

New Veterans in Illinois: A Demographic Snapshot, Picture of Need, and Utilization of Services

Brief 4: Service Utilization

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December 2012

SOCIAL **IMPACT** RESEARCH CENTER
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Brief 1: Background and picture of need of new veterans. A short overview of the experiences of the United States' newest veterans, as well an overview of their challenges and needs.

Brief 2: New veterans. Analysis of demographic, social, and economic information.

Brief 3: Future veterans. Understanding service members' education, military training, and experience.

Brief 4: Service Utilization. Documentation and analysis of new veterans' utilization of VA services and benefits.

Acknowledgements

The research for the following briefs was conducted by the Social IMPACT Research Center for the Robert R. McCormick Foundation Veterans Initiative.

A special thanks to the providers and researchers in the Robert R. McCormick Foundation's community of practice who have helped inform this work.

Suggested Citation: Carrow, L., Rynell, A., & Terpstra, A. (2012, December). *New Veterans in Illinois: A Demographic Snapshot, Picture of Need, and Utilization of Services*. Chicago: Social IMPACT Research Center.

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Key Findings in this report:

- As the number of new veterans in Illinois continues to rise, VA and other health care service providers will have to be prepared for different health care needs:
 - Younger veterans appear to need more general medical and mental health services.
 - They may also benefit from substance abuse screening and preventative services, since it is an issue that has surfaced in the older and middle-aged veterans.
 - The increase in female veterans also suggests the continued necessity to address female veterans' health care needs.
- Service providers should be prepared to assist veterans in navigating VA health care services and supplementing or serving as an alternative to VA services when veterans are more comfortable accessing outside supports.
- Utilization of other VHA benefits has steadily risen as the number of new veterans has increased.
- Navigating all of these benefits and services, including their eligibility requirements, different enrollment procedures, and options within each benefit, can be confusing and overwhelming for new veterans; many may need guidance in navigating services and may prefer or need external supports in reintegrating to civilian life.

Introduction

The Department of Veterans Affairs (VA) has many supports in place for veterans of the United States Armed Forces. The Veterans Health Administration (VHA) is under the VA and provides health care to eligible veterans. The Veterans Benefits Administration (VBA), also under the VA, offers benefits and services to veterans in the areas of disability benefits, education and training, vocational rehabilitation and employment, home loan guaranty, life insurance, and burial benefits. Documenting and analyzing the services and benefits that veterans are utilizing will help providers to understand their needs and identify gaps in services. In some cases, veterans may need assistance navigating VA services and benefits, and in others, they may need alternative external supports.

Background on Briefs and Data Sources

Background

This is the fourth in a series of four briefs that provide a snapshot of new and future veterans, their needs, and their service utilization in Illinois and the Chicago region. Together these indicators provide a current picture of the newest cohort of veterans and the services they are receiving relative to their anticipated needs. The briefs have a heightened focus on employment because unemployment rates are higher for veterans than non-veterans and because employment is such a crucial part of reintegration and self sufficiency. Each brief uses data from very different sources. While the descriptions of veterans in each brief are not directly comparable, each brief captures the new veteran population from a unique and valuable perspective.

The briefs were prepared for a working group of Chicago-area veteran-serving human service providers. The group was created by the Robert R. McCormick Foundation Veterans Initiative to address challenges, share successes and resources, and to network and collaborate. It includes mental health workers, employment specialists, disability advocates, and others. Their perspectives and inquiries helped drive the research for these briefs and influenced the conclusions and suggestions.

Data Sources

In response to a Freedom of Information Act (FOIA) data request, the Veterans Health Administration (VHA) provided information on veteran service utilization, but unfortunately, the VHA FOIA Officer found that many elements of the request are not maintained by VHA program offices, and so information was limited to the following: service utilization data by visit type (surgery, mental health, etc.) by Illinois service members less than 50 years of age (at time of service utilization) for each medical center, Community-based Outpatient Center (CBOC), and Vet Center in Illinois between 2002 and 2010. Data include the year of service utilization, VA Station (facility) name and number, 'Discharging Bed Section' or 'Clinic Stop' (visit type), and veteran/service member age range and gender.* The VHA does not track deployment or war era information of veterans, so an age limit was placed on the requested data; since 95 percent of new veterans are age 50 and younger, data were requested from the VHA for veterans age 50 and under. This was done to capture data on the same cohort of new veterans as the previous three briefs. **All data in the health care services section reflect veterans age 50 and under who have utilized VHA services between 2002 and 2010.**

The Veterans Benefits Administration (VBA) was able to provide a very limited amount of Illinois-specific data on other VA benefits. Data presented here on veteran utilization of disability benefits, education benefits, and vocational rehabilitation and employment benefits were all analyzed from publicly available reports and data sets. Data on VA home loan guaranties were provided specifically for Illinois beneficiaries, so more in-depth analysis was possible. Other areas of service provision covered by the VBA include disability benefits, education and training, vocational rehabilitation and employment, home loan guaranty, life insurance, and burial benefits. Where possible, we have gathered data on Illinois veteran benefit receipt, or provide a brief overview of the benefits offered.

Because each brief uses different data sources, data are not directly comparable among briefs. Where possible, Illinois-specific data are used, but national data are presented when Illinois-specific data are unavailable. Some data are specifically on recently deployed veterans, while other data are on all Illinois veterans. Each brief clearly explains data and information sources which should be kept in mind when using the data.

** Some terminology of health care needs has changed over time (e.g. 'mental health' and 'behavioral health'), but data are presented in this report as they were provided by the VHA.*

Utilization of Health care Services

Information in this section reflects services received through the Veteran's Health Administration.

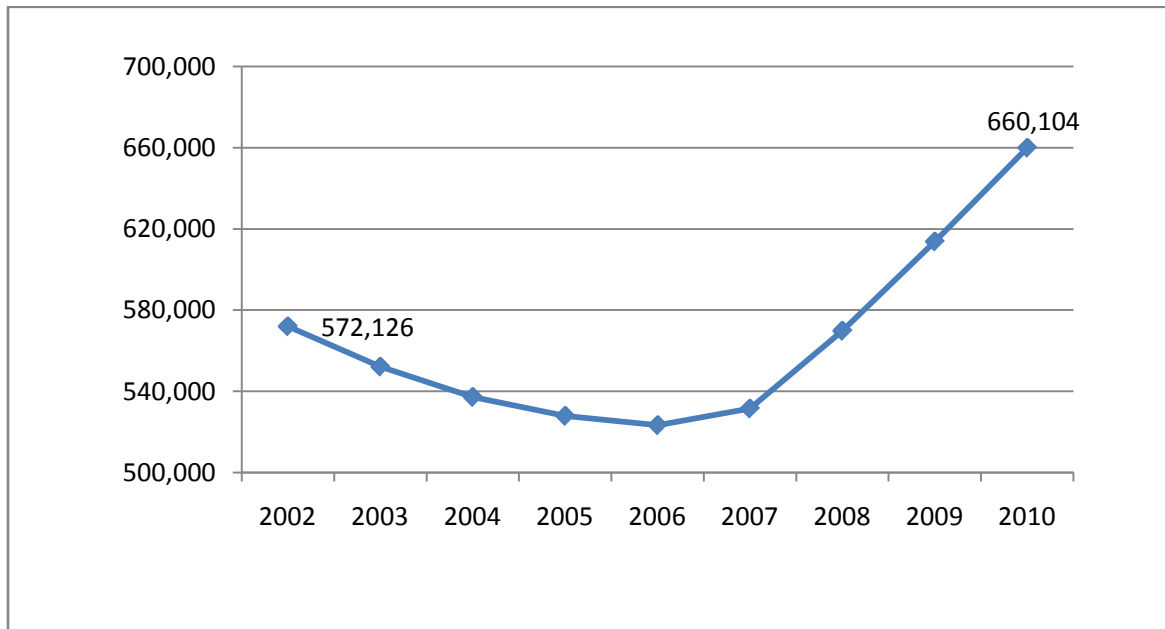
"The Veterans Health Administration is home to the United States' largest integrated health care system consisting of 152 medical centers, nearly 1,400 community-based outpatient clinics, community living centers, Vet Centers and Domiciliaries. Together these health care facilities and the more than 53,000 independent licensed health care practitioners who work within them provide comprehensive care to more than 8.3 million Veterans each year." - United States Department of Veterans Affairs, <http://www.va.gov/health/aboutVHA.asp>.

Eligibility for VA health care is based first on a veteran's character of discharge (Honorable, Dishonorable, etc.) from the military and length of active military service. Veterans who were discharged under other than dishonorable conditions and who served on active duty for 24 months (or met an alternate requirement, such as having a service-connected disability) meet the first requirement for VHA care eligibility and can apply to enroll for service. The number of veterans able to be served by the VHA changes from year to year because of VHA budgetary restraints, so enrolled veterans are put into a priority group and served in order of their priority group number.¹ Level of service-related disability and certain military experiences and awards earned (such as being a POW or earning a Purple Heart or Medal of Honor) are factored into priority group determination, as well as the veteran's income.

Outpatient Services

From the beginning of 2002 to the end of 2010, Illinois service members under age 50 visited 259 separate VA facilities for outpatient services. In these nine years, the number of total outpatient visits made by Illinois veterans increased from 572,126 to 660,104. The percentage of these visits made by female veterans increased from 11 percent to 18 percent, which is directly in line with the increase in percentage of female veterans in Illinois.

Figure 1: Total Illinois Veteran VA Outpatient Visits 2002-2010



While older veterans made up the majority of the outpatient consumers in Illinois, the age distribution shifted toward the younger end of the spectrum by 2010. Between 2002 and 2010, there was a decrease of 20 percent in outpatient consumers age 41 to 50, and an increase of 17 percent in those age 21 to 30.

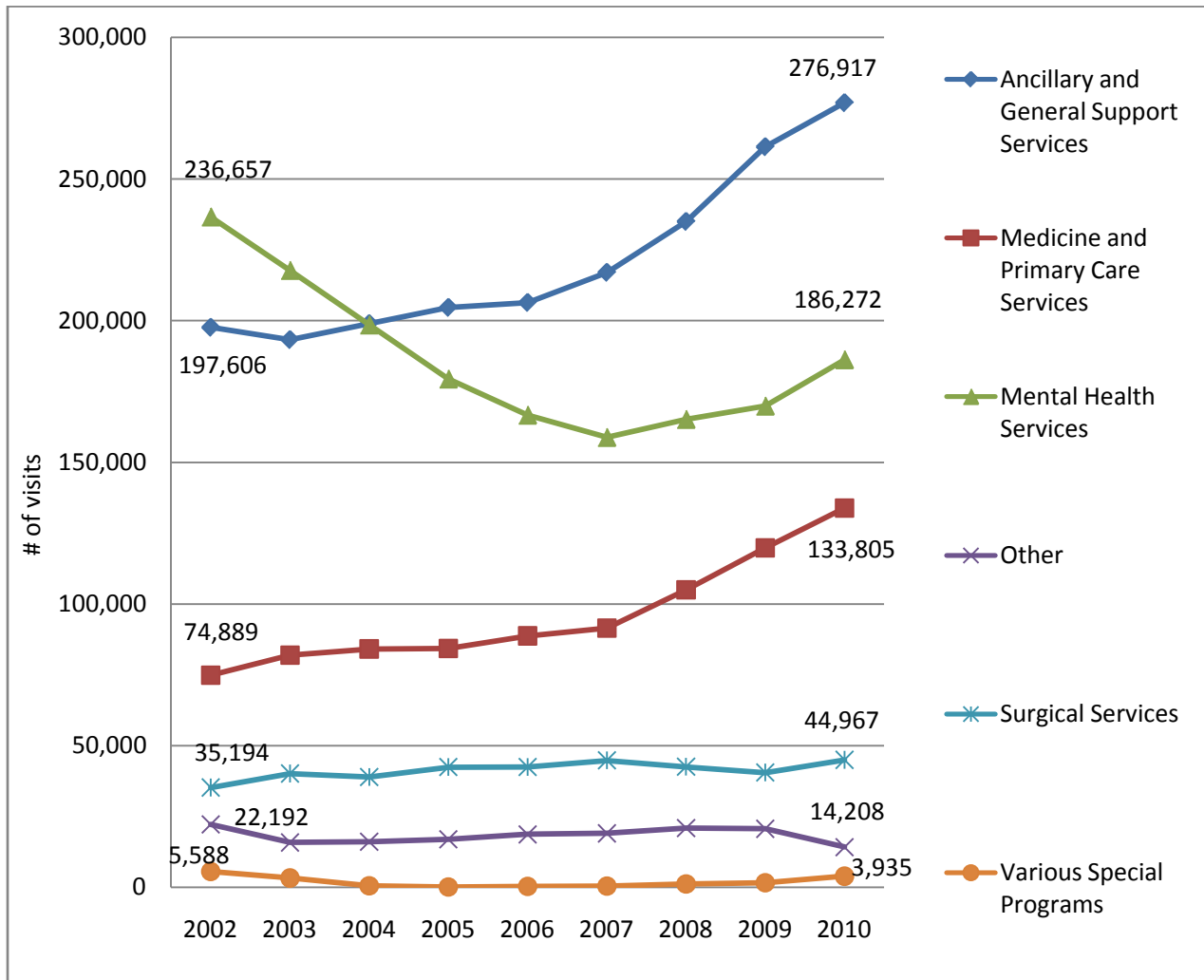
Figure 2: Illinois Veteran VA outpatient Visits by Age, 2002 and 2010



Over half of the outpatient services were utilized at three large Chicago area VA facilities: Jesse Brown VA Medical Center, Edward Hines Jr. VA Hospital, and Captain James A. Lovell Federal Health Care Center (North Chicago). Other highly-utilized facilities were in Danville and Marion, Illinois. Smaller community-based outpatient clinics also served many veterans, but not on the same scale as the larger metropolitan hospitals (only nine percent of visits were to facilities not in the top 15 most heavily utilized facilities).

Types of outpatient services utilized are categorized by the VA as ‘ancillary and general support services,’ ‘medicine and primary care services,’ ‘mental health services,’ ‘surgical services,’ ‘various special programs,’ or ‘other services.’ The different types of services are utilized at different rates, which have changed over time and by population. In 2002, the most highly utilized service was mental health services, but that changed by 2010 when, on average, the largest share (39 percent) of these visits was for ancillary and general support services such as dental care or tests (e.g., x-rays or other lab work, or different types of screening) and physical therapy.

Figure 3: Illinois Veteran VA Outpatient Visits by Service Type, 2002-2010



On average over the nine years, the largest share (33 percent) of visits were for mental health services. The highest number of visits were for opioid substitution, but this differed by age group, as can be seen in Table 1. It should be noted that data were collected by number of visits, not number of patients; drug replacement therapy generally requires many more clinic visits than other types of treatment, so this type of service utilization may seem inflated. This type of service is still very highly utilized despite the fact that the number of patients utilizing the service is likely much smaller.

Opioid substitution, or opioid replacement therapy, is a treatment therapy that replaces illegal opioid drugs such as heroin with a medically-supervised drug such as methadone. This allows people with an opioid dependence to deal with their addiction more safely and to treat the addiction without suffering from withdrawal symptoms.¹

Opioid substitution was the top-used service by patients age 41 to 50, but did not even make the top five for patients age 21 to 30. Data on type of opioid addiction and substitution were not provided, but some research shows that abuse and dependence on opioid prescription painkillers, such as Vicodin and OxyContin, is a significant issue for veterans. Studies of opioid prescription, dependence, and abuse show that veterans with mental health issues like PTSD are at higher risk of developing a dependence and abusing opioids, but are also more likely to be prescribed opioids, and that prescriptions of opioids to young veterans have been on the rise in recent years.^{1,2,3,4}

Table 1: VA Top Mental Health Service Utilization by Age, 2002-2010

Mental health service utilized	Number of visits within age group	Percent of visits within age group
Age 20 and under		
Mental health- individual	502	36%
Psychiatry- individual	97	7%
Psychology- individual	96	7%
Opioid substitution	93	7%
Telephone/General psychiatry	67	5%
Age 21 - 30		
Mental health - individual	47,335	32%
PTSD Clinical team- individual	8,380	6%
Psychiatry - individual	7,573	5%
Substance use disorder group	6,658	5%
Telephone/General psychiatry	6,006	4%
Age 31 - 40		
Mental health - individual	66,953	23%
Opioid substitution	26,151	9%
Substance abuse- group	20,292	7%
Substance use disorder group	14,455	5%
Psychiatry - individual	12,799	4%
Age 41 - 50		
Opioid substitution	256,129	21%
Mental health - individual	168,910	14%
Substance abuse- group	88,816	7%
Substance use disorder group	78,470	6%
Compensated work therapy/ Transitional Work Experience (face to face)	74,573	6%

The youngest Illinois veterans, those ages 20 and under, had the highest rate of use of mental health services, specifically individual general mental health services, psychiatry, and psychology services. Twenty-one to 30 year olds most commonly utilized general individual mental health services, followed by individual clinical PTSD services, then individual psychiatric services and substance abuse group services. Thirty-one to 40 year olds' most commonly used mental health services included general individual mental health services, opioid substitution, and group substance abuse services. The oldest group, between the ages of 41 and 50, is the only group for which opioid substitution was the most commonly used mental health service, followed by general mental health services and group substance abuse services.

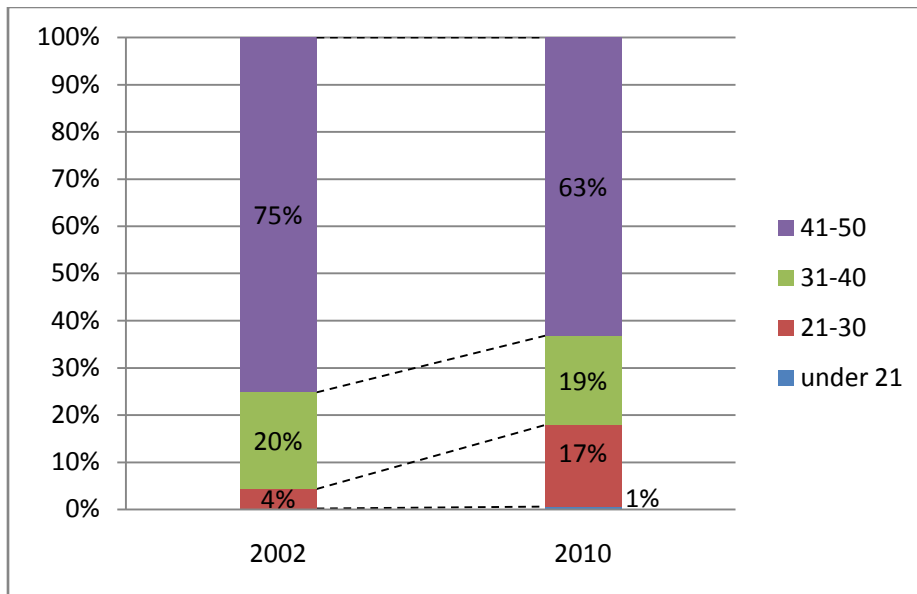
Female veterans across all age groups most commonly used general individual mental health services, followed by opioid substitution, while male veterans most commonly used opioid substitution, followed by general individual mental health services and group substance abuse services.

The next most commonly utilized type of outpatient service was ‘medicine and primary care’ (17 percent), which includes services such as neurology, dermatology, and cardiology. The most commonly utilized ‘medicine and primary care’ services were general primary care medicine and general internal medicine. Surgical services were the next most commonly utilized service (seven percent), followed by ‘other’ (three percent) and ‘various special programs’ (less than one percent). The most common surgical services utilized were orthopedics, podiatry, optometry, and prosthetics services. ‘Other’ services included VA employee health services and women’s clinic services, and ‘special programs’ included services such as phone support for patients and other specialized program services.

Inpatient Services

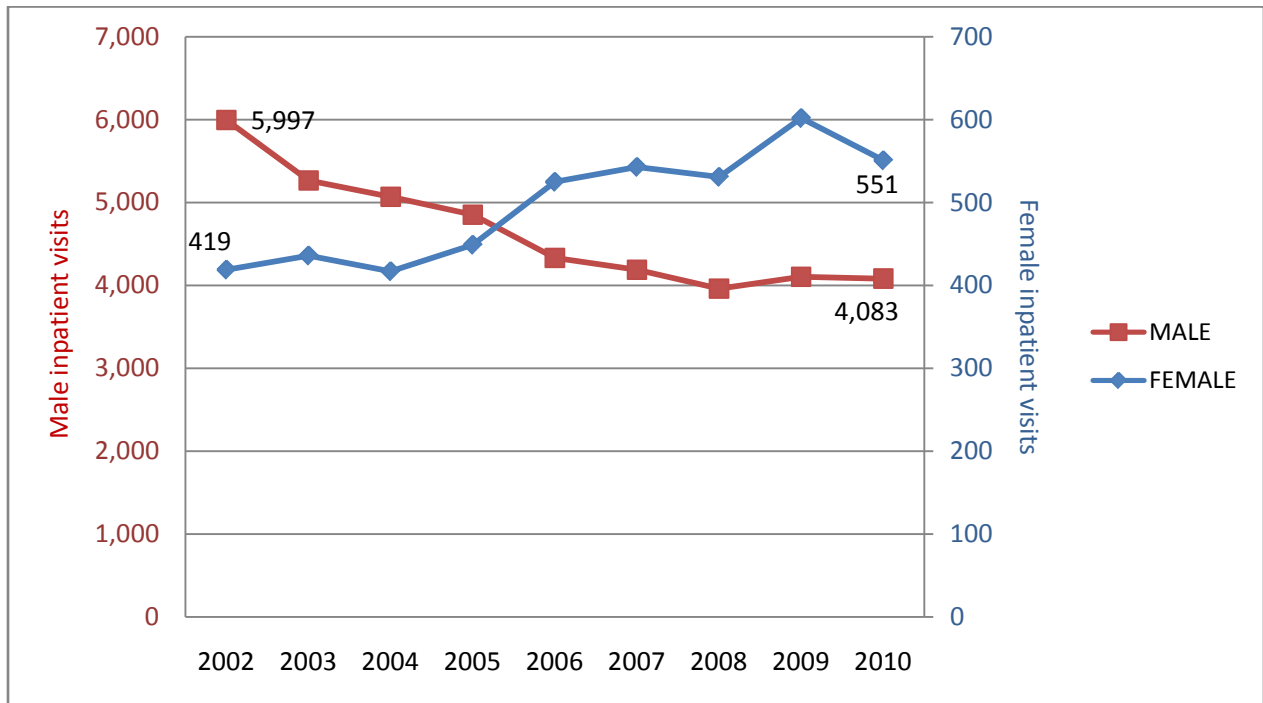
Illinois veterans ages 50 and under utilized inpatient services from 218 VA facilities 46,330 times between 2002 and 2010. The most highly-utilized facilities for inpatient services were also Jesse Brown VA Medical Center, Edward Hines Jr. VA Hospital, and Captain James A. Lovell Federal Health Care Center. The overall number of veterans utilizing inpatient services decreased over the years from 6,416 patients in 2002 to 4,634 patients in 2010. The only age group to significantly increase inpatient service utilization was veterans ages 21 to 30.

Figure 4: Distribution of Illinois Veteran VA Inpatient Visits by Age, 2002 and 2010



Visits by male veterans decreased (from 93 percent of all inpatient visits in 2002 to 88 percent in 2010), while visits by female veterans increased slightly (from 7 percent of all inpatient visits in 2002 to 12 percent in 2010).

Figure 5: Illinois Veteran VA Inpatient Visits by Gender, 2002-2010



The VHA did not group the information on inpatient services into general categories in the same way that outpatient services were grouped. Nearly two thirds of all inpatient services utilized fell under two descriptions: high-intensity general psychology/psychiatry, and acute general medicine. The next commonly utilized services included other general psychology/psychiatry services, substance abuse rehabilitation, surgery, and domiciliary care. There was not a great deal of variation among age groups or genders, and this distribution has been relatively steady over the years.

The data presented in this section suggest that as the number of new veterans in Illinois continues to rise, service providers will have to be prepared for different health care needs. Younger veterans appear to need more general medical and mental health services. They may also benefit from substance abuse screening and preventative services, since it is an issue that has surfaced in the older and middle-aged veterans. The increase in female veterans also suggests the continued necessity to address female veterans' health care needs. Service providers should be prepared to assist veterans in navigating VA health care services and supplementing or serving as an alternative to VA services when veterans are more comfortable accessing outside supports.

Utilization of Education and Training Benefits

The VA also offers education and training benefits to veterans and their dependents. The different education benefit options are the Montgomery GI Bill-Active Duty Educational Assistance Program (MGIB-AD), Montgomery GI Bill-Selected Reserve Educational Assistance Program (MGIB-SR), Survivors' and Dependents' Educational Assistance (DEA), Veterans Educational Assistance Program (VEAP), Reserve Educational Assistance Program (REAP), and the Post-9/11 GI Bill. Each option provides benefits to slightly different populations, as indicated by their titles.

Data in this and all following sections are not age-limited, and analysis is based on all veterans in Illinois or the nation (noted within each section) utilizing services.

Nationally and specifically in Illinois, the number of VA education beneficiaries has been increasing since 2000, with a large jump in 2010, largely due to the fact that 2009 was the first year Post-9/11 GI Bill benefits were awarded.^{5, 6} In Illinois, total education beneficiaries reached 21,608 in 2005, and 32,007 in 2010. Figures 8 and 9 show the number of Illinois VA education beneficiaries by type and in total; national numbers follow the same trend.

The two most commonly utilized benefits by new veterans appear to be the Post 9/11 GI Bill and the Montgomery GI Bill. The **Post 9/11 GI Bill** is an education benefit available to veterans pursuing a higher education after August 1, 2009 who served a minimum of 90 aggregate days on active duty after September 10, 2001 and were honorably discharged. The amount paid for this benefit is dependent on the length of time a veteran spent on active duty, and can be used to pay college tuition and fees, a monthly housing allowance, and a stipend for books and supplies for up to 36 months within 15 years of last period of active duty. Benefits received can also be used for some licensing or certification tests, and benefits can also be transferred to a spouse or dependent children. The **Montgomery GI Bill** is similar, but this benefit may be used for degree and certificate programs, flight training, apprenticeship/on-the-job training and correspondence courses and remedial, deficiency, and refresher courses may also be approved under certain circumstances. Benefits under the Montgomery GI Bill are generally payable for ten years after the last period of active duty. Eligibility for this benefit differs slightly and is available to both active duty and reserve veterans.

Service providers should also be prepared to assist new veterans in navigating the VA education benefits system and have an understanding of the different options available. Education benefits can have an enormous positive impact on new veterans if leveraged properly, but the choices and requirements involved in utilizing them may seem overwhelming to someone considering returning to school. It will be essential for service providers to know what is available to veterans in order for them to provide useful guidance.

Figure 6: Illinois VA Education Beneficiaries by Benefit Type, 2000-2010⁷

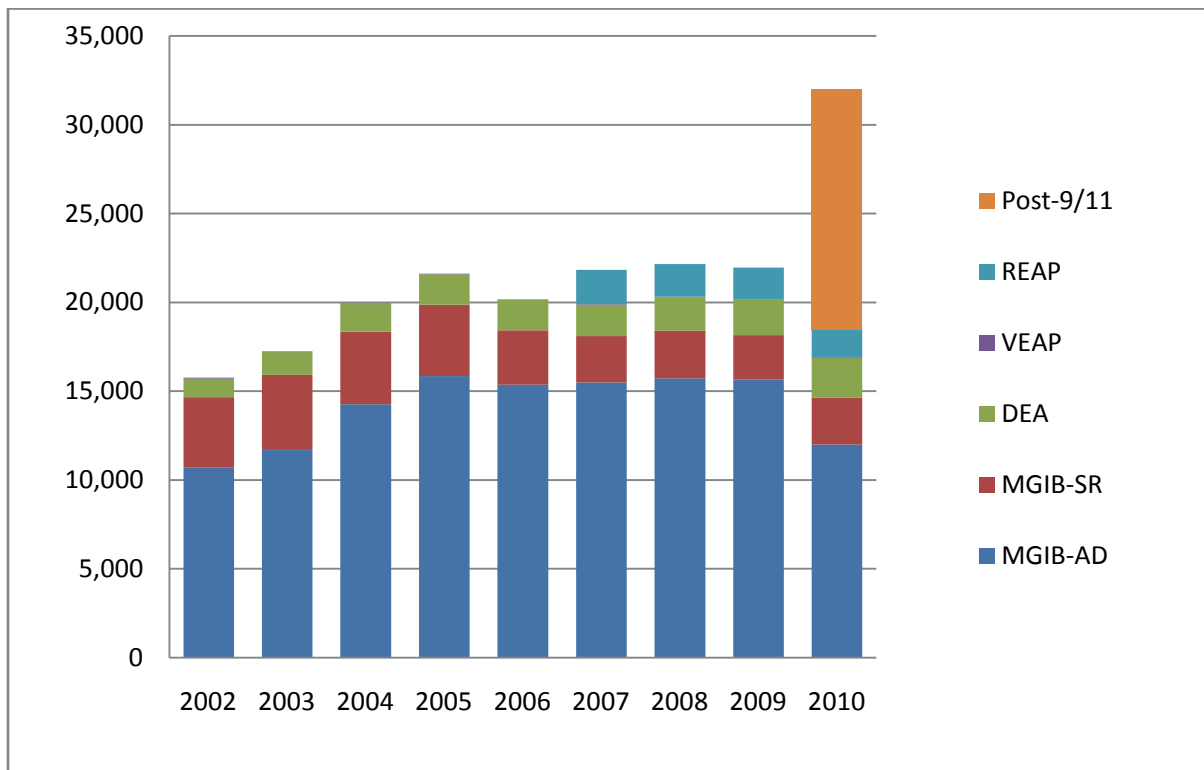
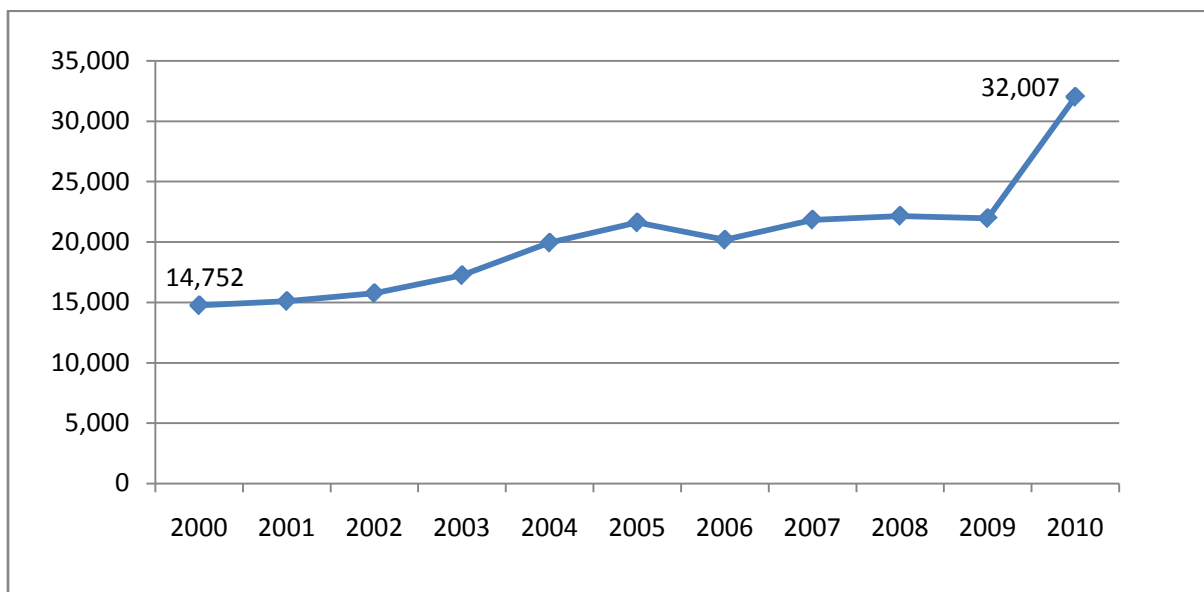


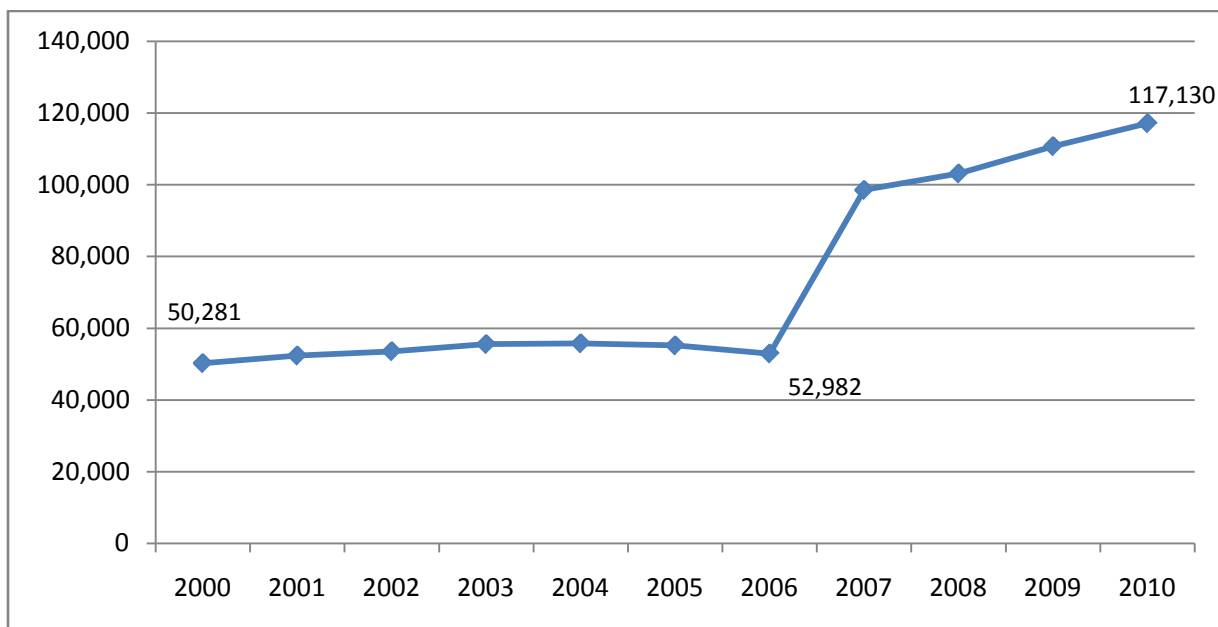
Figure 7: Illinois Totals: VA Education Beneficiaries, 2000-2010⁸



Utilization of Vocational Rehabilitation and Employment Benefits

The Vocational Rehabilitation and Employment (VR&E) VetSuccess Program provides services to veterans with service-connected disabilities to prepare for, find, and keep suitable jobs. The VBA was unable to provide Illinois-specific data on vocational rehabilitation and employment service utilization. Nationally, the number of participants in this program has been increasing since 2006, with a large jump between 2006 and 2007.

Figure 8: National Totals: VA Vocational Rehabilitation and Employment Participants, 2000-2010⁹



The steady growth is likely due to the continuing stream of working-age new veterans returning to the U.S. with service-related disabilities. Large jumps in numbers may be due to funding increases or ramped-up outreach efforts. While participation in VR&E has grown, there is likely additional need for this type of service. Service providers should prepare to refer or assist newly disabled veterans as they prepare to return to the civilian work force.

Utilization of Home Loan Guaranty Benefits

The VA offers Home Loan Guaranties to eligible veterans, active duty personnel, surviving spouses of persons who die on active duty or die as a result of service-connected disabilities, and some other spouses of veterans, to help them buy homes or refinance loans. The VA does not lend money, but 'stands behind' loans made to beneficiaries. Under this program, veterans generally do not have to make any down payment or buy private mortgage insurance, along with other added benefits. This benefit is not limited to first-home buyers and can be used more than once, if previous loans are paid off ('Entitlement Restored,' in Figure 16). As with previously explained benefits, service providers should try to gain knowledge around eligibility and what is available to the veterans they serve in order to help refer them to appropriate resources and navigate the benefits system.

Between October 1, 2002 and September 30, 2010, 24,930 home loan guaranties were awarded to veterans in Illinois under the VA Home Loan Guaranty program. The number of guaranties awarded decreased between 2002 and 2007, but then began increasing again. Male veterans consistently made up about 90 percent of these guaranty recipients. Male and female percentages varied among military branches; in the Air Force, 15 percent of recipients were female, while in the Marine Corps, only four percent were female. This follows the general trends of the gender makeup within each military branch.

Figure 9: Illinois VA Home Loan Guaranties, 2002-2010

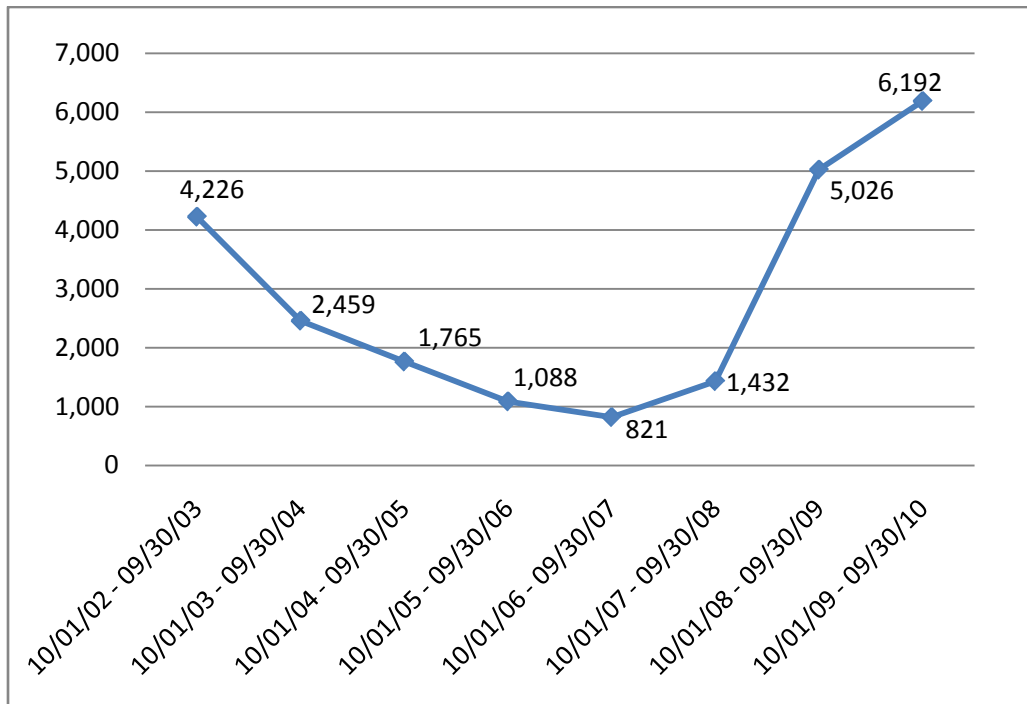
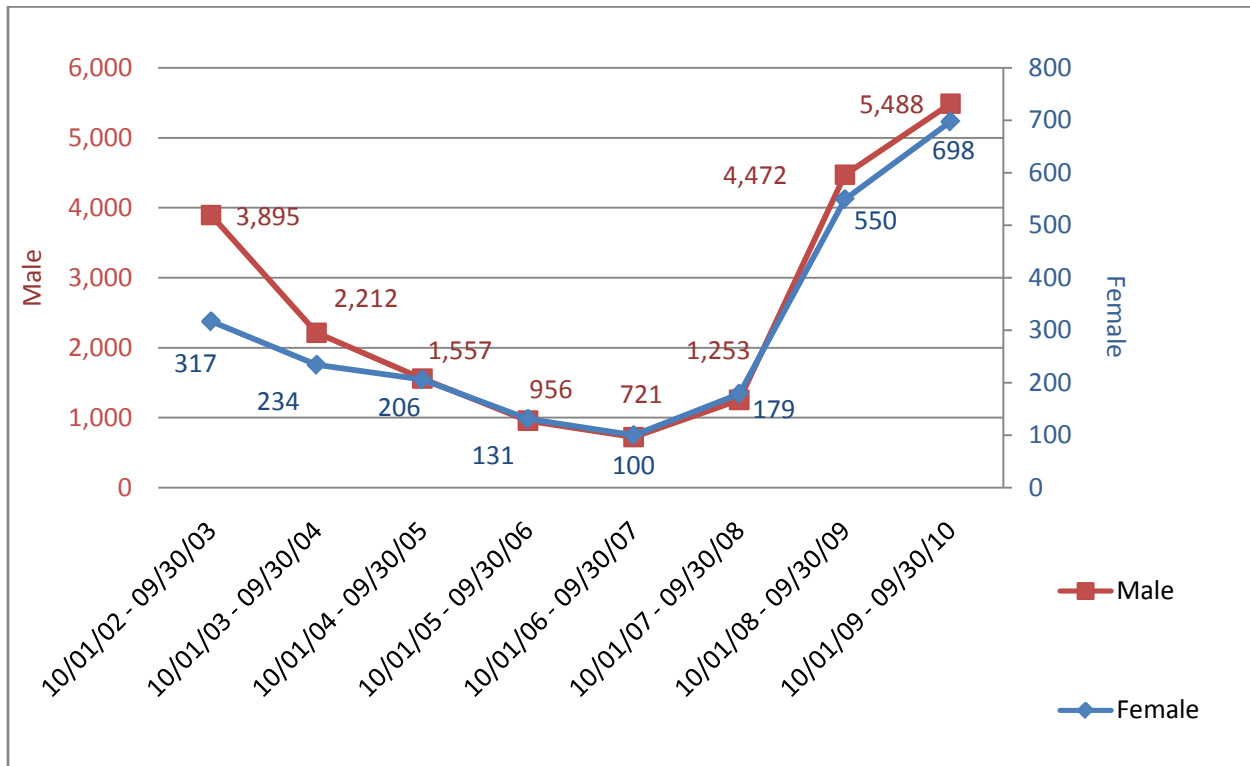


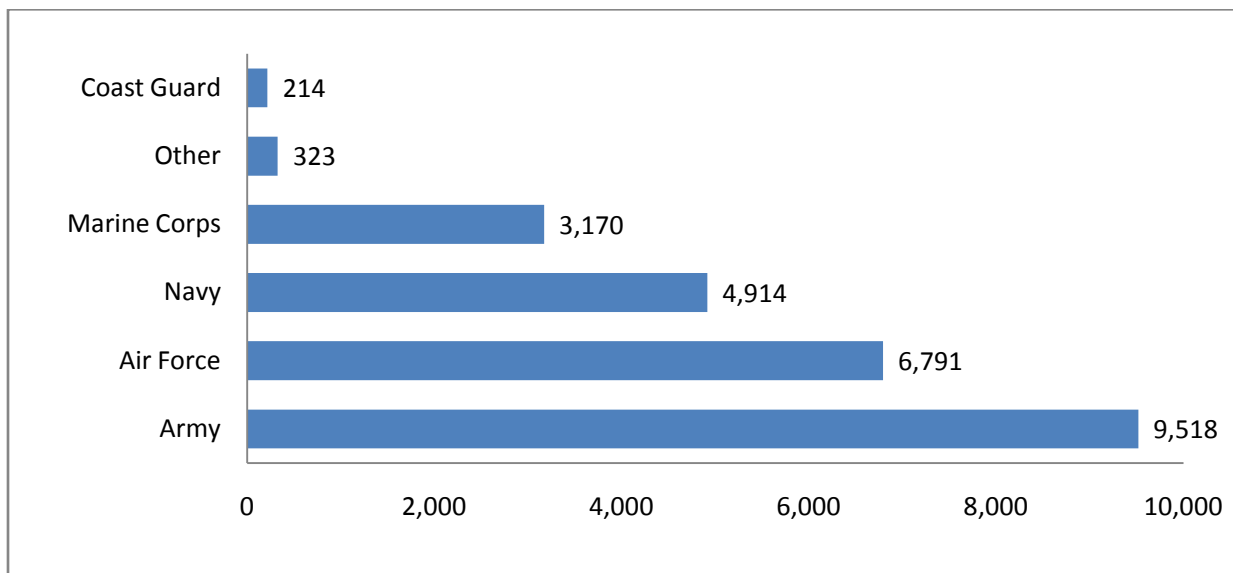
Figure 10: Illinois VA Home Loan Guaranties by Gender, 2002-2010



Most recipients of home loan guaranties were white (73 percent), followed by Black/African American (15 percent).

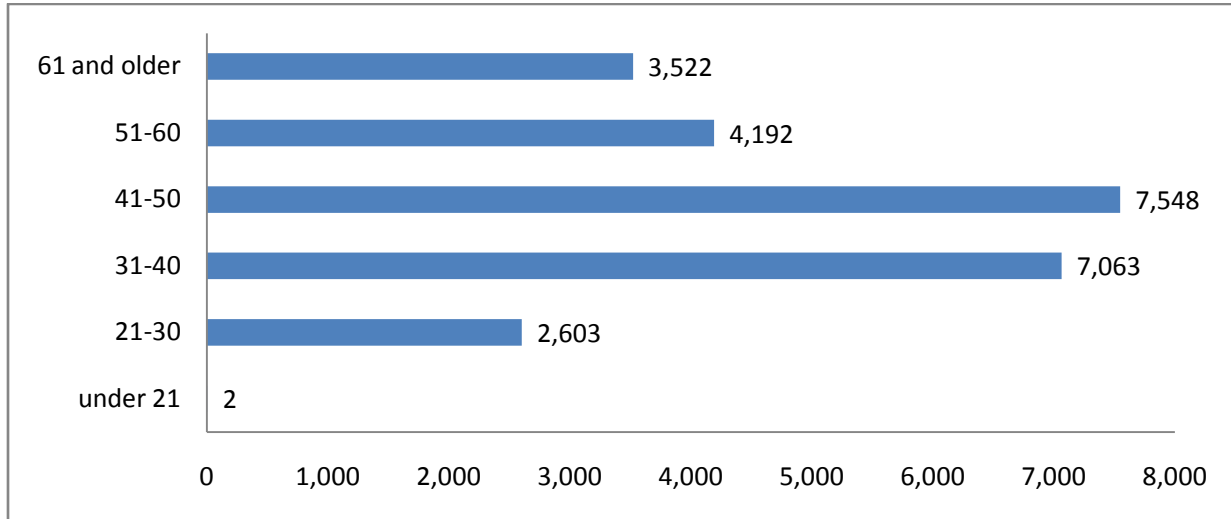
The largest portion of veterans who utilized this support were from the Army, followed by the Air Force, then the Navy, similar to the breakdown of all veterans by service branch.

Figure 11: Illinois VA Home Loan Guaranties by Military Branch, 2002-2010



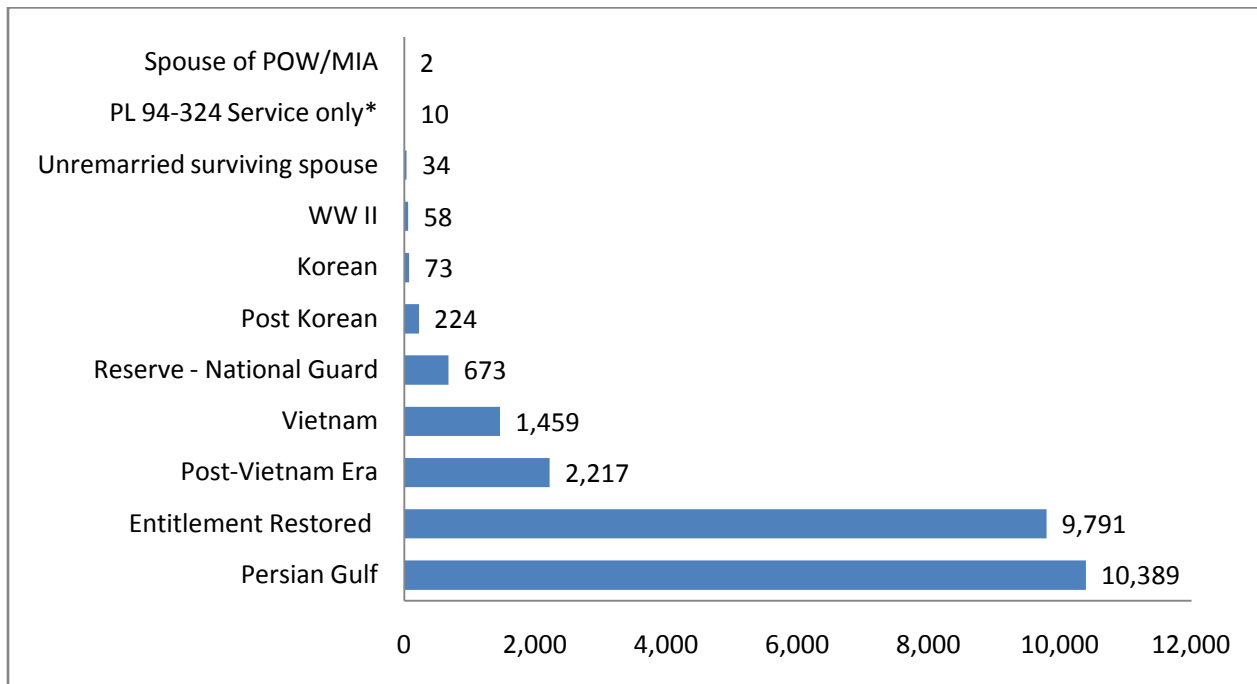
The age of guaranty recipients varied, but a large portion (69 percent) was 50 years old or younger. A larger percentage of these veterans are in their 30s and 40s compared with the new Illinois veteran cohort and compared with all Illinois veterans.¹⁰

Figure 12: Illinois VA Home Loan Guaranties by Age, 2002-2010



The majority (87 percent) of loan guaranty recipients were no longer in service at time that the guaranty was made, and a large percentage (39 percent) had previously utilized this service (labeled 'Entitlement Restored' in bar graph).

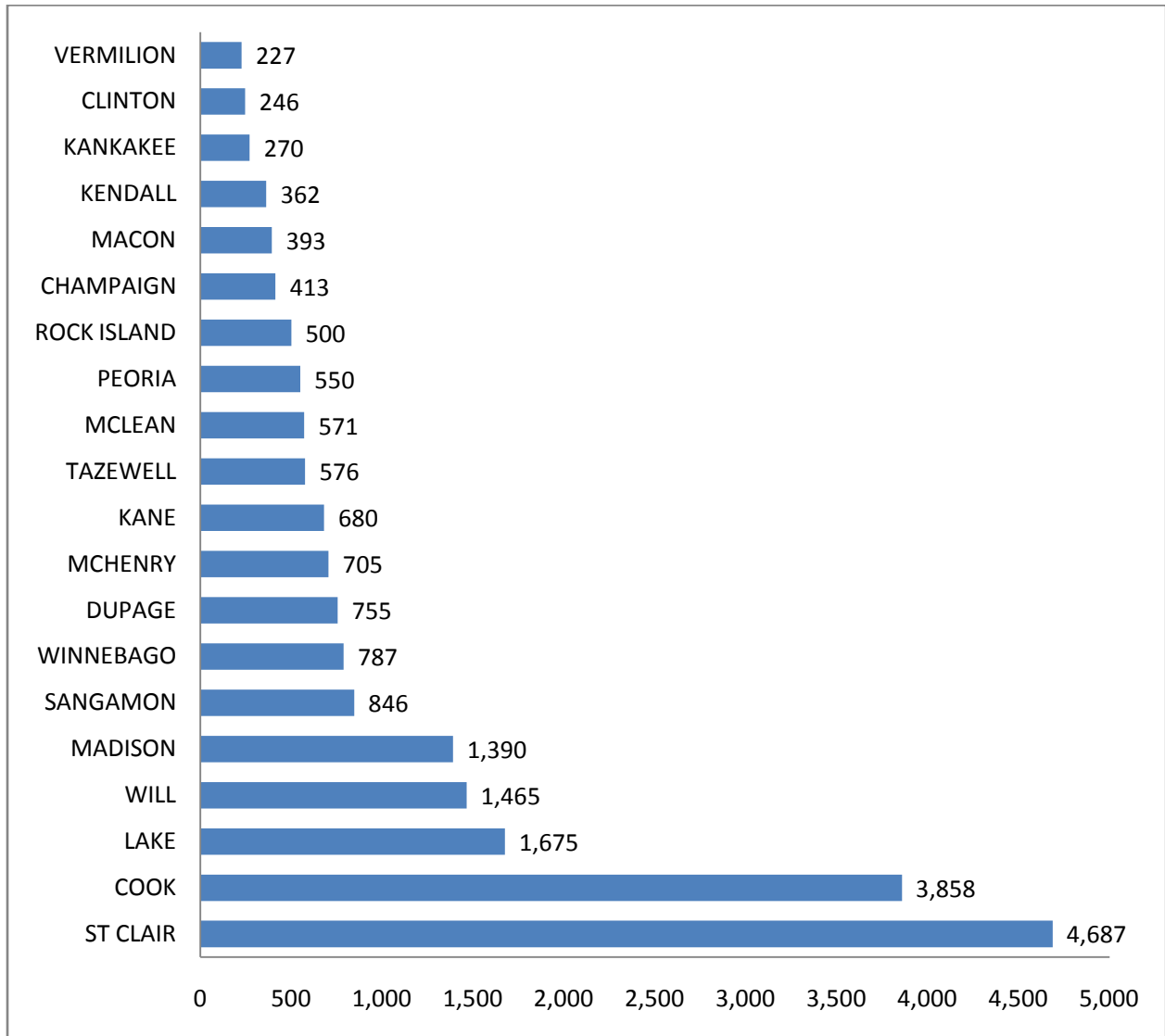
Figure 13: Illinois VA Home Loan Guaranties by Entitlement Code, 2002-2010



*service was between World War II and the Korean conflict

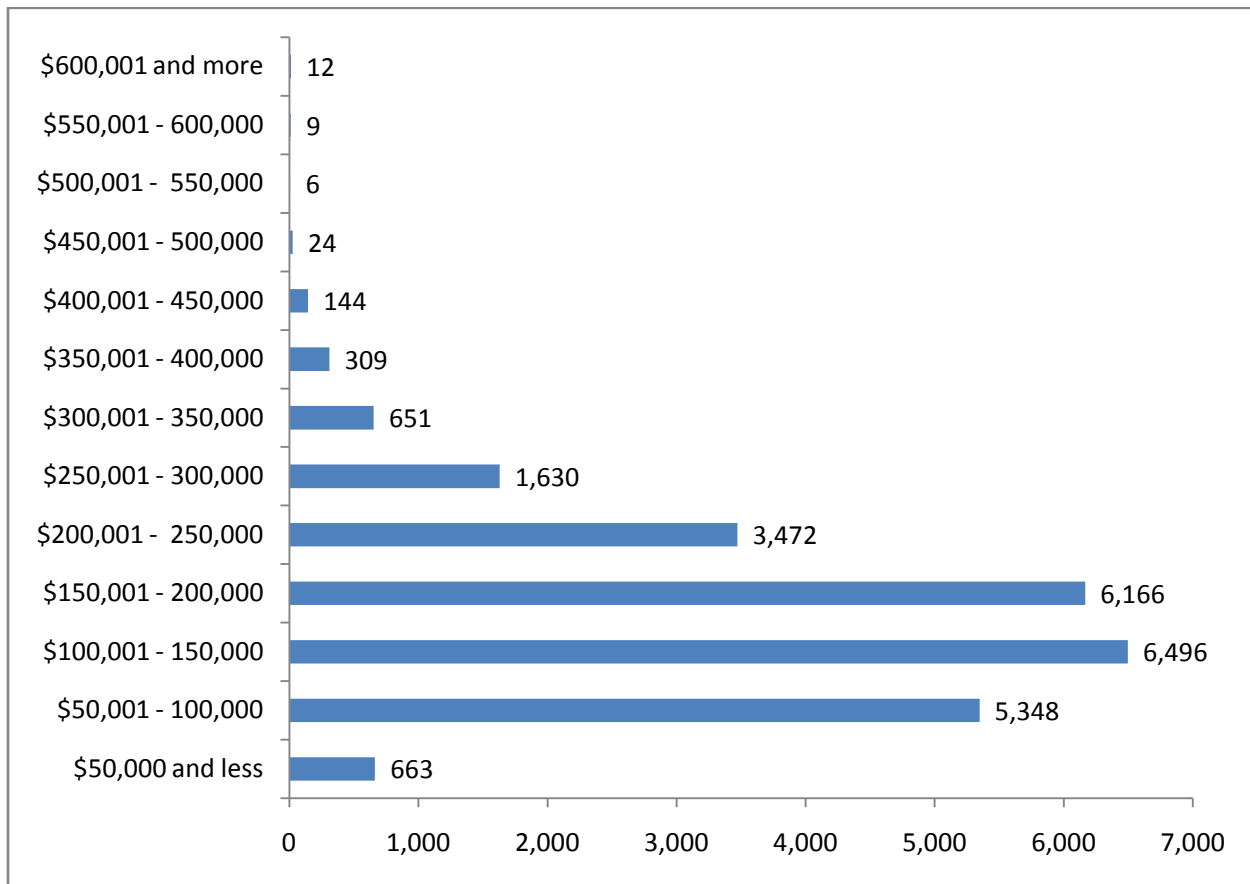
Recipients of VA home loan guaranties came from every one of Illinois' 102 counties, with over half coming from five: St. Clair, Cook, Lake, Will, and Madison. The Scott Air Force Base near St. Louis likely contributed to the concentration in St. Clair County and the Great Lakes Naval base north of Chicago may have contributed to the larger number in Lake and Cook Counties.

Figure 14: Top 20 Illinois Counties for VA Home Loan Guaranties, 2002-2010



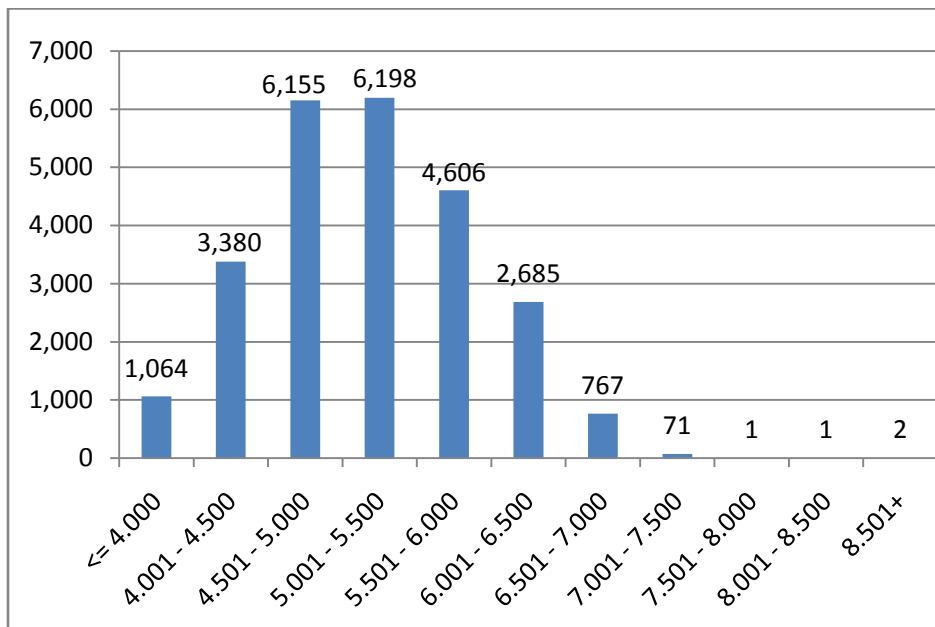
The amounts of the loans ranged from less than \$25,000 to more than \$625,000, but 90 percent were between \$50,000 and \$250,000.

Figure 15: Illinois VA Home Loan Guaranties by Loan Amount, 2002-2010



Interest rates on VA loan guaranties also varied, but half were between 4.5 percent and 5.5 percent.

Figure 16: Illinois VA Home Loan Guaranties by Interest Rate, 2002-2010



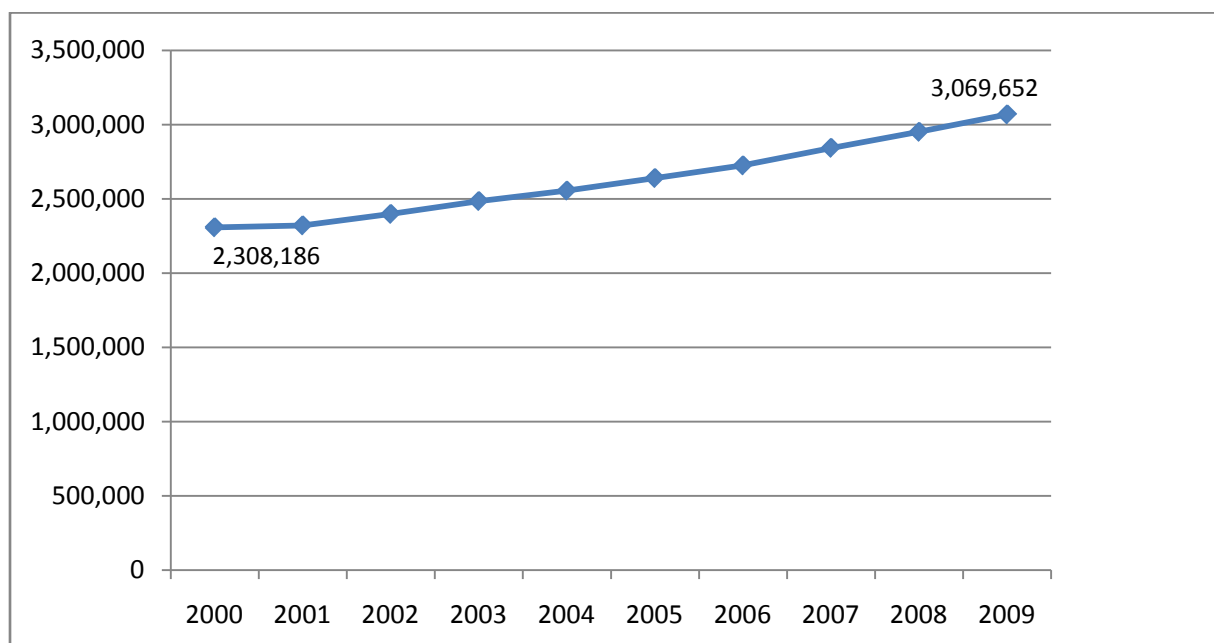
Utilization of Disability Benefits

The VBA provides monthly compensation for veterans with a service-related disability, or a disability that was caused or aggravated by an injury or illness associated with military service. The VBA may also provide a **pension** to low-income, older, or permanently and totally disabled wartime veterans.

The VBA was unable to provide Illinois-specific data on disability benefit receipt, but national data are publically available. Nationally, the number of veterans with a service-connected disability has increased since 1985, and only the number of veterans with a zero to 20 percent disability rating has not drastically increased, though their numbers are highest. The VA utilizes a disability evaluation system to determine the disability level of veterans. The Veterans Administration Schedule for Rating Disabilities (VASRD) places disabled veterans along a continuum of zero percent to 100 percent disabled in ten percent increments, which is used to determine eligibility for certain VHA services and level of disability compensation and pension payment amounts.¹¹

Nationally the number of disability compensation recipients has increased 33 percent since 2000, and the number of disability pension recipients has decreased 14 percent.¹² The number of newly disabled veterans increases as service members return home, and therefore increases the number receiving compensation. As the newer veterans age, the number of disability pensions will likely go back up.

Figure 17: National Totals: Veteran Disability Compensation Recipients, 2000-2010¹³



Summary

Benefits and services provided by the Department of Veterans Affairs undoubtedly make an enormous impact on veterans' lives. Health care services, education and training, vocational rehabilitation, home loan guaranty, and disability compensation and pension services can all improve veterans' well-being and self sufficiency. Navigating all of these benefits and services, including their eligibility requirements, different enrollment procedures, and options within each benefit, can be confusing and overwhelming for someone first leaving a military setting, where personal choice is not the deciding factor in many aspects of their lives. New veterans therefore may need guidance in navigating services and may prefer or need external supports in reintegrating to civilian life.

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