VA and Veteran Services Recommendations For the New Biden–Harris Administration
## Recommendations

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Established in 1974, Swords to Plowshares is a community-based not-for-profit 501(c)(3) organization. We are dedicated to supporting nearly 3,000 homeless, low-income, and at-risk veterans in the Bay Area every year. We offer employment and job training, supportive housing programs, permanent housing placement, counseling and case management, and legal services.

In addition to direct services, Swords to Plowshares has, since our founding, applied our experience on the ground to impact veteran policy, including opening the first ever veteran permanent supportive housing (PSH) in the country, fighting for recognition of post-traumatic stress disorder (PTSD) and the impact of Agent Orange exposure as service-connectable disability, expanding access to benefits and discharge reviews, and launching local, state and national collaborative efforts to improve veteran care.

We recently completed our contract with the California Department of Veterans Affairs (Cal Vet) to develop Transition Assistance Program (TAP; known in California as CalTAP) curriculum for all returning California veterans and families transitioning from military service, including 35 webinars for veterans on core transition topics such as education, employment, and entrepreneurship; and training materials for service providers.

Our policy and community education efforts are unique, reflecting decades of direct community-based service delivery. Swords to Plowshares’ research and policy work is informed by our daily experience, allowing us to share technical expertise and achieve the best outcomes for all veterans.

Protect VA Health Care

First and foremost, we must protect US Department of Veterans Affairs (VA) health care. Michael Blecker, Swords to Plowshares Executive Director, served as a member of the 2016 Commission on Care. While agreeing with reforms related to streamlining hiring, health equity, and other practices, Mr. Blecker declined to sign the final report because the increased emphasis on contracting with private health care threatens stability and quality of veteran-specific health care and services. You can view Mr. Blecker’s letter of dissent for more information.

The Veterans Health Administration (VHA) provides unique holistic veteran-specific health care and contributes vital research on emerging health needs among veterans. While the Mission Act allows for outside care, it must be administered in such a way as to protect the integrity and quality of care to veterans. If misguided by private insurance interests, the Mission Act can fracture the unique holistic delivery of health and social services administered through the VA as well as weaken needed research on veteran conditions.

Our Recommendations:
Steps must be taken to ensure quality of care, competency in delivering veteran-specific care, and continuity of care through sustained VA Medical Center funding, training for non-VA providers on military and veteran culture and specific conditions, and shared medical record keeping with non-VA providers.
Enhance Support for Aging Veterans

We face a crisis of need among aging veterans, especially those who have experienced homelessness, poverty, and express physical and mental frailties beyond their age—much of it due to their military service. These veterans present with complex co-morbidities.

Despite the increased numbers of veterans using VA benefits, only 40 percent of Vietnam veterans use VA health care: the majority seek care from community systems. In some instances, this is due to unwillingness to use VA health care, however, it is also because too many veterans do not qualify for VA benefits based on their discharge status.

Our Recommendations:

It is imperative that the VA ease access to care for these veterans to enable them to age in place and avoid premature entry into skilled nursing, and to maximize their quality of life by providing whatever assistance they need with Activities of Daily Living (ADLs).

In addition, there is a critical shortage in board and care facilities, especially in high-cost markets such as the San Francisco Bay Area. This calls for increased in-home supports in permanent supportive housing sites, for both housing voucher users and for low-income veterans living independently. For veterans who live independently, support for caregivers through the VA Caregiver Program should be expanded to pre-9/11 veteran populations so they can better age in place.
Increase Support to Permanent Supportive Housing Operators

Significant progress has been made to reduce veteran homelessness. Swords to Plowshares developed the first ever permanent supportive housing site in the country in 2000, long before the VA implemented the Department of Housing and Urban Development–VA Supportive Housing (HUD-VASH) program. We now house over 440 veterans in PSH. Our programs, and operators like us, need more funding to provide additional on-site supportive services to meet the needs of this aging veteran population in order for them to stay in permanent supportive housing and avoid premature placement in skilled nursing facilities.

Veterans who have experienced chronic homelessness are the hardest to house and the most difficult to keep housed. Years of undertreated mental and physical disabilities, coupled with substance use and the dangers of living on the streets, have left these veterans with barriers that go far beyond the lack of shelter. Many isolate themselves, have difficulty maintaining a sanitary space, experience food insecurity, lack social skills, have hoarding tendencies and actively use substances. Adequate supportive services are required.

Our Recommendations:
VASH should contract with community-based organizations (CBOs) to provide case management in lieu of VA-VASH LCSWs. VASH PSH operator staff can deliver case management onsite at a lower cost with expanded hours, meeting the 24/7 needs of formerly homeless veterans. On-site supports provide consistency, trust, and access to culturally appropriate care.

HUD and VA should institute a HUD-VASH Plus program for older veterans and those with acute physical, mental, and behavioral health needs who require enhanced site-based services in order to retain housing. These veterans are at risk of losing their HUD-VASH project-based placements because of behavioral health-based evictions or premature need for skilled nursing placement.

Veterans residing in PSH are among the most vulnerable veterans. Support must be delivered through housing sites rather than by individual eligibility. Many of these veterans are unable to navigate complex eligibility barriers and case management is inadequate to meet their needs. A HUD-VASH Plus program proposes to add robust health and mental health care for veterans in their own PSH site.

Support for enhanced staff should be contracted out to CBO PSH providers. Increased staffing at CBOs would provide 24/7 care to veterans in HUD-VASH units, including:

- In-Home Health Aides assisting with personal care, household tasks, and errands.
- Certified Nursing Assistants (CNAs) helping with health-related tasks.
- Health Navigators/Peer Advocates helping navigate VA/non-VA care and benefits systems and provide transportation.
- On-Call Medical/Mental Health Professionals providing veterans with 24/7 access to health and mental health services.

The VA must also expand In-Home Supportive Services (IHSS) eligibility and Medical Center capacity to deliver services. IHSS services approved by geriatric staff is rationed. There is a critical shortage of Board and Care options for veterans, and the lack of assistance with ADLs leads to a premature need for skilled nursing care. They must increase capacity for IHSS services to HUD-VASH voucher holders and aging veterans living independently.

Unfortunately, the collaborative model established under the Obama Administration’s plan to end veteran homelessness was dissolved under the Trump Administration. The Biden Administration must re-establish the collaboration among the VA, HUD, US Interagency Council on Homelessness (USICH) and others to focus on ending veteran homelessness.

Further, USICH leadership must abandon the recent strategic plan “Expanding the Toolbox.” The Trump Administration plan rejects the evidence-based Housing First model, which reduces barriers to permanent housing in service-rich environments. Once housed, as trust and community are established, staff engage in outreach to residents to engage in behavioral health services. This model must be upheld.
Veterans who experience trauma—such as combat, military sexual trauma (MST), and traumatic brain injury (TBI)—are more likely to receive an Other than Honorable (OTH) discharge than those who did not. A 2017 Government Accountability Office report found that 62 percent of service members discharged for misconduct had been diagnosed with a mental health condition in the prior two years. One study found that Operation Iraqi Freedom Marine Corps combat veterans with PTSD were eleven times more likely to be discharged for misconduct. In addition, BIPOC veterans disproportionately receive bad paper discharges. One report found that Black Airmen and Black Soldiers were 71 percent and 61 percent more likely, respectively, to face Non-Judicial Punishment or Court Martial than their white comrades. As a result of their OTH discharge, these veterans are at greater risk for untreated mental health conditions, suicide, and chronic homelessness. Swords to Plowshares’ Legal Services Department sees new OTH clients for discharge review matters on an almost weekly basis who have PTSD and/or TBI, or who have experienced racial discrimination in the service. These veterans are left in communities without VA supports—transferring the cost of their care to local resources (if available) and services not designed to address veteran-specific needs.

**Our Recommendation:**
Eligibility for VASH housing vouchers must be expanded to veterans with OTH discharges. Efforts to expand eligibility are presented in the Defense Authorization Act, a bipartisan provision (Section 1790) in the House Bill (H.R. 6395) that would expand eligibility for the Housing and Urban Development Veterans Affairs Supportive Housing (HUD-VASH) program and help more chronically homeless veterans secure housing and services.
SWORDS TO PLOWSHARES’ VA AND VETERAN SERVICES RECOMMENDATIONS FOR THE NEW BIDEN-HARRIS ADMINISTRATION

**Improve Supportive Services for Veteran Family Programs Shallow Subsidy Program**

The Supportive Services for Veteran and Family Programs (SSVF) Shallow Subsidy Program is intended to allow veterans to maintain permanent housing with “Shallow Subsidies” (SS) at a maximum of 35 percent of fair market rent distributed over a two-year period.

The current real estate market conditions in the San Francisco Bay Area and other high-cost urban areas make it particularly difficult for low-income veterans to use a Shallow Subsidy. Rent for a one-bedroom apartment in San Francisco, for example, is approximately $2,800 per month. A veteran would have to pay $1,820 each month in rent which far exceeds the national standard of recommending 30 percent of income go towards rent. A 50 percent rental subsidy would make this program a much more viable means to address veteran homelessness.

**Our Recommendation:**

We recommend SSVF revise their SS Program to reflect the economic reality of cost of living. For areas where cost of living is high, an additional subsidy of 15 percent from SSVF to supplement the current 35 percent shallow subsidy for a total of 50 percent subsidy of fair market rent would help remove an economic hurdle and prevent housed veterans from becoming homeless once again.

**Permanently Adopt COVID-19 Emergency Housing Programs**

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided for increased flexibility in SSVF supports, including emergency housing, transportation, and food assistance. Prior to the SSVF Cares boost expanding emergency housing, CBOs like Swords relied heavily on private dollars to put veterans and their families in emergency housing. And even still, we could not exceed two weeks of housing. Additionally, addressing food insecurity and offering case management were not possibilities.

This national COVID-19 crisis response has allowed CBOs to move chronically unsheltered veterans off the streets and into hotels, and has allowed Swords to Plowshares to connect with, temporarily house, and begin to stabilize over 200 of the most chronically homeless individuals. Outreach staff have delivered food and engaged with veterans, and staff have provided light case management to identify needs and resources.

**Our Recommendations:**

This flexibility and no-barrier emergency housing coupled with true case management contracted to CBOs through the VHA is the investment needed permanently to move the most chronically homeless veterans from the streets to housing and health care. The Biden Administration should recommend to permanently adopt the CARES Act provisions. Additionally, PPP, which has ensured providers like us can provide mission critical pay for essential staff, should be expanded and extended.
Congress never intended to leave veterans with less than honorable discharges out in the cold. When drafting the 1944 G.I. Bill, Congress defined the term “veteran” as those who served on active duty and were discharged “under conditions other than dishonorable.” Only those who meet this definition are entitled to VA benefits. In drafting that definition, the legislative record shows Congress intended to exclude only veterans whose misconduct would have, or did, result in a Dishonorable Discharge—the most severe punitive discharge status which requires a General Court Martial criminal conviction.

However, today, the VA regularly denies VA care to veterans who were discharged for minor misconduct and the new regulations proposed by the VA in July 2020 could make it even harder for these veterans to get the treatment they need. Currently, the VA rejects 90 percent of eligibility claims from veterans with less than honorable, or “bad paper,” discharges, including three out of four combat veterans with PTSD. As a result, those veterans with service-related PTSD and other injuries are left without treatment and financial assistance from the VA when Congress fully intended the VA to care for them. At Swords to Plowshares, we have represented hundreds of veterans with bad paper discharges in their VA Character of Discharge Determination eligibility cases.

**Our Recommendation:**
Five years ago, Swords to Plowshares and the National Veterans Legal Services Program petitioned the VA to revise its Discharge Determination regulations to comport with Congressional intent and ensure more just outcomes for veterans living with service-related PTSD. In July 2020, the VA finally responded but the proposed regulations still presume veterans with Other than Honorable discharges to be ineligible for treatment. For example, under the proposed rules, a veteran could be denied VA benefits for showing up late to work twice during a four-year enlistment.

These proposed regulations should be scrapped. They do not address nor will they cure the injustice done to veterans whose discharges were mischaracterized. The Biden Administration should ensure the VA promulgate regulatory bars to benefits that comport with Congressional intent and ensure just outcomes for veterans who served honorably in war and survived traumatic experiences like rape and sexual assault.
Stop VHA Turn-Aways of “Bad Paper” Veterans

Regulations state that veterans with “bad paper” should not be turned away from VHA facilities when seeking care. The VHA has a legal obligation to initiate the VA’s Character of Discharge (COD) determination process to determine their eligibility. However, veterans are routinely turned away and told they are ineligible for VA health care without the VA even initiating the eligibility process. Swords to Plowshares staff have had to accompany veterans to VA enrollment offices, explain the COD process to VHA intake staff, and request that they initiate the eligibility determination.

Our Recommendations:
VHA staff must be trained to initiate COD determination and to inform veterans of their rights. We suggest improving communication between VHA staff who are interfacing with “bad paper” veterans and the Veterans Benefit Administration (VBA) staff who process the COD determinations. A simple administrative change that could impact many veterans is to create a new VHA enrollment form for veterans to complete that VHA staff could submit to VBA to begin the COD process.

Additionally, we support the development of a public information campaign to “bad paper” veterans to inform them that they may be eligible for health care and benefits from the VA. We encourage the VA to partner with community organizations such as Swords to Plowshares to disseminate VA benefits eligibility information to this vulnerable veteran population. In addition, as we stated, the determination process must be reformed to hasten and broaden access to care.

Ensure Access to VA for Justice-Involved Veterans

Criminal justice-involved veterans face many challenges at the VA. Many of the mental health conditions and economic needs consequent to having “bad paper” increase the risk for involvement in the justice system. Unfortunately, veterans are further neglected from VA care and benefits during incarceration and upon release, increasing the likelihood of additional economic hurdles and recidivism.

Oftentimes, even if the veteran’s time in jail is insufficient to justify having their benefits terminated, the VA still cuts them off and subjects them to a lengthy process to have them reinstated. This occurs when the VA gets information that a veteran was incarcerated but it fails to confirm that the period of incarceration warrants the termination of benefits. Further, even when the termination of benefits is warranted, reinstatement of benefits post-incarceration is unnecessarily slow, and delays in disability or pension income can lead to homelessness and difficulty transitioning.

Our Recommendations:
The VA Veterans Justice Outreach (VJO) program should be expanded, and more staff is needed. At present, VJO staff cover enormous catchment areas and caseloads. Telehealth and remote services need to be offered to incarcerated veterans, but at present, funding for appropriate staffing levels for outreach and engagement is woefully inadequate.

The administration should also support veteran-specific jail and prison pods. Swords to Plowshares staffs the Community of Veterans Engaged in Restoration (COVER) pod at the San Francisco County Jail which offers supports to hasten release, reduce recidivism, and ensure post-incarceration success and wellness.

The VA needs to be accountable for ensuring termination of benefits is warranted while a veteran is incarcerated, and where warranted, VA benefits should be reinstated immediately and automatically upon release, ensuring veterans can smoothly transition to the community and stay out of the justice system.
Address **Racism in the Military and in Health Care**

Veterans of color are grossly overrepresented among Swords to Plowshares clients who experience chronic homelessness and extreme poverty, unjust discharge status, or undertreated mental health care need.

Swords to Plowshares and our San Francisco VAMC partners are committed to addressing racism and improving care for veterans of color whose exposure to racism and race-based trauma during their military service and as veterans are barriers to accessing care—particularly mental health care. At Swords to Plowshares, veterans of color are substantially overrepresented among our homeless clients: 54 percent of our clients are veterans of color and 40 percent are Black compared to the greater San Francisco Black population of only 6 percent. Our numbers are a stark demonstration of the need to address racial inequities. In addition, data gathered during the current COVID-19 pandemic tell us that veterans of color are disproportionately affected by COVID-19 at rates even higher than non-veterans of color.

**Our Recommendations:**

This challenge of addressing racism and improving care must be met not only with approval from the administration but also with investment. The VA should streamline their hiring process and initiate hiring practices to bring in VA staff that reflect the identity of veterans served. Additionally, the VA needs to adopt the motto “Nothing About Us Without Us” and include veterans of color in leadership discussions and decisions. COVID-19 strategies need to include plans for veterans of color to have improved access to treatments and care.

The Trump Administration’s recent ban on federal agency anti-racism trainings must be reversed and the Biden Administration must ensure federal agencies can expand training and presentations on anti-racism at VA. Trainings should focus on military and medical racism and how racial bias can influence engagement in care.
Fully Fund Veteran Education

If policy makers and legislators think they are fully funding veteran’s education, they are mistaken. The promise of the GI Bill and other educational benefits is that, for most veterans, the funding will cover the cost of a public post-secondary education, including tuition, course materials, and housing. Our recent research focusing on student veteran financial challenges tells us the promise has been broken. The patchwork of veteran education benefits as well as limitations in funding drive many student veterans to face financial challenges similar to the financial challenges their non-veteran classmates face. Consequently, many student veterans graduate with student loans and other debt, just like their non-veteran counterparts.

Not only is the system for calculating a housing allowance misguided, the stipends for course materials and other education-related costs are woefully inadequate. Importantly, the 36-month timeframe for veteran education funding is based on the outdated notion that students will complete their education in four years. However, a 2019 report found that fewer than 41 percent of “first-time full-time” college students complete their bachelor’s degree in four years and 56 percent complete their bachelor’s degree within five years.

The key question should be: how do we enable student veterans to achieve the same educational goals as their non-veteran counterparts?

Our Recommendations:

Thirty-six months is not enough time to complete a degree even in the best of circumstances. This creates a burden for veterans to take on extra units and causes many veterans to spiral into unnecessary debt. The VBA should award benefits until the veteran finishes their degree, and ensure veterans receive a realistic and adequate stipend for books and other education-related costs.

The cost of housing is not limited to rent or mortgage payments. The VBA should factor in other costs of housing— including utilities—when calculating a student’s basic allowance of housing (BAH).

Rent does not take a winter or spring break. The current system of stopping payments during breaks forces some students to seek additional employment, which can threaten their academic success and lead to burnout. The VBA should provide BAH during gap periods as long as they enroll in classes the following term. Veterans should receive up-to-date information from prospective colleges on financial resources, cost of living, and other expected school expenses when they are deciding where to apply. The GI Bill College Comparison Tool should be expanded and modernized.