



NATIONAL COALITION *for* HOMELESS VETERANS

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Statement for the Record

**Before the
Subcommittee on Oversight and Investigations**

**Committee on Veterans' Affairs
U.S. House of Representatives
on
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Executive Summary

Part I—Timely Transfer of Injured Servicemembers from DOD to VA & Service-Specific Initiatives

- Continue the Military Severely Injured Joint Support Operations Center and service-specific initiatives to support severely injured servicemembers.
- Require the Secretary of Defense to determine the best practices being used by the services to assist wounded servicemembers and to develop consistent standards and guidelines for such programs to ensure all members, regardless of service, are treated consistently.
- Formally authorize the Benefits Delivery at Discharge Program.

Part II—Matthew Boisvert HEROES Act

- Enact the Matthew Boisvert Help Extend Respect Owed to Every Soldier (HEROES) Act to provide improved benefits and procedures for the transition of members of the Armed Forces from combat zones to noncombat zones and for the transition of veterans from service in the Armed Forces to civilian life.

PART III—Servicemembers' Enhanced Transition Services Act

- Enact the Servicemembers' Enhanced Transition Services Act to improve transition assistance provided for members of the Armed Forces being discharged, released from active duty, or retired.

PART IV—VA Outreach Programs

- Incorporate homelessness prevention content into VA outreach efforts.
- Include separating servicemembers as a target of VA outreach program.

Introduction

The National Coalition for Homeless Veterans appreciates the opportunity to testify on the efforts of the Department of Veterans Affairs and Department of Defense to assist military personnel in making a “seamless transition” from active duty to veterans’ status.

The **National Coalition for Homeless Veterans (NCHV)**, established in 1990, is a **nonprofit organization** with the **mission of ending homelessness among veterans** by shaping public policy, promoting collaboration, and building the capacity of service providers. NCHV’s nearly 250 member organizations in 46 states and the District of Columbia provide housing and supportive services to homeless veterans and their families, such as street outreach, drop-in centers, emergency shelter, transitional housing, permanent housing, recuperative care, hospice care, food and clothing, primary health care, addiction and mental health services, employment supports, educational assistance, legal aid and benefit advocacy.

The VA estimates that approximately 250,000 veterans are homeless on any given night; more than 500,000 experience homelessness over the course of a year. *Conservatively, one of every three homeless adult males sleeping in a doorway, alley, box, car, barn or other location not fit for human habitation in our urban, suburban, and rural communities has served our nation in the Armed Forces.* Homeless veterans are mostly males (2 percent are females). 54 percent are people of color. The vast majority are single, although service providers are reporting an increased number of veterans with children seeking their assistance. 45 percent have a mental illness. 50 percent have an addiction.

America’s homeless veterans have served in World War II, Korea, the Cold War, Vietnam, Grenada, Panama, Lebanon, anti-drug cultivation efforts in South America, Afghanistan, and Iraq. 47 percent of homeless veterans served during the Vietnam Era. More than 67 percent served our nation for at least three years and 33 percent were stationed in a war zone.

Male veterans are twice as likely to become homeless as their non-veteran counterparts, and female veterans are about four times as likely to become homeless as their non-veteran counterparts. *Like their non-veteran counterparts, veterans are at high risk of homelessness due to extremely low or no income, dismal living conditions in cheap hotels or in overcrowded or substandard housing, and lack of access to health care.* **In addition to these shared factors, a large number of at-risk veterans live with post traumatic stress disorders and addictions acquired during or exacerbated by their military service. In addition, their family and social networks are fractured due to lengthy periods away from their communities of origin. These problems are directly traceable to their experience in military service or to their return to civilian society without appropriate transitional supports.**

Contrary to the perceptions that our nation's veterans are well-supported, in fact many go without the services they require and are eligible to receive. One and a half million veterans have incomes that fall below the federal poverty level. **Neither the VA, state or county departments of veteran affairs, nor community-based and faith-based service providers are adequately resourced to respond to these veterans' health, housing, and supportive services needs.** For example, the VA reports that its homeless treatment and community-based assistance network serves 100,000 veterans annually. *With an estimated 500,000 veterans experiencing homelessness at some time during a year and the VA reaching only 20 percent of those in need, 400,000 veterans remain without services from the department responsible for supporting them.* **Likewise, other federal, state, and local public agencies—notably housing and health departments—are not adequately responding to the housing, health care and supportive services needs of veterans.** Indeed, it appears that veterans fail to register as a target group for these agencies.

Our statement is organized in four parts. The first part focuses on the timely transfer of servicemembers from military hospitals to Veterans Affairs medical centers and service specific initiatives. The second part focuses on the health care and information sharing provisions of the Matthew Boisvert Help Extend Respect Owed to Every Soldiers Act (HEROES) Act. The third part focuses on the Servicemembers' Enhanced Transition Services Act. The fourth part presents our recommendations for strengthening the outreach programs of the Department of Veterans Affairs.

Part I—Timely Transfer of Injured Servicemembers from DOD to VA & Service-Specific Initiatives

NCHV shares the Committee's interest in ensuring that those of our nation's servicemembers who have sustained severe or debilitating injuries in the line of duty are provided the transition assistance necessary for physical stabilization, emotional recovery, physical and mental rehabilitation, and establishment of independent living, or fully-supported living when complete independence is no longer possible.

Like our fellow Americans, we have watched our servicemembers, through weekly news coverage, in awe and gratitude as one after the other amazing story of survival, courage, and hope is reported to us. We have watched as some of our seriously injured servicemembers heal their wounds, re-learn basic skills, and leave DOD or VA medical facilities on their own means or with extensive family supports in place. We are also heartened in the knowledge that the Department of Defense, Department of Veterans Affairs and other federal, state, local, and private agencies and their dedicated professionals have organized their resources and talents—some more successfully than others—to support these servicemembers in their return to civilian life.

Yet, we know that for each such successful transition, there is an equal or greater share of heartache – injured servicemembers for whom the return from battle is anything but seamless. *These are the servicemembers whose injuries, while serious, are not so grossly severe that military commanders have flagged them for priority attention. These are the servicemembers whose family members – if they even have strong family supports – are unsure how “the system” works and how to become patient advocates or public relations operatives. These are the servicemembers being caught between multiple federal, state, and county military and veterans agencies still struggling to share information with each other.* **And naturally, these are the servicemembers so poorly supported by our presumed “Grade A” military personnel and veterans affairs' systems that they become homeless.**

Take Vanessa Turner. Ms. Turner joined the U.S. Army in April 1997 and advanced to the rank of sergeant. She was deployed to Camp Balad, 20 miles west of Baghdad, in Operation Iraqi Freedom. While serving in the combat theater, she collapsed in 130-degree heat, fell into a coma, and nearly died of heart failure. She was evacuated to Europe, then to Walter Reed Army Medical Center in Washington, D.C., and released with a pending medical discharge in July 2003. And that is the good part of Ms. Turner's story.

Ms. Turner was released from Walter Reed – and discharged from the military – with neither a place to live nor ongoing health care in place. Without a home, she and her daughter bounced from place to place - from the couch in her mother's cramped one-bedroom apartment, to a friend's couch, to her sister's friend's friend's couch. When she went to the Veterans Affairs Medical Center in West Roxbury, she was told she had to wait three months to see a doctor. When she asked the Army to ship her possessions from her unit's base in Germany, where she had lived with her daughter for more than a year, they told her she had to fly back at her own expense to get them herself. And when she sought help to secure a veterans' loan for a house in Boston, she said mortgage brokers told her the only real option was to move to Springfield or Worcester. Ms. Turner's tragic situation was partially resolved only with the persistent intervention of a Member of Congress.

Regrettably, there are dozens more Vanessa Turners – returning from Iraq and Afghanistan without a place to call home. Not all of them know to call their Member of Congress for relief – nor should they

have to! **The community-based homeless veteran service providers that NCHV represents are reporting servicemembers from Operation Enduring Freedom and Operation Iraqi Freedom among their service users.** Some of these newly homeless veterans are seriously injured. Others are fighting PTSD and other emotional and addictive impairments. Still others simply have been unable to find work. *Regardless of the cause, in a country as wealthy as the United States, with the best military personnel and veteran support systems in the world, it is simply outrageous that any servicemember or former servicemember becomes homeless.*

NCHV is generally supportive of the various federal government-wide, joint service, and service-specific initiatives underway to assist severely injured servicemembers in transitioning to civilian life. This includes the Military Severely Injured Joint Support Operations Center, Marine for Life, Army DS3, Air Force Palace HART, and Navy Support for the Severely Injured. These service coordination and transition assistance initiatives are a vast improvement over the poor treatment that servicemembers in previous campaigns received upon their return home. *These focused initiatives provide opportunities for servicemembers, family members, public officials, and veterans' service organizations to detect multi-service needs and plug system gaps.* NCHV supports a provision in the House Armed Services Committee version of the FY 2006 National Defense Authorization Act (HR 1815) that requires the Secretary of Defense to determine the best practices being used by the services in their service-specific initiatives to assist wounded servicemembers and to develop consistent standards and guidelines for such initiatives in order to ensure that all members, regardless of service, are treated consistently.

We are interested in knowing more about what these various initiatives are doing to support seriously injured servicemembers and their families facing a housing crisis. What housing counseling and assistance does each initiative presently provide? How are seriously injured servicemembers at imminent risk of homelessness assisted in securing permanent housing in the communities to which they will be returning prior to their discharge from military service? Have any of the services succeeded in involving the Department of Housing and Urban Development in their efforts? What connections are these initiatives making with local public housing authorities or nonprofit housing providers? Is housing even on the radar of these various initiatives?

We are particularly pleased with the Benefits Delivery at Discharge Program. This program establishes an expedited process for servicemembers to file an application for service-connected compensation before they separate from the military. *Veterans' compensation is potentially the determining factor in determining whether a veteran with disabilities will obtain housing or become homeless.* Any effort to expedite payment of veteran compensation and pension benefits is welcomed and should be fully supported. **We encourage Congress to authorize the Benefits Delivery at Discharge Program as a permanent program.**

Part II—Matthew Boisvert HEROES Act

As this Committee is well aware, **information and resource sharing between DOD and VA, while improving in recent years, remains a challenge for the two Departments, resulting in redundancy, inefficiency, higher costs, and ultimately less than excellent health care for both our nation's servicemembers and veterans, including separating servicemembers with serious injuries.** In 2001 President Bush established the President's Task Force to Improve Health Care for Our Nation's Veterans and charged it to identify ways to improve health care delivery to DOD and VA beneficiaries through better coordination and improved business practices. The Task Force released its report in 2003. *Regrettably, DOD and VA have made slow progress on several of the Task Force Recommendations, including some that are directly applicable to seamless health care transition.*

In response to these concerns, Representative Marty Meehan (D-MA) has included in his forthcoming *Matthew Boisvert Help Extend Respect to Every Soldier (HEROES) Act* a number of health care provisions that, if enacted, would greatly improve servicemembers' health care transition. **NCHV supports the HEROES Act and urges its enactment this session.** The bill is likely to receive a referral to the Veterans' Affairs Committee. *We urge Committee leadership to quickly schedule a hearing on and mark-up of the HEROES Act following its introduction. Further, we urge Committee members to co-sponsor the legislation.*

The HEROES Act is organized in four sections: health care, transition assistance, homeownership, and education. In light of the health care transition focus of this hearing, we draw the Committee's attention to the bill's health care provisions.

Minimum Standards for Post Deployment Medical Examinations (Section 101)

In 1997, Congress required DOD to establish a quality assurance program to ensure uniform standards for post-deployment health assessments of servicemembers deployed outside the United States. Unfortunately, the Department has not fulfilled this mandate, allowing standards to drop and some

servicemembers to go without proper examinations. The HEROES Act requires all returning servicemembers to undergo a thorough physical and mental health examination. The examination would take place prior to the administration of preseparation counseling, so that servicemembers with allegations of service-connected disability may be counseled on veterans' disability benefits.

Early Identification and Treatment of Mental Health and Substance Abuse Disorders (Section 102)

A July of 2004 study by the New England Journal of Medicine found that 17 percent of servicemembers returning from Iraq and Afghanistan suffer from major depression, anxiety or Post-Traumatic Stress Disorder (PTSD). Unfortunately, many servicemembers do not seek out assistance because of the stigma associated with mental health disorders.

The HEROES Act requires DOD to create a mass-media campaign about mental health and substance abuse disorders, including PTSD, to reduce the stigma surrounding these diseases. It also creates peer-support programs at military bases to educate servicemembers, their families, and their colleagues about the warning signs of PTSD and substance abuse.

Expansion of Post-Traumatic Stress Disorder Treatment Programs (Section 103)

The HEROES Act requires each VA clinic to have at least one mental health team trained in diagnosing and treating PTSD. It also creates a veteran outreach program to raise awareness about mental health services offered at VA clinics, including case management, group therapy, and education.

Contracts for Psychiatric Services Not Offered in VA Clinics (Section 104)

The HEROES Act requires the VA to cover the cost of psychiatric and mental health services provided to veterans by non-VA providers when the veteran lives far from a VA outpatient clinic offering services.

Transmittal to VA of Medical Records of All Members Separating from Active Duty (Section 105)

The HEROES Act requires the Secretary of Defense to transfer to the Secretary of Veterans Affairs the copies of service medical records of each member of the service separating from active duty (with limited exceptions). Current law requires the transfer of service medical records only for those members being medically separated or being retired. Furthermore, the Act requires the transfer of copies of service medical records to occur within seven days of separation, rather than the current 60 days.

Health Registry for Veterans of Operations Iraqi and Enduring Freedom (Section 106)

The HEROES Act improves the ability of VA to monitor the health status of veterans of Operations Iraqi and Enduring Freedom by transferring data on deployed servicemembers to the VA. This allows the VA to track demographic breakdowns of these individuals and their mental and physical health history.

Coordination between the Departments of Defense and Veterans Affairs (Section 205)

The HEROES Act directs DOD and VA to develop protocols for information sharing about servicemembers' assignments and risks and exposures in order to aid VA in providing appropriate medical care and other benefits to former servicemembers once part of the VA system.

PART III—Servicemembers' Enhanced Transition Services Act

Servicemembers separating from the Armed Forces, including servicemembers separating due to serious injuries, have available to them two transition services programs – preseparation counseling and Transition Assistance.

Current law (10 U.S.C. 1142) requires the Departments of Defense and Homeland Security to provide individual preseparation counseling to each member of the armed forces whose discharge or release from active duty is anticipated. Matters covered during the counseling include: a discussion of educational assistance, compensation, and rehabilitation benefits to which servicemembers are entitled; information concerning job search and job placement assistance; information concerning relocation assistance; information concerning medical and dental coverage; financial planning assistance; and the creation of a transition plan for the servicemember. Preseparation counseling takes many forms, but tends to be brief group presentations to servicemembers immediately prior to their separation.

Generally, in the case of an anticipated retirement, preseparation counseling shall commence as soon as possible during the 24-month period preceding the anticipated retirement date. In the case of a separation other than retirement, counseling shall commence as soon as possible during the 12-month period preceding the anticipated date. Counseling shall be made available no later than 90 days prior to separation. Servicemembers being discharged or released before the completion of that member's first

180 days of active duty are not eligible for preseparation counseling, unless the separation is due to disability.

Current law (10 U.S.C. 1144) authorizes the Department of Labor to furnish counseling, assistance in identifying employment and training opportunities, help in obtaining such employment and training, and other related information and services to members of the armed forces who are being separated from active duty. Elements of this program, known as the Transition Assistance Program (TAP), include information concerning employment and training assistance; information concerning Federal, state, and local programs and programs of military and veterans' service organizations; information about small business loan programs for veterans; information about the geographic locations to which members are returning; and other matters. Participation in the program is encouraged, not required. TAP is a three-day group-level workshop.

Former servicemembers with whom homeless veteran service providers are in daily contact report that the preseparation counseling and transition assistance programs are lacking in a number of areas. Among their concerns: the depth and content of preseparation counseling is quite variable across delivery sites. Preseparation counseling may be limited to brief group-level presentations rather than individualized transition planning (as is contemplated in the statute). **Servicemember participation in the Transition Assistance Program is at the will of the unit commander, and often allowed only during off-duty time. Neither program includes content on homelessness awareness or housing counseling assistance and referral.**

Weaknesses in both the content and delivery of servicemember separation programs result in some servicemembers failing to receive information necessary to ensure their stable health care, steady employment, and secure housing upon their return to civilian life. **This places servicemembers at increased risk of homelessness.**

In response to these concerns, Representative Robert Andrews (D-NJ) has introduced the **Servicemembers' Enhanced Transition Services Act of 2005** (H.R. 2074) to improve transition assistance provided for members of the Armed Forces being discharged, released from active duty, or retired. **NCHV supports the Servicemembers' Enhanced Transition Services Act.**

The Servicemembers' Enhanced Transition Services Act strengthens the existing programs of the Department of Defense, the military branches, and the Department of Labor that support our nation's separating servicemembers as they return to civilian life. *The legislation would ensure equity in access to preseparation counseling and transition assistance regardless of the servicemembers' type of service, military branch, duty station, rank, or discharge condition. The bill would improve the quality of preseparation counseling currently available by making as much as eight hours of individualized transitional assistance available to servicemembers in addition to group workshops. Further, the legislation would expand the scope of content to be covered in preseparation counseling and transition assistance to ensure the dissemination of full information on the health care, compensation, employment and housing benefits to which servicemembers and veterans are eligible.*

We are pleased that the House Armed Services Committee is considering amendments to incorporate provisions of HR 2074 into its version of the National Defense Authorization Act. We urge Veterans' Affairs Committee members to co-sponsor HR 2074 and ensure its enactment this session, whether that is through the NDAA, another omnibus vehicle, or as a stand-alone measure.

PART IV—VA Outreach Programs

Servicemembers separating from the Armed Forces, including servicemembers separating due to serious injuries, receive opportunities to learn about benefits for which they may be eligible, both prior to separation (through preseparation counseling and the Transition Assistance Program) and post-discharge via Department of Veterans Affairs outreach. *VA outreach provides an opportunity, as yet untapped, to alert recently separated servicemembers to the increased risk of homelessness they face and the preventative services available to them if they find themselves at imminent risk of losing their living arrangement.*

Current law (38 U.S.C. 7722) requires VA to conduct a range of outreach efforts to alert veterans to the programs and services available through the Department. Also, current law (38 U.S.C. 2022) requires VA to develop a coordinated plan by the Mental Health Service and the Readjustment Counseling Service for joint outreach to veterans at risk of homelessness and an outreach program to provide information to homeless veterans and veterans at risk of homelessness. Individuals leaving the military are at high risk of homelessness due to a lack of job skills transferable to the civilian sector, disrupted or dissolved family and social support networks, and other risk factors that preceded their military service. Separating servicemembers must be made aware of the factors that contribute to homelessness and receive information about sources of preventive assistance *before* they exit the military.

A robust outreach program not only informs veterans of services available to them should they become homeless, but also to guides them on steps they may take to avert homelessness. **Congress should require VA outreach plans and outreach efforts to add homelessness prevention matter as expected outreach content, including information on risk factors for homelessness, a self-assessment of risk factors, and contact information for preventative assistance associated with homelessness.**

Current law (38 U.S.C. 2022) requires VA, in its outreach program, to target veterans being discharged or released from institutions after inpatient care. *Congress should add as an additional target population individuals separating from the armed forces.*

Conclusion

The National Coalition for Homeless Veterans looks forward to continuing to work with the Committee on Veterans' Affairs in ensuring that our nation does everything within its grasp to ensure a seamless transition for our nation's separating servicemembers. These soldiers have served our nation well. It is beyond time for us to repay the debt.

Curriculum Vitae

Linda Boone, Executive Director, assumed management of the National Coalition for Homeless Veterans in April 1996. Since then the organization has grown from a handful of members to nearly 250 community-based organizations, government agencies and businesses providing supportive services to more than 150,000 homeless veterans and their families every year.

Boone spent the first 20 years of her career in the high technology manufacturing environment before developing her own consulting and training business, working with multi-million dollar corporations to develop competitive management practices.

Boone's involvement with veteran issues began in 1969 as a volunteer in her local community. Her advocacy for homeless veterans began in 1990 after meeting veterans living under a boardwalk near her home. She went on to serve as the National President of the one million-member American Legion Auxiliary. During her administration, the organization contributed 10 million volunteer hours and \$20 million to more than 11,000 communities worldwide.

Boone is recognized as one of the nation's foremost authorities on homeless veteran issues, and has had a significant impact on the development of and increased funding for many of the federal homeless veteran programs in existence today.

Federal Funding

The National Coalition for Homeless Veterans has received the following Federal grants:

FY03

HUD Grant to provide technical assistance to community-based organizations, \$138, 502.

FY04

Department of Veterans Affairs Grant to provide technical assistance to community based organizations with experience in assisting homeless veterans, \$517,422.

Department of Labor Grant to provide technical assistance to community based organizations with experience in assisting homeless veterans, \$86,313.

FY05-06

Department of Veterans Affairs Grant to provide technical assistance to community based organizations with experience in assisting homeless veterans, two year total award is \$1,112,500.