

Coalition of Veterans Organizations

CVO

*Leave No
Veteran Behind*

Coalition of Veterans Organizations

July 8, 2010

Forum on Homeless Veterans

***Recommendations**

If Congress and the VA are serious about ending homelessness:

- 1) Operational funding must be approved and included within the VA Per Diem Grant Program for the homeless.
 - The majority of not for profit agencies and organizations manage and operate multiple well-being programs with limited funding and shortage of staff but with increased clientele due to the failing economy. The lack of operational funding in per diem grants impedes the agency's ability to carry out grant funding mandates and their agency missions.
 - We recommend that the VA conduct a pilot project to test the outcomes of advanced per diem grants allocated to each state VISN supported by the number of homeless population that is analyzed annually on the CHALENG Report.
- 2) Congress must also create legislation and appropriate sufficient funding as needed to ensure permanent housing for veterans. The most critical gaps in housing for veterans include:
 - The lack of housing for families and single women and men with children.
 - The creative state and community laws that protect NIMBY and which lead to inappropriate housing for veterans that have minimum and limited opportunities for housing choices and ultimately unsuccessful recovery outcomes.
 - The lack of ADA housing opportunities.
- 3) VA must stop encouraging veteran grouped complex housing facilities in which

“Ending Homelessness is a vision, not a reality”.

There were 1,400 homeless veterans claimed by VISN 12 reported by Hines and Chicago VA Medical Centers

7th Congressional Veterans Task Force

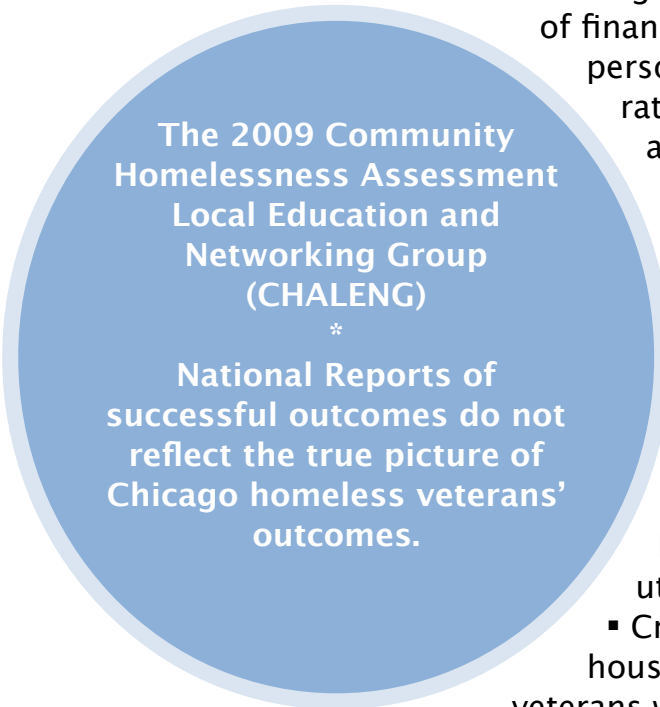
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raises additional security and safety concerns for women veterans and that stereotype veterans that have circumstantial homeless issues. Congress must:

- Create legislation that encourages scattered-site housing to eliminate stereotype and that also overcomes NIMBY resistance.
- Collaborate with States to create legislation for additional property tax credits or increased exemptions to build more housing that provide ADA housing opportunities.
- Create legislation that expands the number of HUD/VASH vouchers by 50 to 75 percent.
- The number of approved vouchers has been insufficient to cover the needs of the homeless and transitional population as it increased.

4) **Congress must:**

- Create legislation that mandates DOD to improve facilitation of financial management course work with enlisted personnel to ensure they are not victims of high interest rate credit cards, and that they can become more astute on financial planning and saving. More agencies and schools are reporting hardship and homeless situations for younger veterans. Most went from high school to military and to combat and have limited abilities in managing and making sound judgment on financial independence.
 - Create legislation that increases the number of vouchers for rent due to the economic downfall.
 - Mandate VA to include in per diem funding logistics for permanent housing; assistance for utilities, etc.
 - Create legislation that creates opportunities of housing components for chronic and disadvantaged veterans with criminal backgrounds.
- Improve and increase consideration of failed benefit claims due to the character of military discharge that may have been less than honorable because of PTSD and other service-related disorders.
- Utilize hired outreach staff to improve and increase social services staff that can assist and finalize issues surrounding legal, medical, personal, etc. to ensure the veterans' transition to self-sufficiency is successful.



The 2009 Community Homelessness Assessment Local Education and Networking Group (CHALENG)

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National Reports of successful outcomes do not reflect the true picture of Chicago homeless veterans' outcomes.

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July 15, 2010 Forum on VA Healthcare *Recommendations

1. Congress must create legislation that makes VA Healthcare an entitlement available to all veterans, without cost and restriction and without categories or priorities of veterans.

- As an entitlement, the annual federal budget should be computed by formula (# veterans x cost per average veteran x annual inflation factor).
- Eliminate the Financial Means Test.

2. Congress must create legislation to establish eligibility for dental and vision care for all veterans as integral part of VA healthcare services and preventive care. The lack of both dental and vision care affects and increases the probability of additional physical and mental healthcare issues.

“We all earned the right and entitlement to healthcare”.

Veterans at Forum

3. Congress should support and pass HR 1017 and SR 1204 legislation to increase healthcare provisions for Chiropractic care at VA facilities and increase access to Kinesiotherapy.

4. Congress should mandate automatic healthcare enrollment of all service members upon discharge from the armed forces, including automatic transfer of medical records when treatment is rendered during service.

5. Congress should create legislation for veterans to be issued a universal healthcare card to insure access to private facilities when necessary.

6. Congress should direct the VA to include in the Federal Benefits guide and all publications “that veterans have the right to both an administrative review and appeals in determining eligibility and entitlement to VA benefits.”

- Veterans have the right to request an administrative review for a benefit even when they have been deemed ineligible.

According to the Department of Veterans Affairs Press Release dated November 7, 2001; former Secretary of VA Anthony J. Principi signed an agreement to fix the backlog of record requests and would help facilitate timely decisions on all veterans' claims of which there were 668,000 compensation and pension claims pending.

On August 31, 2010, current Secretary of VA Eric K. Shinseki, quoted during the American Legion 2010 National Convention, stated there were 1 million claims in 2009 for the first time in the department's 80 year history.

Coalition of Veterans Organizations July 29, 2010 VA Backlog Forum

- 1) Congress must direct the VA to immediately fund benefits for all veterans applying for VA disability.

Many of us have been involv'd as veteran advocates for more than 30 years. We see the VA's efforts to make better decisions and improve services, "but we have a long way to go."

Veterans at Backlog
Forum

▪Veterans that have medical diagnosis supported by military records or who have valid Social Security claims that have been approved should be granted VA benefits when they apply without further development. Veterans who lack Social Security validation of disabilities or military records should be provided a disability stipend that would be recouped from benefits awarded once claim has been fully developed. A duplication of connecting system to local government i.e. IRS, SS and local state agencies would prevent duplication of benefit assistance. There should be no repayment if benefits are denied. Such a policy would end the government backlog and the financial hardship of veterans and survivors.

- 2) In order to clarify the origin of the 1 million case backlog and to facilitate its elimination, Congress should direct the VA to do an accountability audit of the last 5 years on the percentage of claims denied, overturned on appeal and ultimately awarded to the veteran.

- 3) Congress should direct the VA to empower and partner with nationally accredited Veteran Service Officers (VSOs) to prepare well-rounded claims for authorization to reduce the backlog.
 - VSO's are accredited through the VA General Counsel and are authorized agents to assist veterans with benefit claim filing and they receive mandated training from VA personnel.

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August 12, 2010 **Women Veterans Forum**
* Recommendations

1. Methods to outreach to women veterans are ineffective without public advertisement. Congress must create legislation that allows the VA to conduct public outreach to the underserved women veterans.

- Thousands of women nationwide are unaware of their VA status. Due to limited healthcare enrollment of women veterans; gender specific healthcare services i.e. mammograms are out sourced to private facilities.

2. VA must do more to provide women veterans with preventive health care education and increase services for awareness and care for reproductive concerns.

3. VA must do more prevention care for older women veterans.

4. Military Sexual Trauma is a criminal act and must be treated and processed as such. Congress must ensure that legislation mandates that perpetrators are registered in their home of record state and place of discharge, to ensure all women are safe.

The Department of Defense reported on March 16, 2010 that Military Sexual Assaults increased 11 percent from fiscal year 2008.

Congress must pass legislation to make sexual assault on women or men in the military a criminal offense and constitute a stiffer penalty when serving in combat zones.

5. Women Program Managers in the VA Benefits office and VA Medical Center

must do more to ensure staffing in their work place is familiar with them and their appointed roles so that women veterans are tracked through this process of referral.

There are 56,656 women veterans in Illinois.

6. Women veterans with military history of suicide and other crucial mental health issues should not be turned away because of discharge dates. Treatment should be provided until a solid referral can be made for care in an alternative healthcare system.

7. The Center for Women Veterans must improve their strategy to outreach to women veterans across the nation. As of 2009 according to the VA there are more than 1,824,198 women veterans in the United States and Puerto Rico.

8. Congress must ensure that the VA is doing more to provide care to the trend of younger women veterans and their children. When women veterans separate from the military with no healthcare their children are also uninsured.

9. Congress must implement legislation to provide children that were born within the tenure of military service healthcare for a maximum of 2 years when the veteran is unemployed.

More than 128,397 females that served in Operation Iraqi Freedom and Operation Enduring Freedom have been discharged from the military since 2002.

Within one year (2008-2009) there was an increase of 15% of women registered in VA healthcare services.

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