2014 Policy Priorities:

1. Combat Suicide Among Troops and Veterans

The number of suicides among troops and veterans demands bold action from our nation’s leaders. Congress must ensure that every veteran has access to high-quality, timely mental health care and that the system of care has the resources and staff to be able to meet their demands. When troops and veterans step forward for support, the full force of the federal government, along with community partners, must respond swiftly and decisively. No veteran can be allowed to fall through the cracks within the system of care.

2. Protect Our Legacy

As the wars in Iraq and Afghanistan come to a close, our nation’s leaders cannot turn the page on our veterans. Congress should protect the benefits and services that have attracted and maintained the all-volunteer force. Furthermore, Congress should enable the Department of Veterans Affairs (VA) to plan ahead and avoid the impact of any government shutdowns by extending advance appropriations to all VA funds.

3. Modernize Government for Today’s Veterans

Despite enormous progress in 2013, far too many veterans are still stuck in the VA disability claims backlog. According to the VA’s estimates at the end of 2013, just over 400,000 veterans were left waiting more than 125 days for decisions on their disability claims, leaving many veterans wondering if they will receive the benefits and care they have earned. New initiatives may have allowed the VA to reduce the backlog by 34 percent in 2013, but the VA must remain aggressive in improving the disability claims process to end the backlog by its goal of 2015, or sooner.

4. Defend Veteran and Military Education Benefits

The landmark Post-9/11 GI Bill has sent more than one million veterans to school. Designed to help veterans in their career and transition home, the GI Bill is educating tomorrow’s leaders. However, predatory actors in the for-profit school sector continue to take advantage of veterans’ benefits. Congress should defend the New GI Bill by closing the 90-10 loophole and strengthen regulations to help choose the best educational program for their goals.
IAVA’S 2013 POLICY PRIORITIES

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From IAVA Founder and CEO Paul Rieckhoff

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Fulfill the Promise to Today’s Veterans

With less than one percent serving in the wars in Iraq and Afghanistan, the country asked few to carry the nation’s burden during more than a decade of war. Their families endured time apart, missed holidays and birthdays, and the troops uprooted their children and their lives to serve. Though the war in Iraq is over and the war in Afghanistan is expected to end, our commitment to those who fought in them must continue.

Veterans of Iraq and Afghanistan continue their service to this country in communities across the country. Many have started new businesses, run for public office, and led boardrooms of non-profits and companies across the United States. Each day, IAVA meets new veterans studying to pursue continued public service in their communities, becoming mental health providers and teachers. We work with brave leaders willing to share their challenges to fight for fellow veterans. These leaders show the promise of today’s veterans.

Still too many veterans face barriers that make their paths to their goals more difficult. Guard members and Reservists left jobs, often jeopardizing their careers, to answer the call of a nation. Many veterans will face health challenges throughout their lives. Still, veterans remain ready to lead. We owe them that opportunity.

America’s promise to each and every veteran who served in Iraq and Afghanistan was this: fight for us there, and we will have your back at home. Put on the uniform, and we will help you overcome any challenge created by your service. Leave your family, and the country will join them to welcome you home. And with the wars coming to a close, 2014 will be the year we learn if America will hold up its end of the deal.

The 2014 Policy Agenda is IAVA’s blueprint, on the year of its 10th anniversary, of what government, non-profit, business and philanthropic leaders can do to support this generation of veterans. Through combined efforts to combat suicide, strengthen government services, and provide new opportunities through employment and education benefits, our country can keep its promise to today’s veterans who can become the New Greatest Generation.

2013 showed signs of America’s commitment to today’s veterans wavering. The partisan politics that led to a government shutdown left critical legislation languishing in Congress. In December, our country’s leaders cut retirement benefits for those currently serving, choosing instead to balance the budget on the back of those who have already sacrificed so much. While the cuts were repealed, these actions showed a willingness to break faith with troops and veterans.

2014 cannot be the year when our country decides to roll back veterans’ benefits; it must be when we recommit ourselves to their potential.

Paul Rieckhoff
Founder and Chief Executive Officer
Iraq Veteran
About IAVA’s Policy Agenda

Since 2004, IAVA has been a leading voice in fighting for the care, services and opportunities that veterans have earned. In the past few years, the government has answered that call with new initiatives like the Post-9/11 GI Bill, Caregivers and Veterans Omnibus Health Services Act, stop-loss pay, Transition Assistance Program reforms and the VOW to Hire Heroes Act. While these and many other advances in veterans’ care were landmark improvements, it is clear that the government alone cannot solve the challenges that Iraq and Afghanistan veterans face, nor can they alone set them up for success.

To build the New Greatest Generation, all sectors of federal, state and local governments must engage with the private, nonprofit and philanthropic sectors in order to provide for the needs of veterans and their families, as well as to create opportunities for them to thrive. The President, members of Congress, governors and mayors all have a shared stake in a successful transition home. IAVA believes that good policy does not end with the federal government, and that a strong community alongside all levels of government has the responsibility to care for and empower our nation’s heroes.

The recommendations included in the agenda are driven by IAVA’s annual membership survey, IAVA’s research efforts, and the advice of stakeholders and experts across the veterans’ community. IAVA thanks its partners in the Military Coalition, leaders of the Independent Budget, and colleagues in organizations such as Community Solutions and The Mission Continues for informing these recommendations.

Many recommendations are legislative, while others are focused on the executive branch and local governments, as well as the private, nonprofit and philanthropic sectors. Next to each recommendation are icons representing the stakeholders who can take action on each issue. We have ordered the icons to reflect the level of leadership required by each stakeholder. In 2014, IAVA will look to the following stakeholders for leadership and action on veterans’ issues:

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<tr>
<th>CONGRESS</th>
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<td>PRIVATE SECTOR</td>
<td>NONPROFIT SECTOR</td>
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<td>STATE &amp; LOCAL GOVERNMENT</td>
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EXAMPLE:

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

This indicates that the above recommendation can be completed either through Executive action, Congressional mandate and state action, as well as through actions taken by various stakeholders in the private sector. They will be listed in the order of preference.
2013 Recap: Shutdown of Progress for New Veterans

2013 was one of the least productive years in Washington for new veterans and their families. Despite significant efforts from IAVA and fellow veteran service organizations, Congress left without passing key legislation to support veterans and their families.

The message from Washington was of a waning commitment to address the challenges facing new veterans. In October, partisan politics lead to a government shutdown, leaving thousands of veterans concerned about their GI Bill tuition or disability benefits. Instead of addressing their concerns, Congress too often used veterans merely as political talking points. Later, in December, Congress passed the Bipartisan Budget Act, which cut retirement benefits for troops currently serving. Though Congress ultimately repealed the cuts early in 2014 after an aggressive response from IAVA and other veteran service organizations, the veterans community will remain vigilant in ensuring Congress keeps its promise to our country’s veterans.

Despite the lack of progress, Washington did advance two of IAVA’s top 2013 priorities: ending the VA backlog and addressing military sexual assault. Beginning in March, IAVA led efforts to jumpstart a national conversation on the VA disability claims backlog, resulting in new initiatives to help reduce the backlog while the VA continues to implement its transformation plan. Congress also passed a large package of provisions to address military sexual assault, strengthening the military’s prevention efforts and support for survivors. Below are the 2013 highlights Washington for IAVA members:

**The VA Disability Claims Backlog:**
- Reduced the VA backlog by nearly 36.5 percent since its peak of 611,000 in March 2013, falling to 402,144 as of December 28, 2013.
- Unveiled new VA initiatives to rate older claims and the expanded use of mandatory overtime.
- Developed new joint VA and DoD efforts to provide the VA with more complete service and medical information to speed the development of disability claims.

**Military Sexual Assault:**
- Provided stronger support for survivors of military sexual assault, including providing them independent legal counsel throughout judicial proceedings.
- Protected survivors from retaliation by criminalizing acts of retaliation.
- Strengthened investigation and punishment of military sexual assault; now sexual offenders will be dishonorably discharged from the military.

**Veterans Employment:**
- Improved resources available to veterans and credentialing agencies struggling to translate military service for the civilian job market.

**Veterans Education:**
- Required schools to be eligible for federal funding under Title IV of the Higher Education Act for DoD education programs.

**Veteran Outreach:**
- Developed a VA Ad Council campaign, to be launched in 2014, to encourage veterans to enroll in the VA.
2013 Recap: IAVA's Impact Outside Washington

IAVA programs and membership opportunities support new veterans to find or re-build the strong community they had in the service, and to navigate the often-difficult transition from military to civilian life at home. Through member-led activities, qualified professional assistance, storytelling, digital engagement, and more, we’re breaking down barriers, creating opportunities, and empowering a new generation of leaders.

Community Rebuilding

In 2013, IAVA introduced new engagement opportunities to build an even more dynamic and member-led community. To recognize that Veterans Day should come more than once per year and to support new veterans to build community wherever they are, we launched VetTogethers, member-led gatherings—from BBQs to happy hours to fishing trips—happening in local communities around the country on the 11th day of every month. We also introduced the IAVA Squad Program, through which leaders organize 5-12 veterans or supporters to participate in regular activities around one of five main themes: service, sports, social activities, storytelling, or professional success. Through our Leadership Fellows Program, we’re identifying and investing in developing highly promising veteran leaders to be advocates, spokespeople, and organizers for the new veteran community.

Complementing our offline community, we provide space for vets to connect online through Community of Veterans (COV). The innovative platform will be upgraded in 2014 with an improved user experience that will better connect users with other veterans, civilian allies, and resources.

Transition Assistance

IAVA recognizes that coming home from war isn’t easy, so we provide innovative programs to support new veterans as they navigate the tough decisions and many hurdles that often accompany their transition home. Our signature program, currently focused in New York and California but with national reach, is the Rapid Response Referral Program (RRRP) that helps new veterans and their families connect with best-in-class resources and services to meet their transition goals. Our qualified Veteran Transition Managers (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—from employment and education, to VA enrollment and mental health, to financial assistance, legal aid, and housing support.

2013 Impact Highlights

IAVA has made a real, lasting impact on thousands of veterans. Here are just some recent examples of the ways we’ve built community and supported transitions:

- More than 1,100 veterans received comprehensive transition navigation assistance through RRRP;
- More than 1,500 veterans and family members have received personal responses to their New GI Bill questions, and more than 250 have received ongoing, one-on-one assistance;
- More than 40 veteran leaders were trained as advocates and spokespeople;
- More than 7,200 veterans benefit from opportunities – from sporting events to career counseling to wilderness retreats;
- Members have hosted VetTogethers in 53 cities; and
- Thousands of IAVA members turned out for over 130 Veterans Week events across the country.
1. COMBAT SUICIDE AMONG TROOPS AND VETERANS

Combating suicide must be a top priority for all Americans, beginning with the President, Congressional Leadership and top leaders in the Executive Branch. The known rate of suicide among servicemembers and veterans is tragic. In 2013, 284 servicemembers died by suicide. The VA's best estimate projects that 22 veterans die by suicide each day. Despite enormous efforts to combat suicide among troops and veterans, the fundamentals of a robust system of mental health care are still lacking.

Today, more than 73 percent of IAVA's survey respondents indicated that they did not believe that troops and veterans are getting the care they need. Troops and veterans deserve timely access to mental health care, yet many wait far too long for appointments. Troops and veterans have earned high-quality care that is tailored to their needs, but too often our system fails to evaluate programs or ensure they are informed by the best research our country has to offer.

The high number of suicides among troops and veterans demands a proactive approach to support troops and veterans in crisis. When veterans and servicemembers do seek care, they cannot be met with a revolving door of providers or unresponsive programs. No troop or veteran can be allowed to fall in the cracks between programs and services. Among our IAVA member survey of respondents whose family or friends suggested they seek mental health care, almost 23 percent still did not seek care because they were afraid it might affect their career, or did not want to be perceived differently by family, friends, or peers.

It will take the full force of the American public to combat suicide among troops and veterans. Many are deterred from seeking care because they are worried about the reaction of employers, friends and family. More work is needed to eliminate the barriers and stigma that prevent many from seeking the care they need.

In our own efforts to streamline available resources, IAVA has maintained a close partnership with the Veterans Crisis Line, connecting numerous veterans in need with its potentially lifesaving services. Our Rapid Response Referral Program, which has supported more than 1,180 since launching in December 2012, provides veterans with one-on-one transition navigation support, including connection to mental health resources. We’ve also enabled more than 1,500 veterans to access the innovative Vets Prevail online cognitive behavioral therapy, mental health support program. This partnership helped prove the concept that next-generation technology and interactive experiences can deeply engage veterans who might otherwise be reluctant to pursue a mental health program.

There is still much work to be done to address suicide and mental health among troops and veterans. We may never fully understand why a veteran takes his or her own life, or what we as a country could have done to prevent it. But today, we cannot say that we’ve exhausted every effort to prevent suicide. Until we can, we need a comprehensive strategy based on the following six principles to combat suicide among troops and veterans.

1.1: Involve the Entire American Public in Combating Suicide
1.2: Improve Access to Timely Mental Health Care
1.3: Ensure Care System Can Meet the Demand of Today’s Veterans
1.4: Strengthen the Quality of Care for Troops and Veterans
1.5: Act Proactively To Identify and Support Troops and Veterans in Crisis
1.6: Ensure Troops and Veterans Aren’t Lost in the System
1.1: Involve the Entire American Public in Combating Suicide

Communities in and out of the military are vital to combating suicide among troops and veterans. Only a concerted effort will fully ensure veterans see that they will be supported in their efforts to seek care and transition home.

The stigma of seeking mental health care prevents many from trying to get help. Stigma is a cultural problem, with causes and implications outside of the veterans’ community. According to IAVA’s 2014 survey, an encouraging 77 percent of respondents sought care when it was suggested that they do so by a friend or family member. Still, for those who identified themselves as having a mental health injury but who were not seeking help, they were most concerned that peers or family members would perceive them differently or it might affect their career if they sought care from a mental health provider.\(^1\)

To truly address stigma, the entire American public and military community and military community must make mental health care a routine aspect of maintaining a healthy lifestyle.

**IAVA Recommendations:**

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 Veteran Crisis Line. This campaign should be well funded, research-tested and coordinated through the DoD, VA, the White House, local governments and community-based partners.

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

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

IV. Decriminalize suicide attempts within the Uniform Code of Military Justice.

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 servicemembers.

VI. Educate servicemembers about how the DoD uses mental health records for security clearances.

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

VIII. Distribute suicide prevention materials and trigger locks when an individual registers a firearm with Military Police.

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

X. 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.

XI. Integrate robust mental health awareness and suicide prevention training into the military education systems.
1.2: Improve Access to Timely Mental Health Care

Every veteran and servicemember should have access to low cost, high quality mental health care. Today, all veterans of Iraq or Afghanistan are eligible for VA health care for five years following their deployments. For many veterans, this is not enough. Mental health injuries often manifest years after service and some veterans are left without care when the problems do present.

Other veterans are ineligible for services because of their discharge status. Between 2001 and 2010, an estimated 30,000 servicemembers were potentially improperly discharged with a personality disorder, leaving them ineligible for VA mental health support. Even now, some veterans are discharged as the result of disciplinary problems that can be attributed to mental health injuries. The DoD must review procedures to ensure veterans in need are not left without access to benefits and services.

National Guard members and Reservists often struggle to gain access to mental health services. In 2013, suicides among Army National Guard and Reservists remained high even while suicides among active-duty soldiers decreased. This population is particularly at risk as 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:

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

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

III. Expand eligibility for Vet Centers to National Guard and Reservists regardless of their deployment status.

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

V. 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.

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

VII. Review and alter DoD procedures to prevent discharges for disciplinary or administrative issues that are the result of a mental health injury.
1.3: Ensure Care System Can Meet the Demand of Today’s Veterans

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 VA have been diagnosed with Post-Traumatic Stress Disorder and 55 percent of new veterans treated at the VA have some form of a mental health injury. If these rates hold for the entire veteran population, this is an enormous demand for mental health services in and out of the VA.

Reflecting a nation-wide shortage in mental health providers, the number of mental health professionals dedicated to serving veterans and troops cannot keep up with the demand for their services. The federal government, starting with the President, should expand the pipeline of qualified mental health providers and encourage more providers to care for troops and veterans.

Since only 57 percent of new veterans are enrolled with the VA, many veterans seek care through private or community services. Government should partner closely with community partners to share best practices and ensure these local providers are equipped with the resources needed to provide care to veterans and their families.
1.3: Ensure Care System Can Meet the Demand of Today’s Veterans

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

II. Ensure mental health care providers and appointment systems are available after traditional work hours.

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

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

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

VI. Proactively recruit mental health specialists to the VA early in their education through incentives and partnerships with medical schools.

VII. Increase the number of psychiatric residencies supported through Graduate Medical Education (GME) slots.

VIII. Conduct a manpower 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.

IX. Increase inpatient beds at the VA, particularly for those who are traditionally underserved, such veterans with children or those with a history of alcohol dependency.

X. Expand outreach to educate civilian mental health providers about TRICARE benefits.

XI. 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.

XII. Replace the statutory payment formula with a formula that accurately adjusts Medicare reimbursement rates with rising healthcare costs. As TRICARE reimbursement rates are tied to Medicare reimbursement rates, the current formula discourages many providers from accepting TRICARE.
1.4: Strengthen the Quality of Care for Troops and Veterans

Troops and veterans deserve high-quality mental health care staffed by highly trained professionals. Veterans are concerned with the quality of the care available; almost 20 percent of respondents to IAVA's membership survey report that they believe troops and veterans are getting the mental health care that they need.16

Providers must be trained to address the specific concerns of veterans and their families. The VA, DoD, and 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 DoD, the VA and private mental health care professionals. By establishing and creating best practices for service providers across the country, we can ensure that more veterans are getting specialized, quality care wherever they may seek it.

Suicide prevention and mental health programs should be regularly evaluated, but few standard methods of gauging performance exist. Researchers should develop standard measures to assess programs and use them to identify successful services. Regular evaluation will allow government, philanthropists, and other stakeholders to invest in what works and help struggling programs to better support troops and veterans.

IAVA Recommendations:

I. Require TRICARE providers be trained in the identification of PTSD.

II. Identify all programs related to mental health and suicide prevention; develop clear metrics to assess the impact of mental health and suicide prevention programs at the DoD and VA.

III. Require the VA and 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 mandated person-to-person mental health screenings for all returning service members are trained to effectively identify these hidden wounds.

V. Develop and promote a nationally recognized certification program that would train mental health professionals in military culture and the unique challenges faced by service members, veterans and their families. This should include best practices in providing care to this community developed by educational programs such as USC School of Social Work's Military Social Work and Veteran Services sub-concentration.

VI. 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.

VII. Establish and fund a visiting clinician program to allow for the identification of evidence-based practices and to fund an expert in the practice to train other clinicians.

VIII. Establish a mechanism to better translate evidenced-based research into practice at the DoD and VA.

IX. Fund the annual VA/DoD Suicide Research Conference.
1.5: Act Proactively To Identify and Support Troops and Veterans in Crisis

The number of suicides among both servicemembers and veterans shows that the country must do more to combat suicide. According to the Department of Veterans’ Affairs best estimates, a veteran dies by suicide every 65 minutes. In 2013, 284 servicemembers died by suicide, down from 351 in 2012. There is clearly immense work still needed to identify and help veterans and servicemembers in crisis.

Suicide prevention requires a proactive approach to identify veterans at risk of attempting suicide and providing seamless care to these veterans. The act of suicide itself is a symptom, but not the issue alone; suicide is often the result of a full spectrum of factors, including relationship struggles, mental health issues, or career and financial stressors, that may cause a veteran to consider suicide. The earlier that a veteran at risk for suicide is identified, the more opportunity there is to address the full spectrum of challenges confronting the veteran. The VA, DoD and private entities must continue to invest in research to identify risk factors and to arm efforts to prevent suicide.

IAVA Recommendations:

I. Train local first-responders in the best practices in identifying, intervening and supporting a veteran in crisis.

II. Continue partnerships between the Veterans Crisis Line and external stakeholders to ensure veterans are aware of the crisis line and are seamlessly connected to its services.

III. Develop mechanisms to leverage electronic medical records to understand trends in the medical histories of those who have attempted or died by suicide, and to proactively identify those who may be at risk.

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

V. Ensure that all departments of the VA are cooperating and communicating when they encounter a veteran in crisis. Require VA to develop mechanisms to share information across each department and establish mechanisms to ensure that every veteran identified as at risk for suicide is supported by all VA resources.

VI. Train all VA employees (including behavioral health providers and VBA employees) in evidence-informed suicide risk assessment, management, and treatment planning. Create and provide continuing education tailored to their specialty and area of expertise.
1.5: Act Proactively To Identify and Support Troops and Veterans in Crisis

VII. 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.

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

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

X. Speed the processing of the Centers for Disease Control and Prevention Violent Death and Reporting System, which tracks veteran suicide in all 50 states so that veteran suicides are reported in a timely manner.

XI. Standardize the tracking and reporting of suicides in the military across all branches.

XII. Track the number and report on the circumstances of attempted suicides among veterans to better inform suicide prevention efforts.
1.6: Ensure Troops and Veterans Aren’t Lost in the System

Stepping forward to seek mental health care is a sign of strength and also one of the most effective ways to reduce the risk of suicide. When veterans do seek care for a mental health injury, services must be ready to swiftly respond to their requests for treatment. All too often, the families of those lost tell stories of disjointed services – of moments when their loved one asked for help only to be met with complex bureaucracies and revolving doors of providers unable to administer the continuity of care needed. With proactive efforts that emphasize a holistic, long-term approach to mental healthcare, we can ensure veterans no longer slip through the cracks.

The VA and DoD must streamline the transfer of care between the DoD to the VA. Today, if a servicemember attempts suicide while in the service, there are no mechanisms to ensure that the servicemember seamlessly enrolls in care following their separation from the military. Despite 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. Appoint a senior White House official to coordinate the federal government’s efforts to combat suicide among troops and veterans. The senior official should oversee joint efforts of DoD, VA, state, local and community partners.

II. Improve follow-up with veterans that call the Veterans Crisis Line to ensure they are connected to mental health treatment or other services.

III. Mandate follow-up with all servicemembers who screen positive for possible combat stress injuries when they return home.

IV. Integrate mental health check ups as a regular part of required physicals for preventative care.

V. Integrate basic skills for recognizing and treating mental health injuries into First Aid training for all servicemembers.

VI. Require VA and DoD mental health professionals treating clients to provide at least 30 days notice before leaving their positions.

VII. Create a system to identify and smoothly transition servicemembers who have previously attempted suicide when transferring care from the DoD to the VA.

VIII. Fully implement the DoD plan to develop an automated system to transfer Service Treatment Records to the VA electronically. (Also listed in Chapter 3)

IX. 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 Chapter 3)
2. PROTECT OUR LEGACY

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. While our country's attention may be ready to close the book on these two wars, the story of this generation of veterans is just beginning.

Congress, the President, and the American people must not begin to erode the system of care available to veterans and their families. Many of the effects of today’s wars are still unknown. Some veterans are still struggling to integrate back into their families and communities and 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.

During sequestration, the military cut support services for military families and Pentagon leaders threaten to cut further if sequestration is not fully repealed. Through the Bipartisan Budget Act, Congress cut retirement benefits for those currently serving. While Congress ultimately acted to restore these benefits, it was a signal that the commitment to protecting the benefits of servicemembers is already waning.

The benefits and pay for our troops are also under fire. Cutting pay and benefits could have disastrous effects on our nation’s capabilities to respond to further threats. Over the last ten years, Congress has finally made military pay and benefits competitive with jobs in the civilian sector. America demands a lot of both servicemembers and their families; they spend months apart for deployments and training, move frequently, and put their loved ones in harm’s way. These demands can create moments where families consider other professions, and if military pay and benefits start to stagnate when compared to opportunities in the civilian sector, it will be difficult for the military to retain its most needed troops.

The country must also honor the servicemembers and families who gave their lives and loved ones in service to the country. More than 6,000 men and women died in the wars in Iraq and Afghanistan. Their sacrifice deserves to be recognized alongside those who came before in a memorial on the National Mall. Perhaps most importantly of all, the nation can further honor these men and women by supporting the families left behind.

2.1: Protect Funding and Services for Troops and Veterans

2.2: Maintain a Strong All-Volunteer Force

2.3: Honor the Fallen

2.4: Support the Families of the Fallen

2.5: Protect Refugees from Iraq and Afghanistan
2.1: Protect Funding and Services for Troops and Veterans

With the expected end of the war in Afghanistan, the country must continue investments to ready the system of care for veterans and their families. Research shows that a significant percentage of new veterans have invisible injuries such as TBI or PTSD. The military’s use of burn pits has already impacted the health of new veterans, but little is known about the long-term effects of this exposure. The lasting needs of new veterans are still not fully understood and will only be revealed as research continues and more veterans return home.

If Congress fails to continue funding for the VA and DoD programs, the system won’t be able to swiftly adjust to their changing needs. Congress should 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, Congress responded to calls from IAVA and our partners throughout the veterans’ community to restore predictability to the VA healthcare budget by appropriating funds one year in advance. With Congress continuing to struggle to regularly pass budgets, highlighted during October’s government shutdown, the entire VA needs budget stability to continue its transformation efforts.

IAVA Recommendations:

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

II. Fund the entire VA – not just the healthcare system – one year in advance.

III. Provide Advance Appropriations for the healthcare section of the VA Budget for fiscal year 2016.

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

V. Maintain the historic New GI Bill benefit for new veterans.

VI. Grant IAVA a Congressional Charter.

VII. Invest and partner with innovative community non-profits serving the needs of servicemembers, veterans, their families and survivors.


2.2: Maintain a Strong All-Volunteer Force

Congress cannot balance the budget on the backs of veterans or their families. Our country continues to be in the crosshairs of deficit hawks; first Congress jeopardized programs to support military families and servicemembers with across the board cuts known as sequestration. Later, the Budget Control Act budget compromise devastated military retirees by cutting cost of living adjustments, cuts that will cost an E-7 retiree more than $3,000 a year. While some of these cuts have been repealed, many remain and these steps showed a willingness to abandon the military community.

Adjustments to military compensation should consider the holistic impact on the families of veterans and servicemembers – and on the overall federal budget. Last year, $104 million in food stamps was redeemed at military commissaries, but leaders are considering further cuts to the discounts provided through commissaries. The 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. 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, it will be difficult to maintain the strong all-volunteer force America prides itself on. Cutting military pay and benefits could impact the country’s ability to respond to threats.

IAVA Recommendations:

I. Fully repeal the 2013 cut to military retirement that reduces the cost of living adjustment for new recruits.

II. Oppose increases in TRICARE fee and cuts to military retirement benefits.

III. Continue providing the commissary benefit for military families and retirees at the current funding levels.

IV. During sequestration, allow the DoD more budget flexibility by allowing it to use excess funds from one account to support others.

V. Maintain competitive pay for troops by keeping pace with the civilian sector.

VI. Fully and permanently repeal sequestration.
2.3: Honor the Fallen

As of December 2013, 6,775 servicemembers gave their lives for this country in Iraq and Afghanistan. We honor their sacrifice where they are laid to rest and on the National Mall, and we make it clear that their ultimate sacrifice will never be forgotten.

Our country has long honored the service of those who have sacrificed everything. We should honor the service of today’s veterans alongside their fellow warriors who served in Vietnam, Korea and World War II. Generations of veterans shouldn’t wait decades to see a memorial in their honor.

According to the FY 2014 Independent Budget, an average of 15.2 percent of veterans choose to be buried in either a national or state veteran cemetery. Veteran cemeteries should be adequately equipped to honor the service and history of our men and women in uniform.

IAVA Recommendations:

I. Commit to reserve space in Washington D.C. for a memorial that honors the sacrifices of Iraq and Afghanistan veterans by the end of 2015. Planning for the memorial should include both new veterans and Gold Star families.

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

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

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

V. Ensure all remains and interment records at Arlington National Cemetery are properly tracked in an electronic database.

VI. Mandate that Arlington National Cemetery provide families with headstone information a week before burial.
One of our country's most solemn duties is to support the families of the troops who gave their lives to this country. These families are forever a piece of the military community, yet too often are ostracized, restricted from military bases and left out of many military and veteran initiatives. They have already lost loved ones, and should not lose 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 needed. The DoD must ensure that its casualty assistance officers are highly trained to help surviving family navigate the system of care available to them and guarantee that support continues for as long as it is needed.

**IAVA Recommendations:**

I. Immediately eliminate the Survivor Benefit Program/Dependency Indemnity Compensation offset that reduces benefits from both DoD and VA.

II. Establish a Gold Star Family Assistance Office within the DoD.

III. Create a family advocate, modeled after the Naval Criminal Investigative Service (NCIS) position, within the Army Criminal Investigation Command.

IV. Improve training requirements for casualty assistance officers; ensure personnel are fully aware of survivor benefits.

V. Establish a database to register survivors.

VI. Investigate issues in the upkeep and storage of DD-93 forms.

VII. Include an option in DD-93 to opt out of showing parents or next of kin graphic autopsy photos.

VIII. Provide survivors with Identification Cards to allow survivors access to military installations.

IX. Ensure implementation of the VA advisory committee's recommendation on establishing a case-management system for benefits coordination and registry for survivors.
2.5: Protect Refugees from Iraq and Afghanistan

In 2013, the Special Immigrant Visas for U.S. affiliated refugees temporarily expired in the midst of the government shutdown, concerning many veterans that served alongside Iraqi and Afghani interpreters and community leaders. Many of these men and women put their lives on the line to support America efforts in both Iraq and Afghanistan and many veterans continue to fight for these partners when they return home. Congress and the administration must renew efforts to care for the Iraqi and Afghan men and women that risked their lives alongside today’s veterans.

IAVA Recommendations:

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

II. Ensure the renewal of Special Immigrant Visas (SIV) for U.S.-affiliated refugees established through the 2008 National Defense Authorization Act.
A government stuck in the 20th century is trying to meet the demands of today’s new generation of veterans. Despite enormous efforts over the last ten years, too many veterans are still waiting too long for decisions on their disability claims; at the end of 2013, more than 400,000 veterans were stuck in the VA backlog. Just 57 percent of new veterans are enrolled in VA care and those that are often face long wait times for appointments and appeals of claims are reaching all time highs. Others are simply lost in the cracks – between the DoD and the VA, or between state, local, non-profit and private services.

The system required by today’s veterans – whether they served in Vietnam or Iraq and Afghanistan – will be very different from the legacy system. The veterans’ population in the United States is shrinking drastically as less than one percent of the U.S. population served in Iraq or Afghanistan. Changing demographics will require a nimble, dynamic system of care that can predict the needs of veterans and respond quickly.

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 non-profit sectors. We need a system that leverages the use of new technologies to streamline processes and allow the VA to take a more dynamic approach to respond to the needs of today’s veterans. But 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.

In 2013, IAVA gave voice to the stories of thousands of veterans stuck in the VA disability claims process through TheWaitWeCarry.org, an interactive website collecting and publicizing data on the backlog. These stories put the focus on the true toll of outdated government services: the struggles of each individual struggling with the financial and emotional stress of waiting for their benefits.

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, rather than measured by the number of new programs or initiatives created. 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 be one that fights for them.

3.1: 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: End the VA Backlog

Despite significant progress throughout 2013, too many veterans remained stuck in the VA disability backlog. The VA backlog decreased by 34 percent in 2013, but more than 400,000 were still waiting more than 125 days for decisions on their claims at the end of 2013. Moreover, there were more than 265,000 veterans waiting on their appeals of the initial decisions on their claims. These men and women often face significant financial and emotional stress while waiting for the benefits and care that they’ve earned.

The VA is implementing a massive transformation plan to improve the disability claims process. Yet, it remains unclear if these efforts are sufficient to end the backlog or keep pace with incoming claims. Furthermore, as appeals of disability claims are reaching an all-time high, the VA must ensure that it is emphasizing quality as much as it is focusing on speed. By establishing clear public metrics and releasing more data, the VA can give stakeholders more tools to help assess their progress and offer concrete solutions.

The VA still has to address factors that created the VA disability claims backlog. Veterans often struggle to understand the claims process and how they can help the VA to more quickly. The VA must reform the work-credit system to hold VA employees accountable at every level. It must also improve its ability to collect and use private medical evidence to substantiate a claim.

IAVA Recommendations:

I. Establish a Presidential Commission to end the VA claims backlog.

II. Transform the Veterans’ Benefits Administration’s (VBA) adversarial culture, integrating best practices from industry and leveraging modern technology to deliver a system of customer service that rivals the best in the private sector.

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

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

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

VI. Require appeals form to be sent along with the Notice of Decision letters in order to expedite the appeals process.
### 3.1: End the VA Backlog

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<thead>
<tr>
<th>VII. 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.</th>
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<tbody>
<tr>
<td>VIII. Report the intake of new compensation and pension claims on the <em>Monday Morning Workload Report</em>.</td>
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<td>IX. Report separated statistics on the intake and processing of supplemental and original claims in the <em>Monday Morning Workload Report</em> to allow for better analysis of the challenges slowing each type of claim.</td>
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<td>X. Establish a model to accurately project the claims workload and the resource and staffing requirements needed to meet the demand.</td>
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<td>XI. Make all disability benefits questionnaires available to private medical providers.</td>
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<td>XII. Simplify notification letters to provide easily digestible, specific and clear information about the reasons for rating decisions.</td>
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<td>XIII. Continue to engage veteran stakeholders in updating the VA Schedule for Rating Disabilities (VASRD).</td>
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<td>XIV. Require the VA to accept a PTSD diagnosis provided from a qualified private medical provider.</td>
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<td>XV. Allow the VA to incentivize private medical providers to furnish medical health records to the VA for processing.</td>
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<tr>
<td>XVI. Clarify and report accuracy ratings for each regional VA. Designate what percentage of errors are process errors, such as those where paperwork is improperly completed, versus those that result in poor rating decisions.</td>
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3.2: Seamlessly Transfer Care from the DoD to the VA

The VA and DoD still have not delivered a sustainable system to share electronic health records. In 2013, VA Secretary Eric Shinseki announced that the VA and DoD were abandoning a billion dollar effort to develop a Joint Electronic Health Record in favor of identifying ways to share information across different electronic health record systems. While the DoD and VA have established stop-gap measures to lessen the negative impact of this announcement, it is still unclear how the departments will achieve this singularly important goal of fully sharing electronic health records.

This lack of information sharing means that too many veterans are falling through the cracks in the transition from the DoD to the VA. Despite new initiatives to enroll more servicemembers in eBenefits and reach more servicemembers through the Transition Assistance Program (TAP), just 57 percent of all new veterans are registered for VA healthcare.

Bounced back and forth between VA, DoD and state care, National Guard members and Reservists face particular difficulties in their transition between the DoD and VA. They often struggle to obtain their medical and service records, exposing them to more delays in applying for VA benefits and services.

IAVA Recommendations:

I. 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 Chapter 1)

II. Automatically enroll all troops leaving active duty service in VA health care with an option to opt out.

III. Fully implement the DoD plan to develop an automated system to transfer Service Treatment Records to the VA electronically. (Also listed in Chapter 1)

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 the VA.
3.3: Improve Government Outreach to Veterans

Too many veterans don’t understand the benefits for which they are eligible. About 40 percent of IAVA survey respondents have an injury that has not been rated by the VA. Of those planning to apply, nearly 20 percent have not because they do not know where to start. Many more have been alienated by their experiences with the VA. With just 57 percent of new veterans using VA healthcare, this is still clearly an untapped resource for many veterans of Iraq and Afghanistan.

Over the last year, the VA has taken steps to improve. Through new ads and a streamlined website, they began to adopt best practices in reaching out to veterans of all generations that should inform future campaigns.

The VA’s outreach must consider two different goals: first, VA outreach must clearly communicate to veterans what benefits are available to them, and second, the VA must provide a seamless experience when applying for and using these benefits. Without this dual focus, efforts will fall short of enrolling and retaining more veterans.

**IAVA Recommendations:**

I. Prioritize VA outreach efforts by including a distinct line item in VA appropriations for marketing and outreach.

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

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

IV. Partner with best in class communications, technology, and public relations firms to reform how the VA communicates its benefits to veterans.

V. Launch the recently developed Ad Council campaign in 2014.
3.4: Defend Troops Against Military Sexual Assault

The 2013 report from the DoD’s Sexual Assault Prevention and Response Office was a wake-up call, revealing an estimated 26,000 cases of unwanted sexual contact in the military.32 Congress responded. Through the National Defense Authorization Act, Congress passed significant 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.

More action is still needed to embolden more survivors to come forward and report cases of sexual assault. Congress should improve the military justice system by placing the disposition authority for all serious crimes in the hands of experienced military prosecutors. This will ensure that decisions of whether to go to trial will be made on the facts of the case alone, giving both the survivor and accused justice.

Further, continued efforts are needed to help survivors of sexual assault apply for VA benefits. Many survivors choose not to formally report a sexual assault for fear of retaliation, whether professional or social, and often struggle to get approval for the benefits they’ve earned.

IAVA Recommendations:

I. Ensure full funding for the Sexual 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. Provide a plan to prevent an increase in military sexual trauma in newly integrated Military Occupation Specialties following the military’s decision to allow women to serve in combat arms units.

III. Ease evidentiary requirements to establish service-connection for veterans filing disability claims based on military sexual assault.

IV. Evaluate to determine if additional support systems are needed for male victims 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.

VI. Place the disposition authority for cases involving serious crimes in the hands of an experienced, independent military prosecutor, as was proposed by Senator Gillibrand’s Military Justice Improvement Act.
3.5: Build On the Success of Local Veterans Courts

More than 31 states have established Veteran Courts to offer alternatives to traditional criminal sentences for veterans with legal trouble characteristic of a mental health injury rather than criminal intent. While the first Veteran Court was established just six years ago in Buffalo, New York, today it is estimated that more than 146 exist. Seeing the potential of these courts, IAVA has supported Veterans Courts from their early and continues to today.

Veterans Courts provide enormous benefits both for veterans and the community. Those convicted through a Veterans Court are put through a rehabilitative program that often includes mental health support, and 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, state and local governments should now seek to adopt best practices and expand the use of Veterans Courts beyond the 31 states that currently have them.

**IAVA Recommendations:**

**I.** Employ the best practices from the more than 140 Veteran Courts operating nationwide to develop a set of guidelines for localities to successfully execute an alternative sentencing program for veterans whose crimes stem from service-related injuries.

**II.** Provide grants to states to establish Veterans Courts.

**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.

**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.

**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, veterans interacting with the justice system.

**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

In 2013, the one millionth new veteran went to school on the Post-9/11 GI Bill, realizing the hopes that IAVA and partner organizations had when working to pass this historic benefit. This marker gives us a moment to celebrate; IAVA is proud of our contributions in driving the passage of the Post-9/11 GI Bill in 2008 and in championing upgrades that expanded eligibility to more than 500,000 veterans in 2009.

To help veterans access their GI Bill benefits, IAVA manages NewGiBill.org, which provides current information and resources related to the New GI Bill and includes a tool for calculating benefits. In 2013 alone, more than 320,000 people accessed NewGiBill.org, and over 230,000 used our New GI Bill Calculator to calculate their benefits. In addition, more than 1,500 veterans and family members have received personal responses to their New GI Bill questions, and more than 200 have received ongoing, one-on-one assistance.

Despite the enormous success of the New GI Bill, there is still work to be done.

In 2013, Congress left without passing critical legislation to help student veterans. For years, veterans struggling to establish residency as a result of their military service were required to pay the difference — often thousands of dollars — between the out-of-state tuition rate and the in-state rate that the GI Bill covered. In 2014, Congress must pass currently pending legislation to require states to consider veterans in-state students or forfeit the right to accept GI Bill funding.

Furthermore, the GI Bill remains under attack by predatory for-profit schools that see the GI Bill as potential cash flow rather than a historic benefit to help veterans transition home and realize their career goals. Even with additional regulations passed in 2012 to help veterans evaluate schools for their career, the federal government still incentivizes predatory actors to target veterans and their families.

As the war in Afghanistan comes to a close, the Post-9/11 GI Bill will continue to play a significant role in helping new veterans transition home and into careers. The country’s higher education system must be fully equipped to meet their needs and ensure their success. Stakeholders should ensure the future of the GI Bill by taking steps to:

4.1: Defend the New GI Bill against 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 2012, 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 an Executive Order, student veterans were given more resources to distinguish quality education programs for their career goals.

Despite these reforms, for-profit schools remain incentivized to target student veterans. Limited regulations and reporting requirements prevent many poor-performing schools from being identified or punished. Congress must take bold action to prevent these schools from squandering the New GI Bill.

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

III. Eliminate VA education funding for programs that are participating in Title IV.

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

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

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

VII. Adopt gainful employment regulations that ensure government funding is provided only to vocational programs with strong employment outcomes for students.
4.2: Streamline the New GI Bill

While the Post-9/11 GI Bill is a landmark benefit to support veterans and their families, it is not perfect. Currently, veterans often struggle to make ends meet between semesters. Still faced with rent and other bills, veterans do not receive their housing allowances during the holiday breaks, but often cannot get a job for such a short period to cover the costs. Other veterans are enrolled in schools that do not participate in the Yellow Ribbon Program that helps to cover the cost of tuition at private colleges and universities. Some are unable to pursue scholarships to cover additional costs of their education without losing portions of their GI Bill benefits.

IAVA Recommendations:

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

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

III. Stop collecting the $1,200 Montgomery GI Bill from new enlistees.

IV. Abolish the “payer of last resort” calculation for tuition and fees benefits in the New GI Bill.

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

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

VII. Allow veterans to “cash in” their GI Bill benefits to use as seed money for starting a small business. (Also listed in Chapter 5)

VIII. 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. 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 in order 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. In IAVA’s 2014 Membership Survey, almost 11 percent of our student veterans identified availability of support programs for military students as a reason why they chose their school. 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. Research veteran success and failure in school to identify a set of metrics for student success on campus, which would be aimed at easing the transition to and from college, and promoting academic success.
### 4.3: Ensure the Success of Veterans on Campus

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<thead>
<tr>
<th>III.</th>
<th>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.</th>
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<tr>
<td>IV.</td>
<td>Fully fund the “Model Programs for Veteran Student Success” grant program that enhances on-campus programs for student veterans.</td>
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<td>V.</td>
<td>Require colleges and universities to reimburse tuition paid to student who are deployed mid-academic term and cannot complete coursework.</td>
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<td>VI.</td>
<td>Develop a program to link veterans with trusted education counseling services that help prospective student veterans with test preparation and admissions counseling.</td>
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<tr>
<td>VII.</td>
<td>Provide government grants to VSOs and nonprofits to develop student veteran service programs in order to help veterans achieve their educational goals.</td>
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<td>VIII.</td>
<td>Expand the VetSuccess on Campus programs to cover more veterans, including those attending online programs.</td>
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5. EMPLOY THE NEW GREATEST GENERATION

The unemployment rate for new veterans continues to drop, but still remains higher than the national average. In 2013, the average unemployment rate for new veterans was 9.1 percent, half a percentage point higher than the national average. The progress reflects the significant investments of the private and public sectors in addressing new-veteran unemployment.

But there is still work to do. IAVA’s membership surveys indicate that the unemployment situation among new veterans may be worse than reported by the Bureau of Labor Statistics. In 2014, 9 percent of IAVA’s Membership survey respondents reported that they were unemployed. More than 60 percent of those who reported being unemployed have been unemployed for more than six months. As 30 percent of the federal workforce is made up of veterans, including 46 percent of the DoD, veterans have also been hit particularly hard by the freeze in federal hiring and sequestration.39

These numbers show that systemic challenges to veteran unemployment still exist. Addressing the legal and cultural barriers that prevent many veterans from smoothly transitioning from combat to career will be the long-term solution to lowering the new-veteran unemployment rate, particularly after the nation’s attention turns away from today’s veterans.

Veterans continue to face difficulties in translating their military experience to the civilian job market. Some still do not have a path to receive the licenses and certifications to continue their military careers in the civilian sector. Many more are concerned with cultural barriers in the civilian job market. In a 2012 survey IAVA fielded with Prudential Financial, Inc, 58 percent of respondents indicated that they were concerned with at least one cultural barrier – such as manager or colleagues unfamiliar with their service – when seeking employment.40 And, the country should invest in workforce development programs to support veterans transitioning to new careers.

As a result of these continuing challenges, the United States is just scratching the surface of these veterans’ potential. Veterans continue to search for a meaningful career; they are looking for opportunities to continue their service. With continued investment, today’s new veterans will continue to lead, not just on the battlefield, but in every sector of our economy.

5.1: Translate Military Skills for the Civilian Job Market
5.2: Incentivize Employers to Hire Veterans
5.3: Support Veteran Entrepreneurs and Small Business Owners
5.4: Defend Troops Against Job Discrimination
5.5: Support Veterans in the Workforce
5.6: Provide Veterans with Employment Resources
5.7: Empower Veterans to Continue Public Service
5.1: 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.

Congress passed the IAVA-supported Vow to Hire Heroes Act of 2011, a landmark piece of legislation to help reduce veteran unemployment. The bill established the VRAP that has sent 74,000 back to school.41 It also required that the DoD update the Veteran Retraining Assistance Program (VRAP) resulting in a re-vamped Transitions GPS program that provides more resources for veterans returning to school, beginning new careers or starting their own businesses. Vow to Hire Heroes also required the Department of Labor to commission a study to translate military skills into civilian certifications. Once released, this study could be foundational in providing the information to build tools to help veterans explain their skills to civilian employers.

Meanwhile, state and local governments should continue efforts to make it easier for veterans to obtain the certification required for their civilian careers. 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:

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

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

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

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

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

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

VII. Create a centralized website of the public, private and non-profit resources for veteran employment and the best tools to translate military service for the civilian job market.
5.2: Incentivize Employers to Hire Veterans

Many employers have answered the call to hire new veterans and military families. The public and private effort to hire more veterans has helped to put a dent in the veteran unemployment rate. But it still remains too high.

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. 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. ![Flag](flag) | Permanently extend the Vow to Hire Heroes Tax Credits that reward businesses for hiring unemployed veterans and wounded warriors.

II. ![Flag](flag) | Continue convening White House summits on veteran employment that connects veterans, corporate leaders, and community-based non-profits.

III. ![Flag](flag) | 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. ![Flag](flag) | Establish a set of best practices for recruiting, hiring and employing veterans that can be disseminated and adopted by all public and private organizations. Create a national public awareness campaign to disseminate these best practices and educate prospective employers.

V. ![Flag](flag) | Create state and local veterans preference law for all levels of government hiring and contracting.
5.3: Support 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 small business. Many veterans of Iraq and Afghanistan return home ready to start their own small business. About 6 percent of IAVA Membership survey respondents already own a small business and 20 percent plan to start their own business. While programs exist to support veteran-owned small businesses through the Small Business Administration and through contracting preferences, the majority of small business owners in IAVA’s survey reported that their challenges included difficulty in obtaining start-up capital, operating costs and navigating state and federal regulations.

IAVA Recommendations:

I. Allow veterans to use their GI Bill Benefits as seed money for starting a small business or start-up. (Also listed in Chapter 4)

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

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.

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

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

VI. Extend contracting preference to veteran-owned small businesses for good obtained through the federal supply schedule of the General Services Administration.
5.4: Defend Troops Against Job Discrimination

The wars in Iraq and Afghanistan have relied heavily on National Guard and Reserve troops. More than 800,000 of these have deployed to Iraq and Afghanistan. Now, as the military draws down, the DoD may rely even more heavily upon these troops.

The changing 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 servicemembers upon their return from a deployment. Weak enforcement mechanisms encumber 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. USERRA does not even cover one of the worst offenders: the government. Government must hold itself to the same standards it requires of the private sector.

**IAVA Recommendations:**

I. 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.

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

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.
5.5: Support Veterans in the Workforce

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

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 for patriotic employers who support employees in the Reserve or National Guard called to active duty by paying the difference between service members’ civilian salaries and military wages.

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

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

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

V. Train Human Resources professionals to become USERRA coaches to support Guard and Reservists deploying.

VI. Partner with veterans groups, like IAVA, in creating hiring and workforce development programs for veterans.
5.6: 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.47

The newly re-vamped Transition Assistance Program (TAP) is a large step forward in equipping separating servicemembers with the tools and resources to find a job in the civilian market. But more efforts to provide networking, internship and other opportunities for veterans are needed.

**IAVA Recommendations:**

I. Fully implement the proposed Transition Assistance Program (TAP) to allow the program to be tailored to the skill set and education level of the servicemember.

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

III. Develop interview training programs that instruct veterans on what employers are allowed and prohibited from asking in interviews.

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

V. Partner with and fund nonprofit organizations and companies to place veterans in internships or fellowships.

VI. Establish a program to train veterans on professional networking and leveraging their professional network to find employment. Ensure the program includes training on online networking.

VII. Move the Veterans Employment and Training Service to the Department of Veterans Affairs.

VIII. Fund best-in-class nonprofits providing employment and workforce development resources for new veterans and allow these partners access to bases and other employment programs to offer their services.
5.7: Empower Veterans to Continue Public Service

A significant number of veterans want to continue serving after they take off their uniform. In a 2012 survey of veterans fielded by IAVA and Prudential Services, Inc, 80 percent of respondents reported that they were seeking a job that is meaningful when looking for employment. Among IAVA’s survey respondents, almost 14 percent are unhappy with their current job because it is not meaningful or does not make a difference in the world. Many veterans prefer continuing to work in the public sector, or pursuing careers that continue service.

Today, 26 percent of IAVA members work in the government. Veterans preference continues to demonstrate the federal government’s commitment to hire veterans, yet many veterans continue to struggle to navigate USAJobs and other paths to public service. Others face unique challenges to continue public service through programs like AmeriCorps. Today’s veterans want to continue their service, and new policies should empower them to reach their goals.

IAVA Recommendations:

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

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

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

IV. Allow the DoD and VA to provide grants for nonprofit service programs that provide assistance to communities in need to “that engage veterans in providing assistance to veterans in need.”

V. Expand the impact of Troops to Teachers by including the recruitment of paraprofessionals – substitute teachers, counselors, speech pathologists, JROTC instructors, administrators, coaches and librarians – to increase the number of veterans employed in the education system.
6. IMPROVE CARE AND SERVICES FOR FEMALE VETERANS

It’s well past time to recognize the enormous contributions that women are making to the military in the United States. In FY 2011, 14.5 percent of active duty and 18 percent of Reservists were women. There are 274,000 women veterans that have served in Iraq and Afghanistan and women continue to be the fastest growing demographic in the veteran population.

With the DoD’s continued efforts to open up more military roles to women, the contributions of women will only increase in the years to come. Last year, Secretary of Defense Leon Panetta announced a bold change in policy: after years of excluding women from combat roles, the services will soon be required to open them to women or justify why women could not perform combat roles.

Unfortunately, the system of veterans’ care is playing catch-up to the increasing contributions that women are making on the battlefield. Only 56 percent of women veterans who responded to IAVA’s 2014 survey agreed that the VA provided an adequate number of female practitioners, while only 41 percent believed the VA provided an adequate number of doctors specializing in women’s care and only 34 percent believed the VA adequately provided specialized facilities. Less than half (49 percent) of respondents indicated that the VA adequately provided information and resources relating to women’s health care.

With benefits and services ever improving for female veterans, the American public must change the image of a typical veteran. Too often, the service of female veterans is questioned, impacting the way female veterans are received everywhere, from VA hospitals to job interviews. Until the country addresses how it perceives female veterans, the network of care and services will continue to lag behind that available to male veterans.

6.1: Improve Health Care for Female Veterans

6.2: Strengthen Public Awareness and Research about Women Veterans
6.1: Improve Health Care for Female Veterans

The VA has made considerable progress in increasing women-specific care for female veterans. Yet, there continue to be significant gaps in the care available to women veterans.

Among the women veterans who responded to IAVA’s 2014 membership survey, only just under 59 percent have been contacted by the VA or have seen VA advertisements about women’s eligibility for VA services and benefits. Less than 37 percent of women veterans who responded to the survey indicated that they felt somewhat or very positive about the VA’s care and treatment of female veterans, approximately 35 percent felt somewhat or very negative.54

The VA relies both on VA practitioners and on contracted care to meet the needs of female veterans. The VA needs to regularly evaluate these services to ensure it meets the standards our veterans deserve.

Yet, support must extend beyond health care. Homeless women veterans continue to face more difficulties than their male counterparts in finding emergency and temporary housing. More than 60 percent of VA-funded transitional housing programs do not accept children. As women continue to play an increasingly prevalent role in our armed forces, continued efforts must be made to improve VA care, services and benefits for female veterans.

IAVA Recommendations:

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

II. 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.

III. Establish standards requiring a percentage of 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. Evaluate the quality of care provided by the VA and VA-purchased care for female veterans, particularly in mental health care and peer-support programs.

V. Continue to evaluate Veterans Integrated Service Network (VISN) executives on the availability and quality of care for women veterans.

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

VII. Emphasize hiring female veterans at the VA, both in healthcare and benefits roles.

VIII. Fund childcare services at VA facilities and in local communities to ensure childcare does not prevent veterans from seeking care.
6.2: 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 their contributions. The VA must invest in research to understand and project the future needs of women veterans to ensure the system of care is ready to support them.

While women were formally barred from combat roles before 2013, women served in combat throughout the wars in Iraq and Afghanistan and 160 women died in Iraq and Afghanistan. Awareness is building about the roles of women veterans; in 2012, two women veterans of Iraq and Afghanistan were elected to Congress, the first in history. But, the stories of women veterans are rarely told, which contributes to a lack of understanding of their roles.

IAVA Recommendations:

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

II. 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.

III. Conduct a comprehensive public awareness campaign to bring greater cultural understanding of the increasing contributions of women servicemembers.

IV. Develop training to improve the VA staff’s understanding of women veterans and their unique needs.

V. Continue to study the specific post-deployment health needs of women and evaluate existing VA services, particularly on health concerns, such as breast cancers, osteoporosis, and heart disease, that often impact women at a higher rate.

VI. Expand the American public’s understanding of the contributions of military and veteran women by including female veteran characters in movies, television shows and novels.

VII. Fund research to better understand the impacts of war on women.
7. INVEST IN THE HEALTH CARE OF TOMORROW

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 did in any previous generation. Many of these veterans will live their lifetimes with complex injuries and even more have sustained unseen injuries.

Meeting the demands of veterans of Iraq and Afghanistan will required a continued focus on proven treatments and continued investment in improving treatments.

Like Vietnam veterans who only saw the impact of Agent Orange years after their service, today’s veterans may see lasting effects of the use of burn pits. 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.

Continued innovation can also address the changing demographics of the country’s newest veterans. Less than one percent of the country has served in Iraq or Afghanistan, and these veterans are returning home to communities across the country. New technologies and treatments must be leveraged to deliver the best quality of care to every veteran, regardless of how close they live to a VA facility.

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

7.2: Expand Health Care Tracking and Research

7.3: Clarify and Support the Use of Service Dogs

7.4: Study and Field Innovative Health Care Treatments
Post Traumatic Stress Disorder (PTSD) and blast injuries – including Traumatic Brain Injury and tinnitus – are the most prevalent injuries of today’s veterans and servicemembers. Today, almost 30 percent of the new veterans seeking care at the VA have been diagnosed with Post-Traumatic Stress Disorder.55 These numbers confirm the landmark RAND study of 2008 that revealed that nearly 20 percent of new veterans showed symptoms of PTSD or TBI.56 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 claimed by today’s veterans. Yet many VA centers still do not provide adequate treatment for the injury and few treatments have been developed to cure it or alleviate symptoms.

Genitourinary (GU) injuries have also become increasingly prevalent among veterans of Iraq and Afghanistan. And, despite having access to treatment while in service, veterans do not have access to reproductive services that give these them a chance to start the family they hoped to have.

**IAVA Recommendations:**

I. Research and develop medical treatment options to address tinnitus that draws on the best resources of the government, private and nonprofit sectors.

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

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

IV. 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.

V. Ensure that veterans with disabling genital injuries have access to the same reproductive services in the VA as in the DoD.

V. Fund research to improve understanding of the signature injuries of today’s veterans.
**7.2: 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 age revealed 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 address the health needs of today’s veterans. For example, in 2008 RAND Corporation published a report on the Invisible Wounds of War that provided an understanding of the rates of invisible injuries, but since then there has been limited research to build upon this landmark study.\(^5\) Research must continue to support today’s veterans.

**IAVA Recommendations:**

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<tr>
<td>I.</td>
<td>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 should launch a campaign to enroll veterans who have returned home prior to 2010 in the Registry.</td>
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<td>II.</td>
<td>Mandate and fund a comprehensive study investigating all potential long-term health effects from Iraq and Afghanistan veterans’ exposure to hazardous environments and equipment.</td>
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<td>III.</td>
<td>Mandate a comprehensive study of the short- and long-term effects of prophylactic medications such as the malaria drug Mefloquine (aka Lariam). The study should look at side effects, interactions with other medications, and the long-term effects of toxicity.</td>
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<td>IV.</td>
<td>Develop an electronic system to track the purchasing and referrals of prosthetic and sensory aid devices.</td>
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<td>V.</td>
<td>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).</td>
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<td>VI.</td>
<td>Ensure proper funding and establish the Hearing Center of Excellence (HCE) and Limb Extremity Center of Excellence that were established in the 2009 NDAA.</td>
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<td>VII.</td>
<td>Ensure dedicated program funding in the FY14 budget for the Peer Reviewed Vision Trauma Program, including a line itemed budget request of $10 million for extramural research.</td>
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<td>VIII.</td>
<td>Fund and update to RAND’s 2008 seminal report, the Invisible Wounds of War.</td>
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Service dogs train to assist veterans with daily tasks are quickly becoming a more widely recognized treatment. Veterans of Iraq and Afghanistan have adopted service dogs in record numbers and recognize them as helpful partners in their recovery. Still, many misconceptions still exist about service dogs.

Today, the VA provides support for veterans by providing benefits to care for a dog, as if it were any prosthetic device or other treatment that requires upkeep. Yet, many veterans are confused by the requirements of service dogs, and many more are seeking dogs without the proper training to fulfill their duties during a veteran’s recovery. Because of their widespread appeal, the VA and the private sector invest in further research and outreach to clarify and expand the use of service dogs.

**IAVA Recommendations:**

1. 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.

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

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

4. Fund awareness campaigns to educate the public about the role of service dogs.

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

6. 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.

7. 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.

8. Fund best-in-class programs that train and support service dogs for veterans.
The VA has long been a leader in innovative health care research, leading to many of the best practices in supporting veterans with missing limbs or PTSD. With more veterans surviving traumatic injuries and medical technology advancing rapidly, 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.

Innovative treatments should take full advantage of the range of traditional and non-traditional options that have been proven to be effective. Many non-traditional approaches may break down many barriers veterans face in seeking care, whether they are the distance to a VA facility or worries about how they will be seen by their peers.

**IAVA Recommendations:**

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

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

3. Provide grants for innovative, best in class nonprofits, like UCLA’s Operation Mend, that provide life-changing surgeries and medical services to severely wounded warriors at no cost.

4. Ensure that veterans using lawfully prescribed medical marijuana are protected from federal prosecution.

5. Continue investments in adaptive sports to support disabled veterans.

6. Assess the effectiveness of using medical marijuana to treat common injuries of new veterans.

7. Institute a mechanism by which study findings are regularly reviewed and integrated into care, including through hospital and medical associations.
8. SUPPORT MILITARY FAMILIES

While they may not wear the uniform, military families serve alongside their service member. Families are often the first line of defense for struggling servicemembers or veterans, and often confront similar challenges in finding employment and transitioning home.

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

Mental health services for families of servicemembers and veterans continue to fall behind the need. According to a 2010 study in the New England Journal of Medicine, almost 37 percent of military wives were diagnosed with a mental health injury. Less is known about the need to support families of veterans who have even fewer support services than military spouses.

Programs for military families continue to be at risk because of today’s tough budget climate threatening the already tenuous support available. 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 DoD cannot balance the budget by cutting the programs that sustain and support military families.

8.1: Increase Mental Health Support for Military Families

8.2: Strengthen Support for Military Children

8.3: Improve Employment and Education Opportunities for Military Spouses

8.4: Improve Services, Benefits and Care for Military Families

8.5: Fight Domestic Violence in the Military
8.1: Increase Mental Health Support for Military Families

Mental health resources for military and veteran families continue to prove insufficient to meet their needs. Available evidence indicates that military service impacts family members profoundly, and a 2010 study demonstrated that almost 37 percent of military wives were diagnosed with a mental health injury. More research is urgently required to understand the full impact of military service on the families of veterans and servicemembers.

Few government programs exist to support the families of veterans who may be struggling with the impact of their loved one’s service. Often the mental health injuries of their loved one surface years after separating from the military, and these families are left with little support to manage their own reactions or needs. In order to best care for both veterans and their families, more services to care for the mental health needs of veteran families are required.

**IAVA Recommendations:**

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

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

III. Track and report the number of military family member suicides.

IV. 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.

V. 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.

VI. 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.

VII. Provide incentives for mental health providers to specialize in supporting children in military families.

VIII. Support research and programs to further understand the health challenges confronting military families.
8.2: Strengthen Support for Military Children

Military children often face significant challenges in fully participating in their school environment. Military children can struggle to transfer their credits to school district after school district when their parent’s service requires them to move. Many civilian schools do not understand the unique needs of military. The impact of service moves beyond the classroom; according to a 2013 survey of military families, 36 percent of respondents reported that military service has negatively impacted their child’s ability to participate in extra-curricular activities. The opportunities afforded to military children should not be limited because of their family’s commitment to serve.

**IAVA Recommendations:**

I. Encourage states to join the Interstate Compact that makes graduation requirements more uniform to allow military children to transfer between schools easily when they move from state to state. Institutionalize the practices for the states that have already joined.

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

III. Enhance oversight programs currently in place to aid military children in civilian schools.

IV. Match Department of Education Impact Aid to the federal obligation required to support civilian school districts in educating military children.

V. Mandate school administrators establish support programs for military children.

VI. Fund support programs, such as Sesame Street’s Military Family Outreach, that provide innovative programming and support for military families.
Military spouses face significant barriers in starting and growing a career. According to the Blue Star Families Military Family Lifestyle Report, 68 percent of spouse respondents reported that “being a military spouse had a negative impact on their ability to pursue a career.” While the White House has raised significant public awareness and rallied public and private sector support for military spouse employment, structural challenges still prevent many military spouses from pursuing the career of their choice.

Military spouses struggle to continue building their career because of the frequent moves often required by military service. A 2013 study reports that 22 percent of spouse respondents have struggled to translate licenses and certifications across state lines. States must continue efforts to ease credentialing and licensing requirements for military families.

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

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

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

VI. 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.

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 servicemembers and spouses.
8.4: Improve Services, Benefits and Care for Military Families

Sequestration revealed that programs supporting military families are on the chopping block. Yet, personnel support programs for military families often form the fabric of military communities and provide unique opportunities to provide resources to families that serve other DoD goals. DoD must not roll back the system of support for military families.

Military families continue to face challenges in finding and paying for quality childcare. Fifty-three percent of respondents to a 2013 survey of military families reported that being unable to afford childcare was a reason they did not work. Providing adequate childcare for servicemembers and military families, particularly those in the National Guard and Reserve, must be a continued DoD priority.

IAVA Recommendations:

I. Protect services and programs for military families from budget cuts.

II. Provide more opportunities for spouses to attend the Transition Assistance Program (TAP) course along with their spouse. Develop special track for military families.

III. Ensure that same-sex military families have the same rights and benefits as any other military or veteran family regardless of whether they reside in a state that recognizes same-sex marriage.

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

V. Evaluate the feasibility of setting periods of stabilization for dual-military couples. 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.

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

VII. Increase subsidies for childcare and improve quality and access to childcare programs.

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

IX. Continue providing the commissary benefit for military families and retirees at the current funding levels. (Also listed in Chapter 2.)
8.5: Fight Domestic Violence in the Military

Domestic violence continues to greatly impact the military community. While the prevalence is difficult to measure, studies have indicated that rates of domestic violence can range from 13 to 58 percent among active duty servicemembers and veterans.

While the DoD has taken steps to address domestic violence in the military, it is difficult to measure progress. Little information is available about the prevalence of domestic violence within the military and the lack of a uniform database makes it difficult to identify areas where programs can be improved. The DoD must provide a stronger picture of the scope of domestic violence and the impact of their 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. Fund research and support programs to continue identifying the scope of domestic violence in military communities and best practices to address domestic violence.
9. END VETERAN HOMELESSNESS

In 2009, Secretary Shinseki set a bold goal to end veteran homelessness by 2015. His plan defined six pillars that united the power of the VA, government and private programs to combat veteran homelessness. This first step set forward a wave of progress; the number of homeless veterans has declined every year since 2010.64

This December, Phoenix, Arizona became the first major city to announce that it had eradicated chronic veteran homelessness. The city first identified all 222 of its chronically homeless veterans and then took a “housing first” approach to swiftly place each veteran into 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. The city’s success provides a model for continued efforts to combat homelessness.65

Despite the headway made in the last 5 years, 57,849 veterans remained homeless on a single night in 2013.66 Veterans who struggle with substance abuse or were previously incarcerated are often unable to gain access to housing programs. Even more struggle to maintain a permanent home. In IAVA’s 2014 survey, 7.1 percent of respondents reported that they were staying with friends or family because they were unable to afford rent.67 These veterans are at risk if the support of their families wanes over time. Housing and homelessness related referrals are among the services most requested through our Rapid Response Referral Program (RRRP); in 2013 alone, IAVA provided more than 150 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 female veterans. Others are younger veterans who may need temporary support. The VA must continue partnerships to adjust services to these demographic shifts.

Military families and veterans may face housing challenges because of the requirements of military service. The weak housing market has forced many military families often to sell their homes at a loss when their service requires them to move. During the height of the housing crisis, homes in military zip codes were foreclosed upon at a rate four times the national average.68 Despite a strengthening housing market, continued emphasis on the issue from the public and private sectors is required to protect veterans and their families from foreclosure.

9.1: Prevent Veteran Homelessness

9.2: House Homeless Veterans

9.3: Fight Foreclosures on Military Families
9.1: 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 VA needs a more in-depth understanding of the numbers of veterans and servicemembers 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 7.1 percent of our respondents reported that they were staying with family or friends because they could not afford rent. While families can provide support to a transitioning veteran, some of these “couch surfing” veterans may exhaust their resources and become eminently at risk for homelessness. A broader understanding of the number of veterans 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 servicemembers at risk for homelessness.

II. Establish and fund partnerships between HUD, DoL, and community-based nonprofits, like Community Solutions, that will allow the VA to tailor existing homelessness and housing placement resources to shifting needs within the population at risk for homelessness.

III. Collect data about the number of homeless veterans by conflict-era in the annual survey of homeless veterans conducted by the VA and HUD.

IV. Establish criteria to allow communities to shift Supportive Services for Veteran Families (SSVF) resources to prevention efforts if they have ending chronic homelessness among veterans.

V. Regularly report demographic trends among homeless veterans served by VA, HUD, and other federal homelessness services to better inform existing homelessness programs.

V. Support best-in-class programs that are tackling veterans homelessness.
9.2: House Homeless Veterans

57,849 veterans were homeless on a single night in 2013, representing a decline of 8 percent over last year. While the expansion of the HUD-VASH program has increased the availability of permanent housing for veterans, advocates in many communities often struggle to find enough beds in temporary or emergency housing.

The most recent Community Homelessness Assessment, Local education and Networking Groups (CHALEN) Program report revealed that female veterans and veterans with families continue to face significant challenges in accessing temporary and emergency housing. These results are not surprising; in 2011, the Government Accountability Office reported that more than 60 percent of VA funded homeless shelters that are open to women will not accept children. Many more facilities struggle to provide a safe environment for either women or children. While the Supportive Services for Veteran Families Program (SSVF) is a strong first step to supporting homeless veteran families, the VA must continue to invest in solutions for this population.

While significant progress has been made in reducing the number of veterans who are homeless, additional resources are required to meet Secretary Shinseki's goal to end veteran homelessness by the end of 2015.
9.2: House Homeless Veterans

I. 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.

II. 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.

III. 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.

IV. Ensure the VA establishes and funds clear partnerships with organizations with outreach and housing placement services to ensure veterans served by these programs have swift access to VA housing and services.

V. 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.

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

VII. 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 childcare services, in order to expedite the reintegration of such veterans into the labor force.

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.

IX. Fund programs to support short-term housing programs for veterans previously incarcerated.

X. Help reduce veteran homelessness among veterans ineligible for VA services by funding new programs or prioritizing these veterans in existing community services. S. NP. P.
9.3: Fight Foreclosures on Military Families

Continued diligence is required to ensure that servicemembers and their families are never again subjected to unfair treatment by mortgage lenders. In 2013, new reports demonstrated that more than 700 military families were wrongfully foreclosed upon during the housing crisis. 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 to move by military service, 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 where they are moved. According to a 2012 report published by the Financial Industry Regulatory Authority, 38 percent of military homeowners owed more on their home than their home was worth and 10 percent of military respondents reported that they were involved in a foreclosure process.

To prevent foreclosure, veterans and servicemembers need better access to programs and services that provide financial literacy. According to a 2012 study released by the Financial Industry Regulatory Authority, 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.

IAVA Recommendations:

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

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

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

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

V. Enforce stricter monitoring of lending practices to prevent predatory and abusive lending by loan agencies to servicemembers and their families.

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

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

VII. Help consumers to make informed choices by publicizing bad actors that have a documented history of erroneously foreclosing on servicemembers and veterans.
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