

**Statement  
Of  
VIETNAM VETERANS OF AMERICA**



**Submitted by**

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and  
Sandra A. Miller  
Chair  
VVA Homeless Veterans Committee**

**Before the**

**Joint Transportation and Housing and Urban Development  
Subcommittee on Appropriations**

**Regarding**

**Housing Our Heroes, Addressing the Issue of Homeless  
Veterans in America.**

**May 1, 2008**

Good morning Madam Chairwoman Murray, Ranking Member Bond, and distinguished members of this subcommittee. Thank you for giving Vietnam Veterans of America (VVA) the opportunity to offer our comments on Housing Our Heroes, Addressing the Issues of Homeless Veterans in America.

Homelessness continues to be a significant problem for veterans especially men and women veterans who served during the Vietnam era. The VA estimates about one-third of the adult homeless population have served their country in the Armed Services. Current population estimates suggest that about 154,000 veterans are homeless on any given night and perhaps twice as many experience homelessness at some point during the course of a year. Of that number about 4-5% are women veterans with VA reporting that of the new homeless veterans this is as high as 11% for woman veterans.

Homelessness has varied definitions and many contributing factors. Among these are PTSD, a lack of job skills and education, substance abuse and mental-health problems. The homeless require far more than just a home. A comprehensive, individualized assessment and a rehabilitation/treatment program are necessary, utilizing the “continuum of care” concept. Assistance in obtaining economic stability for a successful self-sufficient transition back into the community is vital. Although many need help with permanent housing, some require housing with supportive services, and others need long-term residential care.

### **VA HOMELESS GRANT & PER DIEM PROGRAM**

The VA’s Homeless Grant & Per Diem Program has been in existence since 1994. Since then, thousands of homeless veterans have availed themselves of the programs provided by community-based service providers. In some areas of this country, the VA and community-based service providers work successfully in a collaborative effort to actively address homelessness among veterans. The community-based service providers are able to supply much needed services in a cost-effective and efficient manner. The VA recognizes this and encourages residential and service center programs in areas where homeless veterans would most benefit. The VA HGPD program offers funding in a highly competitive grant round. VA credits HGPD and VA outreach for the drop on the number of homeless veterans

from 250,000 a few years ago to the recent suggestion this statistic could be as low as 154,000. VVA also believes that the expansion of the Homeless Veterans Reintegration Program (HVRP), used in tandem with the above cited programs, has helped homeless veterans and formerly homeless veterans get and keep employment, thus stabilizing their financial and emotional situation, enabling them to keep off the street.

However, VVA and providers are concerned that the impact of homelessness on our new generation of veterans could cause this to increase significantly, as could the rising unemployment rate. Because financial resources available to HGPD are limited, the number of grants awarded and the dollars granted are greatly restricted by inadequate resources, and hence many geographic areas in need suffer a loss that HGPD could address if it were funded at a higher level.

It has been VVA's position that VA Homeless Grant and Per Diem funding must be considered a payment rather than a reimbursement for expenses, an important distinction that will enable the community-based organizations that deliver the majority of these services to operate more effectively. Not all non-profit agency homeless veteran programs receive full per diem which is now at \$33.01/day/veteran. They must justify the need for per diem reimbursement based on the program expenses. Since justification of for an increased per diem request is based on the last annual audit of the program expenses, the non-profit must over spend money, which it does not have in order to increase the program expense in order to get the increased per diem to actually fund their programs adequately and with appropriate staffing levels.

Per diem dollars received by homeless veteran services centers is so low that these centers cannot obtain or retain appropriately skilled staffing to provide services to properly support the special needs of the veterans seeking assistance. Per diem for service centers is provided on an hourly rate, currently only \$4.12 per hour. The reality is that most city and municipality social services do not have the knowledge or capacity to provide appropriate supportive services that directly involve the treatment, care, and entitlements of veterans. Lost HUD funding via its "Supportive Services Only" grants have increased the urgency of these service centers to find alternate funding. VVA believes that it is possible to create "Service Center Staffing" grants, much like the VA "Special Needs" grants, already in existence. The VA's Grant and Per Diem program is effective in creating

and aiding local shelters by providing transitional housing, vocational rehabilitation, and referrals for clinical services.

VVA is recommending that Congress go above the authorizing level for the Homeless Grant and Per Diem program and fund the program at \$200 million and not the \$138 million currently authorized. Additionally, VVA supports and seeks legislation to establish Supportive Services Assistance Grants for VA Homeless Grant and Per Diem Service Center Grant awardees.

### **VA HOMELESS DOMICILIARY PROGRAMS**

Domiciliary programs located within various medical centers throughout the VA system have proven costly. As stand-alone programs, many do not display a high rate of long-term success. Additionally, not all VISNs have Homeless Domiciliary programs.

Programs assisting homeless veterans need to show a cost/benefit ratio in order to survive. Due to the federal pay scales and other indirect cost factors, VA Homeless Domiciliary programs generally cost twice as much per homeless veteran participant (often over \$100 per day per veteran) as compared to the cost of the similar programs of community-based organizations. If the operational cost of the VA Homeless Domiciliary program is to be justified, then an assurance of success, including a diminished rate of recidivism, should be expected. This is not always the case, and is especially true if the veteran has no linked transitional residential placement at time of discharge. A linkage with non-profit community programs will enhance outcomes in a cost-effective manner and openly speak to the belief in the “continuum of care” concept embraced by the VA. HGPD has increased transitional placement possibilities in a number of areas, but more are desperately needed. Hence, the re-statement of the need for increased funding for HGPD.

Where no VA Homeless Veteran Domiciliary exists, VVA urges the VA to form an active linkage with community-based organizations for extended homeless veteran transitional services at the conclusion of VA Homeless Domiciliary care.

## **HOMELESS VETERANS SPECIAL NEEDS**

Veterans are disproportionately represented among the homeless population, accounting, according to most estimates, for one in three homeless adult persons on any given night – and roughly 400,000 veterans over the course of a year. Federal agencies that have the responsibility of addressing this situation, particularly the Departments of Veterans Affairs, Labor, and Housing and Urban Development must work in concert, and should be held accountable for achieving clearly defined results. In some cases, federal agencies deal inappropriately, without sensitivity to the particular needs and issues of the homeless and because homeless veterans have unique issues surrounding their military experiences, we consider them a “Special Needs Population”. Until homeless veterans achieve status as a “Special Needs Population” through legislative action, monies earmarked by Congress to combat homelessness will fail to reach programs specifically designated for these veterans.

VVA urges the Presidential Interagency Council on Homeless to recognize homeless veterans as a Special Needs Population. Further, we urge Congress to require all entities/agencies, including non-profit and governmental, that receive federal program funding dollars, to specifically track and report statistics on the number of veterans they serve, their residential status, and the services needed and provided. Without this cooperation and requirement, how does anyone “guess” at the number of veterans in the homeless population? Additionally, VVA supports legislation that would incorporate a “fair share” dollar approach for the federal funding of all homeless programs and services to specifically target homeless veterans.

## **WOMEN VETERANS and HOMELESS WOMEN VETERANS**

Women comprise a growing segment of the Armed Forces, and thousands have been deployed to Iraq and Afghanistan. This has particularly serious implications for the VA healthcare system because the VA itself projects that by 2010, over 14 percent of all veterans utilizing its services will be women.

Women's health care is not evenly distributed or available throughout the VA system. Although women veterans are the fastest growing population within the VA, there remains a need for an increased focus on health care and its delivery for women, particularly the new women veterans of today.

Although VA Central Office may interpret women's health services as preventive, primary, and gender-specific care, this comprehensive concept remains ambiguous and splintered in its delivery throughout all the VA medical centers. Many at the VHA appear (unfortunately and wrongly) to view women's health as only a GYN clinic. It certainly involves more than gynecological care. In reality, women's health is viewed as a specialty unto itself as demonstrated in every University Medical School in the country.

Furthermore, some women continue to report a less than "accepting," "friendly," or "knowledgeable" attitude or environment both within the VA and/or by third party vendors. This may be the result, at least in part, of a system that has evolved principally (or exclusively) to address the medical needs of male veterans. But reports also indicate that in mixed gender residential programs, women remain fearful and unsafe.

The nature of the combat in Iraq and Afghanistan is putting service members at an increased risk for PTSD. In these wars without fronts, "combat support troops" are just as likely to be affected by the same traumas as infantry personnel. They are clearly in the midst of the "combat setting". No matter how you look at it, Iraq is a chaotic war in which an unprecedented number of women have been exposed to high levels of violence and stress as more than 160,000 female soldiers have been deployed to Iraq and Afghanistan... This compared to the 7,500 who served in Vietnam and the 41,000 who were dispatched to the Gulf War in the early '90s. Today, nearly one of every 20 U.S. soldiers in Iraq/Afghanistan is female. The death and casualty rates reflect this increased exposure.

With 15-18 percent of America's active-duty military being female (20% of all new recruits) and nearly half of them have been deployed to Iraq and/or Afghanistan, there are particularly serious implications for the VA healthcare system because the VA itself projects that by 2010, more than 14 percent of all its veterans will be women, compared with just two percent in 1997. Although the VA has made vast improvements in treating women since 1992, returning female OIF and OEF veterans in particular face a variety of co-occurring ailments and traumas heretofore unseen by the VA healthcare system.

There have been few large-scale studies done on the particular psychiatric effects of combat on female soldiers in the United States, mostly because the sample size has heretofore been small. More than one-quarter of female

veterans of Vietnam developed PTSD at some point in their lives, according to the National Vietnam Veterans Readjustment Survey conducted in the mid-'80s, which included 432 women, most of whom were nurses. (The PTSD rate for women was 4 percent below that of the men.) Two years after deployment to the Gulf War, where combat exposure was relatively low, Army data showed that 16 percent of a sample of female soldiers studied met diagnostic criteria for PTSD, as opposed to 8 percent of their male counterparts. The data reflect a larger finding, supported by other research that women are more likely to be given diagnoses of PTSD, in some cases at twice the rate of men. Matthew Friedman, Executive Director of the National Center for PTSD, a research-and-education program financed by the Department of Veterans Affairs, points out that some traumatic experiences have been shown to be more psychologically "toxic" than others. Rape, in particular, is thought to be the most likely to lead to PTSD in women (and in men, where it occurs). Participation in combat, though, he says, is not far behind.

Much of what we know about trauma comes primarily from research on two distinct populations – civilian women who have been raped and male combat veterans. But taking into account the large number of women serving in dangerous conditions in Iraq and reports suggesting that women in the military bear a higher risk than civilian women of having been sexually assaulted either before or during their service, it's conceivable that this war may well generate an unfortunate new group to study – women who have experienced sexual assault and combat, many of them before they turn 25.

Returning female OIF and OEF troops also face other crises. For example, studies conducted at the Durham, North Carolina Comprehensive Women's Health Center by VA researchers have demonstrated higher rates of suicidal tendencies among women veterans suffering depression with co-morbid PTSD. And according to a Pentagon study released in March 2006, more female soldiers report mental health concerns than their male comrades: 24 percent compared to 19 percent.

VA data showed that 25,960 of the 69,861 women separated from the military during fiscal years 2002-06 sought VA services. Of this number approximately 35.8 percent requested assistance for "mental disorders" (i.e., based on VA ICD-9 categories) of which 21 percent was for post traumatic stress disorder or PTSD, with older female vets showing higher PTSD rates. Also, as of early May 2007, 14.5 percent of female OEF/OIF veterans

reported having endured military sexual trauma (MST). Although all VA medical centers are required to have MST clinicians, very few clinicians within the VA are prepared to treat co-occurring combat-induced PTSD and MST. These issues singly are ones that need address, but concomitantly create a unique set of circumstances that demonstrates another of the challenges facing the VA. The VA will need to directly identify its ability and capacity to address these issues along with providing oversight and accountability to the delivery of services in this regard. All of these issues, traumas, stress, and crises have a direct effect on the women veterans who find themselves homeless. Early enactment of Senator Murray's bill on women veterans currently pending in the Senate will do much to rectify this situation, and VVA commends her for her leadership in this and other matters of vital interest to veterans.

Although veterans make up about 11% of the adult population, they make up 26% of the homeless population. Of the 154,000 homeless veterans estimated by the VA, women make up 4 percent of that population. Striking, however, is the fact that the VA also reports that of the new homeless veterans more than 11% of these are women. It is believed that this dramatic increase is directly related to the increased number of women now in the military (15% - 18%). About half of all homeless veterans have a mental illness and more than three out of four suffer from alcohol or other substance abuse problems. Nearly forty percent have both psychiatric and substance abuse disorders. Homeless veterans in some respects make use of the entire VA as do any other eligible group of veterans. Therefore all delivery systems and services offered by the VA have an impact on homeless veterans. Further, the failure of the Department of Labor system to provide needed employment assistance in a nationwide accountable manner to many veterans means they lose their slim purchase on the lower middle class, and therefore end up homeless. Once homeless, it becomes very difficult for these veterans to find employment for a multiplicity of reasons.

The VA must be prepared to provide services to these former servicemembers in appropriate settings.

One of the confounding factors with homeless women veterans is the sexual trauma many of them suffered during their service to our nation. Few of us can know the dark places in which those who have suffered as the result of rape and physical abuse must live every day. It is a very long road to find the path that leads them to some semblance of "normalcy" and helps them

escape from the secluded, lonely, fearful, angry corner in which they have been hiding.

Not all residential programs are designed to treat mental health problems of this very vulnerable population. In light of the high incidence of past sexual trauma, rape, and domestic violence, many of these women find it difficult, if not impossible, to share residential programs with their male counterparts. They openly discuss their concern for a safe treatment setting, especially where the treatment unit layout does not provide them with a physically segregated, secured area. In light of the nature of some of their personal and trauma issues, they also discuss the need for gender-specific group sessions. The VA requests that all residential treatment areas be evaluated for the ability to provide and facilitate these services, and that medical centers develop plans to ensure this accommodation.

While some facilities have found innovative solutions to meet the unique needs of women veterans, others are still lagging behind. VVA believes that to adequately serve this growing population of women veterans, before it overpowers the “women veteran challenged” system that already exists, more funding is required. We recommend a minimum of an additional \$10 million in funding over FY’08.

## **HUD-VASH**

In 1992, the VA joined with HUD to launch the HUD-VASH program. HUD funded almost 600 vouchers for this program. Through the end of FY’02, 4,300 veterans had been served by the program, and had participated for an average of 4.1 years. Of veterans enrolled in the program, 90 percent successfully obtained vouchers and 87 percent moved into an apartment of their own. This partnership highlights the success of linking ongoing clinical care to permanent housing to assist homeless chronically mentally ill veterans. This program was given additional HUD-VASH vouchers with the passage of P.L.107-95, which authorized 500 HUD/VASH vouchers in FY’03, 1,000 in FY’04, 1,500 in FY’05, and 2,000 in FY’06. The program was reauthorized under Section 710, Rental Assistance Vouchers for Veterans Affairs Supported Housing Program, with the passage of PL 109-461, which authorized 500 vouchers for FY’07, 1,000 vouchers for FY’08, 1,500 vouchers for FY’09, 2,000 vouchers for FY’10 and 2,500 vouchers for FY’11.

VVA applauds the Senate Appropriations Committee for having funded \$75 million for the HUD-VASH Program in Public Law 110-161. The vouchers created by this funding will prove paramount in addressing the permanent housing needs of our less fortunate veterans. By allocating this funding, Congress has given providers the greatest tool possible in our fight to end homelessness among our veterans. VVA supports the FY'09 appropriations request from the Department of Housing and Urban Development for \$75 million, which will provide an additional 10,000 vouchers. If enacted into law, some 20,000 vouchers will now be available to assist homeless veterans. VVA urges this subcommittee to reach out to your colleagues and request their support of these vouchers.

### **HOMELESS VETERAN HUD TRANSITIONAL AND SUPPORTIVE SERVICES ONLY FUNDING**

There continues to exist today, limited, if any, access to transitional residential and supportive service only dollars within the HUD Super NOFA grant proposal process. Supportive services are vital in the successful reintegration of our homeless veterans back to the community. There are currently *no staffing dollars* allocated for the provision of supportive services, to include case management, to those individuals in Shelter-Plus Care programs, for example. These case management services are key in providing the veterans with a support system to assist them with working into and through the system.

HUD is silently (but effectively) discouraging McKinney-Vento funding for transitional housing and “supportive services only” programs with the request to city and municipalities continuum of care for a 30 percent set aside of the grant dollars going for permanent housing only. In the national competition for the McKinney-Vento funding, many cities are requesting and accepting only new proposals for permanent housing, renewals on some transitional housing programs, and the elimination of “Supportive Services Only” programs altogether, in order to remain HUD NOFA competitive. This situation adversely affects those seeking funding for new transitional housing. An additional effect of this situation is to also eliminate a potential match for VA Homeless Grant and Per Diem (**HGPD**) grant proposals. VA will lose a financially effective and efficient resource for providing assistance to veterans who are homeless if non-profit agencies lose the ability to obtain HUD McKinney-Vento grants for transitional programs.

This has significant impact in light of the lack of fair-share federal funding for homeless veterans. These successful non-profit agencies have reduced recidivism, shortened the length of VA in-patient stay, hence reducing the cost of treatment programs.

The decreasing desire of HUD to fund Supportive Services programs; the disincentives placed by HUD on cities to renew the McKinney-Vento “Supportive Services Only” programs; the impact that lost supportive service programs will have on the local social service system is creating the slow but inevitable demise of front line service centers. This will ultimately have a domino effect on the continuum of care model.

Drop-in centers are one type of program that utilize homeless grants for what is known as “Supportive Services Only” (SSO) funding. HUD funds these SSO programs via the local agency’s inclusion on their city’s priority list for its annual HUD McKinney-Vento submission. When originally funded, an agency was required to commit to a 20-year operational program. SSO programs targeting homeless veterans are included in this evolving funding atmosphere. Our question is: To what extent are the cities responsible for the continued renewals of programs that were previously vital to the local continuum? Or what consideration should be given by Federal agencies to make up for this forced local change initiated by them?

Non-profit agencies were required to make long term commitments when they were originally funded. Many received building construction rehab funding. They were led to believe they are a crucial component and partner to the comprehensive approach to the elimination of homelessness. To suggest the non-profits find alternate funding in order to continue and satisfy a commitment of 20 years seems unrealistic in light of the very limited grant funding available for these types of programs. Many, though successful in meeting all goal and benchmarks, have been sliced from city McKinney-Vento funding, thereby being left with a huge (for them) program commitment, no continuing funding stream, and a large debt to HUD for funds awarded on the original grant because they can’t meet the 20 year commitment. Most will lose staff. Some may even lose their property or be forced to close their doors due to this circumstance. These non-profit agency programs are the life-line of not only the agency’s homeless clients, but also some of the city social service agencies that depend on the agency to assist with clients in an already over-burdened local service system.

At a time when the big push is on permanent housing for the homeless, with wraparound supportive services, is it logical to eliminate these programs on the community level? In light of this situation, and as a logical fit, In addition to the earlier suggestion of “Special Service Center” grants from the HGPD program, VVA believes it is time for the Department of Health and Human Services (HHS) to enter this arena. We urge this subcommittee to encourage HHS to work with the VA in establishing a unique partnership, creating a joint program in an effort to provide enhanced opportunities to homeless veterans. VVA urges a continuing dialogue between these two agencies to reach a viable option to the situation that is facing the non-profits gravely concerned about their own potential demise. What a terrible loss this would be to the structure of community involvement that has been so encouraged.

### **SHELTER PLUS CARE (S+C)**

The Shelter Plus Care (S+C) program is authorized under Subtitle F of the McKinney-Vento Homeless Assistance Act. Since 1992, HUD has awarded Shelter Plus Care (S+C) funds to serve a population that has been traditionally hard to reach – homeless persons with disabilities such as serious mental illness, chronic substance abuse, and/or AIDS and related diseases. The S+C program was built on the premise that housing and services need to be connected in order to ensure the stability of housing for this population. Consequently, S+C provides rental assistance that local grantees must match with an equal value of supportive services appropriate to the target population. The purpose of the program is to provide permanent housing in connection with supportive services to homeless people with disabilities and their families. The primary target populations are homeless people who have: serious mental illness; and/or chronic problems with alcohol, drugs or both; and/or acquired immunodeficiency syndrome (AIDS) or related diseases. The goals of the Shelter Plus Care Program are to assist homeless individuals and their families to: increase their housing stability; increase their skills and/or income; and obtain greater self-sufficiency. Funding for new S+C projects is awarded competitively through HUD’s Continuum of Care process to eligible applicants: States, units of local government and public housing authorities (PHAs). Successful applicants become "grantees" once the S+C grant agreement is fully executed. The program provides rental assistance for a variety of housing choices and minimal administrative dollars.

While shelter plus Care is a program of great advantage for dual diagnosed individuals because of the wrap-around services that it requires, it does not provide any resources for these services. In terms of its history, it is well over 16 years old when one takes into account the time prior to 1992 when its guidelines, policies, and criteria were formulated. It is a fairly aged program and not much has changed over time...except much has changed.

The reporting, tracking, oversight, Annual Progress Reports (APR), and audit requirements that HUD has placed on the non-profit agencies, who have been awarded S+C programs, have grown over time. To some extent this is due to the oversight that Congress rightly demands of federal agencies to ensure that those placed in these programs are being assisted in an appropriate fashion with positive outcomes. The dilemma for non-profits is not that the case management, reporting, tracking and audits must be done, it rests with the fact that with no program operational funding the non-profit agency is burdened with the labor intensive organizational HUD program requirements of oversight, tracking and reporting, not to mention the case management of all those in the program. Case management alone is challenging due to the dual diagnosed client base that is served by this essential permanent housing program. For many of these clients it is the only permanent independent housing program in which they will ever be able to survive. Case management is an essential element to the success of these individuals, not to mention the program itself. But the staffs of non-profit agencies are salaried through program grants and donations. With no S+C operational program funding these non-profits must utilize already over taxed staff in order to satisfy the case management requirements of its S+C programs. They are being slowly strangled.

What is unusual about this shortfall in S+C program operational funding is that when one investigates the HUD Supported Housing Program (SHP) Leasing grants one finds that for the client base in a program that essentially functions the same way as S+C, the non-profit is able to receive operational funding. This for a program whose client eligibility is less dependent and less challenged than that of the dual diagnosed, disabled S+C program clients.

It is the sense of Vietnam Veterans of America that this subcommittee should review the S+C program and determine if it is not reasonable to infuse program operational funding into the format of this necessary and vital housing program that is for some the only permanent housing in which

they may ever be capable of living...the only place they can call home...a place they hold precious... a place that they don't have to share with anyone else. Without operational funding assistance to the non-profit agencies that strive to keep S+C alive this program will soon die due to the burden that is being placed on them. VVA realizes that S+C is not specific to veterans.

However, homeless veterans comprise up to one quarter of the homeless population, which draws one to conclude that veterans certainly are among those in S+C programs. It is also known that in some areas, especially in larger cities, there are non-profits that operate S+C exclusively for veterans. Again, VVA urges this subcommittee to readdress the confines of this supportive housing program to allow operational funding for HUD Shelter Plus Care programs in order to keep this essential program alive. Without this additional assistance and program alteration, thousands will lose the only permanent housing they may ever have, and again be forced to return to the state of homelessness. S+C is their salvation. In these times when affordable permanent housing is so critical and at a minimum...in these times when the emphasis of HUD and homeless advocates is on permanent housing...in these times when so many of the homeless are chronic and disabled are dependent on this program...it is crucial that you investigate this matter and bring relief to the not for profit agencies who are drowning in an attempt to do the right thing.

## **PERMANENT HOUSING NEEDS for LOW-INCOME VETERANS**

Although the federal government makes a sizeable investment in homeownership opportunities for veterans, there is no parallel national rental housing assistance program targeted to low-income veterans. Veterans are not well served through existing housing assistance programs due to their program designs. Low-income veterans in and of themselves are not a priority population for subsidized housing assistance. (This is despite the fact that most of these programs were created after World War II with veterans as the primary target population!) And HUD devotes minimal (if any other than slight lip service) attention to the housing needs of low-income veterans. This has been made abundantly clear by the long-standing vacancy for special assistant for veterans programs within the Office of Community Planning and Development. It is imperative that Congress elevate national attention to the housing assistance needs of our nation's low-income veterans.

P.L 105-276, The Quality Housing and Work Responsibility Act of 1998 under Title III, permanently repealed federal preferences for public housing and allowed the Public Housing Authority to establish preference for low-income veterans applying for public housing. In accordance with the GAO report, "Rental Housing Information on Low-Income Veterans Housing Condition and Participation in HUD's Programs," only a few of the PHAs surveyed were using veterans' preference criteria to assist low income veterans with housing. VVA has found no mention of these guidelines in any of the five-year plans issued by the PHAs since the law was passed in 1998, which means HUD is once again creating homeless veterans by overlooking laws mandated by Congress.

VVA is requesting that this subcommittee support S.1084 the Homes for Heroes Act 2007 introduced by Senator Barrack Obama, (D-IL) which would repeal the 1998 decision and provide additional benefits and services to low income homeless veterans.

VVA urges full funding to the authorized level of \$50 million for the Homeless Veterans Reintegration Program (HVRP) administered by the Department of Labor. This training/employment program has long suffered the consequences of limited funding. HVRP is the most cost effective and most cost efficient program that is administered through the USDOL, and it is one of the few that has full accountability built into the program design. How can the Secretary of Labor and DOL extol a commitment to the training of homeless veterans and then deny them the full funding under P.L. 107-95 and P.L. 109-233 that has been requested and urged by the veterans' service organizations and other keenly interested parties? Is there a part of helping homeless veterans get and keep a job, thereby paying taxes, becoming self-sufficient, and contributing to our communities that is bad and VVA missed it? Perhaps DOL can explain, as we are at a loss.

The late Senator Paul Wellstone, in a 1998 speech before the Veterans of Foreign Wars, said, "listen to the homeless veteran who's living on the streets in our cities. Here we are in the United States of America today at our peak economic performance doing so well economically, and we're still being told that we don't have the resources to help homeless veterans. One-third of homeless people in our country today are veterans. That's a national disgrace."

VVA strongly believes that homeless veterans have perhaps the best possibility for achieving rehabilitation because at an earlier point in their lives they did have a steady, responsible job and lifestyle in the military. We hope to recoup these individuals in the most efficient manner, thereby saving federal resources. And we must do so with bi-partisan support from our Congressional leaders.

In closing VVA would like to personally thank you, Senator Murray for securing \$75 million for the HUD-VASH program, of which VVA has been a strong advocated for since passage of P.L. 107-95, the Homeless Veterans Comprehensive Assistance Act of 2001. VVA and its National Women Veterans Committee wish to additionally thank Senator Murray and her Senate colleagues who sponsored S.2799, The Women Veterans Comprehensive Health Care Act of 2008. VVA would respectfully request the opportunity to discuss this bill with you in order to provide our thoughts on its comprehensive nature. VVA would also like to thank Pete Dougherty, Director, VA Homeless Veterans Programs, and his staff for their tireless work on behalf of our homeless veterans. Often it is a thankless job, and for that reason VVA extends a special thanks to Mr. Dougherty for a job well done.

This concludes my testimony. I will be pleased to answer any questions you may have at this time.

## **VIETNAM VETERANS OF AMERICA**

### **Funding Statement May 1, 2008**

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans membership organization registered as a 501(c)(19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

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## RICHARD WEIDMAN

Richard F. “Rick” Weidman serves as Director of Government Relations on the National Staff of Vietnam Veterans of America. As such, he is the primary spokesperson for VVA in Washington. He served as a 1-A-O Army Medical Corpsman during the Vietnam War, including service with Company C, 23<sup>rd</sup> Med, AMERICAL Division, located in I Corps of Vietnam in 1969.

Mr. Weidman was part of the staff of VVA from 1979 to 1987, serving variously as Membership Service Director, Agency Liaison, and Director of Government Relations. He left VVA to serve in the Administration of Governor Mario M. Cuomo as statewide director of veterans’ employment & training (State Veterans Programs Administrator) for the New York State Department of Labor.

He has served as Consultant on Legislative Affairs to the National Coalition for Homeless Veterans (NCHV), and served at various times on the VA Readjustment Advisory Committee, the Secretary of Labor’s Advisory Committee on Veterans Employment & Training, the President’s Committee on Employment of Persons with Disabilities - Subcommittee on Disabled Veterans, Advisory Committee on Veterans’ Entrepreneurship at the Small Business Administration, and numerous other advocacy posts. He currently serves as Chairman of the Task Force for Veterans’ Entrepreneurship, which has become the principal collective voice for veteran and disabled veteran small-business owners.

Mr. Weidman was an instructor and administrator at Johnson State College (Vermont) in the 1970s, where he was also active in community and veterans affairs. He attended Colgate University (B.A., 1967), and did graduate study at the University of Vermont.

He is married and has four children.

## **SANDRA A. MILLER**

Sandra A. Miller currently serves as Chair of Vietnam Veterans of America Homeless Veterans Committee. She served as a Senior Enlisted Woman in the U.S. Navy from 1975 until 1981.

Ms. Miller currently works as the Program Coordinator at LZ II Transitional Residence, a 95-bed transitional facility for homeless veterans in Coatesville, Pennsylvania. LZ II Transitional Residence is a program of The Philadelphia Veterans Multi-Service & Education Center, operating under a shared lease agreement with the Coatesville VA Medical Center. She is responsible for the overall day-to-day operations, seeing to the needs of homeless veterans in transition and overseeing all staff and program components. She has been a volunteer at Philadelphia Stand Down since 1995.

During Ms. Miller's military service, she received the National Defense Service Ribbon, Good Conduct Medal, Navy Meritorious Unit Citation w/1 Bronze Device (2 awards), Zaire Airlift Letter of Commendation, U.S. Naval Forces Europe Letter of Appreciation, and numerous Command Petty Officer of the Quarter awards. Ms. Miller was awarded the AT&T Microelectronics National Volunteer of the Year in 1995 and the Lucent Technologies Humanitarian Service Award in 1996. She also received Vietnam Veterans of America, Region II James "Pop" Johnson Memorial Distinguished Service Award in 1998 and the Chapel of Four Chaplains, Legion of Honor Award, in September 2000 for her work with homeless veterans.

She currently resides in Douglassville, Pennsylvania.