

Coalition of Veterans Organizations

**CVO**

*Leave No  
Veteran Behind*



# THE CVO VETERANS' PROGRAM



**To Educate And Advocate  
For Veterans And Their Families.**

CVO is a 501(c)3 organization under the IRS code. All donations to CVO are tax exempt.

Photos and Cover Design by: Joe Kerwer

CVO is a 501(c)3 organization under the IRS code. All donations to CVO are tax exempt.



The CVO Veterans' Program

by the

Coalition of Veterans Organizations

First published by the Coalition of Veterans Organizations, 2015

© Coalition of Veterans Organizations

All rights reserved

Coalition of Veterans Organizations

1658 N Milwaukee Ave, Box 365

Chicago, IL 60647

Voice Mail: (773) 243-2335

Website: [www.CoalitionofVets.org](http://www.CoalitionofVets.org)

Email: [info@coalitionofvets.org](mailto:info@coalitionofvets.org)

Facebook™: [facebook.com/coalitionofveterans](https://facebook.com/coalitionofveterans)

Twitter™: [twitter.com/coalitionofvets](https://twitter.com/coalitionofvets)

Youtube™: [youtube.com/coalitionofvets](https://youtube.com/coalitionofvets)

# Contents

Introduction .....	1
Full Mandatory Funding and Universal Eligibility for Full VA Health Care .....	2
End Veteran Homelessness .....	8
Full Equality of Women’s Benefits and Health Care .....	11
Presumptive VA Benefits .....	12
Veterans Against Violence .....	14
Why CVO Educates on These Issues .....	15
What You Can Do! .....	16



# **The CVO Veterans' Program**

The Coalition of Veterans Organizations (CVO) is a group of individuals and member organizations whose purpose is to advocate for and educate veterans and the public on issues that impact veterans and their families. There are many Veteran organizations that address issues common to all Veterans, but we speak louder when we join together to speak with one voice. We find that for elected representatives, it is far more practical to deal with a group that speaks for many groups. This, therefore, is the purpose of the Coalition of Veterans Organizations.

CVO has identified five strategic issues of central importance to veterans, their families, and the community at large. They are:

- ★ Full Mandatory Federal Funding & Universal Eligibility for VA Health Care
- ★ End Veterans Homelessness
- ★ Full Equality of Women's Benefits and Health Care
- ★ Award Presumptive VA Benefits
- ★ End Urban Violence

Let's look at each one in more detail.



## **Full Mandatory Federal Funding and Universal Eligibility for Full VA Health Care**

Each year, the budget of the Department of Veterans Affairs (VA) is debated in Congress. This includes the funding for veterans' health care. The budget is then set for a two-year period. That means that if there is a suspension of government operations (as there was in 2013), the VA hospital system can continue to operate. The change to a two-year budget process was an important step forward, but we need to go further.

The problem is that funding for VA health care is left up to the political climate of the moment. Budget cuts, ideological opposition to government programs, tax cuts, and public perception can all lead to changes in the VA budget.

We believe that this funding should be made automatic each year according to a formula that includes health care costs for *ALL* veterans. This will mean that regardless of how Congress or the President feels, Veterans' health care will be properly funded year in and year out.

This process of making Veterans' health care automatic is referred to making it an "entitlement." "Entitlement" is a good word, because it emphasizes that as Veterans, we are "entitled:" we have already paid for our health care through our service to our country.

Universal Eligibility is an important part of Full Mandatory Federal Funding. Universal Eligibility means that *ALL* veterans are eligible for VA health care. Right now, some veterans are excluded from being able to get VA health care. Each year, Veterans are subjected to the VA "Means Test" which evaluates their income



and their savings and determines their eligibility for VA health care. This is wrong, and Veterans justifiably despise the Means Test.

Recently, the VA has made the test automatic, which is less demeaning to the Veteran, but no less harmful in keeping Veterans from getting VA health care. By making it automatic,

the VA took away the requirement that Veterans must come in with appropriate documentation and defend themselves and their right to VA health care. Instead, the VA has hooked up with the IRS and Social Security to conduct the Means Test behind the scenes. Out of sight often means out of mind: we need to remember how damaging the Means Test is for Veterans.

The Means Test, the type of service, and the level of service-connected disability are used to categorize Veterans into VA “Priority” groups. Some of these groups—many Priority 8 Veterans—are not allowed VA health care at all. They aren’t “eligible.” Some Veterans’ health care benefits have run out.

How can this happen? The VA established a 5-year window for combat Veterans of Iraq and Afghanistan. They get five years of free VA health care. After that, they are re-categorized into the

### **A Simple Formula for VA Health Care**

---

**Number of Veterans to be served**

**x**

**Cost of serving a Veteran**

**x**

**Annual inflation in health care costs**

**=**

**Annual VA health care budget**

Priority groups like all other Veterans. The biggest reason is that they served during peace time and their income is higher than the established limit.

CVO believes that VA health care ought to be available for all Veterans, whether they served in peace time or war, whether they served in the Regular service, the Reserves, or the National Guard. There are several reasons for this. First, the Reserve and National Guard components have been fully integrated into the Regular service and are an integral part of it. This was a conscious decision of the military to make the military as a whole more cohesive and combat ready. Reservists and National Guard units have been regularly deployed to Iraq and Afghanistan, just as Regular military units have. As a result of this decision, they need to integrate Veterans into a cohesive whole by providing them all with the same benefits and access to VA health care. Once someone is in the military, their assignment is not up to them, but to the military; therefore the system should not discriminate against Veterans based on what their assignment was in the military.

Second, the VA health care system has been shown to be the best or one of the best health care systems in the country. This is because the system is huge and because Veterans stay with the system longer. Civilians change health care plans every few years. With the VA, patients can be followed more closely and continuously, preventative health care measures can be more fully implemented, and Veterans' health care records can be made available anywhere in the country through their computerized health records tracking system.

Third, because of its size, the VA is the most cost-effective health care system in the country. So, providing all Veterans with VA health care will actually reduce the costs of health care in the U.S.

Yes, there are problems with the bureaucracy of the VA system, but we need to maximize its benefits to all Veterans and that can only be done if VA health care is made available to *ALL* Veterans. Making VA health care universally available, getting rid of the Means test, third party insurance recovery, co-payments and Priority Groups will reduce the bureaucracy and red tape and streamline the VA health care process.

### **End Priority Groups: VA Health Care for *ALL* Veterans!**

Many Veterans have incomes too high to qualify to be exempted from co-pays for health care appointments, groups and medication. The levels of income to be exempted by the VA are lower than those generally used for other benefits, such as public aid, medicaid, etc. Many Veterans are faced with same choices as other poor people: do I get medication or eat this month. All medication—as well as appointments and group therapy—should be free to Veterans who have served!

VA health care must also be expanded to include optical and dental care for all Veterans. Optical and dental care are being treated like privileges; they are basic necessities. Dental problems lead to many other health problems, both as a result of infection and of diet changes brought on by poor dental health. Proper vision is so basic to our being, that it should be obvious that optical care is

crucial to Veterans playing a productive role in society. As is so often the case, those Veterans least able to fend for themselves are the most severe victims of the VA not providing optical and dental care.

Further, the VA does not provide all medical procedures that one might access at private hospitals. Veterans often complain that many VA hospitals do not provide chiropractic care, in spite of the fact that a VA study directed they do so. While the hospital may tell Veterans they can get referrals for this treatment, the VA simply does not make these referrals.

The VA also requires many Veterans to pay Co-Pays for both medication and for appointments at the VA. This is part of the Means Test and the system of Priority groups. Free VA health care should be available to ALL Veterans. We have already paid with our service. The VA needs to end co-pays for prescriptions, healthcare and appointments and group attendance.

One of the key shortcomings in the VA is the fact that they have been limiting mental health services to veterans while the need—particularly for returning veterans—has never been greater. Post Traumatic Stress disorder (PTSD) and Traumatic Brain Injury (TBI) are signature ailments of the wars in both Iraq and Afghanistan. Furthermore, as they age, more Vietnam and Gulf War Veterans are looking to the VA for relief from PTSD and other mental health issues. The demand is growing faster than the supply of services, so the VA is limiting the care given in these cases. Mental health issues require long-term treatment. The VA is moving toward short-term treatment to relieve the problem. This is unacceptable. They need to rapidly increase the number of mental health professionals and add significant peer-to-peer counseling

services. Universal health care means the demands on the system will grow even more acute, as Veterans with mental health needs seek the care they deserve.

This is the root cause of the crisis in the VA health care system that has been exposed in Arizona. The VA is faking giving veterans appropriate appointment times because the Veterans' needs are greater than the VA resources can handle. The problem is Congress. Congress needs to pass Full Mandatory Funding and Universal Health Care for all Veterans and expand the VA system to meet the needs of all Veterans.

Part of the problem with mental health services also comes from the benefit system. There is a huge backlog of benefit cases that have not been completed by the VA. We'll talk about how to resolve this later under "Presumptive Benefits," but it is also part of the mental health problem. People with mental health problems need to feel secure. A regular income—as provided by a VA disability benefit—helps stabilize the Veteran. But there is no one less able to tolerate the red tape and bureaucratic nightmare that applying for VA benefits entails. It puts incredible pressure on the Veteran, who must figure out how to survive, while the VA determines her or his disability. The burden is entirely on the Veteran. Thus, it is imperative that the VA award benefits when the Veteran applies. This puts the burden on the VA where it belongs, stabilizes the Veteran in need with financial backing, and makes it possible to address, and perhaps even solve, many of the complex problems Veterans with mental health and transition to civilian life issues face.

Additionally, the mental health crisis in the VA is reflected in the VA Crisis Hot Line. The Hotline has not been staffed with fully-

trained, sensitive personnel, who recognize the urgency of the situation when a Veteran calls the Hot Line. They are often in need of immediate help, and the Crisis Hot Line has often failed to provide that kind of assistance. At times, Veterans in need have even gotten a voice mail message when calling the Hot Line. Instead, the VA must bring its Hot Line—that actually holds the lives of desperate Veterans in its hands—up to the standard necessary to save Veterans lives.

## **End Veteran Homelessness**

Tens of thousands of Veterans are homeless on any given night in the U.S.. While estimates vary, as many as 25 percent of the homeless—some estimates say 33 percent or one-third—of all homeless are Veterans. The VA has committed to end Veteran homelessness by 2015 and we need to support these efforts and make sure they are real. A huge problem for the homeless Veteran is that many refuse to deal with a structured environment like the VA or the military. In fact, they see the VA as an extension of the military, and refuse to have anything to do with it. Therefore, it is imperative that community-based resources be brought to bear on the problem of ending Veteran homelessness.

Part of the problem with ending Veteran homelessness is the complexities of the problems homeless Veterans face. Anyone dealing with ending this problem must be ready to bring diverse resources to bear on the problem. One approach that has been taken up by the VA and others working on ending homelessness is called “Housing First.” The point of this program is basically that the first thing the Veteran needs — the first step in ending individual homelessness — is to get the Veteran into housing. Other problems can then be addressed as necessary.

## **Make the Crisis Hot Line Work!**

The National Women Veterans United (NWWU), a member organization of the Coalition of Veterans Organizations (CVO), conducted a test of the VA Crisis Hot Line (1-800-273-8255) and found it to be seriously deficient.

Upon calling the Crisis Hot Line, we found that on at least one occasion we were answered by a voicemail message committing to a response within 24 to 48 hours. On other occasions, the person answering the Hot Line told the caller to get in touch with the local VA facility without offering immediate assistance. At another time there was no answer on the Hot Line, not even a recording. Clearly there was no back up. That particular veteran had contemplated suicide and attempted to self-mutilate.

Still further, a member of the Harold Washington Post of the American Legion reported that they contacted the Hot Line with an immediate need for assistance; an ambulance failed to arrive for three hours. On several occasions it became clear that the person answering the Hot Line was not properly trained in responding to the needs of the caller and in marshaling resources necessary to meet the crisis.

We have no problem with making Housing First a starting point, but it must be recognized that homeless Veterans cannot just be put into housing without broad-based support. The problems leading to



homelessness may be economic, so financial resources must be brought to bear. Rent, utilities, food, sundries, communication, transportation and entertainment are all necessary. The Veteran may well have put housing farther down the list because her or his income may have covered other priorities they thought more important to them.

A case worker needs to be available for the homeless Veteran to guide the Veteran and coordinate the needed services. Many cases of homelessness are not entirely financial. There are mental health issues that may include substance abuse. Structured programs for dealing with mental health issues are crucial. Health care in general is needed, including dental and optical. Many homeless people face serious health issues picked up on the streets. There may be legal issues of importance. Family issues often lead to homelessness and need to be addressed.

Jobs for Veterans are a crucial aspect of economic stability. Inability to find appropriate employment — not just any job — can destabilize any Veteran. Veterans with PTSD, TBI, and other mental and emotional disorders are particularly susceptible. Joblessness and homelessness are integrally connected. Joblessness and health problems are also related. Therefore, the need for health care and support programs rises with Veteran unemployment. There are many Veteran preference in hiring laws. The VA has programs to help veterans get appropriate employment. Many current jobs programs promoting Veterans employment are state-run or in the not-for-profit sector and vary greatly in their effectiveness. Expansion of these programs and proper oversight is crucial to ending homelessness and aiding the transition of all Veterans into productive civilian lives.

Veterans must support the efforts by the VA to end homelessness by 2015 and make sure that those efforts are not just window dressing. Part of what is needed are “1-Stop Shopping Centers” where Veterans can receive federal, state, and local Veterans services. Too often, different government agencies have trouble working together. That has to be overcome to meet the needs of the neediest Veterans.

## **Full Equality of Women’s Benefits and Health Care**

About 17 percent of the Armed Forces are now women. The number of women Veterans is growing rapidly. The VA is moving to ensure equality of care for women Veterans, but more must be done. There must be full services for women at all VA hospitals and clinics. Women cannot be “farmed out” and made to feel like second-class citizens within the VA. Mammograms are a specific procedure that are often not done at VA facilities.

There must be special consideration of gender-specific needs of women. More and more women are serving directly in combat, and combat-related trauma care—such as for PTSD and TBI— for women must be made more widely available. Military Sexual Trauma (MST) is a serious and wide-spread crime and mental health issue that must be addressed by the VA. There are reproductive issues that are specific to women. There are also children’s issues, because women (and some men) are often single parents who need special attention. Again, dental and optical care are important, as are the need for female-specific prosthetics.

Full equality of women’s care is a crucial step toward ending the systemic sexist orientation pervasive in many military and VA

facilities. Full equality means consideration of transgendered Veterans as well.

## **Presumptive VA Benefits**

The backlog of VA benefit cases is variously estimated to range from 800,000 to 1 million cases, with situations like the 2013 government shutdown making the backlog worse. This is unacceptable. These are cases that are on appeal from being denied and are not resolved within the 120-day period allotted. The VA has moved to increase the number of case workers, but the process is slow, both because of the amount of training required and the level of experience necessary to make a seasoned adjudicator. The VA is also computerizing the process in an effort to make it speedier and more efficient.

Clearly the efforts of the VA have been insufficient. Each of the last five Secretaries of Veterans Affairs have committed to end the backlog, but it is as large as ever.

This backlog is costing Veterans untold hardship. Veterans are literally dying before their cases are adjudicated. Others are suffering from homelessness, broken families, mental illness and other issues brought on by their disability and the failure of the VA to resolve their cases. The burden is on the Veteran.

The burden of responsibility must be placed on the VA—on the government—where it belongs. The disability claims being made are that due to government service, the Veteran has become disabled. This means the government is responsible. It must bear that responsibility.

## **Put the Burden on the Government, not the Veteran!**

We know veterans who have died waiting for their benefits to be approved! This is not exaggeration. When Veterans apply for benefits, a determination is made soon, but if it is negative, it may take years for the case to be resolved. There are over 800,000 cases being considered—and behind schedule—by the VA. In the meantime, these Veterans have no income, no VA resources, no way to survive while the VA determines their fate.

Presumptive Benefits would grant the Veteran money immediately—if the records show he or she was where they said they were in the military and if they have the diagnosis applied for—and relieve the stress on the Veteran. The government can bear the burden, many Veterans cannot!

In order to place the burden on the VA where it belongs, we call for Presumptive Benefits for all Veterans putting in for disability claims. If the military records of the Veterans show her or him to have been where they said they were, and the medical records show them to be suffering from the condition claimed, then benefits should be awarded immediately while the government determines service connection and the level of disability. This means that the Veteran would start receiving benefits immediately to relieve any financial burden they might

otherwise face. If the claim is ultimately denied, the money would *NOT* have to be repaid.

Furthermore, Veterans applying for benefits have deadlines that must be continually met. The VA should have legal deadlines they are required to meet in resolving Veterans' benefit claims.

We believe that this will create a situation where the backlog is rapidly ended. Right now, it is in the financial interest of the VA to keep the backlog going, whereas Presumptive Benefits would give the VA financial incentive to end it quickly. It will also, obviously, end much of the mental health pressure and stress placed on the Veteran, which is the point. It will also be a key aspect of ending Veteran homelessness due to lack of financial resources, as the Veteran will have the wherewithal to have an abode.

## **Veterans Against Violence**

Veterans have experienced violence in combat and in training. We have experienced war zones, many of us with multiple deployments. We are trained to be violent, so we know it first hand. We also know it has no place on our streets and in our communities. We work as Veterans to stop urban violence and recognize we have a special role to play in that arena. We support all efforts to end violence in our cities. As military Veterans, we need to be especially visible in that struggle. We encourage vets to get involved with their communities. When it comes to the other strategic concerns, CVO is directing the government to take action. When it comes to ending violence, however, Veterans themselves must step forward.

## Why CVO Educates on These Issues

Without action on the part of the Veterans community, Veterans benefits will be eliminated for future Veterans. We need to act now. It is our experience that while the administration and military leaders plan for war, they do *not* plan for the aftermath of war. They do not plan for the care and transition of Veterans from military service, including combat, back into civilian society. The results are obvious. We need to allocate about \$3 for Veterans' care for every \$1 allocated to war.

As General George Washington said, more than two centuries ago, "The willingness with which our young people are likely to serve in any war, no matter how justified, will be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by their nation." This still applies today. Has not the treatment of Vietnam Veterans affected the recruitment and retention of Gulf War, Iraq and Afghanistan Veterans?

As for the bureaucracy of the VA, we quote General of the Army Omar Bradley in 1947 after World War II, who said, "We are dealing with Veterans, not procedures... With their problems, not ours." General Bradley was also the head of the Veterans Administration after he left the military.

The VA is a great resource for Veterans and their families. It provides excellent health care and benefits. But it also suffers from bureaucratic malaise, which needs to be cured. We need to eliminate the bureaucratic layers that deal with Veteran eligibility, income, co-payments and insurance. Veterans health care should be free to all Veterans. In working for Veterans health care, we need to ensure that all women's care is equal to that enjoyed by their male

counterparts, a demographic which has dominated care in the past. We need to use those VA resources to end Veteran homelessness. We need to ensure that benefits are awarded in a timely manner, putting the burden on the government—which can bear it—and not on the Veteran. And we need to be visible in the streets to end urban violence. We believe CVO has an important role to play in all these areas.

## **What You Can Do!**

Join CVO! Come to our meetings, be on a committee, participate in our actions. We need all the energy and help we can get. We need people who understand the need to act and to be visible as Veterans in the community. We need you whether or not you are a Veteran! You do not need to have special talents or skills—although those are welcome, too. You only need to show up, introduce yourself and be available to help us out. We'll show you what we're doing and how you can help.

Help us educate on full mandatory funding of VA health care and universal eligibility of *all* Veterans for VA health care. Help us teach about the need for equality of women's and men's care and benefits within the VA system and to end homelessness and urban violence. Learn and teach about presumptive benefits, that allow disabled Veterans to get the resources they need in a timely manner.

Take our message to your club or organization. Have a CVO speaker come to your meetings. Have your group support CVO financially and do so yourself. Volunteer for CVO. Just ask us how you can help. We're glad to have you!



# Coalition of Veterans Organizations

*Leave No  
Veteran Behind*





**Coalition of Veterans Organizations**  
**1658 N Milwaukee Ave, No. 365**  
**Chicago, IL 60647**

**For more information, connect with us on the web at:**

**[www.coalitionofvets.org](http://www.coalitionofvets.org)**

**[facebook.com/coalitionofveterans](https://facebook.com/coalitionofveterans)**

**[youtube.com/coalitionofvets](https://youtube.com/coalitionofvets)**

**[twitter.com/coalitionofvets](https://twitter.com/coalitionofvets)**

**email: [info@coalitionofvets.org](mailto:info@coalitionofvets.org)**

**Phone: (773) 243-2335**