

PATRICK CAMPBELL, CHIEF LEGISLATIVE COUNSEL, Iraq and Afghanistan Veterans of America (IAVA)

JOINT COMMITTEE ON VETERANS' AFFAIRS,
LEGISLATIVE PRESENTATION
MARCH 5, 2009

IAVA TESTIMONY

PATRICK CAMPBELL, CHIEF LEGISLATIVE COUNSEL

Mr. Chairman, Ranking Member, and members of the Committee, thank you for inviting Iraq and Afghanistan Veterans of America (IAVA) to present our 2009 Legislative Agenda. On behalf of IAVA and our more than 125,000 members and supporters, we would like to thank both committees for your unwavering commitment to our nation's veterans.

The past two years Congress has shown, in words and in action, that caring for veterans is a top priority. We are truly grateful that last year's Congress fully-funded the VA, and passed the historic Post 9/11 GI Bill. You have built a solid foundation for revitalizing the Department of Veterans Affairs, and it could not have come at a better time.

Two years ago we began "surging" troops into Iraq and Afghanistan. Our men and women in uniform continue to perform their duties overseas valiantly. We must repay that service by being prepared for the "surge home." More the half of the Iraq and Afghanistan veterans still serve on active duty and only 1/3 of those veterans who have separated have accessed the VA. As more servicemembers are deployed each day, the pressure behind the dam is building. With your help, the VA will be ready for the flood of new veterans coming home.

We must be ready to provide the quality of care these veterans have earned. We will only have one opportunity to employ preventive measures such as effective TBI screens, mandatory mental health counseling and streamlined claims processing. If we as a community can get ahead of these issues, we can begin to resolve their long-term effects, including the sky-rocketing rates of suicide, divorce and drug abuse.

We have outlined in our legislative agenda clear objectives for the 111th Congress. But any solution must be a joint effort between the government and the community as whole. For our part, we have launched a historic Public Service Advertising (PSA) campaign in partnership with the Ad Council. This groundbreaking, multiyear effort seeks to ease the readjustment for servicemembers returning home from Iraq and Afghanistan. Each campaign component is the result of thoroughly research and focused group messaging designed to help veterans overcome the stigma of seeking the care they need. It will feature TV, radio, print and online PSAs, both in English and in Spanish.

All PSAs direct viewers to the first and only online community exclusive to Iraq and Afghanistan veterans, www.CommunityofVeterans.org . This innovative website will help veterans connect with one another and link them with comprehensive services, benefits assistance, and mental health resources. A companion PSA campaign launching in 2009 will engage and support the families and loved ones of Iraq and Afghanistan veterans. We hope this campaign will provide

not only much needed services, but innovation and lessons learned to be shared and replicated by the VA, and DOD.

We are hopeful the new Administration, and the new Congress, will continue to focus on veterans issues. Our 2009 IAVA Legislative Agenda (<http://iava.org/iava-in-washington/legislative-agenda>) makes recommendations in four areas crucial to today's veterans: Mental Health, Homecoming, Healthcare and Government Accountability. Attached you will find out complete Legislative Agenda, and the IAVA Legislative Priorities. At this time, I'd like to highlight just a few of the most urgent issues facing Iraq and Afghanistan veterans.

Ensure Thorough, Professional, and Confidential Screening for Invisible Injuries.
IAVA supports mandatory, face-to-face and confidential mental health and TBI screening by a licensed medical professional, for all servicemembers, before and after their combat tour.

Advance-Fund Veterans' Health Care.

The best way to ensure timely funding of veterans' health care is to fully fund the Department of Veterans Affairs (VA) health care budget one year in advance. In addition, IAVA endorses the annual Independent Budget, produced by leading veterans' organizations (including IAVA), as a blueprint for the VA funding levels.

End the Passive VA System.

The VA has traditionally been a passive, inward-looking system. Veterans must overcome tremendous bureaucratic obstacles to get the benefits and services that the VA provides. Many veterans do not even know what benefits they are eligible for. The VA must develop a national strategy to promote the use of its services, including advertising VA benefits, expanding VA outreach, and modernizing the VA's online presence.

Prioritize Veterans in the Economic Stimulus Package.

Caring for our veterans isn't just the right thing to do - it a sound economic investment. IAVA calls for tax credits for patriotic employers that hire new veterans and reservists, support for veterans struggling with student loans, and investment in shovel-ready projects like repairing veterans' hospitals and cemeteries.

Correctly Implement the New GI Bill.

The historic post-9/11 GI Bill, passed last year, included a provision to allow servicemembers to transfer their GI Bill education funding to a spouse or dependent. But Congress and the Administration can and must keep the bureaucracy moving to make this benefit a reality.

Iraq and Afghanistan Veterans of America
2009 Legislative Agenda

Legislative Priorities

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

A. Ensure Thorough, Professional, and Confidential Screening for Invisible Injuries

IAVA supports mandatory, face-to-face and confidential mental health and TBI screening by a licensed medical professional, for all servicemembers, before and after their combat tour. See recommendation 1.1.

B. Advance-Fund Veterans' Health Care

The best way to ensure timely funding of veterans' health care is to fully fund the Department of Veterans Affairs (VA) health care budget one year in advance. In addition, IAVA endorses the annual Independent Budget, produced by leading veterans' organizations (including IAVA), as a blueprint for the VA funding levels. See recommendation 3.1.

C. End the Passive VA System

The VA has traditionally been a passive, inward-looking system. Veterans must overcome tremendous bureaucratic obstacles to get the benefits and services that the VA provides. Many veterans do not even know what benefits they are eligible for. The VA must develop a national strategy to promote the use of its services, including advertising VA benefits, expanding VA outreach, and modernizing the VA's online presence. See recommendations 1.2, 2.4, and 3.2.

D. Combat Veterans' Unemployment

IAVA supports the expansion of employment training for troops leaving the military, tax credits for employers who hire troops and veterans, and a new "Green-to-Green" program to retrain veterans for high-paying jobs in the clean energy economy. See recommendation 2.3.

E. Cut the Claims Backlog in Half

Hundreds of thousands of disabled veterans are awaiting an answer on their VA benefits claims. Errors in claims decisions are a primary source of the backlog. IAVA recommends a new evaluation system that holds claims processors accountable for the accuracy of their work. See recommendation 3.2.

F. Improve Health Care for Female Veterans

11 percent of Iraq and Afghanistan veterans are women. They deserve the same access to health care as any other American veteran. IAVA supports prioritized hiring of female practitioners and outreach specialists, increased funding for specialized in-patient women-only PTSD clinics, and significant expansion of the resources available to women coping with Military Sexual Trauma. See recommendations 1.2, 3.3 and 3.5.

G. Eradicate Homelessness Among Veterans

About 150,000 veterans are homeless on any given night, and foreclosure rates in military towns are increasing at four times the national average. IAVA calls for 20,000 new HUD-VA Supportive Housing vouchers, an increase in the Grant and Per Diem allowances for community organizations to help homeless veterans, and an extensive outreach campaign to promote VA home loan and financial counseling services. See recommendation 2.4.

I. Mental Health

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

In a landmark 2008 RAND study, "Invisible Wounds of War," almost 20 percent of Iraq and Afghanistan veterans screened positive for Post Traumatic Stress Disorder (PTSD) or major depression. But less than half of those suffering from mental health injuries are receiving sufficient treatment. Multiple tours and inadequate time at home between deployments increase rates of combat stress.

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

Untreated mental health problems can and do lead to family issues, substance abuse, homelessness and suicide. For female service members in particular, divorce rates are very high; female soldiers faced an 8.8 percent annual divorce rate, more than 2.5 times the national average. As of December 2008, there have been at least 196 military suicides in Iraq and Afghanistan. These numbers do not include the many veterans who commit suicide after their service is complete, whose fatalities are not tracked or reported.

Troops and veterans face significant barriers to mental health care. The Department of Defense (DOD) relies on an ineffective, antiquated system of paperwork to conduct mental health evaluations, and access to mental health care is difficult. According to the Pentagon's Task Force on Mental Health, the military's "current complement of mental health professionals is woefully inadequate." The National Defense Authorization Act for 2009 singled out mental health professionals as a critically short wartime specialty, and authorized new recruitment and multi-year retention bonuses for psychologists. But as of December 2008, the bonuses had yet to be implemented.

Effective treatment is also scarce for veterans who have left the military. The VA has given mental health diagnoses to more than 178,000 Iraq and Afghanistan veterans, or 45 percent of new veterans who visit the VA. But VA care is not always convenient. Veterans in rural communities are especially hard hit, and the availability and quality of health care for female veterans ranges widely.

Exacerbating the problem of inadequate screening and treatment is the heavy stigma associated with receiving mental health treatment. More than half of soldiers and Marines in Iraq who test positive for a psychological injury report concern that they will be seen as weak by their fellow service members. One in three of these troops worry about the effect of a mental health diagnosis on their career. As a result, many troops who need care do not seek it out.

To learn more about troops' and veterans' psychological injuries, please see the 2009 IAVA Issue Report, "Invisible Wounds: Psychological and Neurological Injuries Confront a New Generation of Veterans." All IAVA reports are available at www.iava.org/reports.

Mental Health Recommendations

1.1 Ensure Thorough, Professional, and Confidential Screening for Invisible Injuries

- The Defense Department must supply mandatory, face-to-face and confidential mental health and TBI screening by a licensed medical professional, for all servicemembers, before and between 90 and 180 days after return from combat.
- To maximize the effectiveness of the TBI Veterans Health Registry, the DOD and the VA should establish a joint protocol to share existing and future operational situation reports (SITREPS) of all servicemembers exposed to blasts and other causes of head and neck injury.

1.2 Advertise VA Mental Health Services

- The VA must receive specially-allocated funds to research, test and implement an effective national and local media strategy, that includes use of new and traditional media, to combat stigma and to promote the use of VA services such as Vet Centers and the Suicide Prevention hotline. The VA's campaign strategy should include a comprehensive plan to involve Veterans Service Organizations, and should promote behavioral and mental health services to underserved groups, including homeless veterans, rural veterans and female veterans.

1.3 Increase Mental Health Support for Military Families

- Vet Centers should be authorized and funded to provide services to active-duty military servicemembers and their families. IAVA supports the expansion of VA mental health services to veterans' families, including children, parents, siblings and significant others, if the veteran is receiving VA treatment for mental health or behavioral health problems.
- Adequate funding must be provided to implement fully the National Guard and Reserve Yellow Ribbon Reintegration Program, which provides reintegration training to reserve component troops and their families.
- IAVA calls for a study to better identify the causes of marital strain and high divorce rates among active and reserve component service members, including multiple deployments, mental health injuries, and gaps in family support programs, particularly for the families of female service members.
- IAVA supports funding for an independent review of the scope of family violence in the military, and an analysis of the effectiveness of the Department of Defense's response to the problem.

1.4 Combat the Shortage of Mental Health Professionals

- DOD must implement a full range of special pays, including accession and multi-year retention bonuses, as well as incentive and bonus pays, at a sufficient level to effectively recruit and retain critically needed behavioral and mental health professionals. Congress should require a biannual report on the implementation and effectiveness of the current recruitment and retention bonuses for mental health professionals.
- IAVA supports providing suicide prevention training within combat life-saver training, the emergency medical training troops receive from combat medics.

1.5 Address the Mental Health Needs of Female Troops and Veterans

- IAVA supports increased funding for specialized in-patient women-only PTSD clinics.
- To improve the quality of health care for female veterans, Vet Centers and VA medical facilities must be encouraged to hire female practitioners and outreach specialists, and especially female veterans.
- The veterans' suicide hotline operators should receive additional training to respond to sexual assault-related calls.
- IAVA supports increased funding for the Department of Defense's Sexual Assault Prevention and Response Office in order for it to expand its oversight role.

1.6 End Discrimination against Psychologically Wounded Troops

- To ensure that servicemembers suffering from service-connected psychological or neurological injuries have not been improperly discharged, IAVA recommends imposing an immediate moratorium on personality disorder discharges for combat veterans until an audit of past personality discharges is completed.
- When troops seek voluntary alcohol and substance-abuse counseling and treatment, command notification should be at the discretion of the treating mental health professional.

II. Homecoming

Even in the best of times, troops coming home from war face serious challenges reintegrating into civilian life. But as the economy falters, our newest veterans are being hit especially hard. Troops are facing serious challenges returning to the civilian workforce. Among Iraq and Afghanistan-era veterans of the active-duty military, the unemployment rate was over 8 percent in 2007, about 2 percent higher than their civilian peers. In addition, National Guardsmen and Reservists, "citizen soldiers" who leave behind their civilian lives to serve alongside active-duty troops, are inadequately protected against job discrimination.

In the most severe cases, economic hardship can push veterans into homelessness. Foreclosure rates in military towns are increasing at four times the national average, and almost 2,000 Iraq and Afghanistan veterans have already been seen in the Department of Veterans Affairs' homeless outreach program. Given the state of the economy, the problem is likely to worsen in the coming years.

One major step forward for improving veterans' economic opportunities is almost complete. IAVA led the fight to provide today's veterans with the same kind of education benefits America provided to veterans of World War II. In June 2008, we won. The new "Post-9/11" GI Bill makes college affordable to 1.7 million veterans of Iraq and Afghanistan, but a number of technical fixes are necessary in 2009 to maximize the GI Bill's effectiveness.

For more information about the transition challenges of new veterans, please see the 2009 IAVA Issue Reports, "Careers After Combat: Employment and Education Challenges for Iraq and Afghanistan Veterans" and "Coming Home: The Housing Crisis and Homelessness Threaten New Veterans." All IAVA reports are available at www.java.org/reports.

Homecoming Recommendations

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

- IAVA calls on Congress to oversee the accurate and timely implementation of all portions of the "Post-9/11 GI Bill," including the tuition benefit, housing allowance, book stipend, and transferability provisions.
- Eliminate the confusion of multiple education benefits by ensuring that the Post 9/11 GI Bill covers all types of education programs.
- Veterans pursuing vocational and distance learning programs should be entitled to the same tuition benefits as veterans attending traditional colleges.
- Rather than an unwieldy state-by-state benefit system, the Post-9/11 GI Bill benefit should have a national tuition cap tied to the price of the most expensive public school (currently about \$13,000/yr). Partial tuition payments should be based on a percentage of this cap, not individual tuition costs.
- The Yellow Ribbon Program, which provides matching federal funds for private school scholarships given to GI Bill recipients, should be universally available to those in reserve component.
- Veterans with remaining educational entitlement should be able to use their benefit to pay back student loans.
- Veterans attending school part time should receive a pro-rated housing benefit.
- Active Guard Reserve (AGR) service should be counted toward benefits calculations.

2.2 Defend Troops Against Job Discrimination

- USERRA, the Uniformed Services Employment and Reemployment Rights Act, protects National Guardsmen and Reservists from discrimination based on their military service. IAVA supports the extension of USERRA protections to servicemembers working in domestic response operations, such as hurricane or wildfire missions.
- Processing of USERRA claims should be consolidated within the jurisdiction of a single agency.
- Federal and state governments should be held to the same standard of USERRA compliance as private sector employers.
- Employers who knowingly violate USERRA job protections should face civil and criminal prosecution. Congress must direct tough enforcement of USERRA by the Departments of Justice and Labor, and give these agencies specific resources for this function. Violation of USERRA should be explicitly added to the list of offenses for which suspension or debarment from eligibility for federal government contracts is authorized.
- Servicemembers who face employment discrimination based on their military service must be afforded their day in court, as intended by the original USERRA statute. USERRA complaints should be exempt from pre-dispute binding arbitration agreements.
- To prevent employers from firing an employee while a USERRA claim is being processed, courts hearing USERRA complaints should be required to use their full range of legal powers, including injunctions.
- The DOD should implement a notification program for servicemembers' employers specifically informing employees of their USERRA obligations.

2.3 Combat Veterans' Unemployment

- The employment training in the Transition Assistance Program for separating service members should be modernized and made mandatory for all active-duty troops leaving the military.

- IAVA recommends tax credits for employers who, when their reserve component employees are called to active-duty for over 90 days, continue to support their employees by paying the difference between the servicemembers' civilian salary and their military wages.
- IAVA supports a tax credit to promote the hiring of homeless veterans by reimbursing the employer for a percentage of the salary of the hired veteran.
- Any economic stimulus proposals that promote "green collar" jobs should include a "Green-to-Green" program to retrain veterans for the new clean energy economy, and to encourage green employers to hire veterans.
- The DOD should conduct a study of the differences between DOD and civilian vocational certifications in order to ease the transition of certifications into the civilian world.
- To help mitigate the effect of frequent and lengthy deployments, IAVA supports new programs to provide small businesses owners in the National Guard and Reserves with additional access to capital, insurance, and bonding.

2.4 Eradicate Homelessness Among Veterans

- IAVA calls for a one-year moratorium on mortgage foreclosure for any servicemember returning from a combat tour. This provision should not sunset before 2012, at the earliest. Lenders who fail to abide by the moratorium should face stiff civil and criminal penalties.
- Congress should appropriate funding for a VA outreach and advertising campaign in regions hard-hit by the mortgage crisis that have high veteran and servicemember populations. The campaign should promote VA home loan and financial counseling services. Adequate funding should also be provided to ensure that the VA has enough loan counselors to cope with call volume.
- IAVA calls for a dramatic expansion of the HUD-VA Supportive Housing voucher program, to include the funding of an additional 20,000 housing vouchers. To ensure that vouchers are reaching eligible homeless veterans, a study must be conducted to examine voucher utilization rates, barriers to finding housing, service delivery and coordination, and housing retention among veterans participating in the program.
- The Grant and Per Diem (GPD) program payment rate should better match the actual cost to help a homeless veteran. The VA should be given the discretion to increase GPD payment rates up to 150% of the daily rate for programs that are high-cost due to their location or range of services.
- IAVA supports a pilot program to test preventative strategies against homelessness at VA facilities. Potential strategies should include emergency cash assistance, help with utilities, and short-term rental subsidies.
- IAVA endorses a VA "Green Homes" program that would convert underutilized VA properties into energy-efficient permanent housing for homeless veterans.

2.5 Protect Servicemembers from Unfair Contracts

- Students who are deployed overseas should be reimbursed by their college or university for tuition paid towards interrupted coursework.
- Servicemembers should be protected from early termination fees if a servicemember terminates a lease due to a deployment.
- Protections allowing service members to suspend or cancel cell phone contracts should be extended to servicemembers whose service contract is a part of a shared family account.

- Active-duty and recently separated servicemembers and their families should not be denied in-state tuition rates at local public universities due to a failure to meet state residency requirements.

2.6 Steer Veterans to Alternative Sentencing

- A pilot program should be funded to test the effects of alternative sentencing for veterans suffering from combat related stress injuries who are arrested for non-violent crimes. The pilot should build on the work of the Veterans Court in Buffalo, NY. The results of this pilot should be used to create guidelines for other states on effective alternative sentencing programs.
- The VA should repeal the standing prohibition on treatment for incarcerated veterans, and should coordinate with local municipalities to develop counseling, recovery, and peer-support services for veterans in the criminal justice system.

III. Health Care and Benefits

Far too many military families and veterans are struggling with the bureaucratic barriers to health care and benefits. Accessing medical care requires long waits for appointments, and is often too far away. Even when a wounded veteran is too disabled to work, the disability compensation process can take years.

Millions of veterans rely on the health care and benefits provided by the Department of Veterans Affairs (VA), and about 42 percent of eligible Iraq and Afghanistan veterans have already gone to the VA for health care. But accessing the system is often a problem. Wait times for appointments can be months long, and hospitals and clinics are frequently inconveniently located. As of 2003, more than 25% of veterans enrolled in VA health care live over an hour from any VA hospital. The VA has already taken steps to expand access to health care but much more must be done.

A fundamental problem with VA health care is unreliable funding from Congress. Unlike the allocations for Medicaid and Medicare, funding for the Veterans Health Administration is not mandatory. As a result, veterans' groups must fight each year to ensure that Congress provides adequate funding. In the past two years, however, Congress finally made veterans a priority, providing the VA with record budget increases. But when the VA budget is passed late, as it has been 17 of the past 20 years, hospitals are forced to ration care and scrape by with temporary funding bills. Appropriating funding for the VA one year in advance would allow veterans' hospitals to better plan their budgets, cut wait times, and ensure veterans have access to the care they need - and it would cost no additional money.

The VA also provides benefits to promote veterans' education, to help veterans buy a home, to compensate for combat-related disabilities, to provide for veterans' funerals, and to support troops and veterans' survivors. Almost 4 million veterans receive VA benefits, but for many, accessing the benefits they have earned is a difficult process. The DOD and the VA each have their own complicated and confusing disability benefits systems. As troops transition from the DOD to the VA, medical records and military service records regularly get lost in the shuffle, leading to long waits for benefits processing. Even within the VA system, veterans face

inexcusable delays. With over 800,000 claims filed annually, the current average wait time of 6 months is unacceptable. According to the VA's own numbers, about 12% of ratings decisions are inaccurate. These wrongly-decided claims can take two years to complete the appeal process, and are the primary source of the claims backlog.

Since the scandal at Walter Reed Army Medical Center in 2007 drew attention to the bureaucratic red tape that wounded troops face, the VA has added more claims processors. However, the current VA system rewards the quantity of claims processed, not the quality of processors' decisions. The VA must refocus its efforts to effectively train the new workforce and to link performance reviews to both quantity and quality of claims processed. With these systems in place, stories of VA backdating claims or shredding paperwork could finally become a distant memory.

For more on troops and veterans' health care and compensation issues, consult the 2008 IAVA Issue Report: "Battling Red Tape: Veterans Struggle for Care and Benefits." All IAVA reports are available at www.iava.org/reports.

Health Care and Benefits Recommendations

3.1 Reform Veterans' Health Care Funding

- To ensure timely and predictable funding, the VA budget should be appropriated at least one year in advance.
- IAVA endorses the annual Independent Budget, produced by leading veterans' organizations (including IAVA) as the blueprint for VA funding levels.
- The Government Accountability Office should audit the VA's internal budget model. The VA must be prepared to accurately project the number of veterans who will use VA health care, taking into account increases in demand due to an influx of Iraq and Afghanistan veterans and the downturn in the economy.

3.2 Cut the Claims Backlog in Half

- IAVA supports the Veterans' Disability Benefits Commission's call to mandate a 50% decrease in the claims backlog in 2 years. To make this possible, IAVA recommends a new evaluation system that rewards claims processors based on the accuracy of their work, not just the quantity of claims processed.
- To make claims more consistent between regional offices, the VBA must reassess training requirements. Claims processors at the VA regional offices should receive annual standardized training specific to the errors found in each office's processing during the previous fiscal year. The VBA should hold claims processors and their managers accountable for meeting the annual training requirement, and should provide opportunities for knowledge-sharing, in the model of CompanyCommand.army.mil and PlatoonLeader.army.mil.

- IAVA believes it is the VA's responsibility to clearly inform veterans about the requirements to substantiate a claim. The VA should publicize the criteria for claims establishment, and the VA's "Duty to Notify" should include providing the claimant with a thorough explanation of the elements needed to substantiate a claim.
- Veterans should be able to waive the waiting period for evidence submission if the claim is fully developed.

- Appeals forms should be sent out with Notice of Decision letters, to expedite the process if the veteran chooses to appeal.

3.3 Improve Access to Care

- Military families face significant barriers to receiving mental health care under TRICARE, including inaccurate lists of local providers, low provider reimbursement rates, and high levels of paperwork. IAVA recommends a study to determine the extent of these barriers and how they can be minimized.
- IAVA recommends that the VA mandate uniform services at women's clinics. Currently, women's clinics vary in the services they deliver, from gender-specific care to general primary care. Women veterans should have access to female primary care providers when requested, and if necessary, the VA should contract with local health care providers to offer this service.
- The Secretary of the VA should design and implement national guidelines to instruct VA facilities when it is appropriate to contract with local community health care providers in areas where rural veterans do not have reasonable access to care.
- VA funding should be provided to promote, oversee, and evaluate a pilot program that creates a network of drivers for veterans struggling to find transportation to the nearest VA hospital.

3.4 Smooth the Transition from the Military to the VA

- Enrollment in VA health care should be required for all troops leaving active-duty service, whether from the active or reserve component, with the opportunity to opt out, rather than opt in. Participation in the Benefits Delivery at Discharge program must be mandatory.
- The disability process should be streamlined, so that the DOD determines fitness for duty, and the VA determines disability compensation. The DOD should perform a thorough medical examination for all troops prior to their separation, and DOD records, including the DD-214, should be electronic and interoperable with a state-of-the-art VA system. The DD-214 should be updated to include email addresses.
- Benefit Resource Counselors should be available for all National Guard and Reserve units. An incentivized training program should be established in coordination with the DOD and VA that would train at least one member of every National Guard and Reserve unit on available federal and state benefits for servicemembers and their families.

3.5 Ensure Benefits are Fair

- The VA disability benefits schedule should be revised to provide adequate compensation for both loss of earning capacity and quality of life, and to accommodate new kinds of disability, including Post Traumatic Stress Disorder. While the Rating Schedule is revised, all compensation rates should be increased as recommended by the Veterans' Disability Benefits Commission.
- As recommended by the VA's Advisory Committee on Women Veterans, the Veterans Benefits Administration should put in place a procedure to identify, track and report to Congress the outcomes of disability claims that involve Military Sexual Trauma (MST), in order to better understand the number of MST-related claims submitted annually, length of processing times, denial rates, and the types of disabilities that are associated with MST.
- IAVA supports concurrent receipt of veterans' disability and military separation or retirement benefits.

- IAVA urges the complete repeal of the Widow and Widower's Tax.
- All National Guardsmen and Reservists who are veterans of the wars in Iraq and Afghanistan should qualify for early retirement based on the length of their active-duty service.

3.6 Expand Health Tracking for Iraq and Afghanistan Veterans

- Congress should fund a pre- and post-deployment longitudinal study that bridges the gap from Department of Defense and the Department of Veterans Affairs to track veterans' mental health problems, diseases and mortality.
- Troops returning from a tour in Iraq or Afghanistan should be required to enroll in the Gulf War Registry Program, with the opportunity to opt out, rather than opt in.

3.7 Care for the Caregivers

- IAVA recommends the creation and expansion of pilot programs to certify and train family caregivers of veterans as personal care attendants, so that they can receive compensation from the Department of Veterans Affairs.
- The VA should build on its current partnership with local universities to provide respite care to family caregivers. Graduate students should be trained to provide respite care for families caring for wounded warriors.

IV. Government Accountability

American troops and military families have responded to the demands of a prolonged two-front war with tremendous courage and dedication. But the government has not consistently shown the same commitment to supporting those called to serve.

The wars in Iraq and Afghanistan have been a heavy burden for our Armed Forces, who represent less than one half of one percent of the American people. The military now regularly requires troops to serve multiple, extended combat tours. As General Peter Schoomaker, the former Chief of Staff of the United States Army, warns: "While our Soldiers are responding with extraordinary commitment, particularly in the face of adversity and personal hardships, we cannot allow this condition to persist."

At the same time, funding for the Iraq and Afghanistan wars has become a political football, used by politicians on both sides of the aisle to disguise the wars' cost and fund unrelated pet projects. Finally, although our troops and military families prove their dedication to our country every day, they are all too often stripped of their rights as citizens. Military voters regularly receive their absentee ballots too late to allow them to vote. In addition, over 40,000 non-citizens serve in the U.S. military today, but they receive little protection for themselves or their families against unfair application of immigration laws. The last thing troops in the American military should be worrying about while deployed is the possibility that their spouses at home may be deported.

Government Accountability Recommendations

4.1 Issue a National Call to Service

- IAVA supports Congressional efforts to expand nonmilitary service opportunities. The President must call on all Americans to show their support for our nation's troops and veterans by joining them in serving the nation in the military or on the homefront.

4.2 Prevent Military Voter Disenfranchisement

- All too often, military personnel receive their ballots too late to be counted. States should provide uniform, simple access procedures for military and military dependent absentee voting that is valid in all 50 states. These procedures should include a re-examination of the dates limiting how early one can apply for an absentee ballot, to ensure troops can feasibly apply for and receive a ballot in time to cast their ballots. Election mail must be protected and prioritized, so that troops overseas receive their ballots on time.

4.3 Provide a Road to Citizenship for Military Families

- IAVA believes that the deportation of spouses of troops deployed to a combat zone should be deferred until at least two years after the deployed servicemember returns from combat. In addition, surviving widows and widowers of those killed in action should be eligible for expedited citizenship and/or "bereavement visas" to allow them to visit family in their country of origin in the years after their spouse's death.

4.4 End Abuse of the Emergency Supplemental Process

- IAVA recommends that the DOD be obligated to report detailed equipment reset expenditures within the procurement accounts in a way that confirms that funds appropriated for reset are expended for the correct purposes.
- Emergency supplemental funding undercuts Congressional oversight of spending. While supplemental funding is crucial for real emergencies, IAVA opposes the use of emergency supplemental to fund predictable military needs.