Swords to Plowshares
Institute for Veteran Policy
May 2017

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veterans and their families
War causes wounds and suffering that last beyond the battlefield. Swords to Plowshares’ mission is to heal the wounds, to restore dignity, hope and self-sufficiency to veterans in need, to prevent and end homelessness and poverty among the veterans we serve, and to promote and protect the rights of all veterans.

Over 2.8 million service members have deployed in support of the wars in Iraq and Afghanistan, many for multiple tours of duty. These veterans return home not to the Department of Defense or the Department of Veterans Affairs, but to the communities in which they live and to the homes of their families. There are unique aspects to these wars which must be addressed in order to prevent or mitigate the hardships endured by previous generations of war veterans. We know that the cost of war goes well beyond bullets and boots.

The transition from total immersion in military culture to the civilian world can prove difficult for many veterans. Even the most successful adjustment from duty overseas to civilian life at home will often present periods of irritability, depression, isolation and hyper-vigilance which compromise a veterans’ ability to rejoin family, secure and maintain employment and sustain healthy relationships. Rates of post-traumatic stress, traumatic brain injury and suicide are unprecedented. Returning home to a tough economy makes it that much more difficult for new veterans to secure stable housing and employment.

It is the responsibility of the community to recognize the sacrifice these men and women have made on our behalf and to help those veterans who are in need. The following information is meant to give you a brief snapshot of some of the challenges many veterans face and to inform readers about services and supports for veterans.

Founded in 1974, Swords to Plowshares is a community-based, not-for-profit organization that provides counseling and case management, employment and training, housing and legal assistance to more than 3,100 homeless and low-income veterans annually in the San Francisco Bay Area and beyond. We promote and protect the rights of veterans through advocacy, public education, and partnerships with local, state and national entities.

Michael Blecker, Executive Director
An Overview of Our Services

**Employment and Training**—creates meaningful job opportunities for all veterans through training programs and partnerships with employers.

**Health and Social Services**—Swords to Plowshares’ Drop-in Center is a unique one-stop resource that provides critical services to dozens of veterans every day.

**Institute for Veteran Policy**—works to ensure that all veterans have the services and support they need through advocacy and community education.

**Legal Services**—we are one of the few organizations in the country that provides free legal advice and representation in Department of Veterans Affairs (VA) benefits and military discharge upgrade cases.

**Supportive Housing**—our transitional and permanent residential programs have provided thousands of homeless veterans with the stability and support they need to rebuild their lives.

Overview of this Reference Guide

- The demographics and cultural characteristics of service members, veterans and their families from all eras.

- The scale and scope of issues veterans may encounter.

- Availability and limitations of federal resources for veterans.
### A Timeline of Services

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tr>
<td>1978</td>
<td>Swords to Plowshares is granted recognition by the VA and becomes the first new group in 32 years certified to represent veterans seeking benefits.</td>
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<td>1979</td>
<td>Swords to Plowshares wins one of the first post-traumatic stress disorder cases in the country and helps develop the <em>Agent Orange Self-Help Guide</em>.</td>
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<td>1988</td>
<td>Swords to Plowshares’ model Transitional Housing Program opens, then relocates to Treasure Island in 2000.</td>
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<td>1990</td>
<td>Swords to Plowshares co-founds the National Coalition for Homeless Veterans, a national network of community-based service providers advocating on behalf of homeless veterans.</td>
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<td>2000</td>
<td>Swords to Plowshares Veterans Academy opens, a permanent supportive housing facility located in the Presidio of San Francisco for 102 formerly homeless veterans.</td>
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<td>2005</td>
<td>Swords to Plowshares launches the Iraq Veteran Project, designed specifically to address the needs of Iraq and Afghanistan veterans.</td>
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<td>2009</td>
<td>Swords to Plowshares opens the East Bay Employment and Training Services office in Oakland, California.</td>
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<td>2011</td>
<td>The Iraq Veteran Project changes its name to the Institute for Veteran Policy to encompass the needs of prior era veterans as well as Post-9/11 veterans.</td>
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<td>2012</td>
<td>Veterans Commons at 150 Otis Street • San Francisco opens, providing permanent housing for 76 chronically homeless veterans.</td>
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<tr>
<td>2014</td>
<td>Swords to Plowshares opens Safe Haven, a transitional housing residence in San Francisco for veterans seeking permanent housing, or other options to homelessness as appropriate to their needs.</td>
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<tr>
<td>2015</td>
<td>Mission Bay housing development is finalized with plans for 50 permanent units for veterans to be opened in 2019.</td>
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<tr>
<td>2017</td>
<td>Maceo May apartments is finalized with plans for 100 permanent units for veterans to be opened in 2021.</td>
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Current Conflicts

Post-9/11
Includes Operation Inherent Resolve (OIR), Operation New Dawn (OND) and Operation Enduring Freedom (OEF) also known as the Overseas Contingency Operations.

Operation Inherent Resolve (OIR)
Refers to the military operation name for the military intervention against ISIL, including both the campaign in Iraq and the campaign in Syria.

Operation New Dawn (OND)
Formerly Operation Iraqi Freedom (OIF) prior to September 1, 2010: refers to U.S. troops remaining in Iraq for non-combat operations.

Operation Enduring Freedom (OEF)
Primarily refers to the conflict in Afghanistan, as well as other theaters of combat operations.

Operation Freedom’s Sentinel (OFS)
Operation Enduring Freedom (OEF) ended on December 31, 2014 and transitioned to Operation Freedom’s Sentinel on January 1, 2015. OFS is a contingency operation based in Afghanistan.

Active Duty

Full-time active service in the U.S. military (Army, Marine Corps, Navy, Air Force, Coast Guard). This includes members of the Reserve components serving on active duty, but does not necessarily include all National Guardsmen serving full-time.

Drilling Reserve

Part-time military service usually consisting of one weekend a month plus two weeks a year. Includes the Army Reserve, Marine Corps Reserve, Navy Reserve, Air Force Reserve, Coast Guard Reserve, Army National Guard and Air National Guard. When Reserve forces are mobilized for full-time active duty service they serve on active duty until demobilized, at which point they revert back to drilling reserve status.

National Guard

A reserve component of the U.S. Armed Forces, the National Guard is a state militia that answers first to the governor, but can be put into federal service by order of the president. When activated for full-time federal service, Guard members are considered active duty but are not included in total strength numbers of the active duty Army/Air Force. If not on active duty status their service obligation is one weekend a month plus two weeks a year and may be called up for full-time service such as in the case of natural disaster relief efforts. However, the state call-up is not considered active duty service.

Activated Guard and Reserve (AGR)

National Guard and Reserve members who have been moved from their reserve status (mobilized) into active duty, usually for a set period of time (six months, one year, etc.).
Who is a veteran?

- All veterans are in crisis
- All veterans can obtain Department of Veterans Affairs (VA) services
- All veterans have served in combat
- Women do not serve in combat
- All combat veterans have post-traumatic stress disorder (PTSD)
- You have to be in combat to get PTSD
Who does the U.S. Department of Veteran Affairs (VA) consider a veteran?

For VA services, the VA generally requires active military service AND discharge under conditions other than dishonorable. However, most VA benefits require at minimum a general (under honorable conditions) discharge.\textsuperscript{5}

Who is considered a veteran in California?

Anyone who served in the U.S. military and was discharged under conditions other than dishonorable. However, most state benefits require an honorable discharge or release from active service under honorable conditions.\textsuperscript{6}

Who does Swords to Plowshares consider a veteran?

Anyone who served in the U.S. military regardless of type of discharge and length of service.
Iraq and Afghanistan (September 2001 - Present)
Over 2.8 million men and women have been deployed in support of Post-9/11
Over 40 percent have been deployed more than once
Over 69 percent GWOT veterans are currently separated from active duty
60 percent eligible veterans have obtained VA healthcare
6,779 were killed
52,022 were wounded

Gulf War Veterans (August 1990 - September 2001)
7.25 million military personnel served during the Gulf War period
1.1 million deployed to the Persian Gulf Region in support of Operation Desert Shield/Storm
258 were killed
849 were wounded

Vietnam Era Veterans (1964 - 1975)
About 9.2 million Americans served in the military during the Vietnam era
2.7 million veterans actually served in Vietnam
58,220 were killed
303,644 were wounded

Korean Conflict (1950 - 1955)
5,720,000 American troops sent to aid South Korea
36,000 were killed
105,000 were wounded
World War II (1941 - 1945)

16.1 million Americans served in WWII
291,557 were killed
671,846 were wounded

Disabilities

1.3 million veterans who served in World War II, the Korean Conflict, and the Vietnam era have a service-connected disability
Almost 20 percent of all veterans have a VA service-connected disability rating
25 percent of Gulf War era veterans report service-connected disabilities
32 percent of Post-9/11 veterans have a service-connected disability

California Veterans

California veteran population - 1.7 million (highest number of veterans)
California women veteran population - 162,000 (8 percent of all women veterans)
San Francisco Bay Area and Southern California have the most veterans of any area in the state
Military Families

- Over half of the military is married, 42 percent of service members have children, and 48 percent of veterans have children.\textsuperscript{11}

Nearly 50 percent of women veterans are in dual-military marriages whereby an active duty, Reserve or Guard member is married to another service member. Nearly 50 percent of all married active duty females are in dual marriages.\textsuperscript{12}

- 4.7 percent of active duty members and 9.2 percent of National Guard and Reservists are single parents.\textsuperscript{13}

National Guard and Reserve Forces

- The National Guard has been transformed into an operational force to be frequently deployed; this represents a shift away from its traditional role as a force primarily designed for infrequent federal use against a large nation-state.\textsuperscript{14}

- Roughly 28 percent of all service members who have served in areas supporting the wars in Iraq and Afghanistan are Guard and Reservists, and 18 percent of service members currently deployed are National Guard and Reservists.\textsuperscript{15}

- Guard and Reservists tend to live in civilian communities, far from military bases and thus far from post-deployment support systems.\textsuperscript{16}
Women comprise 9.4 percent of our veterans,\(^3\) 16.1 percent of our active duty force\(^1\), and 18.8 percent of National Guard and Reserves.\(^9\)

- Despite previous combat exclusion policies, women have served in combat, yet have difficulty gaining recognition for combat service.

- One in five women veterans uses VA healthcare, and one in five women receive benefits from the VBA for a service-connected disability.\(^2\) Despite tremendous efforts by the VA to provide services to women, many women veterans aren’t aware of state and federal benefits and services available to them, and many are accessing services from community systems-of-care.\(^5\)

- Women veterans are more likely to have some college, a Bachelor’s degree, or an advance degree than veteran men and non-veterans.\(^6\)

- Women veterans are less likely to live in poverty than non-veteran men and women, but those in poverty are three times more likely to become homeless than non-veteran men and women.\(^7\) Women make up 8 percent of all homeless veterans.\(^8\)

- Women veterans are twice as likely to be divorced than non-veteran women, and equally likely to have children.\(^9\)

*See also: suicide figures on page 23 and homeless figures on page 26*
In 2015 (the most recent data available):

- Minority veterans comprised about 26 percent of the total veteran population, and about 34 percent of the women veteran population.\(^{26}\)
- 12 percent of veterans were African American, 7 percent were Hispanic, and 2 percent were Asian.\(^{27}\)
- 18 percent of women veterans were African American.\(^{28}\)
- Post-9/11 veterans had the highest proportion of non-white veterans, at roughly 34 percent.\(^{29}\)
- Native American/Alaska Natives comprise .7 percent of total veteran population, but serve at higher rates compared to other ethnicities.\(^{30}\)

Prevalence rates for PTSD have shown to be higher among ethnic minority veterans than among Caucasians.\(^{31}\)

- Culturally competent care significantly affects the treatment outcomes of minority veterans.\(^{32}\)
- Research on prior era veterans shows that African American veterans are less likely to have their PTSD claim approved by the VA.\(^{33}\)
- Among OIF/OEF veterans using VA healthcare, there are similar rates of mental health diagnoses and PTSD diagnoses across races.\(^{34}\)
- African American and Latino veterans with higher rates of combat exposure tend to have higher rates of PTSD.

Racial or Ethnic Minority Identifiers

- 30 percent of the military\(^{35}\)
- 25 percent of veterans\(^{36}\)
There are an estimated 70,000 lesbian, gay and bisexual (LGB) individuals currently serving in the military and over one million estimated LGB veterans.\textsuperscript{37}

Non-hetero partnerships in the military: 5,600 in the active duty force, 3,400 in the National Guard and Reserve and 8,000 among military retirees.\textsuperscript{38}

Lesbian, Gay, Bisexual, Transgender & Queer (LGBTQ) Veterans

- Same sex marriage is now legal for military personnel, following the Supreme Court’s ruling in June 2015. Gay military couples residing in states that previously outlawed gay marriage can now take full advantage of all the benefits of marriage. The legalization extends to all U.S. military bases. The military is the largest employer of transgender and individuals: 20 percent of the U.S. transgender population are veterans.\textsuperscript{39}

- On July 1, 2016 the Pentagon announced the repeal of its ban on open service for transgender service members, which will affect at least 15,500 actively serving Trans members of the U.S. military. Military policy now allows for open transgender service.\textsuperscript{40}

- The policy of open service since the repeal of \textit{Don’t Ask, Don’t Tell}, (DADT) (the Department of Defense policy against homosexuals serving openly in the military) has been found to have no overall negative impact on military readiness, unit cohesion, recruitment, retention or morale.\textsuperscript{41}

- Some challenges LGBTQ veterans face include the following:\textsuperscript{42}
  - Lower overall health status.
  - Lower rates of routine and preventive care.
  - Higher rates of smoking, alcohol and substance abuse.
  - Higher rates of discrimination, stigma and trauma experiences.
  - Higher risk for mental health illnesses, such as anxiety and depression.
  - Increased incidence of some cancers.

- Service members who were given a less than honorable discharge because of homosexual conduct prior to the repeal of DADT may be denied access to benefits such as VA healthcare, disability compensation and the G.I. Bill. Lesbian women veterans have higher rates of mental distress than heterosexual women veterans, and three time the odds of poor physical health than lesbian women non-veterans.\textsuperscript{43}
Currently 64 percent of U.S. veterans are aged 55 or older. Senior veterans comprise a large proportion of the overall veteran population in the U.S. This places a strong demand on health and health-related services, as they stretch to meet the complex needs of this population.

**Key Facts**

- Veterans are older than their chronological age and are predisposed to a variety of health issues related to their military service.
- 72 percent of veterans receiving service-connected disability compensation or pension are age 55 or older.
- Homeless senior veterans have higher rates of hospitalization and age-adjusted mortality.
**LATE-ONSET STRESS SYMPTOMATOLOGY (LOSS)** occurs among older veterans who have experienced highly stressful combat events in their youth, and as they age begin to experience increased combat-related memories, thoughts, feelings, and symptoms in response to these events.⁵²

**POST-TRAUMATIC STRESS DISORDER**
- PTSD symptoms can surface years after the trauma has occurred, and symptoms can worsen later in life.
- Vietnam veterans have up to 30 percent lifetime prevalence of combat-related PTSD.

<table>
<thead>
<tr>
<th>Trauma</th>
<th>PTSD is associated with an increase in symptomatology among older veteran men. One study found a 16 percent increase in symptoms in Vietnam veterans who had experienced both combat and non-combat trauma.⁴⁷</th>
</tr>
</thead>
</table>
| Research has demonstrated that having PTSD is statistically significantly associated with the development of cardiovascular disease, in particular: | - Hypertension  
- Chronic ischemic heart disease⁴⁹ |

| Traumatic brain injury (TBI) | Increases risk of dementia in veterans aged 55 and older: One study showed that those with TBI had a 60 percent greater likelihood of developing dementia than those without TBI.⁴⁸ |

| Suicide | Older veterans are at an increased rate of suicide. Two-thirds of those who complete suicide are age 50 or older. Older veterans with PTSD are more likely to report a lack of social support, and a higher incidence of suicidal ideation.⁵⁰ |

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>One in four veterans have diabetes, compared to one in ten among the entire U.S. population.</th>
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<tr>
<td>The deterioration of physical health can exacerbate or even trigger the onset of PTSD symptoms as the veteran ages.⁵¹</td>
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</table>
What have veterans experienced while in combat? (Latest data from 2013) **53**

- 85 percent Worked in areas that were mined or had IEDs
- 68 percent Received small arms fire
- 66 percent Knew someone seriously injured or killed
- 66 percent Was attacked or ambushed
- 65 percent Received incoming artillery, rocket or mortar fire
Injuries and Treatment

For every service member death in the recent wars (6,902) there are eight wounded in action (52,542). Veterans report extremely long wait times for VA medical appointments, and recently the VA has been called to transform their core approach to ensure veterans are receiving care.

Post-9/11 veteran claims make up 25 percent of the total inventory and 28 percent of the backlog. Most estimates of mental and cognitive diagnoses do not indicate the true numbers of veterans with injuries because of poor data collection, delayed detection and onset of symptoms, or stigma of reporting while in active duty.

The three most common diagnoses of veterans are musculoskeletal ailments, mental health disorders, and “ill-defined conditions.”

PTSD and Other Mental Health Conditions

Post-traumatic stress disorder* is generally defined as a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock after exposure to a traumatic event. Veterans with PTSD and/or depression face a broad range of physical, cognitive, behavioral, emotional and social challenges.

Fifty-eight percent of Post-9/11 veterans seen at the VA have been diagnosed with a mental disorder, including 32 percent with PTSD and 26 percent with depressive disorder.

Research suggests rates of mental health conditions for recent veterans as high as 26 percent. Rates of PTSD are as high as 35 percent when factoring in the delayed onset of PTSD.

Repeated deployments and short dwell time (time between deployments) increase the likelihood of developing PTSD and other mental health conditions.

Women are at an increased risk for depression than men and are two times as likely to experience a major depressive episode.

*You may see this condition expressed as both PTSD (as listed in the DSM-IV) or as PTS. While the clinical diagnostic code is a mental health disorder, it can be contrary to anti-stigmatization efforts and care to call a response to extremely traumatic events a disorder.

Blast Injuries

Improvised Explosive Devices (IEDs) are frequently used in Iraq and Afghanistan.

Effects include:

- Eye injuries
- Hearing problems
- Blindness
- Infertility
- Erectile dysfunction
- Endocrine dysfunction
- Cognitive dysfunction
- Skin issues
- Burns
- Major limb injuries
- Traumatic brain injury
Traumatic Brain Injury

- In combat, traumatic brain injury (TBI) often results from the concussive force which causes the brain to slam against the skull.

- Of those who served in Post-9/11, a total of 352,619 have been diagnosed with a TBI. The vast majority are mild TBIs (also known as concussions).

- Up to five times as many active duty troops endured head trauma during the early stages of the Iraq and Afghanistan wars than was recorded. An increase in recent years of the number of head injuries has been attributed to improved screening methods.

- Certain symptoms of TBI may mimic symptoms of PTSD, leading to a difficulty in diagnosing the veteran. Also, a veteran may experience PTSD as well as TBI.

- A study assessing TBI among veterans engaged with homeless services programs found that 47 percent had a probable TBI, which is almost 4 times the rate of TBI among the general population.

- Women with traumatic brain injury are 2.7 times more likely than men with TBI to be unemployed after deployment and are almost 7 times more likely to be homeless.
Agent Orange

- Agent Orange is an herbicide and defoliant used by the military during the Vietnam War as part of its chemical warfare program.

- Some studies show that veterans who served in Vietnam and were exposed to Agent Orange have increased rates of cancer, nerve, digestive, skin and respiratory disorders. Veterans who served in South Vietnam had higher rates of throat cancer, acute/chronic leukemia, Hodgkin's lymphoma and non-Hodgkin's lymphoma, prostate cancer, lung cancer, colon cancer, soft tissue sarcoma and liver cancer. With the exception of liver cancer, these are the same conditions the VA has determined may be associated with exposure to Agent Orange/dioxin, and are on the list of conditions eligible for compensation and treatment.\(^{66}\)

- VA and federal law presumes that certain diseases are a result of exposure to these herbicides. This "presumptive policy" simplifies the process for receiving compensation for these diseases since the VA foregoes the normal requirements of proving that an illness began during or was worsened by military service.

- Through this process, the list of "presumptive" conditions has grown since 1991, and currently the U.S. Department of Veterans Affairs has listed prostate cancer, respiratory cancers, multiple myeloma, Type II diabetes, Hodgkin’s disease, non-Hodgkin’s lymphoma, soft tissue sarcoma, chloracne, porphyria cutanea tarda, peripheral neuropathy, chronic lymphocytic leukemia, B cell leukemia, such as hairy cell leukemia; Parkinson’s disease and ischemic heart disease; al amyloidosis, peripheral neuropathy, and spina bifida in children of veterans exposed as conditions associated with exposure to the herbicide.

- Because the number of illnesses presumed to be linked with Agent Orange exposure were expanded, over one-third of the Veterans Benefits Administration workforce were redirected to process over 260,000 Agent Orange claims.\(^{67}\)

- The VA benefit claims backlog was as high as 611,000 in May 2013, and is now under 10 pending Agent Orange claims as of May 1, 2017.\(^{68}\)

- Vietnam estimates 400,000 people were killed or maimed, and 500,000 children were born with birth defects as a result of Agent Orange. The Red Cross of Vietnam estimates that up to one million people are disabled or have health problems due to Agent Orange.\(^{69}\)
“Presumptive Diseases” Associated with Exposure to Contaminants in the Water Supply at Camp Lejeune

Drinking-water systems that supplied two areas of housing at Camp Lejeune were contaminated with industrial chemicals from at least 1953 – 1985. The contaminated wells were shut down in February 1985. The exact duration and intensity of the exposure at Camp Lejeune is unknown. The geographic extent of contamination by specific chemicals also is unknown.\(^{70}\)

- Nearly one million people (including troops, family members and civilian employees) were exposed to volatile organic chemicals and other cancer-causing agents in the base’s drinking water system from the 1950s through the 1980s.\(^{71}\)
- Since January 2011 more than 20,000 veterans have filed claims citing environmental hazards at Camp Lejeune. Of the 13,213 veterans given decisions through November last year, only 864, or 6.5 percent, were granted compensation for illnesses tied to having served at Camp Lejeune.\(^{72}\)

The VA established a “presumptive service-connection” for diseases associated with exposure to contaminants that entered the ground water system in Camp Lejeune. Any veteran who served between August 1, 1953 and December 31, 1987 and was stationed at all of Camp Lejeune, Marine Corps Air Station New River, satellite camps and housing areas, including Reserve and National Guard members stationed there for a cumulative period of 30 days are included in the “presumption.”

Diseases included in the “presumption”.\(^{73}\)

- Adult leukemia
- Bladder cancer
- Liver cancer
- Non-Hodgkin’s lymphoma
- Aplastic anemia and other myelodysplastic syndromes
- Kidney cancer
- Multiple myeloma
- Parkinson’s disease

Steps to Make a Claim:\(^{74}\)

1. Provide medical evidence of a disease on the list of eight presumptive diseases.
3. File VA Form 21-526EZ (veteran service organizations can help with filing these claims) or use eBenefits to file electronically.
4. State on the application that your claim is “presumptive” due to service at Camp Lejeune.
Burn Pit Exposure

Many veterans who served in Iraq or Afghanistan were exposed to toxic substances released from massive burn piles used to dispose of all manner of waste. Burning of waste and other trash became a commonplace method of disposal. The VA has acknowledged that troops were exposed to releases from burn pits, and that exposure has been linked to respiratory, cardiopulmonary, neurological, autoimmune, and/or skin disorders. The VA accepts veteran lay statements describing exposure as evidence of that exposure if the veteran served in Iraq, Afghanistan, or Djibouti.\textsuperscript{75}

Health Issues: Particulate Matter (PM) and toxins from burn pit smoke and debris can irritate or contribute to problems in:\textsuperscript{76}

- Skin, nose, eyes, throat
- Respiratory system
- Cardiovascular system
- Gastrointestinal system and other internal organs
- Coughing and throat problems

*Most irritation is temporary. Higher level and longer exposure could put you at a higher risk.*

Burn Pit Registry:\textsuperscript{77}

The Burn Pit Registry is a *not* a disability compensation exam. It is a voluntary study aimed at improving the knowledge that burn pits and airborne hazards veterans may have been exposed to overseas and what effects they may have.\textsuperscript{78}

Eligibility:

- You do not need to be enrolled in VA healthcare
- Based on your “recollection” not your records of military service

*Did you serve in any of the following areas:*

- OIF/OEF/OND
- Djibouti, Africa (On or after September 11 2001)
- Operations Desert Shield/Storm (On or after August 2, 1990)
- Southwest Asia
Substance Abuse

Co-Morbidities

- Post-traumatic stress disorder.\(^7^9\)
- Military sexual trauma.
- Other mental health issues.
- Combat exposure associated with increased drinking.\(^8^0\)

Reserve and National Guard personnel with reported combat exposures are at an increased risk of new onset heavy weekly drinking, binge drinking, and alcohol-related problems; and younger members of all military branches are at the greatest risk for alcohol problems.\(^8^1\)

There is little comprehensive data on substance abuse and dependence in the military because the use and abuse of drugs often results in a less than honorable discharge status and these discharge status’ are omitted from many studies.\(^8^2\)

Recent research suggests an impact of deployment on the substance use behaviors of the children and families of members of the military.\(^8^3\)

There may be a synergistic relationship between PTSD and substance abuse, for those dually-diagnosed, with improvement in one aspect leading to improvement in the other.\(^8^4\)
Suicide among various veteran populations

- The adjusted risk of suicide for veteran men is twice that of non-veteran men.85
- Women veterans are two to three times more likely to commit suicide than non-veteran women.86
- More lesbian, gay and bisexual veterans report more suicidal ideation compared to heterosexual veterans.87
- Veterans discharged for misconduct are twice as likely to commit suicide as those honorably discharged.93
- Older veterans are at an increased risk of suicide: two-thirds who commit suicide are age 50 or older.94
- Veterans of Iraq and Afghanistan show increased risk over the general population, but deployment to the wars themselves are not associated with excess suicide risk.95
- Other populations at high risk of suicide are veterans with bad paper, men under 30 who are not receiving VA healthcare, and women veterans.96
- Since 2001, the rate of suicide among U.S. veterans who use VA services increased by 8.8 percent, while the rate of suicide among veterans who do not use VA services increased by 38.6 percent.97
- The suicide rate among those receiving VA care is decreasing.98
- Incarcerated veterans have the highest risk of suicide, exceeding the risk attributable to either veteran status or incarceration alone.99

Rates of veteran suicide

- 110 suicides among active duty service members within the first four months of 201688, and 475 suicides among active duty for all of 2015.89
- Down to 20 suicides per day among veterans of all eras, but increased in rates of suicide from prior years. 1,000 suicide attempts per month among veterans of all eras.90
- Suicide rates among U.S. civilian adults has increased by 23% since 2001.91
- Suicide rate within veteran population has increased by 32.2% since 2001.92

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Military Sexual Trauma

Military sexual trauma (MST) refers to trauma from sexual harassment and/or sexual assault that occur to both men and women in military settings. MST often goes unreported due to stigma and fear of jeopardizing their military career.

Conditions Related to Military Sexual Trauma

- Post-traumatic stress disorder
- Depression
- Sexually transmitted infections
- Sexual dysfunctions

An estimated 14,900 service members surveyed in 2016 experienced a sexual assault, down from 20,300 from 2014. Yet while a greater percentage are reporting crimes, six in ten who experienced the assault reported they've received retaliation and ostracism as a consequence for coming forward.

A 2015 RAND report estimates only 13 percent of service men and 40 percent of service women who have experienced MST report their military sexual assault. Many sexual assaults are not reported because of the barriers of fear of repercussion to their career, retaliation and skepticism associated with reporting. Many do not report because the perpetrator is in their unit or their direct command. Further, many do not think that reporting is effective since commanders decide disciplinary action.

Many wait until they exit the military to report. The VA says 1 in 5 women seen at the Veterans Health Administration and 1 in 100 men have experienced MST. There are actually more reports of men who have experienced MST than women, but slightly fewer men seen at the VA have experienced MST. However, reporting rates are on the rise, and the gap between reporting and occurrence is at its narrowest since they began to track sexual trauma in the military.
Veterans aged 18 to 30 are more than twice as likely to be homeless compared with non-veterans of the same age.

- 50 percent of homeless veterans are age 51 or older, compared with 19 percent of homeless non-veterans.

- Women veterans are more than twice as likely to be homeless as non-veteran women, and account for 8 percent of homeless veterans. Homeless women veterans face barriers to accessing housing, such as a lack of awareness of available programs, a lack of referrals for temporary housing while awaiting permanent placement, limited housing for women with children, and concerns about personal safety.

- Homelessness among veterans is associated with high rates of hospitalizations and age-adjusted mortality. Homeless veterans have shown a more rapid disease course, leading to earlier morbidity.

39,471 veterans are homeless on a given night. Homeless veterans account for over 10 percent of all homeless adults.

Housing Instability and Homelessness

- In most states, homeless veterans were typically found in shelters. However, in four states, more than half of all veterans experiencing homelessness were unsheltered. Those states were: Hawaii—61 percent, Mississippi—60 percent, California—58 percent, and Oregon—55 percent.

Risks for Homelessness
- Combat exposure
- A less than honorable discharge
- PTSD
  - Social isolation
  - Psychiatric hospitalizations
- Criminal justice involvement
- Economic instability
- Military sexual trauma

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Financial Instability

- Poverty is the greatest predictor of veteran homelessness. Veterans are less likely to be poor than non-veterans, but poor veterans are more likely to become homeless than poor non-veterans.\textsuperscript{114}

- Although women veterans are generally more educated than veteran men, women veterans generally earn less than veteran men and often less than they made in the military.\textsuperscript{115} They have higher rates of unemployment than veteran men.

- Veteran men living in poverty are twice as likely as non-veteran counterparts living in poverty to become homeless. For women veterans it’s triple the risk.\textsuperscript{116} The number of veterans at the poverty level is increasing despite our best resource efforts. More than 40,000 homeless veterans receive compensation or pension benefits each month, but that’s not enough to find affordable housing or to find supportive housing.\textsuperscript{117}
The switch from military to civilian workforce can be challenging. Veterans can be unsure about how to apply for, and how to interview for a job and employers are often wary of seeing a lack of civilian work experience. Employers and veterans both are unclear on how skills utilized in the military can translate into a different work environment.

**Obstacles to Employment:**
- Overcoming stigma and stereotypes.
- Skills translation.
- Many business leaders and hiring professionals do not “know enough about military hierarchies and culture” to understand the veteran’s unique skills and experience.
- Employers often want to hire veterans but don’t know where to start.

**Unemployment rates in 2016:**
- All veterans: 4.3 percent.
  - Post-9/11 veterans: 5.1 percent; 5 percent among men and 5.6 percent among women.
  - Gulf War veterans: 3.5 percent among men and 5.5 percent among women.
  - Vietnam, Korea and WWII veterans (in labor force): 4.1 percent among men, 4.9 percent among women.

**Employment Trends:**
- Post-9/11 veterans are twice as likely to work in the public sector (28 percent) as nonveterans (13 percent).
- Labor force participation rates are higher for veterans who were current or past members of the Reserve or National Guard (83.6 percent), compared with other veterans (80.6 percent).
- Post-9/11 era veterans are doing better than their non-veteran peers in earnings, attaining 11 percent higher median earnings than non-veterans with similar demographic characteristics. However, veterans of all eras attain 3 percent lower median earnings than non-veterans.
Recent research shows similar veteran graduation rates to their civilian peers, despite the added challenges veterans face of being older, having families, possibly having a service-connected disability, and likely having both employment and school. Added to this, they may have delayed their enrollment or interrupted their education plans due to military obligations. However, while veteran students are diverse along demographic and economic lines, a large share of military-connected undergraduates face life circumstances that research shows are associated with postsecondary non-completion.

Only 47 percent of institutions that service military students and veterans provide training opportunities for both faculty and staff to be better able to assist these students with their transitional issues. Social acculturation for military and veteran students was identified by 55 percent of institutions as a priority.


- Veterans with a less than a fully honorable discharge are not eligible for the Post-9/11 G.I. Bill.
- Veterans often cite challenges with understanding and navigating their benefits, and also state that campus staff are not familiar enough with the claims process to adequately help them. Institutions with a dedicated office for veterans are more likely than those without such an office to have expanded training for faculty and staff regarding the transitional needs of these students.
- There is a 15-year time frame in which veterans must use their benefits for schooling. The G.I. Bill can cover up to 36 months of schooling. Both provisions have shown to be not enough time for veterans to complete their degrees.

For-profit schools may specifically target veterans and military members for enrollment. Some have been known to misrepresent potential career opportunities and salary outcomes to students, while encouraging them to take classes that will have little benefit for their future.

For-profit schools also receive a large majority of G.I. Bill dollars. There are no restrictions of G.I. Bill funds to protect against schools that are low performers in terms of graduation rates, loan default rates and accreditation from receiving funds.
Deployments are stressful for military families, and service members often report concerns about family readjustment issues. Issues with family readjustment can negatively impact active duty personnel, resulting in lost work days, physical and emotional stress and increased rates of disability.\textsuperscript{128}

Researchers found that combat exposure in men and women veterans from Operation Desert Storm (ODS) was associated with higher PTSD symptoms, which were linked to poorer family adjustment.\textsuperscript{129}

Mothers have more problems with depression than women without children. Family functioning plays a greater role in women’s individual adjustment than men’s.\textsuperscript{130}

Transition phases (deployment and reintegration) cause increased stress on the family and have been linked to child mistreatment.\textsuperscript{131}

Veterans who return with PTSD and other mental health disorders are at risk for increased Intimate-Partner Violence (IPV), although the frequency and pattern of violence (i.e. victim, perpetrator, mutual) is not associated with PTSD.\textsuperscript{132}

A study of Vietnam era veterans showed that those with PTSD are more likely to commit acts of intimate-partner violence than those without PTSD.\textsuperscript{133}

Current treatment models for veterans with IPV call for a standard Batterer Intervention Program which often treats IPV alone and doesn’t consider the intersection of IPV with PTSD, TBI and other military service-related issues. Many providers are calling for individualized treatment plans which allow the veteran to be simultaneously treated for service-related issues as well.\textsuperscript{134}

Women veterans have unique risk factors for IPV:\textsuperscript{95}

- Prior interpersonal trauma
- Military sexual trauma
- Other mental health correlates

Comorbidities to IPV:

- Post-traumatic stress disorder
- Traumatic brain injury
- Homelessness
Criminal Justice Issues

– Eight percent of incarcerated persons are veterans. This represents a decrease in the proportion of incarcerated veterans since 2014, which was 9 percent. There are proportionally fewer veterans incarcerated than civilians.

– The most recent national data from the Bureau of Justice show that between 2001 and 2012, Iraq and Afghanistan veterans comprised 13 percent of veterans in prison, and 25 percent of veterans in jail.

– Seventy-seven percent of incarcerated veterans had discharges under honorable conditions.\(^{137}\)

– Literature shows that the single greatest predictive factor for the incarceration of veterans is substance abuse.\(^{138}\)

– The VA’s Veteran Justice Outreach (VJO) Program allows for justice-focused activity at the medical center level. A designated VJO specialist resides at each medical center, and provides direct outreach, assessment, and case management for justice-involved veterans in local courts and jails, as well as outreach to state and federal prison veteran inmates and liaisons with local justice system partners.

– Veteran treatment courts have emerged throughout the country as models for veteran diversion in the judicial system. They are a rehabilitative rather than punitive alternative to traditional court systems, with a focus on low barrier entry, meaningful treatment, motivational interviewing and assertive case management. Unfortunately, legislative and regulatory rulings often restrict admission criteria to the court, such as not allowing those with less than honorable discharges, or violent offenses. Some jurisdictions currently operating veteran courts are limited by state statutes which govern their treatment court operations and limit their charge-based eligibility.\(^{139}\)


Protective Factors

Protective factors for mental health
- Positive social skills, such as decision-making, problem-solving, and anger management.
- Capacity/ability for strong relationships, particularly with family members, and a sense of belongingness.
- Opportunities to participate in and contribute to school and/or community projects/activities.
- Cultural, religious or spiritual beliefs that discourage or prohibit suicide.
- A reasonably safe and stable environment.
- Restricted access to lethal means.
- Pets.

Protective Factors for student veterans
- Prepare your documents and contact Veterans Benefits Administration to apply for education benefits as early as possible.
- Research schools before you leave the military and consider planning campus visits while on leave.
- Apply to schools before leaving the military.
- Contact veterans certifying officials and ask about veteran focused services and groups on campus.

Protective factors against homelessness\(^{160}\)
- Despite higher levels of education compared to non-veteran homeless populations, and a higher rate of past family cohesion (including a higher likelihood to be or have been married), some studies show these are not protective factors against homelessness.
- Women veterans: married women veterans are less likely to experience homelessness.
- Access to a VA service-connected disability payments are found to be a protective factor against homelessness.
The Department of Veterans Affairs System-of-Care
The Department of Veterans Affairs System-of-Care

U.S. Department of Veterans Affairs

The VA has three separate systems-of-care:

1. The Veterans Health Administration (VHA) manages one of the largest healthcare systems in the world and provides nearly five million veterans with healthcare each year.

2. The Veterans Benefits Administration (VBA), supplies compensation and vocational assistance to disabled veterans. The VBA also provides home loan guaranty, education and insurance programs. The VBA has 57 regional offices in the 50 states, Puerto Rico, and the Philippines. Because this is a separate system from the VHA, applying for benefits can be a difficult process since the veteran must first register at the VHA separately before registering at the VBA and filing a claim.

3. The National Cemetery Administration (NCA), honors veterans with a final resting place and memorials.

Most veterans who enlisted after September 7, 1980, or entered active duty after October 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to veterans who were discharged for a disability incurred or aggravated in the line of duty, for a hardship or “early out.”

Accessing VA Healthcare

The following information represents the general rules applicable to veterans seeking VA healthcare; there are exceptions to each of these rules.  

Generally, veterans are eligible for VA healthcare if:

- They served in the active military, naval, or air service and were discharged under honorable conditions or released (includes general under honorable conditions);

- Certain types of discharges, along with the circumstances surrounding those discharges, bar an individual from basic eligibility for VA benefits. Other types of discharges require the VA to make a character of discharge determination in order to assess basic eligibility for VA benefits.

- They were/are a Reservist or National Guard member and were called to active duty by a Federal Order (for other than training purposes) and completed the full call-up period.
**Service Connected Disability Compensation (SCDC or Comp)**

Service-connected veterans, those with a disability which the VA has determined was incurred or aggravated during service, are given the highest priority.

- Monthly payment for disability that was incurred or aggravated during military service or meets requirements for presumptive disability, or VA medical treatment negligence.
  
  - Payment is calculated from 0—100 percent.
  
  - The “disability rating” is the percentage.

SCDC is a tax-free benefit and is not reduced by other income.

**Applying for VA Benefits**

Disability compensation is a tax-free monetary benefit paid to veterans with disabilities that are the results from a disease or injury incurred or aggravated during active military service. The benefit amount is graduated according to the degree of the veteran’s disability on a scale from 10—100 percent (in increments of 10 percent). Applying for VA benefits is a challenging process.

_The following information represents the general rules applicable to veterans seeking VA benefits; there are exceptions to each of these rules._

**Generally, veterans must have:**

- Service in the uniformed services on active duty, **OR**
- Active duty for training, **OR**
  
  - Inactive duty training and have a disability resulting from injury, heart attack, or stroke, **AND**
- Be discharged under other than dishonorable conditions, **AND**
- Be at least 10 percent disabled by an injury or disease that was incurred in or aggravated during active duty or active duty for training, or inactive duty training.

_Important!_ Veterans must first enroll in VA healthcare before applying for VA benefits.
Documenting a VA Claim

What documentation is required for a successful disability compensation claim?

- Current diagnosis by a qualified professional.
  - Proof of onset during military service.
  - Typically done by using service medical records, however often it is the case that the condition or incident causing the condition was never entered into the service member’s record and so other evidence must then be developed.

- Nexus evidence: opinion by a licensed professional linking the condition to military service.

- Presumption for Agent Orange and PTSD: exception to requirement of proof of onset; the condition is presumed by law or regulation to be service-connected if:
  - Agent Orange
    - You served in Vietnam anytime between January 9, 1962 and May 7, 1975, including brief visits ashore or service aboard a ship that operated on the inland waterways of Vietnam;
    - You served in or near the Korean demilitarized zone anytime between April 1, 1968 and August 31, 1971.
  - PTSD
    - The claim involves fear of military or terrorist activity and corresponds with the nature of their service.
    - Evidence of severity of disability: used to establish the disability percentage rating 0—100 percent in increments of ten percent.
    - Un-employability: In addition to the evidence above, you must also submit medical evidence that a service-connected disability prevents you from obtaining or maintaining substantially gainful employment.
The Character of Service Determination process is an extremely burdensome process for the VA, requiring a careful assessment of the applicant’s service record. The current regulatory structure prevents the VA from serving those most likely to be in need of services, such as those with mental illnesses or substance abuse disorders. More current era veterans receive less than honorable discharges than any other era.

VA Benefits – eligibility for benefits based on discharge

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Honorable</th>
<th>General</th>
<th>OTH</th>
<th>BCD</th>
<th>DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Medical and Dental</td>
<td>X</td>
<td>X</td>
<td>TBD</td>
<td>TBD</td>
<td>NE</td>
</tr>
<tr>
<td>Hospitalization and Domiciliary Care</td>
<td>X</td>
<td>X</td>
<td>TBD</td>
<td>TBD</td>
<td>NE</td>
</tr>
<tr>
<td>G.I. Bill</td>
<td>X</td>
<td>NE</td>
<td>NE</td>
<td>NE</td>
<td>NE</td>
</tr>
<tr>
<td>Home Loans</td>
<td>X</td>
<td>X</td>
<td>TBD</td>
<td>TBD</td>
<td>NE</td>
</tr>
<tr>
<td>Disability Compensation/Pension</td>
<td>X</td>
<td>X</td>
<td>TBD</td>
<td>TBD</td>
<td>NE</td>
</tr>
</tbody>
</table>

X = Eligible  TBD = To Be Determined = To Be Determined  NE = Not Eligible

The Department of Veterans Affairs System-of-Care

U.S. Military Discharges
- Honorable
- General under honorable conditions
- Other than honorable (OTH)
- Bad conduct (BCD)
- Dishonorable (DD)

How can veterans with less than honorable discharges access benefits?

Character of Service Determination
- A determination made by the VA to grant baseline eligibility for benefits to a veteran with a discharge that is less than honorable. It does NOT change the type of discharge.

Discharge Upgrade
- A formal procedure before a military board that can change the reason for discharge, character of service, or other aspects of military records.

Service-Connected Disability
- Veterans may be eligible for treatment at a VA medical facility for disabilities determined to be service-connected if discharged “under other than honorable conditions,” although this is difficult to obtain.

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The Backlog of VA Disability Claims

Since 2001 and the start of the current conflicts, demand for benefits and services have drastically increased with an unprecedented growth in claims, leading to a struggling Veterans Benefits System. Most recently, while the initial claims backlog has lessened, the appeals backlog is mounting.

Claims Inventory

The backlog of claims of disability compensation and pension claims that have been received by the VA is 368,846, with over 25 percent pending over 125 days as of April 2017.147

The average processing time for all appeals resolved in FY 2015 was three years. For those appeals that reach the board, on average, veterans are waiting at least five years for an appeal decision, with thousands of veterans waiting much longer.148

Prior to the presumptive policy for exposure to Agent Orange, some Vietnam veterans were waiting over 40 years for their claims. Vietnam era veterans represent the largest group in the current claims inventory at 30 percent.149

National Guard and Reservists are half as likely to file a disability claim and are being denied by the VBA at four times the rate of those claims filed by veterans of active duty.150

Applying for VA disability and compensation can prove so difficult that many veterans simply abandon their disability claims.
Non-Service Connected Pension\textsuperscript{151}

- Tax-free monetary benefit payable to low-income wartime Veterans and his/her survivor(s). Payment is offset by most other income.

- A veteran may generally be eligible if he/she: was discharged from service under other than dishonorable conditions, AND served 90 days or more of active military, naval or air service with at least one day during a period of war*, AND his/her countable income is below the maximum annual pension rate, AND meets the net worth limitations, AND is age 65 or older, OR is shown by evidence to have a permanent and total non-service-connected disability, OR is a patient in a nursing home, OR is receiving Social Security disability benefits.

- Aid and Attendance (A&A) is an increased monthly pension amount paid to a Veteran or surviving spouse. This amount does not count toward the veteran’s income.

\*Veterans who entered active duty after September 7, 1980, must also have served at least 24 months of active duty service. If the total length of service is less than 24 months, the Veteran must have completed his/her entire tour of active duty.

In addition to meeting minimum service requirements, the veteran must be:

- Age 65 or older, OR
- Totally and permanently disabled, OR
- A patient in a nursing home receiving skilled nursing care, OR
- Receiving Social Security Disability Insurance, OR
- Receiving Supplemental Security Income

*Note: Yearly family income must be less than the amount set by Congress to qualify for the veterans pension benefit.*
Where there is any misconduct involved in a service member’s military service, the service member may receive a less than honorable discharge. This may happen for many reasons: for being late to formation a couple times, having an argument with a superior, or for more serious infractions; some as a result of behavior stemming from a service-related injury.

Marines who deployed to combat and were diagnosed with PTSD were 11 times more likely to receive misconduct discharges than those who did not have a PTSD diagnosis. They were eight times more likely to have substance abuse discharges.¹⁵²

Forty-five percent of misconduct discharges make service members presumptively ineligible for VA services.¹⁵³ This is higher for some services than others: 81 percent of Marine misconduct discharges are presumptively ineligible for VA services, while only 14 percent of Air Force misconduct discharges are presumptively ineligible.

Service members with bad paper might be eligible for VA benefits. The veteran can petition the VA to make a decision on this, at which time the VA determines the veteran’s eligibility for services.¹⁵⁴

When the VA evaluates the service of veterans with misconduct discharges to determine eligibility, the VA denies eligibility 80 percent of the time.¹⁵⁵

Three out of four veterans with bad-paper discharges who have PTSD or TBI and are denied eligibility for VA benefits by the Board of Veterans Appeals.¹⁵⁶
# VA Benefits Claims Process—Simplified Version

<table>
<thead>
<tr>
<th>Step</th>
<th>Process Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONE</strong> Claim Received</td>
<td>If filed online with VONAPP Direct Connect, the receipt will appear within one hour. If mailed, expect mailing time plus at least one week for the claim to be processed and recorded.</td>
</tr>
<tr>
<td><strong>TWO</strong> Under Review</td>
<td>The claim is assigned to a Veterans Service Representative (VSR) and is being reviewed. If no additional information is needed, the claim will move directly to the Preparation for Decision phase.</td>
</tr>
<tr>
<td><strong>THREE</strong> Gathering of Evidence</td>
<td>If necessary, the VSR will request evidence from the required sources (medical professionals, a government agency, etc.)</td>
</tr>
<tr>
<td><strong>FOUR</strong> Review of Evidence</td>
<td>The VSR has reviewed all needed evidence. If, upon review, it is determined that more evidence is needed, the claim will be sent back to the Gathering of Evidence phase.</td>
</tr>
<tr>
<td><strong>FIVE</strong> Preparation for Decision</td>
<td>The VSR has recommended a decision and is preparing the required documents detailing that decision.</td>
</tr>
<tr>
<td><strong>SIX</strong> Pending Decision Approval</td>
<td>The recommended decision is reviewed, and a final award approval is made. If more evidence or information is needed, the claim will be sent back to the Gathering of Evidence phase.</td>
</tr>
<tr>
<td><strong>SEVEN</strong> Preparing for Notification</td>
<td>Your entire claims decision packet is preparing for mailing.</td>
</tr>
<tr>
<td><strong>EIGHT</strong> Complete</td>
<td>The VA has sent a decision packet by U.S. mail. The packet includes details of the decision or award.</td>
</tr>
</tbody>
</table>
VBA Appeals Process

There are many reasons why one might want to appeal their VA benefits package. An appeal can be for any reason, but there are two main reasons that people appeal:

1. They did not receive a rating for a condition that they believe to be service-related.
2. They believe they deserve a higher rating for their disability than they were awarded.

VA Benefits Appeal Procedure

**Notice of Disagreement**
- Must be filed within one year of date of award letter.
- Usually filed on VA Form 21-0954.

**Receipt of Statement of the Case**
- Once the Notice of Disagreement is filed, the VA office will provide a written explanation letter stating why the claim was denied.
- Applicant may submit evidence or request that the VA obtain evidence.
- May receive a Supplemental Statement of the Case after the local VA office reviews evidence.
VA Benefits Appeal Procedure

- The Substantive Appeal is filed on VA Form 9.
- File within one year of the date of letter notifying the original decision, OR 60 days from the date of the denial letter accompanying the Statement of the Case (whichever allows more time).

Hearings

- Appellants may request an optional hearing, either before an adjudicator at the local VA office or before a Veterans Law Judge at the Board of Veterans’ Appeals.
- Hearings before the Board of Veterans’ Appeals can be either in person (in Washington D.C. or at a local VA office) or via teleconference.
- Adding a hearing will significantly delay the Board’s decision.
Possible Outcomes

After reviewing and considering the evidence, a Veterans Law Judge makes a decision on each issue of appeal. The judge will either grant, remand, or deny each issue.

Grant
- Appellant will receive a decision from the local the VA office.

Remand
- One or more issues in appeal is sent back to the local VA office for further evidence collection.
- Usually occurs when the Board of Veterans Appeals does not feel that it has enough information about an issue to make a decision.

Deny
- If the issue is denied, the appellant can:
  - File a new claim with local VA office.
  - File a motion for the Board of Veterans' Appeals to reconsider the appeal (no time limit).
  - File a motion for Review of Appeal because of an obvious error in the decision.
  - File a Notice of Appeal with the U.S. Court of Appeals for Veterans Claims.

WHEN? → 120 days from date of decision.

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Defense Manpower Data, Active Duty Military Discharges, 2004-2011. Available at: http://www.dod.mil/pubs/foi/foiaLibrary.html. One type of misconduct discharges leaves the veteran eligible for VA benefits ("general"), and the other types of misconduct discharges leave the service member presumptively ineligible for VA benefits ("other than honorable" and "bad conduct." "Dishonorable" discharges never received VA benefits). These figures are calculated by dividing the number of presumptively ineligible discharges (OTH, BCD, DD) by the number of all performance or misconduct discharges (General, OTH, BCD, DD).


VA data provided by VBA analyst.


