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Veterans from War in Iraq and Afghanistan

Background

Over 200,000 veterans sleep on the streets each night. Given their large numbers, the RSC has reviewed veterans' issues at least once each year. Likewise, the Department of Veteran Affairs (DVA) has developed programs and funding streams to meet their needs. Notably, the DVA convened the first federally sponsored national conference on homelessness under Secretary Brown.

Status

With the United States engaged in another long war, Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF)[1], some homeless service providers anticipate that the number of homeless veterans will increase dramatically. Already, approximately 600 Iraq veterans have sought homeless healthcare services from the Department of Veterans Affairs.

Troops and new veterans continue to be exposed to every significant risk factor known to contribute to homelessness. These factors include but are not limited to extended deployment, combat exposure, unit transfers, disrupted family status, injury and diminished function.

How is this war different?

A report titled, "Risk and Protective Factors for Homelessness among OIF/OEF Veterans," published by Swords to Plowshares' Iraq Veteran Project lists risk factors related to the nature of OEF and OIF that suggest that veterans from these wars are at a high risk of becoming homeless. The list includes:

Repeated Deployments in Urban Combat

- At present 50% of the troops are enduring their second tour of duty, another 25% are on their third and even fourth tour. Repeated deployments and extended deployments are themselves a risk factor for homelessness. Moreover, urban war zones create a constant 360-degree danger of drawing fire, coming under mortar attack and falling prey to improvised explosives. The fact that just being in Iraq is itself a traumatic stressor is resulting in unprecedented numbers of veterans experiencing mental health issues.

[1] Operation Iraqi Freedom and Operation Enduring Freedom are considered part of the Persian Gulf War, which started August 2, 1990 and continues through a date to be set by law or Presidential Proclamation.

National Guard and Reserve Deployment

- Approximately 40% of OIF/OEF troops and veterans are National Guard and Reserve. Risk factors are exacerbated for Guard and Reserve and their families who tend to be more geographically diverse than regular service members, and have less access to support networks and services before, during, after and between deployments.

The Age of Regular Forces

- Many of the new homeless veterans who were in the regular forces are very young. These individuals entered the service as teenagers leaving their homes for the first time. Upon their return, the family home may not be available. Additionally, young veterans who were exposed to childhood risks, unstable housing and marginal family status are returning to the same unstable environments, with the added stress of combat experience.

The Role of Women

- Women veterans are 2 to 4 times more likely than non-veteran women to be homeless. Preliminary research shows that women currently serving have much higher exposure to traumatic experiences, rape and assault prior to joining the military. Other reports show extremely high rates of sexual trauma while women are in the service. Homeless veteran service providers' past and current clients have been almost exclusively male making them less equipped to provide gender-appropriate care.

What is special about veterans returning from Afghanistan and Iraq?

OEF/OIF veterans are becoming homeless faster than their predecessors. Vietnam veterans started experiencing homelessness roughly 9 to 12 years after they returned home. OEF/OIF are already ending up in homeless shelters, some just months after returning from Iraq.

According to Toni Reinis, the Executive Director of New Directions, Inc, a comprehensive treatment and recovery program that assists vets, this new generation of veterans is culturally much different than other vets. These vets tend to be either white or Hispanic men and women in their 20's. They have completed high school and some college, have technology skills and are "restless, angry, afraid and finding it impossible to fit in." Reinis describes OEF/OIF veterans as "stimulus junkies," meaning that they are adept at multi-tasking, fast thinking, and are technically savvy. It also means that they are impatient, have distaste for menial work, lack people skills and confidence. Reinis says that the most difficult part of treating a new OEF/OIF veteran is engagement. "They seem to ask for help, but they are not sure what they want and cannot find it. They look at our chronically homeless Vietnam era veterans and those who are disabled and they just don't see any connection," she states.

Why are they homeless already?

The unemployment rate among veterans ages 20-24 is 15%, three times the national average for this age group. Younger veterans who may have joined the service immediately after high school express difficulty transferring their military skills to the civilian work force. These veterans may have limited education and no civilian work experience.

Federal law (USERRA) requires employers of any size to re-employ Guard and Reserve veterans after their discharge from active duty. However, many Guard and Reserve troops return to find that their employers have folded, down-sized, merged or relocated. Deployment interferes with income and career in other ways, too. For example, one project manager who derived 30% of his income from bonuses an commissions could not manage his projects because of his extended and unpredictable absences during three deployments. This kind of disrupture impacts not only the veteran's income but her/his career growth, as well. There is no recourse under USERRA for such problems.

Another problem is that PTSD may require Guard and Reserve veterans to redirect their career paths. A skill set used in Iraq (and in prior careers) may themselves trigger PTSD symptoms. For example, a truck driver who returns may have an unmanageable fear of improvised explosive devices on US roads. Other common fields where this problem may occur include communications, information technology, language or paramedic skills. While the activities are not in themselves traumatic, the activities associated with duties and memories from Iraq may trigger stress.

What do we know thus far?

According to a study published in the Journal of the American Medical Association, during Post Deployment Health Assessments (PDHA) over one third of troops retuning from Iraq have screened "at risk" for post-traumatic stress disorder (PTSD) and other mental health needs. Experts speculate that this number is an undercount, as veterans routinely avoid positive responses on the PDHA survey because of the stigma associated with mental illness and its impact on their careers. Soldiers are also told that if they admit that they have mental health needs that they will be placed on medical hold and not allowed to return home after deployment.

The Department of Defense (DOD) refers just one in five troops to treatment who report risk factors of PTSD. Instead, the DOD continues to return troops to combat who have been diagnosed with PTSD despite the fact that repeated exposure to trauma can worsen psychiatric symptoms. Moreover, many Iraq veterans are receiving less-than-honorable discharges for engaging in behavior symptomatic of PTSD and traumatic brain injury, such as domestic violence, substance abuse, DUIs, and bar fights. The evidence suggests that these veterans have been discharged because of psychological injuries sustained during service, but these veterans will forever be barred from VA mental health care.

What do we need?

DATA—At this point, it is unclear just how many veterans are homeless. Without accurate data, it is difficult to understand the scope of the problem. As such, we need to identify veterans from OEF/OIF. Identifying these people also allows us to better understand their conditions and the causes of their homelessness.

ADVOCACY—Currently, the VA does not have the capacity to care for the number of OEF/OIF veterans needing mental health services. The VA expected to treat only 2,900 war veterans for PTSD. As of June 2006, the VA had seen 34,000 veterans. According to the VA Mental Health Task Force, "a newly returning veteran, who suffers from suicidal ideation related to deployment, will find the availability of appropriate evidence-based care is haphazard and spotty." Forty percent of Vet Centers surveyed reported directing veterans who need individualized therapy to group therapy, and 25% have had to limit services and establish waiting lists. The number of OIF/OEF veterans seen for PTSD has doubled and the number of OIF/OEF veterans seen for readjustment problems tripled from October 2005 to June 2006. The Vet Centers have hired 100 OEF/OIF veterans to provide outreach to their peers but only eight counseling and administrative staff has been added since 2002.