



IRAQ *and* AFGHANISTAN  
VETERANS *of* AMERICA

# 2010 LEGISLATIVE AGENDA





# TABLE OF CONTENTS

## INTRODUCTION ..... P 2

from IAVA Executive Director and Founder Paul Rieckhoff

## LEGISLATIVE PRIORITIES ..... P 3

### I. CUT THE RED TAPE ..... P 4

- 1.1 Ensure Seamless Transition from the Military to the VA
- 1.2 Modernize the VA Claims Processing System
- 1.3 Guarantee Equitable Benefits

### II. BUILD THE NEXT GREATEST GENERATION ..... P 7

- 2.1 Streamline and Simplify the Post-9/11 GI Bill
- 2.2 Secure Jobs for Our Nation's Heroes
- 2.3 Defend National Guardsmen and Reservists Against Job Discrimination
- 2.4 Reward Patriotic Employers
- 2.5 Ensure Student Veterans are Successful in College
- 2.6 Secure a Memorial and Review Honors

### III. GUARANTEE THE BEST CARE ANYWHERE ..... P 11

- 3.1 Adequately Fund the VA Budget
- 3.2 Improve Access to Care
- 3.3 Support Better Health Care for Female Veterans
- 3.4 Provide Health Care and Benefits to Caregivers
- 3.5 Expand Health Tracking for Iraq and Afghanistan Veterans

### IV. CONFRONT HIDDEN INJURIES ..... P 14

- 4.1 Eliminate Combat Stress Stigma
- 4.2 Combat the Shortage of Behavioral Health Professionals
- 4.3 End the Suicide Epidemic
- 4.4 Eradicate Military Sexual Assault and Harassment
- 4.5 Increase Mental Health Support for Military Families
- 4.6 Improve Health Tracking and Treatment for Traumatic Brain Injury

### V. SMOOTH THE TRANSITION HOME ..... P 18

- 5.1 Eliminate Homelessness and Address Housing Shortfalls
- 5.2 Strengthen Deploying Servicemembers' Protections
- 5.3 Build on the Successes of Local Veterans Courts
- 5.4 Support Our Military Families



# INTRODUCTION

America has been at war for eight years—relying on the selfless sacrifices of an all-volunteer force and their families. As a nation, we have a solemn obligation to honor every returning servicemember, and ensure that veterans of all generations know that “We’ve got your back.” Iraq and Afghanistan Veterans of America (IAVA) is committed to working with Congress, the White House, the Departments of Defense and Veterans’ Affairs, and the veterans’ community to fulfill this sacred duty.

Since 2004, IAVA has had a permanent presence in the nation’s capital. With over 180,000 determined members and supporters, IAVA is proud to represent America’s newest veterans in local communities nationwide, in the media, and in Washington. Our work has been the subject of profiles in *The New York Times*, *The Washington Post*, the *Wall Street Journal*, and every major TV network. In addition to regularly meeting with Congressional offices and the Administration, IAVA members and staff testified before Congress eight times in 2009 on issues including the new GI Bill and the inefficient budgeting process for veterans’ health care.

Each year brings with it new successes. Building on a landmark passage of the Post-9/11 GI Bill in 2008, IAVA’s aggressive advocacy, coupled with a commitment from Congress and the White House, resulted in historic victories for veterans. Working with other Veterans Service Organizations, IAVA helped secure advance funding for the VA, our number one legislative priority for 2009. VA health care budgets will now be timely and predictable for generations of veterans to come. In addition, mandatory, person-to-person mental health screenings for every returning servicemember, another top IAVA priority, was signed into law, and will save countless lives. In 2009, IAVA saw progress on more than 50 percent of our legislative priorities last year.

Despite our landmark accomplishments last year, the question facing our nation in 2010 is: “Are we ready for the surge of veterans coming home?” Unfortunately, with record high suicide rates within the military, hundreds of thousands of veterans desperately waiting for their earned VA benefits and skyrocketing veteran unemployment, the answer is “No.” This year, IAVA is committed to leading the charge to address these problems and fundamentally change the way America cares for its veterans.

IAVA’s 2010 Legislative Agenda lays out a blueprint to successfully prepare the country for the surge of new veterans coming home. These recommendations include the call to: **Modernize the VA Claims Processing System, Secure Jobs for Our Nation’s Heroes, Streamline and Simplify the Post-9/11 GI Bill**, and **Support Better Care for Female Veterans**. To develop our recommendations, we performed an extensive survey of our dynamic and highly-engaged membership of Iraq and Afghanistan veterans nationwide; some of their comments and recommendations, in their own words, are highlighted in this document.

America’s drawdown of forces in Iraq, and surge forward in Afghanistan, increase the urgency of these critical recommendations. IAVA looks forward to working with Congress, the Administration, and the veterans’ community to accomplish our 2010 Legislative Agenda, and to bettering the lives of Iraq and Afghanistan veterans and their families.

Sincerely,



Paul Rieckhoff

Executive Director and Founder

Iraq and Afghanistan Veterans of America

## IAVA 2010 LEGISLATIVE PRIORITIES

The IAVA Legislative Priorities are the most urgent actions Congress must take to ensure that veterans of Iraq and Afghanistan get the care and support they have earned.

- ★ **Modernize the VA Claims Processing System.** Iraq and Afghanistan veterans are receiving benefits under a Department of Veterans Affairs (VA) disability system that was outdated years before most of them were born. The antiquated system, which focuses on quantity over quality, leads to frequent errors, countless bureaucratic red tape, and a lengthy wait for benefits. With the VA benefits backlog nearing 1 million claims, IAVA recommends a modern claims processing system that digitizes records, holds processors accountable for the accuracy of their work, and removes unnecessary steps in the evaluation process. *See recommendation 1.2.*
- ★ **Streamline and Simplify the Post-9/11 GI Bill.** The new GI Bill is the greatest investment in veterans and their families since World War II. However, a significant number of veterans have been short-changed. Additionally, many veterans who have tried to use their benefits have been left waiting for checks, as they struggle to pay their living and scholastic expenses. IAVA proposes upgrades to the new GI Bill that will streamline VA processing times by pruning bureaucratic steps and providing all veterans a generous and equitable benefit. *See recommendation 2.1.*
- ★ **Secure Jobs for Our Nation's Heroes.** In the last year, the unemployment rate of new veterans has nearly doubled, and employers are growing increasingly weary of hiring or reemploying National Guardsmen and Reservists who have been mobilized at unprecedented rates. Congress must help veterans find gainful employment by leveraging federal contracting rules, supporting veteran entrepreneurship and providing tax credits to employers who hire new veterans. *See recommendation 2.2.*
- ★ **Eliminate Combat Stress Stigma.** More servicemembers were killed by their own hands last year than by combat in Iraq. One of the largest obstacles that servicemembers must overcome before seeking help is the heavy stigma associated with mental health injuries. IAVA recommends declaring war on this dangerous stigma by launching a well-funded, researched and integrated nationwide campaign to promote the use of the Department of Defense and VA services such as Vet Centers and the Suicide Prevention hotline. *See recommendation 4.1.*
- ★ **Support Better Health Care for Female Veterans.** Women veterans have shown enormous dedication and courage in defending their country. But too often, they do not receive the same level of support, within the military and the VA, as their male counterparts. IAVA recommends bold steps to improve military and VA health care and benefits for women warriors, transitional services to reduce staggering rates of homelessness, and significant expansion of resources to those coping with Military Sexual Trauma (MST). *See recommendation 3.3.*

# I. CUT THE RED TAPE

Veterans who fought for their country should not have to fight with their government to receive their earned benefits when they come home.

More than 2 million men and women have served in Iraq and Afghanistan, and more than 35,000 are counted among those wounded in action by the Department of Defense (DOD). But hundreds of thousands of others have suffered injuries not recorded in the official military tally, including many veterans with serious mental health injuries. Instead of timely care, efficient processing of disability payments, and a seamless transition, many of these new veterans and their families shoulder an unacceptable burden: recovering from their injuries while navigating antiquated and deeply-flawed military and veterans' health care and disability systems.

**“THE [DISABILITY CLAIMS] PROCESS WAS MORE PAINFUL THAN MY INJURIES.”**

*— Chris, Afghanistan Veteran*

Part of the problem is that the DOD and the Department of Veterans Affairs (VA) lack interoperable health records, and the DOD still relies on a paper-based system for military service records. As troops transition from the DOD to the VA, medical records and military service records regularly get lost in the shuffle. In addition, wounded troops must navigate through two complicated and confusing disability benefits systems, requiring separate exams, physicals, and disability ratings to determine compensation. While less than half of the DOD and the VA's disability caseloads

involve Iraq and Afghanistan personnel, the added number of cases and their complexity have strained the capacity of the disability evaluation systems in the two departments. As a result, hundreds of thousands of wounded troops and veterans are forced to wait months, and sometimes years, for disability compensation.

Since the scandal at Walter Reed Army Medical center in 2007 drew national attention to the bureaucratic red tape that wounded troops face, the DOD and VA have developed a Joint Disability Evaluation System that promises to streamline the disability process, and the VA has added more claims processors to deal with the backlog. However, the current VA system rewards the quantity of claims processed, not the quality of processors' decisions. According to the VA's own numbers, about 17 percent of ratings decisions are inaccurate. These wrongly-decided claims can take almost two years to complete the appeals process, and are a primary source of the claims backlog. Often unable to work because of their injuries, many veterans awaiting their claim have few options but to rely on friends and family for support, or to fall into debt.

Reforming the VA disability process will be cost-effective and make the government more efficient, saving taxpayers' money. However, it will only be possible with a radical culture shift at the VA. The VA's leadership must adopt a new customer service-driven model that puts veterans first.

*To learn more about troops and veterans' health care and disability issues, please see the IAVA Issue Report, “Red Tape: Veterans Fight New Battles for Care and Benefits.” All IAVA reports are available at [www.iava.org/reports](http://www.iava.org/reports).*

## 1.1 Ensure Seamless Transition from the Military to the VA

- Automatically enroll all troops leaving active-duty service, whether from the active or reserve component, in VA health care with an option to opt out. All servicemembers must be briefed about and offered to participate in the Benefits Delivery at Discharge Program.
- Expand the VA and DOD's Joint Disability Evaluation System Pilot program nationally, leading to an eventual phasing out of the legacy disability systems.
- Ensure that all DOD records, including the DD-214 or the summary record of service, are electronic and interoperable with a state-of-the-art VA system. The DD-214 should be updated to include email addresses.
- Develop a Benefits Resource Counselor program for all National Guard and Reserve units that would train at least one member of every National Guard and Reserve unit on available federal and state benefits for servicemembers and their families.
- Require that pre-deployment training and mobilization standards for the National Guard and Reserve be uniform across the services and not based on the individual standards of the pre-mobilization site.

**“IT TOOK ALMOST TWO YEARS FOR MY CLAIM TO BE PROCESSED. MY FILES WERE MISTAKENLY SENT TO FOUR DIFFERENT STATES AND THERE WAS NO PROGRESS UNTIL I CALLED MY CONGRESSIONAL REPRESENTATIVE.”**

*— Bridgid, Veteran of Operation Enduring Freedom*

## 1.2 Modernize the VA Claims Processing System

- Reform the VA's work credit and productivity evaluation system for claim processors. A new system should reward claims processors based on the accuracy of their work, not just the quantity of claims processed, and should take in to account the amount of hours worked for productivity evaluations.
- Reassess training methods and requirements within the Veterans Benefits Administration (VBA) to make claims more consistent between regional offices. In addition, claims processors should receive specific training addressing common errors. Managers and claims processors must be accountable for meeting annual training requirements, and provide opportunities for knowledge-sharing nationwide, modeled on [CompanyCommand.army.mil](http://CompanyCommand.army.mil) and [PlatoonLeader.army.mil](http://PlatoonLeader.army.mil).
- Outline VA's responsibility to clearly inform veterans about the requirements to substantiate a claim. The VA's "Duty to Notify" should provide the claimant a thorough explanation of the elements needed to substantiate a claim. The VA must publicize the criteria for claims based on the veterans' case rather than a general claim.
- Allow veterans to waive the waiting period for evidence submission if the claim is fully-developed.
- Require appeals forms be sent along with the Notice of Decision letters to expedite the appeals process.
- Scan and digitize all paper records, allowing the records to be searchable and indexed. This will allow VA claims processors to more rapidly search and evaluate a veteran's claim.

- Adopt a rules-based electronic evaluation system to assist in the evaluation of disabilities with quantitative diagnostic criteria. This system should integrate with the Veterans Health Administration’s medical records system so that medical evaluations for compensation and pension can be easily translated into the claims processing system.
- Require that all medical and evaluation records be accessible electronically to the Veteran’s Board of Appeals.

“A SYSTEM TO TRACK CLAIMS STATUS [WOULD IMPROVE THE DISABILITY CLAIMS PROCESS].”

— *Derek, Iraq Veteran*

### 1.3 Guarantee Equitable Benefits

- Revise the VA disability benefits schedule to provide adequate compensation for loss of earnings capacity and quality of life. Modernize the schedule to accommodate new kinds of disabilities, including Post Traumatic Stress Disorder. Increase compensation rates to align with the recommendations of the Veterans’ Disability Benefits Commission.
- Allow for concurrent receipt of veterans’ disability and military separation or retirement benefits.
- Complete repeal of the Widow and Widower’s Tax (also known as the SBP-DIC offset).
- Allow for early retirement for all National Guardsmen and Reservists who are veterans of the wars in Iraq and Afghanistan based on the length of their active-duty service.
- Update benefits for adaptive services from the Department of Veterans Affairs regularly to reflect the cost of modern adaptive equipment and construction. Reform the benefits so that they are available throughout a veteran’s lifetime.
- Identify, track and report to Congress the outcomes of disability claims that involve Military Sexual Trauma (MST). This will better measure the number of MST-related claims submitted annually, length of processing times, denial rates, and the types of disabilities that are associated with MST.

## II. BUILD THE NEXT GREATEST GENERATION

Troops coming home from war face serious challenges reintegrating into civilian life. But with a stagnant economy, our newest veterans are hit especially hard.

In 1944, President Franklin Delano Roosevelt signed the original GI Bill into law, ensuring that millions of combat veterans coming home from war would be able to afford an education, purchase homes or open businesses, and have a financial safety net as they transitioned back into the civilian workforce. In the summer of 2008, the new “Post-9/11” GI Bill was enacted, marking the single greatest investment in veterans and their families since World War II. This historic benefit has the opportunity to send hundreds of thousands of new veterans to college, and change the economic future of an entire generation of Americans.

In August 2009, the new GI Bill went into effect, and hundreds of thousands of new veterans flocked to colleges to take advantage of their new benefits. Although the Post-9/11 GI Bill offers a generous benefit, excited veterans and their family members were unacceptably greeted by late checks, busy signals, unanswered questions, confusion and anxiety. Some veterans were surprised to learn that they were simply excluded altogether from the Post-9/11 GI Bill (e.g., vocational students and full time National Guardsmen). As a result, thousands of veterans have been left to fend for themselves: struggling to pay their rent, pleading with schools to defer their tuition bills, and in some cases, dropping out altogether.

New veterans who choose to go straight into the workforce are also facing serious challenges. The process of returning to civilian life has been complicated by the most severe economic recession in decades. Unemployment rates for Iraq and Afghanistan-era veterans are staggering, and have nearly doubled in the last year. In addition, National Guardsmen and Reservists, “citizen soldiers” who leave behind their civilian lives to serve alongside

active-duty troops, are inadequately protected against job discrimination. Some employers have grown weary of hiring National Guardsmen and Reservists who have been mobilized at unprecedented rates, and others are deciding not to reemploy them altogether, despite their legal obligations to do so.

**“IT WAS EASY TO APPLY [FOR THE GI BILL], BUT VERY HARD TO LIVE WHILE WAITING FOR THE PAYMENTS. I HAD TO CHOOSE WHETHER TO EAT OR PAY RENT.”**

*— Steven, Iraq Veteran*

President Roosevelt knew the value of comprehensive reintegration tools when he signed the original GI Bill into law. In order to build the next “Greatest Generation,” the new GI bill must be streamlined and simplified, employment opportunities must be expanded, and the country must properly honor all those that have served in Iraq and Afghanistan.

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



## 2.1 Streamline and Simplify the Post-9/11 GI Bill

- Fully cover tuition and fees at any public undergraduate school, while setting a national baseline for the Yellow Ribbon program for private and graduate schools.
- Authorize Post-9/11 GI Bill benefits for Title 32 Active Guard Reserve (AGRs).
- Provide a living allowance for full-time distance learners based on the zip code in which the veteran lives. Currently the living allowance is tied to the school's zip code.
- Grant Post-9/11 GI Bill benefits to veterans who enroll in apprenticeships, On the Job Training, and vocational programs.
- Allow medically discharged and retirees to transfer their unused Post-9/11 GI Bill benefits to their spouses and dependents.
- Expand the benefit to allow veterans to use their remaining entitlement to repay student loans.

**“[PROSPECTIVE] EMPLOYERS ARE NOT EDUCATED ABOUT THE WORK EXPERIENCES PROVIDED BY THE MILITARY, OFTEN RESULTING IN LOWER PAY.”**

*— Kelly, Iraq Veteran*

## 2.2 Secure Jobs for Our Nation's Heroes

- Modernize and universally require the civilian employment training in the Transition Assistance Program (TAPS).

**“IT WAS VERY DIFFICULT TO DEPLOY AND LEAVE MY BUSINESS. THE ONLY WAY I WAS ABLE TO DO IT WAS WITH A SUPPORTIVE FAMILY.”**

*— Joel, Iraq Veteran*

- Mandate public reporting of all VETS-100 forms, which require federal contractors whose contract exceeds \$100,000 to disclose the number of veterans they currently have working for them. This information should be publicly accessible on a central website operated by the U.S. Small Business Administration.
- Conduct a study and report recommendations to Congress on the differences between DOD and civilian vocational certifications and licenses to ease the transition of certifications into the civilian world.
- Require financial institutions receiving federal funds under the Troubled Asset Relief Program (TARP) to comply with veterans' preference for hiring.
- Provide Congressional Oversight and collaborate with the executive branch to successfully implement the new Veterans Employment Initiative for the federal government.
- Mitigate the effect of frequent and lengthy deployments by providing small businesses owners in the National Guard and Reserves with additional access to capital, insurance, and bonding via the VA's Center for Veterans Enterprise. The Center for Veterans Enterprise should receive appropriate funding and resources to achieve this goal.

- Guarantee all economic, employment, and environmental legislation that promotes “green ” small businesses, manufacturing, and jobs should prioritize veterans, enabling them to become leaders in the new clean energy economy.

### 2.3 Defend National Guardsmen and Reservists Against Job Discrimination

- Extend Uniformed Services Employment and Re-employment Rights Act (USERRA) protections to National Guardsmen, Reservists, and to servicemembers working in domestic response operations, such as hurricane or wildfire missions.
- Hold federal and state governments to the same standards of USERRA compliance as private sector employers.
- Create civil and criminal penalties for employers who knowingly violate USERRA job protections.
- Add the violation of USERRA to the list of authorized for suspension or debarment from eligibility for federal government contracts.
- Grant servicemembers who face employment discrimination based on their military service their day in court, as intended by the original USERRA statute. Make USERRA complaints exempt from pre-dispute binding arbitration agreements.
- Prevent employers from firing an employee while a USERRA claim is being processed, by requiring courts hearing USERRA complaints to utilize their full range of legal powers, including injunctions when appropriate.

- The DOD should implement an extensive notification program for servicemembers’ employers specifically informing them of their USERRA obligations.
- Protect Reservists and Guardsmen from termination, loss of seniority and loss of sick and vacation time from their civilian jobs while they receive DOD medical treatment for injuries the servicemember sustained by service in the uniformed services.

### 2.4 Reward Patriotic Employers

- Provide tax credits for employers who, when their reserve component employees are called to active-duty for over 90 days, continue to support their employees by paying the difference between the servicemembers’ civilian salary and their military wages.
- Extend the tax credit incentivizing the hiring of Iraq and Afghanistan veterans passed as part of the American Recovery and Reinvestment Act beyond 2010.
- Provide tax credit to businesses that provide additional training for returning Reservists and National Guard members to bring them up to same level of training as their non-veteran peers.

**“MY BUSINESS WAS SHUT DOWN FOR APPROXIMATELY 18 MONTHS. RIGHTFULLY SO, MOST OF MY CLIENTS MOVED ON TO OTHER ATTORNEYS.”**

*— James, Iraq Veteran*

## 2.5 Ensuring Student Veterans are Successful in College

- Provide Congressional Oversight to ensure veterans receive their GI Bill checks in a timely manner by closely monitoring the VA's implementation of their automated GI Bill claims processing system.
- Fully fund the "Model Programs For Centers Of Excellence For Veteran Student Success" grant program.
- Require college and universities to reimburse students who are deployed mid-academic term for tuition paid for interrupted coursework.
- All active duty, guard, reserve, and recently separated servicemembers should automatically qualify for in-state residency rates to all public universities.
- Breakdown the bureaucratic wall between the new GI Bill and vocational rehabilitation by allowing service-disabled veterans the option to use their education benefits and vocational rehabilitation services concurrently.
- Increase benefits for the Survivors' and Dependents' Educational Assistance Program to align with benefits under the Post-9/11 GI Bill.

## 2.6 Secure a Memorial and Review Honors

- Commit to reserve space for a memorial to honor the sacrifices of Iraq and Afghanistan veterans in the District of Columbia. Planning for the memorial should involve new veterans and Gold Star families.
- Honor the service of this generation of warriors by adopting an impartial and independent review panel, consisting of Medal of Honor recipients and representatives from selected veterans groups, to consider and make nonbinding recommendations on Medal of Honor nomination.

### III. GUARANTEE THE BEST CARE ANYWHERE

Far too many military families and veterans are struggling with the bureaucratic barriers to health care. Accessing medical care often requires long waits, inconvenient appointment times, and it is often too far from home.

The Veterans Health Administration (VHA), one of three divisions of the VA, runs 153 veterans' hospitals nationwide, as well as hundreds of community clinics and Vet Centers. The VA has nearly 8 million veterans enrolled in its health care system, and it sees about 6 million patients annually, including more than 419,000 veterans of Iraq and Afghanistan. The VA provides much higher quality of care than the private sector, but accessing the system can be a huge challenge. Wait times for appointments can be months long, and hospitals and clinics are often inconveniently located. About 3 million veterans, or more than a third of veterans enrolled in the VA system, live in rural areas, and as of 2003, more than 25 percent of veterans enrolled in VA health care live over an hour from any VA hospital.

Rural veterans are not the only underserved demographic. The VA must also work to close the gaps in care for women warriors. While it has made strides in recent years, the VA is still underprepared to provide adequate care to the surge of female veterans coming to its hospitals and clinics. Women veterans are the fastest growing segment of the veteran population, and their enrollment in the VA is expected to more than double in the next 15 years. Women veterans still face several barriers when seeking care at the VA, including fragmentation of services, health care and service providers with poor understanding of unique women's health issues, lack of knowledge regarding eligibility for benefits, an unwelcoming VA culture, inadequate privacy and safety practices at facilities, and no access to childcare.

The VA must also expand health care and benefits to veterans' caregivers. Thousands of Iraq and Afghanistan veterans have suffered catastrophic injuries, many of which

would have been fatal in previous conflicts. Most of these veterans will require lifetime assistance, and many will rely on family members to provide this critical care. These family members are often forced to leave jobs and benefits to be with their loved one, and as a result, they often suffer financial, family or health consequences.

Last year, Congress and the Obama Administration made a solemn commitment to provide the "Best Care Anywhere" to our nation's veterans. However, since 20 out of the last 23 VA budgets have been late, this could only be made possible with timely funding for veterans' health care. Congress and the Administration made good on their promise by delivering a record VA budget, matching the Independent Budget's recommendations, and by budgeting two years in advance, also known as Advance Appropriations. Now, Congress can finally ensure that the VA will receive timely and predictable funding for veterans' health care for generations to come. Building on this success, Congress must ensure this year that advance appropriations is properly implemented, that the VA expands care to rural and female veterans, and that the thousands of catastrophically injured Iraq and Afghanistan veterans and their caregivers receive critical care and benefits. Only then can we guarantee the best care anywhere for our nation's veterans.

*For more information about the health care challenges of new veterans, please see the IAVA Issue Report, "Red Tape: Veterans Fight New Battles for Care and Benefits," and the report "Women Warriors: Supporting She 'Who Has Borne the Battle.'" All IAVA reports are available at [www.iava.org/reports](http://www.iava.org/reports).*



### 3.1 Adequately Fund the VA Budget

- Ensure that VA funding levels match the annual Independent Budget blueprint, produced by leading veterans' organizations (including IAVA).
- Provide Congressional Oversight by working closely with the VA to successfully implement Advance Appropriations.
- Prioritize outreach efforts by the VA, by including a distinct line item for outreach within each VA appropriations account.

### 3.2 Improve Access to Care

- Provide Congressional Oversight by monitoring the progress and development of the Joint Virtual Lifetime Electronic Record to include regular progress reports to Congress.
- Design and implement national guidelines and programs for the VA to reach out to rural and underserved veterans, such as female veterans. Contract with local community health care providers in areas where rural veterans do not have reasonable access to care.
- Promote, oversee, and evaluate a pilot program that provides a network of drivers for veterans struggling to find transportation to the nearest VA hospital.
- Provide a lodging stipend and mileage reimbursement for veterans forced to travel long distances for VA medical care, comparable to the stipend paid to VA employees when they travel.

**“A DISTRAUGHT AND DEPRESSED VETERAN IS NOT GOING TO DRIVE 50 MILES DURING A CRISIS TO GET TO A VA FACILITY.”**

*— Philip, Afghanistan Veteran*

### 3.3 Support Better Health Care for Female Veterans

- Increased funding for Vet Centers and VA medical facilities to hire female practitioners, especially those who specialize in women's health, mental health providers, and outreach specialists to address the widespread shortages of qualified women's providers at the VA.

**“[I WANT] A DOCTOR WHO UNDERSTANDS THE ROLE OF WOMEN IN THE MILITARY. MY FIRST DOCTOR THOUGHT I COULD GO SHOPPING IN DOWNTOWN IRAQ, AS THOUGH I WERE ON VACATION!”**

*— Leasha, Iraq Veteran*

- Establish a firm deadline for VA to meet its goal of providing comprehensive health care to women veterans, as recommended by the Government Accountability Office. VA must also clearly outline the steps needed for all facilities to meet this goal.
- Evaluate the barriers to care that exist for female veterans when trying to access high-quality health care at the VA.
- Authorize the VA to provide health care services to a newborn child of a woman veteran who is receiving maternity care furnished by the Department.
- Conduct a full independent review of VA medical facilities to assess whether they are adequately complying with VA standards for safety and privacy for female patients.
- Appropriate funding for a VA outreach and advertising campaign directed at female troops and veterans to help inform them of their eligibility for VA services and benefits.

### 3.4 Provide Health Care and Benefits to Caregivers

- Create and expand programs to certify and train family caregivers of veterans as personal care attendants, ensuring they receive compensation from the Department of Veterans Affairs.
- Provide temporary relief for VA-certified family caregivers by authorizing additional respite care resources for wounded warriors.

### 3.5 Expand Health Tracking for Iraq and Afghanistan Veterans

- Fund a pre- and post-deployment longitudinal study across the DOD and the VA to track veterans' mental health problems, diseases and mortality.
- Require troops returning from a tour in Iraq or Afghanistan to enroll in the Gulf War Registry Program, with the opportunity to opt-out, rather than having to self-enroll. The VA should also launch

a campaign to enroll veterans in the Registry who have already returned home prior to 2010.

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

**“I BELIEVE THERE SHOULD BE MORE RESEARCH INTO PROLONGED EFFECTS OF THE ENVIRONMENT IN IRAQ. I AM CONSTANTLY EXPOSED TO BURN PITS NEAR MY LIVING QUARTERS.”**

*— Eddie, Iraq Veteran*

## IV. CONFRONT HIDDEN INJURIES

Rates of psychological and neurological injuries among troops and new veterans are alarmingly high and rising. But many troops and veterans are not getting the treatment they need.

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

Troops in Iraq and Afghanistan are also facing neurological injuries. When servicemembers are near an exploding mortar or roadside bomb, the blast can damage their brains, often without leaving a visible injury. The vast majority of Traumatic Brain Injuries (TBIs) are mild or moderate. But the injury is widespread: 19 percent of Iraq and Afghanistan veterans report a probable TBI during deployment. And tens of thousands are coping with both psychological and neurological problems.

Combat wounds however, are not the only cause of mental health injuries facing veterans. For decades, servicemembers have been dealing with significant and underreported sexual assault and harassment. While sexual trauma disproportionately affects female troops, male troops may face even greater stigma when seeking care. In FY2008, sexual assault in the military rose 9 percent overall, and there were 163 reported cases in Iraq and Afghanistan. Experts believe that while these numbers are alarming, they may be only the tip of the iceberg as half of all sexual assaults go unreported.

Untreated mental health problems can and do lead to substance abuse, homelessness, difficulties at home, and suicide. For female servicemembers in particular, divorce rates are very high; female troops faced a 7.7 percent annual divorce rate, compared with 3 percent for their male peers. As of January 2010, there have been at least

232 military suicides in Iraq and Afghanistan. In the military as a whole, there have been 334 suicides in 2009 alone. These numbers do not even include the veterans who commit suicide after their service is complete, whose fatalities are insufficiently tracked.

Despite significant gains in 2009, troops and veterans still face barriers to mental health care. As part of the 2010 National Defense Authorization Act, the military’s antiquated paper-based mental health screening will finally be replaced by mandatory, confidential person-to-person screenings by a qualified health professional. However, the new law is vague on the types of training required for health professionals, and could be hindered by the serious shortages of military mental health professionals. Effective treatment is also scarce for veterans who have left the military. The VA has given mental health diagnoses to more than 227,000 Iraq and Afghanistan veterans, or more than 47 percent of new veterans who visit the VA. But VA care is not always convenient, and some veterans face significant hurdles to access proper care. Veterans in rural communities are especially hard hit, and the availability and quality of mental health care for female veterans ranges widely.

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

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

## 4.1 Eliminate Combat Stress Stigma

- Launch a nationwide campaign to combat stigma and to promote the use of DOD and VA services such as Vet Centers and the Suicide Prevention hotline. This campaign must be well-funded, research-tested and able to integrate key stakeholders like Veterans Service Organizations and community-based non-profits.

**“THERE IS A STIGMA THAT GOES ALONG WITH ASKING FOR ‘HELP’.”**

*— Christopher, Iraq Veteran*

- Provide Congressional Oversight over the recently mandated person-to-person mental health screenings for all returning servicemembers in the FY 2010 NDAA. Ensure that the screenings are conducted by personnel trained to identify these hidden wounds effectively.
- Conduct a comprehensive audit of past personality discharges by the DOD to certify that service members suffering from service-connected psychological or neurological injuries were not improperly discharged.
- Protect the 2nd amendment rights of veterans who choose to seek treatment for combat stress injuries through the VA and DOD.
- Require a joint DOD and VA study to identify best practices for ensuring that servicemembers’ seeking mental health care privacy is strictly protected and aligned with federal protections creating patient/doctor privilege.

## 4.2 Combat the Shortage of Behavioral Health Professionals

- Issue a national call to service for critically-skilled professionals.
- Recruit and retain critically needed behavioral health professionals within DOD and the VA by employing a full range of special pays, bonuses and incentives.
- Authorize servicemembers and their families to seek care from licensed mental health care counselors under TRICARE.
- Develop and aggressively disseminate combat stress injury training programs for civilian behavioral health professionals that treat veterans outside of the VA (e.g., college counselors, rural providers, behavioral health grad students and professional associations).

**“SOLDIERS, SAILORS, AIRMEN, AND MARINES NEED MORE EMPHASIS ON PROGRAMS TO TEACH THEM HOW TO DEAL WITH COMBAT STRESS PRIOR TO DEPLOYMENT, RATHER THAN REACTING TO COMBAT STRESS AND PTSD POST-DEPLOYMENT.”**

*— James, Iraq Veteran*

### 4.3 End the Suicide Epidemic

- Enhance DOD's current screening tools for combat stress injuries by retooling the Post Deployment and Periodic Health Assessments (PDHA, PDHRA and PHA) and mandating follow up with all service-members who screen positive for possible combat stress injuries.
- Track frequency of veteran suicides, and not just those currently serving in the military, by expanding the CDC violent death database to all 50 states.
- Integrate robust mental health awareness and suicide prevention training into the officer and non-commissioned officer education systems.

### 4.4 Eradicate Military Sexual Assault and Harassment

- Adequately fund the Department of Defense's Sexual Assault Prevention and Response Program (SAPR) in order for it to achieve its mission of prevention, response, training and accountability. As recommended by the DOD's Task Force on Sexual Assault, the Secretary should include the SAPR Program in its Program Objective Memorandum budgeting process to ensure a separate line of funding is allocated to the services.
- Conduct a study to identify a more comprehensive system that will accurately measure the incidence of sexual assault within the military—not just reported assaults. DOD should also conduct its gender relations survey bi-annually to more accurately assess the rate of sexual harassment.
- Require the Secretary of Defense to review sexual assault prevention and response efforts in the Reserve Components.
- Require all military installations to have a sexual assault response coordinator (SARC) and deployable SARC on base. SARCs must be full-time military or DOD civilian personnel.
- Ensure all servicemembers have access to a restricted reporting option, and improve avenues for restricted reporting by allowing victims to reserve their right to a restricted report even after disclosing an assault to a third party, with the exception of chain of command or law enforcement. Additionally, a hotline should be established to allow victims to report sexual assault and harassment even when in-theatre, and be connected with a local sexual assault response coordinator.
- Guarantee that all military personnel have access to qualified medical personnel to conduct evidence collection in sexual assault cases in a safe, timely, confidential, and gender -unbiased manner, even in deployed and remote locations.

#### 4.5 Increase Mental Health Support for Military Families

- Authorize and fund Vet Centers to provide services to active-duty military servicemembers and their families. Expand VA mental health services to veterans' families, including children, parents, siblings and significant others, if the veteran is receiving VA treatment for mental health or behavioral health problems.
- Continue adequate funding to fully implement the National Guard and Reserve Yellow Ribbon Reintegration Program, which provides reintegration training to reserve component troops and their families.
- Establish a pilot program to assess the feasibility of providing childcare subsidies to veterans so that they might access appropriate mental health care services.

#### 4.6 Improve Health Tracking and Treatment for Traumatic Brain Injury (TBI)

- Maximize the effectiveness of the TBI Veterans Health Registry by establishing joint DOD and VA protocols to share existing and future operational situation reports of all servicemembers exposed to blasts and other causes of head and neck injury.
- Increase funding for TBI programs within the Health and Human Services Agency's budget to bolster local TBI programs that will increase access to care, train local health providers, and provide long term community support.
- Conduct a study to determine whether neurologists should be required to oversee prescriptions and treatment of TBI, PTSD, and Depression.

**“I NO LONGER TALK TO MY FATHER,  
WE HAD A FALLING OUT BECAUSE HE  
DIDN'T UNDERSTAND PTSD AND  
WHAT I HAD BEEN THROUGH.”**

*— Adam, Iraq Veteran*

## V. SMOOTH THE TRANSITION HOME

Coming home from war can be a challenge for servicemembers and their families. As a nation, we have the responsibility to ease all veterans' return to civilian life.

For the last eight years, the nation has asked a great deal of our National Guardsmen and Reservists. As a result, these "citizen-soldiers" are facing unique challenges. In order for them to fulfill their duty abroad, these troops depend on the protections guaranteed under the Servicemembers Civil Relief Act (SCRA). However, many of these protections still need to be updated to reflect the modern realities of multiple deployments, and to ensure that all Guardsmen and Reservists can focus on their mission overseas and not problems that may await them at home.

The current operational tempo is also taking its toll on military families. When a servicemember deploys, their family deploys with them. Often left to run the household alone, military spouses must make tremendous sacrifices to care for and support their family during this difficult time. For the more than 140,000 single parents in the military, multiple deployments can be especially hard. They are often forced to depend on extended family or friends to open their doors to their children.

The struggles often continue long after a servicemember comes home. Even before the wars in Iraq and Afghanistan, 21 percent of all inmates in U.S. prisons were veterans of the Armed Services, even though veterans make up only 10 percent of the population. Many of these veterans face criminal charges related to their mental health injuries, and therefore, require treatment rather than incarceration. Effective rehabilitation reduces the likelihood for repeat offenses and cuts significant costs to society.

In the most severe cases, veterans transitioning home and their families have found themselves homeless. The VA estimates there are 131,000 veterans homeless on any given night and nearly twice as many veterans experience homelessness at some point during the year. New veterans are especially at risk. At the height of the housing crisis, foreclosure rates in military towns were increasing at four

times the national average, and already more than 3,700 Iraq and Afghanistan veterans have already been seen in the Department of Veterans Affairs' homeless outreach programs. Unlike previous generations of veterans, Iraq and Afghanistan veterans are often appearing in the nation's homeless shelters within two years of separation from the military, and a significant amount of the homeless are female veterans and their children.

**"WE LOST OUR HOUSE WHEN I WAS DEPLOYED TO IRAQ, MY SPOUSE WAS LAID OFF, AND THE BANK WOULD NOT RETURN OUR CALLS FOR A HARDSHIP CONSIDERATION."**

*— Sarah, Iraq and Afghanistan Veteran*

In 2009, the VA laid out a bold vision to fully eradicate homelessness among veterans within the next 5 years. This ambitious plan will require a new model for serving veterans and extensive collaboration between government agencies, traditional Veterans Service Organizations (VSOs), and the new breed of grassroots and nontraditional nonprofit organizations. This partnership between the public and private sector must also be utilized to smooth the transition home for all veterans.

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

## 5.1 Eliminate Homelessness and Address Housing Shortfalls

- Match the Grant and Per Diem (GPD) program payment rates to the actual cost to help a homeless veteran by giving the VA discretion to increase GPD payment rates up to 150 percent of the current daily reimbursement rate for programs that are high-cost due to their location or range of services.
- Expand the HUD-VA Supportive Housing (HUD-VASH) voucher program, to include the funding of 30,000 additional housing vouchers. Ensure that HUD-VASH vouchers are reaching eligible homeless veterans by requiring regular reporting of progress to Congress.
- Conduct a study to examine utilization rates, service delivery and coordination, and geographic disparities of veterans' homeless and housing programs, including the distribution of HUD-VASH vouchers.
- Extend availability of HUD-VASH vouchers to all homeless veterans, regardless of medical condition.
- Institute a one-year moratorium on mortgage foreclosure for any servicemember returning from a combat tour. Lenders who fail to abide by the moratorium should face stiff civil and criminal penalties.
- Appropriate funding for a VA outreach and advertising campaign directed at homeless veterans and those veterans at risk for becoming homeless, especially those struggling with potential home foreclosure. The campaign should promote VA home loan and financial counseling services and the VA's homeless assistance services.
- Implement a pilot program to test preventative strategies against homelessness at VA facilities. Potential strategies should include emergency cash assistance, help with utilities, and short-term rental subsidies.

- Authorize new federal grants to subsidize specialized reintegration services for homeless women veterans and homeless veterans with children, including job training and placement, counseling, housing, and childcare.
- Allow for the consideration of VA benefits (such as the new GI Bill) as income for VA home loan eligibility determination.
- Require the VA to modernize and aggressively market their VA home loan program.

**“NO VETERAN THAT HAS SERVED OUR COUNTRY AND PLACED THEIR LIFE IN HARM’S WAY SHOULD FACE THE DANGERS OF LIVING ON THE STREET.”**

*— Jacob, Iraq and Afghanistan Veteran*

## 5.2 Strengthen Deploying Servicemembers' Protections

- Protect servicemembers from early termination fees if a servicemember terminates a lease due to a deployment.
- Allow servicemembers to suspend or cancel cell phone contracts whose service contract is a part of a shared family account.
- Clarify in statute a servicemember's right to sue for protections under the SCRA statute in federal court.
- Clarify in statute that military service should never count against any member of the Armed Forces when determining fitness for child custody.

### 5.3 Build on the Successes of Local Veterans Courts

- Fund a pilot program to test the effects of alternative sentencing for veterans suffering from combat-related stress injuries who are arrested for non-violent crimes, building on the work of the Veterans Court in Buffalo, NY. The results of this pilot should be used to create guidelines for other localities on effective alternative sentencing programs.
- Repeal the standing VA prohibition against treating incarcerated veterans. The VA should coordinate with local municipalities to develop counseling, recovery, and peer-support services for veterans in the criminal justice system.
- Require the Department of Justice to compare quarterly data from the Universal Crime Report with the DOD to determine the numbers of and reasons for veterans interacting with the justice system.
- Provide grants to local municipalities to establish a Veterans Treatment Court. These funds should include basic stipends to support the travel and expenses of veterans volunteering as peer support counselors.

**“MY WIFE HAD TO DO ALL THE THINGS FOR OUR FOUR CHILDREN THAT WE WOULD NORMALLY SHARE. IT CAN BE VERY STRESSFUL ON ONE PERSON.”**

*— Kevin, Iraq and Afghanistan Veteran*

### 5.4 Support Our Military Families

- Review DOD’s policy on deployment schedules for dual military couples with children, who often assume single parent duties. Evaluate the percentage of the military population that is experiencing this burden and examine whether a set period of stabilization in-between combat tours would be feasible

given current operational constraints. Eliminate the disparity between post-birth deferment-from-deployment policy for female troops that exists in the different service branches. The Secretary of Defense should examine the optimal length of deferment to establish this threshold.

- Establish a commission to identify the causes of marital strain and high divorce rates among active and reserve component servicemembers. The commission should include a focus on the families of female servicemembers. The DOD should report these findings publicly.
- Provide childcare allowances to National Guardsmen and Reservists for all active-duty service, including drill weekends, annual training, and temporary duty.
- Extend the hours of DOD active duty childcare facilities to include weekend services.
- Direct the Government Accountability Office to evaluate the gaps in services that Guard, Reserve and off-post families face.
- Create an incentive program to recruit more Chaplains and legal and mental health professionals to provide services to military families, especially at the Guard and Reserve levels.
- Grant current servicemembers immediate family members permanent residency status. Surviving widows and widowers of those killed-in-action and their children should be eligible for expedited citizenship and/or “bereavement visas” allowing them to visit family in their country of origin after their spouse’s death.

- Annually evaluate and report the prevalence of domestic violence, intimate partner violence, and child abuse in the Armed Forces. To fulfill this requirement, the DOD should put in place a comprehensive plan to address the data collection deficiencies in its central domestic violence database.





**IRAQ *and* AFGHANISTAN**  
**VETERANS *of* AMERICA**

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