

Veterans and Military Families

As the United States draws to a close the longest wars in its history, veterans of those wars and their families largely feel that the public does not understand their sacrifices. Leaders have an important duty and opportunity to reach out and get to know this group of citizens, voters, and patriots. One in ten Americans over the age of 18 is a veteran, and almost 20% of the population has served in uniform or is a dependent of a servicemember. California, Florida, and Texas each



have more than one million veterans.

Support for members of the military has been strong through recent conflicts, with Democratic Congresses passing a new G.I. Bill and increasing funding for the Department of Veterans Affairs (VA). As the United States draws down from a decade of war, many in the military community are leveraging their



If you read only one thing Reach Out

- Veterans and military families are nearly 20% of the population.
- Bridge the civilian-military gap by focusing on shared values.
- Create a Military Advisory Council for advice and outreach.

Issues Summary

- Health costs are rising because new battlefield medicine is saving more lives.
- Traumatic Brain Injury (TBI) is the signature injury of today's wars.
- Post-Traumatic Stress (PTS), unemployment, homelessness, and high suicide rates are interrelated issues for many veterans.
- Women are in combat roles and face new challenges.
- Access to care can be difficult for rural veterans & those waiting for claims to be processed.

experience to advance innovative ideas in national security and foreign policy. Recent experiences have also deepened the values that many in the military and the progressive community share. Bridging the civilian-military divide requires reaching out to veterans—including the National Guard and Reserves—and military family members to understand their concerns.

Key Issues For Veterans

Advances in battlefield medicine are saving lives today that would have been lost in previous wars. This is great news. It is also important to understand that this puts additional, long-term fiscal pressure on the agencies that provide care to veterans. Congress must recognize that additional funds for health services will be needed for decades to continue providing for those seriously injured while protecting the United States.

Traumatic Brain Injury (TBI) is a signature wound of today's wars. TBI is caused by a sudden physical trauma, such as the concussion from an Improvised Explosive Device (IED), which damages the brain. Sometimes, TBI will persist without obvious symptoms. The science on TBI is new and still developing, so we do not yet fully understand this injury.

It is estimated that roughly 20% of those who have served in Iraq and Afghanistan have suffered a brain injury. According to the Armed Forces Health Surveillance Center, the military has identified more than 43,000 servicemembers who deployed to Iraq or Afghanistan and experienced



Common Error

Veterans are not victims. Today's force is all-volunteer, highly educated, well-trained, and proud to serve. The veteran-as-victim narrative is rooted in an inaccurate understanding of the military and both alienates veterans and misrepresents them to the general public.

some form of TBI. This will be an ongoing challenge for veterans, and the agencies that treat veterans, for years to come.

Between 12% and 25% of Iraq and Afghanistan veterans suffer from Post-Traumatic Stress (PTS). Referred to as “shell shock” during World War I, PTS is as old as war itself. Often stigmatized as a weakness or a “lesser wound,” treatment of PTS must include a change of culture. In 2007, Congress required the VA to establish a comprehensive suicide prevention program. Now the VA screens all veterans returning from Iraq and Afghanistan for depression, PTS, and alcohol abuse. VA Medical Centers continue to screen for these issues for years after a veteran has returned home.

PTS is not confined to the military. Civilians serving in conflict areas with the State Department, USAID, or other government agencies operating abroad, are at risk of being exposed to events which may cause them to develop PTS. Yet they may receive no institutional support at all to address this challenge. Congress should recognize that all of our government employees sent into dangerous areas require support for these conditions.

The veterans’ community is suffering from the scourge of suicide. On average, 22 veterans take their own lives every day – a suicide rate nearly twice that of the civilian population. Within the veterans’ community, men over 50 remain at the highest risk. Meanwhile, the suicide rate for men under 30 has steadily increased since 2009.

The Department of Defense (DoD) and the VA have taken measures to reduce veteran and servicemember suicides, including: increasing the



Key Fact

**The VA’s Veterans Crisis Line:
Call 800-273-8255 and press 1**

time between deployments, adding more mental health care professionals at hospitals, creating a suicide prevention hotline, and implementing screenings and assessments for at-risk veterans. DoD, the VA, and Congress have an obligation to continue taking every measure possible to improve the care available to those who protect our country.

Veterans are highly qualified for the civilian job market, and contrary to popular media reports, veterans are employed at above the national rate. Young veterans, however, including those returning from Iraq and Afghanistan, are suffering slightly higher unemployment rates than the already elevated rates faced by their peers. Veteran unemployment has been lower than that of the general population every year since 2000. Veterans are highly disciplined, educated, and have developed transferrable skills during their time of service. Yet many young veterans still have difficulty translating their valuable discipline and skills to employers for whom military language and culture is opaque. Often, the problem lies not as much in qualifications as in marketing: recent reports have shown that private businesses do not understand the skills that veterans have and that veterans are not effectively translating those skills into private sector-friendly language.

Veterans are homeless at greater rates than the national average. According to the Department of Housing and Urban Development (HUD), roughly 58,000 veterans are on the streets on any given night. However, veteran homelessness is down 24% since 2010 (compared to only a 6% decrease in overall homelessness), in large part thanks to VA programs and President Obama's commitment to ending this scourge by the end of 2015.



Understanding the Claims backlog

The cause of the VA's claims backlog is not simply slow processing and outdated systems, though those are important factors. It also comes from increases in coverage and raising the expected level of service for veterans. In 2009, Secretary of Veterans Affairs Eric Shinseki mandated that the VA recognize and expand eligibility for veterans affected by PTS and Agent Orange, an expansion of coverage which led to a significant increase in claims and a doubling of the claims backlog. Secretary Shinseki also expanded the definition of "backlog" to include all claims more than 125 days old, rather than those 18 days old, which resulted in a larger number of officially backlogged claims.

Sexual assault in the military is a serious problem for women and men. The Pentagon's 2013 report on sexual assault stated there were 26,000 claims of sexual assault in 2012. More than half of those claims came from men, who make up approximately 85% of today's military. In addition, according to the 2013 U.S. Commission on Civil Rights report on sexual assault in the military, more than one in five enlisted female servicemembers reported some form of unwanted sexual contact since joining the military. This means that while a greater number of men experience sexual assault, the rate for female servicemembers is likely much higher.

Getting access to health care remains a challenge for veterans living in rural communities. Veterans living in rural communities, including National Guardsmen and Reservists, may have to travel hours to reach the nearest health care facility. Using mobile healthcare centers and partnerships with non-VA hospitals and clinics, the VA has taken significant strides toward easing this problem by bringing VA healthcare closer to rural veterans.

In February 2014, the claims backlog at the VA was roughly 360,000, down from 900,000 in 2012. This is thanks to efforts by Secretary Eric Shinseki, who has made technological advances in record-keeping and documentation a priority. This decrease underrepresents the progress that has been made because reforms that expanded eligibility for sufferers of PTSD and Agent Orange-related injuries invited many new claims to the system. The VA has a goal of eliminating the backlog by 2015. In addition to the reforms that have already been implemented, the VA should also move from a model in which all claims must be verified, to a "sampling" method of claim verification that would reduce the backlog.



A backlog that large was unacceptable. Now it is finally shrinking and is half as big as it was. We need to keep that work up.

Success on Veterans' Issues

The Post-9/11 GI Bill. This legislative overhaul covers the costs of college education and housing for qualifying veterans, allowing those who served our country to pursue higher education. After passing this historic initiative, Congress expanded eligibility to members of the National Guard, and included funding to cover the cost of vocational training through GI Bill 2.0 in 2010.

Congress created programs to better coordinate care. In 2008, Congress passed legislation requiring the Secretary of Defense and the Secretary of Veterans Affairs to coordinate care and transition services for injured veterans. Better coordination means fewer veterans will have their cases fall through the cracks and miss the care they have earned.

The largest increase in VA funding in more than 30 years. From 2007 to 2013, Congress provided a 70% increase in VA funding. These funds are critical to addressing the needs of servicemembers after more than ten years of sustained war.

Congress provides the VA with advanced funding. Congress now provides funding for the VA one year in advance so that medical care for veterans is uninterrupted. This guarantees a better prepared health care system, ensures services are still delivered during political disputes, like a government shutdown, and allows the VA to plan its budget in advance.

Congress provides support for those who care for our veterans. In 2010, Congress created programs that train caregivers, provide access to



What we can do

- The Post-9/11 GI Bill & GI Bill 2.0.
- Largest increase in VA funding in 30 years.
- Advanced funding for veteran services.
- Support for caregivers.
- Coordination between the VA and DoD.



Caring for the troops doesn't end with the servicemember. Their families serve and sacrifice as well.

mental health counseling, and offer 24-hour respite care to veterans at their homes. Supporting our veterans also means supporting those who care for them.

The White House has also made veterans and military families a priority through its Joining Forces initiative. Established in the early days of the Obama administration by Mrs. Obama and Dr. Biden, Joining Forces helps veterans and their families get access to better healthcare and education opportunities, as well as creating new mechanisms for helping veterans and military spouses find jobs.

Recommendations

Reach Out: Create a Military Advisory Council. Creating a team of veterans and military family members can provide ideas and feedback while building an effective line of communication into these communities. A Military Advisory Council should include veterans from different wars and across generations. It should also include veterans from each service branch, Reservist and National Guard units, and female and male veterans. Including military family members allows you to gain a more complete picture of the issues confronting the community. The Truman Project can help you build a Military Advisory Council.

Hold off-the-record events. Honoring the service of our veterans and highlighting their accomplishments are important aspects of ensuring veterans and military families feel like integral members of the community. Simple events such as visiting a local base, attending a



Common Error

Do not include active duty military in your Military Advisory Council. Active duty servicemembers cannot participate in political activity. This could potentially be seen as politicizing the military and can cause harm to those individuals.

welcome home or promotion ceremony, hosting a military family coffee, and sponsoring a care package drive are ways to be involved. Doing so without press will often earn much greater respect within the military community.

As two of America's longest wars draw to a close, DoD and the VA must work together to make sure those who served receive the treatment and benefits they have earned in a timely manner. Defense Secretary Chuck Hagel and Secretary Eric Shinseki both support an integrated records system. This would allow health and service records to be easily transitioned from the Defense Department to the VA when a servicemember leaves military service. Bureaucratic parochialism, however, has made instituting this system extremely difficult. This inefficiency is a disservice both to veterans and to taxpayers.

Background and Context

Veterans comprise 10% of Americans over 18 (7% of the U.S. population). If you add their dependents and survivors, the number increases to 19% of the population. Veterans alone are more than 10% of the population in 44 states and three states (California, Florida, and Texas) have more than 1 million veterans each.

A professional military means we currently have fewer young veterans. Service was much higher during previous wars due to the draft. During World War II, about 15% of the population served. Roughly 7% served during the Vietnam War. Today, only about 1% of the U.S. population

has served in Iraq and Afghanistan. Most of the military does not want to return to a draft—few members of our armed services want to trust their lives to someone who does not want to be there. So these trends are likely to continue.

Veterans are not Republicans or Democrats. In 2008 and 2012, both presidential candidates split the vote among veterans quite evenly, suggesting that veterans and servicemembers do not vote as a bloc.

The share of members of Congress who are veterans has also fallen drastically from a high of 75% in 1979 to 20% today. Over the past few decades as the WWII and Vietnam-era populations have decreased, so have the number of veterans in Congress. This could have serious policy implications, and certainly has implications for how Congress is perceived by servicemembers, veterans, and their families.

The Truman National Security Project offers Military 101 and Veterans and Military Families trainings. We would be happy to provide further information to help you understand and reach out to our nation's servicemembers and their families.