



IRAQ AND AFGHANISTAN VETERANS OF AMERICA

POLICY AGENDA

A LASTING LEGACY

A NEW
AGENDA
FOR THE 116TH
CONGRESS





THE BIG SIX

- 1 COMBAT SUICIDE** AMONG TROOPS AND VETERANS
- 2 REFORM THE VA** FOR TODAY'S VETERANS
- 3 INITIATE SUPPORT FOR INJURIES FROM BURN PITS**
- 4 DEFEND VETERAN AND MILITARY EDUCATION BENEFITS**
- 5 RECOGNIZE AND IMPROVE SERVICES FOR WOMEN VETERANS**
- 6 ESTABLISH SUPPORT FOR VETERANS WHO WANT TO UTILIZE MEDICAL CANNABIS**

When Iraq and Afghanistan Veterans of America (IAVA) was founded in 2004, the very first veterans of the post-9/11 generation was transitioning out of the military. However, America wasn't ready for them. The Department of Veterans Affairs (VA) was slow to respond to this new generation of veteran, and the signature injuries of the wars in Iraq and Afghanistan. Employers didn't recognize the value in hiring veterans and we had a GI Bill that wasn't up to date with the needs of the newest generation of veteran.

Through a decade and a half of tireless advocacy, veterans of all eras, including the post-9/11 generation, have fought for and won many of these benefits. In 2008, the Post-9/11 GI Bill was passed, forever changing the landscape of education benefits for veterans. 2011 saw the *Vow to Hire Heroes Act* pass, and almost a decade later unemployment rates among the post-9/11 generation are the lowest we've seen. In 2015, IAVA and fellow advocates celebrated the passage of the *Clay Hunt SAV Act*, a landmark piece of legislation in addressing mental health and suicide prevention among veterans.

But the work is far from done and history has shown that change often comes too slowly, if at all. Suicide continues to plague this generation of veterans. Each day, 20 veterans die by suicide and the highest rates are among those 18 to 34 years old. The VA is advancing into the 21st century rapidly, but it will take diligent oversight and monitoring to ensure that veterans are not being left behind as massive reforms are implemented. The effects of burn pits and toxic exposures continue to worsen among the post-9/11 generation, but research is slow and there are veterans in need of support and services now. The Post-9/11 GI Bill faces constant opposition and must be tirelessly protected. Women make up an ever increasing proportion of the veteran population, but still face barriers to care and services. And research into alternative therapies, like cannabis, is slow and sometimes hamstrung by bureaucracy while vast numbers of veterans suffer with chronic pain.

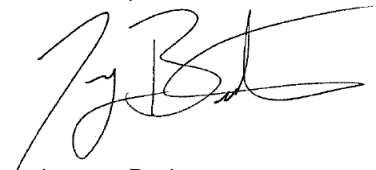
Since its founding, IAVA has united Americans around a central mission: "to connect, unite and empower post-9/11 veterans." An organization over 425,000 strong, IAVA is a place where veterans of the post-9/11 conflicts can connect with fellow veterans, supporters, and allies to build a community.

We've been on the cutting edge of technology and innovation while grounding our mission in direct services and advocacy work. IAVA's Rapid Response Referral Program (RRRP) delivers one on one support from masters-level social service professionals to veterans and their families as they deal with transitions, reintegration into civilian life, or any issue that they may face. And in Washington, D.C., IAVA is hard at work advocating on behalf of the post-9/11 generation.

The pages that lie ahead should be a road map for America. These are the initiatives and recommendations that IAVA believes will address the most important issues impacting the post-9/11 generation and improve the lives of veterans nationwide. The recommendations laid out before you may seem lofty or impossible, but there was a time when suicide prevention legislation, appeals modernization, and women veterans' care all seemed far-fetched. Today, there has been major pieces of legislation and work across the Administration to address these issues and more.

We believe there are bright times ahead, for the veteran community and for our nation. But it will take the combined effort of all advocating and working tirelessly on the issues that matter most to make an impact. We're here for it. Our members are here for it. We're not backing down. And we hope you'll stand with us.

Onward,



Jeremy Butler
Chief Executive Officer
Iraq and Afghanistan Veterans of America

AVA has been fighting for the needs of America's veterans for 15 years. This policy agenda is derived from IAVA's Annual Member Survey, the most comprehensive non-governmental survey of the post-9/11 veteran generation. We take this valuable scientific data – that IAVA uniquely can generate – and use the expertise of other VSO's and partners to create a plan. Moving forward it is IAVA's job as a watchdog to ensure our nation's elected officials are working toward the best interest of the veteran community. IAVA will be scoring and publicly sharing how all Congressional members vote on legislation that is included in this Policy Agenda to hold them accountable.

IAVA has set the bar for years by authentically representing the post-9/11 veteran generation's best interests and by introducing game-changing concepts. Now, IAVA is introducing another big idea that costs nothing!

Donating Veterans Day

Veterans Day, a federal holiday, means little for most Americans other than a day off from work. Attendance and support at Veterans Day events are shamefully low – and declining. The veteran population is also decreasing. In the next decades, the number of veterans in America will decrease from 21 million to 10 million. Veterans already understand the sad reality that Veterans Day is quickly becoming less meaningful and significant to Americans overall.

Simultaneously, America continues to struggle to draw citizens to the polls on election day. Compared to most progressive democracies in the world, our voter turnout is shamefully low. Many Americans, especially those with more than one job, just can't forgo a paycheck to vote. This also often includes millions of veterans. For others, there is always an excuse: apathy, logistics, work schedule, family demands, etc.

There is a bold and basic solution: combine Election Day and Veterans Day.

The ultimate way to indeed support our veterans – and to honor all those who have died as a result of combat – is to vote. There's nothing more patriotic. Nothing more respectful. Nothing more American.

Generations of men and women have raised their right hands to serve America in uniform. We have sacrificed for America. We've lost limbs and our friends. Some have given all. Now, we are willing to donate our national holiday to improve and strengthen our democracy and the future of our nation.

An overwhelming majority of America's veterans support this groundbreaking idea, from IAVA's post-9/11 constituency to our previous generation of veterans. We believe that once civilians are aware of the concept, they too will support the change.

It's a no-brain, double-benefit. Veterans Day would mean more. And Election Day turnout would grow. And, best of all, we aren't adding another federal holiday.

In 2019, IAVA will launch and lead the Campaign to Donate Veterans Day. As we have for 15 years, IAVA, the true thought-leader and vanguard of the veterans movement, will lead a historic, non-partisan advocacy campaign to create, pass and enact legislation to change history forever.

Over 90 veterans are members of the 116th Congress; we are calling this influx of veterans the Camouflage Wave. We believe we can create massive change around one simple goal: to work with veterans to donate our day. We know this is a big idea, and it will take a long time to get done, but, once passed, it will also transform democracy in America.

Veteran/Civilian Pact

The Big 6, introduced last year, lists six legislative demands that are all vital to securing the needs of this generation of veterans. However, the Big 6 is just the beginning. The reality is that there are many more issues that are vital to the success of the veteran community and this Policy Agenda addresses many of them beyond just the Big 6. We have a chance to re-examine the entire post-service, veteran experience to maximize our nation's best trained and most important assets. The time is now to create a new normal for veterans.

The sad truth is that the sacrifice and service of our men and women in uniform, and our veterans, goes largely unnoticed by most civilians. Regardless of gender,

deployment number, or discharge status, it is America's job to ensure that everyone who served will thrive as a civilian. When an individual signs the paperwork to join the military, that document should also serve as a symbol of the contract signed with America; a contract ensuring a strong future.

America needs a cultural shift in how we respect and treat our veterans; we are proposing a new veteran contract with America, a Pact with Veterans. The Pact is an easy-to-follow veterans bill of rights for everyone who served in the military, protecting all who fought from the perils of reintegration to civilian life.

Our nation's veterans need to know that their reintegration, health, financial position, and housing will be protected.

That their children will be supported. They must know that suicide doesn't have to be the answer, opioids are not always the answer, and, mostly, that they aren't wounded, mentally or physically, beyond repair. That there are clear options for a strong future.

IAVA can uniquely bridge the needs of the post-9/11 veteran generation with those of all American heroes. Now is the time to cement this Pact with Veterans, so that all those who have fought for this country can see how grateful America is to the sacrifices others have made to protect our way of life. IAVA has long led the fight to protect those who served this country. Now is the time for this organization to advance and evolve to fight for all heroes.

Together let's create this new Pact.



1. Mission first.

We are here to serve and empower our post-9/11 veterans community. We believe these dynamic men and women represent America's future – our next greatest generation. They are our true north, and everything we do is designed to focus on them and the positive future they bring to the world.

2. Integrity always.

We hold ourselves to the highest standards of efficiency, effectiveness, honesty, and transparency. We fight hard and take tough stands. That's not always easy, but it's who we are and what our mission requires.

3. Everyone is welcome.

The veterans movement is for every veteran. Our diversity is a strength. We are a community that welcomes everyone, of every background, time period, and discharge status. The veterans movement is not for veterans alone. Our success is America's success. We believe everyone can do something to help.

4. Respect must be paid.

Many have come before us. From The Revolutionary War to the present day, every generation of veterans and allies before us have served, sacrificed and paved the way. Many had it much tougher than we have it now. They broke down barriers so we could succeed. We learn from and respect the history of our elders. We never forget those that came before us, those that were lost, and those that will follow us.

5. Lead in service.

Our work is not about us as individuals. Success is a team game. We eat last, raise our hand first, and are always here to serve and lead. We will always put our community and our mission before ourselves. Everyone is a leader: a servant leader. We believe true leadership requires following and supporting others.

6. Attitude + effort = victory.

Many of the folks we serve are dealing with tremendous pain, loss, and trauma. They often reach out to us at a point when hope is lost. We always show them that they are not alone and we're committed. We engage in some work that can take years, even decades. The work is hard. Our positivity is key to our success, and it's contagious. We share our positive attitude with everyone we meet and partner with every day. And we give maximum effort always. Our mission, our supporters and our future depend on it.

7. Make the juice worth the squeeze.

We can't do everything. Staying focused and achieving greatness requires tremendous discipline. It also often means saying no to many things, so we can say yes to a few – and do them well. If we take something on, we make sure it's worth it. Once we do, we give it our all and crush it.

8. We are the changemakers.

Every day is a chance to make a difference. For every one of us. What we do changes lives and changes history. We are committed to rising to that challenge, to accepting the responsibility of leadership and, to making a difference. Pressure is a privilege, and we respect and appreciate that privilege always. We're not passive. We get after it! We don't wait for the change we seek; we make it happen.

9. Keep it fun.

The work we do is hard. Sometimes incredibly hard. It takes tremendous effort, energy, and heart. So we make fun a priority. We don't take ourselves too seriously, and we always think of others. Nobody wants to work with a jerk. So we keep it cool. Music, food, and sports are connective tissue for our movement. We share our passions and successes, and we remember morale is everyone's responsibility. We always keep in mind a member or colleague could be having an incredibly tough day, that we can make better. We find ways to keep it fun and we and our movement are stronger for it.

10. Think of the children.

The work we do changes families and the life trajectories for millions. We remember that what we do will make a substantial difference now, and a transformative difference later. True change doesn't happen overnight. When things are tough, we grind it out, and think of the difference our work will one day make for our grandkids and future generations.

11. Win the day.

Every day is a day to make a difference. The challenges and opportunities we face can sometimes seem overwhelming. But they're not. Thanks to us. We attack the opportunity of each day with vigor, because every day is winnable. And when stitched together over time, all those daily wins will transform lives and history.



iava.org



// TABLE OF CONTENTS

Letter from Jeremy Butler, IAVA CEO	1	4. Continue to Defend and Expand Veterans Education Opportunities	30
Legacy	2	A. Defend the Post-9/11 GI Bill Against Cuts, Fraud, and Waste	32
Core Principles	4	B. Modernize GI Bill Payment Infrastructure	33
Table of Contents	5	C. Streamline the Post-9/11 GI Bill	34
		D. Ensure the Success of Veterans on Campus	35
Recommended Policy Priorities		5. Galvanize Support for Women Veterans and #SheWhoBorneTheBattle	36
1. Reinvigorate the Campaign to Combat Suicide Among Troops and Veterans	6	A. Foster Cultural Change to Fully Recognize the Service of Women Veterans	38
A. Normalize Mental Health Discussions within Military, Veteran, and Civilian Communities	8	B. Improve Care and Benefits for Women Veterans	39
B. Improve Public Understanding Around Suicide	9	C. Ensure Streamlined Care for Women between DoD and VA	40
C. Increase American Public Engagement in Combating Veteran Suicide	10	D. Improve Employment, Housing, and Child Care Benefits and Services	41
D. Simplify and Expand Access to Quality Mental Health Care	11	E. Collect, Analyze, and Share Data on Services for Women Veterans	42
E. Mental Health and Suicide Prevention Support for National Guardsmen and Reservists	12	6. Establish Support for Veterans Who Want to Utilize Medical Cannabis	44
F. Mental Health and Suicide Prevention Support for Military Families	13	A. Research Cannabis as a Treatment Option	46
2. Modernize Government to Support Today's Veterans	14	B. Destigmatize the Use of Medical Cannabis	47
A. Ensure VA is Protected and Supported	16	C. Drive the National Conversation on Cannabis to Underscore the Need for Bipartisan, Data-Based, Common Sense Solutions	48
B. Modernize VA's Technological Infrastructure to Support the Post-9/11 Generation	17	D. Ensure Veterans Are Not Punished for Using Medical Cannabis Where Legal	49
C. Seamlessly Transfer Care from DoD to VA	18	7. Promote Equality for All Veterans and Servicemembers	50
D. Improve Government Outreach to Veterans	19	8. Honor the Service and Sacrifice of Servicemembers and Their Families	54
E. Defend Troops Against Military Sexual Assault and Support Survivors of Military Sexual Trauma	20	9. Defend Our Servicemembers and Veterans	58
F. Combat Harassment in VA Facilities	21	10. Improve the Justice System to Support Veterans and Servicemembers	60
G. End the VA Backlog	22	11. End Veteran Homelessness	62
H. Invest in Innovative Health Care For Veterans	23	12. Veteran and Military Family Stability, Transition, and Employment	64
3. Drive Support for Injuries from Burn Pits and Toxic Exposures	24	Call to Action	66
A. Develop a Presumption of Exposure for Burn Pit and Airborne Toxins	26	Thank You	68
B. Drive Public Awareness Around Burn Pits and Toxic Exposures	27		
C. Hold DoD Accountable for Injuries Due to Toxic Exposures	28		
D. Strengthen VA's Tracking of Burn Pit and Toxic Exposures	29		



// 1. REINVIGORATE THE CAMPAIGN TO COMBAT SUICIDE AMONG TROOPS AND VETERANS



For nearly a decade, IAVA and the veteran community have called for immediate action by our nation's leaders to appropriately respond to the crisis of 20 military and veterans dying every day from suicide. Thanks to the courage and leadership of veterans, military family members, and our allies, there has been tremendous progress. The issue of veteran suicide is now the subject of national conversation, increased media coverage, a reduction in stigma, and a surge of government and private support.

Yet, the problem continues to loom. According to the most recent VA data, the youngest cohort of veterans, post-9/11 veterans aged 18 to 34, have the highest rate of suicide.¹ And while not always an indicator of suicide, mental health injuries continue to impact the post-9/11 generation disproportionately. In our latest member survey, a stunning 60% of IAVA members reported service-connected PTSD and over half report anxiety (56%) or depression (53%).² Meanwhile, the nation and VA struggle to keep up with the demand for mental health care and mental health care providers such as psychiatrists and psychologists, both of which are in the top 5 for VA staffing shortages.³

However, there is some progress. Of those with a mental health injury, almost 3 in 4 are seeking care for their injury, according to IAVA members. Over the past few years, much progress has been made in the realm of suicide prevention and mental health. DoD, Department of Homeland Security (DHS), and VA's plan for transitioning servicemembers targets those in the post-9/11 generation at increased risk of suicide to engage with them before the moment of crisis. VA has leveraged telemental health care to expand its reach and predictive analytics to target the top 0.1% of veterans at risk for suicide. Meanwhile, research into effective treatment options and crisis intervention methods continues.

One of the critical ways that IAVA maintains our leadership on this issue is through our Rapid Response Referral Program (RRRP). In 2018, we provided nearly 130 connections to mental health support for veterans and family members around the country, ensuring that those in need of help could easily access the quality support they need. Importantly, we have a memorandum of understanding with the VA's Veterans Crisis Line (VCL), which allows us to provide a warm handoff with a trained responder at the VCL, where at risk veterans are never left alone or hung up on, literally preventing veteran suicide. In 2018, RRRP connected 39 veterans to the VCL, which means that about every week and a half we connected a veteran who was either showing suicidal tendencies or at risk of suicide with lifesaving support.

In 2013, IAVA and our partners jump-started a national conversation. But the flood of need continues nationwide – and continues to rise. In our latest Member Survey, 65% of IAVA members know a post-9/11 veteran who attempted suicide. 59% know a post-9/11 veteran who died by suicide. Every day, we are losing more of our brothers and sisters to suicide. Now is not the time for America to let up. Instead, this is a time to redouble our efforts as a nation and answer the call to action. IAVA will continue to maintain our leadership on that charge.

A.	Normalize Mental Health Discussions within Military, Veteran, and Civilian Communities
B.	Improve Public Understanding Around Suicide
C.	Increase American Public Engagement in Combating Veteran Suicide
D.	Simplify and Expand Access to Quality Mental Health Care
E.	Mental Health and Suicide Prevention Support for National Guardsmen and Reservists
F.	Mental Health and Suicide Prevention Support for Military Families

Footnote:

1. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. Facts About Veteran Suicide. June 2018. Retrieved from http://www.preventsuicide.org/wp-content/uploads/2018/08/OMHSP_Suicide_Prevention_Fact_Sheet.pdf

2. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

3. Department of Defense, Office of Inspector General, OIG Determination of Veterans Health Administration's Occupational Staffing Shortages FY 2018. June 14, 2018. Retrieved from <https://www.va.gov/oig/pubs/VAOIG-18-01693-196.pdf>

// A. NORMALIZE MENTAL HEALTH DISCUSSIONS WITHIN MILITARY, VETERAN, AND CIVILIAN COMMUNITIES

We often talk about destigmatizing the discussion around mental health as a way to reduce barriers to care. As we look to the future, we believe it is imperative to destigmatize not only the idea of mental health care, but also normalize the conversation. The more we can discuss mental health injuries and the invisible wounds of war in the same way we discuss physical injuries, the better off we will all be in improving the lives of veterans and all Americans.

IAVA members report incredibly high levels of mental health injuries, from 60% reporting PTSD and over half reporting anxiety or depression. Yet, when asked why service members and veterans are not getting the mental health care they need, stigma is one of the top reasons IAVA members cite.⁴

Ensuring that those with mental health injuries have access to care is as important as providing that those who access that care are not stigmatized or face harmful repercussions for seeking care. Engaging all members of society on this topic, from those in leadership within the Administration and Congress, to national media, to all American citizens, will be required to normalize the discussion around mental health care.

IAVA Recommendations

- Continue to improve public understanding of mental health injuries
- Highlight stories of triumph and success in the veteran community of those with mental health injuries
- Embed basic mental health checks into primary care appointments and embed mental health care into primary health care
- Continue to destigmatize mental health injuries and mental health treatment through open discussions among veterans, clinicians, and allies
- Continue to change the culture within DoD and ensure those in command and other leadership positions are encouraging those with mental health injuries to seek treatment
- Build coalitions across industries to support veterans as they transition into civilian life
- Partner with other organizations such as the American Foundation for Suicide Prevention, American Society of Suicidology, and National Action Alliance for Suicide Prevention on public awareness and education campaigns around mental health injuries

Top 3 Reasons the military/veteran community is not getting the mental health care it needs

1. Stigma of seeking help is too great
2. Access to care but not quality care
3. Access but not seeking care

Footnote:

4. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

// B. IMPROVE PUBLIC UNDERSTANDING AROUND SUICIDE

Every day, we lose an estimated 20 veterans and military members to suicide. In total, over 6,000 military and veterans will be lost to suicide this year alone if current trends hold. Veteran suicide is part of a larger epidemic in this country, and suicide rates have increased in nearly every state in the past 30 years.⁴

In the past 10 years, VA and DoD have invested millions of dollars in the understanding of suicide and suicide prevention efforts. While we as a community are in a much better position today, there is still more work to be done.

About half of all deaths by suicide involve a mental health diagnosis. For the other half, environmental factors such as relationship stress, financial problems, or a trauma event can lead to a moment of crisis. And while we've fully invested in understanding and treating mental health, it is time to broaden the aperture and include community-based solutions and continue to understand the factors impacting suicide.

IAVA Recommendations

- Demand additional funding for research into the factors impacting veteran suicide
- Compel VA to apply existing data at their disposal to implement effective, evidence-based programs for suicide prevention
- Require all clinicians to have comprehensive mental health care and suicide prevention training, including all Primary Care Providers, both within VA and the community care program
- Call on VA to publish a large-scale analysis of suicide autopsies similar to DoD Suicide Event Report (DoDSER)
- Pressure DoD to continue to produce DoDSER reports annually, increasing understanding around military suicides
- Expand and improve predictive analytics programs that aim to engage a veteran before a moment of crisis successfully
- Invest in postvention programs targeting veterans impacted by suicide to prevent the risk of suicide contagion
- Implement a public awareness campaign around firearms and suicide

IAVA members who reported suicidal ideation:



Footnote:

5. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. Facts About Veteran Suicide. June 2018. Retrieved from http://www.preventsuicidect.org/wp-content/uploads/2018/08/OMHSP_Suicide_Prevention_Fact_Sheet.pdf

6. Center for Disease Control and Prevention. Suicide rising across the US. June 7, 2018. Retrieved from <https://www.cdc.gov/vitalsigns/suicide/index.html>

// C. INCREASE AMERICAN PUBLIC ENGAGEMENT IN COMBATING VETERAN SUICIDE

Just as with mental health, addressing the veteran suicide crisis is going to require every facet of society to join forces to tackle this crisis. As about 8% of the total American population, veterans are disproportionately represented in suicide deaths, representing approximately 14% of the total.⁵

In October of 2018, IAVA held a veteran suicide awareness activation on the National Mall, planting 5,520 American flags to represent every veteran and military death by suicide by that point in the year. It was a powerful demonstration and what shocked us the most were the hundreds of people who asked us about the display that had no idea about the veteran suicide crisis.

While there is great work happening in the veteran and suicide prevention communities around veteran and military suicide, we must engage all Americans in the effort to eliminate veteran suicide. This means coordinating with the media and public awareness groups, engaging in public service announcements to educate the public, and teaching the American public about this issue.

IAVA Recommendations

- Inform the public about the veteran suicide crisis
- Drive a public service announcement campaign with other organizations specializing in combating suicide
- Rate the utility of suicide prevention social media and marketing materials to ensure that the most effective materials and resources are utilized
- Ensure the public has access to quality materials and resources that explain and give the public tools to combat suicide
- Ensure the media is accurately and respectfully covering suicides, including using appropriate language, per American Association of Suicidology's recommendations
- Ensure health care clinicians have the training and resources necessary to engage veteran patients on firearm safety and suicide
- Expand partnerships with private organizations, nonprofits, and government agencies to combat suicide as a public health problem
- Distribute trigger locks at medical centers, sporting goods/firearms stores, and community centers
- Partner with the entertainment industry to highlight the problem of suicide through fictional and nonfictional depictions

IAVA members:

59%

**Personally know a
post-9/11 veteran who
has died by suicide**

65%

**Personally know a
post-9/11 veteran who
has attempted suicide**

77%

**Do not believe as a nation
we are making progress
in combating military/
veteran suicide**

Footnote:

7. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. Facts About Veteran Suicide. June 2018. Retrieved from http://www.preventsuicide.org/wp-content/uploads/2018/08/OMHSP_Suicide_Prevention_Fact_Sheet.pdf

// D. SIMPLIFY AND EXPAND ACCESS TO QUALITY MENTAL HEALTH CARE

The expansion of telemental health care, extending mental health care to those with “other than honorable” discharges, and the investment in research around mental health care therapies are just some of the advancements in mental health care access and quality over the past few years. There are more options for VA mental health care than ever before. However, it is important that we continue the momentum and continue to improve on the quality and ease of access to mental health care both within VA and in the medical community at large.

IAVA Recommendations

- Ensure that all veterans have access to quality and timely mental health care, regardless of discharge status, combat experience, or component
- Increase the mental health care resources available to National Guardsmen and Reservists to include those that have never deployed
- Ensure that all mental health care providers throughout the United States have access to and are aware of veteran competency training
- Call on VA to ensure all community care providers are trained to address the specific needs of the military and veteran community
- Invest in gatekeeper training that engage veterans, families, friends, and community members in identifying mental health injuries and moments of crisis and empowers them to intervene with appropriate resources
- Expand telemental health care for veterans to include expanding telemental health care coverage across Medicare and Medicaid providers and private insurance companies
- Encourage VA to support and expand loan forgiveness programs for mental health professionals
- Ensure those with mental health injuries related to military sexual trauma have access to timely, quality, specialized care in accordance with their unique needs
- Invest in complementary and alternative therapies for mental health injuries that show evidence of positive outcomes and conduct research to further support these therapies
- Ensure that there are standard complementary and alternative therapies available at every VA medical facility nationwide

Top 3 Reasons for Not Seeking Care:

1. No mental health professional that understands my needs
2. Started treatment but decided to stop
3. Concerned it might affect my career

// E. MENTAL HEALTH AND SUICIDE PREVENTION SUPPORT FOR NATIONAL GUARDSMEN AND RESERVISTS

Members of the National Guard and Reserve Component of the armed forces make up an essential force within our military. In fact, 37% of DoD's current force is made up of National Guard or Reservists.⁸ According to IAVA's members, 58% were or are members of the National Guard or Reserves.

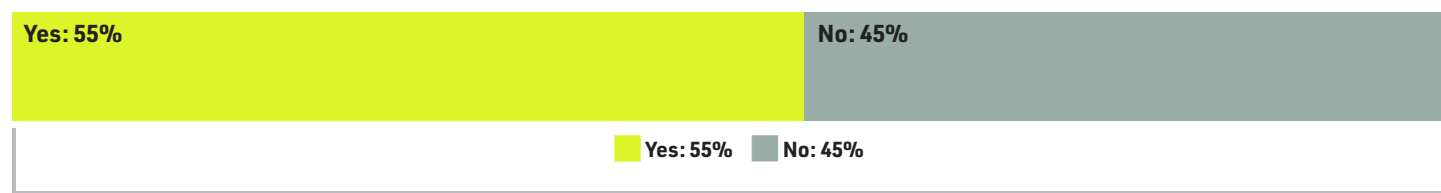
Thus, ensuring these essential members of our armed forces have access and support to mental health care is imperative. However, National Guardsmen and Reservists often face different rules, regulations, and classifications on how they can access care – especially when they transition out of the military. An estimated 3 of the 20 military and veteran suicides are Guard and Reserve members who don't qualify for many services under current VA regulations.⁹

If we want to get serious about addressing the veteran suicide crisis, ensuring all members of the National Guard and Reserve have access to care must be at the top of the list.

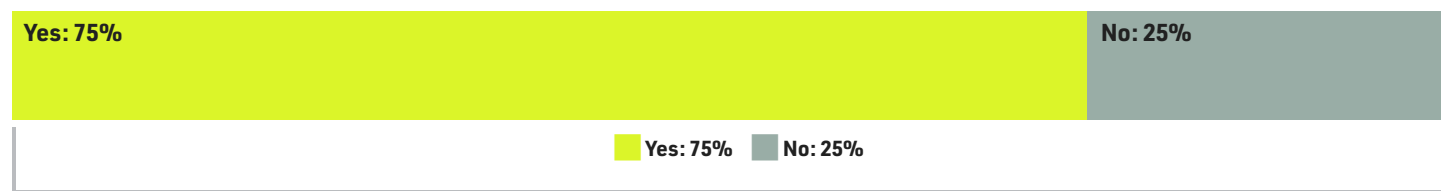
IAVA Recommendations

- Ensure all members of the National Guard and Reserve have access to mental health care no matter how long they've served on active duty
- Call on Congress and VA to support and fully fund Vet Centers
- Expand outreach to National Guardsmen and Reservists about available mental health and suicide prevention services
- Expand telemental health resources to extend to National Guardsmen and Reservists, including those who were never federally activated or called to active duty
- Conduct periodic training among Guard and Reserve units on suicide prevention to include coping skills and self-referral services

Do you have a service-connected mental health injury?



Are you seeking care for your service-connected mental health



Footnote:

8. Defense Manpower Data Center. DoD Personnel, Workforce Reports & Publications. Retrieved from https://www.dmdc.osd.mil/appj/dwp/dwp_reports.jsp

9. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. VA National Suicide Data Report 2005-2016. September 2018. Retrieved from https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf

// F. MENTAL HEALTH AND SUICIDE PREVENTION SUPPORT FOR MILITARY FAMILIES

The family serves alongside the servicemember. Military families are the support system for American servicemembers and often face the same challenges the servicemembers do, whether that is a lack of community support, living far away from family and friends, relying on DoD services, or adjusting to deployments and months or years away from their servicemember. According to Blue Star Families' most recent survey, over 40% of the military families surveyed had experienced six months or more of separation from their servicemember in the past 18 months, and almost 60% had a child that experienced sleep problems or separation anxiety as a result of a parent's deployment. For IAVA members, support for our families is the same as support for us as veterans.

However, military families often lack the same support system and services of their servicemembers. While DoD has invested resources in supporting military families, such as Military One Source modules and tracking of military spouse suicides, there is still work to be done. Over 50% of Blue Star Families' military family respondents did not feel DoD provides adequate support services for their children to deal with the unique challenges associated with deployments. When asked how to improve mental health care to military families best, Blue Star Families found that insurance coverage of alternative and complementary treatments, such as chiropractic care and acupuncture, was a top priority.¹⁰

IAVA Recommendations

- Mandate a joint DoD/VA study of secondary PTSD, its impact on military spouses and children, and implement resulting recommendations
- Require DoD to publish and report the number of military family member suicides every quarter with DoD's Quarterly Suicide Report
- Provide incentives for mental health providers to specialize in supporting children in military families and support research and programs to further understand the health challenges confronting military families
- Ensure full coverage of alternative treatments and therapies for military dependents through TRICARE or nonprofit agencies
- Continue expansion of family access to mental health counseling through programs such as Military Family Life Consultants and Military OneSource
- Support efforts to engage, support, and train family and friends in prevention and postvention strategies following the work of organizations such as Tragedy Assistance Program for Survivors, Tuesday's Children, and American Society of Suicidology

Footnote:

10. Blue Star Family. Military Family Lifestyle Survey 2018. Retrieved from <https://bluestarfam.org/wp-content/uploads/2019/02/2018MFLS-ComprehensiveReport-DIGITAL-FINAL.pdf>



// 2. MODERNIZE GOVERNMENT TO SUPPORT TODAY'S VETERANS



Millions of veterans rely on VA for both health care and benefits. Ensuring that the system is able and agile enough to accommodate the millions of veterans who use its services is paramount to ensuring the lasting success and health of the veteran population. About 48% of all veterans and about 55% of post-9/11 era veterans are enrolled in VA care.¹¹ Among IAVA member survey respondents, 81% are enrolled in VA health care, and the vast majority have sought care from VA in the last year. And 81% of these VA users rated their experience at VA as average or above average.¹² IAVA members have been clear that access to VA care can be challenging, but once in the system, they prefer that care. Further, independent reviews of VA health care support that the care is as good, if not better, than the private sector.¹³

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

Over the past few years, VA has made incredible strides in modernizing its operating systems both internally and externally. The plan currently underway to bridge VA and DoD medical records, replacing a decades-old electronic medical record system, and updating VA.gov to be more interactive and intuitive are among the significant accomplishments that have been in the works for years. A system slowly but surely moving to the 21st century is a win for all veterans.

A.	Ensure VA is Protected and Supported
B.	Modernize VA's Technological Infrastructure to Support the Post-9/11 Generation
C.	Seamlessly Transfer Care from DoD to VA
D.	Improve Government Outreach to Veterans
E.	Defend Troops Against Military Sexual Assault and Support Survivors of Military Sexual Trauma
F.	Combat Harassment in VA Facilities
G.	End the VA Backlog
H.	Invest in Innovative Health Care for Veterans

Footnote:

11. Department of Veterans Affairs. VA Utilization Profile FY 2016. November 2017. Retrieved from https://www.va.gov/vetdata/docs/QuickFacts/VA_Utilization_Profile.PDF

12. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

13. RAND Corporation, Comparing VA- and Non-VA Quality of Care, Journal of Internal Medicine, 2016.

Retrieved from http://www.rand.org/pubs/external_publications/EP66619.html

// A. ENSURE VA IS PROTECTED AND SUPPORTED

A majority of IAVA members have been clear that they believe the best solution for veterans is a VA that combines the best of what VA has to offer with what the private sector has to offer: a truly integrated network of care in which the veteran is at the center, with VA coordinating care while providing the services it best delivers. Talk of dismantling the VA system or significantly expanding privatization is extremely unpopular among all veterans. Data suggests that when given a choice, veterans choose VA care over non-VA care. Veterans, including IAVA's members, want to see a better VA, not a dismantled one. Recent research has revealed that the private medical community likely cannot absorb the 9 million veterans that VA cares for, nor do they have the cultural competency and military background training to do so.^{14 15} The risk of rolling the dice in a time of growing change and need is just too high.

In 2018, the future of veteran health care changed dramatically with the passage of the *VA MISSION Act*. Under this new law, veteran health care within VA is poised to take on drastic adjustments. For years, IAVA has advocated for the consolidation of VA's community care programs. With that goal now being pursued, monitoring and assisting with its implementation is paramount. There's a long road ahead of us; it will take the will of Congress, the Administration, and the American public to continue on this path towards a truly integrated network of VA health care.

IAVA Recommendations

- Ensure that the VA funding levels match the annual Independent Budget blueprint, produced by leading VSOs
- Ensure "foundational services" are provided at every VA Medical Center (VAMC) where possible and adequate community care providers are available where not¹⁶
- Ensure access standards are thoughtfully laid out and have the veteran and the veterans' VA primary care clinician at the heart of every decision for accessing care in the community
- Continue to be a watchdog to ensure VA transparency with veterans, the VSO community, and all stakeholders regarding *VA MISSION Act* implementation strategies, standards, and challenges
- Ensure VA has adequate resources and support to deliver *VA MISSION Act* regulations on time and ensure timely roll out of the programs
- Ensure community providers are trained and adequately meeting VA competency standards in place for VA providers

Footnote:

14. RAND Corporation. Are Private Health Care Providers Ready to Treat Veterans?. 2018. Retrieved from https://www.rand.org/pubs/research_briefs/RB10006.html

15. RAND Corporation. How Might Veterans and the VA Health System Be Affected by Repeal of the Affordable Care Act?. 2017. Retrieved from https://www.rand.org/pubs/research_briefs/RB9983.html

16. U.S. Department of Veterans Affairs. "FY 2018 - 2024 Strategic Plan (508 Compliance)." February 12, 2018. Retrieved from <https://www.va.gov/oei/docs/va2018-2024strategicplan.pdf>.

// B. MODERNIZE VA'S TECHNOLOGICAL INFRASTRUCTURE TO SUPPORT THE POST-9/11 GENERATION

As more and more post-9/11 veterans enter into VA for health care and benefits, they are expecting care and innovation on par or better than the private sector. This includes ensuring medical records, benefits processing and applications, and appointment booking can be accessed online. Among IAVA members, to improve VA care, the top reform needed is reducing paperwork and bureaucracy to access care.¹⁷

In the past few years, VA has invested resources in updating VA.gov to make it more interactive and intuitive, with success. To continue this momentum, VA must build upon its successes and continue to invest in innovative platforms and technologies to keep up with today's veterans. IAVA's most recent member survey showed that the number one reason IAVA veterans use a provider other than VA is convenience. The top reform they feel is needed to address VA improvements is "reduce paperwork and bureaucracy."¹⁸ Ensuring ease of access to VA care is on par with or better than providing the quality of care received.

IAVA Recommendations

- Update current VA technology to compete in the 21st-century environment
- Ensure VA's technology systems can handle the needs of the millions of veterans dependent on VA and invest resources commensurate with the need in updating these technology systems
- Work to ensure ease in operation of VA clinicians and staff to improve productivity and support the demand of veterans through Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA)
- Invest in new and innovative technology systems and tools that will make the overall experience at VA better for veterans
- Ensure electronic options are available for all VA forms and paperwork
- Continue to expand the services available on VA.gov
- Support expanding telehealth options of VA services

Footnote:

17. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

18. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

// C. SEAMLESSLY TRANSFER CARE FROM DoD TO VA

VA Secretaries past and present have promised that within 10 years, DoD and VA will finally have an integrated Electronic Health Medical Record (EHMR) system where servicemembers will be able to transfer their records from DoD to seamlessly from DoD to VA once they transition out of the military. This has been a vision for many in the government, Congress, the VSO community, and the veteran community for years. We've had lots of lofty promises since 9/11 that were not met by the government.

There is much work ahead to ensure that the implementation and roll out of this new integrated EHMR are done effectively and efficiently. The next 10 years will prove pivotal for this major overhaul, and we must be vigilant in supporting those that will be transitioning out that will be part of this new system.

A new Transition Assistance Program (TAP) rolled out in the past year and will aim to better support and assist transitioning servicemembers in areas such as employment, education, health care, and benefits. This is critical as IAVA military members cited difficulty navigating VA benefits as the top concern for transitioning out of the military and almost 40% reported that they were either not at all familiar or slightly familiar with the public benefits available to them during and after a transition.¹⁹ Time will tell if this new TAP program changes outcome metrics and it will be dependent on all in the community to monitor and advocate for this program.

IAVA Recommendations

- Monitor and require reporting to Congress on the new TAP
- Expand and require reporting on efforts of VA and DoD to familiarize transitioning servicemembers with VA benefits and services
- Ensure the EHMR overhaul continues on time and will function across all platforms at VA
- Ensure transfer of DoD health records to VA in a timely fashion
- Ensure transitioning servicemembers receive support as they move from DoD to VA

Footnote:

19. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

// D. IMPROVE GOVERNMENT OUTREACH TO VETERANS

Too many IAVA veterans don't understand the benefits for which they are eligible, and their first resource for help is not VA itself. IAVA's recent survey found that more than 60% of members look to Veteran Service Organizations for guidance when they have questions about VA benefits.²⁰ Outreach is critical not only for information sharing but more importantly, to help connect veterans with resources that can improve their lives.

VA has taken some admirable steps to improve its outreach to veterans. However, it's taking too long. As VA works to streamline its website, develop new promotional materials, and partner with nonprofits, businesses and other organizations to help spread the word, VA must improve its ability to reach out to veterans of all generations. Although 81% were enrolled in VA health care, more than half of respondents to IAVA's recent Member Survey were not familiar with the VA Choice Card program. This shows a clear failure in ensuring that eligible veterans are aware of VA programs, resources, and policy changes. As the veteran population continues to diversify, with more women, minorities, and younger veterans joining the ranks, innovative communication strategies are necessary to serve veterans in the best way possible.

Once in the door of VA, veterans have access to information and resources. However, VA has been lagging in proactively reaching veterans and informing them of the benefits and services available to them. VA's outreach must achieve two goals: 1) Clearly communicate to veterans what benefits are available to them, and 2) Provide a seamless flow of information when applying for and using these benefits. Without this dual approach, VA will fail to effectively enroll and retain all veterans who want to take advantage of the benefits they earned.

IAVA Recommendations

- Ensure VA is proactively and effectively reaching veterans about the benefits and services available to them
- Expand resources and communication through online tools and resources
- Empower the Center for Women Veterans (CWV) and the Center for Minority Veterans (CMV) to review and recommend changes to VA public communication
- Encourage VA and government agencies to use cutting-edge social media strategies to engage the post-9/11 generation in government services

Footnote:

20. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

// E. DEFEND TROOPS AGAINST MILITARY SEXUAL ASSAULT AND SUPPORT SURVIVORS OF MILITARY SEXUAL TRAUMA

Military sexual assault is a national security issue. If troops do not feel safe in our military, they can't defend America against our enemies. While military sexual assault is often framed as a women's issue, it impacts both men and women.²¹ Year over year, this problem has only intensified. According to DoD's 2017 report, more than 5,200 servicemembers, men and women, reported being sexually assaulted in 2017; with only about 1 in 3 assaults reported, that means that about 15,000 servicemembers were assaulted in 2017 during their service. That's an increase of 10% from the previous year and has sparked an interest in many inside and out of the military space.²² Furthermore, the latest report from the military service academies showed a rise of unwanted sexual contact and assaults, without an increase in reporting, among cadets, who are the military's future leaders.²³

VA reports that about 29% of women veterans and 1 in 100 male veterans report experiencing military sexual trauma (MST).²⁴ During the course of its 2017 investigation, the Office of Inspector General found that nearly half of the MST claims submitted to VA were not properly processed according to VBA claim processing policy.²⁵

Survivors may not choose to formally report a sexual assault for many reasons, including fear of retaliation, whether professional or social. Eight percent of respondents from IAVA's most recent member survey are survivors of military sexual assault. Less than one in three reported the crime. Of those, two-thirds experienced retaliation. More importantly, over half of survivors said they would have been more likely to report the crime if a trained military prosecutor had the authority to move forward with their case, rather than the commander.²⁶

Continued efforts are needed to help survivors of sexual assault come forward so they can seek the care they need, bring the perpetrator to justice, and prevent future assaults by that perpetrator. This will require holding military leaders throughout the chain of command accountable for fostering an environment where retaliation against those reporting is unacceptable.

IAVA Recommendations

- Ensure claims processors across VBA are trained on MST-PTSD related claims and follow the latest guidelines
- Ensure the Sexual Assault Prevention and Response Office (SAPRO) is fully funded and supported including training of all SAPRO personnel
- Require DoD report to Congress on improving command climate and elimination of sexism within the military culture
- Monitor new reforms to the military justice system and mandate reporting to Congress on their effective implementation
- Require DoD report to Congress on improving command climate and elimination of sexism within the military culture
- Ensure that DoD's domestic abuse policies are implemented and institutionalized at all levels of the military
- Commission a report on DoD and VA's mechanisms for identifying and supporting victims of domestic violence, particularly homeless women veterans

Footnote:

21. Department of Defense Sexual Assault Prevention and Response Office (SAPRO) Annual Report. 2012. Retrieved from <http://bit.ly/2mciC1Y>.

22. Ferdinando, Lisa. "DoD Releases Annual Report on Sexual Assault in Military." U.S. DEPARTMENT OF DEFENSE, 1 May 2018, dod.defense.gov/News/Article/Article/1508127/dod-releases-annual-report-on-sexual-assault-in-military/.

23. Department of Defense Sexual Assault Prevention and Response. Annual Report on Sexual Harassment and Violence at the Military Service Academy. January 31, 2019. Retrieved from https://sapro.mil/sites/default/files/public/docs/reports/MSA/APY17-18_MSA_Report_FINAL.pdf

24. Female Veterans Access to VA: Hearings before the Committee on Appropriation Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, House, 116th Cong (2019) (Testimony of Dr. Patricia Hayes).

25. Department of Veterans Affairs, Office of Inspector General. Denied Posttraumatic Stress Disorder Claims Related to Military Sexual Trauma. August 21, 2018. Retrieved from <https://www.va.gov/oig/pubs/VAOIG-17-05248-241.pdf>

26. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

// F. COMBAT HARASSMENT IN VA FACILITIES

In the era of #MeToo, sexual harassment has never been more at the forefront of our national conversation. Sexual harassment pervades every aspect of society, including government agencies and health care facilities. VA has implemented some programs to combat sexual harassment in its facilities but ensuring patients are aware of these programs before entering VA's doors and empowering VA staff to intervene in harassment situations and understand reporting requirements must be a top priority. This can begin, and set the overall tone of VA culture, by ensuring VA's End Harassment Campaign, is fully implemented and understood across every VA facility nationwide. This public outreach campaign is a starting point for what must be a continued and robust conversation around harassment in VA facilities.

IAVA Recommendations

- Expand VA harassment programming to all VA facilities nationwide and ensure all VA employees are fully trained and are empowered to act during critical situations
- Proactively reach out and communicate programs and services available to veterans/patients at VA to combat sexual harassment
- Ensure that all VA employees understand harassment protocol for dealing with issues internally and within VA facilities in cases involving patients, veterans, and other stakeholders
- Regularly publish reports on sexual harassment complaints across VA



In the past few years, significant reforms have been put in place at the Veterans Benefits Administration (VBA) to ease and hasten the claims process. A focused effort by VA, Congress and the VSO community has led to a number of reforms to help better streamline the process. In just the past two years, the IAVA-backed *VA Appeals Modernization Act* and other systemic reforms have sought to make the process more accessible and easier for veterans.

Even with the claims backlog down, over 300,000 claims are still working through the system, with over 80,000 of those pending for 125 days or more.²⁷ These men and women often face significant financial and emotional stress while waiting for the benefits and care that they've earned.

As these new reforms are implemented, it will be imperative that Congress, the Administration, the VSO community, and all stakeholders monitor the process and continue to improve the system. Ensuring VBA has the technology, infrastructure, and resources necessary to implement these reforms is the key to lasting change.

IAVA Recommendations

- Complete the VBA transformation to create a pro-veteran culture, integrating best practices from industry and leveraging modern technology to deliver a system of customer satisfaction that rivals the best in the private sector
- Provide VBA with sufficient resources to modernize Board of Appeals IT system and ensure full implementation and employee buy-in
- Ensure implementation of the *VA Appeals Modernization Act* which will streamline VA benefits claims and appeals processes

How long did it take for the VA to notify you of a decision on your claim?

125 days or less: 24%

126-180 days: 25%

181-365 days: 23%

Over 365 days: 25%

My claim is still pending: 3%

Footnote:

27. Department of Veterans Affairs. Veterans Benefits Administration Reports. Retrieved from https://www.benefits.va.gov/reports/detailed_claims_data.asp

In IAVA's 2019 member survey, 86% of IAVA members reported a service-connected injury and 72% reported chronic pain as a result. 70% of those with a service-connected injury reported that it always or almost always impacted their daily lives.²⁸ Caring for veterans who sustained injuries in the wars in Iraq, Afghanistan, and elsewhere is one of the primary duties of the country's system of veterans' care. Today, because of advancements in medical technology and care, more veterans are surviving combat injuries than any previous generation. Many of these veterans will live their lives with complex injuries. These include unseen injuries.

The past few years have shown major expansion of complementary and alternative medicines (CAM) such as chiropractic care, meditation, and yoga for conditions such as chronic pain and mental health injuries. While research continues on these CAM therapies, investment into other alternative treatments continues through innovative care centers and private research projects. However, it is important that veterans are protected from unproven therapies that rely on shaky science and give false promise to those who struggle with the wounds of war. As a community, we must ensure we are investing our resources into therapies with proven outcomes while expanding research into areas that have yet to show conclusive outcomes.

IAVA Recommendations

- Fund research through governmental and non-governmental entities for alternative and innovative therapies, such as cannabis and MDMA, to examine efficacy in the treatment of mental health injuries and other wounds of war
- Invest in innovative therapies and treatment options for treating the wounds of war
- Standardize complementary and alternative therapies across VA medical facilities
- Ensure community providers are trained in veteran care and understand the injuries of war
- Define best practices and standards to support the use of service dogs
- Continue to fund and implement VA's Caregiver program, never pitting one generation of veterans against another
- Set outcome metrics to define the impact of complementary and alternative treatment methods better
- Continue investment in adaptive sports to support disabled veterans

Footnote:

28. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

// 3. DRIVE SUPPORT FOR INJURIES FROM BURN PITS AND TOXIC EXPOSURES



Burn pits, a common way to get rid of waste at military sites in Iraq and Afghanistan, are the Agent Orange of our generation. Because of the efforts of IAVA and other VSO partners to educate the public and elevate the issue, they are finally starting to become a national priority. Our members see burn pits as a critical, urgent and growing threat that will impact an entire generation. VA estimates 3.5 million veterans are eligible to register in the VA's Airborne Hazards and Open Burn Pit Registry, which tracks exposures to airborne toxins.²⁹ However, because enrollment is voluntary, the registry is not well-known.

There are other hazards beyond burn pits that occurred in Iraq and Afghanistan that may also pose a danger for respiratory illnesses. These include inhaled irritant gases, high levels of fine dust, heavy metals due to operations in urban environments, plus the potential impact to the respiratory system from the effects of explosives and the inhalation of depleted uranium used in munitions.

IAVA's Rapid Response Referral Program (RRRP) works with veterans on the front lines that are suffering from the impacts of burn pits and toxic exposures. RRRP ensures that these veterans have access to quality medical care, are enrolled on the Burn Pit Registry and have a fierce advocate in their corner.

It's past time that comprehensive action is taken to address the growing concern that these exposures have severely impacted the long term health of veterans who served after 9/11.

A.	Develop a Presumption of Exposure for Burn Pits and Airborne Toxins
B.	Drive Public Awareness Around Burn Pits and Toxic Exposures
C.	Hold DoD Accountable for Injuries due to Toxic Exposures
D.	Strengthen VA's Tracking of Burn Pit and Toxic Exposures

Footnote:

29. <https://www.publichealth.va.gov/exposures/publications/oef-oif-ond/post-9-11-vet-fall-2016/burn-pit-registry.asp>

// A. DEVELOP A PRESUMPTION OF EXPOSURE FOR BURN PITS AND AIRBORNE TOXINS

For many who feel they are suffering from their exposure to burn pits or other airborne toxic exposures, accessing quality and specific care can be a challenge. In VA, barriers to care are even more apparent, as VA does not recognize claims connecting injury or illness to burn pit exposure.

Like those who fought for recognition of the effects of Agent Orange, the hope for those exposed to burn pits and other airborne toxic exposures is that they will one day be able to claim certain illnesses and injuries as presumptive service-connected illnesses or injuries due to their exposure. Until VA recognizes the damage burn pits had on the health of those who served around them, access to VA benefits and health care will be challenging.

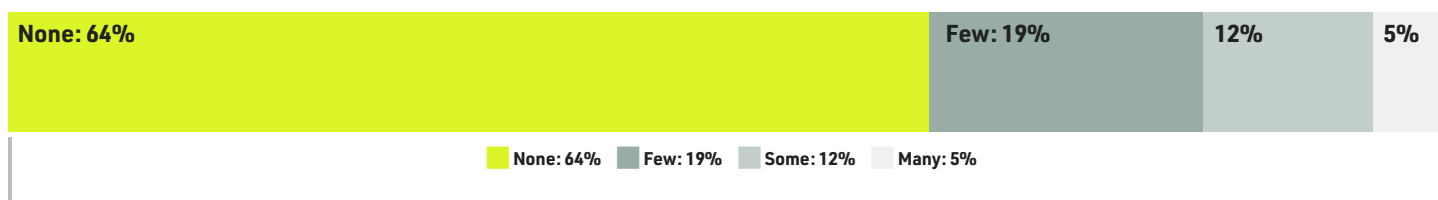
IAVA Recommendations

- Add conditions reasonably shown to have a link to burn pits and airborne toxic exposures to VA's Presumptive List
- Ensure clear understanding among VBA claims professionals around the rules and regulations for accepting a burn pit or airborne toxic chemical-related claim
- Create a disability classification for servicemembers and veterans impacted by burn pits and other toxic airborne exposures

IAVA members registered in the VA's 'burn pits' registry:



Did you have any issues when registering with the VA's 'burn pits' registry?



// B. DRIVE PUBLIC AWARENESS AROUND BURN PITS AND TOXIC EXPOSURES

Outside of the military and veteran space, few know what a burn pit is or why its use. In 2018, IAVA embarked on a public awareness campaign aimed at educating the public on what burn pits are and their impact on the health of veterans today. With the support and expertise of advertising giants like David & Goliath, we were able to reach audiences far and wide with innovative technologies and accessible ideas.

The work must continue. We can not fight this battle alone. We must use every tool at our disposal to mobilize the public and galvanize around this issue to ensure veterans with illnesses and injuries from burn pits and airborne toxic exposures receive the recognition, treatment, and services they need. It took decades for the veterans of the Vietnam War to gain coverage for their exposure to Agent Orange. Veterans who served in Iraq and Afghanistan should not have to wait until they are sick and dying to get treatment.

IAVA Recommendations

- Publish stories about veteran and servicemembers' experiences with burn pits and other airborne toxic exposures
- Conduct Public Service Announcements around toxic exposure issues and impact on the lives of servicemembers and veterans
- Coordinate social media and email campaigns dedicated to educating the public on burn pits and other airborne toxic exposures
- Standardize the definition of airborne toxic exposures across the veteran community
- Increase funding for research into the association between airborne toxic exposures, burn pits, and the diseases that may be associated with such exposure

// C. HOLD DEPARTMENT OF DEFENSE ACCOUNTABLE FOR TOXIC EXPOSURES

Three million men and women served in combat operations under the Department of Defense since the 9/11 attacks. During these deployments, many servicemembers lived, worked, and exercised near burn pits. After returning home, many of these same servicemembers began developing health issues. Years later, these same servicemembers are now veterans and IAVA members who report health conditions that they feel are tied to these burn pit exposures. But DoD failed to track burn pit or airborne toxic exposures. Even now, a full list of burn pit sites is not publicly available from DoD. DoD must be held accountable when it comes to burn pits and other airborne toxic exposures. They must release any airborne exposure data they have collected over 17 years of war and track these exposures in servicemember medical records.

In 2010, the GAO published a report entitled *DoD Should Improve Adherence to Its Guidance on Open Pit Burning and Solid Waste Management*.³⁰ That report emphasized that DoD was slow to implement alternatives or fully evaluate the benefits and costs of open-air burn pits, such as avoided future costs of potential health effects. A report published by the Government Accountability Office in 2015³¹ opened with a letter from the Special Inspector General for Afghanistan Reconstruction in which he said:

Unfortunately, in many instances DoD officials did not take sufficient steps to ensure the proper management of contracts for the construction of the incinerators to address the problems identified during our inspections of particular incinerator facilities. Given the fact that DoD has been aware for many years of the significant health risks associated with open-air burn pits, it is indefensible that U.S. military personnel, who are already at risk of serious injury and death when fighting the enemy, were put at further risk from the potentially harmful emissions from the use of open-air burn pits.

IAVA Recommendations

- Release information on where and when burn pits were active from 1990 through the present
- Release information on air quality samples from active bases from 1990 onward
- Track airborne exposures among current servicemembers and add to their military health records
- Retroactively track airborne exposures among all post-9/11 veterans who deployed and add to service records
- Encourage DoD to support, train, and educate servicemembers on burn pits and airborne toxic exposures and their effects so that servicemembers can proactively report their exposures and health impacts

Footnote:

30. Government Accountability Office. *DoD Should Improve Adherence to Its Guidance on Open Pit Burning and Solid Waste Management*. October 2010. Retrieved from <http://www.gao.gov/products/GAO-11-63>

31. Special Inspector General for Afghanistan Reconstruction. *Final Assessment: What We Have Learned from our Inspections of Incinerators and Use of Burn Pits in Afghanistan*. February 2015. Retrieved from <https://www.sigar.mil/pdf/alerts/SIGAR-15-33-AL.pdf>.

// D. STRENGTHEN VA'S TRACKING OF BURN PIT AND TOXIC EXPOSURES

Thanks to legislation fought for by IAVA and other VSOs, VA established the Airborne Hazards and Open Burn Pit Registry to understand better the health outcomes of those exposed. Even that registry has its limitations.³² Many in the military and veteran community are unaware the registry exists. The registry process is burdensome and frustrating to complete, and those that have registered see a limited response from their reporting. While the registry was an essential first step in engaging VA and the veteran community in recognizing burn pits and other airborne toxic exposures, there is still much that can be done to strengthen the registry and go beyond its limited scope.

A report by the Institute of Medicine in 2011 found limited but suggestive evidence of a link between exposure and reduced lung function.³³ Up until now, the emphasis on this issue has been on research. But veterans are seeking care inside VA and in the community with illnesses and injuries they believe to be a result of their burn pit exposure and yet VA is either not collecting information on their illnesses or injuries, or they are not sharing it. VA, DoD, and civilian health care providers must do a better job of supporting these veterans by ensuring that providers are tracking exposures, symptoms, and illnesses related to burn pits and other exposures in patients' medical files and service records.

IAVA Recommendations

- Encourage registrants or the VA's Burn Pit Registry to get a VA physical following a servicemember's or veteran's addition to the registry
- Integrate burn pit registry submission with veterans' VA medical file
- Train VA and community health care providers on burn pit and airborne toxic exposure signs and symptoms
- Implement mandatory screenings for toxic exposures for all veterans entering VA, similar to the screenings conducted for Traumatic Brain Injuries
- Encourage DoD and VA to share information and data on burn pit and toxic exposures
- Allow surviving family members to add deceased veterans to the Burn Pit Registry or update an existing entry following the death of their loved one

Footnote:

32. Institute of Medicine. Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pits Registry. February 2017. Retrieved from <http://nationalacademies.org/hmd/Reports/2017/Assessment-of-the-VA-Airborne-Hazards-and-Open-Burn-Pit-Registry.aspx>

33. Institutes of Medicine. Long-Term Health Consequences of Exposure to Burn Pits in Iraq and Afghanistan. October 2011. Retrieved from <http://nationalacademies.org/hmd/Reports/2011/Long-Term-Health-Consequences-of-Exposure-to-Burn-Pits-in-Iraq-and-Afghanistan.aspx>.

// 4. CONTINUE TO DEFEND AND EXPAND VETERANS EDUCATION OPPORTUNITIES



2008 was a landmark year for the post-9/11 generation. After years of tireless advocacy by IAVA and others, the Post-9/11 GI Bill was passed into law. With it, thousands and now millions of veterans and their dependents had the doors to higher education opened for them. After deploying for years to the battlefields of Iraq, Afghanistan, and other areas, Congress and the American people agreed that these warriors had earned the right to a degree.

The Post-9/11 GI Bill has now sent more than one million veterans and dependents to school, and remains one of the military's best retention and recruiting tools. In IAVA's latest member survey, 93% of IAVA members reported having used, or that they are currently using or planning to transfer their Post-9/11 GI Bill benefit. 78% agree that the Post-9/11 GI Bill is essential to military recruitment and 87% believe it is extremely or very important to transition to civilian life.³⁴

Since its inception, the Post-9/11 GI Bill has also faced threats of funding cuts and abuse. IAVA has been and will remain at the forefront of the efforts to ensure that these attempts are not successful. We must continue to not only hold the line in defending these essential, earned benefits but also in providing that they stay relevant to the changing educational landscape. In 2017, IAVA worked with VSO partners to pass the *Harry W. Colmery Veterans Educational Assistance Act*, which included numerous expansions for the GI Bill, including elimination of the 15-year time limit to use the benefit and IAVA continues to spearhead the fight to close the 90/10 loophole that allows for-profit colleges to be propped up at the expense of veterans.

A. Defend the Post-9/11 GI Bill Against Cuts, Fraud, and Waste

B. Modernize GI Bill Payment Infrastructure

C. Streamline the Post-9/11 GI Bill

D. Ensure the Success of Veterans on Campus

Footnote:

34. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

// A. DEFEND THE POST-9/11 GI BILL AGAINST CUTS, FRAUD, AND WASTE

The Post-9/11 GI Bill is one of the most popular veteran benefits available. An incredible 93% of IAVA's veteran members surveyed reported that they have either used their GI Bill benefits, intend to use them or transfer them to a dependent. 80% also rated their experience with the Post-9/11 GI Bill as above average. Despite this overwhelming popularity, ever since it was signed into law in 2008, the Post-9/11 GI Bill has faced attempts to strip these earned benefits by those in power looking for a quick fix. However, time and time again IAVA and our VSO partners have held the line and fought for additional funding, expansion of benefits, and the closing of loopholes of this earned benefit. While the *Harry W. Colmery Veterans Educational Assistance Act* expanded GI Bill benefits for the post-9/11 generation, there are still areas of concern where veterans may be exploited, or this earned benefit could be strengthened.

The GI Bill is still being exploited by underperforming actors who take advantage of veterans' benefits and often leave veterans stuck with unnecessary debt and a subpar education. For-profit colleges are required to get at least 10% of their revenue from federal financial aid funds, but they exploit a loophole in the law that does not count GI Bill and DoD Tuition Assistance benefits as federal funds, making servicemembers and veterans a target for their generous benefits. Just last year, DoD eliminated the transferability option for post-9/11 servicemembers after 16 years of service, an arbitrary and unnecessary restriction for some of the longest-serving forces. We'll continue to fight to #DefendTheGIBill against these and other assaults on this earned benefit.

IAVA Recommendations

- Close the 90/10 loophole
- Fully maintain Post-9/11 GI Bill benefits for veterans and their families. Any cuts to this benefit are a breach of trust with servicemembers and veterans
- Continue to press DoD to withdraw its 2018 directive to limit GI Bill family member transfers to those serving 16 years or more, and to never introduce a policy which reduces transferability again
- Protect gainful employment and borrower's defense regulations that ensure government funding is provided only to vocational programs with proven employment outcomes

// B. MODERNIZE GI BILL PAYMENT INFRASTRUCTURE

Over one million veterans and their dependents have used the post-9/11 GI Bill, relying on the Department of Veterans Affairs tuition and housing assistance to pay for schooling. However, that system is outdated and over-capacity to serve the hundreds of thousands of beneficiaries that rely on its services every year. Ensuring that VBA has the most up-to-date technology and systems will provide faster and more efficient processing and issuing of payments.

The failure of the technology side of VBA can cause massive headaches and financial strife among beneficiaries. In November 2018, VA failed to implement technology upgrades necessary under the *Harry W. Colmery Veterans Educational Assistance Act* and thousands of veterans were left with inaccurate and late GI Bill payments. IAVA, through its advocacy and the RRRP program, was able to help address this problem, but this cannot be the norm. We must invest in VBA's infrastructure to ensure that GI Bill benefits are on time and correct for the many who rely on this earned benefit.

IAVA Recommendations

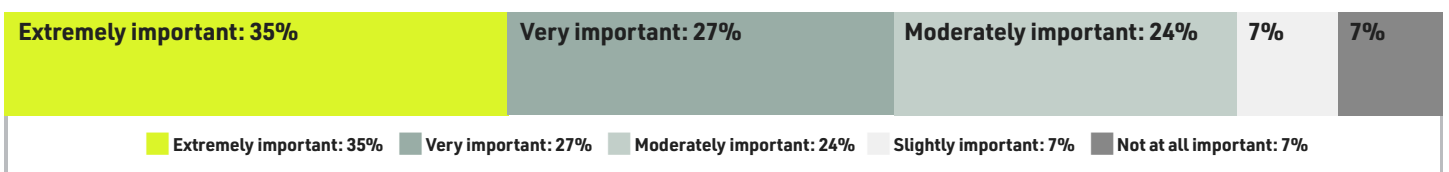
- Continue to modernize GI Bill payment infrastructure to handle and process claims faster
- Ensure proper funding and support for IT overhaul to support new advancements and requirements for GI Bill payments
- Expand online services and options for student veterans to apply, access, and troubleshoot issues online through VA.gov
- Support the expansion of online tools and innovative technology that allows student veterans to be informed on their school's practices, reputation, and support services for veterans

How important is the Post-9/11 GI Bill for the following:

Military recruitment



Military retention



Successful transition/reintegration of veterans into civilian life



As an earned benefit, the Post-9/11 GI Bill should be as easily accessible and readily available as possible. Bureaucratic barriers and restrictions on the use of the GI Bill continue to inhibit the full use of the benefit by many veterans. While the GI Bill has continued to be improved and streamlined through the efforts of Congress and VA, there is still work to do in ensuring veterans and their families are getting the most from this earned benefit.

For example, veterans do not receive their housing allowances during the holiday breaks and often cannot get a job for such a short period to cover their basic costs. For new enlistees, they are still automatically enrolled into the old Montgomery GI Bill and pay a buy-in fee of \$100 per month for the first 12 months of enlistment, even with the free Post-9/11 GI Bill in place.²⁸ IAVA is continuing to fight to ensure that the Post-9/11 GI Bill enables veterans to complete their education and move on to more successful lives.

IAVA Recommendations

- Provide eligibility for the Fry Scholarship to children and spouses of Guard and Reserve families whose loved ones' death was service-connected while still serving in the Guard or Reserve
- Establish that new enlistees must opt-in to the Montgomery GI Bill (the GI Bill that was enacted prior to the post-9/11 GI Bill) to gain the benefit, rather than the current system requirement to opt-out; ensure uniformity in policy and awareness across the services
- Allow for more overall flexibility in the use of the Post-9/11 GI Bill and allow veterans to use their remaining entitlement to repay student loans
- Allow medically discharged veterans and retirees to transfer their unused GI Bill benefits to their spouses and dependents
- Change Post-9/11 GI Bill housing payments to equally apply throughout the academic year, covering winter break, without affecting their overall eligibility or coverage

Footnote:

35. Department of Defense, Montgomery GI bill Act of 1984 Basic Enrollment (DD 2366).

Retrieved from <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2366.pdf>

// D. ENSURE THE SUCCESS OF VETERANS ON CAMPUS

The post-9/11 Bill can only go so far in ensuring the future success of today's fighting force. While an earned benefit, the Post-9/11 GI Bill is also an investment in America's next "Greatest Generation." Veterans are proven to be more productive and have higher retention rates once hired into a career, and ensuring they have the appropriate training and degrees is paramount to this success.³⁶

This successful transition to the civilian workforce often begins on a college campus. In fact, according to Student Veterans of America and the Institute for Veterans and Military Families, 2.9 million post-9/11 veterans have entered higher education since transitioning out of the military.³⁷ This means that ensuring veterans are supported and successful on campus is of utmost importance to the long-term success of each veteran.

Veterans bring with them a wide array of lived experiences and unique strengths that broaden college campus' diversity. However, ensuring that veterans feel welcomed on campus continues to be a major factor in attracting these talented individuals. In IAVA's member survey, the majority of student veterans identified a veteran-friendly environment as their top reason for choosing their school.³⁸ 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

- Schools should commit to becoming a veteran-friendly campus by supporting veterans groups and providing support for non-traditional students on campus
- Train faculty and staff on veterans issues understanding that veterans often have different needs and strengths as nontraditional students
- Ensure resources are available to connect veterans with trusted education counseling services that help prospective student veterans with test preparation and admissions counseling
- Support groups such as Student Veterans of America and Veterans Education Success that support student veterans through local chapters and resources online and on the ground

Footnote:

36. U.S. Department of Labor. Employer Guide to Hire Veteran. September 19, 2018.

Retrieved from <https://www.dol.gov/veterans/hireaveteran/pdf/Employer-Guide-to-Hire-Veterans-June-2018.pdf>

37. Institute for Veterans and Military Family. I am a Post-9/11 Student Veteran. June 2017.

Retrieved from <https://ivmf.syracuse.edu/wp-content/uploads/2017/06/I-AM-A-POST-911-Student-Veteran-REPORT.pdf>

38. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

// 5. GALVANIZE SUPPORT FOR WOMEN VETERANS AND #SHEWHOBORNETHEBATTLE



Over the past few years, there has been a groundswell of support for women veterans' issues. From health care access to reproductive health services to a seismic culture change within the veteran community, women veterans have rightly been focused on and elevated on Capitol Hill, inside VA, and nationally. In 2017, IAVA launched our groundbreaking campaign, #SheWhoBorneTheBattle, focused on recognizing the service of women veterans, closing gaps in care provided to them by VA, and finally changing the outdated VA motto to represent ALL veterans.

We made the bold choice to lead on an issue that was important to not just the 20% of our members that are women, but to our entire membership: the future of healthcare and America's national security. We fought hard for top-down culture change in VA for the more than 345,000 women who have fought in our current wars – and for all Americans.

The number of women in both the military and veteran communities has been growing steadily since the 1970s. While more women are joining the military and are finally given unprecedented roles in combat and greater responsibilities in leadership, veteran services, and benefits often lag behind.

While the past few years have been encouraging in the display of growing interest in ensuring health care accessibility for women veterans at VA, increasing support for women veterans, and expanding services, there is still much work to do. Women still report being stigmatized or feeling unwelcome at VA, and the Departmental motto itself is gender-exclusive. As a nation we must recognize GI Jane as much as GI Joe; it's past time that the military culture and our nation embrace this, and recognize, celebrate, and support the service of all veterans that serve this nation.

A. Foster Cultural Change to Fully Recognize the Service of Women Veterans

B. Improve Care and Benefits for Women Veterans

C. Ensure Streamlined Care for Women between DoD and VA

D. Improve Employment, Housing, and Child Care Benefits and Services

E. Collect, Analyze, and Share Data on Services for Women Veterans

// A. FOSTER CULTURAL CHANGE TO FULLY RECOGNIZE THE SERVICE OF WOMEN VETERANS

Despite the ever-growing contribution of women to our national defense, the American public still does not understand the extent of their involvement and sacrifice. This lack of understanding not only impacts their reception when seeking health care from VA, but throughout their transition home. Often having faced an unwelcoming culture in the military, VA can seem like an equally unwelcoming place to women who are transitioning. The VA motto does not help. It explicitly excludes women and their survivors from its mandate, and it reads as outdated: "To care for him who shall have borne the battle and for his widow, and his orphan."

Women veterans are becoming more prominent in American culture, and are stepping up and leading: From the growing number of women veterans serving in Congress to the highest leadership positions among the service branches, Veteran Service Organizations, and leading groups. Also, as more women veterans step into the public sphere, their contributions and sacrifices are becoming known and recognized.

However, every day women veterans enter into VAs nationwide and are not recognized for their service. Every day, women veterans are looked past in favor of the familiar image of a man serving in uniform. Until women veterans are as known and understood as their male counterparts, IAVA's work will not be done.

IAVA Recommendations

- Change the VA Motto to be more inclusive of all who have served
- Continue to elevate stories of women veterans in the public domain, in partnership with StoryCorps, the Library of Congress, and other government and non-governmental entities, including the entertainment industry
- Conduct a public awareness campaign about the impact of women veterans serving the United States
- Encourage VA to continue cultural competency courses
- Require command climate surveys at VA facilities to learn whether women veterans perceive themselves to be welcome and valued equally to their male counterparts
- Ensure external communications from VA and DoD are inclusive and show the diverse nature of veterans and servicemembers
- Encourage VA to continue to expand their anti-harassment campaigns including proactive outreach to women veterans on anti-harassment programs
- Hold DoD accountable for sexism within the ranks, which can carry over to the veterans community

// B. IMPROVE CARE AND BENEFITS FOR WOMEN VETERANS

For women veterans who choose to seek care at VA, finding quality providers who understand the needs of women veterans can be difficult. While VA has made progress improving women-specific care for women veterans, including expanding the services and care available within VA, there is still much progress needed. Women veterans are more likely than their male counterparts to seek care in the community, meaning they are often seen by private care providers that may or may not understand military service and its health impacts. IAVA's recent member survey underscores this as it found that while 70% of respondents felt that VA clinicians understand the medical needs of veterans, only 44% felt that non-VA clinicians understood them.³⁹

For those women who do seek care in VA, the quality and standard of care are not at all uniform. According to the most recent GAO report on the standards of care of VA medical centers, VA "does not have accurate and complete data on the extent to which its medical centers comply with environment of care standards for women veterans." The same report noted a deficiency of 675 women's health primary care providers as of 2016.⁴⁰ This means that these facilities may not meet basic privacy standards like locked doors, privacy curtains, and other adjustments to make them feel welcome.

Changing this will require establishing clear standards, training VA staff to meet these standards, and investing in appropriate facilities, including women practitioners and doctors who specialize in women's health. Facilities and providers must regularly be evaluated to ensure they meet the standards our veterans deserve. VA, with its partners, must do a better job of reaching out to women and telling them about the resources VA has to offer.

IAVA Recommendations

- Ensure all VAMCs are following and enforcing privacy and environment of care standards
- Ensure all VA community providers have a women veterans competency training and understand women veterans' unique needs, experiences, and services desired
- Ensure Congress is holding VA and care providers accountable through public hearings, testimonies, and data sharing

Footnote:

39. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

40. U.S. Government Accountability Office. Improved Monitoring Needed for Effective Oversight of Care for Women Veterans. December 2016.

Retrieved from <https://www.gao.gov/assets/690/681364.pdf>

// C. ENSURE STREAMLINED CARE FOR WOMEN BETWEEN DOD AND VA

Since 2001, the number of women using VA services has tripled.⁴¹

As more women make the transition from servicemember to veteran, it is paramount that DoD and VA are able and ready to support these transitioning servicemembers. Part of that care means ensuring proper reproductive care and support for women veterans and their spouses. Currently, access to contraceptives and other reproductive services are not equal between DoD and VA. This means that the services and rights afforded to women servicemembers is not equal to that of women veterans. That is unacceptable.

Ensuring VA can provide for these veteran families is paramount to ensuring the overall health and financial wellbeing of all veterans. Current boundaries in law mean access to the support services for reproductive and maternity care at VA is lacking and outdated. This must be amended. These outdated policies disproportionately impact the newest generation of veterans, who are younger and may have waited until after service to start a family.

IAVA Recommendations

- Expand current in vitro fertilisation (IVF) treatments to be more inclusive of all veterans with reproductive injuries
- Ensure that all VA primary care physicians can provide contraceptive and reproductive guidance to women veterans in their care
- Raise the standard of contraceptive care at VA to at least meet the standard at DoD
- Expand maternity and newborn care in VA to be comparable with care received in other clinical settings including extending newborn care to more than seven days

Footnote:

41. Female Veterans Access to VA: Hearings before the Committee on Appropriation Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, House, 116th Cong (2019) (Testimony of Dr. Patricia Hayes).

// D. IMPROVE EMPLOYMENT, HOUSING, AND CHILD CARE BENEFITS AND SERVICES

Women veterans have higher rates of unemployment and are more likely to be homeless than their civilian counterparts.^{42 43} When asking women whether their challenges are unique, the answer is generally no, but they do state that the support they need is often hard to access. Resources, like staffing and funding, must be focused on policies that are inclusive of women and all minorities. That will require not only a policy change but more importantly, a complete shift in culture.

IAVA Recommendations

- Investigate useful models of case management and care coordination to ensure that women veterans at risk of homelessness and unemployment are provided with adequate benefits and services
- Expand child care services at all VA facilities and in local communities to ensure that a lack of child care does not prevent veterans from seeking care or finding meaningful employment
- Grant permanent discretionary authority to VA to assist veterans to obtain child care to reduce barriers to seeking care
- Expand VA housing and assistance programs for homeless and displaced women veterans and their families so that women with children have broad access to shelter facilities and housing solutions
- Encourage DOL VETS' Women Veterans Program to continue their work and monitor their VETS program to ensure equality through advertisements and connections with women veterans
- Fund nonprofit programs for women veterans at the national and local levels

Footnote:

42. US Bureau of Labor Statistics. Employment Situation of Veterans 2015. Retrieved from <https://www.bls.gov/news.release/vet.nr0.htm>

43. VA National Center on Homelessness Among Veterans. Women Veterans and Homelessness. July 2016.

\ Retrieved from <https://www.va.gov/homeless/nchav/docs/hers-womens-proceedings.pdf>

// E. COLLECT, ANALYZE, AND SHARE DATA ON SERVICES FOR WOMEN VETERANS

Without quality data collection and analysis, there is no way to know the extent to which women veterans are underserved. To date, limited useful and timely data exists. To design precise policy solutions and to hold accountable every agency in the continuum of care, we need robust data collection, sharing, analysis, and publication.

We must do better as a community in understanding the needs and areas of support for women veterans and servicemembers. This begins with reliable and robust data collection from DoD and follows into VA, expanding out to academia, public and private research groups, and anyone interested in data-driven policy.

IAVA Recommendations

- Require DoD to include gender in all public data reporting
- Invest in research examining the impacts of service on reproductive health and fertility for women veterans and their partners
- Ensure that all VA studies and reports are collecting and reporting on gender
- Continue to report on environment standards of care at every VA facility
- Ensure proper data collection and data sharing of women veterans' health care records between community care providers and VA
- Support university-led and nonprofit research efforts studying women veterans



// 6. ESTABLISH SUPPORT FOR VETERANS WHO WANT TO UTILIZE MEDICAL CANNABIS



For years, IAVA members have sounded off in support of researching medical cannabis for use in treating the wounds of war and legalizing recreational cannabis. Veterans consistently and passionately have communicated that cannabis offers effective help in tackling some of the most pressing injuries faced when returning from war. In our latest member survey, over 80% of IAVA members supported legalization for medical use.⁴⁴ Our national policies are outdated, research is lacking, and stigma persists.

In response, IAVA members have set out to change the national conversation around cannabis and underscore the need for bipartisan, data-based, common-sense solutions that can bring relief to millions, save taxpayers billions and create thousands of jobs for veterans nationwide.

America is entering a new era in the cannabis debate and IAVA will be leading it to ensure that veteran needs are protected, supported and elevated.

A.	Research Cannabis as a Treatment Option
B.	Destigmatize the Use of Medical Cannabis
C.	Drive the National Conversation on Cannabis to Underscore the Need for Bipartisan, Data-based, Common Sense Solutions
D.	Ensure Veterans Are Not Punished for Using Medical Cannabis Where Legal

Footnote:

44. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

// A. RESEARCH CANNABIS AS A TREATMENT OPTION

The veteran community has made it very clear that it supports research done on the use of cannabis as a treatment option. This support has been strong for years but is increasing annually across generations. In IAVA's most recent survey, 90% of members agree with researching cannabis for medicinal uses, and 85% agree that VA should be driving that research.⁴⁵ This is not merely an anomaly among a younger generation that may already be more inclined to support expanding the use of cannabis. The American Legion's survey found that 92% of veteran households also favored research into the use of medical cannabis.⁴⁶

However, this demand has not resulted in a change in policy. In fact, in a December 2017 letter to the House Committee on Veterans Affairs, the VA Secretary clearly stated that the Department refused to research medical cannabis' effect on veterans suffering from PTSD and chronic pain.⁴⁷ This happened even though many in the VSO community strongly believe that medical cannabis could serve as an effective and safe alternative to opioids and antidepressants.

VA officials refused to study the potential lifesaving benefits of cannabis and VA physicians are barred by internal administrative rules from recommending it to veterans. This must change.

IAVA Recommendations

- Require VA to research the efficacy of medical cannabis as a treatment for veterans with chronic pain, PTSD, and other conditions
- Publish research and reports on cannabis use among veterans from the public and private sectors
- Mandate VA and private medical community conduct research into the use of medical cannabis as a treatment option for chronic pain and mental health injuries
- Support state-level research and ensure those researching at academic institutions nationwide do not lose funding for studying cannabis due to federal regulations

Footnote:

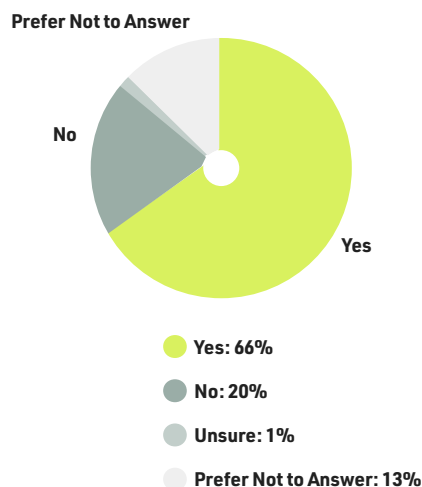
45. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

46. Survey Shows Veteran Households Support Research Of Medical Cannabis The American Legion - <https://www.legion.org/veteranshealthcare/239814/survey-shows-veteran-households-support-research-medical-cannabis>

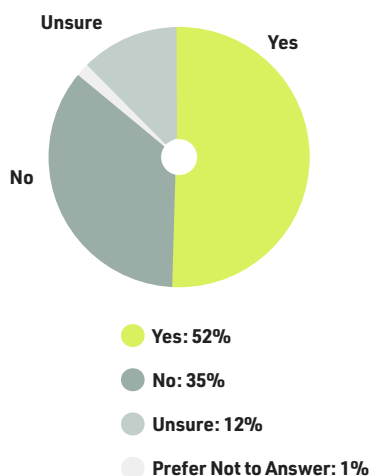
47. Hudak, John. "When the VA Lies to Congress about Medical Marijuana, It Lies to Our Wounded Warriors." Brookings.edu, The Brookings Institution, 23 Jan. 2018, www.brookings.edu/research/when-the-va-lies-to-congress-about-medical-marijuana-it-lies-to-our-wounded-warriors/.

// B. DESTIGMATIZE THE USE OF MEDICAL CANNABIS

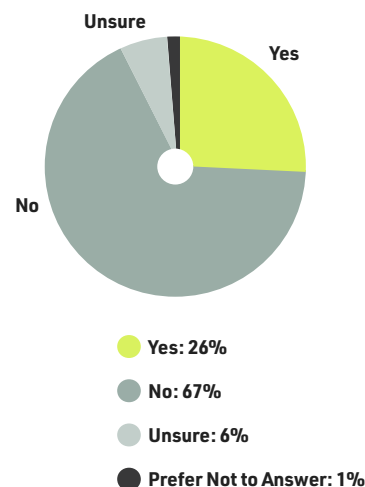
Ever used cannabis recreationally?*



Do you live in a state where medical cannabis is legal?



Do you live in a state where recreational cannabis is legal?



* Of those that have used cannabis medicinally

In the past, cannabis use has been commonly associated with criminality and non-normative behavior to alienate those that used it. Today, as over 33 states and the District of Columbia have legalized cannabis medically and nine have legalized cannabis recreationally,⁴⁸ the long-lasting stigma of cannabis use persists. This stigma alienates those that may otherwise benefit from cannabis as a treatment option. It also means those that do participate in cannabis legally feel the need to hide it from their friends, family, and health care clinicians for fear of being judged or punished. And in the veteran community, men and women served in uniform with the clear message that the use of cannabis was not tolerated. It's a stigma that's hard to shake.

This has to change. Too many people require relief from chronic pain and mental health injuries. Veterans, in particular, are at a higher propensity for these hidden wounds of war. With so many states legalizing medical cannabis, veterans should not feel stigmatized for exploring all treatment options available to them.

The veteran community is in a unique position to educate the public on the signature injuries of war, how cannabis could be used as a treatment option for these conditions, and destigmatizing the use of cannabis.

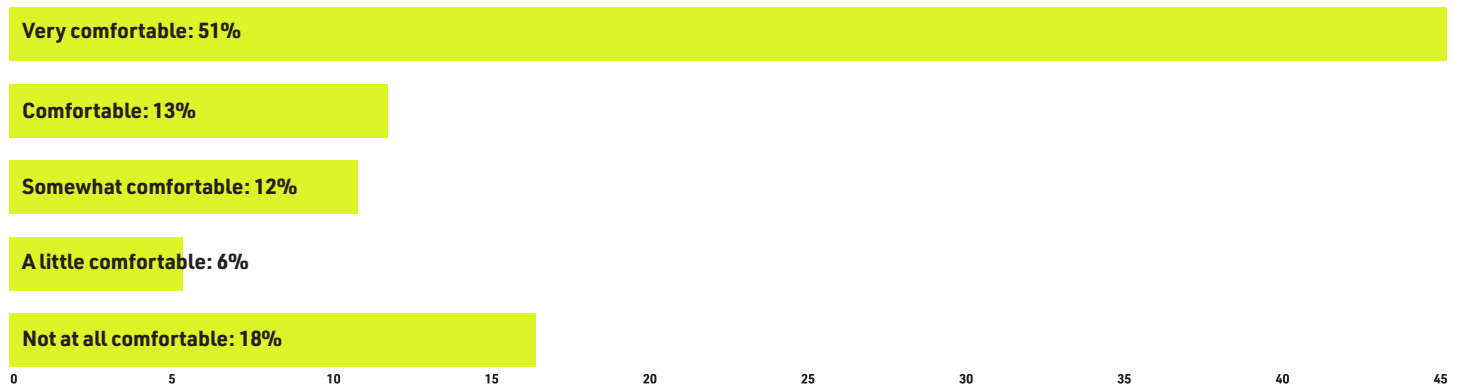
IAVA Recommendations

- Remove barriers in VA policy which inhibit the discussion of cannabis usage between veterans and VA clinicians
- Highlight cases of veterans utilizing cannabis and/or cannabidiol (CBD) to successfully treat medical conditions
- Fund and execute learning campaigns to expand public awareness of positive uses of cannabis and CBD

Footnote:

48. Map Of Marijuana Legality By State, <https://disa.com/map-of-marijuana-legality-by-state>

Comfort Discussing Medical Cannabis with Doctors:



A January 2017 National Academy of Sciences study found “conclusive or substantial” evidence that cannabis is effective in treating chronic pain, moderate evidence that cannabis helps with sleep, and the science is inconclusive on cannabis as an anxiety and PTSD treatment option.⁴⁹ However, federal bureaucratic hurdles continue to halt the system and stymie proper research.

As a Schedule I drug under the Food and Drug Administration (FDA), research into the effects and efficacy of cannabis has been stagnant, cumbersome, and convoluted. Attempts to fund and execute federal research into cannabis face bureaucratic hurdles that can hinder much needed government-led fact-finding endeavors. We will never get a definitive answer on the efficacy of cannabis as a treatment option while federal regulations that actively undermine robust research studies remain in place. The current system is antiquated and must be adjusted to match state laws and research needs.

Recommendations

- Remove cannabis as a Schedule 1 drug
- Allow FDA to conduct clinical trials on cannabis
- Ensure there is more than one source of cannabis for FDA-approved trials
- Streamline the process for approval of medical cannabis research studies through federal agencies
- Open additional cannabis sources for research, ending the National Institute on Drug Abuse monopoly on cannabis used for FDA trials
- Encourage the FDA to create standards for medical cannabis to ensure quality and standardized products are available in states with legalized medical cannabis
- Allow testing labs with Drug Enforcement Administration (DEA) licenses to test cannabis for quality standards without the threat of losing their licenses for doing so
- Ensure veteran preference and specific veteran grants for federal hemp and cannabis industry contracts

Footnote:

49. The National Academies of Sciences Engineering Medicine. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. January 12, 2017. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2017/health-effects-of-cannabis-and-cannabinoids.aspx>

// D. ENSURE VETERANS ARE NOT PUNISHED FOR USING MEDICAL CANNABIS WHERE LEGAL

Our nation is rapidly moving toward legalizing cannabis, and 33 states now permit medical cannabis. Yet, as with many innovative solutions to veteran needs, progress on this issue within VA has been slow and incremental—and lags behind the needs of veterans and the changing reality of state-level laws.

There has been marginal progress, as in late 2017, when the Veterans Health Administration issued a policy change which urged patients to discuss medical cannabis use with their doctors. This policy change alleviates previous concern that admitting to cannabis use could jeopardize VA benefits. However, VA physicians still cannot refer patients to legally sanctioned state medical cannabis programs because of the federal prohibition. Moreover, patients are not allowed to have any cannabis on VA property, even if it is medically recommended to them and the state they are living in allows it. Also, VA employees are still barred from using any form of cannabis, including medical cannabis, while roughly one-third of VA employees are veterans and may want access to cannabis as a treatment option.

VA has a proud history of medical innovation to include developing effective therapies for tuberculosis, inventing the first clinically successful implantable cardiac pacemaker, and developing the nicotine patch. The Department also has a proud history of driving innovative medical treatments for the public. When it comes to cannabis however, VA is more likely to be studying problems associated with its use rather examining its application for therapeutic benefits. This needs to change, and it will require Congress, VA, and the Administration working together to ensure no more hurdles are standing between veterans and greater access to medical treatments.

IAVA Recommendations

- Update current VA medical cannabis policy to allow for VA clinicians to provide recommendations and opinions to patients regarding medical cannabis programs
- Ensure all VA clinicians and employees are trained on VA Cannabis Policy so that no veteran is punished for discussing cannabis with a provider
- Maintain the ability for states to continue cannabis access, including for medical purposes, without federal government prohibitions
- Mandate allowances for veterans who are federal employees to use medical cannabis when recommended by a clinician
- Update federal policy so that veterans are not punished for having cannabis on federal grounds when and where it is legal in the state
- Ensure veterans are not penalized when applying for a concealed carry permit when enrolled in state medical cannabis programs

// 7. PROMOTE EQUALITY FOR ALL VETERANS AND SERVICEMEMBERS



Since IAVA's inception, IAVA has fought for equality and diversity in the armed services. It is our foundational belief that diversity is a force multiplier for our armed forces and our nation. We have a long history of fighting for equality and standing on the right side of the issue. We were the first mainstream veteran organization to come out in support of repealing "Don't Ask, Don't Tell" (DADT). Similarly, IAVA led the veteran community in endorsing the repeal of the Defense of Marriage Act (DOMA). We argued that DOMA was not only morally wrong and unconstitutional, but it also impeded the readiness of our armed forces and negatively impacted unit cohesion and morale by forcing DoD to treat some servicemembers and their families differently from others. Also, in 2016, IAVA firmly supported the announcement by DoD to allow transgender troops to serve openly without threat of discharge.

However, all of this progress is under attack, and we are losing. In 2017, the Trump Administration announced that it was reversing the current policy allowing transgender men and women to serve openly and to receive funding for sex-reassignment surgery. Unwilling to let the legal challenges to this policy make their way through the usual court process, the Administration's Solicitor General asked the Supreme Court to consolidate the challenges to the ban – which had been successful and resulted in an injunction – and decide on the issue in its current term. In January 2019, they did just that and ruled 5-4 to lift the injunction. The decision is not a mandate, but it has opened up the option for the military to enforce the ban.

This effort is not just wrong, but it is based on the false belief that the medical costs of supporting transgender servicemembers are disproportionately high. The future of equality in our military is at stake. The changes to the status of and benefits available to LGBTQ troops and veterans over the past few years have left many confused or unaware of the new benefits and opportunities now available to them. While veterans who were denied honorable discharges during DADT for reasons relating to their sexuality can receive an upgrade in discharge status, the process is long and tenuous. Ensuring, same-sex military families have access to the same care and career consideration as their counterparts is an ongoing issue. And amid so much progress, there are actors and actions at work that aim to minimize and eliminate transgender servicemembers from openly and honorably serving in the armed forces.

We cannot forget the battles that other minority populations, including racial and religious minorities, have also fought for the right to serve and to be served by the VA. IAVA continues its long-standing support for improved diversity policies and laws across the board. Diversity and inclusion will enhance national security, improve unit cohesion, and make American society even stronger.



Recommendations

- Allow all qualified persons to be recruited and serve in the armed forces who can meet DoD standards of fitness
- Fully recognize same-sex marriage of all veterans, regardless of where the veteran or the veteran's spouse resides at the time of the marriage or at the time of application for benefits. Repeal section 103c of Title 38 (aka "mini-DOMA")
- Support and fund veteran support programs dedicated explicitly to LGBTQ servicemembers, veterans, and their families
- Launch an organized, systematic education and outreach campaign for LGBTQ veterans informing them about benefits and services that may now be available to them and their families
- Encourage VA and DoD to proactively reach out to veterans who were discharged pursuant to DADT and offer assistance in updating or upgrading discharge paperwork
- Continue to empower LGBT Veteran Care Coordinators in each VA medical facility to support and encourage LGBTQ veterans to navigate the benefits and health care process
- Mandate the U.S. government to require status of forces agreements (SOFAs) to include parity for same-sex military spouses and establish a policy to prevent inadvertent career detriments to LGBTQ troops who may be unable to consider specific foreign assignments due to SOFAs
- Support and fund research into disparate outcomes at VA and DoD for racial minorities

// 8. HONOR THE SERVICE AND SACRIFICE OF SERVICEMEMBERS AND THEIR FAMILIES



Overwhelmingly, the American public expresses support and confidence in the US military.⁵⁰ Especially after the attacks of September 11, the American people tend to believe that it is vital to support those who volunteer to fight for our freedom and willingly put themselves on the front lines of our nation's conflicts, for those that wore the uniform, and for the families that supported them. However, it is often difficult to reconcile the inward supportive thoughts of the public with the outward reality that, for most, it does not feel that the government is operating in their best interest or that the greater civilian world truly comprehends the sacrifices made.

In fact, while nearly 7,000 servicemembers have given their lives in overseas post-9/11 conflicts and over 50,000 wounded,⁵¹ only 25% of IAVA veteran members believe that Congress acts in their interest. While, 68% believe that the American public supports them, only 19% feel that the American public understands the sacrifices that veterans have made.⁵² The country must do better, and it must do more to ensure that the honor, the service and the sacrifice of all of America's servicemembers and their families are recognized, cherished and celebrated. We must not only honor and support our current generation of veterans, but pay tribute to those who have come before us. The process has begun but more needs to be done.

In 2017, IAVA supported passage into law of the *Caring for the Families of our Wounded and Fallen Heroes Act* to increase the amount of educational assistance payable under the VA Survivors' and Dependents' Educational Assistance Program. This law begins to show veterans and their dependents that their unique sacrifice is recognized and respected.

Again in 2017, IAVA was a leader in the fight to pass into law the *Global War on Terrorism Memorial Act* to create a permanent legacy on the National Mall in Washington, DC. The war in Afghanistan, dubbed by some as the "Forever War," is the longest conflict in American history. To preserve the understanding of why we fight and to honor the lives and memories of those who fought, the establishment of this memorial is also essential to reignite the passion for supporting our current servicemembers and never forget those who came before.

IAVA was also a leader in the fight to pass the *9/11 Memorial Act* to establish grants to help secure the National September 11 Memorial and Museum in New York City in 2018 to share remembrance and show appreciation to those who have fallen.

Most recently, in 2018, IAVA supported passage into law of the *Families of Fallen Servicemembers First Act*, to ensure the immediate payment of military death benefits to survivors of fallen servicemembers during federal government shutdowns.

These actions are the framework around which IAVA builds the foundation of its guiding principles – especially that of "Respect Must Be Paid." Many have come before us. From The Revolutionary War to the present, every generation of veterans and allies before us have served, sacrificed, and paved the way. Many had it much tougher than we have it now. They broke down barriers so we could succeed. We learn from and respect history and our elders. We never forget those that came before us, those that were lost, and those that will follow us.

Footnote:

50. Pew Research Center. Retrieved from <http://www.pewresearch.org/fact-tank/2016/10/18/most-americans-trust-the-military-and-scientists-to-act-in-the-publics-interest/>

51. U.S. Department of Defense. "Casualty Status". Feb 28, 2019. Retrieved from <https://dod.defense.gov/News/Casualty-Status/>

52. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>



IAVA Recommendations

- Spearhead the movement for the preservation of American democracy by shifting Election Day to Veterans Day, observing it as a federal holiday and ensuring the rights and privileges fought for on the battlefield are easily accessible to all
- Finally pass into law Blue Water Navy legislation to award presumptive benefits to Sailors who served in the coastal waters off the shores of Vietnam
- Pass legislation to provide a Congressional Charter to IAVA in recognition of the sacrifices that the post-9/11 veterans community has made on behalf of our nation
- Continue to encourage all Americans to observe the true meaning of Memorial Day by increasing awareness of the National Moment of Remembrance, established by the president in 2000, to unite the country in 60 seconds of silence at 3 PM EST
- Ensure that spouses of fallen servicemembers are not penalized with the loss of next-of-kin status, and monetary, education, healthcare and other legal rights and benefits if they remarry
- Improve training requirements for casualty assistance officers; ensure personnel are fully aware of survivor benefits
- Immediately eliminate the Survivor Benefit Program/Dependency Indemnity Compensation offset, which reduces benefits from DoD and VA
- Support and expand funding for nonprofits that support families of the fallen like TAPS and Gold Star Families and programs that inspire action and service in their memory, like the Travis Manion Foundation
- Ensure that the Global War on Terrorism Memorial, authorized by law in 2017, is fully funded and built
- Support veteran memorials, museums, and public education efforts across the country that highlight the service and sacrifice of post-9/11 veterans and servicemembers
- Ensure that additional land space is obtained to preserve Arlington National Cemetery as an option for the internment of post-9/11 generation of veterans with the same consideration as past generations of veterans

// 9. DEFEND OUR SERVICEMEMBERS AND VETERANS



There is no higher priority than fighting for the nation's servicemembers and veterans – literally defending those who defend us. Politicization of our military, cuts to benefits, government shutdowns, and failure to stand by those who stood with us in war all present threats to our national security, and by extension, our servicemembers.

The protection of our military and veterans from being used for others' personal or independent political gain has been something IAVA has regularly spoken about publically. Both parties have used servicemembers as political pawns, which risks dividing and alienating our community. IAVA consistently fought to raise our members' actual voices to ensure that their views are heard on a variety of topics. A prime example is our 2019 annual Member Survey and flash polls on the NFL protest and military parades.

IAVA has also fought hard at every turn to stop cuts to our pay and benefits. These attempts could have disastrous effects on our nation's ability to recruit tomorrow's warriors and risk successful military transitions. Further, we must guard against the increasing trend of government shutdowns. These politically motivated stunts – which have come as a result of poor decision making on both sides of the aisle – have a disproportionate effect on veterans and can have significant impacts on our ability to defend ourselves if the DoD and DHS go without funds.

Finally, we must always protect those who have stood with us at war and keep the promises made to them during conflict after we return home. In 2016, IAVA worked with allies to enact a four-year reauthorization and expansion of the Special Immigrant Visa (SIV) program for those who performed sensitive activities for the U.S. Having partnered with these brave men and women for years, we must signal that we appreciate their sacrifices as much as we appreciate those of our own servicemembers and veterans.

IAVA Recommendations

- Continue to warn of the impacts of government shutdown on national security and the veteran community
- Continue to urge Congress to strengthen, and to never cut or enable abuse, of military and veteran pay and benefits
- Authorize an adequate number of SIVs necessary to ensure that all Afghans who are eligible receive one and ensure adequate support from VA, HUD, government agencies, and nonprofits once SIV eligible recipients enter the U.S.
- Provide aggressive oversight to ensure that VA funds are spent efficiently and effectively
- Invest in and partner with innovative community nonprofits serving the needs of servicemembers, veterans, their families and survivors
- Permanently and completely repeal the automatic spending cuts (sequestration) under the 2011 *Budget Control Act*
- Ensure DoD is fully funded during the annual appropriations process to ensure continual, uninterrupted funding for the U.S. military
- Maintain competitive pay for troops by keeping pace with the civilian sector
- Repeal the 2013 cut to military retirement that reduces the cost of living adjustment for working age retirees
- Restore the 100% Basic Allowance for Housing (BAH) rate for those military members who are now scheduled to pay 5% of their housing costs out of pocket
- Oppose increases in TRICARE fees and cuts to military retirement benefits
- Secure legislation allowing servicemembers, retirees and survivors to pay on a pre-tax basis health insurance premiums and enrollment fees for TRICARE, TRICARE supplements, and DoD sponsored TRICARE dental plans
- Seek legislative change to the new blended retirement system to extend the period of government matching funds beyond 26 years to actual retirement
- Publicly campaign against symbolic use of U.S. veterans without meaningful support for veterans issues

// 10. IMPROVE THE JUSTICE SYSTEM TO SUPPORT VETERANS AND SERVICEMEMBERS



An estimated 181,500 veterans are incarcerated, according to the Justice Department's Bureau of Justice Statistics.⁵³ The report found that veterans behind bars are also more likely to have a mental health injury, including PTSD, than non-veteran inmates. The number of veterans behind bars appears to be dropping, and a part of that success can be attributed to Veteran Treatment Courts.

Veteran Treatment Courts are now a proven way to offer alternatives to traditional criminal sentences for veterans with legal trouble characteristic of a mental health injury rather than criminality. IAVA has long been a strong supporter of these effective, innovative courts, and with more than 40 states now having established Veterans Treatment Courts, they are an accepted part of the justice system in most states. This provides veterans with a second chance, but also lowers recidivism rates and saves taxpayers money. As more is understood about these programs, state and local governments should now seek to adopt best practices and expand the use of Veterans Courts beyond the 41 states that currently have them.⁵⁴ While the first Veteran Court was established nine years ago in Buffalo, New York, today estimates state that more than 350 exist.⁵⁵

Beyond the success of Veteran Treatment Courts, other avenues to ensure care for justice-involved veterans are of interest to the veteran community. Ensuring VA access for those in the criminal justice system, successfully reintegrating veterans once released from prisons, and reducing recidivism rates among veterans is critical.

Additionally, justice applies to all citizens, including those in uniform. While the military justice system is complex and stands alone from the civilian courts, ensuring that service men and women are not left in unfair situations because of the military justice system's intricacies is an important factor in the 21st century, all-volunteer, force.

IAVA Recommendations

- Require the Department of Justice to compare quarterly data from the Universal Crime Report with DoD to determine the number of, and reasons for, incarcerated veterans
- 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
- Provide grants to states to develop Veterans Courts from Department of Justice or VA to better support Veteran Treatment Courts
- Empower judges to order treatment, instead of prison, for veterans suffering from combat related mental health injuries
- Ensure standardized care from VA for incarcerated veterans, and expand treatment options, allowing VA to coordinate with local municipalities and nonprofits to develop counseling, recovery and peer-support services for veterans in the criminal justice system
- Train probation officers in the benefits available to veterans to aid in helping formerly incarcerated veterans transition back into their communities
- Ensure incarcerated veterans have access to and are aware of the services and support available to them through VA and state and federal resources. Mandate those with upcoming release dates, within two years, are given transition assistance provided by re-entry coordinators
- Adjust homeless veteran housing regulations so that justice-involved veterans eligible for parole without a permanent address can apply and qualify for VA Homelessness Programs before their release date to allow for a smooth transition
- Ensure justice-involved veterans and their families are aware of VA's reporting requirement impacting VA benefits and ease the process for reporting incarceration and requesting apportionment of benefits for dependents
- Adjust *Feres Doctrine* under DoD so that medical malpractice cases due to reasons outside of direct military involvement are eligible for federal tort claims and family settlements

Footnote:

53. US Department of Justice, Bureau of Justice Statistics. Accessed, February 28, 2019. <https://www.bjs.gov/content/pub/press/vpj1112pr.cfm>

54. "Veterans Courts State Links." NCSC, National Center for State Courts, www.ncsc.org/Topics/Alternative-Dockets/Problem-Solving-Courts/Veterans-Court/State-Links.aspx.

55. Veterans Treatment Court Locations, accessed June 20, 2015, <https://justiceforvets.org/wp-content/uploads/2017/03/Painting-the-Current-Picture-2016.pdf>

// 11. END VETERAN HOMELESSNESS



VA did not accomplish its plans to end veteran homelessness by the end of 2015, but it has made some notable progress. This is in large part due to private, local, and nonprofit partners who have teamed up with VA to implement a solution.

The number of homeless veterans has declined in the past decade, and in fact, has dropped nearly 50% since 2010.⁵⁶ Despite the enormous advances made in recent years, there are still tens of thousands of veterans who remain homeless on a single night. VA cannot solve this challenge alone. Veterans who struggle with substance abuse or previously incarcerated are often unable to be placed in housing programs. Even more struggle to maintain a permanent home. In our latest member survey, over 20% of IAVA members reported going without a home for over a year after they transitioned out of the military, and 84% reported couchsurfing temporarily.⁵⁷ Housing and homelessness related referrals are among the services most requested through IAVA's RRRP; in 2018 alone, IAVA provided hundreds of veterans and family members with housing and homelessness related support.

This generation of veterans is challenging the traditional image of the single, male veteran that came to characterize homeless veterans following the Vietnam War. Homeless veterans today may have families or are women veterans. Women veterans historically are at higher risk for homelessness than their civilian counterparts.⁵⁸ Providing safe facilities for women that will address their specific needs is critical. Ensuring these facilities also accept children is vital. Others are younger veterans who may need temporary support. VA must continue partnerships to align effective, dynamic services to these demographic shifts.

IAVA Recommendations

- Expand the definition of homelessness to include marginally sheltered or “couchsurfing” veterans
- Collect data on the number of chronically homeless veterans and the number of homeless veterans by conflict-era in the annual survey of homeless veterans conducted by VA and HUD
- Authorize new federal grants to subsidize specialized reintegration services for homeless women veterans and homeless veterans with children, including job training and placement, counseling, housing, and child care
- 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

Footnote:

56. More U.S. Veterans Are Off the Streets, Ben Kesling - <https://www.wsj.com/articles/more-u-s-veterans-are-off-the-streets-1541044860>

57. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>

58. VA National Center on Homelessness Among Veterans. Women Veterans and Homelessness. July 2016. Retrieved from <https://www.va.gov/homeless/nchav/docs/hers-womens-proceedings.pdf>

// 12. VETERAN AND MILITARY FAMILY STABILITY, TRANSITION, AND EMPLOYMENT



The military lifestyle can present significant challenges for military spouses and children. Military and veteran family members regularly reach out to IVA's RRRP seeking support and quality resources for themselves and their families. In 2018, RRRP served 33 family members and provided 59 connections to resources. The majority of family members that reached out sought emergency financial assistance and quality mental health resources for themselves and their family members.

A recent survey by Blue Star Families found that nearly 80% of respondents felt being a military spouse hurt their ability to pursue a career.⁵⁹ Often required to move because of their service, military spouses can confront challenges in finding a new job or transferring licenses and certifications to continue their careers in their new homes. Military spouses able to maintain a career were more likely to recommend military service to others.⁶⁰

Additionally, mental health resources for military and veteran families are insufficient to meet their needs. The lives of military families are characterized by multiple stressors: frequent moves, lack of a family network, supporting the demands of military culture and deployments, sometimes repeatedly, of loved ones. The availability of family-centered support is critical to support the military family.

When a servicemember transitions out of the military, most struggle with pairing military skills to related civilian careers and with transferring military licensure and formal accreditation to the civilian world. Because of this, many veterans report that potential civilian employers do not understand the value they bring to their companies and organizations. Veteran unemployment was recently well above the national average. While it has dropped, there are still significant concerns about long-term career success and underemployment in the veteran population.

According to IAVA's last member survey, 37% of respondents felt underemployed. The ability to translate military skills for civilian use is the third most important factor, behind salary and finding meaning in their work, that our members look at when job hunting.⁶¹ It is in the country's best interest to get the fit right. Veterans and military spouses who have jobs in their preferred career field do better work and remain in those jobs for longer.

IAVA Recommendations

- Provide 18 weeks of maternity leave for women in all military branches, and six weeks for fathers or secondary caregivers to use in the first year of the child's life
- Improve access to affordable and high-quality child care services, especially for military families and National Guard members who live off base and have fewer available options
- Improve access to affordable and high-quality child care services for non-employment related care including respite care for caregivers and child care during health care appointments
- Continue to allow DoD and VA to partner with community-based nonprofits like the Tragedy Assistance Program for Survivors (TAPS), Blue Star Families (BSF), National Military Family Association (NMFA), and other VSOs to assist military families and survivors
- Mandate pressure on the Services to implement licensing reimbursement for military spouses and invest in advertising this benefit
- Provide more accessible and clearer information about financial education opportunities to help military families make better financial decisions
- Expand VA mental health services to veterans' families, including children, parents, siblings and significant others, when the veteran is receiving treatment for mental health or behavioral health problems
- Encourage military spouses to attend TAP courses along with their spouse and ensure slots are available to support demand
- Develop a special track of TAP for military families
- Allow veterans to use their GI Bill benefits as seed money for starting a small business or start-up
- Establish best practices for recruiting, hiring and employing veterans that can be disseminated and adopted by all public and private organizations
- Educate prospective employers through a national public awareness campaign
- Establish best practices for the recruitment, hiring, and employment of military spouses that emphasize the importance of flexibility and military cultural competency
- Ensure all legislation that promotes small business and manufacturing jobs specifies a standardized benchmark (to be established by DOL) for the inclusion of veteran hiring and/or veteran-owned businesses
- Train human resource professionals, either through nonprofits or through DOL, on the unique experiences of servicemembers and their families

Footnote:

59. Blue Star Family. Military Family Lifestyle Survey 2016. Retrieved from <https://bluestarfam.org/wp-content/uploads/2017/03/ComprehensiveReport-33.pdf>

60. Ibid

61. IAVA Member Survey 2019. Retrieved from <http://iava.org/survey>



**IAVA calls on elected officials
at all levels of government,
philanthropists, the private sector,
community groups, and VSOs to establish
policies reflective within this agenda.
And we call on other Veteran Service
Organizations, our veteran members and
supporters to hold our elected officials
accountable. With nearly 20 years of
protracted wars, our community
is growing—and watching what Congress,
the VA, and the Executive branches
will do to truly support
our nation's patriots.
Especially as 2020 approaches.**

We could not do this work without the support and community of our partners. Thank you to all who shared their expertise and insights to ensure this Policy Agenda is well-informed and substantial.

In alphabetical order:

- American Association of Suicidology
- American Psychiatric Association
- American Psychological Association
- Blue Star Families
- Burn Pits 360
- Center for a New American Security
- Community Solutions
- Disabled American Veterans
- Human Rights First
- Military Officers Association of America
- National Military Family Association
- New York City Veterans Alliance
- RAND Corporation
- Service Women's Action Network
- Student Veterans of America
- The Palm Center
- Tragedy Assistance Program for Survivors
- Veterans Education Success
- Veterans For Cannabis
- Wounded Warrior Project





NATIONAL HEADQUARTERS

85 Broad St. 16th Floor

New York, NY 10004

Phone 212-982-9699

WASHINGTON, D.C. OFFICE

777 6th St. NW 11th Floor

Washington, D.C. 20001

Phone 202-544-7692

iava.org



IAVA.org



@iava



IAVAvids



@iava

FOR MEDIA INQUIRIES

Please contact IAVA's Communications Department
at (212)982-9699 or press@iava.org