

Homelessness Among Veterans

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When addressing the issue of homelessness in the United States, one cannot neglect to consider the effect of the problem on the population of returning war veterans. U.S. veterans make up a significant percentage of the homeless population in the United States (National Coalition for Homeless Veterans, 2009), and, due to the unique set of challenges facing veterans, it may be advantageous to examine their issues related to homelessness separately from those of the rest of the homeless population.

According to the National Coalition for Homeless Veterans (NCHV) website, researchers estimate that approximately 154,000 veterans are homeless on any given night, and approximately twice that number experience homelessness at some point over the course of one year. It is believed that nearly one quarter of the entire U.S. homeless population, and one third of the U.S. homeless male population, consists of veterans (NCHV, 2009).

Of those U.S. veterans who are homeless, it is estimated that 67 percent served three or more years, 33 percent were stationed in a war zone, and 89 percent received an honorable discharge (NCHV, 2009). Veterans from all U.S. military conflicts dating back to World War II are believed to contribute to the U.S. homeless veteran population, with most homeless vets having served during the Vietnam Era (1964-1975), a population of veterans 52 years of age and older (NCHV, 2009). However, since the war on terrorism began in 2003, there has been an increase in the younger veteran population, and therefore, the demographic of the American veteran is constantly evolving as are the needs of this population (National Alliance to End Homelessness, 2009). The NCHV website reports that 85 percent of homeless vets have completed high school or a GED program in comparison to 56 percent of the non-veteran homeless population. This

coalition also reports that 76 percent of homeless veterans experience substance abuse or mental health problems (NCHV, 2009). Thus, though homeless veterans tend to be more educated than the general homeless population, other issues such as substance abuse and mental health challenges may need to be addressed in order to alleviate their homeless status.

Regarding services for homeless veterans, the NCHV website reports that, of the 300,000 estimated homeless veterans, the U.S. Department of Veterans' Affairs reaches approximately 33 percent of this population over the course of one year (NCHV, 2009). This leaves an estimated 200,000 homeless vets to seek assistance from other sources, including local government and community agencies or organizations. In 2006 in Massachusetts, for example, there were a total of 378 funded beds for homeless veterans and an estimated 1700 homeless veterans needing services (NCHV, 2009).

While the accuracy of these statistics is difficult to assess, a brief review of the estimates illuminates the fact that military veterans are vastly over-represented within the homeless population throughout the United States. In comparison with homeless non-veterans, homeless veterans tend to be at an advantage in the areas of childhood background, family experience, and education level (Tessler, Rosenheck, and Gamache, 2002). In order to effectively address the problem of homelessness among veterans, it is necessary to examine the issues and risk factors that lead so many veterans to homelessness despite the presence of protective factors not generally apparent among the general homeless population.

The adjustment of returning from combat and reentering civilian life can be a challenging process for veterans. Complicating this readjustment is the fact that many

returning veterans are living with Post Traumatic Stress Disorder (PTSD). In 2008, it was estimated that 300,000 Iraq War veterans had reported symptoms of PTSD or depression, 47 percent of whom had not sought treatment (Gilbertson, 2008). Soldiers living with PTSD typically experience severe depression, violent outbursts, suicidal urges, nightmares, and an inability to rid themselves of images of traumatic events they have witnessed (Gilbertson, 2008). In her article telling the story of one Iraq War veteran who committed suicide due to his struggles with PTSD, Ashley Gilbertson (2008) interviewed the soldier's mother who described her son's condition upon returning from Iraq.

I can honestly say he was nothing but a messed up, confused little boy- man, child, all wrapped into one... Didn't know what to do. Couldn't drive a car really, because driving he was constantly worried about car bombs. You're not the same after. You're not the same. He didn't laugh anymore, he didn't smile anymore, and if he did, it was phony... He had absolutely no time, no tolerance, no patience (Gilbertson, 2008, p. 43).

Clearly, coping with the effects of PTSD can make it extremely challenging for an individual to live up to the responsibilities of maintaining employment and supporting one's self or family, and, thus, may be a contributing factor to homelessness.

Alcohol or substance abuse is a risk factor more common among homeless veterans than non-veterans (Tessler et al, 2002). It is believed that substance abuse, used by many soldiers as a coping strategy, frequently occurs as the result of conforming to peer pressure during military service and beyond discharge (Tessler et al, 2002). Upon returning home, many young veterans are saddled with a dependence on alcohol or drugs, and, having just left an environment of great structure and discipline, find themselves in an environment lacking discipline in which they are free to drink or use drugs. Thus, the

abuse of drugs and alcohol, once accepted as a way to alleviate the pressures of war, could become a major obstacle in the pathway to establishing a life of normalcy away from the war environment. In fact, many returning veterans seem to band together in rejection of the societal norms that they now find unsuitable, with the binding social action among them being the consumption of large amounts of alcohol (Higate, 2000). If this habit of extensive substance use ultimately leads to homelessness, it can actually prevent some veterans from receiving services as many shelters turn away homeless people who are not willing to refrain from drinking and substance use (Department of Veterans' Services, 2008).

While some of the risk factors that lead many returning veterans to homelessness involve psychological conditions that develop during deployment, other risk factors may have existed previous to enlistment. High levels of pressure placed on military recruiting officers to meet monthly quotas may lead to the screening in of some men and women who do not meet the psychological criteria typically required by the armed forces (Thompson, 2009). For historical perspective on this issue one can look back to the Vietnam Era, during which the draft was abolished in 1973 and enlistment in the military became strictly voluntary (Tessler, Rosenheck, and Gamache, 2003). Low pay rates for soldiers and a decrease in prestige due to the lack of public support of U.S. involvement in the Vietnam War lead to a shortage of applications for military service, which, in turn, lead to a lowering of standards in the screening of new recruits (Tessler et al, 2003). This lowering of recruitment standards allowed for the enlistment of more soldiers lacking family support and economic stability (Tessler et al, 2003). Without the necessary support, many veterans returned from battle unequipped to face the hardships of

reentering civilian life, and, therefore, the presence of such veterans in the homeless population increased (Tessler et al, 2003).

While the standards for screening of military recruits have improved since the Vietnam Era, some questions remain regarding the efficacy of screening for risk factors among potential soldiers. In his article on the pressure placed on military recruitment officers, Thompson (2009) wrote that “(senior noncommissioned officers) put pressure on their local recruiters to ‘make mission’ and generate the recruits- sometimes by any means necessary” (Thompson, 2009, p. 2). Military recruiters are reportedly put under such pressure to reach unnecessarily high recruitment quotas that they resort to instructing recruits to lie about information regarding everything from physical health to criminal record (Thompson, 2009). Those recruiters who repeatedly fail to meet the quota are subjected to verbal assault and threatened with removal from their jobs, to the point where the armed forces have now experienced a growing trend of suicide among recruiters (Thompson, 2009). With such high levels of pressure on recruiters, it is not surprising that many recruits are screened into the military despite failure to meet recruitment criteria in a number of areas, including mental health. Similar to recruits of the Vietnam Era, these soldiers may be likely to experience great difficulty adjusting to civilian life upon returning from combat.

While any of these factors alone could lead a returning veteran into homelessness and despair, it should be noted that many of the homeless veterans in the U.S. are likely affected by a combination of issues. In some cases, one risk factor seems to lead to the development of another, thus compounding the problems faced by returning veterans. If the over-representation of returning veterans in the homeless population is to be

addressed, then we must begin by addressing the issues that seem to contribute most to the problem.

In assessing the problem of homelessness among veterans, it's important to note that not all veterans are facing homelessness. Some veterans have strong support systems and some have access to more services than others. Most active duty service members reside on a base, which is similar to a close-knit community with access to housing, healthcare, and community support. As a result, when active duty veterans return from war, they are more likely to return to their base where a plethora of services including, employment, housing and healthcare are available to them. However, this is not the case for discharged veterans or the Reserve and National Guard service men and women.

Most discharged veterans, reservists and National Guard members return to the general public after completing a tour of duty often without the support of employment, housing and health care services, or support from other veterans. After experiencing the unique traumas of life in a war zone, these veterans may feel isolated and unable to reconnect with their old lives. One of the researchers on this project, a veteran who spent 12 months in Iraq, felt very distant from her non-military friends and family when she returned in 2007. She felt as if no one understood her, because they had not seen or experienced the indescribable environment and events of her deployment (personal communication, April, 2009). This young veteran was able to cope by connecting with friends in the military by phone and by organizing social gatherings at which they offered each other mutual aid and support.

However, not all veterans are able to make connections or fall back on support systems. In many instances, these men and women are returning from a war abroad only to face their own battles at home. Many are not trained for jobs in the real world and lack job skills, because for some, the military is their first real job. Others are suffering from Posttraumatic Stress Disorder, substance abuse or other mental illnesses (National Alliance to End Homelessness, 2008).

According to the Department of Veterans Affairs, the number of homeless veterans has significantly decreased from 2007-2008 (Department of Veterans Affairs, 2009). The number went from about 195,000 in 2007 to 154,000 in late 2008 (Department of Veterans Affairs, 2009). This drop can be attributed to the large effort by the federal and state governments to assist those who have served our country. In the state of Massachusetts, there are five veterans' hospitals or medical centers located throughout the state; one in Bedford, one in Brockton, two in Boston and one in Northampton. These hospitals provide a wide range of services from outpatient clinics to inpatient surgical care. They also make referrals to shelters, outreach programs, and many other services that veterans are entitled to receive.

In reviewing the literature on homeless veterans, it appears that a holistic approach that addresses the multiple issues of this population would be most effective. A survey of existing resources revealed a trend towards this multi-service approach. The New England Center for Homeless Veterans offers support to veterans who are battling substance abuse, trauma or other challenges that may be contributing to their homelessness (New England Center for Homeless Veterans, 2009). This is an important

resource as not all shelters will take residents with substance abuse issues and since this is an affliction shared by many veterans, having shelter with support for substance abuse issues is crucial for effective support of this population. On the other hand, the Massachusetts Veterans website states that, “individuals unwilling to abstain from drugs and alcohol will not find Massachusetts Veterans Inc. an appropriate emergency shelter” (Massachusetts Veterans Inc., 2009).

Similarly, the Massachusetts Department of Veterans Services, which is the local version of the Department of Veterans Affairs endeavors to provide a comprehensive array of services including outreach, clinical assessments and referrals for physical and mental health services, employment services, long term transitional assistance and supported long term housing (Department of Veterans’ Services, 2009). Their outreach program includes “Stand Downs” for homeless veterans which “are typically one to three day events providing services to homeless veterans such as food, shelter, clothing, health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance abuse treatment”. (Department of Veterans’ Services, 2009). This aggressive outreach is an ongoing challenge of service providers in attempting to reach veterans who do not typically access available services.

However, perhaps the most innovative, and comprehensive approach to veteran services is provided by an organization called Soldier On located in Western Massachusetts. Soldier On was initiated in 1994 in order to bridge the gap in services provided to veterans. They work in conjunction with the Department of Veteran Affairs

as well as other agencies to improve the lives of veterans. Soldier On employs an innovative array of programs that serve to empower individuals to make real change in their lives. Along with providing shelter, health services, recovery programs and job training initiatives, Soldier On offers opportunities for veterans to operate their own businesses and own their own housing units. Previously homeless veterans manage Soldier On's shelter and veteran's residence. Soldier On operates the Veterans Skills Development Center, which offers support and job skills training to veterans as well as opportunities for employment in the Veterans Construction Company, the Veterans Vending business, as well as jobs at local plastic companies. Soldier On also offers limited equity housing projects that provide veterans with an opportunity to own their own units. These projects are funded through grants and private donations allowing for "debt service" allocations to be deposited into individual owner accounts. These funds become available to the veterans after five years for use at their discretion thereby "providing incentive to keep their lives on track" (Soldier On, 2009). This housing project is the first of its kind and will hopefully serve as a national model for services to veterans (Soldier On, 2009).

There appears to be popular support for meeting the needs of our nation's veterans. Locally, Congressmen John Oliver and Richard Neal and Senators Edward Kennedy and John Kerry have offered support for funding veteran aid initiatives (Massachusetts Veterans Inc, 2009). On the national level, President Obama "called the rate of homelessness among veterans 'inexcusable' and committed to ensure veterans receive housing and services they need while proposing greater budget resources for veterans than at any time in the last 30 years" (Massachusetts Veterans Inc, 2009).

However, it is important to keep this issue in the spotlight, and hold our politicians to their promises. We must continue to advocate for proper funding of these initiatives. The Massachusetts Coalition for the Homeless has detailed month-by-month advocacy steps that can be taken to support legislation for our state's homeless. Advocacy information can be found on the Massachusetts Coalition for the Homeless website at <http://www.mahomeless.org>.

In light of this political support for increased funding and innovative approaches to service delivery, it appears to us that the most pressing area of need is outreach to veterans unaware of or unable to access available resources. With the Department of Veteran Affairs reaching only 33 percent of homeless veterans over the course of a year, we decided it was important to assist in outreach efforts to increase awareness of available services. In speaking with advocates at the Massachusetts Department of Veterans' Services and Soldier On, we determined that the most effective way of reaching the elusive homeless veterans would be to distribute brochures, as this difficult to reach population most likely does not have access to the internet. We have put together a pamphlet of available resources for distribution among Bridgewater MSW students. We will ask these students to distribute these pamphlets at their agencies, community centers, places of worship or anywhere else they may reach homeless veterans. We hope that with this effort, we will increase awareness of available services while continuing to advocate for proper funding of these services.

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