

Veterans Reference Guide

Understanding Characteristics, Common Challenges, and Access to Care



SWORDS TO PLOWSHARES

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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.

How to Use this Reference Guide

- This guide is a convenient, at-the-ready resource to be used by providers, advocates, legislators and staff, caretakers, and veterans and their families.
- Readers can quickly reference common occurrence and impact of veteran experiences.
- This guide will equip readers with the latest statistics and relevant studies on a range of topics relevant to their work and advocacy.

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Who is a veteran?



Who does the US 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.ⁱ

Who is considered a veteran in California?

Anyone who served in the US 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.ⁱⁱ

Who does Swords to Plowshares consider a veteran?

Anyone who served in the US military regardless of type of discharge and length of service.

By the Numbers

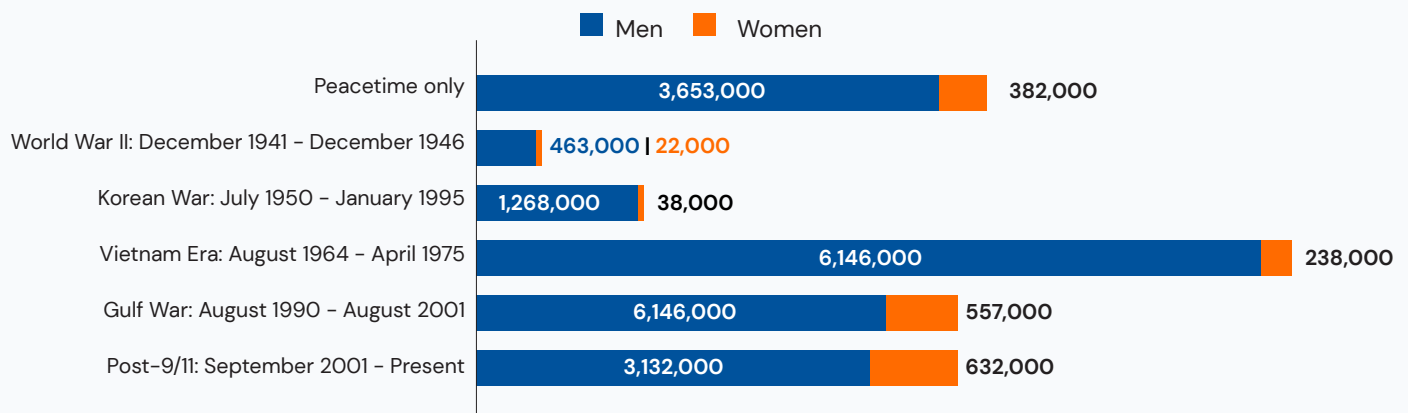
There are 18 million veterans in the US, about 7 percent of the adult US population.ⁱⁱⁱ

Women make up a growing share of veterans. Today, about 9 percent of veterans—or 1.7 million— are women. By 2040, that number is projected to rise to 17 percent.^{iv}

Vietnam era veterans constitute the highest proportion of all living veterans at 36 percent.^v

The median age of veterans today is 65 years.^{vi}

Number of Veterans By Era



Source: US Census Bureau, American Community Survey Report. "Those Who Served: America's Veterans from World War II to the War on Terror." June 2020.

Myths and Stereotypes

- 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

Types of Military Service

Active Duty

Full-time active service in the US 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 fulltime 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 US 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.).

Military Families



- 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.¹²
- In 2019, a study showed that 50.7 percent of Active-Duty personnel are married, and children of military parents number almost one million.
- Five percent of active-duty members and 9 percent of National Guard and Reservists are single parents.¹³



National Guard and Reserve Forces



- The National Guard has been transformed into an operational force to be frequently deployed during the wars in Iraq and Afghanistan; this represents a shift away from its traditional role as a force primarily designed for infrequent federal use against a large nation-state.
- Roughly 28 percent of all service members who served in areas supporting the wars in Iraq and Afghanistan were Guard and Reservists.
- Guard and Reservists tend to live in civilian communities, far from military bases and thus far from post-deployment support systems.
- Considering recent developments with the COVID-19 global pandemic, Military Times called this “the year of the Guard,” because our Guard and Reserve components were more likely to be on call. COVID also caused many spouses to lose their jobs, as many families felt the pressure of increased activations while at the same time childcare and school closures required an at home parent.

Women Veterans



9.8% of US veterans



17% of Active Duty

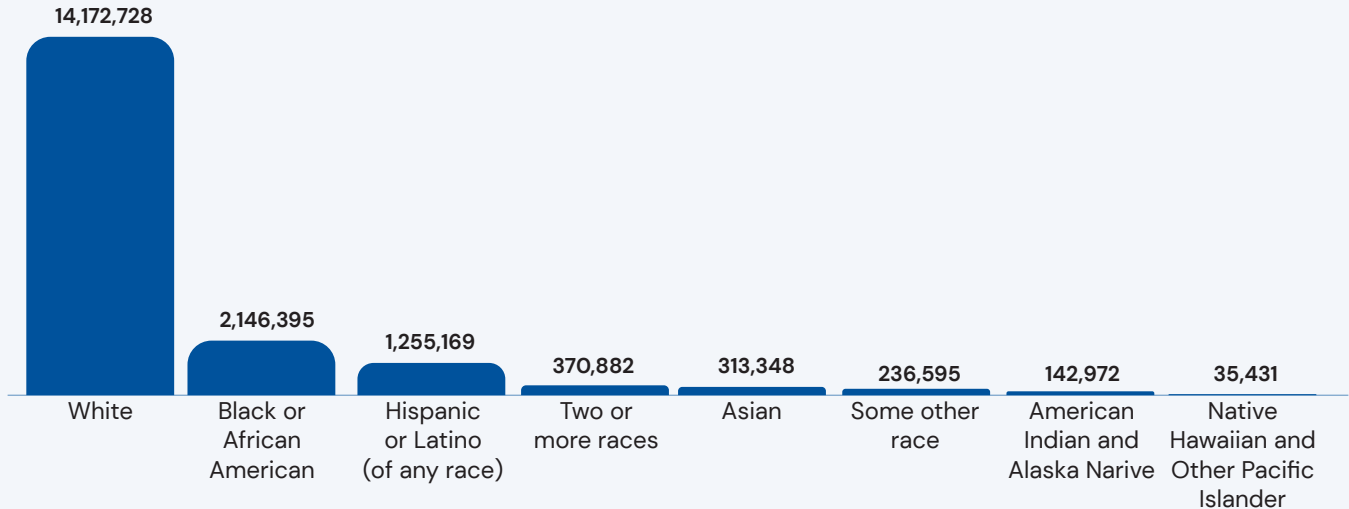


21% of National Guard and
Reserves

Source: Department of Defense, "2019 Demographics Profile of the Military Community"

- The number of women veterans is expected to double in the next thirty years.
- The median age of women veterans is 51, compared to 65 for male veterans.
- 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 Veterans Benefits Administration for a service-connected disability.
- Women ages 45–64 years old are the largest group of women veterans to use VA healthcare. As of 2015, the top health conditions for which they were treated included cardiovascular risk factors such as hypertension, lipid disorders, and overweight/obesity; depression; joint and spine problems; and eye disorders and dermatologic conditions.³
- Women veterans are more likely to have some college, a bachelor's degree, or an advanced degree than veteran men and non-veterans.
- Women veterans are more likely to be divorced than non-veteran women, and equally likely to have children.⁴

US Veterans By Race and Ethnicity, 2019

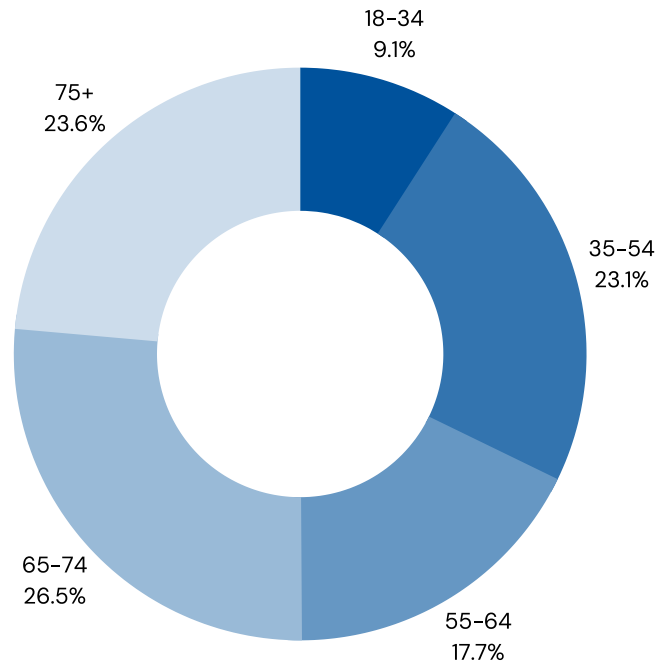


Source: US Census, American Community Survey, 2020.¹⁸

- Veterans of color represent 32 percent of all veterans and 30 percent of the military.²⁰
- The women veteran population is more diverse compared to the male veteran population. Close to 33 percent of women veterans identify as non-White and not Latinx compared to 21 percent of male veterans, and 19.2 percent of women veterans are African American.²²
- A higher percentage of Native American/Alaska Natives served in the pre-9/11 eras than did veterans of all other races or ethnicities.²⁴
- Vietnam era veterans have the highest proportion of veterans of color at 28 percent while 25 percent of post-9/11 veterans are veterans of color.²⁴
- The VA projects that by 2045 the proportion of veterans who are Non-Hispanic White will decrease to 61 percent, while the proportion of veterans of color will increase.²⁵

Aging Veterans

- Veterans are older than their chronological age and are predisposed to a variety of health issues related to their military service.²⁶
- Sixty-eight percent of all veterans are age 55 and over.²⁷
- The median age of veterans in 2018 is 65.
- Twenty-two percent of Vietnam veterans, who have an average age of 68, claim a service-connected disability.²⁸ Seventy-six percent of veterans reporting a service-connected disability are age 55 or older.⁷



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

There are an estimated 70,000 lesbian, gay and bisexual (LGB) individuals currently serving in the military and over one million estimated LGB veterans.²⁹ The military is the largest employer of transgender and individuals: 20 percent of the US transgender population are veterans.³⁰

- 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 US military bases.
- In March 2021, the Pentagon undid a Trump-era ban on transgender people serving in the military. The new policy allowed for service members to transition while in-service, ensured they could not be discharged or denied reenlistment, and developed new clinical guidelines.³¹

Transitioning from the Military

Civilian life for many veterans starts with numerous challenges. If a service member decides to leave the military, we call this a decision to “separate” from the military. Consider the term separation: in the civilian world one resigns, quits, retires, or moves on from a job; in the military one separates not only from a job but a culture.

Their time in the military was spent training themselves to not act like their former civilian selves. During transition, they must change the behaviors they’d learned in the military, ones that are no longer useful as they transition back into society. During transition, gone is the support system cultivated over the years and a sense of purpose. They have lost their “tribe.” Moreover, those who are stationed far from family or what used to be home, may lack any connections or social resources.

What’s next for veterans is to maintain the strength and resilience they learned in the military and apply these valuable skills to their newfound role as civilians.

Here are some crucial steps that veterans can take during transition to ensure access to veteran-specific resources:

1. Find Allies

The most immediate allies may have been the veteran’s family, but unfortunately for many veterans, part of the reason for joining the military may have been to escape unhealthy relationships at home. If veterans are fortunate enough to have a stable, healthy family dynamic, they may therefore be a source of support during separation. If not, friends are another option. The process of finding allies also involves finding leaders and resources in the community who can help veterans achieve goals in employment, education, and navigating services and supports.

2. Apply for Benefits

First, request copies of military records, including their DD Form 214, and gather any records related to military service, including deployments and documentation of injuries. Environmental exposures

during the military, including contaminants such as burn pits, are important to consider as well. Once they have records in order, it is time to find someone in the area that can assist with filing claims for VA benefits and get them connected to VA healthcare.

3. Access the VA

The VA plays an important role in veterans’ post-military lives. Early enrollment in VA care can help to prevent some of the long-term conditions that veterans may experience. Unfortunately, enrollment in VA healthcare is not automatic upon separation, and many veterans do not know how to access care from the VA. Many need help navigating the complex system of care and often do not realize that they can receive five years of VA care post-separation for free, so long as they are eligible.

4. Connect with Local Veteran Organizations

One way for veterans to stay connected to their military identity is to join a local veteran service organization (VSO). These are social organizations that can provide a social support network with other like-minded veterans to share stories and talk through difficult memories.

5. Go to School

Colleges are common places to begin the readjustment to civilian life. It is important, however, that veterans do not overextend their ability to complete tasks and assignments, especially while they are figuring out transition and their goals for the future are less concrete. Also, understand that veterans are nontraditional students—classmates at college are different than veterans and have not gone through the same experiences. Encourage veterans to find their potential campus community and find veteran specific resources and supports.

6. Learn the Basics of Finance

Service members do not receive training on financial management in the military to prepare them for civilian life, they often carry debt incurred the military, and they lack the support system they had in the military to navigate civilian tasks. This leaves them unequipped to deal with budgeting, getting a job, navigating school, etc. Learning how to budget, deal with debt, and plan for the future is crucial.

7. Prepare to Join the Workforce

Transitioning from military life directly into the workforce may require additional support and preparation. Help veterans look for resources to develop a resume, figure out how military skills translate to civilian jobs, pursue career opportunities, network, intern, get a mentor, and learn new skills.

8. Keep an Open Mind

Finally, realize that veterans have had significant life changing events that affect them and have defined where they now stand. Those experiences, however, are not the sum of their identity and existence. Help them explore the world around them, give them time to reframe their changing identity, and make sure they keep an open mind during their transition. Never forget that they have gone through something few have the guts to do.



Family Readjustment



Deployments are stressful for military families, and service members often report concerns about family readjustment issues.

- Deployments are stressful for military families, and service members often report concerns about family readjustment issues.
- One common experience for everyone in the family is that everyone has changed. The length of deployments can vary from unit to unit. Significant events are missed, birthdays, anniversaries, and sometimes even childbirth. This leaves families feeling as though they lead separate lives. It is often difficult to overcome this and maintain strong family bonds.
- Issues with family readjustment can negatively impact active-duty personnel, resulting in lost workdays, physical and emotional stress, and increased rates of disability.³³
- Mental health issues can affect the adjustment process:
 - 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.
 - Mothers have more problems with depression than women without children. Family functioning plays a greater role in women's adjustment than men.³⁴



Protective Factors reduce the chances for negative outcomes



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.
- Having pets.

Protective Factors for Student Veterans:

- Social support, instructor autonomy support, coping ability, and academic self-efficacy are protective factors for student veterans.³⁶

Protective Factors for Housing Stability:³⁷

- Despite higher levels of education compared to non-veteran unhoused 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 houselessness.
- Women veterans: married women veterans are less likely to experience houselessness.
- Access to a VA service-connected disability payments are found to be a protective factor against houselessness.

Physical Health Conditions



Veterans, at a younger age than civilians, are more likely to report back and neck issues, as well as fracture, bone, and joint injuries.³⁸

- The three most common diagnoses of veterans are musculoskeletal ailments, mental health disorders, and “ill-defined conditions.”³⁹
- Veterans who were enlisted reported poorer health conditions than other veterans, deployed veterans reported even poorer health, and women veterans had more health concerns than veteran men.⁴⁰ Lesbian women veterans have three times the odds of poor physical health than lesbian women non-veterans.⁴¹
- Most estimates of 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.⁴²
- Researchers have estimated that there will be 423,000 new dementia cases including Alzheimer’s in veterans by the end of this decade.⁴³
- One in four veterans have diabetes compared to one in five among the entire US population. The rate for veterans is highest among those who are age 65 or older at 27 percent.⁴⁴

Blast Injuries



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

Effects include:⁴⁵

- Eye injuries
- Hearing problems
- Blindness
- Infertility
- Erectile dysfunction
- Endocrine dysfunction
- Cognitive dysfunction
- Skin issues
- Burns
- Major limb injuries

Traumatic Brain Injury



Traumatic brain injury (TBI) has been labelled the “signature wound” of the wars in Iraq and Afghanistan. For veterans who have served in combat, TBI may result from blasts or explosions, rocket-propelled grenades, improvised explosive devices (IEDs), being hit on the head (or their head hitting something else), and car accidents.

The symptoms of TBI may be:

- Physical (e.g., headaches, nausea; fatigue, dizziness, speech impairment)
- Sensory (e.g., blurred vision, ringing in ears, decreased ability to smell)
- Cognitive (e.g., confusion, loss of consciousness, difficulty concentrating, memory impairment, mood swings, feeling of depression, anxiousness, difficulty sleeping, sleeping more than customary)⁴⁶
- Over 430,000 service members were diagnosed with a TBI between 2000 and the end of 2020. Most are classified as mild.¹ The Department of Defense estimates that TBIs accounted for 22 percent of combat casualties sustained in Iraq and Afghanistan compared to an estimated 12 percent of Vietnam-related combat casualties.²
- Research has found that only 11 percent of TBIs in the military are from combat; 74 percent are from motor vehicle accidents and 20 percent result from falls.⁴⁷ Others are from training, non-combat missions, traffic accidents or even recreational activities.⁴⁸
- TBI has been linked to earlier onset of dementia in aging veterans,⁴⁹ and 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.⁵⁰
- Women veterans are less likely to sustain a TBI but more likely to experience long-term symptoms.⁵¹
- TBI is often co-morbid with mental health diagnoses including PTSD, depression, and suicidal ideation.⁵²
- A study assessing TBI among veterans engaged with homeless services programs found that 47 percent had a probable TBI, which is almost four times the rate of TBI among the general population.⁵³
- Veterans with TBI are more likely to have difficulty finding employment post-deployment in large part due to the pain, cognitive function, depression symptoms.^{54,55}

Chronic Pain



Veterans experience chronic pain at rates higher and of greater severity compared to nonveterans.⁵⁶

- Military training itself can contribute to chronic pain—from bearing the weight of heavy loads or incurring injuries during training exercises. Importantly, chronic pain has been associated with long-term disability.⁵⁷
- For Vietnam veterans, musculoskeletal injuries during their period of service were common, as well as shrapnel injuries from blasts, and other combat-related physical injuries.⁵⁸ Women veterans experience musculoskeletal injuries largely from wearing equipment not designed for female bodies.⁵⁹
- Veterans who deployed to Afghanistan and Iraq may be at a higher risk for chronic health conditions because of repeated deployments and the length of those deployments.⁶⁰
- Chronic pain is poorly understood. While often providers will refer patients to pain specialists to manage chronic pain, a 2015 report from the Centers for Disease Control and Prevention highlighted the need for an interdisciplinary approach to pain management, to include exercise therapy, cognitive-behavioral therapy, and non-opioid medication prescriptions.
- Recently, the VA has adopted this approach with their Integrated Pain Team (IPT), established in July 2015. The IPT is embedded in primary care, where primary care providers trained in chronic pain work with a psychologist and a pharmacist and provide veterans with expedited access to physical and occupational therapy. This allows the provider to address underlying comorbidities such as mental health conditions while addressing risk for opioid misuse.
- A 2020 study on IPT found after engaging in IPT, patients reported improvement in pain interference, pain catastrophizing, treatment satisfaction, and reduced opioid misuse, and reported increased use of integrative and active pain management strategies and were less likely to use only pharmacological pain management strategies after IPT.⁶¹



Mental Health Conditions

Veterans have a higher rate of poor mental health compared to nonveterans.⁶²

- Women veterans have greater odds of poor mental health compared to veteran men.⁶³
- More than 1.7 million veterans received mental healthcare from a VA program in 2018.
- The active-duty Army has the highest rate of mental health conditions, followed by the Air Force, Navy, and Marines. The Navy and Marines have historically had similar rates.⁶⁴
- For veterans that have been deployed to combat zones, the primary predictors of mental health conditions include:⁶⁵
 - Combat exposure
 - The number of combat deployments
 - Gender
 - Non-combat deployment stressors – stressors from being away from home and not due to combat itself.
- Combat exposure is not the sole risk for poor mental health in veterans. Veterans who never served in combat or were never deployed away from their home base may still have service-connected mental health conditions, although at lower rates compared to those who did serve in combat.⁶⁶
- Non-combat deployment stressors (worries about family or other factors back home) as well as non-combat war zone exposures can be stronger risks for adverse mental health than combat exposure and the duration of deployments.⁶⁷
- Women veterans are more likely to have lifetime PTSD, depression, and suicidal ideation compared to veteran men.⁶⁸ Lesbian women veterans have higher rates of mental distress than heterosexual women veterans.⁶⁹



Post-Traumatic Stress Disorder*



Post-traumatic stress disorder (PTSD) 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 face a broad range of physical, cognitive, behavioral, emotional, and social challenges.

- What we now call PTSD has been called “nostalgia,” “soldier’s heart,” “irritable heart,” “shell shock,” “battle fatigue,” “combat stress reaction,” and “post-Vietnam syndrome.” At times, a diagnosis has been seen as a sign of weakness or a character flaw and has elicited ridicule, stigmatization, or denigration; at other times, a diagnosis has elicited sympathy.⁷⁰
- Higher rates of PTSD and other mental health conditions in **Vietnam veterans of color** have been linked to their greater likelihood of combat exposure as well as younger age at the time they were in the service.⁷⁶
- **Older veterans** with PTSD symptoms are more likely to experience poor general health including cardiovascular disease, diabetes, gastrointestinal disease, fibromyalgia, chronic fatigue syndrome, musculoskeletal disorders, and autoimmune disease.^{77,78,79} PTSD symptoms can surface years after the trauma has occurred, and symptoms can worsen later in life.
- PTSD has been found to associated with development of heart disease.⁸⁰ and other physical health conditions including gastrointestinal disease, fibromyalgia, chronic fatigue syndrome, and musculoskeletal disorders.⁸¹
- Likewise, the deterioration of physical health can exacerbate or even trigger the onset of PTSD symptoms as the veteran ages.¹⁵
- Older veterans with PTSD are more likely to report a lack of social support, and a higher incidence of suicidal ideation.¹⁰

PTSD varies by era of service:⁷¹

- Between 11–20 percent of those served in Iraq or Afghanistan
- 12 percent of Gulf War (Desert Storm) veterans
- 30% of Vietnam Veterans have had PTSD in their lifetime

PTSD by veteran population:

- Research has found that **women veterans** have higher rates of lifetime and past-year post-traumatic stress disorder than male veterans, and both nonveteran men and women.⁷²
- **LGBTQ+ veterans** are more likely as other veterans to screen positive for PTSD as other veterans.⁷³
- Forty-nine percent of **unhoused veterans** have been diagnosed with PTSD, and more than 60 percent have a service-connected disability rate between 50 and 100 percent.⁷⁴
- Analysis of data from the National Vietnam Veterans Readjustment Survey found that rates of PTSD in **Black veterans** was twice that of White veterans and rates for **Latinx veterans** were 50 percent higher compared to White veterans.⁷⁵

* 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.

Depression

Depression or major depressive disorder is a condition characterized by sadness, loss of interest in normal activities, appetite changes resulting in weight loss or weight gain, feelings of worthlessness loss of energy, difficulty concentrating, and suicidal ideation.⁸²

- Depression in veterans was highest in 2011–2012 when the rate was 12.3 percent.⁸³
- LGBTQ+ veterans are estimated to have twice the rate of depression as other veterans.⁸⁴
- Women are at an increased risk for depression than men and are two times as likely to experience a major depressive episode.⁸⁵
- Eleven percent of veterans aged 65 years and older have a diagnosis of a major depressive disorder which is twice the percentage in the general population of the same age. But that rate may be an underestimate as most veterans do not self-report their depression or are not diagnosed.

The Polytrauma Clinical Triad: TBI, PTSD, and Chronic Pain

The relationship of TBI, PTSD and chronic pain can be referred to as “the polytrauma clinical triad.”⁸⁶

- Often TBI and PTSD are co-occurring as the brain injury was sustained during a traumatic event, or the veteran experienced multiple traumas and blast exposures in combat.
- Some TBI symptoms such as sleep problems, trouble with memory and concentration, depression, anxiety, and irritability may overlap with those of PTSD.⁸⁷
- Women with TBI are more than two times more likely than men with TBI to be diagnosed with depression, as well as 1.3 times more likely to suffer from non-post-traumatic stress disorder and 1.5 times more likely to suffer from PTSD and depression.⁸⁸
- Moreover, chronic pain that results from a TBI has also been associated with PTSD.⁸⁹
- A 2017 study found that 80 percent of Vietnam veterans with PTSD reported chronic pain. These three conditions may be less often found singularly than in combination.
- This overlap can make differentiating between symptoms and causation more difficult, and may create challenges when determining a diagnosis and treatment plan.
- This triad underscores the complexity of veteran health outcomes and the importance of a multi-specialty approach to veteran health assessment and care.

The Polytrauma Clinical Triad: TBI, PTSD, and Chronic Pain



In recent years researchers have conceptualized two phenomena in aging combat veterans who experienced highly stressful combat events in their youth:

- **Late Onset Stress Symptomatology (LOSS)** may occur among veterans as they age and begin to experience increased combat-related memories, thoughts, feelings, and stress symptoms in response to these events.
- **Later-Adulthood Trauma Reengagement (LATR)** is a process by which aging veterans who may reflect on their earlier trauma in order to find meaning and may experience resilience and post-traumatic growth.

Racial Discrimination and Race-Based Trauma



Experiences with discrimination, marginalization, and cumulative adverse experiences of veterans of color while in the military have been found to add to risks for poor mental health and create obstacles to seeking mental healthcare.⁹²

- Although the toll of racism has been linked to adverse depression and anxiety,⁹³ the link to PTSD is strongest. Traumatization may not only occur at the individual level but the burden of widely publicized community-based incidents such as police violence, intergenerational experiences with racism, and regular microaggressions can add to the cumulative effect.⁹⁴
- Black service members in all branches are “substantially more likely than White service members to face military justice or disciplinary action.”⁹⁵
- Black veterans and Latinx veterans are more likely to be discharged from the military less than honorably,⁹⁶ and Black veterans are less likely to have their service-connected disability benefits claims approved for PTSD.⁹⁷

A lack of racial representation among clinicians and perceptions that providers have negative attitudes toward patients of color may impact the quality of engagement with and trust of mental health providers:

- A lack of trust and engagement has been found to impact treatment success and adherence to prescribed medication regimens for mental health conditions.⁹⁸
- Perception that their provider was sensitive to their racial or ethnic background has been found to be associated with better mental health.⁹⁹

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. Anyone of any gender identity can experience MST.¹⁰⁰ MST often goes unreported due to stigma and fear of jeopardizing their military career.

- According to the Department of Defense annual sexual assault report, 20,500 service members experienced sexual assault in 2019, a large decrease from the 34,000 who experienced assault in 2006. But the overwhelming majority of those cases are not reported. The DOD estimates the department only received 6,290 reports of sexual assault that occurred during military service in 2020.² Fortunately, reporting rates are on the rise, and the gap between reporting and occurrence has continued to narrow.
- While a greater percentage are reporting crimes, six in ten who experienced the assault reported they've received retaliation and ostracism as a consequence of coming forward.¹⁰¹

Conditions and difficulties related to MST include:¹⁰⁴

- Post-traumatic stress disorder
- Chronic pain
- Depression
- Sexual dysfunctions
- Substance use disorders
- Eating and gastrointestinal problems
- Relationship problems
- Sense of isolation or disconnectedness
- Adverse childbirth outcomes, including pre-term birth and lower infant birthweight, and postpartum depression and/or anxiety.¹⁰⁵

Barriers to Reporting:

- Common barriers to reporting include a fear of being regarded as weak, a fear of repercussion to their career, embarrassment, being blamed for the assault, and logistical barriers to receiving treatment.¹⁰²
- Many MST survivors also do not report because the perpetrator is in their unit or their direct command and many do not think that reporting is effective since commanders decide disciplinary action.
- Many MST survivors delay reporting until they exit the military: One in three women veterans and one in 50 veteran men report that they have experienced MST. Rates are higher among women, but a similar number of men and women experience MST because of the high percentage of men in the military.¹⁰³



Harassment and Assault of LGBTQ+ Veterans



Many LGBTQ+ veterans faced the stress of concealing their sexual orientation or identity while in the military due to the previous Don't Ask, Don't Tell (DADT) and the now lifted ban on transgender individuals in the military. For LGBTQ+ veterans, their life in the military prior to the repeal of DADT in 2011 included fear not only of harassment and violence, but also of investigation or discharge.¹⁰⁶

- Nearly half of veterans discharged under Don't Ask, Don't Tell who separated between the years 2004 and 2009 received a less than fully honorable discharge.¹⁰⁷
- While the military has made strides to allow LGBTQ+ service members to serve openly, prejudice, harassment, and assault still exist in the post-DADT era. A 2020 study found that LGBTQ+ service members are four times more likely than non-LGBTQ+ service members to experience sexual harassment, two times more likely to experience stalking, and two times more likely to experience sexual assault.¹⁰⁸
- The stress of concealing their status can carry over to their post-separation lives and render them still reluctant to disclose their sexual orientation or identity for fear of continued stigmatization or harassment. Some term what LGBTQ+ veterans face as the "Double Closet," being reluctant to identify as LGBTQ+ among the larger veteran community, and also reluctant to identify as veterans in the LGBTQ+ community because of expected or experienced hostility.¹⁰⁹



Agent Orange

During the war in Vietnam, the US military sprayed the herbicide Agent Orange from 1961–1971 as part of a program code-named “Operation Ranch Hand” to clear vegetation that provided cover for opposing forces. Exposure to Agent Orange has been associated with a host of illnesses in Vietnam veterans and Vietnamese people.¹¹⁰

- Studies have found that veterans who served in Vietnam or surrounding areas and were exposed to Agent Orange have increased rates of a number of illnesses: including various cancers; nerve, digestive, skin and respiratory disorders; acute/ chronic leukemia, Hodgkin's lymphoma and non-Hodgkin's lymphoma.¹¹¹ In addition, research suggests that Agent Orange exposure increases the risk of developing dementia twofold.¹¹²
- For decades after the Vietnam war ended, veterans fought for compensation and benefits related to Agent Orange exposure. Over the years the list of conditions presumed to be linked with Agent Orange exposure expanded.

The conditions that the VA now officially recognizes as associated with Agent Orange exposure and presumptive with service in Vietnam are:

- | | |
|--------------------------------------|---|
| • AL Amyloidosis | • Respiratory Cancers |
| • Chronic B-cell Leukemias | including cancers of the lung, larynx, trachea, and bronchus |
| • Chloracne | • Soft Tissue Sarcomas (excluding Kaposi's sarcoma, osteosarcoma, chondrosarcoma, and mesothelioma) |
| • Diabetes Mellitus Type 2 | • Spina Bifida in children of veterans ⁴ |
| • Hodgkin's Disease | |
| • Ischemic Heart Disease | |
| • Multiple Myeloma | |
| • Non-Hodgkin's Lymphoma | |
| • Parkinson's Disease | |
| • Peripheral Neuropathy, Early-Onset | |
| • Porphyria Cutanea Tarda | |
| • Prostate Cancer | |

- 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.
- Vietnam veterans are not required to have been on the ground in Vietnam or neighboring areas to be exposed, as the above conditions also present in veterans who served in planes or on ships in Vietnam or other neighboring areas including specific Army bases in Thailand, worked in transporting or storing Agent Orange, and performed other tasks in areas where Agent Orange was present.¹¹³
- Vietnam has estimated that nearly 4.8 million Vietnamese people were exposed to Agent Orange, 400,000 died from cancers and other illnesses associated with that exposure,¹¹⁴ and the herbicide has been associated with birth defects in over 500,000 children.¹¹⁵ The Red Cross of Vietnam has estimated that up to one million people are disabled or have health problems due to Agent Orange.¹¹⁶

Exposure to Contaminants in 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 exact duration and intensity of the exposure at Camp Lejeune is unknown. The geographic extent of contamination by specific chemicals is also unknown.¹¹⁷

- Nearly one million people (including troops, family members and civilian employees) were exposed to volatile organic chemicals and agents in the base's drinking water system from the 1950s through the 1980s.¹¹⁸
- Since January 2011, more than 20,000 veterans have filed claims citing environmental hazards at Lejeune.¹¹⁹
- The VA established a “presumptive service–connection” for diseases associated with exposure to contaminants that entered the ground water in Camp Lejeune.
- The presumption of service connection applies to active–duty, reserve, and National Guard members who served at Camp Lejeune for a minimum of 30 days (cumulative) between Aug. 1, 1953 and Dec. 31, 1987, and are diagnosed with any of the following conditions:
 - Adult leukemia Aplastic anemia and other myelodysplastic syndromes
 - Bladder cancer Kidney cancer
 - Liver cancer Multiple myeloma
 - Non–Hodgkin’s lymphoma Parkinson’s disease¹²⁰

When filing a Claim:¹²¹

1. Provide medical evidence of a disease on the list of eight presumptive diseases.
2. Ensure military records verify service at Camp Lejeune any time between August 1, 1953, and December 31, 1987.
3. 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 pits used to dispose of all manner of waste. Burning of waste and other trash became a commonplace method of disposal.

- Particulate Matter (PM) and toxins from burn pit smoke and debris can irritate or contribute to problems in:¹²²
 - Skin, nose, eyes, throat
 - Respiratory system
 - Cardiovascular system
 - Gastrointestinal system and other internal organs
 - Coughing and throat problems
- The Burn Pit Registry¹²³ is a voluntary study aimed at improving the knowledge of burn pits and airborne hazards veterans may have been exposed to overseas and what effects they may have.¹²⁴ It is a not a disability compensation exam.
- The VA has acknowledged that troops were exposed to burn pits, and that exposure has been linked to respiratory, cardiopulmonary, neurological, autoimmune, and/or skin disorders.
- After years of advocacy, for the first time as of August 5th, 2021, the VA established a rule to add three presumptive conditions to “particular matter exposure” asthma, rhinitis, and sinusitis.¹²⁵ This now allows for an opportunity for veterans to get service connected as a result of these exposures. The VA accepts veteran lay statements describing exposure as evidence of that exposure if the veteran served in Iraq, Afghanistan, or Djibouti.¹²⁶

Moral Injury



Moral injury (MI), defined as engaging in, witnessing, or experiencing actions that conflict with one's core moral beliefs, has long been found to influence veteran mental health. Psychiatrist Dr. Jonathan Shay, the first to conceptualize MI in US veterans, described it as "the soul wound inflicted by doing something that violates one's own ethics, ideals, or attachments."¹²⁷

MI is not confined to veterans who serviced in combat. Non-combat experiences such as rescue missions and training exercises as well as sexual assault or race-based trauma can lead to MI.

Researchers have derived three dimensions of MI:

1. Acts committed by others
2. Acts committed by oneself
3. Perceived betrayal by someone else.¹²⁸

Sources of Moral Injury include:¹²⁹

- Killing or harming others during war or other instances of disproportionate violence
- Witnessing suffering or acts of disproportionate violence
- Specifically harming civilians
- Freezing or failing to perform duty during a dangerous or traumatic event
- Failing to intervene when witnessing bad acts
- Betrayal by trusted colleagues or higher-ups
- Giving orders in combat that result in the injury or death of a fellow service member
- Medics unable to care for everyone who is injured
- Feeling personal guilt over decisions that affect a comrades' survival

Types of Moral Injury include:

- Perpetrator trauma
- Collective Guilt
- Self-traumatization
- Betrayal of Trust
- Crossing a line

Those suffering MI might say:

- "I did something bad."
- "I am bad because of what I did."
- "I am bad because I did NOT do something."
- "Someone did something bad to me."
- "I did something I never thought I could do."

Mental Health and Moral Injury:

- Association between exposure to atrocities (such as extreme suffering or harm to civilians, or disproportionate violence) and PTSD has been found to be stronger than combat exposure and PTSD
- MI has been identified as a condition distinct from PTSD.
- There is a risk for suicidal ideation among those with MI.
- Impact of Killing, an MI trauma treatment, focuses on self-forgiveness and atonement.

Suicide



In 2021, the VA released data on veteran suicides in 2019.¹³³

- An average of 17 veterans complete suicide per day.
- Adjusting for age- and sex-differences, the rate among Veterans in 2019 was 52.3 percent higher than for non-veteran US adults.
- The suicide rate was higher among veterans who were not connected to VA and those who had not received VA healthcare in the last two years than among veterans who had received VA healthcare in the last two years.
- The average number of veterans that died by suicide per day rose 4.5 percent since 2001. The increase in suicide among US adults during the same time period rose 55 percent. However, in both the veteran and nonveteran populations the rates of suicides decreased from 2018 by 7.2 percent and 1.8 percent respectively.
- Veterans ages 55–74 represented the largest proportion of all veteran suicides (38.6 percent), although the unadjusted veteran suicide rate was highest among veterans ages 18–34 (44.4 per 100,000).
- Firearms were the method of suicide in 70.2 percent of male veteran suicide deaths (compared to 69.6 percent in 2018) and in 49.8 percent of female veteran suicide deaths (up from 41.1 percent in 2018).

Rates are higher among the following populations:

- **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.¹³⁴
- The gap in the suicide risk between non-deployed veterans and nonveterans was greater than the gap between deployed veterans and nonveterans.¹³⁵
- More **lesbian, gay and bisexual** veterans report suicidal ideation than heterosexual veterans.¹³⁶
- Research suggests that **White veterans** have four times the rate of suicide death compared to **Black veterans**, and **rural veterans** have higher rates of suicide than **non-rural** veterans.¹³⁷
- **Veterans discharged for misconduct** are twice as likely to die by suicide as those honorably discharged.¹³⁸
- **Men who served during the Iraq and Afghanistan wars** have a higher suicide rate than the rate among their women counterparts.³
- **Incarcerated veterans** have the highest risk of suicide, exceeding the risk attributable to either veteran status or incarceration alone.¹³⁹
- **Older veterans** are at an increased rate of suicide: Two-thirds of those who complete suicide are age 50 or older.

There is a popular misconception that combat deployment is the reason we lose so many veterans to suicide. While combat exposure may be a suicide risk it is important to understand that the following factors are also associated with suicidal ideation in veterans:

- **Social Connection:** Less than one percent of the US population serves in the military and veterans make up seven percent of the country's population. Many veterans may experience a sense of detachment and isolation when they return home from their military service. This lack of social connection has been found to be a risk for suicide.¹⁴⁰
- **Social Determinants:** A 2019 study found that housing instability, violence, financial, employment or legal problems, and reduced access to healthcare and transportation are risks for suicidal ideation.¹⁴¹ In addition, among veterans who access VA healthcare services, the suicide rate is lowest among veterans who are married and higher among those who are divorced, have never been married, or are widowed.¹⁴³
- **Sexual dysfunction:** A 2020 study found that veteran men with decreased sexual activity or pleasure was associated with suicidal ideation while for women veterans increased sexual activity was found to be a risk for suicide.
- **Co-occurring health disorders:** A range of health conditions including sleep disorders, traumatic brain injury (TBI), chronic pain, substance abuse disorders and mental health diagnoses such as bipolar disorder, schizophrenia, depression, and anxiety) co-occur with suicidal ideation.
- Those who have received mental health treatment, inpatient mental healthcare, have previously attempted suicide, or have called a veteran's crisis line have a greater likelihood of suicide.⁶
- **Moral Injury:** Research has found that killing in combat or moral injury — having engaged in or witness actions that violate one's basic morals or having felt betrayed by trusted individuals— can be a risk for suicidal ideation.^{144,145}

Additional factors:

- **National factors** such as economic disparities, media coverage of suicide, public policies covering access to means/weapons of suicide
- **Community factors** such as healthcare access, jobless rates, social connectedness/networks, rates of homelessness, and availability of community services
- **Family and relationship factors** such as the level of support received, relationship problems or dysfunction
- **Individual factors** such as general health or well-being¹⁴⁶

Substance Use



Veterans have increased risk for substance use issues compared to the civilian population.

- Among veterans presenting for first-time care within the VA healthcare system, around 11 percent meet criteria for a diagnosis of substance use disorder.
- A number of military-related stressors have been linked to increased risk of developing substance use issues among military personnel and veterans, including deployment, combat exposure, and post-deployment civilian/reintegration challenges.
- The most prevalent types of substance use problems among veterans include heavy episodic drinking and cigarette smoking.
- Consistent with the general population, alcohol and drug use disorder diagnoses are more common among veteran men than women, and are more common among non-married and younger veterans less than 25 years old.
- There is little comprehensive data on substance use and dependence in the military because the use of drugs often result in a less than honorable discharge status and these discharge statuses are omitted from many studies.
- Deployment can also affect the substance use behaviors of the children and families of members of the military.

Co-Morbidities:

- Post-traumatic stress disorder
- Military sexual trauma
- Other mental health issues
- Combat exposure is associated with increased drinking

Employment

The switch from military to civilian workforce can be challenging. Veterans can be unsure how to apply for and 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:¹⁵⁶

- 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 do not know where to start.

Unemployment rates in 2020:¹⁵⁷

All veterans: 6.5 percent.

	Men	Women
Post-9/11 Veterans:	7.4%	7.2%
Gulf War Veterans:	4.5%	6.4%
Veterans of Vietnam, Korea, and WWII (in labor force):	7.1%	5.3%

Employment Trends:¹⁵⁸

- Post-9/11 veterans are nearly three times as likely to work in the public sector (27.7 percent) as nonveterans (10.4 percent).
- Labor force participation rates are higher for veterans who were current or past members of the Reserve or National Guard (86 percent), compared with other veterans (79 percent).

Education

Research shows veterans have similar graduation rates to their civilian peers, despite the added challenges they face of being older, having families, possibly having a service-connected disability, and likely having both employment and school.

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.¹⁵⁹

- Many veterans have delayed their enrollment or interrupted their education plans due to military obligations.¹⁶⁰
- 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.¹⁶¹

The Post-9/11 G.I. Bill offers educational benefits for those who served since September 11, 2001.

- 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 Forever GI Bill, however, removes the time limit for those whose last discharge or release from active duty is on or after January 1, 2013.) 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.¹⁶²

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.¹⁶³
- 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.¹⁶⁴
- The Harry S. Colmery Act, known as the Forever GI Bill, was passed in 2017. The legislation provides:
 - Elimination of the arbitrary 15-year time limit required for veterans (discharged on or after 2013) to use their G.I. Bill and instead allows them to use their benefits at any time;
 - Increased resources and authority for educational assistance to pursue science, technology, engineering and mathematics (STEM) programs, computer programming and career technical training;
 - G.I. Bill eligibility for reservists mobilized under selected reserve orders for preplanned missions in support of the combatant commands or in response to a major disaster or emergency;
 - G.I. Bill eligibility for reservists undergoing medical care;
 - full G.I. Bill benefits for Purple Heart recipients regardless of length of service;
 - Yellow Ribbon Program benefits to Fry scholarship recipients to help cover the costs of attending private universities; and
 - Increases to G.I. Bill payments by \$2,300 per year for veterans with less than 12 months of active service.



Financial Instability



Despite doing better economically than non-veterans, the poverty rate has continued to grow for veterans since 1980.¹⁶⁵

- Poverty is the greatest predictor of veterans becoming unhoused. Veterans are less likely to be poor than non-veterans, but poor veterans are more likely to become unhoused than poor non-veterans.¹⁶⁶
- Unemployment has increased for all veterans to 6.5 percent as a result of the pandemic. For Post-9/11 veterans, also known as “Gulf War-era II” veterans, it rose to 7.3 percent.¹⁶⁷
- Veteran men living in poverty are twice as likely as non-veteran counterparts living in poverty to become unhoused. For women veterans it is triple the risk.¹⁶⁸

Housing Instability



37,252 veterans are unhoused on a given night. Unhoused veterans account for 8 percent of all unhoused adults.¹⁶⁹

- The number of unhoused veterans has not changed from 2019 to 2020, but more veterans are unsheltered than before.
- Black veterans are overrepresented, making up a third of unhoused veterans while being only 12 percent of the veteran population.¹⁷⁰ While there have been centuries of discrimination in housing, criminal justice, child welfare, and education—entrenched military policies and disparate treatment of service members of color have contributed to housing instability as well.
- Women veterans are less likely to live in poverty than non-veteran men and women but are twice as likely to experience homelessness than non-veteran women and women veterans and are more likely to have dependents than veteran men.^{171,172} At present, women make up 9 percent of all unhoused veterans, however their proportion is increasing fastest of all unhoused veterans.¹⁷³
- A recent study found that military sexual trauma, poverty, lack of access to VA benefits, and being single or divorced were the primary risk factors for housing instability among women veterans.¹⁷⁴
- Men are the majority of unhoused veterans at more than 90 percent, women veterans are more likely to be unsheltered compared to both men veterans and civilian women. They are also more likely to have a child.¹⁷⁵
- Veterans aged 51 and above accounted for 61 percent of homeless veterans according to the most recently available data; 19 percent of homeless veterans are age 62 and over.¹⁷⁶ Unhoused senior veterans have higher rates of hospitalization and age-adjusted mortality.¹⁷⁷

Risks for Becoming Unhoused:¹⁷⁸

- A less than honorable discharge
- Economic instability
- Social isolation after transition
- Substance use
- Jail or prison involvement
- Income
- Military sexual trauma
- Low military pay grade

Housing First:

- Housing First is an evidence-based, cost-effective approach to reduce homelessness. It prioritizes placing veterans in permanent housing first and then addressing physical, mental, and behavioral health issues, sobriety and pursuing employment, if appropriate. Once the basic needs of shelter and food are met, the veteran and supportive staff or case managers can focus on other issues.
- Housing First has significantly reduced time to place unhoused veterans from 235 to 35 days, has higher retention rates, and emergency room use has declined.¹⁸⁰ Over the decade of its initial implementation, permanent supportive housing (PSH) had 42 percent of its capacity dedicated to veterans, and there is a correlation with PSH and the reduction of the veteran unhoused population by 50 percent.¹⁸¹



Judicial and Penal Systems Involvement



At times, learned military skills and tactics such as hyper-vigilance and rapid response to threatening encounters that enhance survival in combat may translate to aggressiveness and impulsivity in the civilian community.¹⁸²

But veterans are not overrepresented in jails and prisons:

Nearly eight percent of incarcerated people in state prisons are veterans, at the federal level this is five percent, while veterans represent 7 percent of the US population.¹⁸³

- Literature shows that the single greatest predictive factor for the incarceration of veterans is substance abuse.¹⁸⁴
- The majority of incarcerated veterans served in the Army and were not combat veterans. More than half of incarcerated veterans had received an honorable discharge. The controlling offense for veterans at state prisons tends to be a violent offense, at the federal level it is a public order offense.¹⁸⁵

- 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.¹⁸⁶

Family Violence



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.

- 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.
- Transition phases (deployment and reintegration) cause increased stress on the family and have been linked to child mistreatment.
- In January 2022 the VA announced its Intimate Partner Violence Assistance Program (IPVAP).

Services offered include education, prevention, screening, and intervention, as well as collaborating with local community programs. The IPVAP works with Cognitive Behavioral Therapy for Couples, Family Services and Veterans Readjustment Counseling centers, and provides therapy options for veterans who use or are at risk of using IPVAP, including the Strength at Home Program.

Bad Paper Related to Service Injuries, Discrimination, and Bias



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.¹⁹¹
- Forty-five percent of misconduct discharges make service members presumptively ineligible for VA services. 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.¹⁹²
- Veterans with Bad Paper complete suicide at twice the rate as those with honorable or general discharges.¹⁹³
- **Black and Latinx service members** are more likely to have faced military criminal investigations and face other administrative procedures and consequently are more likely to face court martial¹⁹⁶ or be discharged from the military less than honorably.¹⁹⁷
- More **current era veterans** receive less than honorable discharges than any other era.¹⁹⁸ For example, Operation Iraqi Freedom Marine Corps combat veterans with Post Traumatic Stress Disorder ("PTSD") are eleven times more likely to be discharged for misconduct and eight times more likely to be discharged for substance abuse than similar veterans without PTSD.¹⁹⁹

Discrimination and Negative Discharges:

- Nearly half of **veterans discharged under *Don't Ask, Don't Tell*** who separated between the years 2004 and 2009 received a less than fully honorable discharge.¹⁹⁴
- **Black service members** in all branches are "substantially more likely than White service members to face military justice or disciplinary action."¹⁹⁵ Racial disparities, particularly between Black and White service members, are present at every level of military disciplinary and justice proceedings.

VA Regional Office adjudicators fully or partially deny the vast majority of veterans' Character of Discharge (COD) claims that would allow them basic eligibility for VA benefits:

- Seventy-nine percent were denied in FY 2018. There is often years of supplemental claims and appeals before the matter is finally resolved.²⁰⁰
- From 1992 to 2015, the Board of Veterans' Appeals denied the COD appeals of three out of four veterans with PTSD or TBI and denied 85 percent of the COD appeals of Vietnam combat veterans.²⁰¹
- Three out of four veterans with bad-paper discharges who have PTSD or TBI are denied eligibility for VA benefits by the Board of Veterans Appeals.²⁰²

Accessing VA Healthcare



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.

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

- Veterans can apply for VA healthcare by online, by phone, mail or at a VA Hospital or clinic.

Too often, veterans self-select away from VA thinking their discharge makes them ineligible for VA benefits and services. However, in some instances, they may still be found eligible to receive health care and/or compensation.

- In 2017, the VA began providing emergency mental health coverage for veterans with Other than Honorable (OTH) administrative discharges. In 2018, Public Law 115-141 authorized the VA to provide an initial mental health assessment and subsequent mental or behavioral health care services to certain veterans, including those who served in the reserve component and those with OTH discharges. To access care:
 - Former service members may decide when they are in distress and require emergency mental health care.
 - A VA provider will assess the patient to determine whether or not it is a mental health emergency and requires immediate attention.
 - Former service members may enter the system to use the emergency services benefit by visiting a VA emergency room or Vet Center, or by calling the Veterans Crisis Line.
 - Former service members may be treated using VA's tentative eligibility authority but will still need to have their claim adjudicated by the Veterans Benefits Administration. If the former service member is subsequently found not to be eligible, they can be billed for services.

Accessing VA Healthcare



Vet Centers are a counseling resource for combat veterans and veterans who have experienced trauma, including military sexual trauma (MST), and their families.

- Though they are part of the VA, they are confidential and do not share information with the VA unless by the veteran's permission.
- They are located away from VA sites and allow for appointments after normal business hours. This is all designed to provide a comfortable confidential environment for veterans to discuss sensitive issues.
- Services for veterans and families may include individual and group counseling in areas such as PTSD, alcohol and drug assessment, and suicide prevention referrals.
- Vet Center services are also provided to veteran and military family members for military-related issues to help the readjustment of those who have served. Importantly, this includes bereavement counseling for families after a death of an active-duty service member.

Vet Center Eligibility

Any veterans and active-duty service members, to include members of the National Guard and Reserve components and those with OTH discharges, who:

- Have served on active military duty in any combat theater or area of hostility;
- Experienced military sexual trauma;
- Provided direct emergent medical care or mortuary services, while serving on active military duty, to the casualties of war;
- Served as a member of an unmanned aerial vehicle crew that provided direct support to operations in a combat zone or area of hostility; or
- Served during Vietnam era who have accessed care at a Vet Center prior to January 2, 2013.

Benefits



Discharge status determines whether a veteran is eligible for VA benefits and services. Less than honorable discharges are commonly referred to as Bad Paper and compromise or bar access to benefits.

Types of Discharges:

- Honorable
- General
- Other than Honorable (OTH)
- Bad Conduct Discharge (BCD)
- Dishonorable Discharge (DD)

VA Benefits Eligibility Based on Discharge



	Honorable	General	OTH	BCD	DD
VA Medical and Dental	✓	✓	TBD	TBD	✗
Hospitalization and Domiciliary Care	✓	✓	TBD	TBD	✗
GI Bill	✓	✗	✗	✗	✗
Home Loans	✓	✓	TBD	TBD	✗
Disability Compensation/ Pension	✓	✓	TBD	TBD	✗

How can veterans with less than honorable discharges access benefits?

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, and those who were discriminated and forced out of the military.²⁰⁵

Barriers may be overcome through Character of Service determinations or Discharge Upgrades. These processes are burdensome but can be successful:²⁰⁶

- **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. Over the past three years, VA's eligibility determination rate for OTH Veterans has been above 72 percent in granting veterans access to benefits and/or health care.²⁰⁷
- **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.

Healthcare Equity and Access

Persistent Disparities Among Subgroups of Veterans:

- **LGBTQ+ veterans** have faced discrimination in the military due to policies like DADT and have often been reluctant to seek the healthcare access they deserve.²⁰⁸
- Sixty percent of **LGBTQ+ veterans** reported they dealt with discrimination at VA, which is higher than civilian counterparts seeking treatment from their civilian health provider.²⁰⁹
- The VA does not have a standard approach to tracking **LGBTQ+ veterans**, which may mean significant intercommunity issues are unknown to providers.²¹⁰
- **Service members who were given a less than honorable discharge because of homosexual conduct prior to the repeal of “Don’t Ask, Don’t Tell”** may be denied access to benefits such as VA healthcare, disability compensation, and the G.I. Bill.
- **Veterans of color** have seen similar disparities as non-veteran peers. A 2018 study noted that “although the Veterans Health Administration (VHA), the largest US healthcare system, is committed to equal health and healthcare quality for all veterans, some veterans in racial/ethnic minority groups still have poorer health outcomes and reduced services.”²¹¹
- Research suggests that **veterans of color** report more negative experiences when trying to access VA healthcare compared to other veterans and has identified health disparities between veterans of color and veterans who identify as White.⁵
- Prevalence rates for PTSD have shown to be higher among veterans of color than among White veterans,²¹² although this trend has not been found among OIF/OEF veterans.²¹³

However, research suggests that **Black veterans** are less likely than other veterans to have their PTSD classified as service connected.²¹⁴

- **Women veterans** face similar issues related to healthcare equity. Research has found that some of the barriers to women accessing care include a lack of knowledge about VA care, a feeling that VA providers are not gender-sensitive, and a history of military sexual assault that makes them uneasy in veteran spaces. The women veteran population will increase from 10 percent to 13 percent by 2033, placing greater demands on healthcare systems and requiring tailored services to consider their unique needs.²¹⁵

VHA Efforts to Improve Healthcare Equity:

The VHA recognizes they need to make veterans feel more comfortable receiving VA care. The VHA Office of Health Equity states that, “Equitable access to high-quality care for all veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all veterans.”²¹⁶

The VHA has outlined a (HEAP) or Health Equity Action Plan, started after the office was created, to track healthcare equity across medical centers.²¹⁷

In 2021, the VA issued guidance that VA adjudicators shall find that all discharged service members whose separation was due to sexual orientation, gender identity or HIV status are considered “Veterans” who may be eligible for VA benefits, like VR&E, home loan guaranty, compensation & pension, healthcare, homeless program and/or burial benefits, so long as the record does not implicate a statutory or regulatory bar to benefits.²¹⁸

Service-Connected Disability Compensation (SCDC or Comp)



- 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.
- A service-connected disability is any injury or illness that occurred or was exacerbated during active-duty service. Such injury or illness does not have to be caused by military duties or occur during 'work hours.
- 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, Veteran Service Agencies and County VSOs provide no-cost assistance.²¹⁹

Generally, in order to seek VA benefits, veterans must have:²²⁰

- 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 Disability Claim:



Documenting a claim requires:

- A current diagnosis of illness or injury by a qualified professional; and
- Proof of onset during military service and evidence that the illness or injury occurred or was exacerbated during service.

If the condition or incident causing the condition was never entered into the service member's record, other evidence must then be developed.

This can include:

- **Lay evidence:** statements of others as witnesses to an event or evidence of changed behavior.
- **Nexus evidence:** opinion by a licensed professional linking the condition to military service.



Understanding Presumptive Conditions



- There are many conditions which are presumed to be service connected based on location, time, and circumstances of services.
- In these cases, the veteran patient does not need to provide proof of onset or causation. They need only show they meet eligibility criteria and have a specific diagnosis in order to qualify for valuable benefits and care.
- No proof beyond exposure to risks and diagnosis of condition is needed to establish connection.

Included in this category are certain conditions related to the following service:

- Gulf War veterans with chronic disabilities;
- Veterans who served on active duty or resided at Camp Lejeune for thirty days or more between August 1, 1953 and December 31, 1987;
- All veterans who develop amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease;
- Veterans exposed to Agent Orange and other herbicides in Vietnam and designated surrounding areas between January 9, 1962, and May 7, 1975;
- Veterans who participated in radiation risk activities as defined in VA regulations while on active duty, active duty for training, or inactive duty training;
- Veterans with certain chronic and tropical diseases; and
- Prisoners of war.

Agent Orange conditions presumptive service connection requires a diagnosis and:²²¹

- Service anytime between January 9, 1962 and May 7, 1975, in Vietnam, on some waterways and installations in Southeast Asia; OR
- Service in or near the Korean demilitarized zone anytime between April 1, 1968 and August 31, 1971; OR

- In any location involving transport testing and other means of exposure; OR
- During Reserve service at certain US Air Force bases and Airports.

Gulf War Illness presumptive service connection:

- Gulf War service is active military duty in any of the following areas in the Southwest Asia theater of military operations at any time from August 2, 1990 to present. This includes veterans who served in Operation Iraqi Freedom (2003–2010) and Operation New Dawn (2010–2011).²²²
- To qualify for presumptive service connection, a Persian Gulf War veteran must have experienced symptoms for at least six months, and the symptoms must be at least 10 percent disabling.
- VA's Gulf War presumption includes medically unexplained chronic multi-symptom illnesses (MUCMIs), undiagnosed illnesses, and certain infectious diseases.

Service-Connected Post-Traumatic Stress Disorder requires that:

- A traumatic stressor (event or events) happened during service, AND
- the veteran cannot function as well as they once could because of their symptoms, AND
- A doctor has diagnosed PTSD.
- For service-connection purposes, traumatic events are serious injury, personal or sexual trauma, or sexual violation, or threat of injury, sexual assault, or death.²²³

Presumptive PTSD:

Traumatic events are often not entered into a service record, commonly occur in combat deployment, are the result of sexual or other assault. In these cases, a presumption of service connection is established with:

1. A diagnosis of PTSD;
2. A medical link between symptoms and an in-service stressor; and²²⁴
3. Credible supporting evidence that the claimed in-service stressor occurred.

Such credible evidence can include the statement of the veteran seeking service connection, lay statements from people who witnessed behavioral changes, evidence of change in functioning, and other evidence.²²⁵

Secondary Service Connection:

Secondary service connection can be established from a condition that occurs as a result of a service-connected injury or illness, such as heart disease resulting from PTSD. This requires a new diagnosis and medical records or opinions that support a link to the service-connected disability.

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.

Non Service-Connected Pension

Non Service-Connected Pension is a tax-free monthly benefit payable to low-income wartime veterans and their survivor(s).²²⁶ Payment is offset by most other income.

A veteran may generally be eligible if they were:

- 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
- Their 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 nonservice-connected disability, OR
- Is a patient in a nursing home, OR
- Is receiving Social Security disability benefits.

Aid and Attendance:

Aid and Attendance (A&A) is an increased monthly payment in addition to pension paid to a veteran or surviving spouse if they need assistance with activities of daily living, if they are a patient in a nursing home receiving skilled nursing care, or if they have severe limitations to eyesight, and are already eligible for and receiving pension benefits.



The Claims Backlog

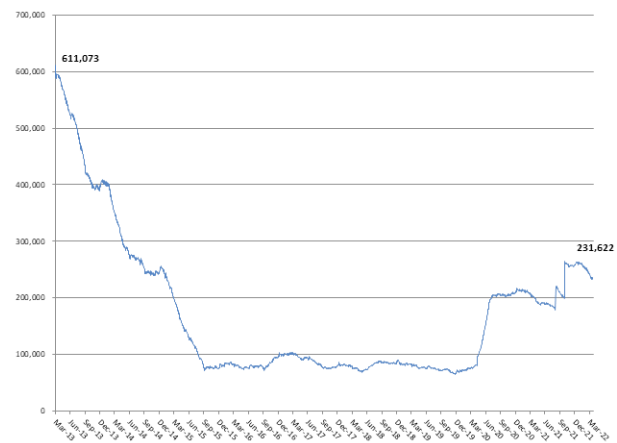


Since 2001 at the start of the wars in Iraq and Afghanistan, the addition of presumptive service-connected conditions related to Agent Orange, eligibility for a larger cohort of Vietnam and Iraq and Afghanistan era veterans, and presumptions related to Gulf War and burn pit exposures, all caused a demand for benefits and services and an unprecedented growth in claims, leading to a struggling veterans benefits system.

The backlog of VA disability claims accounts for initial claims that have been in the system for over four months. The 'backlog' numbers can be misleading, however, as they only account for initial claims, discounting appeals, remands, and other claims in the adjudication process.

- The claims backlog has increased once again in the last two years.
- Forty one percent of claims have been pending for more than 125 days.²²⁷
- 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 backlog at 44 percent.²²⁸

The VBA Claims Backlog



Source: Veterans Benefits Administration Reports

VBA Appeals Process



There are many reasons why one might want to appeal their VA benefits claim. 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.

In 2017, the Veteran Appeals Improvement and Modernization Act was passed to address large backlogs and wait times to adjudicate appeals. This process allows for three options to address disagreement with the initial decision:²²⁹

Higher Level Review Lane:

- Must file within one year of initial claim decision.
- New review by a more experienced adjudicator, no new evidence, and an optional telephone conference with reviewer to point out specific errors.
- Average time to decision is 125 days.

Supplemental Claim Lane:

- Must filed within one year of initial claim decision.
- New review of claim with opportunity to submit new evidence to support a claim.
- Average time to decision is 125 days.

OR Appeal to the Board:

- Must file within 120 days of initial claim decision.
- You may request to submit new evidence and request to testify before a veterans law judge.
- Average time to decision is 365 days.

How to Start the Conversation



Providers and advocates often need to explore difficult facts with veterans to identify issues and strategies for services. In addition to difficult subject matter, lingering symptoms and protective behaviors related to the veteran's experience can hamper communication. The veteran may have trouble initially trusting providers or civilians and may find it difficult to be open about themselves.²³⁰

Make Some Ground Rules:²³¹

- Make sure a clear and explicit agenda is communicated before and during meetings.
- Speak informally.
- Be open, honest, and concrete.
- Answer questions openly without judgment.
- Always acknowledge the potential concerns of the veteran upfront.
- Acknowledge the possibility of misunderstandings between provider and veteran, and the provider's willingness to address them, especially when it comes to specifics of military experiences, events, and memories.
- Do not pretend to understand military acronyms and lingo; acknowledge what is not known.
- Describe what information is needed, why it is needed, and what will happen with the information.

Trauma-Informed Care Considerations



Trauma-informed care is a strengths-based framework that requires an understanding of and responsiveness to the impact of trauma. It emphasizes the physical, psychological, and emotional safety of both the provider and veteran. It creates opportunities to help survivors regain their sense of control and work collaboratively to move toward recovery and substantive goals (such as filing a VA disability claim).²³² Delivering culturally-informed healthcare has been found to significantly affect treatment outcomes of all veterans, and especially veterans of color.^{233,234}

It is not unusual for veterans who have experienced trauma to have inconsistencies in memory when recalling and telling their stories. Where TBI is concerned, they may have lost consciousness during and immediately following the event. A veteran who has experienced trauma may remember different details of the events at different times or feel pressure to tell the story in a certain way.

Consider these factors and remain patient, as trust often takes time to establish.

Trauma-Informed Interviewing Tips²³⁵

- Inform the veteran of what you will explore during the session so they can better predict the day's events and be more in control.
- Always be very clear about when you will be discussing trauma and when you will not.
- It is important to explore what feeling safe may mean to the veteran and to give multiple opportunities for the veteran to make decisions during your session.
- Try focusing on short-term goals, as longer-term goals may overwhelm the veteran.
- Give the veteran the opportunity to talk about worries they may have about the conversation and the process.
- Avoid speaking of military service as a sacrifice or as a patriotic duty since many veterans have conflicting emotions about their service, particularly those who have experienced trauma or guilt. Beware of statements such as "Thank you for your service," which some veterans may not wish to hear or know how to respond to.

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