the Secretary of Veteran Affairs increased budget flexibility to allocate funds across budget line items to best meet the demands of veterans using VA health care.
- III.  Appropriate funds for the entire VA—not just the health care system—one year in advance.
- IV.  Provide aggressive oversight to ensure that VA funds are spent efficiently and effectively.
- V. 
 Maintain funding for the historic New GI Bill benefits for new veterans.
- VI. 


 Invest in and partner with innovative community nonprofits serving the needs of service members, veterans, their families and survivors.

5.2: Defend Military Pay and Benefits

Congress cannot balance the budget on the backs of veterans or their families. Veteran services are not frivolous spending—the programs are deeply important to the health and security of our veterans and their families. Furthermore, since veterans kept their commitment to the country, it's unfair for the country to not deliver on their commitments to us; yet, deficit hawks and political maneuvering continue to put a target on our backs. In 2011, Congress jeopardized programs to support military families and service members by including those critical programs in the threat of across-the-board cuts, known as sequestration. When sequestration went into effect in 2013, veterans felt the impact. Later, the budget compromise meant to end sequestration—the Budget Control Act—devastated military retirees by cutting cost of living adjustments, cuts that will cost an E-7 retiree more than \$3,000 a year.⁴⁵ While some of these cuts have been repealed, many remain and show a readiness to abandon the military community.

The nation is coming off a recession and everyone is tightening their belts, but adjustments to military compensation must consider the holistic impact on the already strained families of veterans and service members. For example, the use of food stamps on military commissaries has been steeply rising since 2008, with \$104 million in food stamps being redeemed in 2013;⁴⁶ yet political leaders are considering further cuts to them and discounts provided through commissaries. The Department of Defense (DoD) spent almost \$1 billion in 2012 on unemployment benefits, showing the continued need to invest in programs to help transition troops into civilian careers.⁴⁷ No cut is made in a vacuum and our government should carefully assess the costs and benefits of any change they make to military and veteran benefits.

Unless Congress and the President keep military compensation competitive with the civilian job market and active duty morale high, it will be difficult to maintain the strongest all-volunteer force, potentially impacting the country's ability to respond to threats. Maintaining family and troop morale must be seen as a national security priority.

IAVA Recommendations:

- I.  Permanently and completely repeal the automatic spending cuts (known as sequestration) allowed by the Budget Control Act signed into law in 2011.
- II.  Repeal the 2013 cut to military retirement that reduces the cost of living adjustment for working age retirees.
- III.  Oppose increases in TRICARE fees and cuts to military retirement benefits.
- IV.  Set and protect the commissary benefit for military families and retirees at the current funding levels to ensure living on military bases is financially feasible.
- V.  During an enacted sequestration, allow the DoD more budget flexibility by allowing it to use excess funds from one account to support others.
- VI.  Maintain competitive pay for troops by keeping pace with the civilian sector.

5.3: Protect Refugees from Iraq and Afghanistan

In 2013, during the government shutdown, the Special Immigrant Visas (SIVs) for U.S.-affiliated refugees temporarily expired and was extended in October 2013. These visas secure the safety of men and women who worked side by side with American troops, risking their lives, as interpreters in Iraq and Afghanistan. Without these visas, these partners and their families are at great risk staying in Iraq and Afghanistan and, often owing them our lives, we continue to fight for them and their families. Congress and the administration must renew efforts to care for the Iraqi and Afghan men and women who risked their lives alongside today's veterans. Currently there are at least 13,500 applicants for SIVs from both Iraq and Afghanistan. The majority of these (12,000) are Afghan.

IAVA Recommendations:



Authorize the number of visa necessary to ensure that all Afghans and Iraqis who are eligible receive one.



Authorize the SIV program to continue for as long as the U.S. commits military forces in Afghanistan and Iraq.



Extend the Category 5 provision of the Direct Access program, currently only applicable to Iraqis, to the extended family of Afghan SIV applicants. This will cover all family members that can show duress due to service, rather than limiting access to spouses and children under the age of 21.



Support and fund private, nonprofit organizations that support SIV relocation efforts like The List Project and No One Left Behind.



Allow SIV applicants to apply for housing through the Department of Housing and Urban Development (HUD) during their application process so that housing is immediately available upon their arrival, rather than waiting until they receive a social security number.



5.4: Secure IAVA Congressional Charter

In the past, Congress has granted Congressional Charters to a to a limited number of Veteran Service Organizations. This official recognition is an important step to preserving the mission and legacy of IAVA. Unfortunately, Congressional leaders have moved away from such recognition.

IAVA Recommendations:

- I.  Work with Members of Congress to develop and pass legislation granting IAVA a Congressional Charter.

6. HONOR THE SERVICE AND SACRIFICE OF VETERANS AND THEIR FAMILIES

Only about 20 percent of IAVA members who responded to our 2014 Membership Survey felt that the American public understands the sacrifice of Iraq and Afghanistan veterans and their families.⁴⁸ This number is far too low and this perception must change. Service member and veterans need to feel supported by the American public, and it's up to the American public to deliver on this.

As of June 30, 2015, 6,828 service members have given their lives for this country in Iraq and Afghanistan.⁴⁹ The nation must first honor these men and women by supporting their families who are left behind. Furthermore, the time has come for our nation to honor the sacrifice of our fallen post-9/11 troops with a memorial on the National Mall. A monument gives families and veterans a place to gather and mourn, and it gives the nation an enduring reminder of the heroism of our military and the sacrifices made on their name.

Veterans of previous wars were the first to support our return home with open arms and an enthusiastic "welcome home," which many of them never got. These men and women forged a trail for our generation and ensured the nation honors the service and sacrifice of today's veterans and provides them the benefits and support they deserve. And yet, they continue to fight for their own recognition, benefits and honor for their missing peers. The nation must not only honor and support our current generation of veterans, but pay the long overdue tribute to those who have come before us.

- 6.1: Support the Families of the Fallen
- 6.2 Properly Honor the Fallen at Arlington
- 6.3: Create a Post-9/11 National Monument in Washington
- 6.4: Honor Those Who Came Before Us

6.1: Support the Families of the Fallen

One of our country's most solemn duties is to support the families of the troops who gave their lives in its service. These families are forever a piece of the military community; yet too often they are forgotten, restricted from military bases and left out of many military and veteran initiatives. They have already lost loved ones, and must not be denied their community, too.

Surviving families deserve highly trained support when informed of their loss. Yet families continue to tell stories of insensitive or uninformed casualty officers who are unable to provide the support they need. The Department of Defense (DoD) must ensure that its casualty assistance officers are highly trained to help surviving family navigate the system of care available to them.

Finally, our government should not be nickel and diming surviving families by cutting their earned annuities through the Survivor Benefit Program/Dependency Indemnity Compensation offset, which reduces benefits to family members from the DoD and the Department of Veterans Affairs (VA). Surviving families must be given every honor and every resource, including financial.

IAVA Recommendations:

- I.  Provide surviving family members with identification cards to ensure them continued access to military installations.
- II.  Improve training requirements for casualty assistance officers; ensure personnel are fully aware of survivor benefits.
- III.  Immediately eliminate the Survivor Benefit Program/Dependency Indemnity Compensation offset, which reduces benefits from DoD and VA.
- IV.  Establish a Gold Star Family Assistance Office within the Department of Defense.
- V.  Create a family advocate, modeled after the Naval Criminal Investigative Service (NCIS) position, within the Army Criminal Investigation Command.
- VI.  Establish a database to register survivors.
- VII.  Investigate issues with the upkeep and storage of DD-93 forms, Record of Emergency Data that identify emergency contacts.
- VIII.  Include an option on DD-93 forms to opt out of showing parents or next of kin graphic autopsy photos.
- IX.  Ensure implementation of the VA advisory committee's recommendation on establishing a case-management system for benefits coordination and registry for survivors.
- X.  Expand funding for non-profits that support families of the fallen like TAPS and Gold Star Families.

6.2 Properly Honor the Fallen at Arlington

As a nation, we honor the sacrifice of our fallen service members at the graves where we lay them to rest at Arlington and veterans' cemeteries around the world. In doing so we make it clear that their ultimate sacrifice will never be forgotten.

Four million veterans from every era and every conflict have been buried within the 19,000 acres of hallowed grounds of the National Cemetery Administration (NCA).⁵⁰ We honor their sacrifice and comfort their families by ensuring veteran cemeteries are adequately equipped to honor the service and history of our men and women in uniform.

IAVA Recommendations:

- I.  Modernize operations at Arlington National Cemetery to ensure that no veteran is misplaced or dishonored.
- II.  Mandate that all remains and interment records at Arlington National Cemetery are properly tracked in an electronic database.
- III.  Ensure the handling and disposal of the remains of the fallen are held to the highest standards of respect and honor through the establishment and continual monitoring of adherence to protocols to this effect.
- IV.  Mandate that Arlington National Cemetery provide families with headstone information a week before burial to better insure proper burial and identification of those laid to rest.



6.3: Create a Post-9/11 Veterans National Monument in Washington

We must honor the service of today’s veterans alongside their fellow warriors who served in Vietnam, Korea and World War II. A new generation of veterans shouldn’t wait years to see a memorial in their honor, as those who served in Vietnam and World War II were forced to do. IAVA members overwhelming support the creation of a memorial and are standing by to galvanize all Americans in support.

IAVA Recommendations:

I.



Reserve a space in Washington, D.C. for a memorial that honors the sacrifices of post-9/11 veterans. Planning for the memorial should include both new veterans and Gold Star families.

II.



Allocate government funding to build the memorial. America’s veterans should not be reduced to begging the general public for donations to a memorial that will serve not just the veterans community, but all Americans for generations to come.

6.4 Honor Those Who Came Before Us

The vast majority of post-9/11 veterans returned from Iraq and Afghanistan to a warm welcome home and a thanks for their service. Unfortunately, many of the over 20 million veterans who preceded us were not given the same respect and gratitude for their service. Many, especially our brothers and sisters who served in Vietnam, returned to animosity and disrespect. As older veterans reach their senior years, it is past time to right this wrong. We must honor all those who came before us by educating the country of their service and sacrifice and account for all uniformed service members who are still missing. Veterans of all eras have served this great nation with honor and deserve to be recognized accordingly.

IAVA Recommendations:

- I.  Invest in the development and construction of an education center at the Vietnam Veterans Memorial.
- II.  Ensure the newly formed Defense POW/MIA Accounting Agency (DPAA) is properly resourced and fully integrates the former offices responsible for this work to provide the fullest possible accounting for all missing personnel to their families and the nation.

- III.  Extend caregiver services and support to qualifying disabled veterans of all conflicts.
- IV.  Establish a VA Medical Center that serves as a national center of research for the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while serving in the military.

7. EMPLOY THE NEW GREATEST GENERATION

Congress passed the IAVA-led Vow to Hire Heroes Act of 2011, a landmark piece of legislation to help reduce veteran unemployment. As a result of our efforts, the unemployment rate for new veterans continues to drop; however, it still remains higher than the national average for veterans and civilians. At the end of 2014, the unemployment rate for post-9/11 veterans was 7.2 percent, compared to 5.3 percent for all veterans and a 6.2 percent national average.⁵¹ While unemployment seems to be decreasing overall, there are rising concerns about long-term career success and underemployment in the veteran population. There are two tracks to veteran employment: 1) matching veterans to the right career; and 2) facilitating their entrepreneurship. Both tracks are good for the veteran, good for employers, good for the economy and good for America.

Unfortunately, finding the right job is difficult when employers don't have the context to understand a veteran's skills and experience; they cannot translate what they've done to their organization's needs. This continues to be a significant contributing factor to new veterans unemployment and underemployment. Less than half of employed IAVA survey respondents felt their current position was an appropriate fit given their education or military experience.⁵² It's in everyone's interest to get the fit right; veterans who have jobs in their preferred career field do better work and tend to remain in those jobs longer, meaning there are fewer issues with employee retention or attrition.⁵³

Veterans are also highly motivated to start their own business, and are 45 percent more likely than civilians to do so.⁵⁴ Most veterans are experienced entrepreneurs long before they get their big idea or file the paperwork. Serving in a war requires the very skills that make great entrepreneurs: creativity, leadership, problem solving, determination and resilience. As with the Greatest Generation of WWII veterans, investing in our nation's future means fueling a transformative generation of veteran entrepreneurs, inventors and innovative leaders.

For our nation, this means enacting policies that will facilitate both hiring and long-term success. Post-9/11 veterans are the key to America's economic future. We are not a charity, but an investment. And the time to invest is now.

7.1: Invest in Veteran Entrepreneurs and Small Business Owners

7.2: Translate Military Skills for the Civilian Job Market

7.3: Defend Troops Against Job Discrimination

7.4: Incentivize Employers to Hire Veterans

7.5: Strengthen Veterans' Support in the Workplace

7.6: Provide Veterans with Employment Resources

7.7: Empower Veterans to Continue Public Service



7.1: Invest in Veteran Entrepreneurs and Small Business Owners

The skills forged in military service easily lend themselves to the entrepreneurial mindset required to start and sustain a business. Many veterans of Iraq and Afghanistan return home ready to start their own small business. About seven percent of IAVA member survey respondents said they already own a small business and one out of five plan to start their own business.⁵⁵

While programs exist to support veteran-owned small businesses through the Small Business Administration and government contracting preferences, the majority of small business owners in IAVA's survey reported that their challenges included difficulty in obtaining start up capital (24 percent), operating costs (19 percent) and navigating state and federal regulations (16 percent).⁵⁶

IAVA Recommendations:

I.



Allow veterans to use their GI Bill benefits as seed money for starting a small business or start-up.

IV.



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

II.



Expand funding to community-based and nonprofit organizations with proven workforce development programs.

V.



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

III.



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.

7.2: Translate Military Skills for the Civilian Job Market

Translating military skills into their civilian equivalents continues to be one of the most significant barriers to veteran employment. Many veterans report that business leaders don't understand the value they bring. While dedicated companies are working to translate military professions into their civilian equivalent, there remains no universal understanding of the crossover.

The Vow to Hire Heroes Act of 2011 required the Department of Labor to commission a study to translate military skills into civilian certifications. Once released, this study could be foundational in building tools to help veterans communicate their skills to civilian employers.

Meanwhile, state and local governments should continue to make it easier for veterans to obtain the certification required for their civilian careers when licensing and certification is required. Since 2011, many states have made headway in allowing military service to qualify veterans for some licenses and certifications. Until a more comprehensive approach is available, Congress and state and local governments should continue to ease requirements license by license.

IAVA Recommendations:



Invest in research to determine how the skills of military occupations translate into open jobs within businesses and nonprofits.



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 job market.



Continue state efforts to account for military service when crafting requirements for state certifications and licenses.



Train human resource professionals, either through nonprofits or through the DoL, on the unique experiences of service members.



Teach veterans how to market their transferable skills—such as management and leadership—to various employment sectors during the Transition Assistance Program (TAP).



Report on the progress of the study required by section 222 of the Vow to Hire Heroes Act of 2011.

7.3: Defend Troops Against Job Discrimination

The wars in Iraq and Afghanistan have relied more heavily on National Guard and Reserve troops with more than 800,000 deployed.⁵⁷

The changing and expanded use of the Guard and Reserve has created challenges for employment. The Uniform Services Employment and Re-adjustment Rights Act (USERRA) help Guardsmen and Reservists continue their civilian careers by requiring employers to re-employ service members upon their return from a deployment. However, weak enforcement mechanisms limit USERRA's ability to hold violators accountable, leaving many Guard and Reservists without recourse when they return home to a job that has been filled. Additionally, USERRA does not even cover one of the worst offenders: the government. To protect our citizen warriors we must give USERRA teeth and insist the government holds itself to the same standards it requires of the private sector.

IAVA Recommendations:

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


 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.
- IV.  Add the violation of USERRA to the list of offenses that result in suspension or disbarment from eligibility for federal and state government contracts.
- V.  Prevent employers from firing an employee while a USERRA claim is being processed.
- VI.  Make USERRA complaints exempt from pre-dispute binding arbitration agreements.
- VII. 
 Fully fund and actively promote Employer Support of the Guard and Reserve, the tip of the spear for defending service members against job discrimination.
- VIII.  Extend USERRA protections beyond the current five-year limit.

7.4: Incentivize Employers to Hire Veterans

Many employers have answered the call to hire new veterans and military families. The public and private efforts to hire more veterans has definitely help put a dent in the veteran unemployment rate. But it is a dent, nonetheless.

The expansion of public and private sector efforts to hire veterans must continue. As the wars in Iraq and Afghanistan come to a close, one million veterans are expected to transition from the military in the next five years. In 2012, the Center for New American Security reported that companies struggle to overcome concerns about negative stereotypes of veterans or future deployments when considering whether to hire veterans.⁵⁸ Programs to incentivize and educate employers will help overcome these concerns. Furthermore, the federal government should continue to use its resources and relationship with contractors to spur the hiring of veterans

IAVA Recommendations:

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

 Create state and local veterans preference law for all levels of government hiring and contracting.
- III. 



 Initiate a 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.
- IV. 


 Establish a set of best practices for recruiting, hiring and employing veterans that can be disseminated and adopted by all public and private organizations, and educate prospective employers through a national public awareness campaign.
- V.  Continue convening White House summits on veteran employment that connect veterans, corporate leaders and community-based nonprofits.

7.5: Strengthen Veterans' Support in the Workplace

Employers can tap the potential of new veterans and maximize the value they can bring to the workplace by implementing programs that support veterans in the workplace. In a 2012 survey of veterans fielded by IAVA and Prudential Services, Inc., 55 percent of veterans are concerned about cultural barriers in the workplace.⁵⁹ Successfully supporting veterans in the workplace begins by understanding the challenges confronting veterans and their families and training staff to appropriately address these challenges.

Additionally, many veterans continue to serve through the National Guard and Reserve. At times, the training and deployment requirements of Guard and Reserve service can strain businesses and can be a disincentive to supporting these veterans' service. The government can help by rewarding companies for providing opportunities to Guardsmen and Reservists.

IAVA Recommendations:

- I.  Provide tax credits to patriotic employers who pay the difference between a Reserve or National Guardsman's civilian salaries and military wages when they are called to active duty.
- II.  Provide a tax deduction to businesses that provide additional training to ensure returning Reservists and 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 and it must also be available to veteran-owned small businesses.
- III.  Include training on PTSD and TBI awareness 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 and provide them peer-to-peer support in the workplace.
- V.  Train H.R. professionals to become USERRA coaches to support deploying Guardsmen and Reservists and more broadly to be culturally aware of the unique skills the military provides.

7.6: Provide Veterans with Employment Resources

The skills required to join and progress within the military often vary from those used in the civilian job market. Upon leaving service, many veterans have never before applied for a job with a resume or leveraged their networks to identify employment opportunities. In 2012, a survey revealed that approximately one third of veterans left the service without receiving any sort of employment training or benefits.⁶⁰

The newly revamped Transition Assistance Program (TAP) is a large step forward in equipping separating service members with the tools and resources to find a job in the civilian market. But more efforts to develop job-hunting skills, networking, internships and other opportunities for veterans are needed.

IAVA Recommendations:

- I.  Continually assess the effectiveness of the newly implemented TAP through user feedback and success metrics and integrate changes to meet the needs of service members.
- 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.    Establish programs to train veterans on professional networking and leveraging their professional networks to find employment. Ensure the programs include training on online networking.
- IV.   Fund best-in-class nonprofits providing employment resources for new veterans and allow these partners to offer their services on military bases and as part of other employment programs.
- V.    Develop interview training to veterans regarding what employers are allowed and are prohibited from asking in interviews.
- VI.   Create a tax credit for individual veterans who, within 10 years of separation from service, complete skills training beyond what their education benefits cover.
- VII.    Partner with and fund nonprofit organizations and companies to place veterans in internships or fellowships.
- VIII.  Move the Veterans Employment and Training Service to the Department of Veterans Affairs from the Department of Labor.

7.7: Empower Veterans to Continue Public Service

A significant number of veterans want to continue serving after they take off their uniform. The IAVA-Prudential veteran employment survey found that 80 percent of respondents were seeking a job that is meaningful when looking for employment.⁶¹ Among IAVA's 2014 Policy Survey respondents, 66 percent of those who were unhappy with their current job stated that this was because their work is not meaningful or does not make a difference in the world.⁶²

Veterans preference continues to demonstrate the federal government's commitment to hire veterans; in fact, in 2014, 26 percent of IAVA survey respondents worked in the government.⁶³ Even so, many veterans continue to struggle to navigate USAJobs, the federal government's official jobs site, and other paths to public service. Others face different challenges, like the age limit on service programs like AmeriCorps. Today's veterans want to continue their service, and new policies should help them reach their goals.

IAVA Recommendations:



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



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



Allow veterans to use their GI Bill Benefits for public service in the government and nonprofit sectors.



Allow the DoD and the VA to provide grants for nonprofit service programs tailored to veterans like IAVA, Team Rubicon, The Travis Manion Foundation and The Mission Continues to provide assistance to communities in need.



Expand the impact of Troops to Teachers to include substitute teachers, counselors, speech pathologists, JROTC instructors, administrators, coaches and librarians.

8. PROMOTE EQUALITY FOR ALL TROOPS AND VETERANS

Diversity is a force multiplier for our armed forces as well as for our nation. As a next-generation veterans empowerment, advocacy and support organization, IAVA is proud of its record of standing on the right side of equality issues within the Departments of Veterans Affairs (VA) and Defense (DoD). IAVA will continue working to ensure that our nation maintains the best and most qualified force possible and that all veterans are properly honored by our nation and served by the VA.

Before it became popular to do so, IAVA—based on input and guidance from our membership via our annual member survey—was the first mainstream veterans organization to come out in support of repealing "Don't Ask, Don't Tell" (DADT). As then-Joint Chiefs Chairman Admiral Mike Mullen said, lifting the ban on known gay and lesbian service members was "a matter of integrity—theirs as individuals and ours as a nation."⁶⁴

Similarly, IAVA led the veterans community in endorsing the repeal of the Defense of Marriage Act (DOMA). In 2013, before the Supreme Court ruled that DOMA violated the U.S. Constitution, IAVA became a signatory to an *amicus curiae* brief filed with the Supreme Court. We argued that DOMA was not only morally wrong and unconstitutional, but it also impeded the readiness of our armed forces and negatively impacted unit cohesion and morale by forcing the DoD to treat some service members and their families different from others.

There has been general positivity as the DoD and the VA have successfully implemented these changes in policy; however, as with any new transformational policy, more work remains to ensure that all service members, veterans and their families are truly treated equally under the law.

8.1: Equalize Benefits and Services for LGBT Veterans and Their Families

8.2: Conduct Outreach to LGBT Veterans

8.3: Equalize Treatment of LGBT Troops and their Families in Overseas Assignments

8.1: Equalize Benefits and Services for LGBT Veterans and Their Families

The Supreme Court decision in the Windsor case brought about the repeal of the Defense of Marriage Act (DOMA), which opened up over 1100 federal benefits for same-sex couples and families, including those for active duty service members.⁶⁵ With the historic Supreme Court decision in Obergefell v. Hodges finding that states cannot keep same sex couples from marrying and must recognize their union, the Departments of Veterans Affairs (VA) and Defense (DoD) must now ensure same-sex partners of veterans receive the benefits to which they are entitled. With this recent decision, Section 103c of Title 38, often referred to as a "mini-DOMA," must be repealed, and the VA must work quickly to ensure equality of benefits to all veterans and their partners.

IAVA Recommendations:

- I.  Repeal section 103c of Title 38. (aka "mini-DOMA")
- II.  Fully recognize same-sex marriage of all veteran's, where the veteran or the veteran's spouse resides anywhere in the United States or its territories at the time of the marriage or at the time of application for benefits.
- III.  Swiftly and fully implement the administration of VA policies and benefits to veterans and spouses of veterans married anywhere in the United States or its territories.
- IV.  Support and fund veteran support programs specifically dedicated to gay and lesbian service members, veterans and their families.
- III.  Complete an evaluation of the policy and readiness implications of DoD allowing transgender service members to serve openly in the military and integrate the findings into a comprehensive plan of action for transgender service member serving in the military.

8.2: Conduct Outreach to LGB Veterans

The changes to the status of and benefits available to LGB troops and veterans over the past few years have left many confused or unaware of the new benefits and opportunities now available to them. This is especially the case for veterans who have been disconnected from the Departments of Veterans Affairs (VA) and Defense (DoD) for many years. Many veterans are not aware that they can now change the reasons for discharge if they were previously discharged for “homosexuality,” or that some may be eligible for discharge characterization upgrades if their previous characterization was based solely on animus and prejudice. Others remain in the dark about their eligibility for VA health care, education and home loan benefits. Still others have simply felt shunned or fearful of being shunned should they enroll in the VA and begin accessing the benefits and services for which they may have been eligible.

IAVA Recommendations:

- I.  Launch an organized, systemic education and outreach campaign targeting LGB veterans about new benefits and services that may now be available to them and their families.
- II.  Reach out to veterans who were discharged pursuant to DADT and offer assistance in updating and/or upgrading discharge paperwork.



8.3: Equalize Treatment of LGB Troops and their Families in Overseas Assignments

Even following the Supreme Court ruling that struck down DOMA, the Status of Forces Agreements (SOFAs) between the United States and some foreign countries in which U.S. troops may be stationed are antiquated. Even in some countries that recognize rights and benefits for same-sex couples and families, the existing SOFAs have yet to be updated to reflect a change in U.S. law following the Windsor decision. The continued existence of such outdated agreements creates a professional and family dilemma for service members who may want or need to be stationed abroad for certain long-term overseas assignments. Often the legal frameworks to renegotiate these SOFAs in order to make these changes are already in place and the only hold up is administrative and bureaucratic.

IAVA Recommendations:

- I.  Require Status of Forces Agreements to include parity for same-sex military spouses.
- II.  Establish a policy to prevent inadvertent career detriments to LGB troops who may be unable to consider certain foreign assignments due to SOFAs.

9. SUPPORT INNOVATIVE HEALTH CARE FOR VETERANS

Caring for veterans who sustained injuries in the wars in Iraq and Afghanistan is one of the primary duties of the country's system of veterans' care. Today, because of advancements in medical technology and care on the battlefield, more veterans are surviving combat injuries than any previous generation. Many of these veterans will live their lives with complex injuries. Even more have sustained unseen injuries.

Like Vietnam veterans who only saw the impact of Agent Orange years after their service, today's veterans may see lasting effects of the widespread use of burn pits to destroy all forms of waste. And the long-term impacts of the signature injuries of today's wars—blast injuries such as Traumatic Brain Injury (TBI)—are still unknown. Without continued research, the country will be ill-prepared to handle the long-term effects of these injuries.

Meeting the demands of veterans of Iraq and Afghanistan will require investments in improving proven treatments and developing bold new treatments. Medical innovations coming out of the Departments of Veterans Affairs (VA) and Defense (DoD) not only benefit our troops and veterans, but are soon adopted in the civilian medical community. Such innovations include improved technologies for the emergency treatment of hemorrhaging.

- 9.1: Improve Care for the Signature Injuries of the Wars in Iraq and Afghanistan
- 9.2: Expand Health Care Tracking and Research
- 9.3: Clarify and Support the Use of Service Dogs
- 9.4: Study and Field Innovative Health Care Treatments
- 9.5: Destigmatize the Use of Medical Marijuana

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

Post Traumatic Stress Disorder (PTSD) and blast injuries—including Traumatic Brain Injury and Tinnitus—are the most prevalent injuries of today’s veterans and service members. Today, almost 30 percent of the new veterans seeking care from the Department of Veterans Affairs (VA) have been diagnosed with PTSD.⁶⁶ These numbers confirm the landmark RAND study of 2008 that revealed that nearly 20 percent of new veterans showed symptoms of PTSD or TBI.⁶⁷ While more treatments are now available, the long-term impact of TBI is still unknown.

Tinnitus, defined as a ringing in the ears, is the injury most often seen in today’s veterans.⁶⁸ Yet many VA centers still do not provide adequate treatment for the injury and few treatments have been developed to cure it or alleviate its debilitating symptoms.

Genitourinary (GU) injuries have also become increasingly common among veterans of Iraq and Afghanistan.⁶⁹ Despite having access to treatment while in service, through the Department of Defense (DoD), veterans do not have access to reproductive services that give them a chance to start the family they hoped to have.

IAVA Recommendations:

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| <p>I.</p>  | <p>Research and develop medical treatment options to address Tinnitus that draw on the best resources of the government, private and nonprofit sectors.</p> | <p>IV.</p>  | <p>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.</p> |
| <p>II.</p>  | <p>Require that cognitive therapy be covered by TRICARE for veterans recovering from TBI.</p> | <p>V.</p>  | <p>Ensure that veterans with disabling genital injuries have access to the same reproductive services in the VA as in the DoD, including access to in vitro fertilization technology.</p> |
| <p>III.</p>  | <p>Maximize the effectiveness of the TBI Veterans Health Registry by requiring the DoD to share with the VA operational situation reports of all service members exposed to blasts and other causes of head and neck injury.</p> | <p>VI.</p>  | <p>Increase funding for non-profit groups that support veterans with the signature injuries of war, like IAVA, Fisher House, and Intrepid Fallen Heroes Fund.</p> |

9.2: Expand Health Care Tracking and Research

Many of the injuries that will confront today's veterans are yet unknown. Previous generations saw new injuries caused by toxins or revealed by age, in some cases, 10, 20 or even 30 years after the end of the conflicts they fought in. The continued monitoring of health registries, and continued investment in research on the long-term health effects of the wars in Iraq and Afghanistan, will help the VA and other health care systems identify and address nascent problems and address them. For example, in 2008 RAND Corporation published a report on the invisible wounds of war that exposed the rates of invisible injuries, but since then there has been limited research to build upon this landmark study.⁷⁰ Research must continue to support today's veterans.

IAVA Recommendations:

- I.  Automatically enroll troops returning from a tour in Iraq or Afghanistan in the Gulf War Registry program, with the option to opt out. VA should launch a campaign to enroll veterans in the registry who have returned home prior to 2010.
- II. 
 Mandate and fund a comprehensive study investigating all potential long-term health effects from Iraq and Afghanistan veterans' exposure to airborne hazards and open burn pits.
- III. 

 Mandate that the VA partner with an independent research body, such as the National Academies of Science, to conduct a biennial review and provide a summary of research concerning the association between exposure to airborne hazards and open burn pits and diseases suspected to be associated with such exposure.
- IV. 
 Mandate a comprehensive study of the short and long-term effects of the prophylactic medications such as the malaria drug Melfoquine (aka Larium) given to troops serving in Iraq and Afghanistan. The study should look at side effects, interactions with other medications, and the long-term effects of toxicity.
- V.  Develop an electronic system to track the purchasing and referrals of prosthetic and sensory aid devices.
- VI.  Ensure the 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).
- VII.  Ensure proper funding and establish the Hearing Center of Excellence (HCE) and Limb Extremity Center of Excellence that were established in the 2009 NDAA.
- VIII.  Ensure dedicated program funding in the FY2016 budget for the Peer Reviewed Vision Trauma Program, including a line item budget request of \$18 million for extramural research.
- IX. 
 Fund interdependent research to expand public knowledge of the injuries of today's veterans, like RAND's Invisible Wounds of War report.

9.3: Clarify and Support the Use of Service Dogs

Service dogs, trained to assist injured veterans with daily tasks, are quickly becoming a more widely recognized treatment alternative for veterans. IAVA members continue to rely on service dogs and find them to be essential to their recovery. Still, many misconceptions exist about service dogs, which can result in them being illegally barred from entering businesses and medical facilities, further isolating struggling veterans.

Today, the Department of Veterans Affairs (VA) provides benefits to veterans to care for a dog, as if it were a prosthetic device or other treatment that requires continued maintenance. Yet, many veterans are confused by the requirements of service dogs and there are no clear universal guidelines certifying service dogs. As a result, many veterans are seeking dogs without the proper training to fulfill their duties during the veteran's recovery. Due to their widespread appeal and apparent benefit to veterans, the VA should invest in further research and outreach to clarify and expand the use of service dogs.

IAVA Recommendations:

- I.  The 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.
- II.  The VA and the 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.
- III.  The DoD and the VA must coordinate on common service and guide dog policies and benefits.
- IV.  The VA must improve its outreach and awareness efforts concerning the availability of service and guide dog benefits and clarify the application process.
- V.  The 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.
- 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.
- VII.  Fund research to better define therapeutic and medical outcomes of veterans using service dogs.
- VIII.  Identify and fund best-in-class programs that train and support service dogs for veterans.
- IX.  Launch a public awareness campaign educating non-VA medical facilities and businesses in areas with high concentrations of veterans about access for service dogs.

9.4: Study and Field Innovative Health Care Treatments

The Department of Veterans Affairs (VA) has long been a leader in innovative health care research, leading to many of the best practices in supporting veterans with service-connected injuries like amputated limbs or post-traumatic stress disorder (PTSD). With more veterans surviving traumatic injuries, the VA must continue its legacy of investing in innovative research to develop new methods to care for the long-term health needs of veterans of Iraq and Afghanistan.

Treatment options should include the full range of traditional and experimental options that have proven to be effective. Non-traditional approaches may break down some of the barriers veterans often face in seeking care, such as telemedicine, which can close the distance between a rural veteran and a VA facility or can bypass the stigma of seeking mental health care.

IAVA Recommendations:

- I.  Set outcome metrics for, identify and invest in best-practices for traditional, non-traditional and experimental treatments of invisible wounds, including meditation and acupuncture.
- 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.
- III.  Provide grants to innovative nonprofits, like UCLA's Operation Mend and Massachusetts General's HomeBase, that provide life-changing surgeries and medical services to severely wounded warriors at no cost.
- IV.  Continue investments in adaptive sports to support disabled veterans.

9.5: Destigmatize the Utilization of Medical Marijuana

The debate around legalizing marijuana for medical purposes is ending. Twenty-three states and the District of Columbia have legalized medical marijuana. And over 60 percent of IAVA survey respondents support the legalization of marijuana for medical use.⁷¹ IAVA members recovering from injuries have been extremely vocal in communicating the benefits for pain relief.

While marijuana has been used to alleviate the symptoms of a number of symptoms and illnesses, the medical evidence is still insufficient to support the widespread use of medical marijuana, lacking information on safety, tolerability and efficacy. Researchers state that this is in large part due to challenges in researching the drug because of its status as a Schedule I Controlled Substance under federal law.

However, the evidence for medical benefits is promising. Patients using medical marijuana for various illnesses have seen the benefits firsthand and have become among the most vocal proponents for legalizing marijuana for medical use. Clearly more needs to be understood about the potential benefits of medical marijuana to treat a variety of symptoms and illnesses impacting veterans. In the meantime, veterans who are lawfully prescribed medical marijuana need the peace of mind that they can discuss their medical interventions with their Department of Veterans Affairs (VA) clinician without fear of prosecution.

IAVA Recommendations:

- I.   Ensure that veterans using lawfully prescribed medical marijuana, as determined by state law, are protected from federal prosecution.
- II.   Ensure veterans will not lose their VA benefits if they use legal medical marijuana.

- III.      Fund research to assess the effectiveness of medical marijuana to treat veterans' common injuries and to relieve pain.

- IV.   Allow and encourage a dialogue between patients and clinicians at the VA on their lawful (per state law) use of medical marijuana.



10. SUPPORT OUR MILITARY FAMILIES

They may not wear the uniform, but military families serve alongside IAVA service members during a deployment and when they return home. Families are often the first to recognize and care for struggling service members or veterans. Furthermore, they themselves are often fighting to heal their minds and spirits after indirectly experiencing over a decade of war.

The military lifestyle can also present significant challenges for military spouses and children. Often required to move because of their service, military spouses can confront challenges in finding a new job or transferring licenses and certifications to continue their careers in their new homes.

Mental health services for families of service members and veterans continue to fall behind the need. According to a 2010 study by *The New England Journal of Medicine*, almost 37 percent of military wives were diagnosed with a mental health injury.⁷² Less is known about the need to support non-spouse family members who have even fewer support services than spouses. Even less is known about the long-term impacts of post-9/11 service on our children. Yet shockingly, programs for military families are at risk in today's tough budget climate, threatening their already tenuous support. While Congress recently reached a deal to limit the impact of the arbitrary, across-the-board cuts known as sequestration, programs for military families continue to be at risk. The Department of Defense (DoD) cannot balance the budget by cutting the programs that sustain and support military families.

10.1: Increase Mental Health Services for Military Families

10.2: Strengthen Support for Military Children

10.3: End Domestic Violence in the Military

10.4: Improve Employment and Education Opportunities for Military Spouses

10.5: Improve Services, Benefits and Care for Military Families



10.1: Increase Mental Health Services for Military Families

Mental health resources for military and veteran families are insufficient to meet their needs. Research clearly indicates that military service impacts family members. A 2010 study found that almost 37 percent of military wives were diagnosed with a mental health injury.⁷³ More research is required to understand the full impact of military service on the families of veterans and service members.

Few government programs exist to support the families of veterans who may be struggling with the impact of their loved one's service. Veterans' mental health injuries may surface years after separating from the military, leaving family members with little support for their own needs. Expanded mental health services for families are required to best care for veterans and their families.

IAVA Recommendations:

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| <p>I. </p> | <p>Expand VA mental health services to veterans' families, including children, parents, siblings and significant others, when the veteran is receiving treatment for mental health or behavioral health problems.</p> | <p>VI.     </p> | <p>Improve training for mental health service providers to effectively diagnose and treat mental health and behavioral problems among military children in the early stages of these disorders.</p> |
| <p>II.  </p> | <p>Conduct a joint DoD/VA study of secondary PTSD and its impact on military spouses and children.</p> | <p>VII.     </p> | <p>Provide incentives for mental health providers to specialize in supporting children in military families.</p> |
| <p>III.    </p> | <p>Track and report the number of military family member suicides.</p> | <p>VIII.   </p> | <p>Support research and programs to further understand the health challenges confronting military families.</p> |
| <p>IV.  </p> | <p>Continue to 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.</p> | <p>IX.  </p> | <p>Fund private nonprofit support programs, such as Tragedy Assistance for Survivors (TAPS), National Military Families Association (NMFA), Blue Star Families and Sesame Street's <i>Look, Listen, Connect</i> that provide innovative programming and support for military families.</p> |
| <p>V.    </p> | <p>Fund and promote an awareness campaign for PTSD and other mental health disorders among service members and their families in order to reduce the stigma of mental health treatment.</p> | | |



10.2: Strengthen Support for Military Children

Military children often face significant challenges in fully participating in school. Just as military spouses often struggle with frequent moves and have to transfer military children are required to transfer their credits and academic records between schools that often have different standards and systems.

Many civilian schools simply do not understand the unique needs of the military children, and the challenges these kids face doesn't end with the last school bell. According to the *2013 Blue Star Families Military Family Lifestyle Survey*, 36 percent of respondents reported that military service has negatively impacted their child's ability to participate in extra-curricular activities.⁷⁴ The opportunities afforded to military children should not be limited because of their parent's commitment to serve.

IAVA Recommendations:

- I.  Educate teachers and school administrators on the unique challenges that military children face and provide examples of effective support programs so they better understand these children's specific needs and how best to address them.
- II.  Enhance oversight programs currently in place to aid military children in civilian schools.
- III.  Match Department of Education Impact Aid to the federal obligation required to support civilian school districts in educating military children.
- IV.  Mandate all school administrators establish support programs for military children.
- V.  Fund private nonprofit support programs, such as Tragedy Assistance for Survivors (TAPS), National Military Families Association (NMFA), Blue Star Families and Sesame Street's *Look, Listen, Connect* that provide innovative programming and support for military families.



10.3: End Domestic Violence in the Military

Domestic violence continues to greatly impact the military community. The Department of Defense (DoD) has taken steps to address domestic violence, but it's difficult to measure its prevalence or progress in ending it. Studies have estimated that rates of domestic violence could range from 13 to 58 percent among active duty service members and veterans.⁷⁵ Without a uniform database, the DoD and Department of Veterans Affairs (VA) cannot identify areas where additional programs are needed and existing programs can be improved. DoD must provide a stronger picture of the scope of domestic violence and the impact of current programs trying to address it.

IAVA Recommendations:

- 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 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. Report annually on its progress.
- V.   Commission a report on the VA's mechanisms for identifying and supporting victims of domestic violence, particularly homeless women veterans.
- VI.    Partner with and fund private nonprofit support programs working on and off military facilities.



10.4: Improve Employment and Education Opportunities for Military Spouses

Military spouses face significant barriers in starting and growing a career. According to the *2014 Blue Star Families Military Family Lifestyle Report*, 84 percent of spouse-respondents reported that being a military spouse has a negative impact on their ability to pursue a career.⁷⁶ First Lady Michelle Obama's Joining Forces initiative has raised public awareness and rallied public and private sector support for military spouse employment, but structural challenges still prevent many military spouses from pursuing their career of choice.

Military spouses struggle to continue building their career because of the frequent moves often required by military service. Blue Star Families reports that 70 percent of spouses whose jobs required licenses or certifications had challenges maintaining that license or certification, and two-thirds were unsure whether licensing portability efforts in their state had actually made a difference.⁷⁷ States must continue to ease credentialing and licensing requirements for military families, and promote awareness of these changes.

IAVA Recommendations:

- I.  Provide tax credits to offset expenses by military spouses who must obtain professional or trade licenses or certifications when the Active or Reserve service member is relocated to a state in which the spouse is no longer qualified to work.
- II.  Grant tax credits to military spouses to pursue educational opportunities.
- III.  Fully fund the Department of Defense (DoD) My Career Advancement Accounts (MyCAA) program that provides military spouses with critical career training and education.
- IV.  Expand quality online learning opportunities and create greater flexibility for virtual and telework for military spouses, so they can keep their jobs when they move.
- V.  Allow for greater reciprocity for professional licenses between states or make licenses and certification more portable and uniform across state lines to improve military spouse employment.
- VI.  Fund private nonprofit support programs like National Military Families Association, TAPS and Blue Star Families that provide innovative programming and support for military families.
- VII.  Create partnerships between the DoD and DoL for job training programs to help military spouses build skills and expand career opportunities.
- VIII.  Expand grant and scholarship opportunities to service members and spouses.



10.5: Improve Services, Benefits and Care for Military Families

Sequestration revealed that programs supporting military families are on the chopping block. Yet, support programs for military families often form the fabric of military communities and provide unique opportunities to deliver resources to the military families who support our service members every day. Military families are a vital part of the military community; it's critical that the Department of Defense (DoD) preserves and improves the system of support for military families.

Military families continue to face challenges in finding and paying for quality child care. Sixty-seven percent of the Blue Star Families survey respondents reported that during their time associated with the military, the availability of child care affected their pursuit of employment or education.⁷⁸ Providing adequate child care for service members and military families, particularly those in the National Guard and Reserve, must be a DoD priority.

Additionally, policies regarding parental leave for adoptive parents and fathers require reconsideration. Maternity leave and parental leave are governed separately within DoD, so while IAVA applauds the recent announcement to extend leave for post-partum mothers, this policy does not extend to adoptive parents and fathers. Further, approximately 115,000 members of the military are married to a servicemember and are not necessarily deployed together. Currently, those with children may opt to alternate deployments so that one parent can always be with the children, which can be difficult for families and make it hard to have time to reconnect as a whole family.

IAVA Recommendations:

- I.  Protect services and programs for military families from budget cuts.
- II.  Allow military spouses to attend Transition Assistance Program courses along with their spouse. Develop a special track for military families.
- III.  Extend the hours of DoD active duty child care facilities to include weekends and after business hours.
- IV.  Expand parental leave to recognize adoptive parents and fathers.
- V.  Evaluate the feasibility of setting periods of stabilization for dual-military couples whereby both military parents are considered ineligible for mobilization for a certain period of time.
- VI.  Improve access to affordable and high-quality child care services, especially for military families and National Guardsmen who live off base and have fewer available options.
- VII.  Increase subsidies for child care and improve quality and access to child care programs.
- VIII.  Ensure implementation of the VA advisory committee's recommendation on establishing case-management system for benefits coordination and registry survivors.
- IX.  Continue providing the commissary benefit for military families and retirees at the current funding levels.
- IX.  Establish maternity leave policies across all military branches that match the July 2, 2015 announcement by the Navy Secretary that women serving in the Navy and Marine Corps will have 18 weeks of maternity leave to use in the first year of her child's life.

11. END VETERAN HOMELESSNESS

The Department of Veterans Affairs set a bold goal and plans to end veteran homelessness by the end of 2015. Measured headway has been made, in large part due to private, local and nonprofit support, led by Community Solutions and the 100,000 Homes initiative. However, success in reaching that 2015 goal set by Department of Veterans Affairs (VA) is unlikely.

There has been some progress. The number of homeless veterans has declined every year since 2010.⁷⁹ Phoenix, Arizona and Salt Lake City, Utah became the first major cities announcing they had eradicated chronic veteran homelessness. Phoenix first identified all 222 of its chronically homeless veterans and then took a "housing first" approach to swiftly place each veteran into temporary housing. Leaders in Phoenix attributed their progress to veteran "navigators" that worked to enroll homeless veterans in benefits and services that could help them stay off the street. Building on these successes, New Orleans became the first U.S. city to effectively eliminate veteran homelessness early in 2015, becoming the model for cities around the country looking to end homelessness, not just for veterans, but for every person needing a permanent home.

Despite the huge advances made in the last six years, there are still tens of thousands of veterans who remain homeless on a single night.⁸⁰ The VA cannot solve this challenge alone. Veterans who struggle with substance abuse or were previously incarcerated are often unable to be placed in housing programs. Even more struggle to maintain a permanent home. In IAVA's latest survey, seven percent of respondents reported that they were staying with friends or family because they were unable to afford rent.⁸¹ Housing and homelessness related referrals are among the services most requested through IAVA's Rapid Response Referral Program (RRRP); in 2014 alone, IAVA provided hundreds of veterans with housing and homelessness related support.

This generation of veterans is also challenging the traditional image of the single, male veteran that came to characterize homeless veterans following the Vietnam War. Many more of the homeless veterans today have families or are women veterans. Others are younger veterans who may just need temporary support. The VA must continue partnerships to align effective, dynamic services to these demographic shifts.

Military families and veterans also often face housing challenges frequently due to their military service. Weaknesses in the housing market forced many military families to sell their homes at a loss when their service requires them to move. From 2008-2010, the number of foreclosure filings located near military bases rose 32 percent, while national foreclosure filings rose 23 percent.⁸² Despite a recently strengthened housing market, continued emphasis on the issue from the public and private sectors is required to protect veterans and their families from foreclosure.

11.1: Prevent Veteran Homelessness

11.2: House Homeless Veterans

11.3: Fight Foreclosures on Military Families

11.1: Prevent Veteran Homelessness

Ending veteran homelessness begins by preventing more veterans from becoming homeless. In order to meet the needs of veterans who may become homeless, the Department of Veterans Affairs (VA) needs a more in-depth understanding of the numbers of veterans and service members at risk for homelessness.

Many veterans struggle to maintain a permanent home. Veterans returning from service or recently separated often spend time “couch surfing” or living with friends and family because they are unable to afford rent. In IAVA’s 2014 Membership Survey seven percent of our respondents reported that they were staying with family or friends because they could not afford rent.⁸³ While families can provide support to a transitioning veteran, some of these “couch surfing” veterans may exhaust their welcome or resources and become eminently at risk for becoming homeless. A broader understanding of the number of veterans just one closed door away from homelessness will allow the VA and partners to better prepare for the needs of those who may become homeless.

IAVA Recommendations:

- I.  Identify and provide assistance to separating service members at risk for homelessness.
- II.  Establish and fund a partnership between the Department of Housing and Urban Development, Department of Labor and community-based nonprofits, like Community Solutions, that will explore expanding the definition of homelessness to include marginally sheltered or “couch surfing” veterans.
- III.  Collect data on the number of chronically homeless veterans and the number of homeless veterans by conflict-era in the annual survey of homeless veterans conducted by the VA and HUD.
- IV.  Regularly report demographic trends among homeless veterans served by VA, HUD and other local homelessness services to better inform existing homelessness programs.

11.2: House Homeless Veterans

Although tens of thousands of veterans were homeless on a single night in 2014, there has been a decline over recent years.⁸⁴ While the expansion of the HUD-VASH and Supportive Services for Veteran Families Program (SSVF) programs has increased the availability of permanent housing for veterans, veterans in many communities often struggle to find beds in temporary or emergency housing.

A FY 2011 Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) Program report revealed that women veterans and veterans with families continue to face significant challenges in accessing temporary and emergency housing.⁸⁵ These results are not surprising; in 2011, the Government Accountability Office reported that more than 60 percent of Department of Veterans Affairs (VA) funded homeless shelters that are open to women will not accept children.⁸⁶ Many more facilities struggle to provide a safe environment for either women or children. While the SSVF is a strong first step to support homeless veteran families, the VA must continue to invest in solutions for women, children and families.

IAVA Recommendations:

- | | | | |
|---|---|--|---|
| <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 child care.</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 veterans with children. Require grants to be used to provide job training, counseling, placement services and child care services in order to expedite the reintegration of such veterans into the labor force.</p> |
| <p>III.    </p> | <p>Fund outreach that includes peer-to-peer support, such as the veteran "navigators" instrumental to ending chronic veteran homelessness in Phoenix.</p> | <p>VIII. </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>IV.   </p> | <p>Develop a nationwide, online tool that allows providers, including VA shelters and grantees, to connect to one another and indicate when they have beds or vouchers available for homeless veterans on any given night. The tool will streamline the informal networks many social workers rely upon to house homeless veterans.</p> | <p>IX.   </p> | <p>Fund programs to support short-term housing programs for veterans previously incarcerated.</p> |
| <p>V. </p> | <p>Continue to allow the Departments of Veterans Affairs, Defense and Housing and Urban Development to partner with and fund community-based nonprofits like IAVA, New Directions, The Jericho Project, Services for the Underserved and Community Solutions to expand services to homeless veterans.</p> | | |



11.3: Fight Foreclosures on Military Families

Continued diligence is required to ensure that service members and their families are never again subjected to unfair treatment by mortgage lenders. In 2013, more than 700 military families were wrongfully foreclosed upon during the housing crisis.⁸⁷ Across the United States, the rate of foreclosures in military towns was almost four times higher in 2008 than the national average.

Today, military families continue to face challenges in owning their own homes. Often required by military service to move, military families can be forced to sell their homes at a loss or balance the cost of their home with the need to find new housing wherever they are moved. According to a 2012 report published by the Financial Industry Regulatory Authority (FINRA), 38 percent of military homeowners owed more on their home than their home was worth⁸⁸ and 10 percent of military respondents reported that they were involved in a foreclosure process.⁸⁹

To prevent foreclosure, veterans and service members need better access to programs and services that provide financial literacy. According to a 2012 study released by FINRA, slightly more than one third of military respondents had participated in financial literacy classes while 90 percent believed that it should be taught in schools.⁹⁰

IAVA Recommendations:

- I.  Aggregate best practices in retirement planning, debt management and VA home loan program home purchases. Fund locally based training programs in these practices hosted at community colleges and Vet Centers.
- II.  Allow for the consideration of VA benefits, such as the New GI Bill, as income for VA home loan eligibility determination.
- III.  Develop programs in which veterans can utilize guaranteed home loans (such as the VA Home Loan) to rehab and purchase foreclosed properties.
- IV.  Enforce stricter monitoring of lending practices to prevent predatory and abusive lending by loan agencies to service members and their families.
- V.  Regulate car dealers and payday loans within 100 miles of a military installation to prevent them from targeting service members and their families, thus weakening their financial security.
- VI.  Provide more accessible and clearer information about financial education opportunities to help military families make better financial decisions.

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