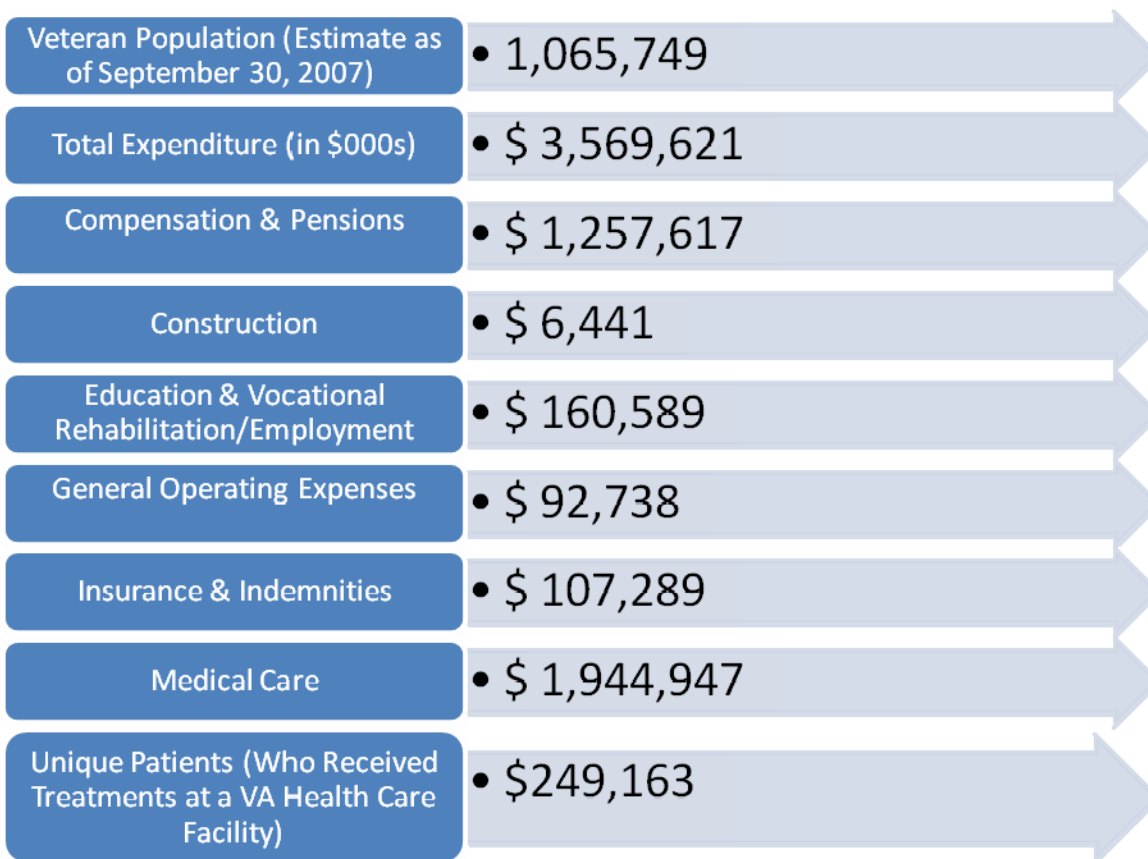


Government Sources of Facts and Figures Regarding the Status of Veterans at a State and Local Level:

The United States Department of Veterans Affairs (VA) National Center for Veterans Analysis and Statistics (2008) releases data regarding *Geographic Distribution of VA Expenditures (GDX)*. A spreadsheet titled *Summary of Expenditures by State, Expenditures in \$000s*, gives the following information for the State of New York. (The data has been converted into chart form). Note: This information is apparently not available at a county level.

Distribution of VA Expenditures (GDX) for the State of New York: Expenditures in \$000s



(United States Department of Veterans Affairs. National Center for Veterans Analysis and Statistics, 2008).

Note that medical care appears to be the area with the highest individual figures for expenditures.

- The VetPop2007 (Veteran Population 2007) survey released by United States Department of Veterans Affairs gives figures for both current and projected numbers of United States veterans at a county level. VetPop2007 is the VA’s latest official estimate and projection of the veteran population and their characteristics from 4/1/2000 to 9/30/2036, projected as of 9/30/2006 (United States Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, 2006a, para. 1).
- The VetPop2007 survey lists many variables for county-level veteran population estimates, including: age group; county; gender and Veteran Integrated Service Network (VISN) numbers.
- For Erie and Niagara counties in New York State, which are each a VISN, some highlights are listed below. The data has been converted into chart form.

Selected Population Estimates Over a 15-Year Span, from VetPop 2007: County-Level Veteran Population by VISN (Veteran Integrated Service Network), 2000-2030:

New York State County	9/30/2009 Projected Estimate	9/30/2014 Projected Estimate	9/30/2019 Projected Estimate
Erie	71,963	58,163	47,529
Males	67,469	54,932	43,519
Females	4,495	4,421	4,010
Niagara	18,394	14,468	11,785
Males	16,928	13,647	10,990
Females	890	820	795

(United States Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, 2006b).

Note that for nearly all counties across the United States, the veteran population estimates indicate an expected decline in numbers.

Comprehensive Census data about veterans is only available for each decennial Census, which is done every ten years. The data for the 2000 Census of Population includes data about veterans at a regional, state and metropolitan area level. It does not appear that the more current American Community Survey estimates include veteran data.

Census 2000 data may now be outdated, but some highlights include the following:

For “Census 2000 Veterans Population in the U.S. and Puerto Rico by Metropolitan Statistical Area,” the Buffalo-Niagara Falls, NY metropolitan statistical area (MSA) had:

Civilian Population 18 or Over:	884,965
Civilian Veterans:	120,253
Civilian Veterans as a Percentage of Civilian Population 18 or Over:	14%

(United States Census Bureau, 2000).

Note that some information available through VIREC, the VA Information Resource Center, requires one to request access and receive a password. Some of these data sets might include information/stats about local VA hospitals and services.

Other Facts and Figures Regarding the Status of Veterans at a Local Level

The following information is taken from various private news sources.

“Michael Scheibel, the Veterans Service Center manager at 130 S. Elmwood Ave, says some 460,000 veterans reside in Western New York, and not quite 11,000 are receiving VA benefits” (Doherty, 2009, para. 3).

“At the VA’s Buffalo Regional Office Downtown, processing a disability claim takes an average of 156 days, compared with the VA’s national average of 174days. About 2.5 percent of the local claims end up disputed and appealed. Preparation of the appeal takes about 288 days” (Michel, 2008b, para. 6).

The economic downturn and the poor local economy have caused more local veterans to apply for VA medical benefits. Now that the auto industry and other businesses are facing economic distress, “many displaced employees and retirees are scrambling to find new a new source of health care benefits” and those who have served in the armed forces are turning to the VA (Michel, 2008b, para. 2). “Dozens of veterans who normally would not think of going to the government are enrolling in the VA in Buffalo so they can receive prescriptions and health care at its hospital and clinics. Part of the increased demand began occurring soon after salaried GM retirees were told their health insurance was being replaced with a \$300-a-month stipend starting in 2009” (Michel, 2008b, para. 3). This happens to be occurring at the same time that large numbers of younger veterans from Iraq and Afghanistan are coming home with crucial health care needs, often with traumatic brain injuries or post-traumatic stress disorder.

“In Western New York, about 39,000 veterans received VA care in 2004. [In 2007] it was nearly 41,000” (Michel, 2008b, para. 6).

“Local VA officials are doing their best to keep up with the increased demand for services by adding hours at clinics” (Michel, 2008b).

Some who are applying for treatment at local VA hospitals and clinics may be financially “well off” yet prefer to seek VA treatment because of the state-of-the-art facilities and the extra quality of care (Michel, 2008b). Although some more well off veterans initially avoided applying for the benefits to save spots for veterans who were more desperately in need of the services.

Some local colleges have increased outreach or funding services to local veterans who are returning from service and looking to further their education. Erie Community College (ECC) employs special counselors to assist with veterans who are enrolling in programs at the college. “More than 450 veterans are enrolled at ECC, and about half of them served in the wars in Afghanistan and Iraq” according to college president Jack F. Quinn Jr., who was previously a congressman who served on the House Committee on Veterans Affairs (Rey, 2008, para. 4).

A recent *Buffalo News* article titled “Vets Air Issues on College Life: More Support, Flexibility Seen as Needed,” describes how the number of veterans enrolling at local colleges is on the rise and that many such students have a difficult time adjusting to the world of academia after having left the military (Rey, 2009).

“Returning war veterans are seeking help for depression, anger and other mental health problems in record numbers in Buffalo Veterans Affairs Medical Center and similar hospitals around the country” (Michel, 2008a, para. 3). The number of prescriptions [for psychiatric medications] “given to local veterans to help them with mental problems has increased from about 1,700 years ago to almost 8,000 in the 2007-08 fiscal year” (para. 4).

“Anti depressants top the list of medicines prescribed to returning Iraq and Afghanistan veterans at the Buffalo VA, which has spent more than \$2 million on psychiatric medications since 2001” (Michel, 2008a, para. 5).

“Each year the Buffalo VA treats more than 40,000 veterans, who are all entitled to care from its 11 full-time psychiatrists and 70-plus psychologists, social workers, addiction therapist and part-time mental health workers” (Michel, 2008a, para. 10).

“Counselors at Crisis Services of Buffalo are delivering services to a new clientele: veterans” (Drury, 2008, para. 1). Douglas Fabian, executive director of Crisis Services of Buffalo “says 30 percent to 40 percent of these returning vets display signs of post-traumatic stress disorder and suicide is up significantly” (para. 2). Crisis Services and other local mental health agencies have attended conferences and/or consulted together to better determine how to assist the mental health needs of local returning veterans because some may first seek help from agencies other than the VA.

Other Facts and Figures Regarding the Status of Veterans at a National Level:

The following information is taken from various government and private news sources:

- Not every veteran is eligible for VA health care. “It depends on when and where the veteran served, whether there was a service-connected disability, and if the level of personal assets precludes eligibility” (Michel 2008b, para. 9).
- Many veterans who had not previously considered applying for VA health care are now doing so as pay health insurance plans are taking up larger parts of their incomes.
- Changes are currently being proposed by the VA to change eligibility guidelines for various benefits offered through the agency:
- “In 2003, the VA made the difficult decision to stop enrolling new Priority Group 8 (high income) Veterans in order to assure all Veterans are provided timely and quality medical care. New regulations have been proposed that would allow certain Priority Group 8 Veterans to be enrolled in the VA health care system if their household income does not exceed the current VA income thresholds (means test threshold and/or geographical means test threshold) by more than 10%. We anticipate the new regulations to take effect in June 2009” (United States Department of Veterans Affairs, 2009b, para. 1)

In regard to unresolved disability claims with the U.S. Department of Veterans affairs, “Across the country, unresolved claims total 600,000 to 800,000, advocates for disabled vets say” (Michel, 2008c, para. 3). Claims may be delayed by “insufficient documentation of military service, improperly filed or lost paperwork and conflicting medical evaluations” (para. 4). “Some [veterans] wait a decade, others two decades or even longer” and claims get “bounced around” with no final decision being made (para. 4).

- A spokesman for Disabled American Veterans in Washington, D.C. says that “On a national level... claims date back 50 years or longer” and some veterans die before their claims are settled (Michel, 2008c, para. 7).
- In approximately 2007, “veterans filed 838,141 disability claims, up from 578,773 in 2000, a year before the Sept. 11 terrorist attacks” (Michel, 2008c, para. 9).
- “The VA was unable to provide an exact number for unresolved disputed [disability] claims but estimated that about 400,000 claims in ‘pending inventory’ range in age from a few days to a number of months. Either way, the government’s figures are substantially lower than the 600,000 to 800,000 disputed claims cited by [the Disabled American Veterans spokesman] who says the ‘VA plays with numbers’” (Michel, 2008c, para. 11).
- “In 2007, the [Department of Veterans Affairs] had a backlog of 392,000 disability claims, according to the U.S. Government Accountability Office. The average time to process a claim was 132 days” (Wills, 2008, “Financial Woes” section).
- The VA also currently offers a program for veterans who are in “financial distress or struggling with your VA copays” (United States Department of Veterans Affairs, 2009, para. 1). This includes a Medical Care Hardship Program.
- The VA Medical Care Hardship Program is described as follows: “VA’s Medical Care Hardship Program could help veterans qualify for VA enrollment for health care services if they had a recent change in their income, even if they were previously denied enrollment based on their household income. Veterans who have put off applying for VA enrollment because they thought their income was too high may want to reconsider applying if their projected current year’s income is lower. Hardship may be approved if the veteran’s current year income is substantially reduced from the prior year. Personal circumstances such as loss of employment, sudden decrease in income or increases in out-of-pocket veteran or family health care expenses factor into VA’s hardship determination (United States Department of Veterans Affairs, 2009a, para. 2).
- The United States Government Accountability Office (GAO) recently did a study describing in Veterans Affairs health care and “Challenges in Budget Formulation and Execution” (2009). The GAO did the study because “The Department of Veterans Affairs (VA) estimates it will provide health care to 5.87 million patients with appropriation of \$41.2 billion in the fiscal year 2009” (United States Government Accountability Office, 2009, para. 1). Of note is the population of “aging veterans who need services such as long term care—including nursing home and noninstitutional care” and the veterans currently returning from Afghanistan or Iraq (para. 2).
- “Twenty-six percent of homeless people in America are veterans, according to the Homelessness Research Institute in Washington. Approximately 8 percent of veterans who have served since 2001 pay more than half their income in rent, according to the institute. “It is estimated that 10 percent of the applicants to his organization are facing eviction or foreclosure” (Wills, 2008, “Employment Help” section, para. 1).

- Also, “Veterans 20 to 24 years old have much higher rates of unemployment than their older counterparts, according to the Department of Labor” (Wills, 2008, “Employment Help” section, para. 2).
- The United States Department of Veterans Affairs Office of Policy and Planning released a report titled *Women Veterans: Past, Present and Future* (2007) that explains the history of women in the military and the steadily growing increase in the number of women veterans in the United States and Puerto Rico.

Special Interest Area: Veterans with Psychological Issues

- “Thirty to 40 percent of returning veterans will develop mental-health problems like depression or post-traumatic stress disorder, according to estimates from the Department of Veterans Affairs. Hundreds have come to department-run homeless shelters; many more may already be living on the streets. At least 40,000 have sought substance-abuse treatment from the VA” (Wills, 2009, para. 7). The large number of soldiers with post-traumatic stress disorder and traumatic brain injury is a major concern.
- Veterans on VA care are entitled to one hour per week of mental health counseling. Yet “the hour per week of mental health counseling that disabled veterans are entitled to has been delivered in the form of group—large group—therapy supplemented by, since 2001, \$2 million in psychiatric drugs” (“And Provide,” 2008, para. 3). “The fact that so many of our veterans are not receiving anything more than endless doses of medication for demonstrated mental health problems is a national disgrace” (para. 3).
- Several programs have been organized to arrange volunteers to offer supplemental mental health counseling to veterans to help them to cope rather than to simply medicate the veterans. Programs such as those offered by the “Give an Hour” seek to get mental health professionals to donate their services to veterans with mental health concerns (“And Provide,” 2008; Michel; 2009b).
- Many veterans suffer from traumatic brain injury, which causes cognitive, mental and behavioral problems. Federal funding has been allocated to study and treat these types of issues among veterans, and a study is currently being done by the University at Buffalo (Michel, 2009a). The cognitive and behavioral problems include not being able to read emotions on others’ faces or to process social cues.
- Many returning veterans with mental health problems become suicidal and need enhanced mental health care to meet their needs. “Army statistics show that as many as 24 soldiers committed suicide in January 2009 alone” (Michel, 2009a, para. 4).

The United States Government Accountability Office’s (GAO) Evaluations of the Department of Veterans Affairs (VA):

Several reports have been released about the quality of the VA in various performance areas, such as reports about:

- Suggestions to improve management of the VA’s pension program

- Challenges regarding the processing of VA disability claims, including the need to add and properly train additional claims processors
- Improving employment assistance to disabled veterans
- Management challenges and program risks within the VA

More details about these reports may be found on the Government Accountability Office's (GAO) website.

The Government Accountability Office (GAO) has released a number of reports to evaluate the VA's performance with processing disability claims. Some aspects of the processing of disability claims are described in the document *Testimony Before the Subcommittee on Disability Assistance and Memorial Affairs, Committee on Veterans' Affairs, House of Representatives -- Veterans' Benefits Improvements Needed in VA's Training and Performance Management Systems*. Highlights of the report include:

The Department of Veterans Affairs' (VA) disability claims process has long been a subject of concern because of long waits for decisions and large backlogs of claims pending decisions. To address these issues, VA has hired almost 3,000 new claims processors since January 2007. However, adequate training and performance management are essential to developing highly competent disability claims processors and ensuring that experienced staff maintain the skills needed to issue timely, accurate, and consistent decisions" (Bertoni, 2008, p. 2).

The VA's Own Evaluations of Their Performance:

The Department of Veterans Affairs, Office of Budget (2008) released a report titled *Fiscal Year 2008 Performance and Accountability Report*. The report includes many details about the current performance of the United States Department of Veterans Affairs, including a section on "most important achievements and current challenges." While the achievements are numerous, the challenges listed include, but are not limited to:

- Making cultural changes at VA's community living centers (CLCs)
- Increased special adapted housing (SAH) workload
- Adapting to new ways of doing business
- Determining what veterans need for enhanced independent living
- Managing the expansion of education benefits
- Meeting service expectations during expansion (of VA national cemeteries)
- Impact of an economic downturn
- Improving program implementation (of the Service Member's Group Life Insurance Traumatic Injury Protection Program [TSGLI])
- Maintaining cemetery appearance
- Fully implement NCA business office

Other Agencies that Offer Assistance to Veterans and Information and/or Statistics They Have Provided About the Current State of Local and/or National Veterans

Some agencies, rather than offering monetary assistance to veterans, offer counseling and advocacy so veterans will seek benefits from the US Government. Some agencies offer reports or other data that give facts, figures or other details that speak to the status of local or national veterans, including:

- **Western New York Veterans Housing Coalition, Inc., also known as Veterans Life Ops.**

Their web site reads “On any given night, 194,000 veterans are without a home” (Western New York Veterans Housing Coalition, Inc., 2008, para. 1). The agency does not cite from where this figure was received. The site also states, “Since 1987, we have been providing housing, job development, and services to more than 20,000 veterans who have had difficulty re-adjusting to civilian life” (para. 2).

- **Erie County Veterans Service Agency.** Their website reads, “Erie County Veteran Service Officers will help you navigate the Department of Veterans Affairs' bureaucracy, and our services are free. We will help you gather the information necessary to support, file and track a claim through the VA system. We can also assist with filing appeals for denied claims. We strongly recommend that you make use of the services provided by County Veterans Service Officers. Our expertise can help you avoid the pitfalls and delays that missing paperwork or improperly filled out claim forms can cause” (2009, para. 5).

- **National Coalition for Homeless Veterans**

This agency states that, “With an estimated 300,000 veterans homeless at some time during the year, the VA reaches 33% of those in need ... leaving 200,000 veterans who must seek assistance from local government agencies and service organizations in their communities” (National Coalition for Homeless Veterans, 2005, para. 7). The agency also states the following in regard to estimating the numbers of homeless veterans, “Although accurate numbers are impossible to come by -- no one keeps national records on homeless veterans -- the VA estimates that 154,000 veterans are homeless on any given night. And approximately twice that many experience homelessness over the course of a year.”

(Conservatively, one out of every three homeless men who is sleeping in a doorway, alley or box in our cities and rural communities has put on a uniform and served this country. According to the National Survey of Homeless Assistance Providers and Clients [U.S. Interagency Council on Homelessness and the Urban Institute, 1999], veterans account for 23% of all homeless people in America”).

- **Disabled American Veterans**

In the organization’s Annual Report given by Edward R. Reese, Jr, National Service Director to the Disabled American Veterans 87th national convention, August 9-August 12, 2008, several facts and figures are referenced (Disabled American Veterans, 2008). These facts and figures include:

- “As of June 2, 2008, we have seen 787 OIF/OEF [Operation Iraqi Freedom/Operation Enduring Freedom] veterans return with amputations” (Honoring the Promise” section, p.1).
- “Since the beginning of the Global War on Terror [GWOT] Operations Enduring Freedom and Iraqi Freedom have added more than 4,640 fatalities with the majority of those being battle deaths” (p.2).
- “In [fiscal year] 2007, the VA processed more than 825,000 claims for disability benefits. Approximately 7.8 million veterans use the VA health care system and this number is expected to grow in the years to come. As of March 31, 2009, more than 2.9 million veterans were receiving VA Disability Compensation” (p. 2).

Charitable Foundations and Funding for Veteran Related Agencies

The May 20, 2008 issue of *Chronicle of Philanthropy* includes several articles about the role of charitable organizations in offering support to veterans. The issue includes an article titled “Charities Scramble to Provide Housing and Health Care to Veterans” (Wills, 2008). The article mentions how charitable foundations often supply funding to agencies that care for the multiple needs of veterans, who are often dealing with the stresses of “drug and alcohol abuse, homelessness, post-traumatic stress disorder, and other troubles” (Wills, 2008, para. 1).

“Leaders of veterans groups have been lobbying the Department of Veterans Affairs to do more, but they still expect charities will fill in the gaps to take care of needs the federal government is unable to handle” (Wills, 2008, para. 4).

The National Coalition for Homeless Veterans offers the following insights:

The most effective programs for homeless and at-risk veterans are community-based, nonprofit, "veterans helping veterans" groups. Programs that seem to work best feature transitional housing with the camaraderie of living in structured, substance-free environments with fellow veterans who are succeeding at bettering themselves. Because government money for homeless veterans is currently limited and serves only one in 10 of those in need, it is critical that community groups reach out to help provide the support, resources and opportunities most Americans take for granted: housing, employment and health care.” (National Coalition of Homeless Veterans, 2005, “What Seems” section, para. 1).

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