

STATEMENT
Of
VIETNAM VETERANS OF AMERICA



Submitted by

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National Board of Directors
Chair, National Women Veterans Committee

Before the

Senate Veterans Affairs Committee

Regarding

“Ending Homelessness Among Veterans.”

March 14, 2012

Senator Murray, Members of the Committee, Good Morning. On behalf of Vietnam Veterans of American (VVA) I appreciate this opportunity to provide testimony on “Ending Homelessness Among Veterans.”

VVA recognizes the investment of energy and efforts being placed to address this issue. Many Veterans have received the advantage of the increased programs and services afforded to them under these initiatives. We are here today to present some ideas and approaches that could not only increase the positive outcomes of these advantages but also bring relief to the community service providers who have also dedicated themselves to this difficult situation of life, but also enhance services to those men and women who face it.

Over the past two decades we have become increasingly more vested in the recognition and address of the situation of homelessness among Veterans. In looking back VVA well remembers the time when the VA acknowledged that as many as 275,000 Veterans filled these roles. With the legislative creation of the VA Homeless Grant and Per Diem HGPS) program and its program growth, the VA and community Veteran service providers have been able to chip away at this deplorable situation of life that existed for so many who served this country in its armed forces. Startling is the fact that the % of homeless women Veterans has risen from 2% to 6% of the homeless Veteran population and that over the past four years the actual number has doubled.

Currently the VA sites that the number of homeless Veterans has been reduced to 67,495 as reported by the most recent Point in Time count. VVA recognizes this as a useful tool but doubts that this number is necessarily a solid number. It is a snap shot because it is impossible to have on record all the Veterans who are homeless. Nonetheless it is a true indicator that all the energy surrounding the above mentioned programs has made a difference. It is undeniable that the number of Homeless women veterans has been climbing; however, collection data on homeless women Veterans is not reliable as indicated in the latest Government Accounting Office’s (GAO) report on this topic.

Today many more initiatives have added strength to the work that is being accomplished in this arena. The HUD-VASH voucher subsidized program was revitalized and it has become another vital and realistic approach to independent housing for those Veterans who are able to make a true life change with the assistance of continued case management. The “Housing First” model is also working for many Veterans. These along with creative non-profit agency community partnerships and the smaller foundation grants that augment the entire process have truly made a significant impact on the number of homeless Veterans that are seen today.

Housing First

“Housing First” is a model that for homeless Veterans, many of whom are women, is perfect. It is one that has provided exceptional opportunities for our individual Veterans, Veterans and their families, and single Veterans with children. If we are to move forward with the current trend of the “Housing First” model then we all have to take responsible for the success of this venture and also view it with the eyes of reality. How can we best fulfill our obligation to those Veterans we place immediately in housing? Women Veterans with children often prefer this model because it

affords them the ability to remain with their children, escaping from the disruption of the family setting. Over the past 2 years VA data shows that homeless female veterans with dependents prefer permanent housing options (HUD-VASH). In permanent housing they can pursue their recovery in the community with their children living with them. Children can engage in school systems and other social supports essential for increasing their stabilization and preventing future episodes of homelessness.

With that said, VVA, the VA, you and, I, also as a community Veteran service provider, must work in a partnership to create the most advantageous environment for successful outcomes. This includes the responsibility of protecting from disintegration the “Housing Ready” models and those programs created for individual attention to the need of significant mental health residential transitional programs. This is true for both men and women. For some Veterans, if they need or require a significant mental health residential program, it is the only viable option they have on the road to their true independence in permanent housing placement.

Allowing the disintegration of the “Housing Ready” models is a trap that must be avoided in order to truly address the needs of *all Veterans*...to do so would be requiring *all homeless Veterans* to meet our pre-determined unrealistic goals and ultimately deny them the opportunity to reach the attainable and successful goal of permanent housing. Secretary Shinseki has also stated that no door to the other side of homelessness should be eliminated. There continues to be a need for a variety of entry points to independent housing and a true individualized assessment of capabilities should be utilized in order to produce the most successful outcomes for our Veterans.

VA Homeless Grant and Per Diem

VA Homeless Grant and Per Diem Payments

The difficult side of requesting increased per diem rates with the VA Homeless Grant and Per Diem program lies in the process that currently exists whereby the decision to determine the rate of per diem is based on the agency’s last FY audit.

Non-profit agencies do not have the freedom or capability to incur expenses or increase necessary staff levels based on veteran needs for its HGPS program without the funding to do so. However, they cannot request the increased funding to enhance services unless they show the actual expense in their previous years audited budget. Hence they cannot apply for an increase in per diem because they cannot justify the increase in per diem needed. It seems to be a “Catch 22”.

If the request for per diem could be determined by the proposed fiscal year program budget rather than the past program expense, a non-profit agency would be able to function at a more appropriate level in order to fully provide and deliver services and care that is most appropriate for the veterans. New initiatives and enhancements cannot be added because the expense of such cannot be taken on without first obtaining an increase in per diem to cover these expenses.

One consideration could be a process utilized by other federal agencies. On an annual basis the provider submits a proposed budget with narrative for its justification. The federal agency reviews the budget and awards the approved dollars, providing a monthly disbursement through direct deposit to the agency based on an agency invoice. At the close of the fiscal year the agency provides the annual program expense for justification of the account. The parameters for the agency's annual budget request would be directly related to and not exceed the amount of the VA per diem cap as set by regulation.

Resident Payments in VA Homeless Grant and Per Diem

Non-profits have long struggled with the process used to justify the receipt of the per diem payments for Homeless Grant And Per Diem (HGPD) programs. Although the amount of the money received per veteran per day provided as per diem has increased over time, the requirements to provide documentation to meet a 100% cost expense has created a significant burden on the non-profits.

The expenses incurred by a non-profit agency often require discretionary dollars to pay for their cost of expenses that are necessary. Grants however, are restrictive and many of the expenses incurred by programs are not allowable by the grant regulations. Examples of this are those in the arena of administrative and operational dollars, and building and maintenance expenses. These could be expenses charged to the cost of the HGPD program if the per diem program was the only program of the agency. However, if you are an agency that operates the per diem program located physically off site from the non-profit agency home office, you cannot apply these expenses to HGPD. VVA contends that without the up keep and solvency of the parent agency as a whole the per diem program could not function. It is totally reliant on the home office and collateral functions of it. The HGPD program could not exist without the home agency and therefore some of the expenses of the agency, unrelated specifically to the HGPD program, should be directly allowable as expenses to the program.

Programs are not required to charge program residential fees from its residents. The agencies do so in great part to meet the financial burden of the agency that the program has created. These residential funds could be utilized as discretionary funds to assist the agency in the offset of agency expenses as highlighted above. Currently they must be deducted from the cost of the HGPD program. This activity directly reduces the cost of the program expense and hence the amount of per diem that the agency is eligible to receive under the current requirement for the requested per diem rate of reimbursement.

The burden created by the legislative requirement to deduct these residential payments from the cost of the program expenses prior to submitting the cost of the program to the HGPD office on the annual audit exposes the agencies to shortfalls in program cost that result in the agencies inability to obtain maximum per diem payments.

Consolidation of VA Homeless Grant and Per Diem Projects

In the past, some successful VA Homeless Grant and Per Diem (HGPD) residential programs (funded in a capital grant process through HGPD) identified an increased geographic need for additional bed space. The level of need was unknown at the time of the original grant. In order to meet this recognized need for increased capacity these existing HGPD programs requested a program expansion for additional beds under a separate VA HGPD funding category known as the “Per Diem Only” (PDO) grant process. When they were awarded a PDO grant they now had the ability to increase their overall program beds. Here’s where it gets extremely difficult for the non-profits.

Since the original grant and the PDO grant were awarded at different times they have separate “project numbers.” However, it is the same program, with the same expenses, the same staff, the same food costs, the same housekeeping costs, the same garbage costs, the same building rental costs, the same policies and procedures, and the same location. They are required to divide out by percentage the number of beds under each project number in all reporting processes to include billing and the request for increased per diem. This reporting process involves a daily tracking of each resident as to what bed they are in and in which unit they reside because it is necessary to change the project number tracking if there is a need to move the resident’s bed assignment. It is an administrative nightmare.

To simplify: Although it is one program with absolutely no differentiation in policy, procedure, or cost, all expenses must be divided by percentages relative to “project numbers” and every Veteran who changes rooms has to be tracked by project number in applying for every month’s per diem reimbursement request. Hence, this division of all expenses is required when requesting the per diem rates for the program or seeking an increase in the rates.

This is an inefficient and time consuming process for the administrative tracking and reporting side. All expenses for the program on the bookkeeping side of the agency have to be calculated by percentage. It can also be detrimental to the program. It is proven that this process results in two different per diem rates for the same program. We believe that if a single program has two different project numbers based solely on an approved expansion, the program should be treated as a whole and the two projects numbers should be merged. To do so would allow an agency to function in a more efficient manner, have access to an appropriate and true per diem structure, and reduce administrative costs.

VVA is requesting that this be considered for inclusion in a legislative bill. If we are in fact taking an aggressive review of issues surrounding the efficiency and effectiveness not to mention equity of the per diem payments to the non-profits, VVA believes this is a long outstanding issue that needs to be resolved. It is not only a tremendous burden to the non-profit awardees but a timely cost to the efficiency of the HGPD program. It is an issue for all existing programs that received a second grant for expansion of its existing original program.

VA Homeless Grant and Per Diem Service Center

In the mid 1990's, an increasing number of grants to receive per diem from the VA Homeless Grant and Per Diem Program for "Drop In" Centers – Day Service Centers were awarded. This was a time when other federal funds were more easily obtainable in order to augment VA per diem payments. HUD was one agency, in particular, that awarded "Supportive Services Only" grants. In many cases, if not most, these HUD grants have been eliminated from local municipalities' Continuum of Care Consolidated Plan. This was due to HUD's pressure on these cities and municipalities to increase an emphasis on permanent housing in order for the city to remain competitive in their national HUD grant applications for McKinney-Vento homeless grant awards. However, these added HUD dollars were a valued source of funding for the service centers as they provided augmented program components and additional staffing. With the loss of this funding non-profits were challenged to adequately provide the appropriate services in the VA HGPS full service centers. Per Diem alone could not fully fund the need same level of assistance. It is especially difficult in light of the increased number of Veterans who now make use of these service centers.

Per Diem dollars received by services centers are not capable of supporting the "special needs" of the Veterans seeking assistance. Currently day service centers are receiving a maximum of \$4.86 per hour, per veteran, for the time the Veteran is actually on site at the service center. It could be as little as one hour. However, the work of assisting the homeless Veteran who utilizes these services goes on long after they have left the service center, a center that is providing a full array of services and case management. In some cases service centers are the first entry point to the VA for our homeless veterans. Keep in mind they are in many respects the gate keepers of the "Housing First" and "Housing Ready" programs.

These service centers are unique and indispensable in the VA process. In many cases they are the front line and first exposure to the VA system. They are the door from the streets and shelters to VA substance abuse outpatient and residential treatment programs, job placement, job training, VA benefits, VA medical and mental health care and treatment, and VA homeless domiciliary placement. Veteran specific service centers are vital because most city and municipality social service agencies and staff do not have the knowledge or capacity to provide appropriate supportive services that directly involve the treatment, care and entitlements of Veterans.

VVA urges Congress to provide the VA with the legislative authority to provide "staffing and operational funding instead of per diem for service centers through its HGPS program. A VA HGPS "staffing and operational" funding process would allow the service centers to provide these vital services with appropriate level of qualified personnel. It would be modeled after and similar to the Special Needs Grant process that already exists as a precedent. Per Diem alone does not allow for the level of qualified and professional staffing that comprehensive service centers require. These staffing grants, to include operational funding, would eliminate the current

Per Diem reimbursement. Some are currently assisting upwards of 100 veterans a day, providing nearly 80,000 hours to over 1000 individual veterans seeking services annually. Without consideration of staffing grants the result may well be the demise of these critical services centers.

The VA acknowledges this problem exists. VVA believes further discussion is necessary in order to fully address this situation and remedy the problem facing these Service Centers.

Expanded Use of VA Homeless Grant and Per Diem Service Center

As mentioned above, Service Centers are the retreat and salvation of Veterans who are still un-housed. This is their place of safety, where they find relief and are not afraid. The “Housing First” model and other independent housing placement initiatives have left many Veterans at loose ends...disconnected from the relationships they had with the staff that assisted in their new apartment placements. Some of these Veterans need continued self-assurance and resource development if they are to recognize their ability to “make it” on their own. Service Center staff do not have this defined responsibility, nor are the Veterans eligible for service center assistance if they have been housed. Additionally, there is no funding reimbursement for the assistance provided. As addressed above, Service Center agencies find it impossible to hire enough case managers for their designed program let alone to have the funding to hire case managers for this purpose.

Many newly housed Veterans haven't been in this situation of “responsibility for a very long time. They are vulnerable and have a complex array of needs that require attention. It is great to place them in housing as soon as possible but then what? For those used to communal living and/or the service center environment they find themselves lonely...at risk for recidivism or relapse. They feel as if their safety net has been pulled out from under them because they entered housing. This is not an incentive for some. VVA believes without this continued trusted relationship the Veterans will fall short of success in their “new” independence. To cut them off in one fell swoop from the place and people on whom they have come to rely as a life line can be a frightening and disastrous experience.

VA HGPS could begin thinking about extending the service center's scope regarding who is eligible for services. VVA would like to have consideration given to legislation that would expand the service ability permitted under the VA HGPS Service Center authority. It will allow the VA and the VA HGPS program to bridge the terrain between the streets and home.

A small investment may prove to be most effective. Extending access to the HGPS Service Centers to Veterans for up to one hundred eighty (180) days after they are placed in housing would be an investment in a solid transition process. It would provide an increased positive outcome, not only for the statistics and data charts but for the Veterans who need to “find their way” to independence. It seems like a logical extension to the existing continuum of care and housing first model. HGPS service centers would aid in keeping veterans housed if the programs were to become more flexible in regard to eligibility.

VVA feels it would be realistic to have future conversations about the morph of HGPD Service Centers into more of a Veterans' community center for Veterans in transition whether currently homeless, at-risk for homelessness, or recently re-housed, needing stabilization services and supports. As a group they would provide tremendous support for each other.

Special Needs Grants

This grant provides assistance with additional operational costs that would not otherwise be incurred but for the fact that the recipient is providing supportive housing beds and services for the Special Needs of the following homeless veteran populations: women, including women who have care of minor dependents; frail elderly; terminally ill; or chronically mentally ill. The focus of this GRANT is to encourage applicants to continue to deliver services to the homeless Special Need veteran population, one that requires a greater investment than what the normal HGPD reimbursement can provide.

Last year the renewal of the authority to continue the Special Needs Grant Program (SNP) was an important action that extended the ability of community providers to assist Veterans. These Veterans, who because of increased need, created a sometimes insurmountable challenge to the non-profit Veteran providers who found it quite difficult, if not impossible; to provide the level of care they required to meet their needs. The discouraging piece to this creative program is that VA HGPD, after receiving the extension of authority for SNP, did not offer any opportunities for new grants to increase the number of these programs eligible for this funding.

The benefits obtained through this program can easily be identified for all the special needs cohorts. In regard to women Veterans specifically, the SNP assists with funding to increase the professional staffing that is vital for their transition into the community. The case management ratio for programs of this nature is lower than normally expected. It also provided funding to assist the women with children and expenses that were incurred by them or their families while the women Veterans were in a recovery mental health program.

Originally, the grant allowed the VA to partner with the non-profit through the SNP and combine dedicated staffing and program components to the SNP provider that greatly enhanced the overall advancement and success of the women Veterans in their transitional program. It has been identified that women Veterans have a high incidence of sexual assault, childhood sexual assault and trauma, domestic violence, and military sexual trauma (MST). With these issues alone comes the burden of addressing the mental health/psychiatric diagnoses that interferes with even their ability to function. Many live in the dark places of shame and guilt that can at times be paralyzing. Self harm is also a reality for many of them. As an example, The Mary E. Walker House is a thirty bed women Veterans only transitional residence established in 2005, under HGPD funding. To date 205 women have been admitted to the program. Mental Health statistics include: MST 44%; Sexual trauma 54%; Childhood Abuse 55%; Domestic Violence 53%; non combat PTSD 46%; Bipolar 31%; Depressive Disorder 57%; Self harm 19%; Personality Disorder 11%; Adjustment Disorder 6%; Schizophrenia 8%. The importance of the SNP cannot be minimized. VVA encourages VA HGPD to reconsider and again offer a new grant round for an increase in the availability of these program funds.

Military Sexual Trauma Residential Treatment Programs

While the VA has invested resources and expanded opportunities for the identification and treatment of PTSD as a result of MST, there are limited residential treatment programs that are both exclusively MST in nature and gender specific. The difficulty that faces women Veterans who are homeless lies in the fact that these women have little if any financial resources to travel to the locations that would best address their MST treatment needs. If an agency had access to additional funding through the SNP grants, this opportunity could become a reality to many more of these Veterans.

Supportive Services for Veteran Families (SSVF)

VVA recognizes the great advantage this new grant provides for supportive services which is also a unique approach by the VA for community providers. It picks up a gap in services for Veterans that would have been recognized upon the up-coming conclusion of the Homeless Prevention, Rapid Re-Housing program established by the American Recovery and Reinvestment Act. VVA is also encouraged that it has been seen as a very pro-active approach as demonstrated by the increase in funding that it is receiving. It plays an additional role in the VA's aggressive attention to the elimination of homelessness among Veterans. Only about six months into its first year of existence, it has already brought much advantage to Veterans in communities across the country.

It is important to note that female Veterans with MST have significant trust issues and it is critically important that we develop more collaborative and enduring (aftercare) case management models to promote both greater engagement with the community and VA. More timely access to mental health services are needed to address issues of depression, PTSD and substance use.

We need models where VA and community can co-case manage; reducing handoffs and the likelihood of disengagement for this vulnerable population. VA's new SSVF is a model that promotes coordination between VA and the community promoting rapid re-housing into permanent housing. With the anticipated military draw down over the next five years we need more services focused on prevention with community coordination that is focused on consistent case management services and housing stabilization.

Department of Labor: Homeless Veteran Reintegration Program

This Department of Labor (DOL) program directly trains homeless Veterans in an effort to provide skills and abilities leading to employment in order to maintain an independent life-style. It has been valuable for thousands of Veterans across the country.

VVA has recognized that while this program is of significant contribution, many Veterans who are being quickly placed in housing without adequate skills and/or income are left out of the eligibility criteria for the HVRP training programs because they are not considered homeless.

VVA feels that these Veterans should not be excluded from this program because of an emphasis on the “housing first” model. VVA feels they are being penalized for doing the right thing. They too should be given the chance to improve their life in the move from homelessness into one of independence. That they should be eligible for HVRP training programs for up to one year of housing placement. VVA also believes that homeless prevention is currently an activity with great emphasis. VVA feels that if documentation can be given to prove a Veteran is in imminent danger of becoming homeless they should also be considered for eligibility in HVRP training programs.

VVA also takes note of the Trauma-Informed Care Guide produced by the DOL Women’s Bureau. It was developed to assist women Veterans with employment and transition to civilian...but also to assist service providers with a guide to better understanding the challenges and unique needs of women Veterans. VVA applauds DOL Women’s Bureau for this effort. This guide may well reach providers and employers outside the normal outreach of VA and HUD, thereby expanding the total community effort.

GAO Report 2011

In December of 2011, the Government Accounting Office (GAO) put forward five recommendations in its Report: HOMELESS WOMEN VETERANS: Actions Needed to Ensure Safe and Appropriate Housing. This report gives us much to think about. Are women Veterans and their needs truly being met by the programs that exist for them today? The questions are, “What will be done to reach them, to know them, to meet their needs and provide them a safe environment in which to address them?”

This report begins, “As more women serve in the military, the number of women Veterans has grown substantially, doubling from 4 percent of all Veterans in 1990 to 8 percent, or an estimated 1.8 million, today. The number of women Veterans will continue to increase as service members return from the conflicts in Iraq and Afghanistan. Some of these women Veterans, like their male counterparts, face challenges readjusting to civilian life and are at risk of becoming homeless. Such challenges may be particularly pronounced for those women Veterans who have disabling psychological conditions resulting from military sexual trauma and for those who are single mothers.” And “While these programs (VA HGPS and HUD-VASH) have expanded in recent years to serve more Veterans, it remains unclear whether they are meeting the housing needs of all homeless women Veterans.”

Existing VA data indicates that the number of homeless women Veterans it has been able to identify has more than doubled over the last four years from 1,380 in fiscal year 2006 to 3,328 in fiscal year 2010. As the number of women in the military continues to grow and hence the number of women Veterans it stands to reason so too will the number of homeless Women Veterans. Will the VA be ready for the increasing number of homeless women Veterans? Does the VA have the current capacity and level of professional medical and mental health staff to meet the challenges of these women?

GAO Finding 1: “Data on the characteristics of homeless women veterans are limited to those who have been in contact with VA. Neither VA nor HUD captures data on the overall population of homeless women veterans.”

HUD collects data on homeless women and homeless Veterans, but it does not collect any detailed statistics on homeless women Veterans. Neither VA nor HUD collects data that can be used as a reliable source for a true picture of the extent of homeless women Veterans in this country. With the reporting required by non-profit agencies and local cities and municipalities who receive federal funding streams for programmatic oversight, it would seem that data could be more forthcoming. But the question has to be asked, “Why hasn’t this been more coordinated?” The GAO reports states that, “According to knowledgeable VA and HUD officials we spoke with, collecting data specific to homeless women Veterans would incur minimal burden and cost.” States, local cities and municipalities that receive HUD or VA funding within any of their departments or agencies should be required to include the collection and reporting of data for this cohort as well as those now identified. This reporting should also be extended to those receiving Department of Labor training dollars through its Homeless Veteran Reintegration Program (HVRP).

GAO Finding 2: “Homeless women Veterans face barriers to accessing and using Veteran housing, such as lack of awareness about these programs, lack of referrals for temporary housing while awaiting placement in GPD and HUD-VASH housing, limited housing for women with children, and concerns about personal safety.”

There are many barriers to the access of housing for women Veterans. A few include:

- They are not aware of the opportunities available
- They don’t know how or where to obtain housing services.
- They are not easily found/identified in the community. They often “couch surf.”
- They have children and avoid shelters because of the safety factor;
- They avoid social service agencies for fear of losing their children to the system.
- 24 percent of VA Medical Center homeless coordinators indicated they have no referral plans or processes in place for temporarily housing homeless women veterans while they await placement in HUD-VASH and GPD programs.
- Nearly 2/3 of VA HGPD programs are not capable of housing women with children.
- The program expense of housing women with children is a disincentive for providers.
- Women Veterans do not feel safe in programs that are not gender specific.

The responsibility of outreach will fall on the shoulders of many. It does not rest with the VA alone. In some cases the VA homeless Outreach Teams are understaffed, especially in large metropolitan areas. Efforts are fragmented. A coordinated plan needs to be developed at the local level by the leadership of the respective VA medical center within its homeless Veteran program. It must include input and involvement of the Women Veteran Program Manager, its women’s health clinic, the VBA Woman Veteran Coordinator, the state Department of Veterans Affairs, and all local/community agencies and Veteran providers.

It is difficult to place women Veterans in temporary/transitional housing if one doesn't know where they exist nor have a plan to do so. Even within the VA HGPD program, a local provider has a difficult time identifying other HGPD programs for overflow placement or for a geographic re-location. The VA HGPD program could organize a data base of all existing programs that accept women Veterans, the eligibility, and if children are accepted. It could be up-dated by the local VA homeless program coordinator or VA HGPD liaisons.

There is no denying the fact that placing homeless women Veterans with children is a huge challenge. It is more costly, requires more staff, and involves increased liability. The boon to this situation for women Veterans has been the "Housing First" model for those who are ready for this placement. The recent addition of the VA Supportive Services for Veteran Families grant program is making a significant impact in this model for women with children. This grant program is in its first year and providers are already recognizing great success. The need for program enhancements have been identified but that is natural with a new program. It is vital that the funding for this program continues if we are in fact to move forward with the elimination of homelessness. But it must also be recognized that with housing first, we must accept the fact that case management will be most imperative and it is our responsibility to make it happen. If we truly believe in this model we must commit to it. Otherwise the Veterans have been set up to fail once more.

Another important address of housing for homeless women with children is the Special Needs Grant program. Certainly it doesn't resolve all the problems. Nothing does. It does, however, provide additional funds for assistance with children. Many of the women who are in need of a programmatic transitional program do not have children with them. In some cases, family has taken the children so the mother can focus on her recovery and mental health stability, in other cases; the women have lost custody of the children to someone else or through the courts. In other instances, they either don't have children or the children are not minors. It also assists with staffing that can foster parenting classes, anger management, relationship building, and family reunification. An expansion investment by the VA HGPD program with increased awards of the Special Needs Grants to other non-profit agencies would improve transitional housing services in preparing women Veterans for independent housing.

VVA is encouraged that VA has begun to evaluate safety and security arrangements at GPD programs that serve women. VVA awaits the production of a policy on gender-specific safety and security standards for its GPD housing. VVA finds this as important in many ways as that of the VA environmental/fire and safety inspections of which VA HGPD programs must comply. VVA finds unacceptable the potential of putting women veterans, any Veterans, at risk for sexual harassment or assault in any location where they expect to be safe in receiving care and treatment. This extends to VA facilities, clinics, programs, and residential treatment units. It is important to have oversight and accountability in all realms.

Conclusion

In conclusion, the number of homeless women Veterans is rising dramatically. It is imperative to understand their needs, in order to best address them. The VA may well be challenged by not only the number of women Veterans entering its system, that of both VHA and VBA, but by those who are homeless and who may be significantly challenged.

Vietnam Veterans of America would like to thank this committee for its time and attention to the significant issue of addressing homelessness among Veterans. It has permitted a formal communication on their behalf and I will be glad to answer any question you may have.

VIETNAM VETERANS OF AMERICA
Funding Statement
March 14, 2012

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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Ms. Four is a Vietnam in-country veteran who served on active duty with the Army Nurse Corps. She entered the service on the Student Nurse Recruitment Program and began active duty in 1968. From 1969 to 1970 she served in Vietnam with the 18th Surgical Hospital, located first at Camp Evans and then Quang Tri, the northern most hospital in South Vietnam. She was awarded the Bronze Star.

Ms. Four has been actively involved in veterans' issues on a local, regional and national level for nearly 25 years. She was the initiator and Executive Director of the Philadelphia Stand Down for Homeless Veterans from 1993 until 1999.

A life member of the Vietnam Veterans of America (VVA), Delaware County Chapter 67, she has served on VVA's National Board of Directors since 1999, and is the long standing Chair of its National Women Veterans Committee and Vice Chair of its Homeless Veterans Committee. Additionally, she is a member of its PTSD and Health Care Committee.

Ms. Four was appointed to the Department of Veterans Affairs Secretarial Advisory Committee on Women Veterans from 1992 to 1994, and again from 2001 to 2006. VA Secretary Principi appointed Ms. Four as Chair of this Committee for two terms from 2002 until August of 2006. In this position Ms. Four also served as a liaison/consultant to the VA Secretarial Advisory Committee on Homeless Veterans.

Currently, Marsha is the Executive Director of The Philadelphia Veterans Multi-Service and Education Center, a non-profit agency that has, from its inception in 1980, worked exclusively with military veterans, where all assistance is provided free. She began her employment with The Center in 1996, as its Program Director of Homeless Veteran Services. Prior to that time she worked as a registered nurse in the community hospital arena. She is married, resides in Springfield, Delaware County, Pennsylvania, and has three sons.