



# BUILDING THE NEXT GREATEST GENERATION



IRAQ *and* AFGHANISTAN  
VETERANS *of* AMERICA



## 2011 Policy Agenda







# 2011 POLICY AGENDA

## BUILDING THE NEXT GREATEST GENERATION

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# INTRODUCTION

Nine years into America's longest war, our military and their families continue to serve our country every day with honor and dignity. Since September 11, 2001, over 2.2 million Americans have served in Iraq and Afghanistan and more than one million families have been impacted by a loved one deploying. As a nation, we have a solemn obligation to ensure that every service member and veteran who has served and sacrificed for our country in Iraq and Afghanistan has our unwavering support from the front lines and through the rest of their life.

Since 2004, IAVA has worked tirelessly to address the challenges facing this new generation of heroes. As the first non-partisan advocacy organization for America's newest veterans, we have partnered with Congress, the White House, the Departments of Defense and Veterans Affairs, corporations and nonprofit organizations alike to meet the needs of service members, veterans and their families. On Capitol Hill, IAVA staff and member veterans proudly represent our 100,000 members, testifying 35 times before the 111th Congress on critical issues ranging from the New GI Bill and veteran unemployment to erasing the stigma of mental health injuries. IAVA has also been a force in the national media, appearing on all major networks, newspapers and radio stations to raise awareness about veterans' issues in communities across the country.

Each year marks a new milestone for our veterans' community - and 2010 was no exception. Last year, IAVA successfully shepherded passage of critical New GI Bill upgrades and the Veterans Omnibus Health Services Act. After two years of aggressive advocacy, the upgrades to the New GI Bill will improve the landmark Post-9/11 GI Bill passed in 2008 and expand educational benefits for over 400,000 new veterans, including National Guardsmen and vocational students. In addition, the landmark omnibus health services act will provide much-needed assistance to the caregivers of critically wounded service members; improve VA health care services for women veterans; and ensure all members of the military have access to readjustment counseling for the transition home.

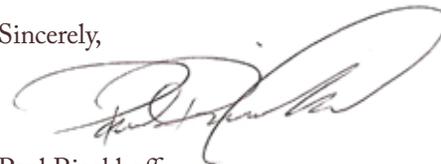
Still, there is significant work ahead for our veterans' community. IAVA is directly connected to the needs and issues facing new veterans across the country. Through our online social network, Community of Veterans, and extensive surveying of our members, it is clear from their input that there is much to be done. Today, veteran unemployment

is unacceptably high. In 2010, the jobless rate for Iraq and Afghanistan veterans hit a staggering 11.5 percent, leaving over 210,000 combat veterans struggling to find gainful employment after their service. Despite prevention efforts, the suicide rate among active duty service members continued to hit epidemic levels in 2010. An active duty service member committed suicide approximately every 36 hours. Finally, today's veterans are still receiving benefits under a paper-based VA disability claims system that was outdated years before most of them were born.

IAVA is dedicated to aggressively tackling these issues head-on in the 112th Congress. Our 2011 Policy Agenda lays out an expansive blueprint to address these issues and successfully prepare the country for the surge of new veterans coming home. Our policy recommendations include the call to: Employ the Next Greatest Generation; Prevent Suicides Among Troops and Veterans; Reduce the VA Claims Backlog; Improve Health Care for Female Veterans; and Ease the Transition Home. These priorities derive from an extensive survey of our highly engaged membership of Iraq and Afghanistan veterans as well as coordination with community-based nonprofits and stakeholders nationwide. Throughout the agenda, several of our members' stated hopes, frustrations and perceived challenges for their generation are highlighted in their own words.

Despite the President's declaration that combat operations have ended in Iraq, the urgency of the issues facing our troops and veterans from the frontlines to the home front has only heightened. IAVA looks forward to working with Congress, the Administration and the veterans' community to accomplish our 2011 Policy Agenda and ensure that every veteran receives the welcome home he or she deserves. Together, we can show the 2.2 million veterans of Iraq and Afghanistan and their families that we've got their back—and make this new generation of veterans the Next Greatest Generation.

Sincerely,



Paul Rieckhoff  
 Founder and Executive Director  
 Iraq and Afghanistan Veterans of America



# IAVA 2011 POLICY PRIORITIES

IAVA stands ready to act on all the recommendations in this agenda, but the following issues are the most urgent actions Congress, the President and local partners must take to ensure that veterans of Iraq and Afghanistan get the care and support they have earned.

- **EMPLOY THE NEXT GREATEST GENERATION:** America's newest veterans face serious employment challenges. In 2010, the unemployment rate for Iraq and Afghanistan veterans was a staggering 11.5 percent, leaving over 210,000 combat veterans struggling to find gainful employment after their service in the most severe economic recession in decades. In addition, many Iraq and Afghanistan veterans leaving the active duty military are finding that civilian employers do not understand the value of their skills and military experience. National Guardsmen and Reservists who leave behind their civilian lives to serve alongside active duty troops are also inadequately protected against job discrimination. IAVA recommends a comprehensive veterans' job package that includes strengthening USERRA job protections, modernizing employment-transitioning services, developing tax incentives for hiring veterans, and encouraging partnerships between the veterans community and corporate America to ensure that we do not lose our investment in this generation of veterans.
- **PREVENT SUICIDE AMONG TROOPS AND VETERANS:** The number of active duty suicides reached epidemic levels in 2010. One active duty service member commits suicide approximately every 36 hours, and the rate for veterans is likely even worse. Serious shortages of military mental health professionals, coupled with the heavy stigma associated with even seeking care, have resulted in those who are most in peril not getting the care they need. IAVA recommends that the Department of Defense (DoD) launch a national campaign to combat the stigma of seeking help for combat stress injuries and to promote the use of Department of Veterans Affairs (VA) and DoD services such as Vet Centers and the National Suicide Prevention Lifeline. This effort must be complemented by a presidential call to action for a dramatic increase in the number of new mental health professionals, providing care as well as the development of new screening and treatment tools.
- **REDUCE THE VA CLAIMS BACKLOG:** Iraq and Afghanistan veterans are receiving benefits under a VA disability system that was outdated years before most of them were born. This antiquated system, which focuses on quantity over quality, leads to frequent errors and a lengthy wait for benefits. With the backlog growing larger each month, IAVA recommends upgrades to the VA claims processing system that would digitize records, hold processors accountable for the accuracy of their work and remove unnecessary steps in the evaluation process.
- **IMPROVE CARE FOR FEMALE VETERANS:** Women warriors have sacrificed alongside their brothers in arms and deserve to come home to the same quality of care and benefits. This means renovating the VA and its brand to make it the go-to place for women's health care and benefits. Cultural and organizational changes must be implemented ranging from how local clinics treat and conduct outreach to female veterans. IAVA recommends that Congress establish a firm deadline for the VA to meet its goal of providing comprehensive health care to women veterans, as recommended by the Government Accountability Office (GAO). The VA must clearly outline the steps needed for all facilities to meet this goal. It must also address its inconsistent claims process and ensure female claims for PTSD are being properly rated and addressed as outline in the VA Inspector General's *Review of Combat Stress in Women Veterans Receiving VA Health Care and Disability Benefits*.

- **EASE THE TRANSITION HOME:** Timely and adequate funding for the VA and key DoD programs is essential for providing our nation's heroes with the smooth transition home that they deserve. Advance appropriations put an end to the unfortunate practice of rationing health care for veterans when budgets were approved late. Over half a million veterans of Iraq and Afghanistan have turned to the VA for medical care after separating from the service. As hundreds of thousands of troops return home, the VA can expect a steady influx of new veterans in coming years. IAVA recommends that Congress provide adequate and timely funding for the VA by ensuring that the budget at least matches the recommendations of the annual Independent Budget as it has for the past four years. We also recommend Congress continue to approve funding two years in advance.

# ABOUT THE POLICY AGENDA

TO PROVIDE THE FULL MEASURE OF CARE AND SERVICES THAT OUR NATION'S VETERANS HAVE EARNED WILL TAKE THE COMBINED EFFORTS OF FEDERAL AND STATE GOVERNMENTS IN PARTNERSHIP WITH THE PRIVATE AND NONPROFIT SECTORS.

Since 2004, IAVA has been a leading voice in fighting for the care and services that veterans have earned. In the past few years, Congress has answered that call with new initiatives like the Post-9/11 GI Bill, Caregivers and Veterans Omnibus Health Services Act and stop loss pay. While these and many other advances in veterans' care were pieces of landmark legislation, it is clear that Congress alone cannot solve the challenges that Iraq and Afghanistan veterans face.

To build the next greatest generation, all sectors of federal, state and local government must engage with the private and nonprofit sector in order to provide for the needs of veterans and their families. IAVA believes that good policy does not end with the federal government, and that community alongside government has the responsibility to care for our nation's heroes. Many of the issues facing veterans today are described in quotes from IAVA member veterans through out this document.

Many recommendations are legislative, while many others are targeted at the executive branch, local governments and the private sector. Next to each recommendation are icons representing the stakeholders who can take action on each issue. We have listed the icons to reflect the level of leadership each stakeholder should show. In 2011, IAVA will be looking to the following stakeholders for leadership and action on veterans' issues:

|   |                  |  |                             |
|---|------------------|--|-----------------------------|
|  | CONGRESS         |  | STATE & LOCAL GOVERNMENT    |
|  | EXECUTIVE BRANCH |   | PRIVATE & NON-PROFIT SECTOR |

## EXAMPLE:

- I. Conduct a study on the similarities and differences between DoD and civilian vocational certifications and licenses to ease the transition into the business world. This study must be conducted through coordination between private business and trade groups, educational institutions and the Departments of Labor, Veteran Affairs, Defense, and Education.

This indicates that the above recommendation can be completed either through Congressional mandate, independent action by the Executive Branch, private-sector initiatives or a combination of the three.

# 1. EMPLOY THE NEXT GREATEST GENERATION

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

Today's newest veterans have faced rising unemployment rates for over two years, with no relief in sight as the recession lingers. In 2010, the average unemployment rate of Iraq- and Afghanistan-era veterans was a staggering 11.5 percent—nearly twice the 6.1 percent unemployment rate in 2007. An estimated 210,000 combat veterans have been left struggling to find gainful employment as a result. Unless Washington acts now, history suggests that today's veterans may continue to struggle for years to come.

Finding a job for a returning veteran is hard, but finding quality employment is even harder. Today, Iraq and Afghanistan veterans leaving the active duty military are faced with civilian employers who do not understand the value of their skills and military experience. Over 60 percent of employers do not believe they have “a complete understanding of the qualifications ex-service members offer.” Additionally, separated service members with college degrees earn on average almost \$10,000 less per year than their non-veteran counterparts. Historical trends show this wage gap could continue for decades; Vietnam veterans earned significantly less than their civilian peers until they were in their fifties.

National Guardsmen and Reservists have been hit particularly hard on the employment front. National Guardsmen and Reservists, who often leave behind civilian jobs when they deploy, have seen their unemployment quadruple since 2007. Many of these citizen-warriors continue to serve alongside active duty troops, only to face job discrimination when attempting to return to the civilian workforce. Due to unprecedented mobilization rates, employers are growing increasingly wary of hiring or reemploying National Guardsmen and Reservists. Tens of thousands of Reservists returning from combat are not being promptly reemployed; others are not receiving the full pay, pensions, health care coverage and other benefits to which they are entitled. More than 40 percent of Guardsmen and Reservists lose income when they are mobilized. Self-employed reservists are suffering staggering 55 percent earnings losses when they are activated.

**"SINCE MY RESUME READS LIKE A WAR NOVEL VERY FEW EMPLOYERS WILL GIVE OPPORTUNITIES FOR EMPLOYMENT. YOU HAVE TO TAKE WHAT YOU CAN GET."**

**- WILLIAM,  
IRAQ VETERAN**

Today, the New GI Bill is the nation's best job-training program for these newest veterans. In December 2010, Congress passed a comprehensive upgrade package (New GI Bill 2.0) to expand educational benefits to more than 400,000 veterans, including National Guardsmen and vocational students. However, work on the New GI Bill is still not done. These upgrades are scheduled to take effect on August 1, 2011, and IAVA looks forward to working with the VA and Congress to ensure that they are implemented successfully. Before the changes take effect, however, Congress must act swiftly to address many of the concerns veterans have about the new changes. IAVA will push Congress to address these concerns to prevent tuition benefits from being slashed for hundreds of veterans across several states. We must also protect America's largest investment in veterans' education since World War II by ensuring that colleges and universities have every resource they need to give student veterans a first-class future.

The private sector must also continue to develop partnerships and programs to hire veterans and connect them with the tools needed to succeed in the civilian workforce. IAVA worked closely with partners in the corporate community on several initiatives to help veterans transition into the work force. For example, Microsoft’s *Elevate America’s Veterans Initiative* provides software, training and support to returning veterans looking to acquire new skills as they transition home. The Citi *Veterans Initiative* also strives to hire new veterans, as well as to provide assistance with resume writing, networking and mentoring for veterans transitioning home. But these initiatives are just the beginning. As incentives and guidelines are implemented, more corporations will understand the benefits of addressing veteran unemployment. These efforts are one critical piece of the puzzle and will go a long way in supporting the efforts of Congress and the White House.

*For more information about the employment and education challenges of new veterans, please see the IAVA Issue Report, “Careers after Combat: Employment and Education Challenges for Iraq and Afghanistan Veterans.” All IAVA reports are available at [www.iava.org/reports](http://www.iava.org/reports).*

## 1.1 CREATE JOBS FOR OUR NATION’S HEROES

- |   |   |
|---|---|
|  <p><b>I.</b> Incentivize the hiring of Iraq and Afghanistan veterans by re-instating and improving the Work Opportunity Tax Credit for veterans.</p>   | <br> <p><b>V.</b> Provide a tax deduction to businesses that provide additional training for returning Reservists and National Guardsmen to ensure that they have the same level of training and seniority as their nonveteran peers. This tax deduction should be equal to the cost of the additional training up to \$1,000 to incentivize employers to utilize the tax credit and it must also be available to veteran-owned small businesses.</p> |
| <br><br> <p><b>II.</b> Modernize and universally require all service members to participate in civilian employment training in the Transition Assistance Program (TAP). This upgraded program must be audited every three years with recommendations reported to Congress.</p>  | <br><br> <p><b>VI.</b> Establish a set of best practices for recruiting, hiring and employing veterans that can be disseminated and adopted by all public and private organizations.</p>   |
| <br><br> <p><b>III.</b> Conduct a study on the similarities and differences between DoD and civilian vocational certifications and licenses to ease the transition into the business world. This study must be conducted through coordination between private business and trade groups, educational institutions and the Departments of Labor, Veteran Affairs, Defense and Education.</p> |   |
|  <p><b>IV.</b> Provide tax credits for patriotic employers who, when their Reserve or National Guard employees are called to active duty for over 90 days, continue to support their employees by paying the difference between the service members’ civilian salaries and their military wages.</p>  |   |

**"I HAVE NOT BEEN ABLE TO GET A JOB SINCE SEPARATING FROM ACTIVE DUTY (6 MONTHS AGO) EVEN WITH TWO DEGREES, YEARS OF EXPERIENCE AND A HIGH LEVEL SECURITY CLEARANCE"**

**- NICHOLAS,  
IRAQ VETERAN**



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



**VIII.** Initiate a robust and innovative outreach campaign promoting existing small business loan programs for veterans through the US Small Business Administration.



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



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



**XI.** Ensure all legislation that promotes “green” small business and manufacturing jobs specifies a benchmark of inclusion of veteran hiring and/or veteran-owned businesses.



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



**XIII.** Create a tax credit for individual veterans who complete skills training beyond what their GI Bill benefits cover within 10 years of separation from service.



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



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



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



**XVII.** Establish a national database of employment opportunities for veterans that is inclusive, easily navigable and connects veterans with jobs that value their unique knowledge and experience.



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



**XIX.** Allow the DoD, VA and DoL to partner with corporate America and community based non-profits to facilitate transition from the military to civilian workforce.

## 1.2 DEFEND TROOPS AGAINST JOB DISCRIMINATION



**I.** Extend Uniformed Services Employment and Reemployment Rights Act (USERRA) protections to National Guardsmen, Reservists and to all service members working in domestic response operations, such as hurricane, flood or wildfire response.



**II.** Fully fund and actively promote the Employers Support of the Guard and Reserve (ESGR) program.



**III.** Hold federal, state and local governments to the same standards of USERRA compliance as private-sector employers. Hiring managers and department heads should face automatic dismissal if a department has been found to repeatedly violate USERRA guidelines.



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



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



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



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

## 1.3 ENSURE STUDENT VETERANS ARE SUCCESSFUL IN COLLEGE



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



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



**III.** Qualify all active duty, Guard, Reserve and recently separated service members and their families for in-state residency rates to all public universities.



**IV.** Allow older enlisted veterans of Iraq and Afghanistan an opportunity to attend one of the military’s service academies.



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

- 1) Participation in the New GI Bill Yellow Ribbon Program;
- 2) Agreeing to be a Servicemember Opportunity College (SOC) and providing college credit for military training;
- 3) Creating and supporting a veterans group on campus; and
- 4) Training faculty and staff on veterans’ issues.

## 1.4 STREAMLINE THE NEW GI BILL (NEW GI BILL 3.0)

-  **I.** Ensure veterans and their families receive their GI Bill benefits in a timely manner.
-  **II.** Stop collecting the \$1,200 Montgomery GI Bill tax from new enlistees.
-  **III.** Abolish the “payer of last resort” calculation for tuition/fees benefits in the New GI Bill and create a hold harmless tuition clause for students already enrolled in private schools with high tuition caps (i.e. Texas, New York, Michigan, New Hampshire, Pennsylvania and South Carolina).
-  **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 New GI Bill benefit to allow veterans to use their remaining entitlement to repay student loans.
-  **VI.** Allow medically discharged veterans and retirees to transfer their unused New GI Bill benefits to their spouses and dependents.
-  **VII.** Restore interval payments for breaks in the school year and ensure that they do not reduce student veterans’ benefits.

**"BOTH MY HUSBAND AND I WERE LOOKING FOR WORK, AND EVEN MANAGED TO GET INTERVIEWS WITH THE LOCAL TARGET. WHEN THEY FOUND OUT WE WERE IRAQ VETERANS, WE WERE TOLD THAT THE INSURANCE COMPANY HAD WARNED AGAINST HIRING VETERANS BECAUSE THEY WERE A RISK DUE TO PTSD."**

**- VALENCY,  
IRAQ VETERAN**

## 2. PREVENT SUICIDES AMONG TROOPS AND VETERANS

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ACTIVE DUTY SUICIDES HAVE REACHED EPIDEMIC LEVELS. ONE SERVICE MEMBER COMMITS SUICIDE APPROXIMATELY EVERY 36 HOURS; AND THE RATE FOR VETERANS IS LIKELY EVEN WORSE.

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In the landmark 2008 RAND study, *Invisible Wounds of War*, nearly 20 percent of Iraq and Afghanistan veterans screened positive for Post-Traumatic Stress Disorder (PTSD) or major depression. A recent study by Stanford University found that this number may be closer to 35 percent. Multiple tours and inadequate time at home between deployments significantly increase rates of combat stress. Yet, less than half of those suffering from mental health injuries are receiving sufficient treatment today.

Compounding the problem of inadequate treatment is the heavy stigma associated with receiving mental health care. More than half of soldiers and Marines in Iraq who test positive for a psychological injury report concerns that their fellow service members will see them as weak. One in three of these troops worry about the effect of a mental health diagnosis on their career. As a result, those most in need of treatment may never seek it out.

Untreated mental health problems can and do lead to substance abuse, homelessness, difficulties at home and suicide. Active duty and veteran suicides have reached epidemic levels. Suspected and confirmed Army suicides totaled 301 in 2010 and shattered 2009's record high of 242. Despite a slight dip in active duty Army suicides, the suicide rate among national guardsmen doubled from 48 in 2009 to 101 suspected and confirmed suicides in 2010. These numbers do not even include the veterans who commit suicide after their service is complete. These fatalities are insufficiently tracked, but are estimated to be as high as 18 veterans per day. According to the VA, there is an average of 950 veteran suicide attempts every month.

There are also serious shortages of military mental health professionals. For example, the Army Surgeon General recommends that there should be at least one behavioral health specialist deployed overseas for every 700 service members; however, the current ratio is one provider for every 1,123 service members, over 60 percent below the recommended level. Effective treatment is also scarce for veterans who have left the military. The VA has given mental health diagnoses to more than 227,000 Iraq and Afghanistan veterans, or more than 47 percent of new veterans who visit the VA. But VA care is not always convenient; some veterans face significant hurdles in accessing proper care. For instance, veterans in rural communities are especially hard hit, and the availability and quality of mental health care for female veterans ranges widely.

IAVA is committed to working with government, military and nonprofit partners to erase the stigma of invisible injuries and help ease the transition home for new veterans. In 2008, IAVA became the first and only VSO to partner with the Ad Council in launching a groundbreaking National Veteran Support Campaign aimed at addressing the mental health consequences of combat. Launched on Veterans Day, this national multimedia campaign features an innovative series of Public Service Announcements (PSAs) directing new veterans to IAVA's *Community of Veterans*, the first and only online veterans hall of the future for Iraq and Afghanistan veterans to listen, share their experiences and access critical resources for the transition home. To date, the campaign has received \$107 million in donated media from CNN, MTV, and SpikeTV among other outlets and ran as a featured ad during the 2010 Super Bowl pregame.

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

## 2.1 END THE SUICIDE EPIDEMIC



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



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



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



**IV.** Track frequency of veteran suicides by funding the expansion of the CDC violent death database to all 50 states.



**V.** Embed behavioral health providers in all operational units overseas.



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



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

## 2.2 ELIMINATE COMBAT STRESS STIGMA AND PROMOTE TREATMENT FOR MENTAL HEALTH INJURIES



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



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



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



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

## 2.3 COMBAT THE SHORTAGE OF BEHAVIORAL HEALTH PROFESSIONALS



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



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



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



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

**"THERE IS STILL A STIGMA ATTACHED TO SEEKING HELP. SOLDIERS ARE MADE TO FEEL THAT SEEKING HELP IS A SIGN OF WEAKNESS AND UNBECOMING, SO THEY END UP STAYING SILENT."**

**- LIZ,  
AFGHANISTAN VETERAN**

## 3. HEAL INVISIBLE INJURIES

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

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In addition to the stresses of combat, PTSD, and deployment, troops in Iraq and Afghanistan are also facing neurological injuries. When service members are near an exploding mortar or roadside bomb, the blast can damage their brains, often leaving an invisible injury, such as Traumatic Brain Injury (TBI). While the vast majority of these invisible injuries are mild or moderate, the injury is widespread: 19 percent of Iraq and Afghanistan veterans report a probable TBI during deployment. And tens of thousands are coping with psychological and neurological problems other than TBI.

Combat wounds are not the only cause of mental health injuries facing the military. For decades, service members have been dealing with significant and underreported sexual assault and harassment. According to the VA, a service member in 2008 was more likely to be sexually assaulted than wounded in combat; there were over 3,000 reported assault cases and the problem is continuing to grow. Between 2002 and 2008, 66,342 female veterans reported being raped, sexually assaulted or the victim of another form of Military Sexual Trauma (MST). Experts believe that while these numbers are alarming, they may be only the tip of the iceberg, as half of all sexual assaults go unreported.

The current conflicts have placed a tremendous psychological and physical burden not only on our service members, but also on their families. Marital strain, domestic violence and behavioral health issues among the children of deployed parents are all adding to the burdens of military families. Increased marital strain has resulted in the steady rise of divorce rates among active duty service members, which are now nearly 50 percent higher than before the wars began. In those families that stay together, military spouses may bear psychological burdens in the form of secondary PTSD and are more likely to have emotional and behavioral problems.

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

### 3.1 IMPROVE TRACKING AND TREATMENT OF TRAUMATIC BRAIN INJURY (TBI)



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



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



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



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

**"I NEVER PURSUED TBI TREATMENT BECAUSE I HAD TO MAKE APPOINTMENTS JUST TO GET AN EVALUATION BEFORE THEY KNEW IF THEY COULD HELP. FOR ME, I HAVE TO TAKE A BUS RIDE ALMOST AN HOUR TO GET TO THE HOSPITAL."**

**- JASON,  
IRAQ VETERAN**



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



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

### 3.2 DEFEND TROOPS AGAINST MILITARY SEXUAL TRAUMA (MST)



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



II. Require all military installations to have a Sexual Assault Response Coordinator (SARC) and deployable SARC on base. SARCs must be full-time military or DoD civilian personnel.

**"DURING MY POST-DEPLOYMENT HEALTH REASSESSMENTS, I MENTIONED AGAIN AND AGAIN THAT I HAD MENTAL HEALTH ISSUES AND HAD BEEN EXPOSED TO MST. I WANTED HELP AND DID NOT RECEIVE SERVICES."**

**-BETH,  
IRAQ VETERAN**



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



**IV.** Establish a hotline to allow victims to report sexual assault and harassment even when in theatre, with the capability to be connected with a local sexual assault response coordinator.

### 3.3 INCREASE MENTAL HEALTH SUPPORT FOR MILITARY FAMILIES



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



**II.** The DoD and VA should conduct a study of secondary PTSD and its impact on military spouses and children.



**III.** The government must expand TRICARE to cover grief counseling for survivors.



**IV.** The DoD must implement the recommendations of its mental health task force by monitoring survivors and studying their long-term adjustment needs.



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

**"THE FAMILY MEMBERS HAD TO DEAL WITH THEIR OWN WAR AND GET LEFT OUT OF THE ASSISTANCE EMPHASIS."**

**- FELICE,  
IRAQ VETERAN**

## 4. REDUCE THE VA CLAIMS BACKLOG

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

More than 2.2 million men and women have served in Iraq and Afghanistan, and the DoD counts more than 40,000 as wounded in action. Hundreds of thousands of troops have suffered invisible, mental health injuries not recorded in the official military tally. Instead of timely care, efficient processing of disability payments and a seamless transition, many of these new veterans and their families shoulder an unacceptable burden: recovering from their injuries while navigating antiquated and deeply flawed military and veterans' health care and disability systems.

DoD and VA still lack fully interoperable health records. As service members transition from the DoD to the VA system, medical and military service records regularly get lost in the shuffle. In addition, wounded troops must navigate through two complicated and confusing disability benefits systems that require separate exams, physicals and disability ratings to determine compensation and benefits. While less than half of the DoD and the

VA's current disability caseloads involve Iraq and Afghanistan veterans, the additional cases and their complexity have strained the capacity of the disability evaluation systems in both agencies. As a result, hundreds of thousands of wounded troops and veterans are forced to wait months, and sometimes years, for disability compensation.

**"FOR ME, THE DISABILITY RATING IS NOT ABOUT THE PAYCHECK. I JUST NEED AN APPROPRIATE RATING IN ORDER TO GET THE LEVEL OF CARE AND ADAPTIVE MEDICAL EQUIPMENT THAT I NEED TO STAY WELL AND GET AROUND. I'VE BEEN OUT NEARLY THREE YEARS, AND I'M STILL WAITING."**

**- MELANIE,  
IRAQ VETERAN**

In 2007, the scandal at Walter Reed Army Medical Center drew national attention to the bureaucratic red tape wounded troops face. Since then, the DoD and VA have developed a Joint Disability Evaluation System that promises to streamline the disability process. In addition, the VA has added more claims processors to deal with the backlog. However, the current VA system rewards the quantity of claims processed, not the quality of processors' decisions. According to the VA's own numbers, up to 16 percent of ratings decisions are inaccurate. These wrongly decided claims can take almost two years to go through the appeals process, and are a primary

source of the claims backlog. Often unable to work because of their injuries, many veterans awaiting their claims have few options but to rely on friends and family for support, or to fall into debt.

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

*For more about the health care challenges of new veterans, please see the IAVA Issue Reports, "Red Tape: Veterans Fight New Battles for Care and Benefits". All IAVA reports are available at [www.iava.org/reports](http://www.iava.org/reports).*

## 4.1 DELIVER QUICK AND ACCURATE BENEFITS



**I.** Scan and digitize all paper records, allowing the records to be searchable and indexed. This will allow VA claims processors to more rapidly search and evaluate a veteran's claim.



**II.** Adopt a rules-based electronic evaluation system to assist in the evaluation of disabilities using quantitative diagnostic criteria. This system should integrate with the Veterans Health Administration's medical records system so that medical evaluations for compensation and pension can be easily translated into the claims processing system.



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



**IV.** Require appeals forms be sent along with the Notice of Decision letters to expedite the appeals process.



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



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



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



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



**IX.** Reassess training methods and requirements within the Veterans Benefits Administration (VBA) to make claims more consistent between regional offices. In addition, claims processors should receive specific training addressing common errors.

**"I HAVE BEEN WAITING 2 YEARS FOR MY SERVICE MEDICAL RECORDS, DURING WHICH TIME MY CLAIM HAS EXPIRED. AS OF NOW I HAVE NO IDEA WHAT RECOURSE I HAVE."**

**- LOUIS,  
IRAQ VETERAN**



**X.** Managers and claims processors must be accountable for meeting annual training requirements and be provided opportunities for knowledge-sharing nationwide, modeled on websites like [CompanyCommand.army.mil](http://CompanyCommand.army.mil) and [PlatoonLeader.army.mil](http://PlatoonLeader.army.mil).



**XI.** Transform the VBA's adversarial culture, integrating best practices from industry and leveraging modern technology, to deliver a system of customer service that rivals organizations like USAA, the gold standard for customer service in the veterans community.

## 4.2 SEAMLESSLY TRANSFER CARE FROM DOD TO VA



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



**II.** Expand the VA's and DoD's Joint Disability Evaluation System Pilot program nationally, leading to an eventual phasing out of the legacy disability systems.



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



**IV.** Amend the Health Insurance Portability and Accountability Act (HIPAA) to allow for the seamless transfer of medical information between the DoD and VA.



**"I AM NOT ABLE TO OBTAIN TEST RESULTS FROM MY VA CLAIM AT MY LOCAL VA HOSPITAL. THEY DON'T HAVE RECORD OF ME."**

**- BART,  
IRAQ VETERAN**



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

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

## 4.3 ENSURE BENEFITS ARE FAIR



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



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

## 5. PREVENT AND END VETERAN HOMELESSNESS

VETERANS OF IRAQ AND AFGHANISTAN ARE BECOMING HOMELESS MORE RAPIDLY THAN ANY PREVIOUS GENERATION. NEW VETERANS ARE APPEARING IN HOMELESS SHELTERS WITHIN TWO YEARS OF SEPARATING FROM THE MILITARY.

The struggles of war continue long after a service member comes home. In the most severe cases, veterans transitioning home have found themselves either homeless or incarcerated. The VA estimates that there are 107,000 veterans homeless on any given night and nearly twice as many veterans experience homelessness at some point during the year. New veterans are especially at risk. At the height of the housing crisis, foreclosure rates in military towns were increasing at four times the national average, and more than 3,900 Iraq and Afghanistan veterans have accessed VA homeless outreach programs. Unlike previous generations of veterans, Iraq and Afghanistan veterans are often appearing in the nation's homeless shelters within two years of separation from the military. Moreover, a significant amount of the homeless are female veterans and their families.

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

**"I LIVE IN A CAMPING TRAILER WITH MY WIFE AND SEVERAL CHILDREN. WE'VE BEEN CAMPING FOR ALMOST A YEAR STRAIGHT AND 2 OF THE LAST 3 YEARS. OUR SITUATION SEEMS HOPELESS TO A CERTAIN EXTENT AND I DON'T EXPECT IT TO CHANGE. TIMES ARE HARDER THAN ANYONE SEEMS WILLING TO ADMIT ON A NATIONAL SCALE."**

**COREY,  
IRAQ VETERAN**

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

## 5.1 PREVENT VETERAN HOMELESSNESS



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



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



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



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



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



**VI.** Establish a partnership between HUD, DOL, and community based non-profits that will explore expanding the definition of homelessness to include marginally sheltered or "couch surfing" veterans.

**"I'M PRACTICALLY HOMELESS AND I DON'T HAVE THE MONEY TO BUY BREAD OR ANYTHING. I'M SURE THERE ARE VETERANS OUT THERE WHO ARE WORSE OFF THAN MYSELF, BUT THERE SHOULDN'T BE."**

**- ROBERT,  
AFGHANISTAN VETERAN**

## 5.2 HOUSE HOMELESS VETERANS



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



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



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



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

-  **V.** Direct the Secretary of Labor to make grants to programs and facilities that provide dedicated services for homeless women veterans and homeless veterans with children. Require grants to be used to provide job training, counseling, placement services and childcare services to expedite the reintegration of such veterans into the labor force.
-  **VI.** Require the secretaries of the VA and HUD to establish a method for the collection and aggregation of data on homeless veterans participating in their programs. Once the method is established, aggregate the data and report to Congress.
-   
 **VII.** Extend VA supported housing which is currently limited to homeless veterans with chronic mental illness or chronic substance abuse disorders, to all homeless veterans.
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 **VIII.** Amend the Internal Revenue Code of 1986 to allow taxpayers to designate a portion of their income tax payment to provide assistance to homeless veterans.
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 **IX.** Allow the DoD, VA and HUD to partner with and fund community based non-profits like New Directions, The Jericho Project, Services for the Underserved, and Common Ground to expand service to homeless veterans.

**"THERE REALLY AREN'T SERVICES THAT HELP VETERANS. WHY ARE WE STILL FIGHTING FOR BENEFITS AND FOOD FOR OUR FAMILY. SOMETIMES IT IS NOT WORTH GETTING OUT."**

**-TAMEIKA,  
IRAQ VETERAN**

## 6. IMPROVE CARE FOR FEMALE VETERANS

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

As of October 2010, over 255,000 female veterans had deployed to Iraq and Afghanistan. Today, these women warriors, even more so than their male counterparts, are turning to the VA for health care; yet many are struggling to receive the care and benefits they need. Women veterans are the fastest-growing segment of the veteran population, and their enrollment in the VA is expected to more than double in the next 10 years.

Inadequate care has placed a tremendous burden on veterans and their families. Divorce and suicide rates among women warriors are twice and three times higher than their civilian counterparts. The impact of inadequate care for these women warriors has also manifested in a higher rate of homelessness; approximately 10 percent of the 107,000 homeless veterans are women, a rate that is two to four times that of civilian women.

The VA must work to close the gaps in general health care for women warriors. While it has made strides in recent years, the VA is still underprepared to provide adequate care to the surge of female veterans coming to its hospitals and clinics. Women veterans still face several barriers when seeking care at the VA, including fragmentation of services and service providers with poor understanding of unique women's health issues and their eligibility for benefits. Female veterans also face an unwelcoming VA culture, inadequate privacy and safety practices, and no access to childcare. Specific problems that need to be addressed are availability of restrooms, auditory privacy at check-in, the need for standard exam rooms, and better care for Military Sexual Trauma. More importantly, the VA needs to stop outsourcing women's health care and become a one-stop service for all their health care needs.

**"DUE TO THE UNPLEASANT EXPERIENCES IN THE VA WAITING ROOMS, I'D JUST RATHER USE CIVILIAN MEDICAL RESOURCES."**

**- JESSICA,  
IRAQ VETERAN**

The VA disability system also reinforces stereotypes about the experiences of women veterans in combat. For example, female veterans' PTSD claims were more likely to be denied due in part to the VA's previous reliance on using combat awards to substantiate claims. Instead, female combat veterans are often diagnosed with "major depressive disorder," leaving women feeling that their military experience and trauma is not worthy of its proper diagnosis.

Women warriors have sacrificed alongside their brothers in arms and deserve to come back to the same benefits. This means renovating the VA and its brand to be the go-to place for women's health care and benefits. Cultural and organizational changes must be implemented; ranging from how mental health claims are assessed to how local clinics conduct outreach to female veterans.

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

## 6.1 IMPROVE HEALTH CARE FOR FEMALE VETERANS



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



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



**III.** Conduct a full, independent review of VA medical facilities to assess whether they are adequately complying with VA standards of safety and privacy for female patients.



**IV.** Highlight gender-specific residential programs currently available to female veterans for physical, mental and Military Sexual Trauma on the VA's website.



**V.** Institute a study to determine the best practices to identify and treat female veterans suffering from combat stress injuries and TBI in order to combat the alarmingly high suicide rate among female veterans.



**VI.** Outline clear training guidelines and responsibilities for VA health care staff to ensure that female veterans who are wary of accessing VA care feel welcome and are treated appropriately at VA facilities.



**VII.** Evaluate the patient satisfaction of female veterans receiving obstetrical care through the VA and recommend improvements to the implementation of this new benefit.



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

**"IT'S HARD FOR PEOPLE TO REALIZE THAT SOME FEMALES IN THE VA MEDICAL CENTER ARE VETS NOT SPOUSES OR WORKERS"**

**- ANDREA,  
IRAQ VETERAN**

## 6.2 EXPAND BENEFITS FOR FEMALE VETERANS



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



II. Develop an awareness campaign to inform female veterans about new rules regarding PTSD disability claims and ensure veterans know that previously denied claims can be re-filed.



III. Commission a study that assesses the feasibility of offering childcare services to veterans seeking care from the VA.



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

**"THE FEMALE HEALTH CARE PROVIDERS ARE NOW CONSIDERED OUR PRIMARY CARE PHYSICIANS, SO EVERY WOMAN HAS TO GO THROUGH WHAT LITTLE STAFF IS THERE FOR ANY OTHER APPOINTMENTS, THUS MAKING OUR WAIT TIMES EVEN LONGER."**

**- JENNIFER,  
IRAQ VETERAN**

## 7. EASE THE TRANSITION HOME

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

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More than 2.2 million Americans have served in Iraq or Afghanistan. When they return home, they require medical treatment, a smooth transition from DoD to the VA and support for their families.

Over half a million veterans of Iraq and Afghanistan have returned home and turned to the VA for medical care. During the past two years, Congress and the White House delivered on their solemn commitment to provide these returning veterans with the “best care anywhere” by allocating both adequate and timely funding for the VA. The VA’s funding levels have matched the recommendations of the Independent Budget for four years, and at the beginning of the 111th Congress the budget for veterans’ health care was approved two years in advance. Timely and adequate funding is essential for providing our nation’s heroes with a smooth transition home. It will put an end to the practice of rationing health care for veterans when budgets are late. Sadly, last year’s VA budget was approved late for the twenty-first time in the past 24 years, only reinforcing the necessity of Advance Appropriations, which was IAVA’s top legislative priority in 2009.

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

Even before the wars in Iraq and Afghanistan began, 12 percent of all inmates in U.S. prisons were veterans, although veterans make up only 10 percent of the general population. Many of these veterans face criminal charges related to their mental health injuries and require treatment rather than incarceration. Effective rehabilitation reduces the likelihood for repeat offenses and reduces the costs to taxpayers significantly.

When a service member deploys, their family deploys with them—and the current operational tempo is taking its toll. Since September 11, 2001, 1.2 million military spouses and more than 2 million children have experienced at least one deployment. Military spouses face tremendous challenges in caring for and supporting their families during this difficult time, including employment, and family relocation. Others must assume the role of full-time caregiver for a seriously wounded service member. For the more than 73,000 single parents in the military, multiple deployments can be especially hard. They are often forced to depend on extended family or friends to care for their children. To honor the sacrifices of those left at home, bold action is needed to address the economic, health, benefit, and outreach issues that continue to plague military families, caregivers and survivors.

## 7.1 ADEQUATELY FUND THE VA BUDGET AND OUTREACH EFFORTS



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



**II.** Provide Advance Appropriations for the health care section of the VA budget for fiscal year 2013.



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



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



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

## 7.2 EXPAND HEALTH CARE TRACKING



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



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



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



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



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

**"I HAVE HAD BREATHING PROBLEMS SINCE MY FIRST TOUR IN IRAQ AND IT INTENSIFIED AFTER MY SECOND TOUR IN KUWAIT. I BELIEVE THIS IS A BIGGER ISSUE THAN WHAT IS STATED. BREATHING IN STRAIGHT UP FUMES COULD NOT POSSIBLY BE GOOD FOR YOUR HEALTH."**

**- RON,  
IRAQ VETERAN**



**VI.** Mandate a comprehensive study of the short- and long-term effects of prophylactic medications such as Mefloquine. This study will look at side effects, interactions with other medications and the long-term effects of toxicity.



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

### 7.3 BUILD ON THE SUCCESS OF LOCAL VETERANS' COURTS



**I.** Employ the best practices from the 42 veterans' courts operating nationwide to develop a set of guidelines for localities and to successfully execute an alternative sentencing program for veterans whose crimes stem from service-related injuries.



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



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



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

**"SOME STATES ARE SETTING UP SPECIAL VETERANS COURTS TO KEEP VETS OUT OF JAIL WHEN IT IS DETERMINED THAT MENTAL HEALTH PROBLEMS LED TO THE OFFENSE. WHILE THIS IS A VERY IMPORTANT ISSUE TODAY, IT WILL ONLY BECOME MORE SO AS MORE BRAVE MEN AND WOMEN COME HOME FROM COMBAT WITH UNRESOLVED ISSUES."**

**- WILL,  
IRAQ VETERAN**

## 7.4 SUPPORT OUR MILITARY FAMILIES



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



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



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



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



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



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

**"MY WIFE HAD TO BE MOM AND DAD WHILE I WAS AWAY AND THEN WHEN I CAME BACK, ALTHOUGH THE CHILDREN WERE GLAD TO SEE ME, THEY KIND OF RESENTED THE FACT THAT I WAS GONE FOR THREE YEARS IN A FIVE YEAR PERIOD."**

**- IVAN,  
IRAQ VETERAN**



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



**VIII.** Properly implement and evaluate the ongoing effectiveness of the Caregivers and Veterans Omnibus Health Services Act of 2010.



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



**X.** Immediately eliminate the SBP/DIC offset, one of the most significant financial burdens among military survivors.

## 7.5 SECURE AN OEF/OIF MEMORIAL AND REVIEW HONORS



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



II. Consider and make nonbinding recommendations on Medal of Honor nominations for this generation of warriors by adopting an impartial and independent review panel consisting of Medal of Honor recipients and representatives from selected veterans groups.







## **IAVA 2011 POLICY AGENDA**

is available in a searchable format online at [www.iava.org](http://www.iava.org).

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