



Testimony of the

**NATIONAL COALITION**  
*for* **HOMELESS VETERANS**

**United States Senate & House of Representatives**  
**Committees on Veterans' Affairs**

**"Legislative Presentation of The National Coalition  
for Homeless Veterans"**

March 3, 2021

**Chairs Tester & Takano, Ranking Members Moran & Bost, and distinguished Members of the Committees on Veterans' Affairs:**

On behalf of our Board of Directors and Members across the country, thank you for the opportunity to share the views of the National Coalition for Homeless Veterans (NCHV) with you. NCHV is the resource and technical assistance center for a national network of community-based service providers and local, state and federal agencies that provide emergency, transitional, and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for thousands of homeless, at-risk, and formerly homeless veterans each year. We are committed to working with our network and partners across the country to end homelessness among veterans.

We thank you for your leadership and continuing efforts to focus on the needs of veterans experiencing or at-risk of homelessness, as Congress put forth COVID relief legislation and in Public Law 116-315, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020. The assistance Congress provided has resulted in over \$900 million in new resources being distributed to organizations across the country to keep veterans safe from COVID by decongesting shelter spaces, ramping up rapid rehousing capacity, and focusing on individualized housing options in hotels and motels.

While HUD has not yet released a 2020 Point-in-Time Count data, we know veteran homelessness decreased by 50% between 2010 and 2019, in large part due to increases in investments, adherence to evidence-based solutions, and dedicated coordination at the national and local level. As we move forward in 2021 with homelessness being prioritized again at the Department of Veterans Affairs (VA,) it is clear that we must double down on ongoing efforts to end homelessness, while simultaneously recalibrating them to respond to the urgent economic crisis COVID has created and the inequities that certain veteran groups face. Homelessness is an intersectional challenge that has as many paths in as it does out. As such, a variety of tools are required to respond to individual crises and needs. Many can be addressed by VA but many are well outside the Department's control.

Housing Affordability

Our country is in the midst of a housing affordability crisis that affects veterans and civilians alike. Given that housing improves health outcomes and offers safety amidst a pandemic, it is beyond time for housing to be considered a right. The average rental price according to HUD has increased by four percent annually over the last decade or 66 percent between 2010 and 2020.<sup>i</sup> Yet the federal minimum wage has remained unadjusted since 2009. A livable wage offers families and veterans the dignity of being able to afford the basics needed to survive. In 2019, over 700,000 veterans were homeless or cost-burdened and paying more than 50 percent of their income on rent.<sup>ii</sup> Congress can make meaningful progress toward ending homelessness for all by

enacting legislation to increase the minimum wage or to make housing a right with subsidies for all who need them, deployed in conjunction with deep investment in affordable housing development, and providing appropriate but optional services for all, including veterans.

### Equity

Programs to serve veterans experiencing homelessness must focus on racial and other types of equity to ensure we are not leaving people behind. Black veterans comprise 33 percent of the population of veterans experiencing homelessness, but only 12 percent of the veteran population.<sup>iii</sup> American Indian and Alaska Native veterans are at high risk as well. Among VHA users, transgender veterans are three times more likely to experience homelessness than non-transgender veterans.<sup>iv</sup> The passage of the Deborah Sampson Act improved care for women veterans, but we cannot stop there. Women veterans are the fastest growing sub-population of veterans experiencing homelessness. Aging veterans and rural veteran populations have become an important intersection in the discussion of improving services, access and information dissemination for some of the most remote and inaccessible veterans. With the passage of P.L. 116-315, VA has new authority to improve services across the board by providing communication, transportation as well as safety and survival necessities.

Homeless programs must continue to look at equitable treatment of veterans who utilize VA homeless services. More can be done to unearth inequities in homeless adjacent systems that contribute to the inequities we see in the population of veterans experiencing homelessness, to identify areas of improvement. VA must ensure its system of care welcomes all veterans and is well equipped to serve them, and all veterans without othering them or standing by silently while they face bias, racism or sexual harassment.

### COVID-19 Crisis

From a public health perspective, homelessness makes both veterans, and the general population at large, more vulnerable to exposure to and transmission of highly communicable conditions like COVID-19. As largest health care system in the country, VA could be in a unique position to lead the way for the country in testing, treatment access, and outcomes. Of the cases in VA's daily report, we have not been able to determine how many are experiencing homelessness or the number of veterans treated outside of VA run facilities. This is particularly hard to grasp with the emphasis of community care from the MISSION Act.

NCHV is pleased to see the addition of race data in VA's reporting on COVID. This information will help to identify and address any racial disparities that may exist in the identification and treatment of veterans for the coronavirus. African American and Native American veterans are far more likely to experience homelessness and underlying diagnoses that increase their likelihood of morbidity due to COVID-19. Given the challenge this population faces with implicit bias in many medical systems and the intersectionality of these crises, VA must add

homeless statistics to the VA's reporting on confirmed COVID cases and deaths. The District of Columbia, New York City, and others report on housing status and their public acknowledgement of the data has allowed for better risk assessments among community providers and improved ability to create a comprehensive response. Congress must also ensure that all responses to this pandemic are designed to equitably center the needs of veterans of color, and other vulnerable subpopulations.

The pandemic has undoubtedly impacted veterans in a variety of ways from making it harder for unsheltered veterans to find shelter and housing in some communities, to causing increased difficulties in accessing supportive services and utilizing HUD-VASH vouchers, to creating new mental health challenges for veterans feeling isolated in housing or struggling to find their way to a safe place to sleep inside. VA and its grantees have risen to that challenge.

VA must continue to address veteran homelessness within the greater scale of the COVID-19 response, timely disseminate funding to VA's grantees. Further, VA must look at prioritizing testing and vaccination for veterans who are unsheltered or living in transitional housing. A CDC Morbidity and Mortality Weekly Report on the prevalence of coronavirus infections among transitional housing residents found that early testing of residents in congregate transitional housing is critical to reducing the rapid spread of the virus among a highly vulnerable population.<sup>1</sup> The study examined a limited number of shelters where testing took place and found much lower rates of infection during pre-emptive testing, than when there was a single case, or a cluster of cases.

We ask Congress to direct VA to utilize the humanitarian care authority granted by section 1784 of Title 38, U.S.C., during the duration of the pandemic to provide easily accessible COVID-related health and preventive care to all veterans experiencing homelessness, regardless of discharge status or time in service. Access to both for veterans experiencing homelessness has varied across the country. In some communities, the local VAMC is pushing for providers to transport eligible veterans to VA. In others the local VAMC is bringing vaccinations onsite, but only making them available to healthcare-eligible veterans. Approximately 15 percent of the veterans experiencing homelessness have other-than-honorable discharges, and in some urban communities that percentage rises as high as 30 percent. Access to health care is of the utmost importance in a pandemic, and NCHV members who provide shelter or rapid rehousing for these veterans often report difficulty accessing healthcare that has military-cultural-competence.

#### COVID-19 Recovery

We encourage collaborative Federal efforts to identify ways to efficiently serve veterans experiencing homelessness. As our country moves out of a crisis response phase and into a

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<sup>1</sup> Mosites E, Parker EM, Clarke KE, et al. Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters – Four U.S. Cities, March 27-April 15, 2020. MMWR Morb Mortal Wkly Rep. ePub: 22 April 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm6917e1>external icon

COVID recovery phase, we have the opportunity to focus on permanent housing as communities wind down COVID hotel and motel operations. One way to do that would be to appropriate case management funding to VA to fully utilize HUD-VASH vouchers for which funds have already been appropriated to HUD. Some communities are purchasing hotels and motels for conversion. Funding to renovate them, paired with project-based vouchers for operating funds could be a mechanism to increase the availability of affordable housing more rapidly than traditional affordable housing development timelines allow. There is absolutely no reason any veterans in motel/hotel placements temporarily should be exited back into homelessness at the end of the pandemic.

NCHV anticipates the economic recovery will take time, and payments made for rent in arrears could move veterans off assistance before they have stabilized. Re-Employment and re-integration efforts will be crucial to stabilize an anticipated influx of unemployed veterans through an expanded Homeless Veteran Reintegration Program through 2023. There will be a deepening economic crisis when unemployment benefits sunset. Similarly, the housing crisis will deepen when the eviction moratorium sunsets. Nearly 15 million Americans have accrued over \$50 billion in missed rental payments. They will immediately be added to the “at-risk” category of homelessness if unable to access emergency rent assistance or other homelessness prevention funding.

NCHV recommendations are for emergency appropriations necessary for homeless veteran programs to function for the remaining balance of FY’22 and FY’23 considering passed and proposed program needs. NCHV estimates a total need in excess of \$1.609 billion, including \$100 million for DOL’s HVRP program and \$95 million for HUD to provide new HUD-VASH vouchers to expand access to permanent housing in a recovery. Calculations are made based upon current VA program funding attrition rates and the ability of departments to spend the funds through 2023.

## VA

- a. **\$100 million increase to the Health Care for Homeless Veterans Program (HCHV)** for temporary housing for homeless vets to reduce social distancing and to increase PPE availability for VA staff, outreach, and surveillance of homeless encampments during the crisis and recovery period.
- a. **\$960 million increase to Supportive Services for Veteran Families (SSVF)** to provide flexible assistance targeted at keeping vulnerable vets in safe situations, addressing rental and other eligible arrears, and expanding the shallow subsidies programming to more veterans.
- b. **\$300 million increase for the Grant and Per Diem Program (GPD)** to maintain an increase to the daily rate since social distancing has affected maximum occupancies and

operating costs during the crisis and recovery period. This funding would also allow for additional capital grants that may be needed beyond the duration of the crisis.

- c. **\$54 million for the Housing and Urban Development – Veterans Affairs Supportive Housing (HUD-VASH) Program** for VA to provide additional VA or community contracted case managers.

### HUD

- d. **\$95 million increase for HUD-VASH** to increase the recovery capacity of communities to move veterans from motel/hotel placements into permanent housing rather than releasing them back to the streets.
  - i. \$40M for HUD to provide 5,000 new Project Based Vouchers, that are not counted against PHA utilization rates and caps on project-basing of vouchers.
  - ii. \$55M for HUD to provide 6,000 new Tenant Based Vouchers.

### DOL

- e. **\$100 million increase for DOL’s Homeless Veteran Reintegration Program (HVRP)** through FY’24 aimed at helping at-risk veterans due to pandemic-related job loss.

### **In Summation**

Thank you for the opportunity to submit this testimony for the record and for your continued interest in ending veteran homelessness. It is a privilege to work with all of you to ensure that every veteran facing a housing crisis has access to safe, decent, and affordable housing paired with the support services needed to remain stably housed. We are in the middle of an emergency and veterans experiencing and at-risk of homelessness need safe housing now more than ever. We thank you for your attention as we work collectively to lessen the impact that COVID-19 will have on veterans experiencing or at-risk of homelessness.

#### Training and Technical Assistance

As with any major change in a large federal program, sufficient training of grantees is required to ensure the most optimal outcomes for veterans. We urge you in Congress to amend 38 USC 2064(a) to expressly authorize VA to provide technical assistance to grantees on issues related to operating their grants, national best practices, and working collaboratively with key partners. We also respectfully request that the expired authorization of appropriations language in 38 USC 2064(b) be modified to include \$5,000,000 in perpetuity for the training of GPD grantees and contractors through the HCHV program.

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<sup>i</sup> US Department of Housing and Urban Development Office of Policy Development and Research. *National Comprehensive Housing Market Analysis*. January 1, 2020  
<https://www.huduser.gov/portal/publications/pdf/National-CHMA-20.pdf>

<sup>ii</sup> Center on Budget and Policy Priorities. *Rental Assistance Shortage Leaves 700,000 Veterans Homeless or Struggling to Find Housing*. November 7, 2019  
<https://www.cbpp.org/blog/rental-assistance-shortage-leaves-700000-veterans-homeless-or-struggling-to-afford-housing>

<sup>iii</sup> National Alliance to End Homelessness. *5 Key Facts About Homeless Veterans*. November 9, 2020  
<https://endhomelessness.org/5-key-facts-about-homeless-veterans/>

<sup>iv</sup> The National Center on Homelessness among Veterans. *Transgender Veterans and Homelessness, what do we know?* [https://www.va.gov/HOMELESS/nchav/resources/docs/veteran-populations/lgbt/HOME0073\\_Transgender-Infographic-Revisions\\_FNL-508.pdf](https://www.va.gov/HOMELESS/nchav/resources/docs/veteran-populations/lgbt/HOME0073_Transgender-Infographic-Revisions_FNL-508.pdf)