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Homeless veterans: Overrepresented and underreported

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HOMELESS VETERANS: OVERREPRESENTED AND UNDERREPORTED

By

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HOMELESS VETERANS: OVERREPRESENTED AND UNDERREPORTED

ANDREA L. SMITH

THESIS

**Submitted in partial satisfaction of
the requirements for the honors degree of**

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in

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at

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Foreword

Upon completion of my education, my goal is to work in a facility which aims to serve and assist those who are currently serving or who have served in the United States military. As the spouse of a veteran, I know that providing support is vital. I believe that there is no greater way to show appreciation to the members and veterans of the Armed Forces than by offering thanks and volunteering your time to them in return. One can also be an advocate for them when it comes to the struggles and needs that they may be facing.

To assist me in achieving my goals I have begun to research this population. During the senior year of my undergraduate studies I held an internship position at a newly established residence that housed 150 chronically homeless veterans. During that time I was able to engage with the tenants and through this I learned about a number of the circumstances that led them to homelessness. This paper explores the patterns and issues associated with veterans who find themselves homeless after serving their country. The goal of this project is to bring attention to the massive number of veterans who have become victims to homelessness. To do this I will provide a review of the literature and its implications for social work practice.

Introduction

We see them all the time, sleeping on benches and under bridges, holding up signs that read of a person seeking help. These are the people that we ignore; we just act as if we do not see them. They are referred to as bums or homeless instead of persons who are homeless. People seem to respond with an “out of sight, out of mind” mentality. This is the way that many cities address the issue of homelessness. There are ordinances put into place that prohibit begging or sleeping on public property. A number of municipalities even go so far as to enforce fines or they simply pick up the people who are homeless and drop them off outside of city limits. Garland, et al. (2010) states that:

Since 2006, there has been a 7% increase in laws prohibiting camping in certain places, and an 11% increase in laws prohibiting loitering in public places. In addition, there was a 6% increase in laws prohibiting begging in public spaces and a 5% increase in laws prohibiting aggressive panhandling (pg. 285).

Benda et al. (2003), states that “for the homeless finding a place to sleep is trespassing, waiting to eat at a soup kitchen is loitering, trying to get cigarettes is panhandling, and carrying around one’s belongings is “squatting”” (p. 42). This all appears to place blame on the person that is trying to survive. To criminalize homelessness as opposed to acknowledging it is only amplifying the issue.

There are various contributing factors to homelessness. This review will focus on military veterans and what may lead them to homelessness. There are thousands of men and women who have served our country and are now or have been homeless. All of these veterans at some point have received infantry training, and were taught survival skills, but no one prepared them for homelessness. If these veterans had not changed the course of their life by joining the military, they may or may not have become homeless.

Military service may lead to homelessness or it could be coincidental. Additional circumstances such as trauma, lack of structure, gender, mental illness, substance abuse, race, or the lack of support could play a larger part. The purpose of this project is to examine the factors that contribute to veteran homelessness, explore current plans of action forwarded to address this problem and suggest an agenda for social work research and action on this problem.

Defining and Counting the Homeless

Homeless can be defined as having no home or permanent place of residence. There are three categories used to classify the homeless: *Temporarily homeless* — persons who experience only one spell of homelessness, usually short, and who are not seen again by the homeless assistance system; *Episodically homeless* — those who use the system with intermittent frequency, but usually for short periods; and *Chronically homeless* — those with a protracted homeless experience, often a year or longer, or whose spells in the homeless assistance system are both frequent and long (U.S. Department of Health and Human Services, 2003).

There are many homeless who are hard to identify. These are the people who are known as transient. They are moving from place to place sleeping in cars, hotels, a friend's house, or just "squatting" in abandoned homes and buildings. They are also known as "couch surfers" and have no choice but to base their lives around temporary arrangements. Homelessness has become an epidemic, and The National Law Center on Homelessness and Poverty (2007) states that approximately 3.5 million people, 1.35 million of them children, are likely to experience homelessness in a given year. The National Coalition for the Homeless (2009) reports that between one fourth and one fifth

of these people are veterans. A veteran is a person who has served on active duty in the United States Armed Forces and was not dishonorably discharged (Perl, 2007, p. 3).

Identifying homeless veterans can be challenging. There are some people who are not being recognized by the system because they do not seek help from shelters or organizations. Various methods are used to estimate the number of people suffering from homelessness. One method is Point-in-Time (PIT). With this method all of the sheltered and unsheltered homeless veterans identified on a single night are recorded. Through this method employees or volunteers navigate their cities counting people who are sleeping in cars, abandoned buildings, and other places not normally used for human habitation.

One-year estimates of homeless veterans are also compiled into an electronic database called Homeless Management Information Systems (HMIS). This one-year estimate provides data that indicates the number of veterans who utilize emergency shelter or transitional housing facilities during a single 12-month period. One of the benefits of this program is that there is a unique computer generated identifier for each person that ensures the data is not replicated. In 2009, the Annual Homeless Assessment Report to Congress reported that during this year, usable data from 334 communities was submitted to HMIS (2010). The data showed that sheltered homeless veterans represented 36,039 person records (U.S. Department of Housing and Urban Development's (HUD) 2009 Annual Homeless Assessment Report (AHAR) to Congress, 2010). Through these counting methods counties are more informed. When an organization or county knows the precise number of people they are serving, they know how great the need is. This allows the requests for funding to be more accurate. If better able to recognize the number of veterans who are experiencing homelessness, resources are easier to allocate.

Presidential Positions and Homelessness

The political views of the elected president have great effects on the policies that are enacted. During Ronald Reagan's presidency, there was great controversy and allegations of racism and discrimination. President Regan intended to lower federal spending, and he cut funding that was essential to programs that assisted the working class. President Reagan's fiscal policies emphasized business profit margins which precluded many social program for the poor who were most affected by the outcomes of his changes. For example, there was a decrease in public housing but an increase in eligible recipients. Like many, Ronald Reagan believed that homelessness was a choice. When President Reagan was asked if there was anything that he believes he could have done for the homeless, he reportedly responded by saying:

Well, it's been so exaggerated. Millions, there aren't millions. Real research reveals probably 300,000 or less, nationwide. And a lot of those are the type of people that have made that choice. For example, more than 40% of them are retarded, mentally deficient people that are the result of the ACLU. Look at the girl in NY who went to court after Koch had ordered her to get off the street and be put in a shelter. She went to court and actually fought, under her Constitutional rights, to go on living in that cardboard box on the street (Morris, 1988, p. 645).

Thus, homelessness has been developing into a social matter for decades. According to Dreier (2004), there were said to be 600,000 people on the streets by the late 1980s on a single night, which is 1.2 million during one year (Dreier, 2004).

Finally, due to growing pressure placed on the federal government, the Stewart B. McKinney Homeless Assistance Act of 1987 was introduced. The McKinney Act is known as the first major policy in response to homelessness. It would finally determine who fell into the category of homeless and would ease federal stipulations on who could apply for government assistance. The act lists the definition as:

An individual who (1) lacks a fixed, regular, and adequate nighttime residence and (2) has a primary nighttime residence that is (a) a supervised, publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill), (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (Cornell University Law School, 2010).

In contrast, President Barack Obama, the first African-American elected President of the United States ran on a platform which promised hope-- a different approach from most of his Republican predecessors, including President Reagan. During a press conference on March 24, 2009, President Obama addressed the issue of homelessness by stating the following:

Part of the change in attitudes that I want to see here in Washington and all across the country is a belief that it is not acceptable for children and families to be without a roof over their heads in a country as wealthy as ours. And so we're going to be initiating a range of programs, as well, to deal with homelessness. One area in particular I want to focus on is the issue of veterans. The rate of homelessness among veterans is much, much higher than for non-veteran populations (<http://www.whitehouse.gov/the-press-office/news-conference-president-3-24-2009>).

President Obama was able to offer hope to many of the nations most vulnerable. For the first time in twenty-two years, amendments were made to the McKinney Act. President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. This act revamps the definitions of "homeless," "homeless individual," "homeless person," and "homeless individual with a disability." There are changes that result in a consolidation of HUD's competitive grant programs; the creation of a Rural Housing Stability Program; a change in HUD's definition of homelessness and chronic homelessness; a simplified match requirement; an increase in prevention

resources; and, an increase in the emphasis on performance

(<http://www.hudhre.info/hearth/>).

Through these changes more individuals will become eligible for services. This was paramount for homelessness advocates and service providers (Shawn Dowling, HCHV Coordinator, VA, Ann Arbor, March 11, 2011). There is now the possibility for stable and permanent housing. Through this, better outcomes amongst the homeless populations could be achieved. “HUD believes that the changes introduced by the HEARTH Act present tremendous opportunities for communities to take a fresh look at strategies and programs for ending homelessness and see where they might be improved” (Ann Olivia, Director; US Department of Housing and Urban Development, 2011).

Homelessness Among Veterans

The National Coalition for Homeless Veterans estimates that there are approximately 400,000 veterans nationwide that experience homelessness each year (National Coalition for Homeless Veterans, 2009). In the United States veterans are said to make up one in four homeless people. An oath to stand up to fight for your country and the freedom of those across the world does not guarantee that you will have a home.

Homelessness among veterans has been an issue for many years. Looking at a study dating back to the 1980s, it was found that, “on average, 38% of homeless men were Veterans (range = 29% to 49%), 1-7 as compared with only 30% of men in the general population” (Rosenheck, et al. 1994, p. 466). The number of fighters in U.S. wars that have become homeless is historically high. The Veterans Affairs Department has identified 1,500 homeless veterans from the current war (Hefling, 2007). Factors such as gender, racial minority, substance abuse, mental illness, and trauma are all risk factors that

could lead to veteran homelessness.

The Overrepresentation of Female Veterans

The article *Risk Factors for Homelessness among Women Veterans* states that if you are a woman and a veteran you are three to four times more likely to become homeless than a woman who is not a veteran (Washington et al. 2010). A study out of Los Angeles County that included 33 homeless women veterans and 165 housed women veterans found that homeless women veteran on average had four entries into and exits out of homelessness (Washington et al. 2010). Women are underrepresented in studies of the homeless population. For this reason, there is little information available on them. “Very few studies have compared homeless women and men, and no research on gender differences among homeless military veterans has been located” (Benda, 2005, p. 60).

Women are often seen as weak and may find themselves being the victim in many situations. “Evidence shows that homeless women have significantly higher rates of lifelong victimization than do their housed counterparts” (Benda, 2005, p. 61). Women are often the victims at home and in the workplace. They may be victimized by loved ones or persons in supervisory positions. When serving in the military women may feel like they are equal to the male service members so they may not expect to be abused or harassed. However, it was found that 30 percent of women soldiers studied reported being victims of sexual harassment while on active duty (Benda, 2005).

After experiencing a life of hardship, several of these women go on to endure more harm through homelessness. It seems that this homelessness could be due to separation from the military as a result of harassment or abuse. “Homeless women are also at greater risk of sexual and physical abuse over their life span than are homeless

men (Benda, 2005, p. 61). It was also stated that for homeless veterans, primarily women, exposure to combat in warfare and other forms of victimization and traumata occurred from childhood on through adulthood (Benda, 2005, p. 61).

Social myths suggest that homelessness is essentially a problem among men, but the reality is more complex. Many women become homeless because they are fleeing situations that have become unsafe. “For years, advocates have known that domestic violence is a primary cause of homelessness for women and families” (ACLU Women’s Rights Project, 2008, para.1). They are finding that they are in abusive relationships that they must exit from quickly which leaves little time for preparation. In response to this, the women are on the streets with their children and many find trouble holding employment because they have parental obligations and no support. “When a woman is forced from her home due to violence, her situation is compounded by her lack of access to financial resources” (Tolman et al. 2001, p. 2). In situations like this, one is forced to choose between housing with an abusive partner, or safety for yourself and your children with no promise of shelter. Although homeless shelters exist, they may not be an option.

Racial Minorities

There is a heavy presence of African Americans within the homeless population. African Americans make up about 11 percent of the population in the United States. However, approximately 42 percent of homeless veterans are African American. This shows that although African Americans are generally underrepresented they are quite overrepresented amongst the homeless. It is not an easy charge to describe the homelessness among African Americans. This population has not been widely studied. Hispanics make up 13 percent of veterans but 9 percent of the general population. Native-

Americans make up 4 percent of the veteran population and make up 1 percent of the general population (<http://www.pbs.org/now/shows/526/homeless-facts.html>). Asians make up 2 percent of the veteran population (National Coalition for the Homeless, July 2009).

All homeless veterans have to go through a great deal. However, when you are a racial minority you may be affected more. Veterans of color are not only coping with the problems that come along with homelessness, they are battling racial discrimination. “As a result of racism in the United States, homelessness is disproportionately higher for African Americans and Hispanics than for white Americans” (Applewhite, 1997, p.1).

Each ethnic group has had their share of disadvantages. When it comes to African Americans, it was stated that “The American experience of homelessness has not yet been adequately told because the African American story has often been left out, underreported, or misinterpreted” (Johnson, 2008, p. 601). When speaking of Native Americans, they have been socially disadvantaged for some time; the literature shows that “alcohol-related mortality and hospitalization for alcoholism are higher in Native American populations than in the U.S. general population” (Kasprow & Rosenheck, 1998, p. 345). It is evident that racial minorities are overly representing the homeless population.

Illness and Trauma

While many people believe that homelessness is caused by mental illness, but again the reality is more complex. People who are mentally ill are often unable to find and maintain employment. “Serious mental illnesses disrupt people’s ability to carry out essential aspects of daily life, such as self-care and household management” (National

Coalition for the Homeless, 2009, para. 2). They may have psychological problems that have or have not been diagnosed or treated. Through these mental illnesses the person may have trouble focusing or adapting. Some of the illnesses include but are not limited to anxiety disorders, bipolar disorder, severe personality disorders, and schizophrenia, clinical depression and schizoaffective disorders. These are all categorized as Axis I mental disorders.

However the relationship between homelessness and mental illness cuts two ways: a person could be unable to maintain employment due to their mental illness, or homelessness could trigger mental illnesses in people. When people feel like their mental illness is taking over they may not know how to respond. This could lead them to turn to various substances and addictions. “Some mentally ill people self-medicate using street drugs” (National Coalition for the Homeless, 2009, para. 3).

Mental illness to some degree can affect us all, veterans and non-veterans alike. Pete Dougherty, director of homeless veterans programs at VA says that 45 percent of participants in the VA’s homeless programs have a diagnosable mental illness while more than three out of four have a substance abuse problem with 35 percent having both (Hefling, 2007, para. 17). There are mass numbers of being affected. “We’re going to be having a tsunami of them eventually because the mental health toll from this war is enormous,” said Daniel Tooth, director of veteran’s affairs for Lancaster County, Pa.” (Hefling, 2007, para. 7).

Trauma is an experience that could cause fear, stress, anger and lasting psychological effects. This trauma could eventually lead to a mental disorder. “Homeless people are prone to experience other traumata, aside from sexual and physical abuse,

because of their lifestyle and social environment” (Benda, 2005, p. 61). PTSD Post-Traumatic Stress Disorder (PTSD) is defined as an anxiety disorder that begins after a person has experienced something traumatic or scary. Many people see this as a post combat disorder, but PTSD can be found after any event that stands to have a lasting effect on your life. After experiencing an event like this you may experience irritability, loss of appetite, or insomnia. There may be confusion and anger, as well as a fear that could lead to changes in the brain which in turn causes PTSD.

Post-Traumatic Stress Disorder (PTSD) has become a chief concern for Veterans. “PTSD is an important outcome because the issue can affect the whole person, impairing psychosocial and occupational functioning and overall well-being” (Schnurr, et al. 2009, 728). Our country entered into war 2003 and a substantial amount of evidence shows that the prevalence of PTSD among the men and women who served in Iraq and Afghanistan is substantial. A recent study by the Rand Corporation estimated that 14% of the men and women who served in OEF/OIF currently have PTSD (Schell & Marshall, 2008). When a person suffers from PTSD they could have a hard time readjusting to life. Veterans may realize that their relationships will change drastically. “Being married might function as a resilience factor by buffering the effects of warzone deployment, but PTSD might lead to poor relationship functioning, and ultimately, to divorce” (Schnurr, et al. 2009, 733).

Along with PTSD, other war-related illnesses such as fibromyalgia, chronic fatigue syndrome, malaria, depression, along with migraines and hearing difficulties, traumatic brain injury, and irritable bowel syndrome are common in those who have served. Acute stress disorder can also be common in veterans causing interference in their ability to live a fulfilling life. With this disorder they are constantly replaying and

reliving events which can lead to illusions and difficulty in identifying reality from fantasy (<http://www.behavenet.com/capsules/disorders/asd.htm>). As one can imagine, this could cause breakdowns in communication and functioning skills.

Learning to adjust to these illnesses and others as well as attempting to readjust to civilian life can be taxing. The stress brought on by these things could contribute to some of the substance use disorders that veterans experience. Evidence-based practices such as Illness Management and Recovery (IMR) are interventions designed to help monitor people's condition and their recovery. Not only does IMR provide recovery strategies, relapse prevention methods, and coping mechanisms, it aims to build social supports while providing educational information about mental illness and substance abuse. (<http://store.samhsa.gov/product/SMA09-4463>, 2010). When taking into account that each person's situation is different one must realize that all domains of life need to be addressed to aid in the recovery of these veterans.

Substance Use and Incarceration

Substance use disorders may be of high prevalence among veterans. "Veterans are exposed to substances in the military and begin using to cope with military-specific stressors, particularly alcohol, since it is more culturally and socially acceptable than other substances" (Skidmore & Roy, 2011, p. 90). For this reason there is a high risk of alcohol and drug abuse. People may turn to various substances as methods of coping with the daily struggles of homelessness. "Supporting veterans with substance use disorders and associated problems remains a critical area of service that we can provide for those who have sacrificed so much" (Skidmore & Roy, 2011, p. 101).

Addictions could lead to a crime ridden lifestyle which in turn could result in incarceration. “Research shows that the single greatest predictive factor for the incarceration of veterans is substance abuse” (Drug Policy Alliance, 2009, p. 2). According to the National Coalition for Homeless Veterans (2011) there were approximately 140,000 veterans held in state and federal prisons. State prisons held 127,500 of these veterans, and federal prisons held 12,500. Data from the Bureau of Justice Statistics reports that in 2004 10% of all U.S. inmates were veterans (Noonan and Mumola, 2007). This also revealed that veterans were still reportedly at a higher risk for homelessness than non-veterans. In large part, incarcerated veterans are released from prison back into communities without further institutional support. Through this, it is estimated that there is a 50% re-incarceration rate (McGuire, 2007).

There are countless numbers of veterans who would be eligible for veteran benefits if they were not incarcerated. McGuire (2007) notes that “an estimated 80% of these veterans had military discharges that made them eligible for VA services upon release” (p. 390). Upon release from prison from prison these veterans will have a more difficult time obtaining gainful employment. Without employment it would be difficult to obtain adequate housing. The loss of benefits takes away any potential of saving money for reestablishment upon release. If the veteran is eligible for a reinstatement of benefits, they may become homeless in the meantime while waiting on the request to be processed. Due to these circumstances it is imperative that communities find methods of assistance for all of our veterans, not just the ones without a criminal record. It has been found that “an array of both VA and non-VA community services is needed to provide the scope and intensity of services needed by re-entering veterans” (McGuire, 2007, p. 393).

Transition Assistance

The decision to join the military is one that people make for varying reasons. Many people join because they want to travel or take advantage of the educational opportunities. Others may join because they do not have any relationships that are preventing them from doing so. When you enter the military you are no longer seen as an individual, you are seen as a member of something larger, such as a troop or squad. The feelings of support and protectiveness from the military may be gone upon separation. This may cause people to get lost while trying to find themselves. Clemens and Milsom (2008) state the following:

Without knowledge that could be gained through participation in the U.S. military's transitional services and with little or no previous civilian work experience, some enlisted service members reenter civilian life with little direction or understanding of the civilian world of work (p. 248).

The lack of civilian job training after military training could be seen as a potential barrier to post-military success. A Veteran of the National Guard who served in the Iraq war was discharged and could not acquire a job. He states: "The only training I have is infantry training and there's not really a need for that in the civilian world" (Hefling, 2007, para. 15). Often the position held in the military is not equivalent to many civilian positions. The work ethic may be there, but the skill set is off. Homelessness overall is upsetting, but to commit to a job stating that you will put your life on the line for all others then to come back home to nothing is appalling.

Not having a sound plan or support system in place prior to your return can be harmful. Ensuring that life skills training and additional forms of preparedness are available to veterans after the discharge date may help eliminate some feelings of uncertainty or anxiety. The transition assistance that is offered (TAPS) is usually only

three days and it provides information on resume writing and how to look for job prospects, but it does not necessarily tell you that things are different on the outside. This assistance does not go in depth. Further additional support prior to discharge and immediately after separation will ultimately prove to be effective methods of aiding in post-military success. "The significant number of enlisted service members in transition from the U.S. military to the civilian sector illustrates a need for career counselors to develop an awareness of the needs and the strengths of this unique population" (Clemons & Milsom, 2008, p. 254).

Proposed Plan of Action

There are some measures being taken in an effort to combat homelessness. There are emergency shelters which act as temporary living arrangements for persons who have fewer options. These shelters may offer food, clothing, and other support services. Transitional housing is defined by The Office of Community Planning and Development of the U.S. Department of Housing and Urban Development as "a project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months)" (<http://www.hudhre.info/hearth/>).

There is also permanent supportive housing. Supportive Housing is a program that is meant to create supportive housing along with services in an effort to allow homeless individuals to live independently. Under this program the person will hopefully achieve residential stability, possibly increase their skill levels and incomes, and obtain greater self-determination (U.S. Department of Housing and Urban Development, 2010).

President Obama is said to be committed to ending homelessness among Veterans within the next five years. “Those who have served this nation as Veterans should never find themselves on the streets, living without care and without hope” (U.S. Department of Veterans Affairs, 2009). The Secretary of Veterans Affairs, Eric Shinseki outlined the following as a part of his plan to end homelessness among veterans:

The new Post-9/11 GI Bill provides a powerful option for qualified Veterans to pursue a fully funded degree program at a state college or university. It is a major component of the fight against Veteran homelessness. VA is collaborating with the Small Business Administration and the General Services Administration to certify Veteran-owned small businesses and service-disabled Veteran-owned small businesses for listing on the Federal Supply Register, which enhances their visibility and competitiveness – creating jobs for Veterans. VA will spend \$3.2 billion next year to prevent and reduce homelessness among Veterans. That includes \$2.7 billion on medical services and more than \$500 million on specific homeless programs. VA aggressively diagnoses and treats the unseen wounds of war that often lead to homelessness – severe isolation, dysfunctional behaviors, depression and substance abuse. VA and the Defense Department cosponsored a national summit on mental health that will help both agencies better coordinate mental health efforts. VA partners with more than 600 community organizations to provide transitional housing to 20,000 Veterans. It also works with 240 public housing authorities to provide permanent housing to homeless Veterans and their families under a partnership with the Department of Housing and Urban Development. The VA/HUD partnership will provide permanent housing to more than 20,000 Veterans and their families (<http://www.va.gov/opa/pressrel/pressrelease.cfm?id=1807>).

Reflection and Suggestions for Future Research

The Veterans Homeless Summit of Washtenaw County was held in March of 2011. The presenter, Shawn Dowling, who heads the Health Care for Homeless Veterans Program of the VA Ann Arbor Healthcare System (HCHV), outlined the plans for ending homelessness among veterans. The objectives of the program are to return the homeless veteran to mainstream community housing, improve the veteran’s overall physical and mental status, increase employability/assist with disability income, enable the veteran to live a sober and drug free lifestyle, and to assist the veteran in achieving

an optimal level of psychosocial functioning. To do this it is imperative that community partnerships develop. The VA Health System is working to “Build partnerships between government agencies, faith-based and community organizations to better serve veterans, their families and survivors” (va.gov/CFBNPARTNERSHIPS/index.asp).

Through this effort there are various measures being taken. Ambivalence is often identified as resistance. A person’s delayed response to change does not mean that they are not willing to change. It just means that they need more time to make adjustments. This is why it is important to have good support systems in place for our veterans.

The VA health system is meeting the veterans where they are. The housing first model which aims to secure housing before working on other issues is often practiced to make the transition into stability occur more swiftly. The VA Health System is also to begin utilizing an HMIS system that is specifically for veterans in an effort to better track services rendered. Stronger community partnerships are being formed and training is also being offered to help make services more tailored to veterans. The goal in Washtenaw County is to end veteran homelessness by 2014.

All persons within the homeless community seem to be ostracized from the rest of society. It becomes important to focus on the way that a person survives and adapts to the many changes of their environment. Many people have trouble adjusting to homelessness, but for some it is not so difficult. They automatically revert to using survival skills. Social workers can assist the homeless with various aspects of recovery in regards to homelessness. In the *Encyclopedia of Social Work* (2008), Irene Wong stated the following:

Social workers have the potential for effecting significant social change through assuming a range of professional roles including those of clinician, advocate,

administrator, planner, and researcher, as well as through participating in a multidisciplinary service team to address the complex needs of persons experiencing homelessness (Wong, 2008, para. 26).

Not only can they work with them to provide therapeutic support, social workers and homeless persons can collaborate to advocate for the development of programs and improvements in policies. Persons can receive assistance with benefits applications and determining eligibility. Through a social worker there is also assistance in securing housing.

The available research on veterans allows one to explore some of the reasons that they may suffer from homelessness. One would better understand the rationale behind the struggle. There are shelters and organizations to help the homeless; however the need outweighs the resources. If communities become more involved and vested in all members of society, those with homes and without, there could be some options to provide shelter. There are abandoned buildings throughout the country. With a commitment from government officials these buildings could be turned into housing units. Ensuring that people are entitled to housing vouchers regardless of past evictions could potentially reduce the number of homeless people immediately. Homeless people are of no less worth than others. Being homeless does not necessarily mean lazy or unwilling. These people have just made vulnerable to some of life's circumstances.

As a society in general it is our job to help each other. We always speak candidly declaring that we support our troops, simply stating this is not enough. Support should be offered whether they are in or out of uniform. If there is anything at all that you can do, it should be done. Helping does not mean that money has to be donated. Help can come in the form of clothing, shelter, transportation, time, and a listening ear. There are also ways

of helping by writing letters to the editor, local and state government officials as well as other policy makers within the community. There are some homeless who do not want to be housed. However, they should have the option to decide for themselves, homelessness should not be chosen for them.

When considering the literature from numerous sources, it is evident that people become homeless for various reasons. There are those life events that lead us down different paths. Though military service is a stop on the path, it is not necessarily a path to homelessness. However there needs to be more research on the lasting effects of military service that could lead to homelessness. There has to be some effort to understand where the breakdown in systems is occurring. Is the disconnect occurring when it comes to job skills translation, health care, mental health services or independent living.

Building social supports and buddy systems that will last for the duration of service and upon exit may lessen the uncertainty of transitioning back into the civilian world. According to the CRS Report for Congress (2007) reporting on veterans and homelessness across the country there are 157 VA hospitals, 750 outpatient clinics, 134 nursing homes, and 42 domiciliary care facilities with many of them serving homeless veterans. Even so, there are not many programs attending to female veterans and their needs (Perl, 2007, p. 14).

Women are often expected to hold themselves together throughout all aspects of their lives. Many women may not seek out help when in need because they may be thought to be at fault for their situation. Female veterans can benefit from the offering of women's groups. Not just sexual trauma groups, but groups that can inspire them and

create a sense of belonging while encouraging self-determination. It is important for women to feel safe and to know that they are not alone. Through groups they can feel empowered and know that they are able to determine the final destination of their journey.

Supporting the veteran means to assist all races and genders. The Center for Minority Veterans (CMV) is in place to assist all minority veterans and provide outreach and information on policies and programs that may affect them. They are also assigned the task of ensuring that all minority veterans have access to the benefits that they are entitled to. Yet, this is not an area of the VA that is often publicized. Instead the veterans are often encouraged to seek help from outside veteran assistance groups. Due to this, there are often times that they do not obtain health care or monetary compensation that is due to them. By making all transitioning service members aware of the various avenues within the Veterans Administration they will be better able to navigate the systems when they become veterans.

Creating programs to increase the awareness of racism, discrimination and the importance of cultural sensitivity should be enforced in agencies that wish to serve the veteran population. It is good that organizations want to help the veterans but they must understand that not only do veterans have their own culture; the various racial makeups have their own as well. Shelter programs and other organizations could help veterans by having open door policies that promote inclusion and act as safe havens. If a veteran realizes that they are in crisis they could reach out to these sites without being hesitant due to overcrowded waitlists.

Homelessness is not an issue that will just go away on its own. This problem will continue to be a social concern until all possible avenues of assistance and accommodation are explored. In the future I hope to continue researching the needs and constraints that are hindering the success of our veterans. However, I hope that the goal of ending veteran homelessness by 2014 is one that can be met.

-Because all of us believe and understand in the fabric of the common bond of why we call ourselves American is to care for the men and women who wear the uniform; and when they take off the uniform, we care for them when they are veterans. - Steve Buyer, Committee on Veterans' Affairs (1993-2010)
(<http://www.worldquotes.org/4793/steve-buyer-quotes/>).

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