



**POLICY AGENDA FOR THE
117TH CONGRESS**





2020 was an incredibly challenging year for everyone, not only the veteran community. Shortly after we hosted many of our members in DC last March, our world shifted dramatically. Within a week we were in quarantine and have been working remotely ever since. However, despite the unprecedented challenges, IAVA remained steadfast in our commitment to the post-9/11 generation of veterans, and I am extremely proud of the work that we were able to accomplish in 2020. Working with Congressional leaders on both sides of the aisle we were able to pass critical reforms that will positively affect many veterans for years to come, including in areas of mental health care, women veterans, and veterans education. One year ago we urged Members of Congress in person to pass the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* and the *Deborah Sampson Act*, and I am proud that we were able to get both of those bills signed into law. We also worked to help pass timely protections for military-connected students that were facing an incredible amount of uncertainty as their schools went fully remote. Additionally, we helped to pass legislation last year to establish a national suicide prevention hotline, 9-8-8, to ensure that all Americans, including veterans, have easier access in times of crisis to lifesaving mental health and suicide prevention resources.

While 2020 was a landmark year for veterans legislation, as many of you know the work is far from over. In 2021 we remain focused on the oversight of these critical reforms, to ensure they are being enacted as Congress intended. Additionally, we must build on this momentum to continue to address the unmet needs of veterans, especially those veterans suffering from toxic exposures like burn pits. We can not let this issue become the Agent Orange of the post-9/11 generation. We believe that the 117th Congress is when veterans that have been exposed will finally get the health care and benefits that they rightfully deserve.

We also must recognize that the COVID-19 pandemic is not over, and the effects of this unprecedented event will be long lasting. IAVA is proud to be part of the Veterans Coalition for Vaccination that is helping to combat COVID-19 to raise awareness, expand access, and ensure that all Americans have equitable access to COVID-19 vaccines. However, we must also address issues caused by this pandemic, such as veteran unemployment. Veterans were not immune to the damage that COVID-19 caused to the American economy and we once again saw the veteran unemployment rate rise, with the youngest generation of veterans the most severely impacted. IAVA will fight to expand resources for veterans that have lost their job due to the pandemic through aggressive retaining programs.

Onward,

Jeremy Butler

Chief Executive Officer, Iraq and Afghanistan Veterans of America



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For nearly a decade, IAVA and the veteran community have called for immediate action by our nation's leaders to combat the crisis of 20 servicemembers and veterans dying every day from suicide. In the last two years, we made significant strides towards addressing this epidemic.

2020 was a groundbreaking year in mental health and suicide prevention. The passage of the IAVA-backed *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* will result in critical reforms in how America combats the suicide crisis. Key provisions of this legislation will include the creation of a community grant program to help identify isolated veterans and provide mental health services, which is modeled after the extremely successful Supportive Services for Veteran Families (SSVF) program. These targeted programs are designed to identify the 14 veterans per day who die by suicide but are not currently participating in VA services and connect them to lifesaving resources. Additionally, this legislation will expand VA's tele-health services at a time when veterans may be feeling more disconnected than ever before. These are critical improvements to VA care. But the work is not done.

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 disproportionately impact the post-9/11 generation. In our latest member survey, a stunning

65% of IAVA members reported service-connected PTSD and over half reported anxiety (58%) or depression (56%).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

Over the past few years, there has been much progress made in the realm of suicide prevention and mental health. The VA, DoD, and DHS' plan for transitioning service members 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 tele-mental health care to expand its reach and predictive analytics to target the top 0.1% of veterans at risk for suicide. These reforms are critical to addressing the suicide crisis and IAVA remains dedicated combatting suicide.

- A. Normalize Mental Health Discussions
- B. Improve Understanding around Suicide
- C. Engage the American Public in Combating Veteran Suicide
- D. Improve 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

¹ <https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf>

² [iava.org/survey](https://www.iava.org/survey)

³ <https://www.va.gov/oig/pubs/VAOIG-18-01693-196.pdf>



Normalize Mental Health Discussions

We often talk about destigmatizing the discussion around mental health as a way to reduce barriers to care. But as we look to the future, we believe it is imperative to not only destigmatize those who seek mental health care but to also normalize the conversation on mental health in general. As a nation, we should strive to discuss mental health injuries and the invisible wounds of war in the same way we discuss physical injuries. Ending the stigma will help to improve the lives of not only veterans, but all Americans.

IAVA members report incredibly high levels of mental health injuries, from 65% reporting PTSD and over half reporting anxiety or depression. And 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. However there is some good news. Of those with a mental health injury, more than 3 in 4 are seeking care for their injury according to IAVA members.

Ensuring that those with mental health injuries have access to care is as important as ensuring that those that 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 commands 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 around mental health injuries
- Highlight stories of triumph and success in the veteran community of those with mental health injuries
- Continue to destigmatize mental health injuries and mental health treatment
- Continue to change the culture within the Department of Defense and ensure those in command positions encourage 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

Improve Understanding of 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. And veteran suicide is part of a larger epidemic in this country, and suicide rates have increased in half of the states in the past 30 years.⁴

In the past 10 years, VA and DoD have invested millions of dollars to better understand suicide and improve 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 crisis event can lead to a moment of crisis. And while we've invested fully in the understanding and treatment of mental health injuries, it is time to broaden the appurature and include community based solutions and continue to understand the factors impacting suicide.

IAVA Recommendations

- Expand research into the factors impacting veteran suicide and encourage the VA to utilize the data at their disposal to expand understanding and research into veteran suicide and the factors impacting veteran suicide
- Ensure all clinicians and front-line workers have basic mental health care and suicide prevention training, including all primary care providers, both within the VA and the community care program
- Expand suicide prevention training initiatives such as SAVE and ASIST to provide relevant VA personnel and other stakeholders suicide awareness and prevention skills
- Encourage VA to publish large scale analysis of the suicide autopsies
- Expand predictive analytics programs that aim to engage at risk veterans before a moment of crisis
- Engage in a public awareness campaign around the relationship between lethal means safety and suicide

⁴ <https://www.cdc.gov/vitalsigns/suicide/index.html>



Engage the American Public to 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 epidemic. According to the latest VA reports, almost 14% of all suicide deaths in 2018 were veterans, while accounting for only 7% of the population.

In October 2018, IAVA held a veteran suicide awareness demonstration 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 event, but what shocked us the most were the hundreds of people who asked us about the demonstration that had no idea about the veteran suicide crisis.

While there is a lot of great work being done to combat veteran and military suicide, we must engage all Americans in this effort through the media, public awareness groups, public service announcements, and other means.

IAVA Recommendations

- Inform the public about the veteran suicide crisis
- Engage in a public service announcement campaign with other organizations specializing in combating suicide
- 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, per American Association of Suicidology’s recommendations
- Ensure clinicians have the training and resources necessary to engage veteran patients on firearm safety and suicide
- Partner with private organizations to combat suicide as a public health problem
- Distribute trigger locks at medical centers, sporting good/gun stores, and community centers

Improve Access to Quality Mental Health Care

The expansion of telemental health care, extending access to those with “other than honorable” discharges, and the investment in research are just some of the advancements in mental health care access and quality over the past few years. Access to VA mental health care has never been easier. 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.

Telehealth care will remain a crucial tool during and after the COVID-19 pandemic is over. These lifesaving tools will continue to play an important role in healthcare delivery not only for rural veterans, but all veterans. We must ensure that the best practices and techniques learned through the pandemic remain in place.

IAVA Recommendations

- Ensure that all veteran populations have access to quality and timely mental health care, regardless of discharge status, combat experience, or component
- Encourage VA to support and expand scholarship and loan forgiveness programs for mental health professionals
- Ensure that all mental health care providers throughout the United States have access to and are aware of veteran cultural competency training
- Move VA psychologists under the Hiring Authority, Title 38, rather than the federal GS pay scale which would provide a salary competitive to the private sector
- Call on VA to ensure all community care providers are held to the same competency and quality standards of VA providers and to monitor the quality of service and patient satisfaction among veterans who use community care
- Ensure those with mental health injuries related to military sexual trauma have access to timely, quality, specialized care in accordance with their unique needs
- Expand tele-mental health care for veterans to include expanding telemental health care coverage across medicare and medicaid providers and private insurance companies
- Invest in complementary and alternative therapies for mental health injuries that show evidence of positive outcomes
- Ensure that there are standard complementary and alternative therapies available at every VA medical facility nationwide

⁵ <https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf>



Mental Health and Suicide Prevention Support for Guardsmen and Reservists

Members of the National Guard and Reserve Component of the Armed Forces are an essential force within our military. In fact, 37% of DoD’s current force is made up of National Guard or Reservists.⁶ According to IAVA’s own members, 61% were or are members of the National Guard or Reserves.

It is imperative to ensure these essential members of our military have access and support to quality mental health care. 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 daily military and veteran suicides are Guard and Reservists who were never federally activated and who do not qualify for many services under current VA regulations.⁷

This is why IAVA and our allies fought hard for the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*, which included important provisions to expand mental health care to National Guardsmen and Reservists.

IAVA Recommendations

- Ensure all National Guardsmen and Reservists have access to mental health care no matter how long they have served on active duty and regardless of deployments
- Ensure Vet Centers are fully staffed and funded
- Expand outreach to National Guardsmen and Reservists about the mental health and suicide prevention services available to them
- Expand telemental health resources to extend to National Guardsmen and Reservists, including those that were never federally activated or called to active duty

⁶ https://www.dmdc.osd.mil/appj/dwp/dwp_reports.jsp

⁷ https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf

Mental Health and Suicide Prevention Support for Military Families

It is true that the family serves alongside the service member. Military families are the support system for American service members and often face the same challenges service members do, whether it 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 service member. According to Blue Star Families’ most recent survey, over 39% of the military families surveyed had experienced six months or more of separation from their service member in the past 18 months.

However, military families often lack the same support system and services of their service members. And 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. In fact, over 50% of Blue Star Families respondents to their 2018 survey did not feel DoD provides adequate support services for their children to deal with the unique challenges associated with deployments. And when asked how to best improve mental health care to military families, Blue Star Families found that ensuring alternative and complementary treatments, such as chiropractic care and acupuncture, was a top priority.⁸

IAVA Recommendations

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

⁸ <https://bluestarfam.org/wp-content/uploads/2019/02/2018MFLS-ComprehensiveReport-DIGITAL-FINAL.pdf>



In recent years, VA has made incredible strides to modernize its internal and external operating systems. The implementation of new interoperable electronic health records is underway, allowing VA and DoD clinicians to share health data, ensuring continuity of care for transitioning servicemembers. Additionally, VA has updated its website to be more interactive and intuitive, allowing veterans to quickly find the information they need. These are major accomplishments and a system slowly but surely moving to the 21st century is a win for all veterans.

Each generation of veterans, including the post-9/11 generation, rely on VA for both health care and benefits, and an agile system capable of accommodating them is critical. About 49% of all veterans are enrolled in VA health care. Among IAVA member survey respondents, 84% are enrolled in VA health care, of whom, 85% rated their experience at VA as average or above average. IAVA members have been clear that access to VA care can be challenging, but once in the system, they are satisfied with their treatment. Further independent reviews of VA health care show that the quality often exceeds the private sector.

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

- A. Ensure Proper Implementation of the VA Community Care Network (MISSION Act)
- B. Defend Troops Against Military Sexual Assault and Support Survivors of Military Sexual Trauma
- C. Combat Harassment in VA Facilities
- D. Modernize VA's Infrastructure to Support the Post-9/11 Generation
- E. Seamlessly Transfer Care from DoD to VA
- F. Improve Government Outreach to Veterans
- G. End the VA Backlog

⁹ https://www.va.gov/vetdata/docs/Quickfacts/VA_Utilization_Profile_2017.pdf
¹⁰ <https://iava.org/survey2020/IAVA-2020-Member-Survey.pdf>
¹¹ https://www.rand.org/pubs/external_publications/EP66619.html

Proper Implementation of the VA Community Care Network (MISSION Act)

2020 brought unforeseen challenges to both VA and private health care systems with the outbreak of a global pandemic. Through all of this, the VA provides a model of care that is uniquely positioned to treat the physical, psychological, and social aspects of a veteran's health. While VA can benefit from the private sector, it cannot be replaced. The best solution for veterans is a patient centered integrated network of care that uses the expertise of the private sector when needed. Talk of privatizing the VA system is extremely unpopular among veterans. In fact, data suggests that when given a choice, veterans choose VA care over non-VA care. IAVA members overwhelmingly want to see a better VA, not a dismantled one. Numerous studies have shown that the private sector lacks the cultural competency and familiarity with the invisible wounds of war needed to effectively treat veterans.^{12,13} The risk of rolling the dice in a time of growing change and need is just too great.

In part due to IAVA's advocacy, Congress passed the VA MISSION Act into law in 2018 and changed the future of veteran health care. In an attempt to alleviate long waitlists for VA care, this legislation created a new Community Care Network (CCN). For years, IAVA advocated for the consolidation of VA's community care programs. With that vision now realized, monitoring and assisting with its implementation is critical.

IAVA Recommendations

- Ensure foundational services are provided at every VAMC where possible and adequate community care providers are available where not
- Increase transparency with veterans, the VSO community and all stakeholders regarding VA MISSION Act implementation strategies, standards, and challenges
- Ensure the VA has adequate resources and support to deliver VA MISSION Act regulations on time and ensure timely roll out of its programs
- Ensure community providers are trained and adequately held to the same competency and quality standards in place for VA providers
- Effectively track medications prescribed through the Veterans Community Care Program (VCCP) to eliminate potential over-dose, dangerous drug combinations, and doctor shopping

¹² https://www.rand.org/pubs/research_briefs/RB10006.html

¹³ https://www.rand.org/pubs/research_briefs/RB9983.html



Fight Military Sexual Assault and Trauma

Military sexual assault (MSA) is a national security issue. The tragic death of Fort Hood Army soldier Vanessa Guillen is just one example of how MSA can destroy the lives of servicemembers. Unfortunately, Guillen was not a unique case. After her disappearance women veterans flooded social media with their own stories using #IAmVanessaGuillen and put a spotlight on the pervasive issue of MSA and harassment. While military sexual assault is often framed as a women’s issue, it impacts both men and women.¹⁴ Year over year, this problem has only intensified. According to the DoD, 7,825 male and female servicemembers reported being sexually assaulted in 2018. That is an increase of over 25% since 2016.

The VA reports that about 1 in 4 women veterans and 1 in 100 male veterans report experiencing military sexual trauma (MST). During the course of the investigation the VA Office of the Inspector General (OIG) found that nearly half of MST claims submitted to VA were not properly processed according to the Veterans Benefits Administration’s (VBA) claim processing policy.

Survivors may not choose to formally report a sexual assault for fear of retaliation, whether professional or social. Nine percent of respondents to IAVA’s most recent member survey are survivors of MSA. Less than one in three reported the crime. Of those, over two thirds experienced retaliation. More importantly, almost 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.¹⁵

Continued efforts are needed to help survivors of sexual assault come forward and 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.

¹⁴ Department of Defense Sexual Assault Prevention and Response Office (SAPR) Annual Report. 2012. Retrieved from <http://bit.ly/2mciC1Y>.

¹⁵ java.org/survey

IAVA Recommendations

- Ensure claims processors across VBA are trained on MST-PTSD related issues and follow latest guidelines
- Ensure that the Department of Defense Sexual Assault Prevention and Response Office is fully funded and supported including training of all personnel and civilian staff
- Pass the *Military Justice Improvement Act* to shift the decision to prosecute serious crimes from the chain of command to a trained, independent military prosecutor
- Ensure that DoD’s domestic abuse policies are implemented and institutionalized at all levels of the military
- Report annually on its progress and commission a report on DoD and VA mechanisms for identifying and supporting victims of domestic violence, particularly homeless women veterans



Combat Harassment in VA Facilities

In the era of #MeToo, sexual harassment has never been more prominent in national conversations. The culture of sexual harassment pervades every aspect of society, including government agencies and health care facilities. While VA has implemented programs to combat sexual harassment in its facilities, both for VA staff and VA patients, they have fallen short in practice. These programs are a fantastic step in the right direction, but ensuring the patients are aware of these programs before entering VA's doors and empowering VA staff to intervene in harassment situations and understand the reporting requirements must be a top priority for VA.

In 2019, after a reported sexual assault at the DC VA Hospital, IAVA and advocates in the veteran community called for answers. However, VA leadership made a concerted effort to discredit the report and the veteran. VA requires leadership that will take the issue of sexual assault and harassment in their facilities seriously. It is estimated that three out of four victims of sexual assault will not report and despite VA stating that they have a zero-tolerance policy for sexual assault and harassment, incidents like this make it more difficult for victims to feel comfortable coming forward or even safe utilizing VA services

IAVA Recommendations

- Expand VA harassment programming to all VA facilities nationwide and ensure all VA employees are fully trained and are empowered to step in during critical situations
- Proactively reach out and communicate programs and services available to veterans/patients at VA to combat sexual harassment
- Ensure all VA employees understand harassment protocol both internally and externally.
- Regularly publish reports on sexual harassment complaints across VA

Modernize VA's 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 quality and innovation on par with the private sector. This includes online access to medical records, benefit processing and applications, and appointment scheduling.

In the past few years, VA has invested resources to updating their website to make it more interactive and intuitive; with great 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 Recommendations

- Update current VA technology to compete in the 21st century
- Ensure technology systems are able to handle the needs of the millions of veterans dependent on VA and invest in updating these technology systems
- Work to ensure ease of operation for VA clinicians and staff to improve productivity and support the demand of veterans through VHA and 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



Seamlessly Transfer Care from Department of Defense to the VA

Within 10 years, it is projected that DoD and VA will have an integrated Electronic Health Medical Record (EHMR) system where service members will be able to seamlessly transfer their records from DoD to VA once they transition out of the military. This has been a vision for many in government, Congress, the VSO community, and the veteran community for years.

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

An updated Transition Assistance Program (TAP) rolled out and aims to better support and assist transitioning service members in areas such as employment, education, health care, and benefits. 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 report on TAP outcomes
- Expand and report on VA and DoD efforts to familiarize transitioning service members with available benefits and services
- Ensure the EHMR overhaul continues on time and will function across all platforms at VA
- Ensure DoD health records are transferred to VA in timely fashion
- Ensure transitioning servicemembers are supported as they move from DoD to VA

Improve Government Outreach to Veterans

Too many veterans report not understanding the benefits they are eligible for. Outreach is critical not only for information sharing, but more importantly for highlighting the good work that the VA does and improving public opinion.

The VA has taken admirable steps to improve its outreach to veterans. VA will continue to improve its outreach capabilities as it works to streamline its website, develop new promotional materials, and partner with nonprofits, businesses and other organizations. 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 are welcomed with information and resources. However, VA has been lagging behind 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, the 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 reaching out to veterans regarding the benefits and services available to them
- Expand communication through online tools and resources
- Encourage VA and government agencies to use cutting-edge social media strategies to engage the post-9/11 generation in government services



End the VA Backlog

In the past few years, significant reforms have been put in place at the Veterans Benefit 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 VA Appeals Modernization Act and other systemic reforms have sought to make the process more accessible and easier for veterans.

However, as a result of the COVID-19 pandemic the backlog is once again on the rise. There are currently over 450,000 claims still working through the system, with over 200,000 of those pending for 125 days or more.¹⁶ While many of these are due to the cancelation of in person exams, they must be high priority for VA. Additionally, veterans often face significant financial and emotional stress while waiting for the benefits and care that they have earned. We must ensure that these men and women who feel unsafe completing their in-person exams are given proper extensions until it is safe to do so.

As long as there is a backlog, 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 any necessary changes is key.

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 the appeals backlog is reduced as quickly as possible without harming or exposing veterans to COVID-19

¹⁶ https://www.benefits.va.gov/reports/detailed_claims_data.asp



According to IAVA's most recent member survey, 86% of IAVA members were exposed to burn pits during their deployments and over 88% of those exposed believe they already have or may have symptoms.

Year after year, the concern grows surrounding the health impacts of burn pits and toxic exposures in recent conflicts. Burn pits were a common way to get rid of waste at military sites in Iraq and Afghanistan, particularly between 2001 and 2010. The effect of burn pits is not just the chemicals in the smoke, but the particulate matter these men and women breathed in from the ashes and dust from the fires themselves.

There are other hazards beyond burn pits that occurred in Iraq and Afghanistan that may pose danger for respiratory illnesses including human waste, irritant gases, high levels of fine dust, heavy metals in urban environments, explosives and depleted uranium used in munitions. Furthermore, shortly after 9/11, U.S. servicemembers served at the Karshi-Khanabad Air Base (K2), a former Soviet base in Uzbekistan that had held chemical weapons enriched with Uranium. Thousands of veterans were exposed to these dangerous toxins at this base, and many now suffer from rare cancers and other ailments. A study was directed by a January 2021 executive order on impacts on those who served at K2 and should be submitted with findings to the president by the secretary of Defense.

Without due attention, this issue is becoming the Agent Orange of the post-9/11 era of veterans. It is past time that comprehensive action is taken to address the growing concern that these exposures have had severe impacts on veterans' long term health.

Similarly, like burn pit toxic exposure and radiation exposure, blast exposure is both extremely dangerous to servicemember health and very difficult to detect without technology.

IAVA's Quick Reaction Force (QRF) works with veterans who are suffering from the impacts of burn pits and toxic exposures. QRF can assist veterans with access to quality medical care, enrollment in the VA's Burn Pit Registry, and advocacy on their behalf.

- A. Continue to Drive Public Awareness Around Burn Pits and Toxic Exposures
- B. Pass Legislation to Provide VA Health Care and Benefits for those with Toxic Exposures, including from Burn Pits
- C. Hold Department of Defense Accountable for Injuries due to Toxic Exposures
- D. Strengthen VA's Tracking of Burn Pit and Toxic Exposures

Continue to Drive Public Awareness Around Burn Pits and Toxic Exposures

Outside of the military and veteran space, few know what burn pits are or why they have been used. 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 servicemembers and veterans.

The work must continue. We must use every tool at our disposal to educate the public and ensure veterans with illnesses and injuries from burn pits and other toxic exposures are given 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 service members' experiences with burn pits and other airborne toxic exposures
- Conduct Public Service Announcements around toxic exposure issues and impact on the lives of service members and veterans
- Launch social media and email campaigns dedicated to educating the public on burn pits and other airborne toxic exposures
- Standardize the definition of toxic exposures across the veteran community
- Increase funding for research into the association between toxic exposures, burn pits, and the diseases that may be associated with such exposure

Pass Legislation to Provide VA Health Care and Benefits for those with Toxic Exposures, including from Burn Pits

For many that feel they are suffering from their exposure to burn pits or other toxic exposures, accessing quality care can be a challenge. At VA, barriers to care are even more apparent, as the 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 the 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 all conditions with a link to burn pits and other toxic exposures to VA's Presumptive List
- Ensure clear understanding among VA's Veterans Benefit Administration (VBA) claims professionals around the rules and regulations for accepting a toxic exposure related claim
- Create a disability classification for servicemembers and veterans impacted by burn pits and other toxic airborne exposures



Hold Department of Defense Accountable for Toxic Exposures

Three million servicemembers have served in combat operations since the September 11th attacks. During these deployments, most of those 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 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 toxic exposures. They must release any exposure data they have collected and track these exposures in servicemember medical records.

In 2016, the GAO reported that health effects of burn pit exposure were still not fully understood. Over four years later, the DoD has still failed to fully study the effects of this exposure. It is past time that DoD fully studies these exposures and works with VA to ensure that all veterans can get the health care and benefits that they deserve.

IAVA Recommendations

- Release information on where and when burn pits were active since 1990
- Release information on air quality samples from active bases since 1990
- Track toxic exposures among current servicemembers and add to military health records
- Retroactively include toxic exposures in veterans' service records
- Encourage DoD to support, train and educate servicemembers on burn pits and toxic exposures and their effects so that servicemembers can proactively report their exposures and health impacts
-

Strengthen VA's Tracking of Burn Pit and Toxic Exposures

Thanks to legislation fought for by IAVA and other VSOs, the VA established the Airborne Hazards and Open Burn Pit Registry to better understand the health outcomes of those exposed. The Registry was further strengthened by the passage of the IAVA-led *Burn Pits Accountability Act*. Yet, even that registry has its limitations.¹⁷ Many in the military and veteran community are still unaware the Registry exists. The Registry process is burdensome and frustrating to complete, and those who have registered see limited response. While the Registry was an essential first step in engaging the VA and veteran community in recognizing burn pits and other toxic exposures, there is still much that can be done to strengthen the Registry and go beyond its limited scope.

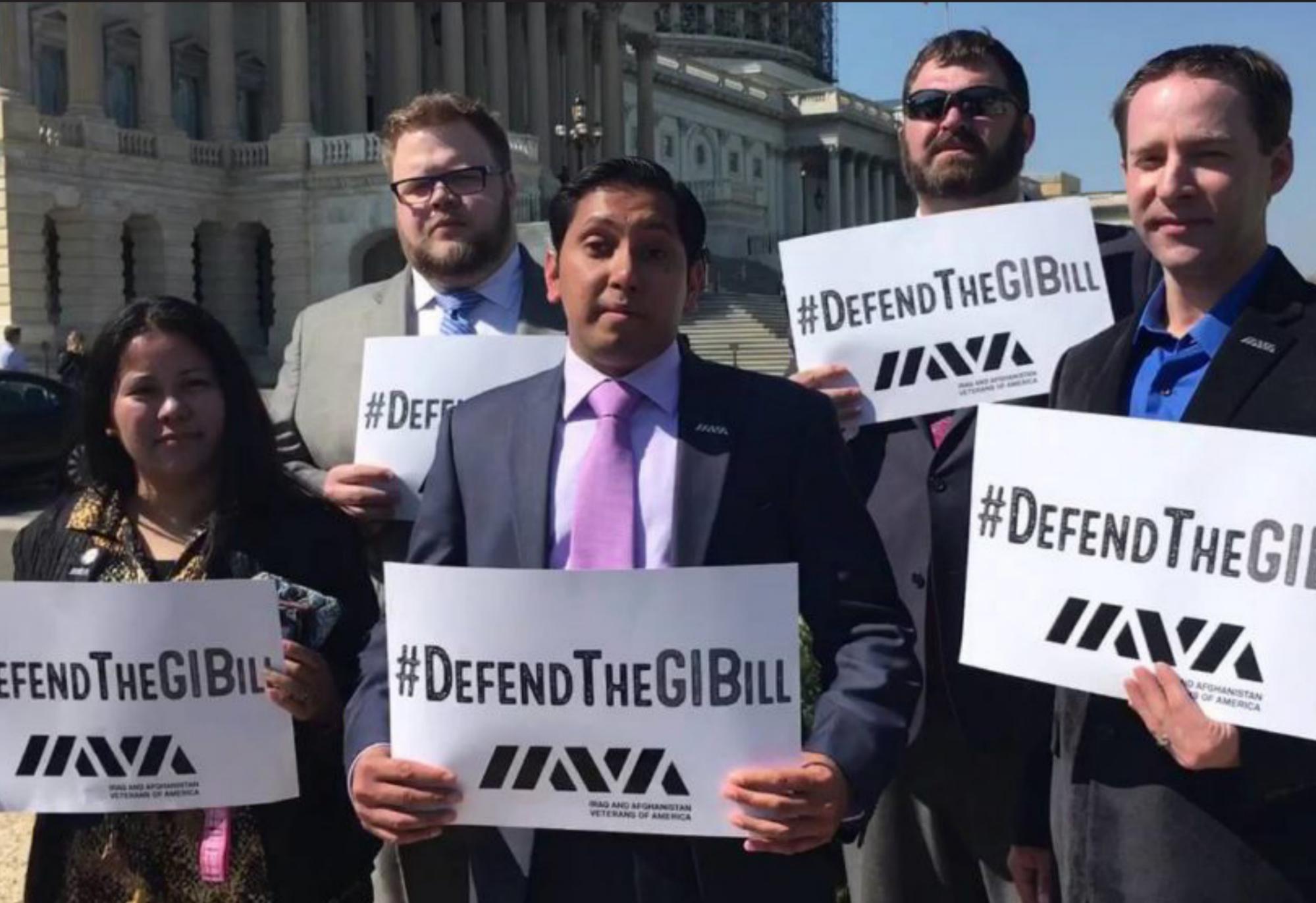
A report by the Institute of Medicine in 2011¹⁸ found limited but suggestive evidence of a link between exposure and reduced lung function. Until now, the emphasis on this issue has been on research. But veterans are seeking care inside VA and in the community with illnesses and injuries they believe to be a result of their toxic exposures 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 illness related to burn pits and other exposures in patients' medical files and service records.

IAVA Recommendations

- Encourage registrants of the VA's Burn Pit Registry to get a VA physical following a service member'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 toxic exposure signs and symptoms
- Implement mandatory screenings for toxic exposures for all veterans entering VA, similar to the screenings conducted for Military Sexual Assault
- Encourage DoD and VA to share information and data on burn pit and toxic exposures

¹⁷ 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>

¹⁸ 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>.



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, millions of veterans and their dependents had the doors to higher education opened for them. After deploying for years to Iraq, Afghanistan, and other conflict areas, Congress and the American people agreed that these warriors had earned the right to a degree.

In IAVA's latest member survey, 75% of IAVA members reported having used, currently using, or transferring their Post-9/11 GI Bill benefit. And 87% agree the Post-9/11 GI Bill is important to military recruitment and 87% believe it is extremely or very important to transition to civilian life.¹⁹

Since its inception, the Post-9/11 GI Bill has faced threats of funding cuts and abuse, which is why IAVA continues to #DefendTheGIBill. However, it has also seen unprecedented expansion. 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.

We must continue to hold the line in defending these essential, earned benefits that are a cost of war.

- 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

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



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

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 and predatory schools who take advantage of veterans' benefits and often leave veterans stuck with unnecessary debt and a subpar education. In 2019 IAVA worked with allies on Capitol Hill and the VSO community to introduce the first bipartisan bill to close the 90/10 loophole. We'll continue to fight to #DefendTheGIBill against these and other assaults on this earned benefit.

IAVA Recommendations

- Fully maintain Post-9/11 GI Bill benefits for veterans and their families. Any cuts to this benefit are a breach in trust with servicemembers and veterans
- Following DoD's withdrawal (Due in large part to IAVA's campaign) of its 2018 directive to limit GI Bill family member transfers to those serving 16 years or less, DoD should never limit transferability again
- Protect gainful employment and borrower's defense regulations that ensure government funding is provided only to vocational programs with proven employment outcomes
- Close the 90/10 loophole. For-profit colleges are required to get at least 10% of its 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 service members and veterans a target for their generous benefits.

Modernize GI Bill Payment Infrastructure

Over one million veterans and their dependents have used the Post-9/11 GI Bill, relying on VA 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 ensure 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. 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 that rely on this earned benefit.

IAVA Recommendations

- Continue to modernize GI Bill payment infrastructure to handle and process claims faster
- Ensure proper funding, support, and oversight 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



Streamline the Post-9/11 GI Bill

As an earned benefit, the Post-9/11 GI Bill should be easily accessible and readily available. Bureaucratic barriers and restrictions on the use of the GI Bill continues 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 VSOs, Congress and the VA, there is still work to be done 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. 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
- 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

Ensure the Success of Veterans on Campus

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.²⁰

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.²¹ This means that ensuring veterans are supported and successful on campus is of utmost important 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 player in attracting these talented individuals. In IAVA's member survey, the majority of student veterans identified a veteran-friendly environment as a top reason for choosing their school.²² 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

²⁰ 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>

²¹ 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>

²² Unpublished Data. IAVA's Member Survey was fielded in February 2017. Over 4000 IAVA member veterans completed the survey.



Over the past few years, there's 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 the VA, and nationally. In 2017, IAVA launched our groundbreaking campaign, #SheWhoBorneTheBattle, focused on recognizing the service of women veterans and closing gaps in care provided to them by the VA. Ahead of the times, we made the bold choice to lead on an issue that was important to not just the 13% 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 the VA for the more than 345,000 women who have fought in our current wars—and for all Americans.

In 2020, the cornerstone of IAVA's #SheWhoBorneTheBattle campaign, the IAVA-led *Deborah Sampson Act*, was passed into law after a nearly four-year campaign. This groundbreaking legislation includes several important provisions that will address sexual harassment and assault in VA facilities, establish an Office of Women's Health directly under the Undersecretary of VA for Health, and improve access to care and benefits for survivors of Military Sexual Trauma (MST).

Women are currently the fastest-growing population in both the military and veteran communities, and their numbers have been growing steadily since the 1970s. And while more women are joining the military and are finally being given unprecedented roles in combat and greater responsibilities in leadership, veteran services and benefits often fall behind.

While the past few years has 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 be done.

- 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



Foster Cultural Change to Fully Recognize the Service of Women Veterans

Women are the fastest-growing population within the veteran community, but the American public still does not understand the extent of their contributions. This lack of understanding not only impacts their reception when seeking health care from the VA, but throughout their transition home.

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. And as more women veterans step into the public sphere, their contributions and sacrifices are becoming known and recognized.

However, everyday women veterans enter into VAs nationwide and are not recognized for their service. Every day, women veterans are looked past in favor of the well-known 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
- Encourage VA to continue to expand their anti-harassment campaigns including proactive outreach to women veterans on anti-harassment programs
- Encourage VA to continue cultural competency courses for both VA staff and community care providers
- Ensure external communications from VA and DoD are inclusive and show the diverse nature of veterans and service members
- Highlight stories of women veterans
- Conduct public awareness campaigns about the impact of women veterans serving the U.S.

Improve Care and Benefits for Women Veterans

For those women veterans that choose to seek care at VA, finding quality providers that understand the needs of women veterans can be difficult. And 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 to be made. 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.

Furthermore, for those who do seek care at VA, the quality and standard of care is not uniform. According to a December 2016 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 an environment of care standards for women veterans.” The same report noted a deficiency of 675 women’s health primary care providers as of 2016. This means that women entering these facilities may not have basic privacy standards like locked doors, privacy curtains, and other adjustments to make them feel welcome. For years, VA has faced scrutiny for sexual harassment and assault within their medical centers, and the lack of action by top leadership. While not solely a women veterans issue, it is known that these issues disproportionately affect women and the lack of action by VA furthers the problem of women veterans feeling unwelcome at their facilities. While IAVA fought hard to correct these issues with the Deborah Sampson Act, we must ensure that VA fully implements these important reforms. Changing this will require establishing clear standards, training VA staff to meet these standards, and investing in appropriate facilities, women practitioners and doctors who specialize in women’s health. Facilities and providers must regularly be evaluated to ensure they meet the standards our veterans deserve. And the 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 environmental standards of care
- Ensure Congress is holding VA and care providers accountable through public hearings, testimonies, and data sharing
- Ensure all VA community providers have a women veterans competency training and understand women veterans’ unique needs, experiences, and services desired
- Ensure strong Congressional oversight of implementation of the *Deborah Sampson Act*

²³ “Improved Monitoring Needed for Effective Oversight of ... - GAO.” <https://www.gao.gov/assets/690/681364.pdf>. Accessed 19 Oct. 2020.

Ensure Streamlined Care for Women between DoD and VA

In 2001, women were estimated to make up about 6% of the veteran population. In 2020, that number is up to 10%.²⁴ And since 2000, the number of women using VA services has increased by 175%.

As more women make the transition from service member to veteran, it will be paramount that DoD and VA are able and ready to support these transitioning service members. 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 service members is not equal to that of women veterans.

Furthermore, ensuring VA is able to provide for these veteran families is paramount to ensuring the overall health and financial wellbeing of all veterans. Current boundaries in law means access to the support services for reproductive and maternity care at VA is lacking and outdated. This must be amended. It is unfair to think that women veterans deserve less out of service than in and these outdated policies disproportionately impact the newest generation of veterans: who are younger, may wait until after service to start a family and are more likely to be female.

IAVA Recommendations

- Expand current IVF treatments to be more inclusive of all veterans with reproductive injuries
- Ensure that all VA primary care physicians are able to provide contraceptive and reproductive guidance to women veterans in their care
- Ensure parity in contraceptive care between DoD and VA
- Expand maternity and newborn care in the VA to be comparable with care received in other clinical settings including extending newborn care to more than 7 days

Improve Employment, Housing, and Child Care Benefits and Services

Women veterans are also more likely than their male peers to face economic and personal challenges. They have higher rates of unemployment, are more likely to be homeless, and are more likely to be single parents.²⁵ These issues have only increased since the start of the COVID-19 pandemic. When you ask these women whether their challenges are unique, their answer is generally no, but support is harder to access. It's critical that we focus our resources 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 effective 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 to prevent adverse outcomes
- 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 the VA to provide assistance to veterans to obtain child care in order to reduce barriers to seeking care
- Expand VA housing and assistance programs for homeless and displaced women veterans and their families
- Authorize VA to reimburse care for dependents of veterans seeking comprehensive homelessness services
- Encourage Department of Labor (DOL) VETS' Women Veterans Program to continue their work and monitor their VETS program to ensure equality and advertise and connect with women veterans
- Fund nonprofit programs for women veterans at the national and local levels
- Ensure that pandemic relief is focused and able to address the unique challenges of women veterans

²⁴ "Facts and Statistics about Women Veterans." 28 May. 2020, <https://www.womenshealth.va.gov/womenshealth/latestinformation/facts.asp>. Accessed 19 Oct. 2020.

²⁵ <https://www.bls.gov/news.release/pdf/vet.pdf>



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

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

Good policy is driven by good data, and we must do better as a community in understanding the needs and areas of support for women veterans and service members. 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. The *Deborah Sampson Act* took great strides to start collecting some of this data, now we must ensure that it is used properly to create effective change.

IAVA Recommendations

- Require DoD to include gender breakdown in all public data reporting
- Invest in research into the impacts of service on reproductive health and fertility for women veterans and their partners
- Ensure all VA studies and reports are collecting and reporting on gender breakdown
- Continue to report on environmental standards of care at every VA facility
- Ensure proper data collection and data sharing of women veterans using community care providers at VA
- Support outside research efforts studying women veterans
- Fund nonprofit programs for women veterans at the national and local levels
- Ensure that pandemic relief is focused and able to address the unique challenges of women veterans



The use of medical cannabis has been of great concern to the veteran population for quite some time. For years, IAVA members have sounded off in support of researching medical cannabis for the wounds of war. Veterans consistently and passionately have communicated that cannabis offers effective help in tackling some of the most pressing injuries we face when returning from war. In our latest Member Survey, over 80% of IAVA members supported legalization for medical use. Across party lines, medical cannabis is largely unopposed. Yet our national policies are outdated, research is lacking, and stigma persists.

Over the past few years, 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 work to ensure that veterans are protected, supported, and elevated in the national debate.

- A. Research Cannabis as a Treatment Option
- B. Destigmatize the Use of Medical Cannabis
- C. Reframe the National Discussion on Cannabis
- D. Ensure no Veteran is Punished for Using Medical Cannabis where Legal
- E. Increase Support of Alternative Therapies and Innovative Care



Research Cannabis as a Treatment Option

Federal research into the efficacy of cannabis is lacking. This is despite protest from many in the VSO community who posit medical cannabis could serve as an alternative to opioids and antidepressants. Further, the VA Secretary announced in early 2018 that the VA will not conduct research into whether medical cannabis could help veterans suffering from PTSD and chronic pain.

This is in direct opposition to a rising tide of opinions in the veteran community. Among IAVA members, almost 90% agree with researching cannabis for medicinal uses and 84% agree the VA should be doing this research. It is past time for federal research to be expanded and for restrictions to be eased so that research can continue into the effects of cannabis use.

IAVA Recommendations

- Push for VA to conduct research into 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
- Press the VA and private medical community to conduct research into the use of medical cannabis as a treatment option for chronic pain and mental health injuries
- Encourage state-level research and ensure those researching at universities nationwide do not lose funding
- Monitor and share IAVA members' opinions on all elements of evolving cannabis policy

Destigmatize the Use of Medical Cannabis

Since the 1970s, and even before, cannabis use has been associated with criminality and non-normative behavior in an effort to alienate those that used cannabis. Today, as 35 states and the District of Columbia have legalized cannabis medically and 15 have legalized cannabis recreationally, 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 is a mentality that is hard to shake.

This has to stop. Too many people are in need of relief from chronic pain and mental health injuries. Veterans in particular are at a higher propensity for these classic wounds of war. With so many states legalizing medical cannabis, veterans should not feel stigmatized for exploring any and 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 its use.

IAVA Recommendations

- Share success stories of veterans who use medical cannabis to educate the public
- Conduct public service announcements regionally to expand awareness
- Ensure social media platforms do not silence pro-cannabis organizations
- Engage the public in a learning campaign and education platform on CBD, cannabis, and how it can be used
- Close the loopholes in VA policy which inhibit the discussion of cannabis usage between veterans and VA clinicians



Reframe the National Discussion on Cannabis

As a Schedule I drug under the FDA, research into the effects and efficacy of cannabis has been stagnant, cumbersome, and convoluted. While not impossible, federal research into cannabis faces many bureaucratic hurdles that hinder good research. 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.²⁶ However, federal bureaucratic hurdles continue to halt the system and stymie good research. We will never get a definitive answer on the efficacy of cannabis as a treatment option while federal regulations that actively undermine solid research studies remain in place. The system is antiquated and must be adjusted to match state laws and research needs.

IAVA Recommendations

- Remove cannabis as a Schedule I drug
- Allow FDA clinical trials to be conducted 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
- 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 DEA licenses to test cannabis for quality standards without fear of losing their licenses
- Ensure veteran preference and specific veteran grants for federal hemp and cannabis industry contracts

²⁶ <http://www.nationalacademies.org/hmd/Reports/2017/health-effects-of-cannabis-and-cannabinoids.aspx>

Ensure no Veteran is Punished for Using Medical Cannabis where Legal

Our nation is rapidly moving toward legalizing cannabis, and 35 states and the District of Columbia now permit medical cannabis. Yet, as with many innovative solutions to veteran needs, progress on this issue within the 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 marijuana use with their doctors. This policy change alleviates previous concern that admitting to cannabis use could jeopardize VA benefits. But 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. And 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.

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 ability for states to continue cannabis access, including for medical purposes, without federal government prohibitions
- Push for 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



Increase Support of Alternative Therapies and Innovative Care

In IAVA's member survey, 79% of IAVA members reported a service-connected injury and 74% reported chronic pain as a result. Seventy-one percent of those with a service-connected injury reported that it always or almost always impacted their daily lives.²⁷ Caring for veterans who sustained injuries in the wars in Iraq and Afghanistan is one of the primary duties of the country's system of veterans' care. Today, because of advancements in medical technology and care on the battlefield, more veterans are surviving combat injuries than any previous generation. Many of these veterans will live their lives with complex injuries. These include unseen injuries.

The past few years have shown major expansion for complementary and alternative medicine (CAM) therapies such as chiropractic care, meditation, and yoga for conditions such as chronic pain and mental health injuries. And 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 struggling 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

- Invest in innovative therapies and treatment options for treating the wounds of war
- Standardize CAM therapies across VA medical facilities
- Ensure Community Providers are trained in veteran care and understand the injuries of war
- Fund independent research into alternative and innovative therapies for treating the wounds of war
- Clarify and support the use of service dogs
- Continue to fund and implement VA's Caregiver program
- Set outcome metrics to better define the impact of CAM treatment methods
- Continue investment in adaptive sports to support disabled veterans

²⁷ <https://iava.org/survey2020/IAVA-2020-Member-Survey.pdf>



When a service member transitions out of the military, one of the largest and most significant barriers to veteran employment is not only pairing military skills to relevant civilian careers but also reside in the realm of licensure and formal accreditation. Almost 70% of IAVA members didn't have a job secured when they left the military, and over 80% did not have a permanent place to live and reported couchsurfing after they transitioned out of the military. Many veterans report that business leaders and various institutions simply do not understand the value they bring to their companies and organizations.

In 2011, Congress passed the IAVA-led *Vow to Hire Heroes Act*, a landmark piece of legislation to help reduce veteran unemployment. At the end of 2020, the veteran unemployment rate across all eras of veterans is at 6.3%, slightly below the national average of 6.7%. However, the post-9/11 veteran unemployment rate remains higher than their peers, and slightly above the national average. Veteran unemployment, especially for younger veterans, has been hit particularly hard by the pandemic, and it will require unique solutions to solve this ongoing problem.

There are multiple tracks to veteran and military family employment and matching veterans to the right career. Unfortunately, finding the right job can be difficult when employers do not understand a veteran's skills and experience. This continues to be a contributing factor for recently discharged veterans unemployment and underemployment. According to IAVA's last member survey, 34% of respondents felt underemployed. Being able to translate military skills for civilian use is their third most important job factor, behind mental health injuries and competing with candidates who have been in the civilian workforce longer, our members look at when looking for work. It is in everyone'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.

The military lifestyle can also present significant challenges for military spouses and children. A 2019 survey by Blue Star Families found that a top barrier to employment for military spouses was the job demands of a servicemember.²⁸ 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.

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 family network, supporting the demands of military culture and deployments, sometimes repeat deployments, of loved ones. The availability of family-centered support is critical to ensuring that the military family is supported throughout these demands.

²⁸ <https://bluestarfam.org/wp-content/uploads/2020/03/BSF-2019-Comprehensive-Infographic-rev200305.pdf>



IAVA Recommendations

Military Families:

- 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
- Provide tax credits to offset expenses by military spouses who must obtain professional or trade licenses or certifications when the Active or Reserve service member is relocated to a state in which the spouse is no longer qualified to work and allow for greater reciprocity for professional licenses between states
- Provide 18 weeks of maternity leave for women in all military branches, and 21 days for fathers or secondary caregivers to use in the first year in the child's life and expand parental leave to recognize adoptive parents and fathers
- 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
- Eliminate barriers to federal nutrition assistance programs for low-income military families and allow assistance to families living below 130% of the poverty level
- Ensure that all base housing is fully compliant with the DoD Military Housing Privatization Tenant Bill of Rights
- Increase Dependency and Indemnity Compensation
- Retain benefits upon remarriage
- Improve Death Gratuity to align with intended purpose
- Preserve and enhance survivor benefits
- Strengthen educational support for surviving families

Transition:

- 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 Transition Assistance Program courses along with their spouse and ensure slots are available to support demand. Develop a special track for military families

Employment:

- Support retraining programs for veterans that have lost their job due to a pandemic
- Allow veterans to use their GI Bill benefits as seed money for starting a small business or start-up
- Establish a set of best practices for recruiting, hiring and employing veterans that can be disseminated and adopted by all public and private organizations, and educate prospective employers through a national public awareness campaign
- Ensure all legislation that promotes small business and manufacturing jobs specifies a benchmark for inclusion of veteran hiring and/or veteran-owned businesses.
- Train human resource professionals, either through nonprofits or through the DOL, on the unique experiences of service members



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 up for religious and racial minorities. We consistently speak out against racism and discrimination and were the first mainstream veteran organization to speak out in the aftermath of the killing of George Floyd.

Research shows that Black veterans face racial biases in mental health care settings²⁹, which is a concern of potentially devastating proportions. A recent survey conducted among VA employees revealed troubling findings of unchecked racism and harassment towards minorities.³⁰ VA leadership needs to make fighting bigotry in all forms a top priority in order to rectify the widespread discrimination and promote inclusivity. VA must also ensure that the needs of older Black veterans, many of whom gave up on VA due to these issues long ago, are both fully understood, and also addressed. We must ensure that Black veterans receive the care that their service deserves.

IAVA led the veteran community in supporting the repeal of "Don't Ask, Don't Tell" (DADT) and endorsed the repeal of the Defense of Marriage Act (DOMA). In 2016, IAVA firmly supported the announcement by DoD to allow transgender troops to serve openly without threat of discharge. We fought against the previous Administrations attempt to force transgendered troops from out of the military. IAVA was proud to see the new Administration overturn that decision within the first 10 days in office. We will continue to fight to ensure that no harmful policies such as this can be enacted again.

American Indian and Alaska Natives (AI/AN) have a long history of distinguished U.S. military service. They serve at a higher rate per capita than any other cohort of Americans and have served in all the nation's wars since the Revolutionary War, and in several wars before they were even recognized as citizens. Despite their service, AI/AN veterans have lower incomes, higher unemployment rates, and are more likely to lack health insurance than other veterans.

The United States must honor its commitments to AI/AN veterans. The federal government's responsibility to provide quality healthcare and other benefits to AI/AN veterans comes both from their military service and the federal government's treaty and trust obligations to Tribes.

²⁹ <https://www.medicalnewstoday.com/articles/how-black-veterans-experience-racial-bias-in-mental-healthcare#Representation-and-microaggressions>

³⁰ <https://www.afge.org/globalassets/documents/generalreports/2020/secretary-wilkie.pdf>

IAVA Recommendations

- Allow all qualified persons to be recruited and serve in the armed forces who are able to meet DoD standards of fitness
- Fully recognize same-sex marriage of all veterans, where the veteran or the veteran's spouse resides anywhere in the United States or its territories at the time of the marriage or at the time of application for benefits. Repeal section 103c of Title 38. (aka "mini-DOMA")
- Support and fund veteran support programs specifically dedicated to minority 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
- Reach out to veterans who were discharged pursuant to DADT and offer assistance in updating and/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
- Require status of force agreements (SOFA) 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 certain foreign assignments due to SOFAs
- Empower the Center for Women Veterans (CWV) and the Center for Minority Veterans (CMV) to review and recommend changes to VA public communication
- Ensure that all VA facilities are free from racism, bigotry, harassment, and retaliation and inclusive to all patients and employees
- Ensure American Indian and Alaskan Native (AI/AN) cultural competence at the VA to help address deficiencies in quality of healthcare and accessibility of services
- VA needs to collect AI/AN suicide data to better address the tribal crisis. VA continues to omit this data
- To address AI/AN homelessness, make permanent the VA-supported Tribal housing program within the larger HUD VASH program and make sure the program has adequate funding
- Fully implement the *VA Affairs Tribal Advisory Committee Act* passed in 2020 to establish an Advisory Committee on Tribal and Indian Affairs, which will add a perspective from Native veterans with a direct connection to the VA Secretary
- Fully implement the *Native American Veteran Parity in Access to Care Today (PACT) Act* passed in 2020 to eliminate VA copays for Native veterans, creating parity with the care they receive through the Indian Health Service
- Rename DoD and VA installations named after Confederate soldiers
- Require VA to both study the need and assist the aging Black veteran population by ensuring that their disability ratings fully reflect their service-connected disabilities
- Fully implement the *GI Bill Repair Act* to repair inequalities that Black World War II veterans faced when accessing GI Bill benefits



Over 75% of IAVA veteran and military members do not believe that the American public understands their sacrifice. Nearly 7,000 service members³¹ have given their lives in overseas post-9/11 conflicts and the nation must honor these men and women, those who continue to serve, and their families. We must not only honor and support our current generation of veterans, but pay tribute to those who have come before us.

In 2017, IAVA supported passage into law of the *Caring for the Families of our Wounded and Fallen Heroes Act* to increase the amounts of educational assistance payable under the VA Survivors' and Dependents' Educational Assistance Program. With this legislative push IAVA shows veterans and their dependents that we recognize their unique sacrifice as well and wish to extend benefits for their selflessness.

Again in 2017 IAVA was a leader in the fight to successfully pass into law the *Global War on Terrorism Memorial Act* to create a national memorial in Washington, DC. This has been a conflict that has lasted a lengthy amount of time and in order to preserve the understanding of why we fight the establishment of this memorial is essential to reigniting the passion to support our current service members and remember those who have fallen. However, the work is not done and in the 117th Congress IAVA will advocate to ensure that the memorial is on the National Mall.

In 2018, IAVA was a leader in the fight to successfully pass into law the *9/11 Memorial Act* to establish grants to help secure the National September 11 Memorial and Museum in New York City in order to share remembrance and show appreciation to those who have fallen. The same year, 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 service members during federal government shutdowns. And in 2019 IAVA supported fixing and providing relief for Gold Star families that were hit with an unexpected "kiddie tax" due to their survivor's benefits.

IAVA will continue to build off of these legislative successes to ensure that veterans, family members, and survivors are properly honored for their sacrifices.

³¹ <https://www.defense.gov/casualty.pdf>



IAVA Recommendations

- Continue to encourage all Americans to observe Memorial Day and Veterans Day
- Ensure that the Global War on Terrorism Memorial is fully funded and built on the National Mall
- Ensure that spouses of fallen servicemembers are not penalized with 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
- 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
- Support veteran memorials, museums, and public education efforts across the country that highlight the service and sacrifice of post-9/11 veterans and service members
- Preserve Arlington National Cemetery for the post-9/11 generation and ensure they are afforded the same consideration as past generations of veterans



There is no higher priority than defending those who defend us. Politicization of our military, cuts to benefits, government shutdowns, and failure to stand by our wartime allies all present threats to our national security, and by extension, our servicemembers and war and peacetime alliances.

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 our service members as political pawns, which risks dividing our community. IAVA has consistently sought to raise our members' voices on multiple related topics. A prime example is our Annual Survey and flash polls.

IAVA has also fought hard at every turn to turn back cuts to our pay and/or benefits, including multiple attempts to cut the Post-9/11 GI Bill. Cutting pay and benefits could have disastrous effects on our nation's ability to recruit tomorrow's warriors and risks successful military transitions. IAVA sent a petition to DoD with nearly 60,000 IAVA members signatures calling for the Secretary of Defense to rescind his directive to curtail GI Bill transfers to family members in 2018. 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 major impacts on our ability to defend ourselves if the Departments of Defense and Homeland Security go without funds. Finally, we must always protect our allies who have stood with us at war and ensure that promises made to them during conflict are also kept 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 service members and veterans. IAVA will continue to fight to ensure that the SIV program continues to be used to its fullest potential to ensure that we keep our promises to our allies overseas.

Reaching back into 2016 and 2017 IAVA has led the successful fight to better the lives and access to benefits for military and veteran communities. In 2016, IAVA led the successful fight to block passage of a bipartisan, bicameral effort to make major cuts in the Post-9/11 GI Bill.

2017 IAVA was successful in blocking a proposed \$2,400 fee that all new service members would be charged to gain access to their Post-9/11 GI Bill benefits. And the same year IAVA rose to the occasion to push the DoD to waive repayment requirements - or repay - more than 17,000 California National Guard members whose re-enlistment bonuses were being clawed back.

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 and Iraqis who are eligible receive one and ensure adequate support from VA, HUD, government agencies, and nonprofits once SIV eligible recipients enter the U.S.
- Ensure that the Department of State is fully staffed and resourced to process all pending SIV applications
- Ensure that VA funding levels match the annual Independent Budget blueprint, produced by leading VSOs
- 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 service members, veterans, their families and survivors
- 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% 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 service members, 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
- Campaign against symbolic use of veterans without meaningful support for veterans issues
- Support initiatives to understand and address climate change to military facilities and personnel, such as DoD's work on Climate-Related Risk to DoD Infrastructure Initial Vulnerability Assessment Survey (SLVAS) Report, and ensure appropriate mitigation is conducted



Veteran Treatment Courts (VTCs) 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 VTCs, 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 34 states that currently have them.³⁸ While the first Veteran Court was established nine years ago in Buffalo, New York, today it is estimated that more than 350 exist.³²

Beyond the success of VTCs, other avenues to ensure justice-involved veterans are cared for 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.

³² <https://justiceforvets.org/wp-content/uploads/2017/03/Painting-the-Current-Picture-2016.pdf>



IAVA Recommendations

- Require the Department of Justice (DoJ) 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 establish Veterans Courts from DoJ or VA to better support VTCs
- 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 the VA and state and federal resources. Mandate those with upcoming release dates, within 2 years, are given transition books 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 be eligible for VA Homelessness Programs before their release date to allow for a smooth transition
- Ensure justice-involved veterans and their families are aware of the 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



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

The number of homeless veterans has declined since 2010, and in fact, has dropped nearly 50% since 2010. Despite the huge advances made in recent years, there are still tens of thousands of veterans who remain homeless on a single night. The VA cannot solve this challenge alone. Veterans who struggle with substance abuse or were previously incarcerated are often unable to be placed in housing programs. Even more struggle to maintain a permanent home. In IAVA's latest survey, 24% reported going without a home for over a year after they transitioned out of the military, and 81% reported couchsurfing temporarily. Housing and homelessness related referrals are among the services most requested through IAVA's Quick Reaction Force (QRF); in 2020 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 counterparts³³. 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 just need temporary support. The VA must continue partnerships to align effective, dynamic services to these demographic shifts.

IAVA Recommendations

- Expanding the definition of homelessness to include marginally sheltered or “couch surfing” 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 the 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

³³ <https://www.va.gov/homeless/nchav/docs/hers-womens-proceedings.pdf>



We could not do this important work without the support and community of our partners. Thank you to all who have shared their expertise and insights to ensure that this policy agenda is well informed and substantial.

American Association of Suicidology

American Psychiatric Association

American Psychological Association

Blue Star Families

Burn Pits 360

Center for New American Security

Community Solutions

Disabled American Veterans

House and Senate Committees on Veterans Affairs

Human Rights First

Military Officers Association of America

National Association of Black Veterans

National Coalition for Homeless Veterans

National Congress of American Indians

National Military Family Association

New York Veterans Alliance

No One Left Behind

RAND Corporation

Service Women's Action Network

Student Veterans of America

The Palm Center

Tragedy Assistance Program for Survivors

Veterans Cannabis Coalition

Veterans Education Success

Veterans for Cannabis

Wounded Warrior Project





IAVA Mission: To Connect, Unite, and Empower Post-9/11 Veterans

Connect with IAVA: To learn more or to find out how you can donate your time or treasure, please visit IAVA.ORG, follow us on Twitter @IAVA and Facebook.com/IAVA.ORG.

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