



Overview of Veterans in California:

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Good afternoon Chairman Muratsuchi, Chairwoman Torres, Committee members and distinguished guests. My name is Rebecca Blanton. I am a Senior Policy Analyst with the California Research Bureau. Thank you for inviting me to testify before you today.

The California Research Bureau (CRB) is a division of the California State Library. Created in 1992, CRB was designed to provide high-quality, nonpartisan research and reference services to the Legislature, the Governor, the Cabinet, and other Constitutional officers.

I was asked by the committees to appear here today to provide background about the veteran population in California.

California is home to nearly 1.9 million veterans, by far the largest veteran population in the country. We have both numerically more veterans than any other state and a disproportionate share of veterans. This population is diverse, growing and their needs are changing.

By and large, our veterans are doing well. They come home from their service, reintegrate to the civilian world, find jobs, find housing and live their lives like the rest of us. However, some veterans have difficulty finding work, securing necessary education and training, finding necessary health care and finding and maintaining housing. These veterans are entitled to benefits through their service to the country and many need help accessing their benefits to help them through difficult periods.

Today, I am going to provide you with an overview of who are California's veterans (to the extent we know) and what are their basic needs. All the numbers in this presentation are estimates. California lacks a comprehensive list of veterans. While CalVet receives many DD-214s (reintegration forms) from the Department of Defense (DOD) and has an agreement with the Department of Motor Vehicles (DMV) to send information about self-identified veterans to

CalVet, these do not provide a comprehensive listing of veterans living in California.

To estimate the number of veterans living in California and their sociodemographic characteristics, we draw on data from the American Community Survey (ACS), other Census Bureau information, the Department of Veterans Affairs (VA), Office of the Actuary, the Department of Housing and Urban Development (HUD), and CRB's survey of women veterans to provide a portrait of the veterans living in California.

Overview of Veterans

California has approximately 1.9 million veterans. Of these, about 185,000 (or 9.7 percent) are women. Almost one million are currently over the age of 60 (52.3 percent). Most live in Southern California counties, and are heavily clustered in Los Angeles (323,431 in 2012), San Diego (222,348 in 2012) and Orange counties (132,529 in 2012).

Employment

We see gender differences in employment amongst veterans. In general, male veterans are doing better than either their civilian counterparts or women veterans. Women veterans have a mixed picture; those returning from the most recent conflict do worse than either their civilian peers or male veterans while women veterans from past conflicts appear to be on par with civilian women.

Overall, male veterans have a lower unemployment rate than their civilian male counterparts. In January 2013, male veterans had an unemployment rate of 7.6 percent compared to 9.0 percent for their civilian counterparts.^{2,3} Veterans participate in the employment pool at a higher rate than their male civilian counterparts. Nearly 80 percent of all male veterans participate in the employment pool while only 73 percent of civilian men do. However, our young male veterans, those 18-24, have a higher unemployment rate than their civilian counterparts: 20.4 percent compared to 16.4 percent.⁵

Like their male counterparts, women veterans are more likely to participate in the labor force than their civilian female counterparts (63 percent versus 58 percent).⁵ However, the employment picture for women veterans is a little more complicated. Young women veterans (those aged 34 and under), including those from the most recent conflicts, have higher unemployment rates than either male veterans or their female civilian counterparts (civilian women aged 25-34 have 8.3 percent unemployment whereas women veterans 25-34 have 11.6 percent unemployment and women from the most recent conflict have 12.5 percent unemployment). However, as women age, the difference in the unemployment rate between veterans and non-veterans becomes less severe; it even reverses itself for women between the ages of 35 and 44 years old. However, for women veterans who served in the most recent conflict, unemployment is greater than that of civilian women, especially for women aged 45 to 54.

Health

Veterans face the same health issues that civilians do (e.g., heart disease, diabetes) as well as special health issues (e.g., greater rates of hearing impairment and PTSD). Approximately 26.2 percent of veterans report having a disability.¹ This is especially true for veterans returning from the most recent conflicts. Of veterans with disability ratings, 32.1 percent indicated that their disability had interfered with them getting or holding a job.

In the National Survey of Veterans conducted in 2010, more than 21 percent of veterans had applied for disability compensation. Of those that applied, three quarters (73.4 percent) indicated they had received a disability rating. Of the 79 percent that had not applied for disability benefits, 66.2 percent indicated that they did not have a service-related disability. Importantly, 17.1 percent said that they were unaware of the disability program.¹²

Of veterans in the 2010 survey, about a quarter said a disability rating of 70 percent or more. An additional 36.1 percent indicated a disability rating between 30 and 60 percent. Women veterans were more likely to have a high disability

rating. Of women with a disability rating, 39.2 percent indicated they had a rating of at least 70 percent, compared to 24.6 percent of men.

Physical Health

Veterans face different health problems than the civilian population. While heart disease, high blood pressure, and musculoskeletal problems are common among veterans, other physical issues not as common in the civilian population occur at high rates for veterans. “Hearing impairment was the most common traumatic injury, affecting some 63 percent of the veterans, followed by vision loss, orthopedic injuries, traumatic brain injury (4.2 percent), burns, spinal cord injury, and amputation (1.3 percent). Just over five percent of the veterans had polytrauma wounds — multiple, complex injuries requiring intensive therapy.”¹¹

Behavioral Health

Veterans face an array of mental health problems. Depression, anxiety, post-traumatic stress disorder (PTSD), and substance abuse all occur at higher rates for veterans than they do for their civilian peers. Women veterans appear to be at greater risk for developing behavioral health problems than their male counterparts. There are a number of theories as to why this is the case. What we do know is that PTSD, anxiety and depression all occur at much higher rates for women veterans than they do for either civilian women or male veterans.

Housing

Veterans face a bigger challenge finding and maintaining stable housing than their civilian counterparts. Veterans, both men and women, are over-represented in the homeless population. Additionally, academic research shows that veterans living in poverty are more likely to move into homelessness than their civilian peers.⁶

The demographics of homeless veterans differ from the general population of homeless people. Homeless veterans are more likely to be older and white than

the homeless population in general. Veterans are over-represented in urban centers and under-represented in both the suburbs and rural homeless counts.⁶

Compared to the general adult population, male veterans are less likely to progress from stability into homelessness. But male veterans living in poverty are about 1.2 times more likely to progress to homelessness when compared to civilians living in poverty. Women veterans, however, are twice as likely as other adults to move into homelessness, and women veterans in poverty are 2.7 times as likely to move into homelessness as other adults living in poverty. For all veterans, youth is now associated with a higher risk of moving into homelessness. For 18-30 year old veterans living in poverty, when compared to nonveteran adults living in poverty, veterans are 3.4 times as likely to become homeless.⁶

This young cohort is made up of veterans who have served in both Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) and has a higher proportion of women veterans than older cohorts do.

One difficulty we have in determining the extent of homelessness by gender is the lack of consistent data. Neither HUD nor the VA make data about homeless populations available with both gender and veteran status available to the public to disaggregate.

To address some of this lack of data, CRB conducted a survey of women veterans in which we asked them about their experience with housing. We found that one in seven women in our sample reported being homeless at some point and one in three reported some form of destabilized housing (e.g., things like couch-surfing, staying with relatives). In our sample, it was women in their 30s to 50s who experienced the greatest problems with housing destabilization and homelessness. However, we also found that women serving in the most recent conflict experience problems maintaining stable housing once they become a veteran.

Housing problems present special issues for women veterans. Women veterans are more likely to be single parents than their male counterparts. For example,

using ACS data to estimate the number of single women veterans with children aged 13 and under, CRB finds there are about 10,700. Of these women, almost 94 percent make less than \$40,000 a year. That is less than twice the federal poverty standard for a family of three. More than half of these women report no income in 2012. These facts, coupled with the information that veterans living in poverty are more likely to move into homelessness than their civilian counterparts, signal to us that there are a significant number of women veterans who are at risk of moving into homelessness with their children.

Benefits Utilization

Utilization Patterns

California's veterans use fewer benefits than do their peers at the national level. While all veterans nationally report only partial awareness of the benefits to which they are entitled to, some states have more advanced outreach programs for veterans to connect them to benefits. Additionally, federally-sponsored benefits must be approved by the Veterans Administration. California has some of the longest wait times for benefits approval in the country.

Men

Overall, veterans in general, and especially male veterans, are unaware of federal benefits.

Our information about male veterans' understanding of their benefits comes from the National Survey of Veterans published in 2010. This survey only looked at the knowledge and understanding of federal benefits.

Of the benefits asked about, less than 50 percent of all male veterans reported knowing about any given benefit. For example, the home loan guaranty program was known by about 39 percent of all veterans. Education and training benefits were known about by approximately 37 percent of all veterans. The most popular benefit was VA health care. Here, young veterans reported a greater knowledge of

this benefit than older veterans (41.2 percent of 18-30 year olds reported knowing about the benefit compared to 18.4 percent of all veterans and 15.7 percent of women). Younger veterans were also more aware of burial, education and training benefits than older veterans.

Women

Our information about women veterans and their benefit utilization comes from both the National Veterans survey and the CRB Women Veterans Survey. Women veterans in California are largely unaware of their state level and federal benefits, though they are more aware of their federal benefits than their male counterparts.⁸

In terms of federal benefits, two to three percent more women were aware of a benefit than their male counterparts. This is true in everything except the education and training benefits, which men were more aware of.⁸

Most respondents to the CRB Women Veterans Survey were unaware of their state benefits. They are more aware of the federal benefits to which they are entitled, but the knowledge of these benefits is still not universal. We surveyed women about thirteen state-based benefits. On average, half of the women surveyed reported not knowing the benefit existed. The most well-known benefit, the CalVet Home Loan program, was known about by approximately three-quarters of all women veterans, however, almost 15 percent of all women veterans didn't think they qualified for this benefit. Ten percent reported using this benefit.

The least-known state benefit was the property tax exemption. Only a third of all women veteran respondents reported knowing about this benefit. Eleven percent of respondents did not think they qualified for the benefit. Less than seven percent of all women veterans used this benefit.

In terms of federal benefits, about 90 percent of women in the CRB survey reported being aware of their benefits. The most well-known federal benefit was disability compensation. More than 92 percent of the survey respondents reported

knowing about this benefit. The least-known benefit, readjustment counseling, was known by about three-quarters of all respondents.

When women know about a benefit and believe they qualify for a benefit, they utilize it. For example, in terms of raw percentages, only 3.3 percent of women veterans responding to the CRB survey used the Motor Vehicle Registration Fee Waiver. However, if you look only at respondents who knew about the waiver and thought they might qualify for it, 33.6 percent used the benefit (11 times as many women). Likewise, with Claims Representatives, in raw percentages, 20.5 percent of respondents used the benefit. However, if we eliminate respondents who did not know about the benefit or thought they were ineligible for the benefit, of those who knew, 57.0 percent used Claims Representatives.

What this tells us, as researchers, is that women's use of their benefits is driven largely by their knowledge of the benefit. This includes knowledge that the benefits exist and correct knowledge about who qualifies for the benefits.

Just a note about women and their perception of who is qualified for benefits: some women do not necessarily think of themselves as veterans or as being entitled to the same thing as men. The perception of veterans is highly gendered. When most people think of a veteran, they picture an older man who has experienced combat. Women veterans don't fit that image. Because they have not been included in the dialogue about who is a veteran and not included in the imagery of veterans until recently, women excise themselves from the concept of veteran. Thus, when someone discusses veteran benefits, it may not seem to apply to women who have served in the military.

In the CRB survey, we had open response fields for women to provide us feedback. We received the following comments in response to the question, "What challenges have you had making the transition from active duty?"

- "Not knowing the services available to me as a female veteran. There is more information given to the male veteran."

- “At the time I never knew of benefits I was eligible for.”
- “Not knowing the women specific benefits.”

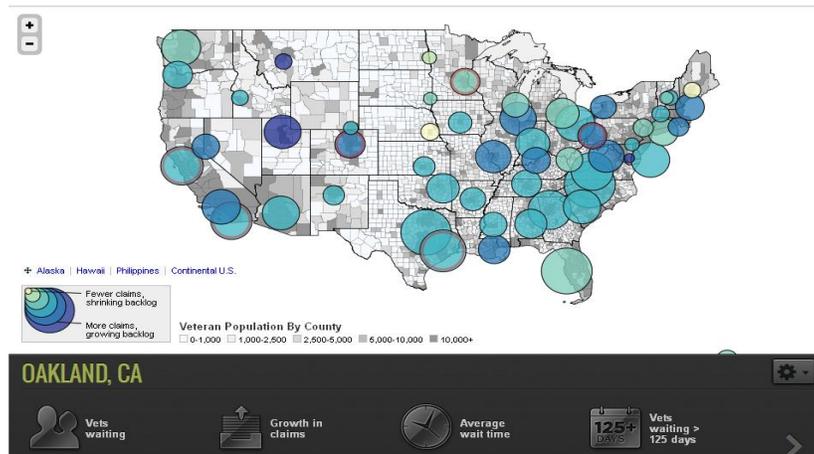
And in response to the question, “What services do you need? What services or benefits should be provided to address the needs of women veterans?” we received:

- *“It would have been nice to have known that I was a veteran. I was told I was not eligible for any benefits except the Veterans Home Loan.”*
- “Someone to improve the filing for benefits for women.”
- “Treat women with more respect. Give them their own ward when they get sick. Do not make the V. A. for men.”
- “Current women vets are getting recognition and having their needs addressed because they are "combat vets". There are decades of women vets out there that have not been recognized. We are told repeatedly that we aren't "real vets" or asked where our husbands or sons served when we enter a VA facility. Three years ago our local community started holding a Women Veterans luncheon in November but it gets little coverage even in our local news. We have women vets attending who served in WWII-present and yet there is very little recognition except for the local Sons of Italy who insists on catering the event every year. Find a way to recognize all of us!!!! Why are benefits being issued only for those who serve in Iraq or Afghanistan (male or female). If you speak to every generation of vets still living, the story will be the same: when you're still in the news, you're remembered but there will come a day where you will be "history" or yesterday's news. Vet centers should be managed and staffed with Vets, not civilians. Too often civilians treat it just as a job. At least the majority of vets treat other vets as family and know how to listen.”

Benefits Processing Time

Access to many benefits, and all federal benefits, requires a claim be filed with the VA. As was addressed in the hearing before the Veterans Committee on February 19th, there is a significant delay in processing benefits claims by the VA. Delays in claims processing, receiving disability ratings and other paperwork required to access veteran's benefits limits the number of veterans California has who can access their benefits.

To provide the Committees with some information about relative delays of processing veterans benefits, we have included the graphic "Waiting for Help" created by the Center for Investigative Reporting. The interactive graphic can be found at: <http://cironline.org/reports/map-where-veterans-backlog-worst-3792>. This graphic indicates that the three VA Claims processing centers in California all have lengthy wait times. As of February 2013, San Diego averaged a wait time of 319 days, Oakland averaged 427 days, and Los Angeles averaged 506 days. There were almost 65,000 claims with wait times over 125 days between these three claims centers.⁹



As stated before the Veteran's Committee in testimony on February 19th, these delays can cause the costs of supporting veterans to shift from the federal or state government onto the nonprofit and city sectors. Veterans waiting for benefits do not have their needs placed on hold. They continue to need health care, housing assistance, employment assistance and other forms of aid. When they cannot

access benefits through the federal or state government, cities and nonprofit entities attempt to fill the gaps. This means, when we are looking at solutions to homelessness in the veterans' population, we need to include both solutions to reduce wait times for claims processing and include cities and nonprofits in the dialogue.

Homeless Veterans

Homeless veterans are a significant issue for California. We have the most homeless veterans of any state. This population is not monolithic and the solutions to helping veterans stay out of homelessness and move from homelessness into shelters and permanent housing will be manifold.

California is home to nearly 26 percent of all homeless veterans in the United States. Los Angeles County alone accounts for 10 percent of the nation's homeless veterans. According to HUD's 2012 Continuum of Care (CoC) Homeless Population Subcount, California is home to 4,512 veterans living in temporary housing or shelters and 11,949 veterans living on the streets or in places unintended for human habitation. This means approximately 0.9 percent of all California veterans are homeless.

California's homeless veterans cluster in urban areas. The top six areas accounting for the most homeless veterans in California are:

- 1) Los Angeles: 8,544
- 2) Riverside: 2,445
- 3) San Diego: 2,329
- 4) San Jose/Santa Clara: 2,295
- 5) Santa Ana/Anaheim/Orange County: 1,585
- 6) San Francisco: 1,110

California saw a decrease in veteran homelessness between 2011 and 2012 of approximately 11.6 percent. This was a greater decrease than was seen nationally (national decrease, 7.2 percent). The decrease was largely driven by veterans

moving from temporary shelters into more permanent housing. The number of unsheltered veterans remained nearly unchanged between 2011 and 2012 in California.

These statistics speak to several needs for California's homeless veteran population. First, this is not a monolithic population that can be helped with a single solution. Veterans in temporary housing have different needs and different trajectories than veterans living on the street. Veterans experiencing homelessness for the first time have different needs than chronically homeless veterans. Families have different needs than individuals.

We know that veterans in poverty move into homelessness more frequently than their civilian counterparts do. This indicates a need for intervention prior to the veteran becoming homeless. Programs that assist with rent, that provide stable housing for veterans with behavioral health issues, programs that assist with stabilizing established housing go a long way to stabilizing the veteran population and preventing veterans from spiraling into homelessness.

We know that women veterans and veterans returning from the most recent conflicts are experiencing greater problems with maintaining stable housing than older veterans and veterans who returned in earlier eras. Women veterans in the CRB survey told researchers that they wanted gender-specific housing and that they needed housing for families. While male veterans are more likely than their civilian counterparts to be part of a family unit that becomes homeless, women veterans bear an especially heavy burden when it comes to taking care of children. A single mother who is a veteran is likely to be living on less than \$40,000 a year. She is more likely to move into poverty and more likely to move into homelessness than her civilian counterparts.

Our younger veterans, those under 34 years of age, also experience greater levels of homelessness than their civilian peers. These young veterans are likely to return with a disability, be it mental or physical. While having a disability rating does not prevent a veteran from holding a job and maintaining housing, it may

make it more difficult. If getting assistance for the disability is delayed by a lengthy claims process, the disability may be aggravated and lead to job loss or housing loss.

For women veterans, we need programs that cater to family units and programs that provide safe housing for battered women. For younger veterans, we need programs that quickly connect them with the array of services available to them to stop the spiral into homelessness.

For chronically homeless veterans, the issue is more difficult. Many of our chronically homeless veterans have comorbidities: they suffer from a mental illness, substance abuse problems, physical ailments, or a combination thereof. These veterans need multiple services to help them re-establish themselves. One solution that has been offered and has shown some success are “one-stop” shops – facilities that provide temporary housing, medical and mental health care, substance abuse treatment, education and employment help in one location. By combining and coordinating services to care for the whole veteran in one location, these one-stops address the multifaceted needs of the distressed individual.

To illustrate the issue faced by a chronically homeless veteran with comorbidities, I offer the following example. If the individual suffers from depression, for example, and a musculoskeletal injury (both very common for veterans), has lost his job, and has no form of transportation and does not have a one-stop shop, a day may involve:

Waking up in a homeless shelter.

Taking a bus to the VA for doctors’ visits.

Taking another bus (or two, or three) to a pharmacy to have a prescription filled.

Taking another bus to an employment office.

Taking another bus back to the homeless shelter to spend the night.

All the time, the individual is toting all critical personal belongings, trying to figure out if he has enough money to pay for transfers for each bus, make appointments while relying on public transit and dealing with the weather. This process is exhausting and can be overwhelming to someone with a physical or mental disability. One-stop shops offer all these services on a single campus and provide a place for the individual to stay temporarily. This eases stress, simplifies decision making and increases the chance the individual will develop the skills necessary to live on their own.

Conclusions

While the problem of homelessness in the veterans' community is both large and pressing, it is not insurmountable. General Shinseki and President Obama have called for an end to veteran homelessness by 2015. That is an incredibly ambitious goal, especially for California. However, the State can make significant inroads.

California has exemplary programs that help veterans stay out of homelessness and help veterans move from homelessness back into homes, jobs and self-sustaining support. Several nonprofits and veteran service organizations as well as several state agencies are working to end veterans' homelessness. The Interagency Council on Veterans has attempted to bring some of these agencies and organizations together to discuss how to better serve our homeless veterans.

I will leave it to the other expert panel members to suggest specific solutions to veteran homelessness. I know there are a number of agencies and organizations working toward the goal of housing all those who have served.

Thank you for this opportunity to talk to you about the needs of California's veterans. I am happy to take any questions from members.

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