

# COMING HOME


## Support for Returning Veterans

IN CHARLOTTE-MECKLENBURG

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*An Assessment  
of Needs, Gaps and  
Opportunities*

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*“Our young troops and their families have done everything their country has asked of them. Their lives have changed forever by war, but their dreams haven’t changed at all. They want to raise their children, own a home, go to school, find work and even find new ways to contribute. Most of all, they want to be good citizens. They want to reconnect and renew their relationships to their local communities.”*

*~ Admiral Mike Mullen*

# A Message From Tommy Norman

Founder and Chair of Charlotte Bridge Home



**Will Charlotte be a community where returning veterans and their families are invisible, or will we come together to openly welcome and support those who have served on our behalf?**

Prepared for \_\_\_\_\_



In partnership with \_\_\_\_\_



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## **Charlotte Bridge Home urges our community to join together in support of our service men and women.**

Charlotte North Carolina and its surrounding communities are receiving a significant number of post- 9/11 veterans who are choosing this region as their civilian home. Their numbers are rising and will increase substantially over the next five years.

We are fortunate to have these capable men and women among us. However, many are dealing with significant challenges as they recover from wounds, pursue further education, find healthcare resources and seek employment in a difficult economy. In addition to the challenges experienced by previous generations of veterans, post-9/11 veterans (including an unprecedented number of National Guard and Reserve men and women) face other issues due to multiple deployments, bomb blasts, surviving severe injuries due to advanced medicine and navigating an overloaded VA system.

Charlotte Bridge Home was organized in 2011 to holistically connect veterans and their families to available national and community resources and advocate for system and community change around the critical issues impacting these veterans. We are not duplicating existing efforts, but rather are helping to connect the “dots” and lift up the entire network of support for our veteran population.

As one of our initial steps, Charlotte Bridge Home enlisted the support of Foundation For The Carolinas to help launch the organization and, in partnership with the Foundation’s Center for Civic Leadership, fund this study and provide consulting support. One of the first of its kind in the country, this report—with its superb detail and analysis—dramatically points out significant issues our service men and women are facing as they transition to civilian life in our community. Their challenges can be overwhelming. It also describes the current network of support available to veterans and identifies some possible steps Charlotte Bridge Home and the larger Charlotte community should consider in helping our veterans and their families successfully reintegrate.

In addition to this study, the Foundation funded development of a comprehensive resource guide that provides detailed information on the services and support currently available to veterans in our community. Charlotte Bridge Home will maintain and update this guide over time.

Our ultimate hope is that – in addition to providing valuable information about veterans – this assessment will be used to ignite a community conversation about the needs and challenges of our returning veterans and how the Charlotte community can come together to build a stronger network of support for these veterans and their families. We should remain mindful that these veterans are not coming home to agencies; they are coming home to communities! No template exists for us to follow. National leaders and advocates on this subject are looking to Charlotte as a community that can help write the script for how returning veterans can be better served at the local level. Charlotte Bridge Home is honored and excited to be a part of this effort.

*Tommy Norman*

## *Executive Summary*

Over 6,000 veterans of the Gulf War II era—those who have served since 9/11—are already living in Charlotte-Mecklenburg. Due to the end of the war in Iraq and future scale-down in the war in Afghanistan, the number of returning veterans will steadily increase over the next several years. Charlotte is expected to remain a “hotspot” for their relocation upon leaving the military. Some of these men and women are quickly adjusting to civilian life, using their many skills, talents and leadership qualities to make the successful transition home. However, others—including some with significant service-connected disabilities— face a range of challenges that are hindering their ability to “hit the ground running” in their new life in Charlotte. Veterans identified the following as the most prevalent challenges they face:

### **Key Challenges Returning Veterans Face**

- Finding employment (the challenge most often identified by veterans)
- Dealing with a loss of purpose and isolation after leaving the military
- Navigating the complex and confusing network of benefits, services and support that is available to veterans
- Having long waits to obtain disability and other benefits from the U.S. Department of Veteran Affairs (VA) as a result of significant backlogs in processing claims
- Getting ready access to healthcare, including behavioral health services
- Coping with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and/or major depression that are prevalent among veterans who have served in the wars in Iraq and Afghanistan
- Accessing and having success with postsecondary education
- Dealing with housing and financial instability that could ultimately lead to homelessness for some
- Accessing resources that uniquely address the needs and challenges of female veterans
- Finding support for family members of veterans—spouses, children, siblings—who may be dealing with caretaking and other reintegration issues, including relationship issues with the veteran

Although the federal government is working on many fronts to expand its capacity to address the growing needs of returning veterans, realistically, it will never be able to meet the full demand for support. Consequently, local communities are being urged to take a greater role in helping veterans and their families reintegrate. The Charlotte community could help develop a stronger network of support for our returning veteran population by focusing on the following seven key strategies. These strategies are suggested as a starting point for community conversations, planning and decision making. No doubt, additional strategies and opportunities will emerge and should be considered.

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## Strategies for Building a Stronger Network of Support for Veterans in Charlotte-Mecklenburg

- 1. More aggressively reach out to and engage veterans by:**
  - A. Using various channels of communication—e.g. television, social media, brochures, etc.;
  - B. Having social service and other community organizations identify military or veteran status as part of their intake processes and increasing the knowledge of their staff about working more effectively with veterans;
  - C. Engaging spiritual leaders to help identify and support veterans in their congregations;
  - D. Continuing to connect with veterans during sporting, social and other community events; and
  - E. Encouraging community and human service organizations to hire more veterans to facilitate more peer-to-peer connections between veterans.
  
- 2. Help returning veterans learn about and gain easier access to the myriad of benefits and resources that may be available to them by:**
  - A. Establishing a local, well-publicized portal or clearinghouse where veterans can connect to resources through one-on-one support; (This is Charlotte Bridge Home's primary role.)
  - B. Maintaining an up-to-date local guide to resources available to veterans and their families; (The Charlotte Bridge Home Resource Guide has been developed and the organization will maintain and update it over time.)
  - C. Developing a robust network of peer volunteers to provide one-on-one support to veterans;
  - D. Supporting /lifting up the ongoing (and all voluntary) efforts of the Charlotte Area Response Team (C.A.R.T.) that was established to help coordinate and share information among the network of local providers working with veterans; and
  - E. Exploring additional transportation options for disabled and low-income veterans to physically connect them to critical services.
  
- 3. Help veterans better prepare for, connect with and sustain successful employment in living-wage jobs and careers by pursuing a holistic strategy that focuses on four interrelated fronts:**
  - A. Engaging the business community to recruit and provide job opportunities for returning veterans and spouses of disabled veterans, as well as using HR practices that promote retention and advancement of veterans after hiring;
  - B. Growing the capacity of our local workforce development sector to provide more veteran-centered pre-employment and soft skills training, resume development and job coaching, career planning that helps veterans build on and translate their military skills, job placement and retention support and connections to entrepreneurship training and opportunities;
  - C. Raising the level of support for veterans at out postsecondary education institutions to help veterans achieve success and ultimately gain sustainable employment; and
  - D. Increasing veterans' access to healthcare, behavioral health and other resources to promote their well-being and support their employment goals.

## *Executive Summary (continued)*

### **4. Ensure that veterans have greater access to healthcare and behavioral health resources by:**

- A. Encouraging more returning veterans to enroll in the VA healthcare system;
- B. Exploring partnerships between private sector healthcare providers and the VA to identify opportunities for collaboration;
- C. Increasing the awareness and education of local health, mental health and human service providers in identifying and understanding issues related to PTSD, TBI and other behavioral health issues that veterans often face;
- D. Encouraging and supporting efforts of local mental health organizations to provide peer-to-peer mentoring, support groups and/or pro bono counseling for veterans and their families; and
- E. Exploring non-traditional healing options such as yoga, medication and recreation activities to support veterans trying to cope with the stresses and emotional challenges of reintegration.

### **5. Increase options for affordable housing, shelter and temporary financial assistance for veterans who are already homeless or at risk of becoming homeless by:**

- A. Developing/supporting initiatives to provide transitional and/or supportive housing for homeless veterans;
- B. Providing more foreclosure assistance;
- C. Bringing together non-profits that have recently begun focusing on the housing needs of veterans to coordinate and leverage their resources;
- D. Creating a revolving fund or other tool through which veterans can gain access to emergency low/no-interest and short-term loans or grants to help them maintain their housing while awaiting benefit decisions or payments;
- E. Providing financial management and budget counseling; and
- F. Providing no/low-cost legal services for veterans to help with benefits claims appeals and/or other legal issues that may be adversely affecting their financial stability.

### **6. Give greater attention to the unique needs and challenges of female veterans by:**

- A. Tailoring outreach and engagement specifically to female veterans;
- B. Providing a safe, welcoming environment for female veterans to share their unique needs and experiences and connect with appropriate resources;
- C. Offering counseling and support groups for females dealing with MST, PTSD and other issues related to reintegration; and
- D. Providing transitional and/or supportive housing for female veterans with and without children.

### **7. Expand resources and connections for veteran families by:**

- A. Providing more opportunities for family support groups, peer-to-peer (family-to-family) mentoring and professional counseling;
- B. Exploring using the Community Circles of Support or model (or similar model) for veteran families;
- C. Offering greater support and respite for family caregivers of severely disabled veterans; and
- D. Providing/supporting recreational or other types of planned activities for veteran families to enhance family relationships.

*"Suicide is the tragic conclusion of the failure to address the spectrum of challenges confronting returning veterans,"*

*"The nature of war changes, weapons get smarter, tactics get sharper, breakthrough medicine advances save more lives, but the stress and anxiety felt by those left behind never changes."*

*Deborah Mullens,  
wife of Admiral Mike Mullens*

## Executive Summary (continued)

**“Every veteran deserve the chance to provide for his or her family. Every veteran deserves access to treatment for the trauma he or she experienced while defending us. And every veteran deserves the chance to live a life of dignity in the country whose freedom he or she helped secure. These young men and women fought for us. Now it’s our turn to fight for them.”**

*Admiral Mike Mullen (Ret)  
and Steven A. Cohen,  
The Washington Post, 5/6/12*

**No one individual or organization can carry the load of building a stronger network of support for veterans. It will require the collective commitment of diverse stakeholders working together to:**

**Educate community leaders, employers, philanthropists, service providers, congregations and others about our veteran population,** the skills and talent they bring and the challenges they and their families often face in making the transition from military to civilian life;

**Develop a clear vision, theory of change and expectations** for how the community could/should come together to address the holistic needs of veterans and their families;

**Set priorities** for taking action. Far too many needs exist to take them on all at once;

**Coordinate, communicate and build partnerships** among local organizations and volunteers and forging stronger and more innovative partnerships with the VA and other state and local agencies who routinely serve veterans;

**Help community philanthropists and other funders understand the highest priorities for building a network of support for veterans and their families,** and encouraging them to make funding decisions that will have the greatest collective impact; and

**Continuously capture and analyze data about returning veterans in Mecklenburg County** to help inform community efforts and use in developing metrics to measure and understand the collective impacts of programs and practices serving the veteran community.



*photo courtesy of Creative Commons*

# Introduction

Since 2001 nearly 2.6 million men and women have served in the wars in Iraq and Afghanistan—referred to as Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF.) Well over 100,000 troops are currently based in North Carolina. Although Charlotte has no military base of its own, it's a well known “hotspot” for troops to relocate after separation from the military—for many of the same reasons non-veterans move to the Charlotte area. Due to the end of the war in Iraq and impending reduction of troops in Afghanistan, the number of veterans coming home to or settling into the Charlotte area for the first time will steadily grow. Last December, the Department of Defense (DoD) announced that over 4,000 troops would be coming back to North Carolina by the end of 2011, representing just the beginning of the numbers we will see over the next several years.

The wars in Iraq and Afghanistan have been intense. Troops—both active duty and those in the military reserves— have been deployed multiple times over the last eleven years, with many sustaining physical and psychological injuries that may last a lifetime. We know from those who have already returned from these wars that many OEF/OIF veterans will thrive, making a smooth and quick transition from military to civilian life. They are successfully making their way back to education opportunities, jobs, families and community life. Many are using their skills, talents and experience to become leaders wherever they go. Unfortunately, others are not finding such an easy road home. Veterans with disfiguring or disabling physical and/or psychological injuries face particular uncertainty about their future. The families of these and other veterans often find themselves in turmoil as well during this transition time, particularly as they deal with the impacts of our still sluggish economy.

With less than 1% of our country's population serving in the military, returning veterans and their families are too easily becoming invisible to the general public, which—to a great extent—has been detached from these recent wars. Veterans are coming home to communities that may not fully understand their needs or the challenges faced as they attempt to fit back into lives that may seem foreign to them upon their return. The many skills, talents and other value they bring to the community as a result of their military experience are often not acknowledged and can get lost along the way.

Although the U.S. Department of Veteran Affairs (VA) has greatly stepped up its efforts and capacity to assist these returning veterans, the agency is facing more demand than it can meet. In reality, the federal government will never be able to address all the needs. Therefore national leaders are urging local communities to become more involved with veteran reintegration and help fill the gaps. But to become more involved, communities must become better informed.

## **This assessment was undertaken to inform the Charlotte community about:**

- Who our local veterans are;
- The challenges and needs they often face;
- The current network of support serving the veteran population and associated gaps in services; and
- How the community—if it chooses—might come together to help veterans and their families make a successful transition from the military to civilian life.

Though it's primarily focused on returning OEF/OIF veterans, the assessment will inevitably shine the light on the needs of veterans from all eras, including those who were welcomed with open arms upon their return and those who did not receive the welcoming support they deserved.



***Nearly 6,000 Mecklenburg County veterans served in Iraq and/or Afghanistan since September 2001.***

*Source: American Community Survey 2010*

***In September 2011, approximately 860 county residents were active duty military deployed to Iraq or Afghanistan, and 1,480 in the military reserves.***

*Source: Department of Defense*

***A recent survey conducted by the Pew Research Center— using a sample of 1,800 veterans of the wars in Iraq and Afghanistan— showed that 47% of those surveyed rated their adjustment back to civilian life as difficult.<sup>1</sup>***

# About Our Current Veteran Population

The latest data from the U.S. Census Bureau's 2010 American Community Survey reveals the following about our local veteran population.<sup>2</sup>

**Number of Veterans:** Approximately 54,300 veterans resided in Mecklenburg County in 2010, the third largest number of veterans in North Carolina. Veterans represent approximately 8% of the county's adult population.

**Era Served:** Our oldest veterans—those who served during World War II and/or the Korean War— now represent only 15% of our veteran population. Viet Nam era veterans represent nearly 31%, while a little over 19% served during the first Gulf War (between 1990 and 2001.) Approximately 11% served during the second Gulf War (post 9/11/.) Other county veterans served between these war eras.

## Race/Gender of Mecklenburg County Veterans Ages 18-34

	Male	Female	Total
White	1,677	258	1,935
Black	1,429	627	2,056
Hispanic	422	0	422
<b>Total</b>	<b>3,528</b>	<b>885</b>	<b>4,413</b>

**Age, Race and Ethnicity:** It's clear from the Census data that the composition of our local veteran population is changing. Nearly 10% of veterans spanning all age groups are female; however, for our youngest veterans—those between the ages of 18 and 34—females represent 20% of the population. Changes in racial and ethnic composition are also apparent. Whites represent 59% of all veterans in Mecklenburg County, but only 44% of our youngest vets. Combined, Blacks, Hispanics/Latinos and other minorities, are now in the majority among the young generation of veterans. This is particularly the case for young female veterans. Blacks represent nearly 71% of all our female veterans ages 18-34.

**Educational Attainment:** On the whole, Mecklenburg County veterans ages 25 and over are more likely to have a high school diploma and/or some college credit or an Associates Degree than our non-veteran population. However, they are less likely to have a Bachelors Degree or higher.

## Educational Attainment Of Veterans Age 25+ Compared With General Population

Highest Level of Educational Attainment	Veterans	% of Vets 25+	Non-Vets	% of Non-Vets 25+
Less than High School	2,058	34%	71,514	12.3%
High School Graduation or Equivalency	14,162	26%	107,279	20.2%
Some College or Associates Degree	18,934	35%	150,541	28.3%
Bachelors Degree or Higher	18,419	35%	216,929	39.2%
<b>Total</b>	<b>53,573</b>	<b>100%</b>	<b>546,263</b>	<b>100%</b>

Source: US Census 2010 American Community Survey, 1-Year Estimates



## *Veteran Population (continued)*

**Median Income:** In 2010 the median income for all male veterans in Mecklenburg County was \$38,527, approximately 21% higher than male non-veterans in the county. The median income for female veterans was \$30,313—about 21% higher than non-veterans females, but 22% less than male veterans.

**Veterans with Disabilities:** Nearly 8,000 Mecklenburg County veterans—or 15% of all veterans—have a service-connected disability. Fifty-nine percent of those with disabilities have a disability rating of 30% or higher. Although all veterans with a disability rating of 10% or higher may be eligible for some VA benefits, those with a rating of 30% or higher may receive additional allowances. The VA's disability rating process is complex and can be lengthy. Therefore, the number of OEF/OIF veterans with service-connected disabilities may not be fully reflected in the 2010 estimate, as many may still be in the process of having their disabilities rated by the Department of Veterans Affairs.

### **Other Data about Our Local Veteran Population**

**Veterans Enrolled in VA Healthcare System:** According to the Department of Veterans Affairs, 17,619 Mecklenburg County veterans, or a little over 32%, were enrolled in the VA healthcare system in FY2010. (Not all veterans are eligible for VA health benefits due to their income level and/or other factors.) Recognizing that slightly fewer than 50% of OEF/OIF veterans are using VA health benefits nationally, the Department of Veteran Affairs has stepped up efforts to reach out to and enroll these recent veterans. OEF/OIF veterans now have enhanced enrollment in the VA system for five-years following their separation from the military. The regional VA office in Salisbury indicates that approximately 14,000 OEF/OIF veterans within the larger region are now registered with the VA. Between July 2011 and March 2012, nearly 2,500 (18%) of these vets have actively used the VA healthcare system.

**Homeless Veterans:** The local Homeless Services Network estimates that approximately 20% of homeless individuals in Mecklenburg County are veterans. Consistent with national statistics, the majority of local homeless veterans served in the military during, right before or soon after the Viet Nam War. However, homeless service providers are seeing a rise in the number of Gulf War I and Gulf War II veterans in recent years, particularly female veterans with/without children.



***Female veterans earn 22% less than male veterans in Mecklenburg County.***

*Source: 2010 American Community Survey*

***In FY2010 nearly a third of all Mecklenburg County veterans were enrolled in the VA healthcare system.***

*Source: Dept. of Veteran Affairs*

***OEF/OIF veterans are reported to become homeless at a faster rate than prior era veterans. Female veterans and veteran families are the fastest growing cohorts of the homeless veteran population.<sup>3</sup>***

# Key Challenges For Returning Veterans

As part of the research for this assessment, over thirty one-on-one interviews were conducted with local service providers who routinely work with veterans. Many of these providers are veterans themselves. A number of organizations that serve veterans as part of their general population of clients were also interviewed. In addition, focus groups were conducted with several distinct veteran groups. It was clear from the research that no one veteran is the same and their needs vary. However, the following challenges were most commonly expressed.

## Finding Employment—#1 Challenge

Finding employment is the challenge cited most often by veterans. Census data indicates that in 2010, the unemployment rate among veterans in Mecklenburg County was approximately 10.5%; however, this is an estimate based upon veteran responses to the survey and not an actual unemployment figure. The Bureau of Labor Statistics (BLS) recently published its 2011 average annual employment data for veterans across the country. The following are key highlights from the Bureau's 2011 average annual data specific to OEF/OIF veterans.<sup>4</sup>



- The unemployment rate for all OEF/OIF veterans 18 and over was 12.2%, compared with 8.3% for all veterans 18 and over.
- Joblessness is highest among veterans age 18-24. Nearly a third (30.2%) of young OEF/OIF veterans were unemployed in 2011, compared with 16.1% of non veterans age 18-24.
- Unemployment is highest among African American OEF/OIF veterans, particularly young veterans:
  - 15.5% of African American veterans 18 and over were unemployed compared with 11.4% of White veterans 18 and over
  - 48% of African American veterans ages 18-24 were unemployed, compared with 26.6% of White veterans ages 18-24.
- Unemployment among all female OEF/OIF veterans 18 and over is about the same as that of male veterans 18 and over; however, unemployment among young female veterans, particularly African American females, is significantly higher than for male veterans:
- 36.1% of all female veterans ages 18-24 were unemployed in 2011, compared with 29.1% of male veterans ages 18-24 and 14.5% of non-veteran females ages 18-24.
- 61.7% of all African American female veterans ages 18-24 were unemployed, compared with 45.2% of African American veterans ages 18-24 and 26.6% of White female veterans ages 18-24.

## Key Challenges (continued)

### Bureau of Labor Statistics' 2011 Annual Average Unemployment Rates

	OEF/OIF veterans ages 18 and over	Non-veterans 18 and over	OEF/OIF veterans ages 18-24	Non-veterans ages 18-24
Both sexes, all races	12.1%	8.7%	30.2%	16.1%
Both sexes, White	11.4%	7.7%	26.6%	14.1%
Both sexes, Black	14.3%	15.8%	48.0%	27.4%
Male, all races	12.0%	9.3%	21.1%	17.6%
Male, White	11.3%	8.2%	26.6%	15.6%
Male, Black	15.2%	18.3%	45.2%	31.1%
Female, all races	12.4%	8.2%	36.1%	14.5%
Female, White	11.6%	7.2%	26.6%	12.5%
Female, Black	11.0%	13.8%	61.7%	24.9%

The January and February 2012 BLS monthly reports offer promising news for a downward trend in unemployment among OEF/OIF veterans. These reports revealed that the unemployment rate for OIF and OEF veterans across the country fell to 9.1% in January and even further in February to 7.6%. This compares to 15.2% and 7.6% in January and February 2011. Because Mecklenburg County's unemployment rate has consistently been several points higher than the national rate over the last several years, unemployment among OEF/OIF veterans in Charlotte is also likely to be several points higher than the BLS national rate. Current unemployment data for Mecklenburg County OIF and OEF veterans is not available to compare with the national statistics.

### Key Employment-Related Issues

The key issues veterans have identified in regard to securing employment are:

#### **Difficulty in translating their unique military skills into civilian occupations.**

Those who have spent most of their adult lives in the military may not understand the vernacular of the civilian workplace nor discern how their skills from the military could easily translate. In addition, they may not have verifiable credentials that match civilian jobs. For example, a veteran may have years of experience driving expensive trucks or tanks, operating heavy equipment, working with complex systems of communication or managing military personnel or operations while in the service. However, with no specific credential in hand reflecting their military work experience, they may not readily qualify for civilian jobs that require licenses or other credentials.

**Not having the resume writing, interviewing and networking skills of their civilian peers.** Although veterans may be good job candidates, they may not stand out "on paper" or understand how an effective job search is handled in the civilian world. This issue not only affects younger vets, but returning veterans of all ages and levels of experience.

**Dealing with mental and/or physical disabilities that may limit a veteran's employment options.** A segment of the returning veteran population is dealing with service-connected physical and/or mental disabilities. However, many with disabilities are still willing and able to work. For those who are severely disabled and cannot work, it may be up to their spouse, if married, to find employment to sustain the family.

*"We're dealing with a situation right now where you have veteran service members taking off their uniforms with amazing skill sets, and you also have a lot of employers out there that want to hire folks like this, but something is being lost in the translation."*

*Tim Embree, IAVA*

## Key Challenges (continued)

**Finding employers who understand the value, discipline, work ethic and skills returning veterans can bring to a job.** Many men and women who have served in the military have a strong work ethic, work well in teams and are mission-focused. These and other important “soft skills” often get lost in the job recruitment process.

**Dealing with perceptions/fear among employers about PTSD and its impact in the workplace:** Post Traumatic Stress Disorder (PTSD) affects many returning veterans in varying degrees. Negative stories in the media about veterans dealing with extreme PTSD can leave employers fearful about veterans in general—fear that a veteran might not handle stress well and consequently, act out inappropriately in the workplace. While these incidents are exceedingly rare, these concerns may cause some businesses to secretly avoid hiring returning veterans all together.

**Deployment of members of the Guard or Reserves:** The military has heavily relied upon members of the Guard and Reserves to carry out its mission in Iraq and Afghanistan. Multiple deployments among these troops have been common, creating challenges for those who are already employed in area businesses and/or are applying for positions while they are not in active duty. Fearing that deployments will continue, employers are often hesitant to promote or hire those in the Guard or Reserves.

**Lacking formal education:** Many young veterans have been recruited into the military directly from high school. Some may have dropped out of high school and saw the military as one of the only viable options they had. They went into the military behind in their education, and when they come out of the service, they are still behind, absent the experience they acquired while in the military. Without a high school diploma and/or postsecondary credential, these veterans face multiple challenges to obtaining employment.

**Access to/Retention in Postsecondary Education:** Many veterans are—or would like to—take advantage of their G.I. Bill education benefits to gain credentials for better career opportunities. The VA has recently made significant improvements to the process for obtaining these education benefits, thus reducing the backlog veterans have experienced in the past. Nonetheless, the process can be complicated and frustrating for veterans trying to understand the rules and requirements. Other challenges veterans can face with their postsecondary experiences include:

- Dealing with the current out-of-state tuition policy that prevents some veterans from being able to afford their education;
- Receiving tuition and other payments from the VA too late to register for classes, or not being able to get into required classes, thus threatening their ability to complete their education within the 36 months required by the G.I. Bill;
- Transferring military training to college credit;
- Adapting to a college environment that is not culturally sensitive to the unique needs and experiences of veterans;
- Being heavily recruited by expensive for-profit schools that may misrepresent potential career opportunities and outcomes, while encouraging them to use their G.I. Bill benefits to pay for classes that may have little benefit for their future; and
- Supporting their families while going to school; many student veterans are older and have children.

***“The military becomes your family. When you return to civilian life, your family and friends remain the same, but you have changed. You are different.”***

*Focus group participant*

### Loss of Purpose and Feelings of Isolation

Feelings of being disconnected are commonly expressed by returning veterans. The military provides daily purpose and structure, as well as a sense of belonging and support among peers. When re-entering civilian life, veterans often lose these anchors, and consequently, can have difficulty fitting back into family and community life.

### Navigating the Complex System of Benefits, Services and Support Available to Veterans

Veterans and families are often unaware of where to get help and how to access services after they separate from the military. Before separating, troops are provided information from the Department of Defense (DOD) about benefits and reintegration services and support, but this transfer of information typically occurs at the tail-end of the separation process. (TAP and ACAP programs.) Veterans report that, while the information provided by the DOD may be helpful, it is often too much for them to absorb while they are dealing with a multitude of issues, information and emotions during their final days of separation—too much, too late. The DOD is attempting to address this issue to better prepare troops for their reintegration into civilian life.

The VA and a number of other government and national service organization offices and websites provide good information and assistance to help veterans understand and access benefits, services and support after their separation. Nonetheless, navigating the complex VA system is challenging, even for the savviest veteran. To help returning veterans access information and resources, a growing number of non-profit and for-profit veteran-focused websites have emerged in the last few years—so many that veterans indicate they are confused and overwhelmed in trying to get to the right information for them.

At the local level, various agencies and organizations provide specific types of services for veterans; however, the local network of support is limited and fragmented. Organization leaders and veterans interviewed for this study consistently reported that returning veterans often do not know about the local services available to veterans or where to access them. Nor are they aware of the services and support available to the general population. Currently, veterans and their families who may have multiple issues or needs have no centralized resource or clearinghouse available to help them connect to the appropriate resources in the community.

### Backlogs in Obtaining Compensation and Pension Benefits

Many veterans are returning from Iraq and Afghanistan with disabilities that make it hard or impossible for them to obtain employment. Even though veterans may be eligible for disability benefits, the wait time for approval and receipt of their benefits can last months or even years, meanwhile leaving these veterans—and often their families—with serious financial stress and mounting debt. The latest Monday Morning Workload Report issued by the VA identified nearly 901,000 pending compensation and pension claims from veterans across the U.S., with two thirds of those cases over 125 days in process. These claims include approximately 300,000 initial claims for service-connected disabilities. The most recent number of pending claims almost doubles the number for the same period in 2010.<sup>5</sup> The VA reports that its average processing time for claims involving service-connected disabilities will likely climb to eight months in 2012, thus no immediate relief is in sight, despite serious efforts by the VA to increase its staffing to reduce the backlog. The disability claims appeals process often takes much longer, extending over two years in some cases.

***“Word of mouth”  
from other veterans  
was identified in  
focus groups as  
the most common  
way that returning  
veterans get  
information about  
where to go for  
services and support.***

---

***“I waited so long,  
I finally just gave up.”***

*A focus group participant  
referring to her benefits  
claim experience*

## Key Challenges (continued)

**In FY 2011,  
12,439 Mecklenburg  
County veterans used  
VA medical services  
in Salisbury and  
11,158 used services  
at the Charlotte  
Community Based  
Outpatient Clinic.**



photo courtesy of FreeStockPhotos.biz

### Access to Healthcare

The pressing issue with the VA healthcare system is not the quality of care, but access to it. New veterans entering the system and increased demand from previous generations has strained the VA, often leading to longer waits for care, particularly for psychiatry and other specialized medicine. As in the private sector, finding well trained doctors to fill vacant positions continues to be a challenge for the VA and hampers its ability to respond to veterans' medical needs as quickly as the agency would like.

Opening the Charlotte Community-Based Outpatient Clinic (CBOC) in 2007 has greatly improved local access for veterans who no longer must travel to the VA medical facility in Salisbury for their outpatient medical needs. Enrollment in the VA healthcare system is expected to grow, not only because troops are continuing to return from Iraq and Afghanistan, but also due to the increasing number of veterans from other eras coping with unemployment or underemployment as a result of the recession and thus turning to the VA for their medical needs rather than using civilian health insurance. This increased demand may further limit veterans' access to the system. Physically getting to appointments at the VA medical center in Salisbury and the Charlotte Outpatient Clinic can also be an obstacle for some vets, although several options—with limited capacity—exist.

### Healthcare Concerns of OEF/OIF Veterans Receiving Healthcare Services at the Veterans Health Administration between FY02 and April 2011

Musculoskeletal	54.7%
Mental disorders	50.7%
Ill defined conditions	49.2%
Nervous system (hearing)	42.5%
GI (dental)	35.2%
Endocrine/Nutrition	29.7%
Injury/Poisoning	27.5%
Respiratory	24.9%

*Source: VHA Office of Public Health and  
Environmental Hazards, April 2011*

## **Dealing with Invisible War Injuries— PTSD, TBI and Depression**

The number of returning veterans dealing with invisible war injuries—Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD) and/or depression—continues to rise. Multiple and lengthy deployments in urban combat zones that create a 360-degree, 24/7 danger of being fired upon and coming under attack from mortars, rockets and improvised explosives have made OEF/OIF more prone to brain injuries and trauma than any other generation of military troops. A Department of Defense (DoD)-funded study estimates that nearly 40% of troops deployed to Iraq and Afghanistan experienced repeat deployments to those combat zones.<sup>6</sup> Veterans may not show any sign of TBI or PTSD until many months, or even years, after they have returned home. Studies show that veterans diagnosed with PTSD are at a greater risk of suicide than those without the disorder, particularly when dealing with multiple mental health issues.

The VA and others who work with veterans screen their patients for PTSD, depression and/or other behavioral health issues and link them to services and support. However, many other veterans are not being screened, diagnosed or accessing critical treatment. According to the VA, even if given a mental health diagnosis from their health providers, many veterans diagnosed with PTSD are not seeking treatment. The military culture emphasizes self reliance; therefore, veterans report they often don't feel comfortable revealing their need for or seek help. They may see mental health counseling as an unacceptable admission of weakness and an impediment to their career advancement. The stigma may be too difficult for them to overcome.<sup>7</sup>

Not understanding the symptoms of PTSD or depression can also be an obstacle to some veterans seeking help—and to their spouses and or/other family members. The VA and others are aggressively attempting to educate veterans and their families about the symptoms of PTSD, but too many veterans are still silently suffering.<sup>8</sup>

### **Symptoms Used to Diagnose PTSD in Individuals Exposed to a Traumatic Event**

- Vivid re-experiencing of the traumatic event in the form of intrusive thoughts and images, nightmares, or illusions and hallucinations (commonly called flashbacks)
- Intense emotional distress and physiological reactivity (racing heart, sweating, etc) when exposed to reminders of the traumatic event
- Avoidance of reminders of the traumatic event (e.g., thoughts, people, places, conversations, movies, books).
- Inability to remember important aspects of the trauma
- Decreased interest in regular activities
- Feelings of detachment from other people
- Limited range of emotion (unable to experience feelings of intimacy and attachment)
- Sense that one's lifespan will be shorter than normal
- Increased arousal (e.g., easily startled, difficulty sleeping, irritability with outbursts of anger, difficulty concentrating, always on alert)

***Of all OEF/  
OIF veterans who  
have used VA  
healthcare services,  
approximately  
27% tested positive  
for PTSD.<sup>9</sup>***

***Of those  
diagnosed with  
a mental health  
disorder by the  
VA between  
2006 and 2010,  
approximately 38%  
received mental  
health care from  
the VA.<sup>10</sup>***

***An estimated one  
in five suicides in the  
U.S. is committed  
by a veteran—over  
6,000 per year or  
an average of 18 per  
day. This does not  
include unsuccessful  
suicide attempts.  
The VA reports  
that on average,  
950 veterans are  
treated by the VA  
for a suicide attempt  
each month.<sup>11</sup>***

## Key Challenges (continued)

**"More than 20,000 service members had their homes foreclosed on in 2010."**

*USA Today October 2011*

The VA has implemented efforts to increase veterans' access to mental health care, including integrating mental health services into primary care and stepping up efforts to educate veterans, their families, health care providers and others about mental health issues and VA services available to assist veterans with PTSD and other mental health disorders.<sup>12</sup> Local non-veteran local mental health organizations and practitioners are going through a learning curve in trying to better understand PTSD as it relates to the veterans and their experiences. Some are slowly integrating the mental health needs of veterans and their families into their programming; however, it's clear, more support around PTSD and other mental health issues is needed by veterans and their families in the community.

### Housing and Financial Insecurity

Housing and financial insecurity are issues that veterans often face when returning to civilian life. Unemployment and under-employment clearly contribute to this challenge. Waiting long periods to receive disability or other benefits may as well. Some veterans may have bad credit, too much debt, can't afford childcare or healthcare for their families and/or are unable to pay their child custody payments—all factors that can trigger the downward spiral for anyone living on the edge, not only veterans. As a consequence, when veterans separate from the military—particularly those who have come from low-pay grade military positions—some may not be able to afford the rent or utility deposits to get into housing in the first place. Some may be dealing with foreclosure on their homes. Others may be "couch hopping" with family or friends. Although our local homeless shelters have not seen a significant number of recent veterans seeking assistance yet, it may only be a matter of time. The National Center on Homelessness reports that OIF and OEF veterans are becoming homeless at a faster rate than prior era veterans. Single female veterans and veteran families are the fastest growing cohorts of the homeless veteran population.<sup>i</sup>

Housing support options are limited for veterans. Currently the only housing assistance available to veterans from the VA is for homeless veterans and severely disabled vets. The VA's Supportive Housing Program (VASH) provides housing subsidies and case management support for homeless vets, yet the number of VASH vouchers is limited. Approximately 160 VASH vouchers have been allocated for use in Mecklenburg County, and nearly 500 local veterans are on the interest list for requesting a voucher—some meeting the program eligibility requirements, and others who may not. The VA's Per Diem and Contract Housing Programs also have limited capacity. A veteran must be chronically homeless and/or in need of significant case management support for addiction or other significant issue to be eligible for these programs.

Several adaptive housing programs are provided by the VA for veterans with severe service-connected disabilities. Although helpful, these programs are all insufficient to meet the current housing needs of veterans.

Few options exist for veterans who are not homeless or do not need adaptive housing other than programs available to the general population of citizens who can't afford their mortgage, rent or utilities. Several local and regional non-profits have recently begun to address the housing and/or homelessness issue for veterans; however, most of these organizations are in the start-up phase and currently don't have the resources or capacity to serve many veterans.

photo courtesy of FreeStockPhotos.biz



### Unique Challenges of Female Veterans

Female veterans are the fastest growing segment of the veteran population. Nearly 20% of all OEF/OIF veterans in Mecklenburg County are women. Although technically excluded from serving in direct combat roles in the military, many women who have served in the wars in Iraq and Afghanistan have been attached or assigned to combat units, thus were in the line of direct enemy fire. Female veterans share many of the same reintegration issues as their male counterparts. However, they face other challenges as well:

- Many female veterans are suffering from military sexual trauma (MST) in addition to PTSD. The prevalence of MST among female veterans ranges from 20 to 48% based on both VA data and the research literature. A majority of military women – 80% – also report being sexually harassed. Most female troops don't report sexual abuse while in the military; it's often revealed after they have separated and in a safe environment.<sup>13</sup>
- The healthcare needs of women are different from men. Until recently, the VA was not well prepared to provide women-centered healthcare to female veterans, thus female veterans did not view the VA as an effective option for getting many of their healthcare needs met. More recently, however, the VA has begun providing distinct healthcare services to female veterans. Consequently, more OEF/OIF female veterans are now turning to the VA for their healthcare needs. Acknowledging that more must be done, the VA continues to expand its services for female veterans.
- Female veterans have also identified the lack of respect and recognition for their military service, especially their combat experience, as their primary transition challenge. They report that they commonly do not receive the acknowledgement given to their male peers and often feel invisible.
- Many of the service organizations and support groups for veterans are male-oriented and do not provide a safe space for female veterans to let down their guard and deal with their unique experiences as female veterans. Without support from those who can relate to their military experience, female veterans can become isolated as they re-enter civilian life.
- Unemployment among female veterans, particularly young African Americans, is higher than that of male veterans. In addition, female veterans—often single parents and the primary breadwinners in families—tend to make less than male veterans. As a result of their limited income and other factors, female veterans are now the fastest growing segment of the homeless population across the country. The local homeless service agencies and shelters are seeing an increase in the number of female veterans, with and without children, but these agencies are not trained to respond to the unique needs of female veterans.

The VA is working to address the disparities in services and unique needs of female veterans. In late 2011, it announced plans to establish a VA task force, in partnership with the DOD, on women veterans and develop a plan that will focus on the key issues female veterans face.



photo courtesy of FreeStockPhotos.biz

***The VA defines  
MST as “uninvited  
and unwanted  
sexual attention and/  
or the use of force  
or threat of force  
resulting in unwilling  
sexual contact.”***



## **Family/Relationship Issues**

Families can face a host of difficulties when a spouse, parent or child goes to war—and when he/she returns. While in the military, families of troops are provided a level of support through military organizations and peer relationships. However, when they move back into civilian family life, the support system can quickly erode. Some of these families may be living with and/or supporting a veteran dealing with significant physical disabilities, diagnosed or undiagnosed psychological issues, unemployment and/or other factors that can adversely affect family life. In some instances, spouses and parents must become the caregivers of their injured veteran. In other situations, a spouse may have to become the primary “bread winner” for the family. Family members may not know where to seek help for their loved one or for themselves and/or their children when the reintegration of their veteran family is not going well. Acknowledging they need help may also be a challenge. They too may be trying to cope with depression, isolation and other complex issues.

Unfortunately, resources available to families of veterans are limited. Recently the VA established a family caretaker program to provide limited financial assistance (hourly wages) and other support to a wife, mother or other family member taking care of an injured veteran. Other than this newly developing program and some minor benefits, the VA is not positioned to provide support for families. And although veteran families may have access to family, children, legal and other services available to the general population in Charlotte, these services are typically not sensitized to or have the capacity to address the unique issues and dynamics that families of veterans may be experiencing. The lack of services and support for veterans’ families is a significant void in the Charlotte community.

***"Family members may face the prospect of starting a new chapter in their own lives if their loved one returns from military service with an injury or disability. Many have had to put life on hold, leave jobs or change residences to care for a spouse, adult child or significant other."***

*Kristine Dwyer, The Caregiver*



# About the Network of Support for Veterans

The network of services and support specifically available to veterans in Mecklenburg County comes from three main sources: 1) the Department of Veteran Affairs; 2) other government agencies; and 3) non-profit community and veteran service organizations. A brief summary of each follows. More detailed information on programs and services available to veterans is provided in the Charlotte Bridge Home Resource Guide for Returning Veterans.

## Department of Veteran Affairs (VA)

The VA consists of three main divisions: 1) Veterans Health Administration (VHA); 2) Veterans Benefit Administration; and 3) the National Cemetery Administration. The VHA operates the 484-bed **W.A. Hefner VA Medical Center in Salisbury** that provides inpatient care for veterans in the region, along with outpatient care, mental health services, rehabilitation services and other specialized medical care. Programs for special populations such as homeless veterans, OEF/OIF veterans, veterans in the justice system and caregivers of disabled veterans are based in the Salisbury location as well. The **Charlotte Community Based Outpatient Clinic** provides outpatient healthcare and mental health services for veterans in Mecklenburg and surrounding counties. An intensive substance abuse treatment center is also operated by the VA in Charlotte.

The **VA Regional Office in Winston-Salem** handles compensation and pension benefits claims and is the home of the VA's vocational rehabilitation and home loan programs. It's also the regional home of the National Cemetery Administration that handles burial and cemetery programs and services for veterans and their families. A number of veteran service organizations are co-located in the Winston-Salem office, providing support for veterans across the state. In addition to these resources, re-integration services for combat veterans are provided through the Charlotte Vet Center located at the Ben Craig Center in northeast Charlotte. This center, affiliated with the VA but a separate entity, offers one-on-one counseling and support groups for eligible veterans and their families. It also provides outreach to veterans in the community. Education benefits and certain housing programs for disabled veterans are handled through the VA's Atlanta regional office.

An overview of the primary VA programs and services available to Mecklenburg County veterans is illustrated on the following page, including VA services and resources available in the local community. The VA's website ([www.va.gov](http://www.va.gov)) provides extensive information about and links to these and other services and the benefits process.



***On average, the Charlotte Vet Center has around 5,000 visits from veterans and their family members each year.***

# Services Available to Mecklenburg County Residents\*

## U.S Department of Veterans Affairs

### Veterans Health Administration (VHA)

#### W.G. Hefner VA Medical Center in Salisbury

- In/out-patient Primary Care
- Emergency Care
- In/out-patient mental health services including substance abuse
- Extended care/rehab
- Pharmacy
- Social Work
- Spinal Cord Injury Program
- Women's Health Program
- Caregiver Support Program
- OIF/OEF Outreach Program

### Veterans Benefits Administration (VBA)

#### VA Regional Benefits Office in Winston-Salem

- Compensation, pension and all other VA benefits
- Vocational Rehabilitation and VetSuccess Employment Program
- VA Home Loans
- Veterans Service Organizations (Co-located)
- American Legion
- AMVETS
- Disabled American Vets
- Military Order of the Purple Heart
- NC Division of Veterans Affairs
- Paralyzed Vets of America
- Veterans of Foreign Wars

#### Voc Rehab/VetSuccess Program

Case managers are available to meet with program participants at local educational institutions monthly

- Assessment
- Vocational Counseling
- Work Experience
- Postsecondary Education/Training
- Supportive Rehab Services
- Independent Living Services

### VA Services in the Community

#### Charlotte Outpatient Clinic

Harris Boulevard  
Non-emergency primary care  
Non-emergency mental health clinic

#### Veteran Justice Outreach Initiative

VJO Coordinator covers multi-county region  
Outreach, assessment and case management for justice-involved veterans in local courts and jails  
Liaison with local justice system partners.

#### Intensive Outpatient Substance Abuse Clinic

Children & Family Services Center  
Evaluations  
Individual case management  
Support groups

#### Homeless Veterans Program

Case managers meet w/clients in Charlotte  
Supportive housing services including VASH vouchers  
Health services  
Employment services

#### Mecklenburg County Veterans Service Office\*

Hal Marshall Center  
Help veterans and family members file and track VA benefit claims

\*Operated by Mecklenburg County, not the VA.

#### Charlotte Vet Center at Ben Craig Center

- Individual and group counseling for combat veterans and their families
- Family counseling for military related issues
- Bereavement counseling for families who experience an active duty death
- Military sexual trauma counseling
- Outreach and education
- Substance abuse assessment/referral
- Employment assessment/referral
- VA benefit explanation/referral
- Screening/referral for TBI, depression, etc.

\* This diagram does not include the VA National Cemetery Administration (VCA) located at the Regional office in Winston Salem. The VCA provides burial and cemetery assistance for families of veterans.

## Services Available to Mecklenburg County Residents (continued)

### Other Services Available

Several State and County-funded programs are offered for veterans in Mecklenburg County. **The Mecklenburg County Veterans Service Office (VSO)**, located in the Hal Marshall Center, is a significant resource for area veterans. Its main function is to help veterans and/or their family members understand and help file for most VA benefits. The Mecklenburg County VSO has access to the VA system enabling the agency to help veterans directly apply for benefits and track the status of pending claims.

Other government organizations that provide support for veterans in Mecklenburg County include the **North Carolina Employment Security Commission (ESC)** that has employment specialists on staff as part of the federal/state **Jobs for Veterans State Grant Program**. These specialists provide outreach to area businesses, encouraging them to post jobs and hire veterans. They also work with veterans to help them with their general job search. Veterans seeking employment and training assistance through **Charlotte Work** are given the highest priority for receiving federal Workforce Investment Act (WIA) training funds if they meet the program's eligibility requirements.

Aside from some federal hiring and other specialized programs that may be available to veterans, the only other local government-funded program that supports local veterans is **Operation Recovery** coordinated by **Mecklenburg County Area Mental Health**. This program, funded through a multi-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), focuses on working with veterans in the justice system to help them connect to mental health services as an option to jail time. In addition, **Central Piedmont Community College** recently opened its **Veteran Resource Center** that provides counseling and other support services for veterans and their family members. Although the program primarily serves CPCC students, its services are also available to the larger veteran community.

### Non-Profit and Veteran Service Organizations

Recognizing that government programs are not sufficient to address the multiple and complex needs of veterans and their families, a growing number of local non-profits are attempting to fill certain gaps in service delivery and support. For example, through a grant from Microsoft, **Goodwill Industries of the Southern Piedmont, Inc.** has created **Operation Independence**, a program designed to provide employment and training assistance to veterans and their family members with barriers to employment. **Habitat for Humanity** and several start-up non-profits such as **Purple Heart Homes, Yvonne's Place, Homes for Heroes** and **Rebuilding Together** are coming onto the scene to address the housing needs of veterans, including disabled and female veterans. **The Charlotte Small Business Association** provides small business support for veterans. In addition, **veteran service organizations** such as the VFW, American Legion and Disabled American Vets serve as advocates and provide distinct resources for veterans and their families.

The diagram on the following page provides a quick overview of some of the key programs and services available to veterans in Mecklenburg County. More detailed information on these and other programs and services is provided in the Charlotte Bridge Home Veterans Resource Guide.



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***In FY 2011, the Mecklenburg County Veterans Service office had nearly 7,000 visits from veterans and/or family members and made 108 home visits to disabled veterans.***

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***In FY 2011, the local ESC offices had around 3,000 visits from veterans.***

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***137 veterans received WIA-funded training through area JobLink Centers between 2009 and 2011.***

## Services Available to Mecklenburg County Residents (continued)

### Benefits Assistance

Department of Veterans Affairs:  
www.ebenefits.gov  
Mecklenburg County Veterans  
Service Office  
Veteran service organizations:  
AMVets  
Disabled American Vets (DAV)  
Military Order of Purple Heart  
(MOPH)  
Paralyzed American Veterans (PAV)  
Veterans of Foreign Wars (VFW)

### Healthcare

Department of Veterans Affairs:  
W.G. (Bill) Hefner VA Medical  
Center in Salisbury  
Charlotte VA Outpatient Clinic  
OEF/OIF/OND Healthcare Initiative  
Continued Healthcare Benefits  
Program  
MyHealtheVet website

### Behavioral Health

Department of Veterans Affairs:  
W.G. (Bill) Hefner VA Medical  
Center in Salisbury-Mental Health  
& Substance Abuse  
Charlotte VA Outpatient Clinic  
Charlotte Outpatient Substance  
Abuse Clinic  
Charlotte Vet Center  
National Center for PTSD  
Suicide prevention helpline and  
website  
Veterans Justice Outreach Program  
MyHealtheVet website  
Area Mental Health Operation  
Recovery Program  
CPCC Veterans Resource Center  
War Within web portal for mental  
health providers  
Numerous on-line resources

### Employment, Training and Education

Department of Veterans Affairs:  
Vocational Rehabilitation and  
Employment (VetSuccess) Program  
Compensatory Work Therapy  
Program  
G.I. Education Benefits  
ESC Jobs For Veterans State Grant  
Program  
Goodwill's Operation Independence  
Program  
JobLink Centers/WIA Program\*\*  
CPCC Veterans Resource Center  
UNC Charlotte Veterans Outreach  
Coordinator and Registrars Office  
Numerous on-line job boards, skill  
translators and other resources

## Current Veteran-Specific Resources Available To Veterans Living In Mecklenburg County

### Housing

Department of Veterans Affairs:  
Homeless/at-risk supportive housing  
programs-VASH, Per Diem and  
Contract Housing  
Specially Adapted Housing Programs  
for Disabled Vets  
Home Loan Program  
Habitat for Humanity  
Purple Heart Homes  
Homes for Heroes  
Rebuilding Together  
Homes for Our Troops

### Entrepreneurship

U.S. Small Business Association  
Veterans Programs  
Veteran Business Outreach Program  
at Fayette State University  
Entrepreneur Bootcamp for Disabled  
OEF/OIF Veterans

### Transportation

DAV Transport Assistance  
Mecklenburg County Special  
Transportation via County Veterans  
Services Office  
Bus passes through various agencies

### Financial Assistance

Emergency Financial Assistance  
National non-profits:  
Impact a Hero  
Salute America's Heroes  
Rebuild Hope  
USA Together  
American Legion  
Disabled American Veterans  
Veterans of Foreign Way

### Family and Caregiver Support

Department of Veterans Affairs:  
Family Caregiver Program  
Charlotte Vet Center  
Survivors and Dependents Education  
Assistance Program  
Burial benefits  
CPCC Veterans Resource Center  
Mecklenburg County NAMI Family  
to Family Classes  
Veteran service organizations

### Other Support

Legal Assistance: Veterans  
Consortium Probono Program  
(national program)  
NC Outward Bound Veterans  
Program  
Yvonne's Place (support for female  
veterans)

# How the Charlotte Community Can Help Returning Veterans Reintegrate

It's clear from the research undertaken for this assessment that, while many programs and services exist for veterans, significant gaps remain in the network of support. If the Charlotte community is serious about responding to the needs of veterans and building a stronger network of local support for them, a comprehensive, holistic approach should be considered. Based upon input from service providers and veterans, and in consideration of other research on returning veterans, this approach should focus on the following seven strategies:

- 1. More aggressively reach out to and engage veterans.**
- 2. Help veterans learn about and gain easier access to the myriad of benefits and resources available to them.**
- 3. Help veterans better prepare for, connect with and sustain successful employment in living wage jobs and careers.**
- 4. Ensure that veterans have greater access to health care and behavioral health resources.**
- 5. Increase options for affordable housing/shelter and temporary financial assistance for veterans who are already homeless or at risk of becoming homeless.**
- 6. Give greater attention to the unique needs and challenges of female veterans.**
- 7. Expand resources and connections for veteran families.**

## Specific Opportunities to Consider

Specific opportunities for advancing these seven strategies are suggested below. Some of these ideas or opportunities are already underway to some degree in Charlotte or are being contemplated. They are provided in this report to help jump-start a conversation within the community about next steps for building a stronger network of support for returning veterans. No doubt, additional opportunities should be explored.

### **1. OUTREACH/ENGAGEMENT:** More aggressively reach out to and engage veterans

Identifying who veterans are and where they are in the community is a known challenge among those who work with veterans. Too many veterans fall through the cracks. Veterans don't always self-identify, particularly female vets. Many are choosing not to enroll in the VA system, which would otherwise provide a point of connection for them. Others may not know where to go for help and/or resist seeking help for various reasons. Some have isolated themselves. The VA and other veteran agencies and organizations have stepped up efforts to reach out to returning veterans; however more should be done. Ideas to consider in developing an effective outreach and engagement strategy should include:

**A. Use various channels of communication**—television, social media, cell phone texting, flyers, brochures and posters, etc.—to grab the attention of veterans and share information about resources. (A strategy that Charlotte Bridge Home will undertake)

**B. Get more local organizations and agencies that serve the general public to ask their customers or clients if they have served in the military** as part of their intake and assessment processes, and increase providers' knowledge of resources available for veterans in order to make appropriate referrals.

## Helping Returning Veterans Reintegrate (continued)

**C. Engage spiritual leaders to identify veterans** in their congregations and become better informed about veterans' needs and how to help address them. In some instances, spiritual leaders may be best suited to offer veterans an opportunity for help, hope and healing.

**D. Continue to grab the attention of veterans** through community, sporting, social and other events to provide opportunities for sharing information and connecting veterans to resources. Veteran organizations have been doing a much better job of this in recent years.

**E. Promote the hiring of veterans** for vacant or new positions in organizations. Veterans are more apt to open up about their needs with other vets.

**2. NAVIGATION OF/CONNECTION TO RESOURCES:** Help veterans learn about and connect to the myriad of benefits and resources available to them.

**A. Establish a local, well-publicized portal or clearinghouse** where veterans can comfortably identify their needs and, through one-on-one assistance, get connected to appropriate local, state and federal resources. (This is one of Charlotte Bridge Home's primary roles.)

**B. Maintain an up-to-date local guide of resources** available to veterans and their families. (Charlotte Bridge Home will assume responsibility for this task.)

**C. Develop a robust network of peer volunteers** who are trained and available to help returning veterans navigate the complex network of support. (A Charlotte Bridge Home strategy)

**D. Support the ongoing efforts of the Charlotte Area Response Team (C.A.R.T.)** to help coordinate the efforts of local veteran service providers and continue building relationships and knowledge among those who work with veterans. Having a coordinated and informed network of providers is essential for improved navigation of and stronger connection to resources.

**E. Explore additional transportation assistance options** for disabled and low-income veterans to get to medical appointments.





## Helping Returning Veterans Reintegrate (continued)

**3. EDUCATION/TRAINING/ EMPLOYMENT:** Help veterans better prepare for, connect with and sustain successful employment in living wage jobs and careers.

Although communities across the country are beginning to confront the realities and consequences of high unemployment among the returning veteran population, few to none have figured out what to do about the growing problem. It's clear that no one entity or group can solve the diverse, and often complex, employment issues facing our returning veterans. It will require a holistic strategy that focuses on four key, interrelated fronts of support and action:

**A. Engage our business community** to provide job opportunities for returning veterans and spouses of disabled veterans, as well as promote retention and advancement after hiring.

**B. Grow the capacity of our workforce development organizations** to provide veteran-centered pre-employment and soft skills training; career planning that help veterans build on their military skills; access to occupational skills training and credentials that will increase their marketability in the civilian workforce; job placement and retention support; and connections to small business/ entrepreneurship services and support.

**C. Raise the level of support** for veterans at our postsecondary education institutions to help veterans achieve postsecondary success and prepare for sustainable employment.

**D. Increase veterans' access to healthcare, behavioral health and family support resources** that will promote their ultimate well-being and support their employment goals.

If the Charlotte community can develop and act on a strategy that builds a bridge of support on all four of these fronts, it will, indeed, pave the way for other communities. In February 2012, leaders from Wells Fargo and Goodrich Corporation committed funds for and launched a new Veterans Employment Initiative to raise additional dollars from other corporations in support of employment and educational opportunities for the returning veteran population. This initiative is a great start. Here's what else is needed to shift the community into action on this issue:



***“Hiring a half million veterans in less than three years is an ambitious goal, but we believe that businesses – large and small – want to do their part to give back to the military community that has served and sacrificed so much for our country.”***

*Lt. Col. (Ret.) Kevin Schmiegel,  
founder and executive director  
of the US Chamber's  
Hiring Our Heroes program*

## What's needed from the business community?

**Leadership commitment to pro-actively recruit veterans:** The White House has made the hiring of returning veterans a priority through the national Joining Forces and U.S. Chamber of Commerce's Hiring Our Heroes initiatives. Numerous local and national corporations have signed on to these efforts, pledging to hire a specific number of veterans, including those with service-connected disabilities. A local effort to gain additional commitments from corporations and businesses to hire returning veterans, as well as spouses of disabled vets, would be an important first step for the business community. Businesses may want to take advantage of the federal tax credits for hiring veterans that were approved as part of President Obama's Jobs Plan that took effect in the fall of 2011. These credits include:

**Up to \$2,400 to hire any veteran who has been unemployed for at least four weeks**

**Up to \$5,600 to hire any veteran who has been unemployed for longer than six months**

**Up to \$9,600 to hire a veteran with service-connected disabilities who has been unemployed for longer than 6 months.**

A tax credit is already in place to provide \$4,800 to hire a veteran with service-connected disabilities without any stipulation on how long he or she has been unemployed. That credit remains in place.

**An organizational culture that supports the recruitment and retention of veterans:** If businesses are genuinely committed to hiring veterans, they will need to educate themselves on what it will take to achieve success and employ HR practices and policies that support the successful outreach to and employment and retention of vets. For example: gaining an understanding of how to transfer military skills to civilian skills for recruitment purposes; providing supervisory training for those who work with veterans to help supervisors know how they can better support their veteran employees; assigning mentors—who may also be veterans—to work with new veteran employees as they adjust to the civilian workplace; helping veterans align their specific job responsibilities with the mission of the organization, which is important to vets who have come from a mission-driven culture in the military; addressing physical barriers for disabled vets; and connecting veterans to employee assistance programs or outside resources to address residual health or behavioral issues from their military experiences.

Although many veterans may not need these types of extra support, employers committed to hiring veterans should make them available for those who may. The local Employers' Association could be engaged to help provide training and best practice information for businesses to minimize duplication of effort and reduce training and HR costs across organizations.



## **What's needed from workforce development organizations?**

### **Leadership commitment and veteran-centered cultural sensitivity:**

Organizations that provide employment and training services and support need to make a stronger commitment to serving returning veterans as a priority population. They should also gain a better understanding of the unique needs of returning veterans in their job search and preparation for the civilian workforce. In addition to receiving training on the subject, these organizations should consider hiring veterans and/or building a volunteer support network of veterans already working in the civilian workplace to help returning vets prepare for and obtain employment.

### **A “no wrong door” entry into the local workforce development system:**

Although some workforce development organizations may specialize in working with veterans, all organizations within or connected to the workforce development sector should know about the employment and training options available to veterans and make appropriate, quick referrals.

**Career planning and training opportunities that may help veterans leverage their military skills:** This will require training career counselors on military-to-civilian skills translation. Such training could be made available to all workforce development organizations to reduce duplication and training costs.

**Soft skills and other pre-employment support to help veterans succeed in the civilian workforce:** Such support—resume development, interviewing skills training, basic computer skills training, etc. — is typically offered by workforce development organizations. However, workforce development organizations should assess the delivery of these services through the lens of veterans' needs and identify changes or improvements that could be made to improve outcomes for veterans.

**On-the-job training opportunities:** Gaining experience in the civilian workplace through on-the-job training and/or internships may be a valuable interim step for some veterans. Workforce development organizations should work with area employers to provide subsidized/unsubsidized on-the-job training opportunities for veterans.

**Coordination of job development and placement efforts:** A number of local workforce development organizations reach out to employers to develop employment opportunities for their clients, some including veterans. This should be a coordinated effort across the workforce development sector.

**Support for retention and advancement after hiring:** Typically, the services and support provided by workforce development organizations end after a person is hired or trained. Efforts should be made, to provide follow-up support for veterans after being hired to help with their retention and advancement on the job. This could be a coordinated effort between workforce development organizations and employers.

**Coordination with veteran and community resources** to help provide wraparound support for veterans dealing with well-being issues that may affect their hiring and employment success. Workforce development organizations need to know about available resources and develop relationships with and connections to service providers who can assist veterans with issues outside the scope of the employment and training field.



## What's needed from postsecondary education institutions?

**Leadership commitment and veteran-centered cultural sensitivity in working with students who are veterans:** Central Piedmont Community College and UNC Charlotte have taken major steps over the last several years to create more welcoming and supportive campus environments for veterans. Both have plans to continue with and grow these efforts. Other postsecondary institutions in the Charlotte region should commit to implementing policies and practices that will enhance the experience and retention of their student veterans.

**College credit for military experience:** Training and work experiences from the military may be comparable to college class work and should be considered, when possible, for college credit. Steps should be taken to validate and develop the transfer of credit process.

**Priority Registration for Veterans:** G.I. benefits regulations require that students complete their education within 36 months. If a veteran using these education benefits registers for classes that are full but required for their graduation in a program, he/she may be put into a bind to meet the 36 month obligation. Although this is an issue any college student may face, consideration should be given to giving veterans a higher priority for registering for classes or advanced registration.

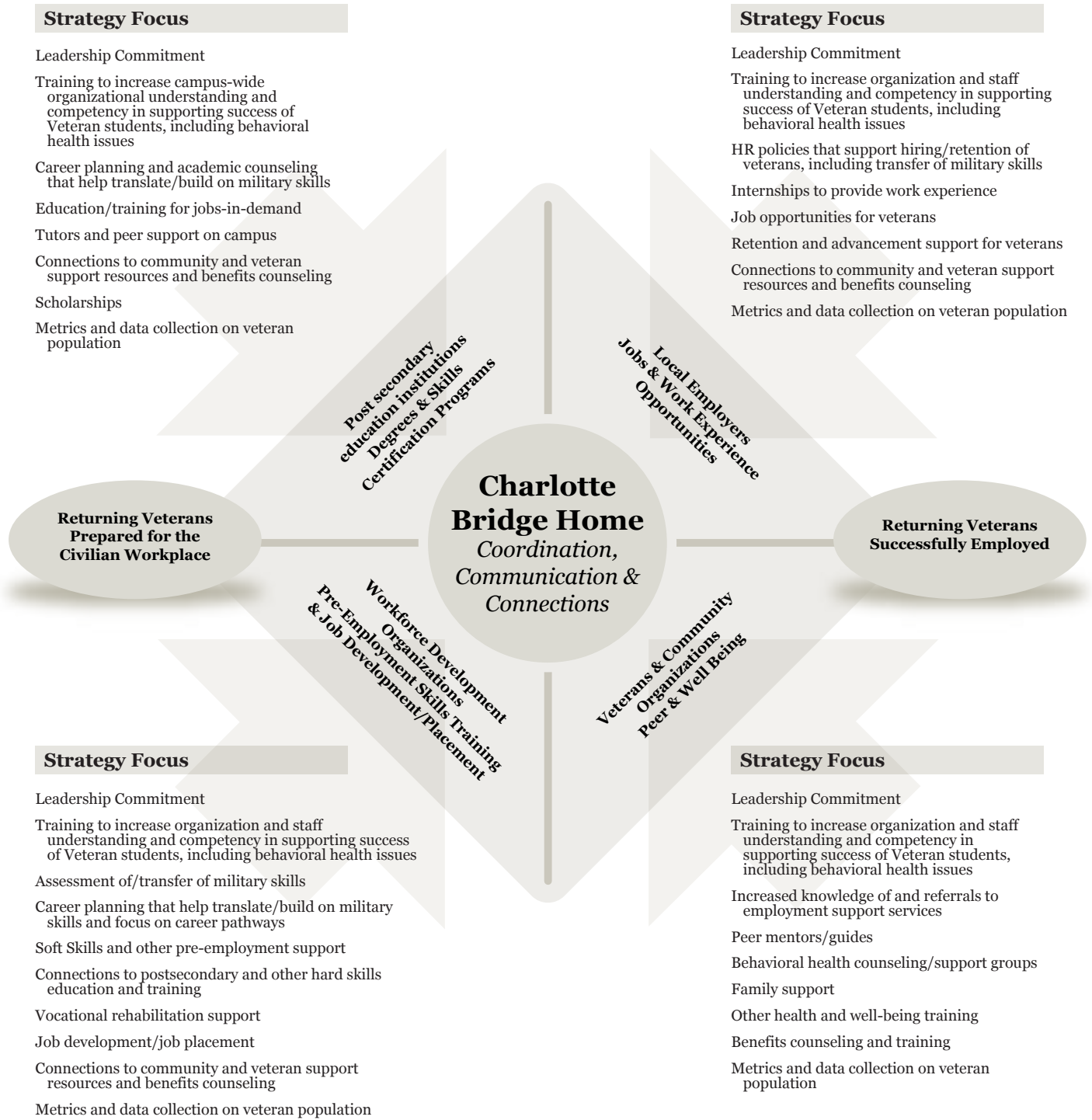
**Career, academic, psychological and other one-on-one/group counseling and support:** Veterans going back to college may need access to various types of counseling and other one-on-one and peer support on campus to help them adapt to and succeed in a college environment after leaving the military. CPCC's Veteran Resource Center provides this type of support and is an excellent example of campus innovation. Postsecondary institutions should expand opportunities to provide such support.

**Access to Scholarships:** Although many veterans are accessing G.I. Bill benefits to pay for their college education, some may need additional or alternative resources to complete their education. This is particularly the case for veterans seeking occupational credentials not tied to a degree program or those no longer eligible for G.I. benefits. Postsecondary institutions should expand/develop new sources of scholarship funds for veterans.



# Bridge Home To Jobs

## A Collaborative Community Strategy to Support the Employment Success of Returning Veterans in the Charlotte Region



Prepared by **Carol Morris,**  
Community Planning Consultant 2/12

## Helping Returning Veterans Reintegrate (continued)

### 4. ACCESS TO HEALTHCARE AND BEHAVIORAL HEALTH SERVICES/

**SUPPORT:** Ensure that veterans have greater access to health care and behavioral health resources.

The VA will and, should always be, the primary source of medical and behavioral health care for our returning veterans. Despite significant efforts to respond, however, the federal agency is not yet able to meet the growing demand for care. The local community should provide additional medical and behavioral health resources to veterans to augment those services provided by the VA. To this end:



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**A. Encourage more returning veterans to enroll in the VA healthcare system.** Although it may seem counter-intuitive to increase the demand on the VA, the increased volume may help the regional VA make the case for additional resources to better serve veterans in the Charlotte area. It would also connect more veterans to medical care they may otherwise not be receiving.

**B. Explore partnerships between private sector healthcare providers and the VA** to identify and possibly pursue contractual agreements that would enable veterans enrolled in the VA system to receive certain types of medical and/or behavioral health care from the private sector.

**C. Increase awareness and education of local health, mental health and human service providers** on TBI, PTSD, depression and other behavioral health issues often experienced by veterans. Over the last year or two training on these subjects has been offered to practitioners in the region through the Charlotte Area Health Education Center (AHEC.) Those participating are eligible for Continuing Education Unit (CEU) credit. Additional veteran-centered training opportunities should be made available and promoted to those in the health and behavioral health professions.

**D. Encourage and support efforts of local mental health organizations** to provide peer-to-peer mentoring, support groups and pro bono counseling for veterans and their family members. Several of these organizations have recently begun to reach out to veterans and are looking for ways to become more involved.

**E. Explore development of non-traditional healing options** using meditation, yoga, recreation and other means to engage and support veterans in coping with the stresses and challenges of reintegration.



## Helping Returning Veterans Reintegrate (continued)

### 5. HOMELESSNESS PREVENTION, HOUSING AND FINANCIAL STABILITY:

Increase options for affordable housing/shelter and temporary financial assistance for veterans who are already homeless or at risk of becoming homeless.

Financial and/or housing instability can quickly exacerbate health and emotional issues of veterans. To prevent and reduce the prevalence and duration of homelessness among veterans in Charlotte, the focus should be on looking for opportunities to:

**A. Develop/support efforts to provide additional transitional and/or supportive housing** for low-income and/or homeless veterans. This might include, but should not be limited to, seeking additional VASH vouchers from the Department of Housing and Urban Development (HUD), establishing partnerships between housing developers, service organizations and funders to create new housing alternatives for veterans and/or providing veteran-centered training for providers working in existing transitional and supportive housing programs to better accommodate and respond to the needs of veterans. Several new non-profits have been created to focus on transitional housing for homeless veterans. These organizations should find ways to work together to reduce duplication of effort and competition for limited funding.

**B. Promote existing foreclosure prevention resources** to veterans and/or explore providing additional veteran-centered foreclosure assistance. The VA provides some relief for veterans with a VA home loan, but for those with significant disabilities or other issues that impact their financial wellbeing, foreclosure may be imminent.

**C. Bring together non-profit organizations** focused on housing repair and/or adaptive housing support for disabled veterans to coordinate and leverage resources. Because resources are limited, multiple organizations doing similar work can be inefficient and also confusing to veterans in terms of where to seek help.

**D. Consider creating a revolving fund** or other mechanism through which veterans, particularly disabled veterans, may access low/no interest short-term loans or grants while awaiting benefit decisions or payments. Such assistance could prevent eviction, homelessness or other negative outcomes for veterans and their families. The same ideas should be considered to help veterans cover the costs of initial rent and/or utility deposits that veterans are unable to afford to move into their own housing unit. Loans or grants associated with such initiatives should be tied to budget and/or financial counseling.

**E. Provide financial management and budget counseling** tailored to veterans and their families. This does not necessarily mean that a new program must be started. An existing program(s) could be adapted to be more sensitive to the unique circumstances of veterans. Veteran-led classes and counseling would be most effective.

**F. Provide additional no/low-fee legal assistance** to veterans, particularly those who are disabled and/or have other special needs, in dealing with benefit appeal claims and/or other legal issues that may be adversely affecting their financial stability. This might include adding a veterans' focus to the services of Legal Services of Southern Piedmont and/or developing more pro-bono legal assistance from local attorneys through the Mecklenburg County Bar.

***"The problems that lead to homelessness begin long before veterans and their families are on the streets,"***

*Veterans Affairs Secretary  
Eric Shinseki*



**6. FEMALE VETERANS:** Give greater attention to the unique needs and challenges of female veterans.

Although female veterans would benefit from any of the already mentioned recommendations, it's important to reinforce the need for distinct services and support for women to ensure they feel respected and safe and that their unique needs and challenges are acknowledged and addressed. The VA continues to expand healthcare resources for female veterans. The following are other steps that could be taken at the local level to better support female veterans:

**A. Tailor outreach and engagement efforts to female veterans.** Appealing to the unique experiences of female veterans is critical.

**B. Create a safe, welcoming environment** for female veterans to share their unique needs and experiences and connect with appropriate resources. This does not necessarily need to be a completely separate entity or resource, but at a minimum, should be a service component that exclusively supports and is staffed by female veterans.

**C. Offer counseling and support groups** for female veterans dealing with MST, PTSD and other issues affecting reintegration. Females need a safe and private environment in which to share their challenges with sexual abuse and other trauma. They also need to work with practitioners who are trained to deal with these issues.

**D. Provide transitional and/or supportive housing** for female veterans with and without children. Several new non-profit organizations are focusing on the housing needs of female veterans; however they are struggling to gain adequate financial support to develop their plans.

*"The first thing we can do for women veterans is to raise the awareness that women are veterans,"*

*Maj. Gen. Irene Trowell-Harris*





## Helping Returning Veterans Reintegrate (continued)

### 7. FAMILY SUPPORT: Expand resources and connections for veteran families.

Families often bear the brunt of the hardships that veterans experience during reintegration, yet they have few places to turn for help. Because the VA provides little support for families of veterans, the local community must help fill the void. Consideration should be given to creating a culturally-sensitive network of support for families that recognizes the unique challenges that spouses, children, parents and sibling may face as the veterans in their lives deal with transition issues. Some ideas that should be considered as part of this network of support are:

**A. Provide more opportunities for family members** to get the support they may need in the community through support groups and peer-to-peer (family-to-family) mentoring and professional counseling.

**B. Explore using the Community Circles of Support for Veterans' Families (CCSVF) model** in Charlotte or similar model. Piloted by the National Center on Family Homelessness and funded by the Walmart Foundation, the CCSVF program is based on four key components: 1) special group therapy for families; 2) a community awareness campaign to draw attention to the needs of veteran families; 3) specialized training for service providers to educate them on the unique need of families and how to help address these needs; and 4) peer networking to help foster community among veteran families.

**C. Offer greater support and respite for family caregivers** of severely disabled veterans. These family members often have to quit their jobs and may be dealing with their own issues as their lives have changed. As with anyone caring for a loved one, they need a break and a helping hand from time to time.

**D. Ensure that employment efforts developed for veterans also address the employment needs of spouses** of wounded veterans. In some cases, these spouses must become the financial head of household and their employment is critical for sustaining their families.

**E. Create and support recreational or other types of planned activities** to enhance family relationships. Some of these activities could strictly be designed for fun, but others could integrate structured time for families to deal with relationship and other issues in a supportive environment.



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## Moving to Action

***“We can do this. In every community, every day, we can find concrete ways to show our military families the respect and gratitude that each of us holds for them in our hearts. They deserve our support long after the welcome home ceremonies are over. You don’t have to come from a military family, have a base in your community, or be an expert in military issues to make a difference. Every American can do something.”***

*Michelle Obama and Jill Biden,  
USA Today*

No one individual or organization can carry the load of building a stronger network of support for veterans in Charlotte-Mecklenburg. It will require a convergence of multiple stakeholders, talent, ideas, resources and most important, a collective commitment to make things happen. It will also require:

- Educating community leaders, employers, philanthropists, service providers, congregations and others about our veteran population, the skills and talent they bring and the challenges they and their families often face in making the transition from military to civilian life;
- Developing a clear vision, theory of change and expectations for how the community could/should come together to address the holistic needs of veterans and their families;
- Setting priorities for taking action. Far too many needs exist to take them on all at once;
- Coordination, communication and partnership building among local organizations and volunteers and forging stronger and more innovative partnerships with the VA and other state and local agencies who routinely serve veterans;
- Helping community philanthropists and other funders understand the highest priorities for building a network of support for veterans and their families, and encouraging them to make funding decisions that will have the greatest collective impact; and
- Continuously capturing and analyzing data about returning veterans in Mecklenburg County to help inform community efforts and use in developing metrics to measure and understand the collective impacts of programs and practices employed to serve the veteran community.

As with any community change effort, leadership from within the community will be required to drive and sustain change over time. Ideally, a veteran-centered leadership group should be convened to accomplish the above and begin addressing the needs, gaps and opportunities identified in this report. Such a group should include leaders of local, state and federal veteran agencies and organizations and other critical stakeholders, including OEF/OIF veterans. Smaller work groups, in coordination with each other, should take on specific tasks defined and supported by the leadership group. The employment strategy outlined on page 23 and behavioral health issues should be focused on first.

Now is the time—as more and more OEF/OIF veterans make Charlotte their home—for the community to come together and develop and implement a local model of support for successful veteran reintegration. Charlotte Bridge Home, which sponsored this assessment, would like to partner with others to initiate and advance the conversation about this critically important model of support. As a community, Charlotte has an opportunity to be at the national forefront in developing this model. What better way to give back to the men and women who have served.



# Charlotte Bridge Home Scope of Work



## End Notes

1. Morin, Rich, "The Difficult Transition from Military to Civilian Life," Pew Research Center, December 8, 2011.
2. U.S. Census Bureau, 2010 American Community Survey 1 Year Estimates.
3. Swords to Plowshares Iraq Veteran Project. Risk and Protective Factors for Homelessness Among OEF/OIF Veterans. Prepared for the National Coalition for Homeless Veterans. June 6, 2006
4. U.S. Department of Labor, Bureau of Labor Statistics, Current Population Survey: 2011 Average, Not Seasonally Adjusted.
5. U.S. Department of Veteran Affairs, Veterans Benefit Administration, Monday Morning Workload Report, April 23, 2012.
6. Bonds, T., Baiocchi, D., and McDonald, L. 2010. Army Deployments to OIF and OEF, RAND Corporation.
7. U.S. Government Accountability Office, Number of Veterans Receiving Care, Barriers Faced and Efforts to Increase Access, A Report to the Ranking Member Committee of VA of the House of Representatives, October 2011
8. Ibid.
9. Office of Public Health and Environmental Hazards, Department of Veterans Affairs (VA). Analysis of VA Health Care Utilization Among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans. Washington, DC: VA; December 2010.
10. U.S. Government Accountability Office, Number of Veterans Receiving Care, Barriers Faced and Efforts to Increase Access, A Report to the Ranking Member Committee of VA of the House of Representatives, October 2011.
11. Bagalman, Erin, Suicide, PTSD and Substance Abuse Use Among OEF/OIF Veterans Using VA Healthcare: Facts and Figures, Congressional Research Service, July 2011.
12. U.S. Government Accountability Office, Number of Veterans Receiving Care, Barriers Faced and Efforts to Increase Access, A Report to the Ranking Member Committee of VA of the House of Representatives, October 2011.
13. Suris, A. and L. Lind, "Military Sexual Trauma: A Review of Prevalence and Associated Health Consequences in Veterans," Trauma Violence Abuse, Vol. 9, No. 4, October 2008, pp. 250-269; H. Zinzow and others, "Trauma Among Female Veterans: A Critical Review," Trauma Violence Abuse, Vol. 8, 2007; and C. Goldzweig and others, "The State of Women Veterans' Health Research: Results of a Systematic Literature Review," Journal of General Internal Medicine, Vol. 21, Issue 3, 2006, pp. 82-92.



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Support for Returning Veterans In Charlotte-Mecklenburg