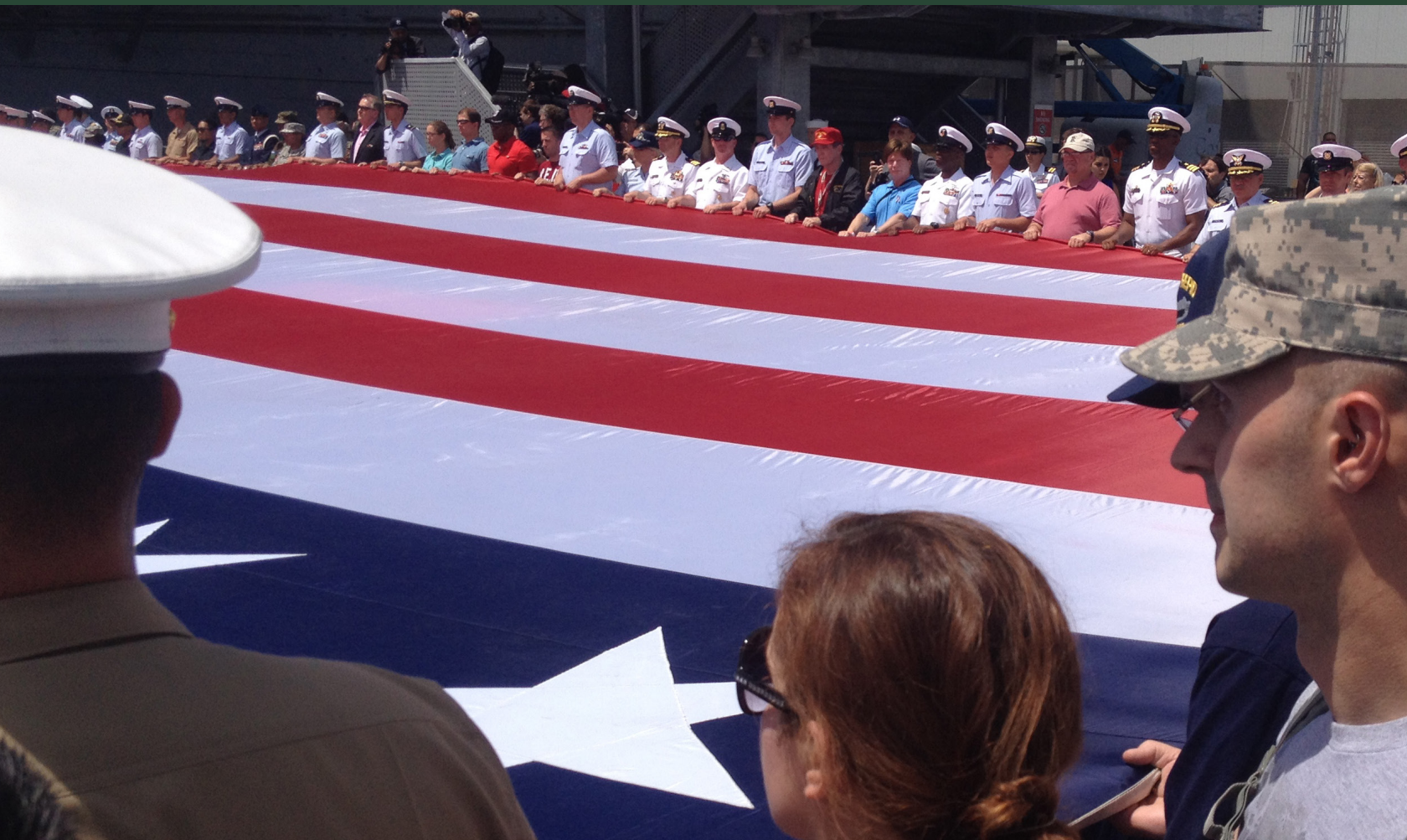


POLICY AGENDA
**FULFILL THE
PROMISE**
TO TODAY'S VETERANS



IRAQ AND AFGHANISTAN
VETERANS OF AMERICA

**A NEW AGENDA FOR
THE 115TH CONGRESS**



THE BIG FOUR: IAVA'S TOP POLICY PRIORITIES

1. Fully Recognize and Improve Services for Women Veterans

Over 345,000 women have deployed in support of these current wars. While the number of male veterans is expected to decline in the next five years, the women veteran population will increase, and women have taken on new roles and responsibilities throughout the services. Though the quality of care and services provided by the VA for all veterans needs to dramatically improve, women veterans especially need to see an improvement in the VA's standard of care. Not only do women veterans encounter barriers to care and benefits, they do so in a culture that often does not accept them or fully recognize them as veterans. The VA has created a firm foundation of care for women veterans, but now the VA, with Congress, must build on that foundation, improving access to care and benefits while changing the underlying culture to one inclusive of women.

2. Defend Veteran and Military Education Benefits

The Post-9/11 GI Bill has sent more than one million veterans to school. It has helped these veterans in their transition home, but it has also trained America's new greatest generation to lead in many professions. Though wildly successful, the GI Bill has been threatened with enormous cuts, and IAVA spent most of 2016 executing our successful campaign to #DefendTheGIBill. As a direct result of IAVA's efforts, Congress did not cut the landmark benefit in 2016. Congress must never cut benefits that have been promised as a condition of military service, including this landmark benefit that has been so transformational for our generation of veterans. The GI Bill has also been exploited by predators in the for-profit education sector who take advantage of veterans' benefits and often leave veterans stuck with unnecessary debt and a subpar education. Congress must close loopholes that reward these bad actors for exploiting veterans and strengthen regulations that help veterans choose the best educational programs to meet their career goals.

3. Reform Government for Today's Veterans

The VA access scandal of 2014 brought to light problems that veterans of all generations face in trying to get their hard earned benefits and care from the VA: a negligent log jam of claims and overdue health care. Much of the crisis was preventable and predictable and it is surely fixable. Under former Secretary Bob McDonald, the VA embraced a culture of innovation and collaboration in the last two years and this must continue. The secretaries at the VA and Department of Defense must be given the resources, authority and space to succeed—while being held accountable. At the very least, funding and key structures at the VA must be protected from short-sighted cuts and political posturing. This must be the year we all finally work together to create a dynamic, responsive, integrative system with the veteran at its core that is set to meet every veteran's needs for decades to come. Our military is the world's most advanced; our care for our veterans must be the same.

4. Continue to Combat Suicide Among Troops and Veterans

When it comes to veteran and troop suicide, there can be no misses—the stakes are too high and our national responsibility is too great. That anyone who has worn our uniform concludes that they have no support and no alternative but suicide is a national crisis and disgrace. For nearly a decade, IAVA and the veteran community have long called for immediate action by our nation's leaders to end this crisis. In that time, we have lost too many friends, but there has been some progress—most notably the passage of the IAVA-led Clay Hunt Suicide Prevention for American Veterans (SAV) Act of 2015. We saw further success when the IAVA-backed Female Veteran Suicide Prevention Act of 2016 was enacted. Also in 2016, at IAVA's urging, VA Secretary Bob McDonald elevated the Suicide Prevention Office within VA and further resourced it, empowering the office to address suicide prevention in a broader, public health context. But there is still much work to be done. There can be no rest until every veteran and every service member has access to the best mental health care and community support. Working with community groups, Congress and the Administration must lend the full force of the federal government to this problem to better identify and support those in crisis and dramatically improve access to and the quality of mental health care.



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REALIZING THE VISION

For the past 12 years, we at IAVA—growing to more than 425,000 members strong— have committed ourselves to a singular mission: “to connect, unite and empower post-9/11 veterans.” This mission isn’t only about guaranteeing our fellow veterans and our families the benefits and services they earned through service and sacrifice. It is also about ensuring all veterans feel welcome and understood when they come home and have a community to which they can (re)connect. That work requires closing the divide between military and civilians by sharing our values, experiences, and culture with the 99 percent of Americans who have not served in these most recent wars. It is also about creating ways that we can continue to serve our country. This all contributes to our movement’s transformative vision of “an empowered generation of veterans who provide sustainable leadership for our country and their communities.”

Our friend Clay Hunt was a stellar example of a veteran singularly focused on making that vision a reality. He lived it, taking other veterans on mountain bike excursions, providing disaster relief with Team Rubicon, and Storming the Hill with IAVA in 2010. Years before the truth came out through the 2014 VA access scandal, Clay stood with IAVA and his fellow veterans, before Senators, members of Congress, and the White House to demand ending the VA claims backlog. But like too many of our fellow veterans, Clay had a burden that was too heavy for him to carry, and a year later he was lost to suicide. We all mourned Clay, but we could find no better way to honor him and carry on his commitment to his fellow veterans than by aggressively advocating for a comprehensive veteran suicide prevention bill in Washington, D.C. IAVA made passing that bill—named in his memory—our top priority. After an unprecedented bipartisan effort, we proudly joined Clay’s parents and President Obama as he signed the Clay Hunt Suicide Prevention for American Veterans (SAV) Act into law in early 2015.

In 2016, at IAVA’s urging, Secretary McDonald elevated and increased resources for the VA’s Suicide Prevention Office. IAVA also pushed for and celebrated the enactment of the Female Veteran Suicide Prevention Act of 2016. We fought to protect the Post-9/11 GI Bill, to allow the VA to provide in vitro fertilization treatments for wounded veterans trying to start a family, and we continued to fight to more broadly reform the VA into a 21st century institution providing an integrated network of high quality care for all veterans.

These historic policy achievements will certainly save lives, and it shows America what we can achieve when we are united. The road was long—it was longer than it should have been—but we thank everyone who looked past partisanship and politics to get it done.

But our fight has just begun. The next few years will be the most important time for Iraq and Afghanistan veterans. Almost three million of us have now served since 9/11. We have a new Congress and Administration. The VA that has shown some improvements but continues to need extensive reform. Benefits promised to veterans are still under attack, and women veterans are too often treated as second class vets. Too many in the public are seemingly ready to close the book on the wars in Iraq and Afghanistan when we are still sending men and women into the fight. We have our work cut out for us, and the stakes have never been higher.

The landscape is exceptionally challenging. Our political parties remain divided, and there will be new challenges with a new team in the White House which has a steep learning curve. And the demand for support and health care will only increase. Even so, support for our veterans can be the one issue that unites our country. Washington was able to put political bickering aside to pass the SAV Act, and we expect the same bipartisan collaboration to pass similarly comprehensive legislation tackling each of IAVA’s Big Four priorities.

We would never go outside the wire without a plan to achieve our mission’s goal. The recommendations that follow are not a wish list, but a plan to transform our landscape forever and set a generation of leaders (and all of America) up for success. This document is a comprehensive blueprint, laying out what the Department of Defense, the VA, the President, governors, mayors, corporations, nonprofits and all Americans should do to achieve this vision: an empowered generation of veterans who provides sustainable leadership for our country and its communities.

If you share our vision, join us and do your part. Together we will change history.

ABOUT IAVA'S POLICY AGENDA

Since 2004, IAVA has been a leading voice fighting for the care, services and opportunities that veterans have earned. We brought the same cutting edge thinking and urgency that we relied upon to fight two unconventional wars to the challenges and opportunities facing our community at home. Over time, Washington, D.C. has answered our call by passing a number of IAVA-led initiatives like the Post-9/11 GI Bill, the Caregivers and Omnibus Health Services Act, stop-loss pay, Transition Assistance Program reforms, the VOW to Hire Heroes Act, the Clay Hunt SAV Act, the Zadroga Act for 9/11 first responders, and the Female Veteran Suicide Prevention Act. These and many other advances in veterans' care were historic and are already showing their worth, improving the lives of hundreds of thousands of veterans and their families. There remains much to be done at the national level, but government alone cannot solve the challenges that post-9/11 veterans face.

To build the new greatest generation, all sectors of our federal, state and local governments must engage with the private, nonprofit and philanthropic sectors to support veterans and their families and create opportunities for us to thrive. The President, members of Congress, governors and mayors all have a shared stake in successful transitions home. Through IAVA's local programs around the country we've proven that good policy does not begin and end in Washington and that a strong local community alongside all levels of government can empower our nation's returning warriors.

The recommendations that follow are the result of our extensive annual process of research, analysis and policy design. We take into account all that's been accomplished and all that has not. As a member-led organization, we survey our membership—the largest data pool of post-9/11 veterans in the world—and review the most up-to-date statistics and research. We incorporate IAVA's own cutting edge policy reports and collaborate with stakeholders and experts across the veteran community and outside of it. We thank our partners in The Military Coalition (TMC), leaders of the Independent Budget, and veterans movement leaders from across the nation who represent service members, veterans and their families by informing these recommendations. Most of all, we thank the hundreds of thousands of IAVA members who contribute their voice to this plan and this movement.

Many of the recommendations are legislative, while others focus on the executive branch and local governments. Still others are meant for the private, nonprofit and philanthropic sectors. Next to each recommendation are icons representing the stakeholders who can take action on each recommendation. While we expect coordination on many of these proposals, we have ordered the icons to reflect the degree of leadership required by each stakeholder. IAVA will continue to look to the following stakeholders for leadership and action on veterans' issues:

	CONGRESS		EXECUTIVE
	PRIVATE SECTOR		NONPROFIT SECTOR
	STATE & LOCAL GOVERNMENT		PHILANTHROPY
	ACADEMIA		

Example:



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

This indicates that the above recommendation can be completed either through executive action, Congressional mandate and state action, as well as through actions taken by various stakeholders in the private sector. They will be listed in the order of preference.



114TH CONGRESS: A HISTORIC TIME FOR VETERANS IN WASHINGTON, D.C.

During the 114th Congress (2015-2016) the veteran community faced unprecedented challenges in Washington, D.C., and IAVA's veterans rose to meet each one. As in past years, IAVA achieved some big wins for veterans, including successfully advocating for the passage of two veteran suicide prevention bills: the Clay Hunt Suicide Prevention for American Veterans (SAV) Act and the Female Veteran Suicide Prevention Act.

Since 2014, when the full extent of the health care access backlog, malfeasance and cover-up at the VA came to light, IAVA led the charge for transparency and accountability. Always focused on solutions and working with both Republicans and Democrats, we helped craft the short-term fix to the VA access crisis. Working with the new VA Secretary, Congress and other Veteran Service Organizations (VSOs), IAVA continues to push reform that increases accountability while working towards a truly integrated system of care at the VA.

Below are just some of the highlights impacting our members from IAVA's policy program work in the past year:

Supporting Veteran Education

- When faced with bipartisan efforts to make unprecedented cuts to the GI Bill in both the House and Senate in 2016, IAVA campaigned throughout the year to successfully block them from becoming law. Our members were crucial, sending in more than 33,000 letters to Capitol Hill with their strong objections.
- In 2016, IAVA defeated two separate major cuts. One would have cut in half the housing allowance for children who would use their veteran parent's transferred GI Bill, and the other would have cut the housing allowance for all GI Bill users by \$91/month.

Combating Military and Veteran Suicide

- IAVA celebrated the signing of the Female Veteran Suicide Prevention Act into law. Our members were critical in sending more than 1,200 letters to Capitol Hill calling for its passage. The IAVA team pushed hard to raise awareness, testifying before Congress and sharing with the media why this issue is so critical. This new law will enhance the provisions in the Clay Hunt Suicide Prevention Act of 2015, requiring that the VA identify the mental health and suicide prevention programs most effective for women veterans.
- IAVA, together with Vietnam Veterans of America (VVA) successfully called for the VA to elevate its Suicide Prevention Office under the Office of the Undersecretary for Health and expand resourcing so the office could more comprehensively address suicide prevention.
- IAVA and our VSO partners celebrated the inclusion of the Fairness for Veterans Act into the National Defense Authorization Act. This was a massive win for those with Other Than Honorable Discharges who are applying for a discharge upgrade because of a previously undiagnosed mental health condition. This new law makes the presumption such that if an individual has a diagnosed mental health condition, that condition likely contributed to the discharge status. This could impact thousands of veterans, making access to needed and earned VA benefits a reality.

Reforming VA Health Care

- The Veterans Choice, Access and Accountability Act (VACAA) of 2014 established a Commission on Care to assess and make recommendations regarding the future of VA health care. This year, the Commission met over 15 times and revealed the VA and the private sector and holds veterans at the center of that care.
- The ability to have a family is critical to the transition home and the healing journey for so many wounded warriors. IAVA celebrated the passage of legislation allowing VA to finally provide in vitro fertilization treatments for wounded veterans who could not otherwise start a family. This has the potential to impact hundreds, if not thousands of veterans.
- The VACAA aimed to not only make health care more easily attainable for veterans but to ensure VA employees at all levels were held accountable. In 2016, IAVA once again stood with many in our community to prevent portions of VACAA from being ruled unconstitutional in the case of *Helman v. Department of Veterans Affairs*. IAVA, with our VSO partners, was engaged throughout the process. We lent our expertise and our voice to shaping the conversations, and as the new Administration begins, we will continue to do exactly that, fighting for a truly integrated system of care that combines the best of the private sector with that of the VA. A key component of VACAA allows the Secretary of VA to quickly and efficiently remove career senior service executives



who engage in misconduct or gross incompetence and greatly limits employee rights to appeal the decision of removal. Without this important piece of law, career executives at the VA could virtually never be fired--spending months or years in a black hole of administrative and judicial proceedings. It is this portion of VACAA that is under attack and why IAVA signed onto an amicus brief asking the U.S. Court of Appeals for the Federal Circuit to uphold this vital law. In early 2017, a new bill entitled the VA Accountability First Act of 2017 introduced by House Veterans Affairs Committee Chairman Phil Roe (R-TN), which would make it easier for the VA Secretary to (TP) remove bad employees.

Fully Recognize Women Veterans

IAVA celebrated the historic opening of all combat roles to women in early 2016. Women are already on the front lines, but Department of Defense (DoD) policies previously prevented women from being assigned to units below brigade level where the unit's primary mission was to engage directly in ground combat. Women were barred from serving in infantry, artillery, armor, combat engineers, and special operations units of battalion size or smaller. In December 2015, Secretary of Defense Ashton Carter ordered the military to open all combat jobs to women within 30 days with no exceptions, a move which IAVA has fully supported. This most recent policy change followed extensive studies that were completed by the military departments and by Special Operations Command on issues such as unit cohesion, women's health, equipment, facilities modifications, propensity to serve, and international experiences with women in combat. These studies also included a review and validation of gender-neutral occupational standards for combat roles where such standards existed. IAVA applauds the efforts of the Pentagon and the services as they continue to holistically implement their policies for inclusion of women in combat roles.

Elevating and Celebrating the Veteran Voice

In 2016, all eyes were on the presidential election. IAVA made sure that the voice of the veteran community was part of the conversation. IAVA called on candidates to discuss their plans for supporting the veteran community throughout the campaign and election season. This culminated in IAVA hosting the first ever Commander-in-Chief Forum, broadcast on NBC in prime time and watched by over 12 million viewers, which highlighted the veteran community and veteran voice in this election cycle.

Community Rebuilding

In 2016, our member-led community grew by more than 17,000 members. This past year we continued to expand our enormously successful VetTogether program. These member-led gatherings—including BBQs, happy hours, film screenings and fishing trips—take place in local communities around the country on the 11th day of every month. VetTogethers are the next generation of the traditional veterans' halls and replicate the unique camaraderie we shared while in uniform. In 2016, over 500 VetTogethers were hosted nationwide, and we project that number will double in the next year.

Complementing our local community, vets also connect online through IAVA's Virtual Veterans Hall (formerly myIAVA)—an online veterans hall and the premier social network for IAVA members. On the Virtual Veterans Hall, members find peer support, plan and attend member-led VetTogethers using our proprietary events tool, get help using the New GI Bill, access IAVA resources or simply connect to discuss the issues of the day.

Transition Assistance

Coming home from war isn't easy, so IAVA provides innovative programs to support new veterans as they navigate the tough decisions and many hurdles that often accompany their transition home. In 2012, IAVA saw a need to create a safety net for transitioning veterans to connect them to the extensive, but often fragmented, network of support systems and resources available to them. Our signature program, the Rapid Response Referral Program (RRRP) connects veterans from all eras, no matter the discharge status, and their families with nationwide best-in-class resources and services to meet their transition goals. The RRRP Team has connected over 7,700 veterans to more than 8,900 resources. Unfortunately, the needs of today's veterans remain high. Our Veteran Transition Managers (VTMs) hold Master-level degrees in social work or related fields and respond to every case within 24 hours. IAVA VTMs provide high-touch support through non-traditional, high-tech mediums, online and on the phone, and work with new veterans to address issues in all areas of their transition, including: employment, education, VA enrollment, mental health, financial assistance, legal aid and housing. So far, RRRP has served over 600 female vets who make up twenty percent of RRRP clients. IAVA's VTMs work fast and effectively to support America's newest generation of warriors.



More Impact Highlights

IAVA has made a real, lasting impact on thousands of veterans. Some recent examples of the ways we've built community and supported transitions include:

- More than 7,700 veterans and family members served through RRRP;
- A 15% decrease in veterans' transition-related stress after using RRRP services;
- 524 member-hosted VetTogethers across the country;
- Nearly 1,000 veterans received support in navigating their individual educational issues;
- Over 1,100 employment-related referrals made for veterans and family members through RRRP;
- Dozens of new veteran leaders received training as top advocates and spokespeople.



1. FULLY RECOGNIZE AND IMPROVE SERVICES FOR WOMEN VETERANS

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 treat them as second-class veterans. Women comprise nearly 20 percent of new recruits, 16 percent of the 1.3 million active duty force, and 19 percent of the 850,000 reserve component.¹ According to the Department of Defense (DoD), over 345,000 women have deployed in support of these current wars. In 2001, women were estimated to make up about six percent of the veteran population. By 2020, it's estimated they'll represent 11 percent.² And since 2001, the number of women using Department of Veterans Affairs (VA) services has increased by 80%.³ Twenty percent of IAVA members and 35 percent of IAVA's leaders are women. Women are leading the way in every single aspect of what we do.

Historically, women have played a critical role in the military, but those contributions are generally overlooked. While women have served on the front lines, DoD only recently officially opened all combat posts to women. These new roles will likely attract more women to the military, and more women will lead our military in the years to come. It's past time that the military culture and our nation embrace this, and recognize, celebrate and support the service of *all* veterans that serve this nation.

In IAVA's survey of 1,500 women veterans:⁴

- Only 30% of participants rated the support the VA gave women as good or very good.
- Less than half felt that VA staff treated women veterans with respect or had a culture welcoming to women.
- Only a third felt the general public treats women veterans with respect. When interviewed, these women shared stories of having their service questioned or belittled by male veterans, civilians and VA employees.

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.^{5,6} 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 to women and all minorities. That will require not only a policy change, but more importantly, a complete shift in culture.

1.1 Foster Cultural Change to Fully Recognize the Service of Women Veterans

1.2 Improve Care and Benefits for Women Veterans

1.3 Improve Employment, Housing and Child Care Benefits and Services

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



1.1 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.

While women have served in combat throughout the wars in Iraq and Afghanistan, the Department of Defense formally opened all combat jobs to women in March 2016 with IAVA's support. Women are returning home and are ready to lead—as evidenced by the fact that four women veterans of Iraq and Afghanistan are serving in the 115th Congress—but women veterans face an uphill battle. Outdated notions of women's service pervade the culture and the stories of women veterans are rarely told, which contributes to the lack of understanding of their roles. It's past time for our nation to understand the changing face of our military and recognize the strength, determination, skills and leadership that our women veterans embody.

The stories abound—women veterans who are met with disbelief when they share the fact that they served. A woman who parks in a spot saved for military is challenged by a perfect stranger as to why she parked there. Another who walks into the VA hospital, checks in, and is asked who she is a dependent of. And yet still another, who while on Capitol Hill advocating on behalf of her comrades, is thanked for her support while the male veterans with her are thanked for their service. Half of the 1,500 respondents to IAVA's survey of women veterans said that they felt the VA did not have a culture welcoming to women. Less than half felt their male peers treat women service members and veterans with respect and only 1/3 felt the American public treats women veterans with respect.

As a nation, we must value GI Jane as much as GI Joe. The American military is more diverse than ever. Moving forward, we must recognize ALL who join and serve. This is the key to ensuring that ALL who serve have the full support of the nation and access to the services and benefits they have earned.

IAVA Recommendations



Conduct a comprehensive public awareness campaign, similar to the IAVA/Ad Council public awareness campaign, to bring greater cultural understanding of the increasing contributions of women service members.



Appropriate funding for a VA outreach and advertising campaign directed at women troops and veterans to help inform them of their eligibility for VA services, benefits and availability of the Women Veterans Program Managers in VA medical centers and regional benefit offices. Enlist partners to ensure the message is getting out.



Ensure that patient advocates are trained and prepared to handle complaints at every VA medical facility related to harassment or individuals creating a hostile environment for minority veteran populations, including women.



Expand the American public's understanding of the contributions of military and veteran women by including women veteran characters in movies, television, and fiction and nonfiction writing.



Ensure that a diverse veteran population is represented in all VA outreach and promotional materials to inform veterans of their eligibility for services and benefits, including women and minority veterans, and veterans with disabilities.



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



Integrate Womens health outcomes into Veterans Health Administration (VHA) executives' evaluations to establish a mechanism for greater accountability.



Ensure that peer support programs represent the diversity of the veteran population, to include women peer mentors.



1.2 IMPROVE CARE AND BENEFITS FOR WOMEN VETERANS

The VA has made progress improving women-specific care for women veterans, such as embedding a designated women's health care provider in each of the 140 VA health systems with primary care services, establishing Women's Health Centers at over 80 VA Medical Centers and Community-Based Outpatient Clinics and providing direct assistance and outreach to women veterans through VA women veterans call center. However, significant gaps in the quality of care available to women veterans at the VA remain. This is as basic as simply walking in the door and being recognized and greeted as a veteran, to the availability of more advanced needs like gynecological services.

IAVA's survey of women veterans found that less than half of VA users felt the VA adequately provided quality mental health care, and only two of three felt the VA provided adequate access to gender-specific care. In fact, because VA often lacks services for women, women veterans are compelled to use more services in the community creating challenges in the coordination of their care.

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 that all VA medical centers have appropriate facilities and are fully staffed to support the needs unique to women veterans, including women's clinics and reproductive services.



Ensure funding for all Vet Centers and VA medical facilities includes an emphasis on women practitioners, outreach specialists and doctors who specialize in women's health and mental health.



Develop training for VA and non-VA staff to promote understanding of women veterans, their range of military service experience and their unique needs.



Track usage of Vet Centers by women veterans to better understand the critical services provided to women and identify gaps that need to be addressed.



Track usage of the women veterans hotline to better understand the use and effectiveness of this resource to support women veterans.



Mandate annual training for the VA Women Veterans Program Managers (WVPM) and Coordinators supported by VA leadership to enhance professional development skills, share best practices, and serve as a retention incentive.



Reauthorize the VA Readjustment Counseling Services women veterans retreat program and study the program to determine its effectiveness and success factors.



Support the critical work of the VA WVPMs by filling open positions and mandating and hiring support staff for these offices to include a dedicated ombudsman and administrative support.



Expand the VA primary care women's health training program to include emergency room personnel.



Populate Community Care Networks to ensure there is a sufficient number of providers within the community care networks to meet the demand of women veterans and the services they are using.



Ensure the process by which records are getting back to the VA from contracted care providers is fully functional and uniformly implemented to ensure women's records are returned to the VA in a prompt manner to establish continuity of care.



Partner with community organizations to establish peer support networks and community outreach teams at each of VA's Women's Clinic and in the community to better support and connect women veterans.



Partner with best-in-class private sector companies and providers to support unique needs of women amputees, providing gender-specific prosthetics.



1.3 IMPROVE EMPLOYMENT, HOUSING AND CHILD CARE BENEFITS AND SERVICES

Veteran transition support doesn’t end with health care. Women veterans historically have a higher unemployment rate than their male counterparts. Over the last year, we’ve seen this gap decrease, but not close. The Bureau of Labor and Statistics reported that the average unemployment rate in CY 2015 for post-9/11 male veterans was 5.7 percent compared to 6.4 percent for post-9/11 women veterans.⁷

Women veterans also have a higher risk of homelessness and they generally face more difficulties than their male counterparts in finding emergency and temporary housing, particularly when they also need shelter for their family. Moreover, unless action is taken, these disparities will only become more amplified as the number of women veterans increases. The differences are outrageous, and we need to ensure that women have the same access to care and benefits that their male counterparts are afforded.

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.		Authorize VA to reimburse care for dependents of veterans seeking comprehensive homelessness services.
 	Expand child care services at all VA facilities and in local communities to ensure child care does not prevent veterans from seeking care or finding meaningful employment.	   	Develop structured pilot programs that build on promising practices from Department of Labor Career One-Stop Centers (also known as American Job Centers) focusing on the employment needs of women veterans.
	Grant permanent discretionary authority to the VA to provide assistance to veterans to obtain child care in order to reduce barriers to seeking care.		Fund nonprofit programs for women veterans at the national and local levels.
	Expand VA housing and assistance programs for homeless and displaced women veterans and their families.		



1.4 COLLECT, ANALYZE AND SHARE DATA ON SERVICES FOR WOMEN VETERANS

VA and other federal programs serving women veterans must ensure that programmatic gaps allowing women to become homeless and unemployed at greater rates than men are addressed. 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.

IAVA Recommendations



Ensure that federal government agencies, including the Departments of Labor (DOL), Health and Human Services (HHS), Housing and Urban Development (HUD), Education, Social Security, VA and Defense incorporate gender and minority data collection and analyses in all reports to identify gaps in services and programs.



Ensure that all programs and benefits offered to veterans include gender reporting. Use this data to understand what programs are most benefitting women veterans.



Ensure that the VA's Veteran Benefits Administration (VBA) tracks and analyzes all rating decisions by gender to ensure accurate, timely and equitable decisions by rating specialists.



Evaluate the quality of care provided by the VA and VA-purchased care for women veterans, particularly in mental health care.



Evaluate current VA housing and assistance programs for homeless and displaced women veterans and their families to identify gaps in housing support provision.



Report disaggregated data on every agency's services and programs for veterans to the public for external analysis.



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



Fund independent research to better understand the needs of women veterans like RAND's 2008 Invisible Wounds Report.



2. DEFEND VETERAN AND MILITARY EDUCATION BENEFITS

Well over 1.5 million new veterans and their family members have gone to school using the Post-9/11 GI Bill,⁸ which IAVA led the fight to pass in 2008. We realized the vision that IAVA and partner organizations had for our newest veterans when we started to advocate for this historic benefit in 2007. IAVA is proud of our leadership in driving the enactment of this benefit and in championing upgrades in 2010 and 2014 which simplified and improved tuition benefits, expanded eligibility to the National Guard, included vocational programs, and made nationwide in-state tuition rates a possibility for new veterans beginning this year.

Despite the enormous success of the Post-9/11 GI Bill, the generation of veterans that have fought - and are still fighting - our nation's recent wars were shocked when unprecedented cuts were proposed by both parties in Congress to pay for other programs in 2016. IAVA and its members held nearly 300 Congressional meetings, sent more than 33,000 letters to Capitol Hill, and were a constant presence in the media in our successful campaign to #DefendTheGIBill. Congress failed to cut this landmark benefit in the 114th Congress, but we expect them to try again, and we will be ready.

Aside from preventing cuts, there is still other work to be done. There have been attempts to measure the impact of the New GI Bill, but there is no centralized mechanism to track graduation rates, employment outcomes and other measures of success that would help veterans make better decisions about how best to use their benefits. Meanwhile, veterans' New GI Bill benefits remain under attack by predatory for-profit education companies that see the New GI Bill as a shortcut to profits.

Even with recent regulations passed to help veterans evaluate schools, the "90/10" loophole that incentivizes predatory actors to target veterans and their families remains open. The 90/10 law states that no more than 90 percent of a for-profit education company's revenue be generated by federal funds, relying on 10 percent of their revenue thus requiring them to prove their value through the free market. However, because the law was written to exclude federal GI Bill benefits from the 90 percent the legislative intent has not been realized and problems continue to persist, hence creating a loophole.

The Post-9/11 GI Bill will continue to be at the core of veterans' transition home, into careers, and into positions of leadership in every sector. The country's higher education system must be fully equipped to meet their needs and ensure their success.

2.1 Defend the New GI Bill from Cuts, Fraud, Waste and Abuse

2.2 Streamline the New GI Bill

2.3 Ensure the Success of Veterans on Campus



2.1 DEFEND THE NEW GI BILL AGAINST CUTS, FRAUD, WASTE AND ABUSE

According to IAVA's most recent member survey, half of respondents have used the post-9/11 GI Bill and another nearly 25% are planning to.⁹ The enormous cuts proposed for the Post-9/11 GI Bill in 2016 sent shock waves through the veteran community. Nearly 90 percent of IAVA survey respondents oppose cutting the benefit. Congress needs to understand that cutting promised benefits equates to a breach in trust with the American military and IAVA will continue to hold accountable any elected official that supports these or any future reductions.

Separately, in recent years, Congress and President Obama took steps to protect student veterans from the practices of some predatory actors in the for-profit education sector. Through the IAVA-supported Improving Transparency of Education Opportunities for Veterans Act of 2012 and the 2012 Principles of Excellence for Military and Veteran Education Programs Executive Order, student veterans were given more resources to distinguish quality education programs—aligned to their career goals— from poorer, abusive programs.

Despite our reforms, for-profit education companies remain incentivized to target student veterans. A 2014 Senate Health, Education, Labor and Pension (HELP) Committee report found that eight of the 10 schools receiving the most revenue from Post-9/11 GI Bill benefits were for-profit education companies, though they only educated 25 percent of veterans.¹⁰ Limitations in the regulations and in the reporting requirements prevent many poor-performing schools from being identified or disciplined.

In 2015 and 2016, the risks associated with for-profit education companies targeting student veterans further materialized with the sudden closures of all Corinthian Colleges and ITT Technical Institute campuses. The closures of these and other for-profit education companies have left thousands of veterans unable to complete their degree programs, and those veterans have lost the Basic Housing Allowance (BAH) provisions of the Post-9/11 GI Bill that they depend on to pay for housing. Those who have already graduated are left wondering the value of their hard work and their degrees.

Congress must take bold action to prevent these schools from squandering veterans' educational benefits and protect veterans from the fallout when action is taken, jeopardizing their futures.

IAVA Recommendations



Congress and the Administration must refuse to cut Post-9/11 GI Bill benefits that have been promised to service members and their families and should never pit one generation of veterans against another to pay for new government programs.



Close the 90/10 loophole by including Department of Defense (DoD) and Department of Veterans Affairs (VA) education benefits in the category of "government funds" for the purposes of calculating the 90 percent limit of public dollars a for-profit education company can receive.



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



Eliminate VA education funding for programs that participate in Title IV of the Higher Education Act of 1965.



Adopt gainful employment regulations that ensure government funding is provided only to vocational programs with proven employment outcomes for students.



Establish partnerships with on public student resources like College Navigator and nonprofit resources like IAVA's www.NewGIBill.org and distribute these resources as part of that partnership.



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



Provide the VA Secretary with the authorities to restore benefits for Post-9/11 GI Bill students who attended schools that have closed permanently and continue housing payments to veterans of these schools for a limited amount of time.

2.2 STREAMLINE THE NEW GI BILL

While the Post-9/11 GI Bill is a historically comprehensive educational benefit for veterans and their families, it can be significantly improved. Veterans often struggle to make ends meet between semesters. Veterans do not receive their housing allowances during the holiday breaks and often cannot get a job for such a short period to cover their basic costs. For new enlistees, many are still automatically enrolled into the old Montgomery GI Bill and pay a buy-in fee of \$100 for the first 12 months of enlistment, even with the free Post-9/11 GI Bill in place.

Some veterans are enrolled in schools that participate in the Yellow Ribbon Program, which helps cover the cost of tuition at private colleges and universities, but this program is not offered at all schools. Additionally, some veterans are unable to pursue scholarships to cover additional costs of their education without losing portions of their GI Bill benefits. IAVA is continuing to fight to ensure that the New GI Bill completely enables veterans to complete their education and move on to more successful lives.

IAVA Recommendations



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



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



Allow that new enlistees opt-in to the Montgomery GI Bill, rather than the current system in which they are automatically enrolled and must opt-out.



Allow veterans to "cash in" their GI Bill benefits to use as seed money for starting a small business in concert with appropriate training and accountability provisions.



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



Allow medically discharged veterans and retirees to transfer their unused GI Bill benefits to their spouses and dependents.



Allow Guard members and reservists with less than three years of total active duty service to participate in the Yellow Ribbon Program.



2.3 ENSURE THE SUCCESS OF VETERANS ON CAMPUS

The post-WWII GI Bill proved to be an unparalleled investment, returning seven Dollars to the economy for every Dollar invested in the program.¹¹ Whether the Post-9/11 GI Bill can live up to that legacy will depend on the success of today's student veterans. The government should continue to build upon its existing programs to support veterans on campus to realize the full potential of the Post-9/11 GI Bill

Veterans also bring unique experiences to college campuses, greatly contributing to the diversity on campus. It's in the interest of college campuses to attract this talent and provide a supportive environment in which these leaders can thrive. In IAVA's member survey, the majority of student veterans identified a veteran-friendly as their top reason for choosing their school.¹² 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



Commit to becoming a veteran-friendly campus by adopting "IAVA's four veteran-friendly best practices":

- Participate in the New GI Bill Yellow Ribbon Program;
- Agree to be a Service member Opportunity College (SOC) and provide college credit for military training;
- Create and support a veterans group on campus;
- Train faculty and staff on veterans issues.



Fully fund the Model Programs for Veteran Student Success grant program, which enhances on-campus programs for student veterans.



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



Ensure that legislation enacted in (H.R. 6416) 2016 that requires schools that receive GI Bill funds to report on progress of students using the benefit to the VA includes collection of data across demographic and geographic populations to provide oversight of school performance and student success. These metrics should be collected, tracked, regularly reported to Congress, and made available to the public.



Develop a program to link veterans with trusted education counseling services that help prospective student veterans with test preparation and admissions counseling.



Expand the VetSuccess on Campus (VSOC) program to cover more veterans, including those attending online programs.



Provide government grants to Veteran Service Organizations (VSOs) and nonprofits to develop student veteran service programs in order to help veterans achieve their educational goals.

3. REFORM GOVERNMENT FOR TODAY'S VETERANS

A government still stuck in the 20th century is trying to meet the demands of our newest veterans. While efforts over the last few years to decrease the disability compensation backlog have largely proven effective, too many veterans are still waiting years for decisions on their appeals for these claims. At the end of CY 2016, more than 300,000 appeals waiting for consideration at the Department of Veterans Affairs (VA).¹³ And while in the last two years, progress has been made to reform VA health care, as the largest integrated health care system, the VA still has tremendous challenges to overcome.

About 35 percent of all veterans and over 60 percent of new veterans are enrolled in VA care. Among IAVA member survey respondents, 80 percent are enrolled in VA health care and the vast majority have sought care from VA in the last year. About half of these VA users rated their experience at VA as good or very good, while one in four rated it poor or very poor.¹⁴ IAVA members have been clear that access to VA care can be challenging, but once in the system, they prefer that care. Further, independent reviews of VA health care support that the care is as good, if not better than the private sector.¹⁵

From 2013-2015, IAVA gave a voice to the stories of thousands of veterans navigating through the VA disability claims and health care systems through TheWaitWeCarry.org, a groundbreaking interactive website collecting and publicizing quantitative and qualitative data on the VA backlog.

TheWaitWeCarry.org has collected almost 3,000 stories, putting the faces and critical details on the true cost of outdated government services: women and men who wore our nation's uniform struggling with the financial and emotional stress of waiting for their benefits.

In 2015, the VA recognized the TheWaitWeCarry.org as a valuable vehicle to connect with veterans in need, and Secretary McDonald has applauded this groundbreaking tool in a blog on the VA website.¹⁶

The system required to best serve today's veterans—whether they served in Vietnam or Iraq and Afghanistan—will be very different from the current legacy system. Our newest veterans are returning home ready for full lives having survived complex injuries that would previously have been fatal or absolutely debilitating. Meanwhile, the veteran population in the United States is shrinking, with the number of veterans dropping from 28.5 million in 1980 to 21.2 million in 2016. This total comprises three percent WWII, four percent Korean War, 28 percent Vietnam, 18 percent Pre-9/11, 23 percent Post-9/11 and 23 percent peacetime service.¹⁷

With less than one percent of the U.S. population having served in Iraq or Afghanistan, local support and public awareness of veterans issues are waning. These changing demographics and circumstances require a nimble, dynamic system of care that can anticipate the needs of veterans and respond quickly; yet, the Department of Defense (DoD) and the VA still do not have an effective system of sharing and integrating medical records when service members transition from DoD to VA.

A bold approach will take the full coordination of the executive branch and Congress, along with stakeholder partners in state and local governments, and the private and 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.

Veterans envision a system of care designed with the same entrepreneurial spirit required of them during their service. Standing on ceremony or hiding behind process cannot stand; success must be measured by results. Today, veterans too often feel like they are fighting the government for the services and benefits they have earned; a successful system of care will fight for them.

3.1 Reform VA Health Care to Recognize a Truly Integrated Network of Care

3.2 Establish Accountability Among All VA Employees

3.3 Finally End the VA Backlog

3.4 Seamlessly Transfer Care from DoD to the VA

3.5 Improve Government Outreach to Veterans

3.6 Defend Troops Against Military Sexual Assault

3.7 Build on the Success of Local Veterans Courts



3.1 REFORM VA HEALTH CARE TO RECOGNIZE A TRULY INTEGRATED CARE NETWORK

The VA health care system is not perfect, but it's also not all broken. VA health care holds competencies that are unmatched in the civilian health sector. Specialty care for mental health, blast injuries, burns, prosthetics and paralysis are just some examples. It's coordinated system of care and ability to address complex health needs has been recognized by multiple independent assessments as a feature unique to the VA health system.^{18, 19} An additional study concluded that VA health care is still as good if not better than private care.²⁰

Eighty percent of IAVA's member responding to IAVA's most recent member survey are enrolled in VA care, and while many praise the care they've received, others have had their challenges.²¹ IAVA holds firm that the best solution for veterans is a VA that combines the best of what the VA has to offer with what the private sector has to offer; a truly integrated network of care in which the veteran is at the center, with the VA coordinating care while offering the services it best delivers. Talk of dismantling the VA system is extremely unpopular among all veterans. In fact, data suggests that when given a choice, veterans choose VA care over non-VA care. Veterans, including IAVA's members want to see a better VA, not a dismantled one. It's still to be determined whether the private medical community could even absorb the 9 million veterans that the VA cares for, or if they have the training to do so. The risk of rolling the dice in a time of growing change and need is just too great.

The VA health care system not only supports our nation's veterans, but also contributes to the education of medical professionals and funds research that has resulted in medical breakthroughs for the nation at large. Further, there is deep, legitimate concern as to whether the community clinicians are prepared to treat some of the unique wounds of these most current wars and whether they have the capacity to do so. A recent report by RAND suggested that the majority of community mental health care providers are not equipped to care for this veteran population.²² Nearly 57 percent of respondents to IAVA's member survey have a service-connected mental health injury and the majority are seeking care for that injury. A VA mental health professional is the most common provider of that care.

Over the last two years, Congress, the Veteran Service Organization (VSO) community and the Administration have agreed upon a framework for change, and real change has begun to happen.²³ There's a long road ahead of us; it will take the will of Congress, the Administration and the American public to continue on this path towards a truly integrated network of VA health care.

IAVA Recommendations



Extend the Choice Program established by the Veterans Access, Choice and Accountability Act of 2014, currently set to sunset in August 2017, to ensure the VA has time to develop and put in place a permanent program that ensures quality and timely care for veterans.



Eliminate the current time and distance criteria for community care access (30 days and 40 miles).



Authorize the VA Secretary the ability to enter into provider agreements, budget flexibility, hiring assistance, and other actions required to allow for the consolidation of community care programs.



Relieve current challenges for VA to enter into agreements with health care partners to share space, equipment or personnel.



Ensure the VA better engages and develops professional staff while ensuring that clinicians have the support staff, both clerical and clinical, they need to use their time more efficiently and effectively to treat patients while making data integrity and collection a priority.



Establish an effective way to identify VA's most transformative programs and share them across the VA in a streamlined and efficient way.



Adopt as a primary mission of Veterans Health Administration (VHA) the elimination of health care disparities among the veterans it serves, including focusing data collection and analysis on vulnerable populations and assess how VA is doing to support these populations.



Authorize the VA Secretary greater budgetary flexibility to meet VA facility and capital asset needs and greater statutory authority to divest itself of unneeded buildings, including expansion of infrastructure to support ambulatory care needs.



Authorize the VA ability to expand telehealth services by allowing health care providers authorized to provide health care through the VA and a licensed, nationally registered, or certified professional to practice at any location in any state, the District of Columbia, or a U.S. commonwealth, territory, or possession, regardless of where the professional or patient is located, if the professional is using telemedicine to provide treatment.



Authorize VHA's IT budget on a two-year cycle with VHA's advance appropriations cycle.



Streamline and focus VHA's organizational performance measures and establish the same in a personnel performance measure system. These metrics must be clearly defined, measurable, and speak more to the need for meaningful measures tied to safety, quality, patient experience, operational efficiency, finance and human resources.



Ensure military and cultural competence among all staff levels at VA and among community care providers including understanding the specific health indicators for this population to better serve them.



Develop and fund a detailed strategy and roadmap to update VA's IT and bring it into the 21st century. This should include interoperable capabilities between the VA and DoD.



3.2 ESTABLISH ACCOUNTABILITY AMONG ALL VA EMPLOYEES

After the VA scandal that came to light in 2014, the problems the veteran community had brought up for years finally became abundantly clear to the entire nation. In June 2014, IAVA called on President Obama and Congress to execute a new Marshall Plan for Veterans: a bold, comprehensive effort to restore confidence in the VA.²⁴ As part of that plan, IAVA called for full criminal investigations for those bad actors who ruined the reputation of the VA and harmed its veteran patients. Those who have violated America's sacred trust with our veterans must be held accountable, which is why IAVA aggressively supports legislation that would build on the provision of the Veterans' Access to Choice and Accountability Act. This was enacted with IAVA support in 2014 and gives the VA secretary the power to remove Senior Executive Service personnel for poor performance or misconduct. The new legislation would expand that power further for the greater VA workforce, giving the secretary increased authority to remove those employees who are not meeting the standards of service that veterans deserve. In a recent survey of IAVA members, reform for hiring and firing VA employees was the number one issue identified as important for VA reform.²⁵

Balanced with this is the need for VA to recruit and retain talent and reward those who are having an immense impact in supporting our nation's veterans. The vast majority of VA employees do great work every day. Many are veterans themselves. They deserve to work with colleagues who share their values.

Our members reach out to IAVA's Rapid Response Referral Program veteran case managers frequently, asking for help in navigating VA bureaucracy or accessing mental health assistance. The VA has been a strong partner with this program, and our case managers have seen first hand the dedication of many in the VA workforce to serve veterans, but it is critical that the Secretary is able to fire those who don't meet this standard.

To this end, IAVA strongly supported the VA Accountability Act (H.R. 1994) and the VA Accountability First and Appeals Modernization Act (H.R. 5620) in the 114th Congress. The House passed both by wide margins, but the Senate failed to act.

IAVA Recommendations:



Expedite the firing/demotion/appeals process for rank-and-file VA employees.



Provide VA whistleblowers with a means to solve problems at the lowest level possible, while offering them protection from reprisals and mandating strict accountability for those who retaliate against them.



Remove entirely the Merit Systems Protection Board from the firing/demotion/appeals process for VA senior executives.



Grant the VA Secretary the authority to recoup bonuses and relocation expenses from employees guilty of misconduct.



Provide VA whistleblowers with a means to solve problems at the lowest level possible, while offering them protection from reprisals and mandating strict accountability for those who retaliate against them.



Grant the VA Secretary the authority to reduce the pensions of senior executives convicted of felonies that influenced their job performance.



Restore recruitment and retention money to allow the VA to recruit and retain strong, motivated and talented VA employees.



Grant the VA Secretary authority to make all VA senior executives Title 38 employees.



Establish a review process that creates uniform employee accountability standards across the federal government.

3.3 FINALLY END THE VA BACKLOG

Over the last four years, significant progress has been made to decrease the VA's disability compensation backlog. A focused effort by VA, Congress and the VSO community has led to a number of reforms to help better streamline the process. Yet even with the claims backlog down, over 300,000 appeals still plague the system. It's past time to pass comprehensive reform for the appeals system that will better streamline it, reducing redundancies and decreasing wait times for veterans. These men and women often face significant financial and emotional stress while waiting for the benefits and care that they've earned.

Under the leadership of the Secretary Bob McDonald, the VA implemented a massive transformation plan to improve the disability claims process. Yet, it remains unclear if these efforts are sufficient to keep pace with incoming claims and while the disability backlog is coming down, there is a growing number of pending appeals. The VA must give stakeholders the tools to help assess their progress and help solve their problems with outside-in solutions by establishing clear goals and metrics and expeditiously releasing complete data on their progress towards those goals.

But you can't speed up a train running on broken rails and the VA still has to address the factors that created the VA disability claims backlog: the burdensome process and misaligned VA staff incentives. Veterans often struggle to understand the claims process and how they can help the VA more quickly adjudicate their claims. At the same time, the VA must reform the work credit system to hold VA employees accountable at every level and improve its ability to collect and use private medical evidence to substantiate a claim.

IAVA Recommendations:



Complete the Veterans Benefits Administration 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.



Build a predictive model to accurately project the workload and the resources required, including personnel, to meet the future disability claims demand.



Enact appeals reform legislation like that included in the VA Accountability First and Appeals Modernization Act (H.R. 5620) from the 114th Congress to establish reform and modernize the Department's broken disability benefits appeals process.



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



Provide the Board of Veterans Appeals with sufficient resources to modernize and replace its IT systems and ensure that any new systems seamlessly integrate with VBMS and other related VA systems.



Make all disability benefits questionnaires available to private medical providers.



Create a fully developed appeal option for veterans similar to the fully developed claims process to provide veterans more choice while saving time during the appeals process.



Require the VA to accept a post-traumatic stress disorder (PTSD) diagnosis from a qualified private medical provider.



The VA's "duty to assist" should provide the claimant a thorough explanation of the elements needed to substantiate a claim. The VA must publicize the criteria for claims based on the veteran's specific case rather than a general claim.



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



Evaluate the Segmented Lanes work initiative to continually assess whether it is meeting the goals of fast tracking simpler claims and streamlining more complex claims through experienced staff.



Report the intake of new compensation and pension claims on the Monday Morning Work Report, the weekly report on the performance of the VBA's 56 regional offices' processing of compensation, pension and education benefits.



Report statistics on the intake and processing of supplemental and original claims separately in the Monday Morning Report to allow for better analysis of the challenges slowing each type of claim.



Continue to engage VSOs in any discussion or consideration of changes to the Schedule for Rating Disabilities (VASRD).



Fund independent data visualization and accountability programs like IAVA's TheWaitWeCarry.org.

3.4 SEAMLESSLY TRANSFER CARE FROM DOD TO THE VA

Despite the commitments of past presidents and secretaries of DoD and the VA, there is still no sustainable system to share electronic health records. DoD and the VA have established stop-gap measures to lessen the negative impact of the two isolated systems, but it is still unclear how the departments will achieve this singularly important goal of fully sharing electronic health records.

The consequence of the failure to seamlessly share information is that too many veterans are falling through the cracks in the transition from DoD to the VA. Despite initiatives to enroll more service members in eBenefits and reach more service members through the Transition Assistance Program, just 60 percent of all new veterans are registered for VA health care.

National Guard members and reservists face particular difficulties in their transition between DoD and the VA, since they are bounced between the VA, DoD and state care. Dealing with so many agencies, they often struggle to obtain their medical and service records, resulting in more delays in applying for VA benefits and services.

IAVA Recommendations



Automatically enroll all eligible troops leaving active duty service in VA health care with an option to opt out and initiate Characterization of Discharge for those with other than honorable discharges.



Provide oversight by monitoring the interoperable DoD and VA health records, including submitting regular DoD and VA progress reports to Congress.



Improve the transition of National Guard medical and service records from state National Guard units to VA.



Fully implement the inTransition program and continue to assess to ensure service members receiving mental health care at DoD are handed off to VA for continued care as that individual transitions out of the military.



3.5 IMPROVE GOVERNMENT OUTREACH TO VETERANS

Too many veterans don't understand the benefits for which they are eligible. Outreach is critical not only for information sharing, but more importantly for highlighting the good work that the VA does. This is particularly important for women veterans. This is particularly true for women veterans. In IAVA's survey of women veterans, about half of respondents said they felt VA provided them with information and resources on women's health care. Only 30 percent felt it was easy to access VA benefits.²⁶

The VA has taken admirable steps to improve its outreach to veterans. As the VA works to streamline its website, develop new promotional materials, and partner with nonprofits, businesses and other organizations to help spread the word, the VA will improve its ability to reach out to veterans of all generations.

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



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



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



Establish a set of best practices for local resource directories, such as citywide 311 services, that provide local information geared specifically toward veterans.



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



Fund and partner with VSOs, especially next generation VSOs, to expand reach and trust across the veteran community.



Increase appropriations to the VA's Office of Rural Health (ORH) annually by the same percentage increase approved for VA Medical Centers to ensure continued support to rural and remote area veterans.



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



Given the importance of the ORH in supporting rural and remote veterans, elevate its organizational position in the VA from its current position under the Deputy Undersecretary for Health for Policy and Services.



Give authority to ORH to establish partnerships and grant funds to non-VA organizations that serve the rural and remote veteran community.



Fund private nonprofit support programs that expand housing, health care and technology access to rural and remote veterans.



Improve access and remove barriers to telehealth care treatment.



3.6 DEFEND TROOPS AGAINST MILITARY SEXUAL ASSAULT

If troops aren't safe in our military, they can't defend America against our enemies. The scourge of military sexual assault is a national embarrassment and must be eliminated. While military sexual assault is often framed as a women's issue, it impacts both men and women. And while the percentage (4.3 percent in FY 2014) of active duty women estimated to experience unwanted sexual contact is higher than the percentage of men (0.9 percent in FY 2014), in raw numbers more active duty men are estimated to have experienced unwanted sexual contact than women.²⁷

The FY 2012 annual report from the DoD's Sexual Assault Prevention and Response Office (SAPR) was a wake-up call to the nation, revealing an estimated 26,000 cases of unwanted sexual contact in the military.²⁸ Both DoD and Congress responded. Congress passed significant legislative reforms to protect survivors from retaliation, track and preserve evidence of sexual assault, prevent sexual assault, and begin reforming the military judicial system to better prosecute crimes of sexual assault. DoD continues to assess sexual assault in the military through annual updates and address the findings in these reports.

In the FY 2014 update, DoD reported some improvements, including an increase in the number of reports filed, possibly indicating less stigma associated with reporting an assault, and an overall decrease in the number of estimated accounts of unwanted sexual contact (estimated at 18,900). However, there are still significant problems. The report highlighted no significant change in the high number of retaliations for reporting. The report also revealed that while the number of women experiencing unwanted sexual contact decreased, the number of men didn't significantly change. This highlights the need for additional action to create the circumstances where all survivors can come forward to report cases of sexual assault.

Survivors may not choose to formally report a sexual assault for fear of retaliation, whether professional or social. Six percent of respondents from IAVA's most recent member survey are survivors of military sexual assault. Only one in three reported the crime. Of those 70 percent experienced retaliation. More importantly, nearly 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.²⁹

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

Congress must improve the military justice system by placing the disposition authority for all serious crimes in the hands of experienced and impartial military prosecutors, instead of the chain of command. While the chain of command would remain involved, the ultimate decision would rest with the prosecutor, ensuring that decisions of whether to prosecute are made on the facts of the case alone, giving both the survivor and the accused justice.

IAVA Recommendations



Ensure full funding for the SAPR by including it in the DoD Program Objective Memorandum budgeting process to ensure that a separate line of funding is allocated to the services.



Provide a plan to prevent an increase in military sexual assault in newly integrated Military Occupation Specialties following the military's decision to allow women to serve in combat arms units.



Require that SAPRO officers have extensive training to support the physical and emotional needs of survivors of sexual assault and ensure programs are in place to support self-care and protect against fatigue and burnout of these officers.



Fully implement the DoD Retaliation Prevention and Response Strategy while tracking metrics to determine whether implementation leads to desired outcomes.



Fully implement the DoD Plan to Prevent and Respond to Sexual Assault of Military Men.



Evaluate the discharge status of survivors of military sexual assault and upgrade the status of those who may have been a victim of retaliation for reporting.



Pass the Military Justice Improvement Act, which will shift the prosecution of serious crimes, including sexual assault, from the military's chain of command to independent military prosecutors.



Place the disposition authority for cases involving serious crimes in the hands of an experienced, independent military prosecutor.



3.7 BUILD ON THE SUCCESS OF LOCAL VETERANS COURTS

IAVA has long been a strong supporter of these effective, innovative courts. More than 40 states now have established Veterans Treatment Courts to offer alternatives to traditional criminal sentences for veterans with legal trouble characteristic of a mental health injury rather than criminality. The first Veteran Court was established nine years ago in Buffalo, New York, today it is estimated that more than 350 exist.³⁰

Veterans Courts provide enormous benefits both to veterans and the community. Those convicted through a Veterans Court are put through a rehabilitative program that often includes mental health support, and they avoid criminal sentences if they meet the requirements of the program. 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.

Additionally, there is no clear sense of how many veterans are incarcerated and for which crimes. Some of these incarcerated veterans would certainly come under the jurisdiction of a Veterans Court, their crimes being characteristic of mental health injuries, but slipped through the cracks or they didn't have a local Veterans Court available to them.

Unfortunately, these incarcerated veterans don't receive treatment from the VA for injuries, although they could benefit from VA expertise on combat-related physical and mental health injuries.

IAVA Recommendations



Provide grants to states to establish Veterans Courts.



Pass legislation to call for the statewide establishment of Veterans Courts, similar to legislation passed in Texas and Nevada.



Pass legislation that allows judges to order treatment, instead of prison, for veterans suffering from combat-related mental health injuries.



Require the Department of Justice to compare quarterly data from the Universal Crime Report with DoD to determine the number of, and reasons for, incarcerated veterans.



Train probation officers in the benefits available to veterans to aid in helping formerly incarcerated veterans transition back into their communities.



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.



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



4. CONTINUE TO COMBAT SUICIDE AMONG OUR TROOPS

The Clay Hunt SAV Act, signed into law on February 12, 2015, puts into motion three critical policies to help end veteran suicide by increasing access to mental health care, better meeting the growing demand for mental health care providers, and boosting the accountability of Department of Veterans Affairs (VA) mental health and suicide prevention programs. Even with this progress, the fight against this silent killer has only begun. It will take the full force of our nation to combat the crisis of suicide among troops and veterans.

We added to our success with Clay Hunt in 2016 when IAVA gained the commitment of VA Secretary Bob McDonald to elevate the Suicide Prevention Office under the Under Secretary for Health, positioning it to better address suicides through a public health approach. Further, we saw passage into law of the IAVA-backed Female Veteran Suicide Prevention Act, which requires the VA to identify which mental health and suicide prevention programs are most effective for, and those having the highest satisfaction rates among, women veterans. We also celebrated enactment of another IAVA-backed measure to improve access to mental health treatment for veterans of classified missions as part of a December 2016 omnibus veterans bill.

The VA estimates that 20 veterans die from suicide each day,³¹ and the Department of Defense (DoD) reports that 475 service members (active and reserve components) died by suicide in 2015.³² Nationally, the rate of suicide has been increasing steadily since 2000 and is the 10th leading cause of death.³³ This is a national crisis, but efforts to combat suicide among the military and veteran population can lead to solutions for the larger public. Despite increased efforts to combat suicide among troops and veterans, we are still missing the fundamentals of a high-quality, timely mental health care system. Yet, recognizing that mental health is not the only risk factor leading to suicide, but social factors such as community engagement, employment, and relationships play a role, we are also challenged to truly implement a public health approach to combating suicide that allows for a more integrative approach to prevention.

This is why IAVA has called upon the VA to assess its suicide prevention programs and has supported legislation that would require they determine which programs are most effective for women veterans. We have called for solutions for those with Other Than Honorable discharges, a population that the data show is at higher risk for suicide. We have asked IAVA members about their firearms storage habits, because we know that nearly 70 percent of male and 40 percent of female veteran suicides are completed with firearms.³⁴ Most importantly, we have called on the VA to work across the federal agencies and the private sector to find solutions, because they cannot do it alone, nor should they.

- 4.1 Improve Access to Quality Mental Health Care
- 4.2 Grow the Supply of Mental Health Providers to Meet the Growing Demand
- 4.3 Improve the Quality of Mental Health Care
- 4.4 Better Identify and Support Troops and Veterans in Crisis
- 4.5 Streamline Mental Health Care for Troops and Veterans
- 4.6 Engage All Americans in Combating Suicide



4.1 IMPROVE ACCESS TO QUALITY MENTAL HEALTH CARE

Troops and veterans deserve immediate access to the best mental health care in the world. According to IAVA's most recent member survey, over half of respondents are satisfied with their VA mental health provider. For those receiving mental health care at the VA, only 14 percent reported regular challenges scheduling appointments. Further, of those surveyed, 76 percent felt that troops and veterans are generally not getting the mental health care they need and 66 percent don't feel that, as a nation, we're making progress combating suicide.³⁵

Every veteran and service member should have access to low cost, high-quality mental health care and when they seek care, they cannot be met with ever-changing providers or unresponsive programs. No troop or veteran can be allowed to fall through the cracks between programs and services—or between DoD and the VA. Today, all post-9/11 veterans are eligible for VA health care for five years following their deployments. But for some, this is not enough time. Mental health injuries often manifest years after service when the five-year window has closed and, as a result, veterans are left without ready access to care.

Other veterans are ineligible for services because of their discharge status. Between 2001 and 2010, an estimated 30,000 service members were potentially improperly discharged from the military with a "personality disorder," leaving them ineligible for VA mental health support.³⁶ A more recent study estimates that 125,000 post-9/11 veterans cannot access basic services at the VA due to their discharge status.³⁷ For these veterans, the onus is on them to appeal to the VA to have their service reviewed to determine eligibility. Some of these veterans are discharged because of disciplinary problems that can be attributed to mental health injuries. DoD and the VA must work together to ensure veterans in need are not left without access to benefits and services because of a mental health problem resulting from their service. There has been some progress, but not nearly enough. Further, supporting and expanding public-private partnerships and programs like Vet Centers are tremendously important to fill this existing gap.

National Guard members and reservists are another population that often struggle to gain access to mental health services. Unlike their peers who return to military bases, they're at particularly high risk because they transition from active duty status into communities that often have few resources to support them. Yet, existing programs aren't being fully funded and many programs that serve others in the military community, like Vet Centers, are not available to them.

IAVA Recommendations



Remove the five-year limitation on special combat veteran eligibility for VA care to allow for access without an arbitrary time restriction.



The VA must revise its current policy for veterans seeking care for mental health, allowing those with OTH discharge the ability for temporary eligibility to allow access to critical services without delay in health care due to the current process for determining eligibility.



Review and alter DoD procedures to prevent discharges for disciplinary or administrative issues that are the result of mental health injuries, including an across service assessment of discharge protocols and standardization of policies to protect those who might be suffering from a mental health injury.



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



Evaluate Vet Center utilization and patient outcome. Perform gap analysis nationally and expand this model of care to fill those gaps in communities across the nation.



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



Partner with community programs to ensure veterans who are ineligible find care elsewhere and proactively introduce those veterans to the Conduct of Discharge review process.

4.2 GROW THE SUPPLY OF MENTAL HEALTH PROVIDERS TO MEET THE GROWING DEMAND

The number of mental health professionals dedicated to serving veterans and troops cannot keep pace with the demand for mental health services. As of December 2014, over half of post-9/11 veterans registered at the VA had a mental health diagnosis and post-traumatic stress disorder was the most prevalent of these diagnoses.³⁸ If these trends continue to be true for the entire veteran population, we will be profoundly unprepared to address this enormous demand for mental health services in and out of the VA.

The federal government, starting with the President, should continue to encourage the next generation of Americans to serve their country, pursue careers in mental health and expand the pipeline of qualified mental health providers to care for troops and veterans.

The VA is only bearing the brunt of a little more than half the demand. Only 60 percent of new veterans are enrolled with the VA, meaning many other veterans seek care through private or community services.³⁹ The government should work closely with community partners to share best practices and ensure these local providers are equipped with the resources needed to care for veterans and their families. Private philanthropy must also respond to this unprecedented public health challenge.

IAVA Recommendations



Conduct a workforce analysis to project the future need for mental health providers at the VA and DoD. Assessment should consider both services rendered and services requested.



Make permanent the funding of additional Graduate Medical Education slots established by the Veterans Choice and Accountability Act of 2014 beyond the ten-year window to ensure the added residencies do not disappear.



Identify successful community models of peer support programs that promote community involvement, risk identification and response among veterans and partner with them to expand peer support programs.



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



Integrate curriculum into undergraduate and graduate pre-med and medical programs to educate the next generation of providers on health indicators of the veteran population and treatment.



Replace the statutory payment formula with a formula that accurately adjusts Medicare reimbursement rates with rising health care costs. Since TRICARE reimbursement rates are tied to Medicare reimbursement rates, the current formula discourages many providers from accepting TRICARE.



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



Fund local and national nonprofit mental health services and programs like IAVA's Rapid Response Referral Program (RRRP).



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

4.3 IMPROVE THE QUALITY OF MENTAL HEALTH CARE

Troops and veterans deserve high-quality mental health care staffed by highly trained professionals; however, veterans are concerned with the quality of the care currently available to them. Of the 76 percent of respondents to IAVA's member survey who felt troops and veterans do not get the care they need for mental health injuries, 28 percent of those felt it was because they don't have access to high quality services.⁴⁰ A recent RAND report also suggests that providers in the community may not be well equipped to address the mental health needs of veterans.⁴¹

Providers must be trained to address the specific needs of veterans and their families. The VA and DoD, along with other government and private entities must continue to invest in research to identify best practices in mental health care and suicide prevention and cross train to ensure that knowledge exists with community providers and clinicians at DoD and the VA. Existing and emerging research must then be widely disseminated to DoD, the VA and non-VA mental health care professionals. By providing best practices to service providers across the country, we can ensure that more veterans are getting specialized, quality care wherever they may seek it.

IAVA Recommendations:



Require all TRICARE providers be trained in military and veteran health indicators and evidence-based tools and treatments for mental health injuries.



Require DoD and the VA to report annually about the impact of existing mental health programs. Reports should include how the program is improving the quality of life for veterans and their families and look at factors such as age, gender, ethnicity and sexual orientation.



Require nonprofit organizations as part of their grant requirements to collect and report impact metrics on mental health programs.



Establish and fund a tool to allow for the dissemination and peer review of evidence-based practices for the outreach, engagement and treatment of invisible injuries. This tool should be focused on connecting members of the mental health community currently treating veterans and should be a resource to those who wish to start doing so.



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



Establish a mechanism to better translate evidenced-based research into practice across federal agencies.



Fund local and national nonprofit mental health services and programs like IAVA's RRRP.



4.4 BETTER IDENTIFY AND SUPPORT TROOPS AND VETERANS IN CRISIS

Suicide prevention requires a proactive approach to identify veterans at risk of attempting suicide and to provide seamless care to these veterans. The act of suicide itself is a tragic symptom of a broad spectrum of factors, including relationship problems, health issues, and/or career and financial stressors. The earlier we identify that a service member or veteran is at risk, the more opportunities we will have to address these challenges before he or she ever considers suicide.

The VA, DoD and CDC have invested in critical research to identify those at risk. The joint suicide data repository that combines data from each of these agencies has a wealth of information that needs harvesting to help us better understand suicide trends. The VA is also investing in developing predictive models that can help clinicians better identify those at risk. Investment in research to identify at risk populations, to develop early intervention protocols and ensure first responders are prepared to intervene is critical. Nonprofits also play a role in educating the public as to how to identify risk factors and intervene when there is concern that a loved one is at risk.

For a truly comprehensive approach to suicide prevention, DoD and the VA must turn to a public health model. As part of that approach, identifying the specific needs of certain populations is essential. These military and veteran communities include, but may not be limited to, women veterans and service members, classified mission personnel, and unconventional mission personnel such as explosive ordnance disposal personnel and unmanned system operators. Congress must provide DoD and the VA the resources to accomplish this goal.

IAVA Recommendations



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



Integrate robust and effective mental health awareness and suicide prevention training into the military education systems.



Require the VA to develop mechanisms to share information across each department and establish standard procedures to ensure that every veteran identified as at risk for suicide is supported by resources whether from the VA or the community.



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



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



Establish drug takeback programs at local pharmacies. The VA and DoD have established drug takeback programs, but many pharmacies in the private sector have yet to do this.



Ensure that VA and non-VA primary care providers, ER doctors and their staffs are trained in the assessment, management and triage of acute suicide risk patients.



4.5 STREAMLINE MENTAL HEALTH CARE FOR TROOPS AND VETERANS

When veterans seek care for a mental health injury, services must be ready to immediately respond to their requests for treatment. Asking for help can be profoundly difficult and often requires tremendous courage. All too often, the families of those lost tell stories of disjointed services, moments when their loved one asked for help only to be met with overly complex bureaucracies and ever-changing providers unable to administer the continuity of care needed. With proactive efforts that emphasize a holistic, long-term approach to mental health care, we can ensure veterans no longer slip through the cracks.

We must streamline the transfer of care between DoD, the VA and contracted care. Despite repeated promises to develop a fully interoperable electronic health record, the VA and DoD still struggle to share medical records, making coordinating long-term care for veterans even more difficult.

IAVA Recommendations



Integrate mental health check-ups as a regular part of required physicals for preventive care.



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



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



Appoint a White House liaison to finally ensure the VA and DoD meet their promise to develop an interoperable DoD and VA health records.

4.6 INVOLVE ALL AMERICANS IN COMBATING SUICIDE

Communities in and out of the military are vital to combating suicide among troops and veterans to ensure veterans are supported in their efforts to seek care and in their transition home.

The stigma of seeking mental health care is a national problem, not just among veterans, and keeps many from trying to get help. According to IAVA's member survey, an encouraging 80 percent of respondents sought care when it was suggested that they do so by a friend or family member.⁴² Still, for those who reported having a mental health injury and not seeking care, they identified the concern that a mental health diagnosis might affect their career as a primary reason for why they ultimately refused to seek professional care.⁴³ Although the stigma of seeking help has improved, it is still very real. To fully change this stigma, the entire civilian and military community must adopt mental health care as a routine aspect of maintaining a healthy lifestyle.

Yet studies also suggest that half of all suicide attempts occur within an hour or less of having thought about suicide.^{44, 45} And addressing access to lethal means has very real results in decreasing suicide events. By developing comprehensive solutions within the military and veteran community that take this into account, we not only provide solutions for the military and veteran community, but for the nation as a whole.

IAVA Recommendations



Coordinate existing mental health awareness campaigns into one effort to remove the stigma of seeking help for combat stress injuries and to promote effective resources. This campaign should be well funded, research-tested and coordinated through DoD, the VA, the White House, local governments and community-based partners, while utilizing the power of big data to tailor messages to specific populations and geographies.



Identify or develop community based peer-to-peer programs that promote community involvement, risk identification and response among veterans and their families.



Decriminalize suicide attempts within the Uniform Code of Military Justice.



Emphasize throughout the chain of command the importance of mental health care, recognize and discipline accordingly those leaders who act as a barrier to care, and reward those who emphasize care among their service members.



Distribute trigger locks when an individual registers a firearm with Military Police.



Message firearm safety and safe storage through participation in a firearm safety campaign, such as the National Shooting Sports Foundation's "Own it? Respect it. Secure it." campaign.



Develop a community storage locker program where firearms can safely be stored outside of the home.





5. PRESERVE OUR LEGACY

The threats to military and veterans' benefits and care are real. During sequestration, the military cut support services for military families, and Pentagon leaders are being forced to consider additional cuts. Through the Bipartisan Budget Act, Congress cut retirement benefits for those currently serving. While Congress ultimately restored these benefits, it was a clear statement: the promises to protect veterans' benefits are already wavering. And in the last year, Congress threatened to cut the post-9/11 GI Bill.

The benefits and pay for our troops are also under fire. Cutting pay and benefits could have disastrous effects on our nation's capability to respond to further threats. Over the last 10 years, Congress has finally made military pay and benefits competitive with jobs in the civilian sector. America demands a lot from both service members and their families; they spend months apart for deployments and training, move frequently, and risk their lives. This is a lot to ask anyone and any family. If military pay and benefits start to stagnate and aren't competitive, it will become difficult for the military to retain its much-needed troops.

Cutting benefits also threatens recruitment and risks reintegration as a veteran transitions from service. 76 percent of IAVA member survey respondents most feel the post-9/11 GI Bill is important to military recruitment; 88 percent feel it's critical to reintegration.⁴⁶ President George Washington once said, "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive how the veterans of earlier wars were treated and appreciated by their nation." These guiding words remain sage advice today.

In the coming years it will seem politically expeditious to find "savings" in cuts to veterans' services and benefits. Congress, the President, and the American people must put in place protections to block any future attempts to erode the system of care for veterans and their families. We don't know what the future holds for many veterans and their families. Many of the effects of today's wars are still unknown and some veterans are currently working to integrate back into their families and communities. They have not yet sought support for injuries that may become more severe with time. The system of care must still be there for veterans when their injuries emerge.

Now is the time when troops and veterans will ask if the country has their backs and if our nation will keep its promises. The answer to both questions must be as absolute as our resolve when we deployed.

5.1 Protect Funding and Services for Troops and Veterans

5.2 Defend Military Pay and Benefits

5.3 Protect Our Wartime Allies

5.4 Secure IAVA Congressional Charter



5.1 PROTECT FUNDING AND SERVICES FOR TROOPS AND VETERANS

The long-term needs of new veterans are still not fully understood and will only be revealed as research continues and more veterans return home.

Research estimates that one of five new veterans have invisible injuries such as traumatic brain injury (TBI) or post-traumatic stress disorder (PTSD).⁴⁷ In addition, exposure to airborne toxic substances and burn pits used by the military to destroy waste has already impacted the health of new veterans. Eighty percent of IAVA member survey respondents report being exposed to burn pits during their deployment; over 60 percent exposed feel they have symptoms associated with that exposure.⁴⁸ However, little is understood about the long-term effects of exposure to these burn pits and other airborne hazards. With our presence in Iraq and Afghanistan no longer in the headlines, the country must continue investing in the system of care for veterans and their families. Congress must continue to appropriate funding levels for the Departments of Veterans Affairs (VA) and Defense (DoD) to match the benchmarks set by leaders of the veterans' community in the 2017 Independent Budget.⁴⁹

Congress should also extend advance appropriations to the entire VA. In 2010, following a series of missed budgets, Congress responded to calls from IAVA and our partners throughout the veterans' community to restore predictability to the VA health care budget by appropriating funds one year in advance. Now is the time to protect all VA programming from the whims of political bickering; the entire VA needs budget stability and advance planning to continue its transformation efforts.

IAVA Recommendations



Ensure that the VA funding levels match the annual Independent Budget blueprint, produced by leading Veteran Service Organizations (VSOs).



Maintain Post-9/11 GI Bill benefits for veterans and their families. Any cuts to this benefit are a breach in trust with service members and veterans by Congress.



Provide the VA Secretary increased budget flexibility to allocate funds across budget line items to best meet the demands of veterans using VA health care.



Appropriate funds for the entire VA—not just the health care system—one year in advance.



Invest in and partner with innovative community nonprofits serving the needs of service members, veterans, their families and survivors.



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

5.2 DEFEND MILITARY PAY AND BENEFITS

Congress cannot balance the budget on the backs of veterans or their families. Veteran services are not frivolous spending—the programs are deeply important to the health and security of our veterans and their families. Furthermore, since veterans kept their commitment to the country, it's unfair for the country to not deliver on its commitments to veterans; yet, deficit hawks and political maneuvering continue to put a target on our backs. In 2011, Congress jeopardized programs to support military families and service members by including those critical programs in the threat of across-the-board cuts, known as sequestration. When sequestration went into effect in 2013, veterans felt the impact. Later, the budget compromise meant to end sequestration—the Budget Control Act—devastated military retirees by cutting cost of living adjustments, cuts that will cost an E-7 retiree more than \$3,000 a year. While some of these cuts have been repealed, many remain and show a readiness to abandon the military community.

Any adjustments to military compensation must consider the holistic impact on the already strained families of veterans and service members. This is particularly important for transitioning veterans. One in three IAVA members responding to our survey said they were not prepared to manage their finances immediately after leaving the military. Nearly half said it's difficult to cover expenses in a month.⁵⁰ No cut is made in a vacuum and our government should carefully assess the costs and benefits of any change they make to military and veteran benefits.

Of particular note, in December 2016 a Los Angeles Times investigation highlighted a federal investigation started in 2010 which found that thousands of bonuses and student loan payments were given to California National guard members a decade ago who did not qualify for them. Instead of forgiving overpayments, the California National Guard has been requiring 9,700 current and former soldiers to repay all or part of the bonuses. It has also been reported that service members in other states are faced with similar challenges. IAVA has been pressing DoD to make those service members whole with our #PayThemBack campaign since the story broke.

Unless Congress and the President keep military compensation competitive with the civilian job market and active duty morale high, it will be difficult to maintain the strongest all-volunteer force, potentially impacting the country's ability to respond to threats. Maintaining family and troop morale must be seen as a national security priority.

IAVA Recommendations



Permanently and completely repeal the automatic spending cuts (known as sequestration) allowed by the Budget Control Act signed into law in 2011.



During an enacted sequestration, give DoD more budget flexibility by allowing it to use excess funds from one account to support others.



Forgive DoD bonuses and overpayments made to service members through no fault of their own, repay those who have repaid all or portions of the overpayments, and make whole those who have suffered financial and credit setbacks as a result of these requirements. Share data with the public to ensure that all who have been affected are supported.



Examples of overpayment of benefits can be found throughout federal programs. Create a task force to fully examine the extent of overpayments for military/veteran programs and protocols for recruitment of those overpayments. Enact recommendations to remove hardships from service members, veterans and their families when overpayments are recouped.



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.



Set and protect the commissary benefit for military families and retirees at the current funding levels to ensure living on military bases is financially feasible.



5.3 PROTECT OUR WARTIME ALLIES

Since 2009, the Afghan Special Immigrant Visa (SIV) program has aided select Afghan nationals who served as interpreters or translators with the U.S. military, or who were employed by, or on behalf of, the U.S. government in Afghanistan. Each year, these SIVs for qualified Afghan allies (principal applicants) and certain family members (derivatives) are authorized by Congress in the National Defense Authorization Act (NDAA). In FY 2017, the NDAA only authorized 1,500 additional visas, while the State Department reports a backlog of over 13,000 Afghans currently waiting for approval. As current applications are being processed, it is anticipated that the Afghan SIV program will face a drastic shortfall before Congress can authorize additional visas.

A similar SIV program for Iraqi allies was enacted in 2006, but that program has stopped accepting new applicants as of 2014. While the Iraqi program is still servicing its own backlog of qualified applicants, it is estimated that approximately 58,000 other U.S. affiliated Iraqi allies, including those who worked with American NGOs, media, and other organizations, are currently awaiting acceptance into the U.S. Refugee Assistance Program. These individuals are being considered for P2 refugee visas within the U.S. Refugee Assistance Program, and this population includes interpreters and translators that missed the deadline to apply for the Iraqi SIV program.

The Afghan SIV program and the Iraqi P2 program are vital in securing the safety of men and women who risked their lives working side by side with the United States. Without these visas, these allies and their families are put in danger for their service to our country. Congress and the White House must renew efforts to aid these allies. In addition, Congress must expand its yearly appropriations to ensure that the U.S. Refugee Admissions Program and the Office of Refugee Resettlement, receive adequate funding to assist these allies once they reach the United States.

IAVA Recommendations



Authorize an adequate number of SIVs necessary to ensure that all Afghans who are eligible receive one.



Continue to reauthorize the Afghan SIV program in the NDAA for as long as the U.S. commits military forces in Afghanistan.



Ensure that any executive order on refugees and immigrants retains U.S. aid to qualified Iraqi allies currently in the Iraqi P2 category within the U.S. Refugee Admissions Program.



Extend the Category 5 provision of the U.S. Refugee Admissions Program's Direct Access program, currently only applicable to Iraqis, to the extended family of Afghan SIV applicants who can show duress due to service rather than limiting access to spouses and children under the age of 21.



Appropriate adequate funding for the U.S. Refugee Admissions Program and the Office of Refugee Resettlement, in order to ensure these allies receive aid after obtaining visas and entering the United States.



Allow SIV applicants to apply for housing through the Department of Housing and Urban Development (HUD) during their application process so that housing is immediately available upon their arrival, rather than waiting until they receive a social security number.



Support and fund private, nonprofit organizations that support SIV relocation efforts like The List Project and No One Left Behind.

5.4 SECURE IAVA CONGRESSIONAL CHARTER

In the past, Congress has granted Congressional Charters to a limited number of VSOs. This official recognition is an important step to preserving the mission and legacy of IAVA and our dedicated members nationwide. Unfortunately, in recent years, Congressional leaders have moved away from such recognition.

IAVA Recommendations



Work with members of Congress to develop and pass legislation granting IAVA a Congressional Charter.





6. HONOR THE SERVICE AND SACRIFICE OF VETERANS AND THEIR FAMILIES

Only 15 percent of IAVA members who responded to our most recent Membership Survey felt that the American public understands the sacrifice of Iraq and Afghanistan veterans.⁵¹ This number is far too low and this perception must change. Service member and veterans need to feel supported by the American public, and it's up to the American public to deliver on this.

Nearly 7,000 service members have given their lives for this country in conflicts overseas since 9/11.⁵² The nation must first honor these men and women by supporting their families who are left behind. Furthermore, the time has come for our nation to honor the service and sacrifice of our post-9/11 service members with a memorial on the National Mall in Washington, DC. A monument gives families and veterans a place to gather and mourn, and it gives the nation an enduring reminder of the heroism of our military and the sacrifices made.

Veterans of previous wars were the first to support our return home with open arms and an enthusiastic "welcome home," which many of them never got. These men and women forged a trail for our generation and ensured the nation honors the service and sacrifice of today's veterans and provides them the benefits and support they deserve. And yet, they continue to fight for their own recognition, benefits and honor for their missing peers. The nation must not only honor and support our current generation of veterans, but pay the long overdue tribute to those who have come before us.

6.1 Create a Post-9/11 National Monument in Washington, D.C.

6.2 Support the Families of the Fallen

6.3 Properly Honor the Fallen at Arlington National Cemetery

6.4 Honor Those Who Came Before Us

6.5 Urge all Americans to Observe Memorial Day and Veterans Day



6.1 CREATE A POST-9/11 VETERANS NATIONAL MONUMENT IN WASHINGTON, D.C.

We must honor the service of today's veterans alongside their fellow warriors who served in Vietnam, Korea and World War II. A new generation of veterans shouldn't wait years to see a memorial in their honor, as those who served in Vietnam and World War II were forced to do. IAVA's 2017 member survey shows that 82% of respondents support the creation of a memorial⁵³ and IAVA is ready to galvanize all Americans in support.

IAVA Recommendations



Congress should enact legislation to reserve a space in Washington, D.C. for, and authorize construction of, a memorial that honors the sacrifices of post-9/11 veterans. Planning for the memorial should include post-9/11 veteran groups and Gold Star families.



Establish a public/private partnership to fund a post-9/11 memorial. America's veterans should not be reduced to begging the general public for donations for a memorial that will serve not just the veteran community, but all Americans for generations to come.

6.2 SUPPORT THE FAMILIES OF THE FALLEN

One of our country's most solemn duties is to support the surviving families of the troops who gave their lives in its service.

The military must recognize that there are strong public private partners, such as the Tragedy Assistance Program for Survivors (TAPS), Gold Star Wives and Gold Star Mothers, available to care for those grieving a military death, providing them with emotional support, resources and services that compliments the administration of benefits and burial entitlements.

Surviving families deserve highly trained support when informed of their loss. The Department of Defense (DoD) must ensure that its casualty assistance officers are comprehensively trained to guide surviving military family members as they navigate the complex system of care available to them

Finally, IAVA believes ending the Dependency and Indemnity Compensation (DIC) offset to the Survivor Benefit Plan (SBP) will provide the most significant long-term advantage to the financial security of all eligible surviving families. Although we know there is a significant price tag associated with this change, ending this offset would correct an inequity that has existed for many years.

IAVA Recommendations



Ensure that spouses of fallen service members are not penalized with loss of next-of-kin status, and monetary, education, healthcare and other legal rights and benefits if they remarry.



Investigate issues with the upkeep and storage of DD-93 forms, Record of Emergency Data that identify emergency contacts.



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



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.



Immediately eliminate the Survivor Benefit Program/Dependency Indemnity Compensation offset, which reduces benefits from DoD and VA.



Create a family advocate within the Department of the Army, modeled after the Naval Criminal Investigative Service (NCIS) Family Advocate position.



6.3 PROPERLY HONOR THE FALLEN AT ARLINGTON NATIONAL CEMETERY

As a nation, we honor the sacrifice of our fallen service members at the graves where we lay them to rest in Arlington National and other veterans cemeteries around the world. In doing so, we make it clear that their ultimate sacrifice will never be forgotten.

The National Cemetery Administration (NCA) maintains approximately 3.5 million gravesites honoring veterans from every era and every conflict within the 21,400 acres of its hallowed grounds.⁵⁴ We honor their sacrifice and comfort their families by ensuring veteran cemeteries are adequately equipped to honor the service and history of our men and women in uniform.

IAVA Recommendations



Continue to modernize operations at Arlington National Cemetery to ensure that no veteran is misplaced or dishonored.



Ensure the handling and disposal of the remains of the fallen are held to the highest standards of respect and honor by establishing and continually monitoring the adherence of protocols to this effect.



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



Mandate that Arlington National Cemetery provide families with headstone information a week before burial to better insure proper identification of those laid to rest.

6.4 HONOR THOSE WHO CAME BEFORE US

The vast majority of post-9/11 veterans have returned to a warm welcome home and a thanks for their service. Unfortunately, many of the over 20 million veterans who preceded us were not given the same respect and gratitude for their service. Many, especially our brothers and sisters who served in Vietnam, returned to animosity and disrespect. As older veterans reach their senior years, it is past time to right this wrong. We must honor all those who came before us by educating the country about their service and sacrifice and account for all uniformed service members who are still missing. Veterans of all eras have served this great nation with honor and deserve to be recognized accordingly.

In this spirit we celebrated passage into law provisions of the IAVA-backed Toxic Exposure Research Act, which had been championed by Vietnam Veterans of America (VVA). The new law prioritizes studying toxic exposure and the potential connection of toxic exposure to health conditions affecting descendants of veterans who were exposed to toxic substances during their military service.

IAVA Recommendations



Invest in the development and construction of an education center at the Vietnam Veterans Memorial in Washington, DC.



Ensure the Defense POW/MIA Accounting Agency (DPAA) is properly resourced and fully integrates the former offices responsible for this work to provide the fullest possible accounting for all missing personnel to their families and the nation.



Extend caregiver services and support to qualifying disabled veterans of all conflicts.



Monitor results of the new IAVA-backed law that studies toxic exposure and the potential connection of toxic exposure to health conditions affecting descendants of veterans who were exposed to toxic substances during their military service.



6.5 URGE ALL AMERICANS TO OBSERVE MEMORIAL DAY AND VETERANS DAY

Established in 1868, Memorial Day is a day when Americans honor service members who died while in service to their country. Originating after the Civil War as separate Union and Confederate holiday traditions celebrated on different days, the two were eventually merged. Congress officially declared Memorial Day a national holiday in 1971 with the declaration that it be observed on the last Monday of May each year.

Established later in 1945, President Dwight D. Eisenhower called upon all citizens to observe November 11 as Veterans Day, writing in his proclamation to Congress, *“In order to insure proper and widespread observance of this anniversary, all veterans, all veterans’ organizations, and the entire citizenry will wish to join hands in the common purpose.”*

Memorial Day and Veterans Day are official holidays for the federal government and in all 50 states. However, for many Americans, these holidays are just another day off. IAVA is calling on all Americans to recognize and observe these deeply important days of the year for those who served our country.

Memorial and Veterans Day are meant to bring together Americans from every walk of life to honor the service and sacrifices of those that have served our country. But for too many who wish to thank this community, significant barriers keep them from properly observing these holidays.

IAVA Recommendations



Honor our nation’s veterans by giving private sector employees a day off on Veterans Day and Memorial Day.



Develop school programs to recognize and honor these days.



Promote these days as a day of service, honoring the service and legacy of our military through community service and engagement.



7. SUPPORT INNOVATIVE HEALTH CARE FOR VETERANS

In IAVA's member survey, 74 percent of respondents rated their health before joining the military as excellent, compared to only seven percent who rated it as such currently.⁵⁵ 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.

Like Vietnam veterans who only saw the impact of Agent Orange years after their service, today's veterans may see lasting effects of exposure to airborne toxics and the widespread use of burn pits to destroy all forms of waste. And the long-term impacts of the signature injuries of today's wars that might include traumatic brain injury, chronic pain, toxic exposures, and mental health injuries are still unknown. Without continued research, the country will be ill-prepared to handle the long-term effects of these injuries.

Meeting the demands of veterans of post-9/11 conflicts will require investments in improving proven treatments and developing bold new treatments. Medical innovations coming out of the Departments of Veterans Affairs (VA) and Defense (DoD) like improved technologies for emergency treatment of hemorrhaging, improved prosthetic devices, or new treatments for mental health injuries not only benefit our troops and veterans, but are soon adopted in the civilian medical community.

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

7.2 Fully Understand and Support Injuries from Toxic Exposures and Burn Pits

7.3 Expand Health Care Tracking and Research

7.4 Clarify and Support the Use of Service Dogs

7.5 Study and Field Innovative Health Care Treatments

7.6 Destigmatize the Use of Medical Marijuana and Other Novel Drug Therapies



7.1 IMPROVE CARE FOR THE SIGNATURE INJURIES OF THE WARS IN IRAQ AND AFGHANISTAN

Blast injuries—including Traumatic Brain Injury, tinnitus (hearing loss) and musculoskeletal injuries (often resulting in chronic pain)—are the most prevalent injuries of today’s veterans and service members. Mental health injuries are also high on the list. The most recent data from VA shows that over half of new veterans diagnosed with mental health injuries at VA were diagnosed specifically with PTSD.⁵⁶ However, it is also important to note that the most common diagnosis for Post-9/11 veterans at the VA is related to injuries of the musculoskeletal system, which translates to joint and muscle pain, and includes chronic pain.

Tinnitus, defined as a ringing in the ears, is often seen in today’s veterans. Yet many VA centers still do not provide adequate treatment for the injury and few treatments have been developed to cure it or alleviate its debilitating symptoms.

Genitourinary (GU) injuries have also become increasingly common among veterans of Iraq and Afghanistan.⁵⁷ Despite having access to treatment while in service through the Department of Defense (DoD), veterans did not have access to reproductive services that give them a chance to start the family they hoped to have until IAVA-backed legislation was signed into law in 2016. This was a major victory.

IAVA Recommendations



Fully implement and fund new legislation allowing veterans to have access to reproductive technologies in the VA, including in vitro fertilization technology.



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



Expand the stepped-case management system for chronic pain, where primary care physicians have the support of an integrated, multi-disciplinary team of providers to design and implement a comprehensive treatment plan for the patient.



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



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



Increase funding for nonprofit groups that support veterans with the signature injuries of war, like IAVA, Fisher House, UCLA’s Operation Mend and the Intrepid Fallen Heroes Fund.



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

7.2 FULLY UNDERSTAND AND SUPPORT INJURIES FROM TOXIC EXPOSURES AND BURN PITS

Burn pits were a common way to get rid of waste at military sites in Iraq and Afghanistan, particularly between 2001 and 2010. Waste products in burn pits include, but are not limited to: chemicals, paint, medical and human waste, metal/aluminum cans, munitions and other unexploded ordnance, petroleum and lubricant products, plastics, rubber, wood, and discarded food. Additionally, there are other risk factors beyond burn pits that occurred in Iraq and Afghanistan that may pose danger for respiratory illnesses, like high level of fine dust and exposure to other airborne hazards.

According to IAVA's most recent member survey, 80 percent of respondents were exposed to burn pits during their deployments and over 60 percent of those exposed to burn pits during deployment reported having symptoms.⁵⁸ And while our members share stories of challenges they continue to have with their health, and particularly health related to their lungs and the respiratory system, the latest comprehensive assessment of health outcomes related to these exposures was published in 2011.

In 2010, the GAO published a report entitled *DoD Should Improve Adherence to Its Guidance on Open Pit Burning and Solid Waste Management*.⁵⁹ In that report, it emphasized that DoD had been slow to implement alternatives or fully evaluate the benefits and costs of open air burn pits, such as avoided future costs of potential health effects. A report published in 2015⁶⁰ was opened with a letter by the Special Inspector General for Afghanistan Reconstruction in which he said:

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

And a report by the Institute of Medicine in 2011⁶¹ found limited but suggestive evidence of a link between exposure and reduced lung function. Up until now, the emphasis on this issue has been on research. Thanks to legislation fought for by IAVA and other VSOs, the VA established the Burn Pit and Airborne Hazards Registry to better understand the health outcomes of those exposed. Yet, even that registry has its limitations.⁶²

Without due attention, this issue could be the Agent Orange of the Post-9/11 era of veterans. It's past time that comprehensive action is taken to address the growing concern among post-9/11 veterans that these exposures have severely impacted their long term health.

IAVA Recommendations



Mandate that the VA partner with an independent research body, such as the Institutes of Medicine, to conduct a biennial review and provide a summary of research concerning the association between exposure to airborne hazards and open burn pits and diseases suspected to be associated with such exposure.



Provide training for non-VA doctors to educate them about toxic exposures in the veteran population and provide screening tools.



Ensure that VA clinicians are trained to query and identify illnesses tied to toxic exposures and mandate screening for all veterans.



Require DoD identify all those exposed to burn pits and other toxics both at bases in CONUS or while deployed. Work with the VA to proactively reach out to encourage enrollment in the Burn Pit and Airborne Hazards Registry.



Update the Burn Pit and Airborne Hazards Registry to allow for (and prompt for) annual participation by registrants to provide for longitudinal health data concerning exposures.



7.3 EXPAND HEALTH CARE TRACKING AND RESEARCH

The tail of war can be long, and we may still not know the full scope or burden of health consequences for our veterans. Like we experienced with prior generations of veterans, it may be decades before we know the consequences of toxic exposures from burn pits, repeated traumatic brain injuries, or other environmental hazards. The continued creation and monitoring of health registries and a continued investment in research on the long-term health effects of the wars in Iraq and Afghanistan will help the VA and other health care systems identify and address nascent problems. For example, in 2008 RAND Corporation published a report on the invisible wounds of war that exposed the rates of invisible injuries, but since then there has been limited research to build upon this landmark study.⁶³ Research must continue to support today's veterans.

IAVA Recommendations



Mandate and fund a comprehensive study investigating all potential long-term health effects from Iraq and Afghanistan veterans' exposure to airborne hazards and open burn pits. This should integrate existing DoD and VA records with registry data to allow for a comprehensive, immediate and ongoing health outcomes analysis.



Fund and conduct a comprehensive study of the short and long-term effects of prophylactic medications such as the malaria drug Mefloquine (aka Lariam) given to troops serving in Iraq and Afghanistan. The study should look at side effects, interactions with other medications, and the long-term effects of toxicity.



Develop an electronic system to track the purchasing and referrals of prosthetic and sensory aid devices.



Ensure the proper funding for the Vision Center of Excellence (VCE) for the prevention, diagnosis, mitigation, treatment and rehabilitation of military eye injuries that was authorized by the 2008 National Defense Authorization Act (NDAA).



Ensure proper funding and establish the Hearing Center of Excellence (HCE) and Limb Extremity Center of Excellence that were established in the 2009 NDAA.



Fund interdependent research to expand public knowledge of the injuries of today's veterans, like RAND's Invisible Wounds of War report.



Invest in research on pain and pain management to increase understanding of pain management and develop additional comprehensive interventions to best manage pain.



Expand public/private research partnerships, enlisting academic researchers to study VA data, enhancing understanding of the veteran population, its health risks and outcomes and developing new interventions to better address those risks and outcomes.



7.4 CLARIFY AND SUPPORT THE USE OF SERVICE DOGS

Service dogs, trained to assist injured veterans with daily tasks, are quickly becoming a more widely recognized treatment alternative for veterans. IAVA members continue to rely on service dogs and find them to be essential to their recovery. Approximately six percent of IAVA member survey respondents have used or are currently using a service dog.⁶⁴ That number has been steadily increasing over the last few years. Still, many misconceptions exist about service dogs, which can result in them being illegally barred from entering businesses and medical facilities, further isolating struggling veterans.

In 2015, the VA updated its policy to allow service dogs on VA owned or leased property. In 2016, the VA also expanded its policy regarding the types of service dogs it would support for its veteran clients. Previously, the VA provided veterinary health benefits only for guide dogs for the visually impaired and partnered with non-VA affiliated guide dog training organizations to provide those dogs. However, the VA is also currently piloting a program to implement veterinary health benefits for mobility service dogs approved for veterans with a chronic impairment that substantially limits mobility associated with mental health disorders.

Yet, even as the VA advances its policies and popularity of service dogs as an aid to physical and psychological injuries continues to increase, many are still confused by what a service dog is, the requirements to receive a service dogs and there are no clear universal guidelines certifying service dogs. As a result, many veterans are seeking dogs without the proper training to fulfill their duties during the veteran's recovery. It's past time that we invest in research to better understand the benefits of service dogs and establish universal guidelines to ensure that those using service dogs are not taken advantage of.

IAVA Recommendations



The DoD and VA, in partnership with stakeholders and subject matter experts, must coordinate to develop common service and guide dog policies and benefits.



Launch a public awareness campaign educating non-VA medical facilities and businesses in areas with high concentrations of veterans about access for service dogs.



Train staff to understand the section of the American with Disabilities Act that pertains to service dogs and more broadly how to appropriately interact with someone with a service dog.



The VA must partner with Assistance Dogs International accredited service dog agencies to educate VA staff and veterans on the availability of service dogs and the accompanying benefits.



The VA must improve its outreach and awareness efforts concerning the availability of service and guide dog benefits and clarify the application process.



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



The DoD and VA must start tracking how many veterans currently use medically prescribed service and guide dogs and how many veterans are referred to service and guide dogs agencies, as outlined in the newly published clinical guidelines for VA providers.



Fund and conduct research to better define therapeutic and medical outcomes of veterans using service dogs.



Identify and fund best-in-class programs that train and support service dogs for veterans.

7.4 STUDY AND FIELD INNOVATIVE HEALTH CARE TREATMENTS

The VA has long been a leader in innovative health care research, leading to many of the best practices in supporting veterans with service-connected injuries like amputated limbs or post-traumatic stress disorder (PTSD). With more veterans surviving traumatic injuries, the VA must continue its legacy of investing in innovative research to develop new methods to care for the long-term health needs of post-9/11 veterans.

Treatment options should include the full range of traditional and experimental options that have proven to be effective. Non-traditional approaches may break down some of the barriers veterans often face in seeking care, such as telemedicine, which can close the distance between a rural veteran and a VA facility or can bypass the stigma of seeking mental health care.

IAVA Recommendations



Identify and invest in best-practices for traditional, non-traditional and experimental treatments of invisible wounds, including meditation and acupuncture. Set outcome metrics to better define the impact of these treatment methods.



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



Provide grants to innovative nonprofits, like UCLA's Operation Mend and Massachusetts General's HomeBase, that provide life-changing surgeries and medical services to severely wounded warriors at no cost.



Continue investments in adaptive sports to support disabled veterans.



7.5 DESTIGMATIZE THE UTILIZATION OF MEDICAL MARIJUANA

The debate around legalizing marijuana for medical purposes is ending. Twenty-eight states and the District of Columbia have legalized medical marijuana. And over 60 percent of IAVA survey respondents support the legalization of marijuana for medical use.⁶⁵ IAVA members recovering from injuries have been extremely vocal in communicating the benefits for pain relief.

While marijuana has been used to alleviate the symptoms of a number of symptoms and illnesses, the medical evidence is still insufficient to support the widespread use of medical marijuana, lacking information on safety, tolerability and efficacy. Researchers state that this is in large part due to challenges in researching the drug because of its status as a Schedule I Controlled Substance under federal law.

However, the evidence for medical benefits is promising. Patients using medical marijuana for various illnesses have seen the benefits firsthand and have become among the most vocal proponents for legalizing marijuana for medical use. Clearly more needs to be understood about the potential benefits of medical marijuana to treat a variety of symptoms and illnesses impacting veterans. In the meantime, veterans who are lawfully prescribed medical marijuana need the peace of mind that they can discuss their medical interventions with their VA clinician without fear of prosecution.

IAVA Recommendations



Ensure that veterans using lawfully prescribed medical marijuana, as determined by state law, are protected from federal prosecution.



Ensure veterans will not lose their VA benefits if they use legal medical marijuana.



Fund research to assess the effectiveness of medical marijuana to treat veterans' common injuries and to relieve pain.



Allow and encourage a dialogue between patients and clinicians at the VA on their lawful (per state law) use of medical (or recreational) marijuana.



8. EMPLOY THE NEW GREATEST GENERATION

Congress passed the IAVA-led Vow to Hire Heroes Act of 2011, a landmark piece of legislation to help reduce veteran unemployment. As a result of our efforts, the unemployment rate for new veterans continues to drop; however, it still remains higher than the national average for veterans and civilians. At the end of 2016, the unemployment rate for post- 9/11 veterans was 5.7 percent, compared to 4.1 percent for all veterans and a 4.7 percent national average.⁶⁶ Over the last few years, veteran unemployment has been steadily declining. However, there is rising concerns about long-term career success and underemployment in the veteran population. There are multiple tracks to veteran employment and matching veterans to the right career and facilitating their entrepreneurship are prime among these. These tracks are good for veterans, good for employers, good for the economy and good for America.

Unfortunately, finding the right job is difficult when employers don't have the context to understand a veteran's skills and experience; they cannot translate what veterans have done to their organization's needs. This continues to be a significant contributing factor to new veterans unemployment and underemployment. Sixty-five percent of employed IAVA survey respondents felt their current position was an appropriate fit given their education or military experience, and 37 percent felt they were underemployed.⁶⁷ It's in everyone's interest to get the fit right; veterans who have jobs in their preferred career field do better work and tend to remain in those jobs longer, meaning there are fewer issues with employee retention or attrition.⁶⁸

Veterans are also highly motivated to start their own business, and are twice as likely as civilians to do so.⁶⁹ Most veterans are experienced entrepreneurs long before they get their big idea or file the paperwork. Serving in a war requires the very skills that make great entrepreneurs: creativity, leadership, problem solving, determination and resilience. As with the Greatest Generation of WWII veterans, investing in our nation's future means fueling a transformative generation of veteran entrepreneurs, inventors and innovative leaders.

For our nation, this means enacting policies that will facilitate both hiring and long-term success. Post-9/11 veterans are the key to America's economic future. We are not a charity, but an investment. And the time to invest is now.

8.1 Invest in Veteran Entrepreneurs and Small Business Owners

8.2 Translate Military Skills for the Civilian Job Market

8.3 Defend Troops Against Job Discrimination

8.4 Incentivize Employers to Hire Veterans

8.5 Strengthen Veterans' Support in the Workplace

8.6 Provide Veterans with Employment Resources

8.7 Empower Veterans to Continue Public Service



8.1 INVEST IN VETERAN ENTREPRENEURS AND SMALL BUSINESS OWNERS

The skills forged in military service easily lend themselves to the entrepreneurial mindset required to start and sustain a business. Many veterans of Iraq and Afghanistan return home ready to start their own small business. About 3 percent of IAVA member survey respondents said they are self-employed and one out of four plan to start their own business.⁷⁰

While programs exist to support veteran-owned small businesses through the Small Business Administration and government contracting preferences, the majority of small business owners in IAVA's survey reported that their challenges included difficulty in obtaining start-up capital, operating costs and navigating state and federal regulations.

IAVA Recommendations



Allow veterans to use their GI Bill benefits as seed money for starting a small business or start-up.



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



Expand funding to community-based and nonprofit organizations with proven workforce development programs.



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



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



8.2 TRANSLATE MILITARY SKILLS FOR THE CIVILIAN JOB MARKET

Translating military skills into their civilian equivalents continues to be one of the most significant barriers to veteran employment. Closing this gap was a focus of the Vow to Hire Heroes Act of 2011. Yet, many veterans report that business leaders don't understand the value they bring. Less than 40 percent of IAVA members responding to our annual member survey felt that employers see value in hiring veterans, while also identifying the ability to apply military skills to civilian jobs as among their top considerations when looking for jobs.⁷¹ While dedicated companies are working to translate military professions into their civilian equivalent, there remains no universal understanding of the crossover.

Meanwhile, state and local governments should continue to make it easier for veterans to obtain the certification required for their civilian careers when licensing and certification is required. Since 2011, many states have made headway in allowing military service to qualify veterans for some licenses and certifications. Until a more comprehensive approach is available, Congress and state and local governments should continue to ease requirements license by license.

IAVA Recommendations



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



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



Train human resource professionals, either through nonprofits or through the Department of Labor (DOL), on the unique experiences of service members.



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

8.3 DEFEND TROOPS AGAINST JOB DISCRIMINATION

The wars in Iraq and Afghanistan have relied more heavily on National Guard and Reserve troops with more than 800,000 having deployed as of 2016.⁷²

The changing and expanded use of the Guard and Reserve has created challenges for employment. The Uniform Services Employment and Re-adjustment Rights Act (USERRA) help Guard members and reservists continue their civilian careers by requiring employers to re-employ service members upon their return from a deployment. However, weak enforcement mechanisms limit USERRA's ability to hold violators accountable, leaving many Guard members and reservists without recourse when they return home to a job that has been filled. Additionally, USERRA does not even cover one of the worst offenders: the government. To protect our citizen warriors we must give USERRA teeth and insist the government holds itself to the same standards it requires of the private sector.

IAVA Recommendations



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



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



Publish an annual list of the top USERRA violators as identified by the Department of Labor and Employers Support of the Guard and Reserve (ESGR) program.



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



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



Fully fund and actively promote Employer Support of the Guard and Reserve, the tip of the spear for defending service members against job discrimination.



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

8.4 INCENTIVIZE EMPLOYERS TO HIRE VETERANS

Many employers have answered the call to hire new veterans and military families. The public and private efforts to hire more veterans has definitely help put a dent in the veteran unemployment rate. But it is a dent, nonetheless.

The expansion of public and private sector efforts to hire veterans must continue. In 2012, the Center for New American Security reported that companies struggle to overcome concerns about negative stereotypes of veterans or future deployments when considering whether to hire veterans.⁷³ Since then, more companies have launched hiring initiatives to invest in veterans. More and more, companies are realizing the investment they are making when they hire a veteran. Programs to incentivize and educate employers will help to expand the reach of these programs and the opportunities for veterans to contribute to the work force. Furthermore, the federal government should continue to use its resources and relationship with contractors to spur the hiring of veterans.

IAVA Recommendations



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.



Initiate a public relations campaign among the public, private and nonprofit sectors targeted at prospective employers and hiring agencies to help reduce the stigma surrounding Post Traumatic Stress Disorder (PTSD) or other mental injuries in the workplace.



Permanently extend the Vow to Hire Heroes Tax Credits that reward businesses for hiring unemployed veterans and wounded warriors.



Continue convening White House summits on veteran employment that connect veterans, corporate leaders and community-based nonprofits.



Create state and local veterans preference law for all levels of government hiring and contracting.



8.5 STRENGTHEN VETERANS' SUPPORT IN THE WORKPLACE

Employers can tap the potential of new veterans and maximize the value they can bring to the workplace by implementing programs that support veterans in the workplace. In IAVA's most recent member survey, less than half of respondents felt employers were open to hiring veterans.⁷⁴ Successfully supporting veterans in the workplace begins by recognizing the skills and experience that veterans bring to the workplace while understanding the challenges confronting veterans and their families and training staff to appropriately address these challenges.

Additionally, many veterans continue to serve through the National Guard and Reserve. At times, the training and deployment requirements of Guard and Reserve service can strain businesses and can be a disincentive to supporting these veterans' service. The government can help by rewarding companies for providing opportunities to Guard members and reservists.

IAVA Recommendations



Provide tax credits to patriotic employers who pay the difference between a Reserve or National Guard member's civilian salaries and military wages when they are called to active duty.



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



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



Train human resources professionals to become The Uniform Services Employment and Re-adjustment Rights Act (USERRA) coaches to support deploying Guard members and reservists and more broadly to be culturally aware of the unique skills the military provides.



Include training on Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) awareness along with other required Americans with Disabilities Act (ADA) training in the workplace.

8.6 PROVIDE VETERANS WITH EMPLOYMENT RESOURCES

The skills required to join and progress within the military often vary from those used in the civilian job market. Upon leaving service, many veterans have never before applied for a job with a resume or leveraged their networks to identify employment opportunities, let alone tied a tie!

The newly revamped Transition Assistance Program (TAP) is a large step forward in equipping separating service members with the tools and resources to find a job in the civilian market. But more efforts to develop job-hunting skills, networking, internships and other opportunities for veterans are needed to ensure veterans have the right expectation and have mentors in place to help them navigate the changing jobs market. To achieve this, there must be a culture change within the military that recognizes preparation for transition must start early in the military career and progress throughout the career of our service members.

IAVA Recommendations



Continually assess the effectiveness of the newly implemented TAP through user feedback and success metrics and integrate changes to meet the needs of service members.



Overhaul the Department of Labor (DOL) One-Stop Employment centers (also known as American Job Centers) to provide skill and education level-appropriate counseling and employment services to veterans, as well as better integrate employment services with the VA.



Establish programs to train veterans on professional networking and leveraging their professional networks to find employment. Ensure the programs include training on online networking.



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



Fund best-in-class nonprofits providing employment resources for new veterans and allow these partners to offer their services on military bases and as part of other employment programs.



Develop interview guidelines for human resource professionals outlining what employers are allowed and prohibited from asking in interviews, and more broadly outlining an understanding of military cultures.



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



8.7 EMPOWER VETERANS TO CONTINUE PUBLIC SERVICE

A significant number of veterans want to continue serving after they take off their uniform. The IAVA-Prudential veteran employment survey found that 80 percent of respondents were seeking a job that is meaningful when looking for employment.⁷⁵ IAVA members responding to our most recent survey ranked meaningful employment as the among the top considerations when looking for a job.⁷⁶

Veterans preference continues to demonstrate the federal government's commitment to hire veterans; in fact in FY 2015, veterans represented just over 30 percent of the federal workforce, a five percent rise since 2009.⁷⁷ Even so, veterans continue to struggle to navigate USAJobs, the federal government's official jobs site, and other paths to public service. Others face different challenges, like the age limit on service programs like AmeriCorps. Today's veterans want to continue their service, and new policies should help them reach their goals.

IAVA Recommendations



Allow veterans to use their GI Bill Basic Allowance for Housing (BAH) benefits to support volunteer missions or internships in public service in the government and nonprofit sectors.



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



Ensure that Department of Defense (DoD) and veterans' benefits do not count against means testing for compensation stipends earned while conducting public service projects.



Allow DoD and the VA to provide grants for nonprofit service programs tailored to veterans like IAVA, Team Rubicon, The Travis Manion Foundation and The Mission Continues to provide assistance to communities in need.



Expand the impact of Troops to Teachers to include substitute teachers, counselors, speech pathologists, JROTC instructors, administrators, coaches and librarians.



9. PROMOTE EQUALITY FOR ALL TROOPS AND VETERANS

Diversity is a force multiplier for our armed forces as well as for our nation. As a next-generation veteran empowerment, advocacy and support organization, IAVA is proud of its record of standing on the right side of equality issues within the Departments of Veterans Affairs (VA) and Defense (DoD). IAVA will continue working to ensure that our nation maintains the best and most qualified force possible and that all veterans are properly honored by our nation and served by the VA.

Before it became popular to do so, IAVA—based on input and guidance from our membership via our annual member survey—was the first mainstream veteran organization to come out in support of repealing “Don’t Ask, Don’t Tell” (DADT). As then-Joint Chiefs Chairman Admiral Mike Mullen said, lifting the ban on known gay and lesbian service members was “a matter of integrity—theirs as individuals and ours as a nation.”⁷⁸

Similarly, IAVA led the veteran community in endorsing the repeal of the Defense of Marriage Act (DOMA). In 2013, before the Supreme Court ruled that DOMA violated the U.S. Constitution, IAVA became a signatory to an *amicus curiae* brief filed with the Supreme Court. We argued that DOMA was not only morally wrong and unconstitutional, but it also impeded the readiness of our armed forces and negatively impacted unit cohesion and morale by forcing DoD to treat some service members and their families different from others.

IAVA also supported the June 2016 announcement by DoD to allow transgender troops to serve openly without threat of discharge.

There has been general positivity as DoD and the VA have successfully implemented these changes in policy; however, as with any new transformational policy, more work remains to ensure that all service members, veterans and their families are truly treated equally under the law.

9.1 Equalize Benefits and Services for LGBT Veterans and Their Families

9.2 Conduct Outreach to LGBT Veterans

9.3 Equalize Treatment of LGBT Troops and their Families in Overseas Assignments



9.1 EQUALIZE BENEFITS AND SERVICES FOR LGBT VETERANS AND THEIR FAMILIES

The Supreme Court decision in the Windsor case brought about the repeal of the Defense of Marriage Act (DOMA), which opened up over 1,100 federal benefits for same-sex couples and families, including those for active duty service members.⁷⁹ With the historic Supreme Court decision in Obergefell v. Hodges finding that states cannot keep same sex couples from marrying and must recognize their union, the VA and DoD must now ensure same-sex partners of veterans receive the benefits to which they are entitled. With this recent decision, Section 103c of Title 38, often referred to as a “mini-DOMA,” must be repealed, and the VA must work quickly to ensure equality of benefits to all veterans and their partners.

IAVA Recommendations



Repeal section 103c of Title 38. (aka “mini-DOMA)



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.



Swiftly and fully implement the administration of VA policies and benefits to veterans and spouses of veterans married anywhere in the United States or its territories.



Support and fund veteran support programs specifically dedicated to LGBT service members, veterans and their families.



9.2 CONDUCT OUTREACH TO LGBT VETERANS

The changes to the status of and benefits available to LGBT troops and veterans over the past few years have left many confused or unaware of the new benefits and opportunities now available to them. This is especially the case for veterans who have been disconnected from the Department of Veterans Affairs (VA) and Department of Defense (DoD) for many years. Many veterans are not aware that they can now change the reasons for discharge if they were previously discharged for “homosexuality,” or that some may be eligible for discharge characterization upgrades if their previous characterization was based solely on animus and prejudice. Others remain in the dark about their eligibility for VA health care, education and home loan benefits. Still others have simply felt shunned or fearful of being shunned should they enroll in the VA and begin accessing the benefits and services for which they may have been eligible.

IAVA Recommendations



Launch an organized, systematic education and outreach campaign for LGBT 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 Don't Ask Don't Tell (DADT) and offer assistance in updating and/or upgrading discharge paperwork.



9.3 EQUALIZE TREATMENT OF LGBT TROOPS AND THEIR FAMILIES IN OVERSEAS ASSIGNMENTS

The 2013 Supreme Court case *United States vs. Windsor* invalidated the Defense of Marriage Act, which denied federal benefits to gay couples married legally in their states. Soon after the Department of Defense announced its intention to fully comply with the Supreme Court's ruling. However, the Status of Forces Agreements (SOFAs) between the United States and some foreign countries in which U.S. troops may be stationed have not followed suit. Even in some countries that recognize rights and benefits for same-sex couples and families, the existing SOFAs have yet to be updated to reflect a change in U.S. law following the Windsor decision. The continued existence of such outdated agreements creates a professional and family dilemma for service members who may want or need to be stationed abroad for certain long-term overseas assignments. Often the legal frameworks to renegotiate these SOFAs are already in place and the primary hold-up is administrative and bureaucratic.

IAVA Recommendations



Require SOFAs to include parity for same-sex military spouses.



Establish a policy to prevent inadvertent career detriments to LGBT troops who may be unable to consider certain foreign assignments due to SOFAs.



10. SUPPORT OUR MILITARY FAMILIES

They may not wear the uniform, but military families serve alongside service members during a deployment and when they return home. Families are often the first to recognize and care for struggling service members or veterans. Furthermore, they themselves are often fighting to heal their minds and spirits after indirectly experiencing over a decade of war.

The military lifestyle can also present significant challenges for military spouses and children. A recent survey by Blue Star Families found that nearly 80 percent of respondents felt being a military spouse had a negative impact on the ability to pursue a career.⁸⁰ 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. Yet, military spouses able to maintain a career were more likely to recommend military service to others.⁸¹

Mental health services for families of service members and veterans continue to fall behind the need. According to a 2010 study by The New England Journal of Medicine, almost 37 percent of military wives were diagnosed with a mental health injury.⁸² Since 2001, approximately 2.8 million service members have deployed to support the wars in Iraq or Afghanistan. About half of these are parents. For some military kids, their childhood has been defined by these deployments. There is a growing academic literature that highlights the impact of this, particularly emphasizing an increased risk for psychological health problems.

Less is known about the challenges faced by caregivers who often are faced with the challenge of running a household, holding a job and caring for an injured loved one. There are an estimated 5.5 million military caregivers in the United States. Of these, 1.1 million (20 percent) are caring for post-9/11 veterans.⁸³ Overall, supports and services for this population can be few and far between and for those who are not family members, the challenge can be even greater.

Yet shockingly, programs for military families are at risk in today's tough budget climate, threatening their already tenuous support. While Congress previously reached a deal to limit the impact of the arbitrary, across-the-board cuts known as sequestration, programs for military families continue to be at risk. The Department of Defense (DoD) cannot balance the budget by cutting the programs that sustain and support military families.

- 10.1 Increase Mental Health Services for Military Families
- 10.2 Improve Employment and Education Opportunities for Military Spouses
- 10.3 Improve Services, Benefits and Care for Military Families
- 10.4 Strengthen Support for Military Caregivers
- 10.5 Strengthen Support for Military Children
- 10.6 End Domestic Violence in the Military



10.1 INCREASE MENTAL HEALTH SERVICES FOR MILITARY FAMILIES

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 during throughout these demands.

While supports for the family have improved over the last decade or more, there remains a lack of government programs to support the families of veterans who may be struggling with the impact of their loved one's service. Veterans' mental health injuries may surface years after separating from the military, leaving family members with little support for their own needs as they find themselves supporting their veteran's needs. Expanded mental health services for families are required to best care for veterans and their families.

IAVA Recommendations



Expand the Department of Veterans Affairs (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.



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



Track and report the number of military family member suicides.



Continue to allow DoD and VA to partner with and fund community-based nonprofits like Tragedy Assistance Program for Survivors (TAPS) and other VSOs to assist military families and survivors.



Fund private nonprofit support programs, such as TAPS, National Military Families Association (NMFA), Blue Star Families and Sesame Street's Look, Listen, Connect that provide innovative programming and support for military families.



Improve training for mental health service providers to effectively diagnose and treat mental health and behavioral problems among military children in the early stages of these disorders.



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



Support research and programs to further understand the health challenges confronting military families.

10.2 IMPROVE SERVICES, BENEFITS AND CARE FOR MILITARY FAMILIES

Sequestration revealed that programs supporting military families are on the chopping block. Yet, support programs for military families often form the fabric of military communities and provide unique opportunities to deliver resources to the military families who support our service members every day. Military families are a vital part of the military community; it's critical that DoD preserves and improves the system of support for military families.

Military families continue to face challenges in finding and paying for quality child care. Over 60 percent of the Blue Star Families survey respondents reporting difficulty finding the child care they need.⁸⁴ Providing adequate child care for service members and military families, particularly those in the National Guard and Reserve, must be a DoD priority.

Additionally, policies regarding parental leave for adoptive parents and fathers require reconsideration. Maternity leave and parental leave are governed separately within DoD, so while IAVA applauds the recent announcement to extend leave for postpartum mothers, this policy does not extend to adoptive parents and fathers. Further, there are many thousands of dual military couples spouses who are both in the military and not necessarily deployed together. Currently, those with children may opt to alternate deployments so that one parent can always be with the children, which can be difficult for families and make it hard to have time to reconnect as a whole family.

IAVA Recommendations



Create an office in the White House to focus on veterans and their families to continue the work begun by Joining Forces with additional resources and real power.



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.



Protect services and programs for military families from budget cuts.



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.



Extend the hours of DoD active duty child care facilities to include weekends and after business hours.



Expand parental leave to recognize adoptive parents and fathers.



Evaluate the feasibility of setting periods of stabilization for dual-military couples whereby both military parents are considered ineligible for mobilization for a certain period of time.



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.



Increase subsidies for child care and improve quality and access to child care programs.



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



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



10.3 IMPROVE EMPLOYMENT AND EDUCATION OPPORTUNITIES FOR MILITARY SPOUSES

Military spouses face significant barriers in starting and growing a career. According to the *2016 Blue Star Families Military Family Lifestyle Report*, 80 percent of spouse-respondents reported that being a military spouse has a negative impact on their ability to pursue a career.⁸⁵ Under the Obama Administration, the Joining Forces initiative raised public awareness and rallied public and private sector support for military spouse employment, but structural challenges still prevent many military spouses from pursuing their career of choice.

Military spouses struggle to continue building their career because of the frequent moves often required by military service. This can include challenges maintaining licenses or certifications because of varying state requirements. States must continue to ease credentialing and licensing requirements for military families, and promote awareness of these changes.

IAVA Recommendations



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.



Allow for greater reciprocity for professional licenses between states or make licenses and certification more portable and uniform across state lines to improve military spouse employment.



Grant tax credits to military spouses to pursue educational opportunities.



Fund private nonprofit support programs like NMFA, TAPS and Blue Star Families that provide innovative programming and support for military families.



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



Create partnerships between DoD and DOL for job training programs to help military spouses build skills and expand career opportunities.



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



Educate military spouses on special hiring authorities granted to military spouses through the Veterans Employment Opportunities Act (VEOA).





10.4 STRENGTHEN SUPPORT FOR MILITARY CAREGIVERS

There are an estimated 5.5 million military caregivers in the United States. 1.1 million are caregivers of post-9/11 veterans.⁸⁶ One in four respondents to IAVA's members survey said they had a caregiver helping them with some aspect of their daily needs.⁸⁷

Caregivers face unique challenges, and a recent RAND report showed us that the post-9/11 generation of caregivers might have even more challenges than those caring for pre-9/11 veterans.⁸⁸ They are:

- younger (more than 40 percent are between ages 18 and 30)
- caring for a younger individual with a mental health or substance use condition
- a veteran of military service
- employed
- not connected to a support network

Nearly a quarter of caregivers are not related. This population generally is at risk for poorer levels of health and often are so busy caring for others, they don't take the time to care for themselves. The study found that the post-9/11 generation of caregiver particularly experiences lower relationship quality with their care recipient and further faces challenges with a regular work schedule. These findings, combined with the fact that most caregiver programs being oriented to support the care recipient, leads to a host of challenges for this population.

It is imperative that we not only better understand the challenges of our military caregiver population, both pre-and post-9/11, but how best to support them.

IAVA Recommendations



Extend the comprehensive caregiver support program to make eligible family caregivers of all severely ill and injured veterans, regardless of when they served.



Fund research to better define this population, its challenges, and develop solutions to ensure the necessary supports are in place.



Review existing caregiver programs to determine where changes must be made to better support the caregiver, as well as expand eligibility criteria to include all caregivers, whether related or not.



Identify gaps in existing programs and fill those gaps with programs that are meant to reduce the time spent performing caregiving duties, provide health care to caregivers, and offset lost income.



Create programs that acknowledge caregivers' special needs and status, particularly in health care and workplace settings to help caregivers be more effective in their caregiving roles while balancing other aspects of their lives.



Support organizations like the Elizabeth Dole Foundation, National Military Family Association, Rosalynn Carter Center for Caregiving and others that are providing resources and building a support network for military caregivers.



10.5 STRENGTHEN SUPPORT FOR MILITARY CHILDREN

Military children often face significant challenges in fully participating in school. Just as military spouses often struggle with frequent moves and have to transfer, military children are required to transfer their credits and academic records between schools that often have different standards and systems.

Many civilian schools simply do not understand the unique needs of the military children, and the challenges these kids face doesn't end with the last school bell. The opportunities afforded to military children should not be limited because of their parent's commitment to serve.

IAVA Recommendations



Educate teachers and school administrators on the unique challenges that military children face and provide examples of effective support programs so they better understand these children's specific needs and how best to address them.



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



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



Reauthorize the Department of Defense Education Activity (DoDEA) grant program.



Mandate all school administrators establish support programs for military children and share best practices.



Fund private nonprofit support programs, such as TAPS, NMFA, Blue Star Families and Sesame Street's Look, Listen, Connect that provide innovative programming and support for military families.

10.6 END DOMESTIC VIOLENCE IN THE MILITARY

Domestic violence continues to greatly impact the military community. DoD has taken steps to address domestic violence, but it’s difficult to measure its prevalence or progress in ending it. Studies have estimated that rates of domestic violence could range from 13 to 58 percent among active duty service members and veterans,⁸⁹ and even these studies are outdated. Without a uniform database and continued monitoring and reporting, DoD and VA cannot identify areas where additional programs are needed and existing programs can be improved. DoD must provide a stronger picture of the scope of domestic violence and the impact of current programs trying to address it.

IAVA Recommendations



Increase accountability for domestic violence offenses within DoD and the civilian criminal justice system and ensure offenders with mental health issues receive needed treatment.



Ensure that DoD’s domestic abuse policies are implemented and institutionalized at all levels of the military. Report annually on its progress.



Improve coordination between military and civilian systems to prevent and respond to domestic violence.



Commission a report on DoD and VA’s mechanisms for identifying and supporting victims of domestic violence, particularly homeless women veterans.



Expand data collection on incidents of domestic violence within DoD.



Partner with and fund private nonprofit support programs working on and off military facilities.





11. END VETERAN HOMELESSNESS

The Department of Veterans Affairs (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 through the Supportive-Services for Veteran Families program and the cooperation of the VA and the Department of Housing and Urban Development to house veterans through the HUD-VASH (Veterans Affairs Supportive Housing) program. Continued financial support for these programs are critical to ensuring continued progress in decreasing veteran homelessness.

The number of homeless veterans has declined every year since 2010, and in fact has dropped nearly 50 percent since 2010.⁹⁰ Phoenix, Arizona and Salt Lake City, Utah became the first major cities announcing they had eradicated chronic veteran homelessness. Phoenix first identified all 222 of its chronically homeless veterans and then took a “housing first” approach to swiftly place each veteran into temporary housing. Leaders in Phoenix attributed their progress to veteran “navigators” that worked to enroll homeless veterans in benefits and services that could help them stay off the street. Building on these successes, New Orleans became the first U.S. city to effectively eliminate veteran homelessness early in 2015, becoming the model for cities around the country looking to end homelessness, not just for veterans, but for every person needing a permanent home.

In 2016, we also celebrated passage into law of IAVA-backed legislation to provide 1,200 housing units and services at the West Los Angeles VA campus.

Despite the huge advances made in recent years, there are still tens of thousands of veterans who remain homeless on a single night.⁹¹ 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, three of four respondents reported they were without stable housing for up to a year. Housing and homelessness related referrals are among the services most requested through IAVA’s Rapid Response Referral Program (RRRP); in 2016 alone, IAVA provided hundreds of veterans with housing and homelessness related support.

This generation of veterans is also challenging the traditional image of the single, male veteran that came to characterize homeless veterans following the Vietnam War. Homeless veterans today may have families or are women veterans. Others are younger veterans who may just need temporary support. The VA must continue partnerships to align effective, dynamic services to these demographic shifts.

Military families and veterans also often face housing challenges frequently due to their military service. Weaknesses in the housing market forced many military families to sell their homes at a loss when their service requires them to move. From 2008-2010, the number of foreclosure filings located near military bases rose 32 percent, while national foreclosure filings rose 23 percent.⁹² Despite a recently strengthened housing market, continued emphasis on the issue from the public and private sectors is required to protect veterans and their families from foreclosure.

11.1 Prevent Veteran Homelessness

11.2 House Homeless Veterans

11.3 Fight Foreclosures on Military Families



11.1 PREVENT VETERAN HOMELESSNESS

Ending veteran homelessness begins by preventing more veterans from becoming homeless. In order to meet the needs of veterans who may become homeless, the VA needs a more in-depth understanding of the numbers of veterans and service members at risk for homelessness.

Many veterans struggle to maintain a permanent home. Veterans returning from service or recently separated often spend time “couch surfing” or living with friends and family because they are unable to afford rent. In IAVA’s most recent membership survey over 20 percent of respondents did not have a permanent place to live when they transitioned out of the military.⁹³ While families can provide support to a transitioning veteran, some of these “couch surfing” veterans may exhaust their welcome or resources and become eminently at risk for becoming homeless. A broader understanding of the number of veterans just one closed door away from homelessness will allow the VA and partners to better prepare for the needs of those who may become homeless.

IAVA Recommendations



Identify and provide assistance to separating service members at risk for homelessness.



Establish and fund a partnership between the Department of Housing and Urban Development (HUD), Department of Labor (DOL) and community-based nonprofits, like Community Solutions, that will explore 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.



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

11.2 HOUSE HOMELESS VETERANS

Although tens of thousands of veterans are homeless on a given night, there has been a decline over recent years.⁹⁴ While the expansion of the HUD-VASH and Supportive Services for Veteran Families Program (SSVF) programs has increased the availability of permanent housing for veterans, veterans in many communities often struggle to find beds in temporary or emergency housing.

Women veterans historically are at higher risk for homelessness. Providing safe facilities for women that will address their specific needs is critical. Ensuring these facilities also accept children is vital.

An FY 2015 Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) Program report revealed that the top needs for homeless veterans (men and women) include child care, family reconciliation assistance, credit counseling and discharge upgrades. Met needs included medical services, case management, mental health support (including substance abuse treatment, and medication management. Many of these unmet needs can be addressed by partnering with community organizations.⁹⁵ The VA must continue to expand its partnerships to address these needs and support for homeless veterans and their families.

IAVA Recommendations



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.



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



Fund outreach that includes peer-to-peer support, such as the veteran “navigators” instrumental to ending chronic veteran homelessness in Phoenix.



Develop a nationwide, online tool that allows providers, including VA shelters and grantees, to connect to one another and indicate when they have beds or vouchers available for homeless veterans on any given night. The tool will streamline the informal networks many social workers rely upon to house homeless veterans.



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



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.



Direct the Secretary of Labor to make grants to programs and facilities that provide dedicated services for homeless veterans with children. Require grants to be used to provide job training, counseling, placement services and child care services in order to expedite the reintegration of such veterans into the labor force.



Amend the Internal Revenue Code of 1986 to allow taxpayers to designate a portion of their income tax payment to provide assistance to homeless veterans.



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



11.3 FIGHT FORECLOSURES ON MILITARY FAMILIES

Continued diligence is required to ensure that service members and their families are never again subjected to unfair treatment by mortgage lenders. In 2013, more than 700 military families were wrongfully foreclosed upon during the housing crisis.⁹⁶ Across the United States, the rate of foreclosures in military towns was almost four times higher in 2008 than the national average.

Today, military families continue to face challenges in owning their own homes. Often required by military service to move, military families can be forced to sell their homes at a loss or balance the cost of their home with the need to find new housing wherever they are moved. According to a 2012 report published by the Financial Industry Regulatory Authority (FINRA), 38 percent of military homeowners owed more on their home than their home was worth and 10 percent of military respondents reported that they were involved in a foreclosure process.⁹⁷

To prevent foreclosure, veterans and service members need better access to programs and services that provide financial literacy. In this same report, slightly more than one third of military respondents had participated in financial literacy classes while 90 percent believed that it should be taught in schools.

IAVA Recommendations



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



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



Regulate car dealers and payday loans within 100 miles of a military installation to prevent them from targeting service members and their families, thus weakening their financial security.



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

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