

HONORING ALL WHO SERVED

EMPLOYMENT FOR VETERANS WITH DISABILITIES REPORT OF FINDINGS

GOVERNOR'S COMMITTEE ON EMPLOYMENT OF PEOPLE WITH DISABILITIES

REPORT TO THE GOVERNOR AND CALIFORNIA LEGISLATURE

To be a veteran
one must know and
determine one's price
for freedom.



Approved by the California Governor's Committee on
Employment of People with Disabilities September 26, 2007

DEDICATION

This report is dedicated to Ernest T. Hamilton, Jr. who passed away July 17, 2007, before this report was completed. Ernest Hamilton was an active member of the California Governor's Committee on Employment of People with Disabilities, appointed by the Speaker of the Assembly. It was Ernest's passion and compassion for the plight of veterans which inspired the Governor's Committee to elevate "veterans" as a priority for the Committee's action.

Ernest was a spiritual man who encouraged people to be active in their communities. A veteran himself, Ernest was involved in his work up to the last days, leaving behind a huge contribution to the disability community. Ernest had a wonderful way of touching the lives of everyone he came in contact with and always left a lasting impression. Thank you Ernest.

"My prayers have always been to be placed in positions that I am able to reach out and assist others. I give thanks to the Most High God for allowing me to serve in these positions in order to serve the community." Ernest T. Hamilton, Jr.

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They don't tell you about the emotions and the garbage you have to carry around afterward. They don't tell you about everything it wrecks. Like Pinocchio, he says, some day he's going to "be a real boy" again.
Iraqi veteran

EXECUTIVE SUMMARY

The California Governor's Committee on Employment of People with Disabilities (Governor's Committee) embarked on a journey to inform themselves of the prevalent issues facing disabled veterans as they seek employment. The ultimate goal is to make sound policy recommendations to the Administration to improve employment services and supports for disabled veterans and make employment a viable option. To this end, the Governor's Committee conducted a series of public hearings and focus groups to learn what issues disabled veterans face in obtaining and retaining employment. This document is a report of their findings. It is a starting point for the Committee's work in developing a series of recommendations to address the issues raised during this process.

Some key points learned through this effort were:

- Early intervention is critical to the successful transition of returning veterans, especially veterans who were wounded or injured. As we were told, "Why wait until they have lost everything?"
- There was a disconnect between what employers told us in relation to their perspective on hiring veterans and what veterans told us in relation to their experience with employers. It confirms that this is not a black and white issue. We can't label all employers unsympathetic, just as we can't characterize all veterans' experiences as negative. Also, because our employer focus group size was so small, more outreach in this area may be necessary to get a broader view.
- Despite efforts over the past ten years or so, the state system of employment services and supports still exists in silos with each system's "best interests" driving decisions rather than the client's best interests.
- The workforce development and human services systems must do a better job coordinating their respective services at the federal, state and local level to ensure more effective use of limited resources.
- Sufficient resources must be directed toward mental health and alcohol and drug treatment services for veterans.
- The experiences from Vietnam's aftermath have provided us with a roadmap of the consequences of not investing the time, money and effort into supporting programs, initiatives, and laws aimed at helping veterans survive/thrive once they're home.
- Returning veterans are concerned with survival first which translates to a means of support, usually a job that provides them with a living wage.
- There are initiatives and programs that are serving veterans successfully. We need to highlight and replicate those successes statewide.
- The experiences of the Vietnam veteran and the Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veteran are similar regardless of the era difference.

One of the primary similarities is that there are no front lines, and you can be attacked at any time – anywhere. The Vietnam veteran can provide us with a wealth of information on what helps and what doesn't.

Throughout this process, a compelling picture was painted of the veteran who would need much support in making their transition.

He or she will need some level of mental health services, and if not treated soon enough, alcohol and drug treatment also, in conjunction with assistance with affordable housing, legal, family and financial counseling, as well as anger management classes. They will also need assistance with finding employment, but may not be capable of retaining a job until some of these other issues are addressed. And, over time if these issues are not addressed, their family and friends will give up on them and they will find themselves homeless, in prison, or hopefully in a treatment facility.

This is what we know from our experience with the Vietnam veteran. Unfortunately, we are already starting to see the same outcomes with today's veteran. The overarching question that came up in all of the hearings was, will we learn from our past mistakes? The answer that was given to us was, we will learn when we make sure this new generation of veterans receive the respect and care that they deserve. That is the intention of this effort of the Governor's Committee. The window of opportunity is open to us now. We invite all of those responsible for supporting our servicemen and women to step up and "pay now" because we can't afford the price of "paying later".

INTRODUCTION

This report is the culmination of countless hours of research, public testimony and group input centered on the topic of the employment of veterans with disabilities. The purpose of this effort is to inform the Governor's Committee on Employment of People with Disabilities (Governor's Committee) in their disability employment policy-making capacity, specifically in regard to making recommendations to the Administration on the actions necessary to ensure employment for veterans with disabilities. For more information on the Governor's Committee visit the web site at www.edd.ca.gov/gcepdind.asp.

The Governor's Committee, through a broad stakeholder input process, developed a State Comprehensive Strategy for The Employment of People with Disabilities (Strategy). This Strategy provides the framework upon which the State can create a seamless system that will allow every person with a disability the means and opportunity to work. To do this, the Strategy contains fourteen goals. The goal dedicated specifically for employment needs of veterans with disabilities is, "*Services are in place for disabled veterans to obtain and retain employment.*"

It is for this goal that the information in this report has been gathered.

METHODOLOGY

Three methods of compiling information for this report were selected: 1) a literature review; 2) conducting public hearings; and 3) meetings with focus groups and other stakeholders.

Literature Review

The literature review surfaced basic information relative to veterans' benefits and services, as well as highlighted the substantial focus on this population currently. Numerous Congressional hearings have been conducted over the past five or six years and Government Accountability Office (GAO) reports issued, all focused on some aspect of veterans health, benefits, or the veterans service system. In addition, news articles have been plentiful and usually spotlight the current returning veterans' experiences both positive and negative.

An on-line search was conducted for veterans' demographic data especially as it relates to disability, as well as information on other states veterans programs and initiatives. Government and veterans organization web sites provided a wealth of information also. A limited number of books with relevant information were also reviewed.

The general topics for research included the following:

- Veterans service systems and benefits in California
- Demographic data for veterans
- Funding of veterans services
- Local veteran service providers
- Other states veterans programs and services
- Federal Congressional hearing testimony
- GAO reports on veteran's issues
- Grass-roots veterans organization communications
- Current relevant news articles

The information acquired through the literature review was developed into a briefing paper which served to provide the Governor's Committee with a basic level of understanding of the veterans' service system and the prevalent issues facing veterans today. With this basic understanding, they moved forward with conducting the public hearings.

The Public Hearings

The Governor's Committee decided to conduct public hearings as a mechanism to gather broad-based input from the public and other stakeholders to assist them in developing sound policy recommendations to address their goal, "*Services are in place for disabled veterans to obtain and retain employment*".

A workgroup of stakeholders was established to plan and participate in the public hearings. The following are the partners that were convened:

- California Department of Mental Health
- California Department of Rehabilitation
- California Department of Veterans Affairs
- Employment Development Department, Veterans Program Unit
- Employment Development Department, Director's Office
- Governor's Committee Members
- Local One-Stop Veterans Program Staff
- Veteran's Family Member and Advocate
- Veterans Provider Organization

Three public hearings were planned and conducted at the following locations:

- Los Angeles City Hall – February 27, 2007
- Veterans Village of San Diego – March 1, 2007
- Department of Health Services, Sacramento – March 22, 2007

A Governor's Committee member presided over each public hearing with a panel convened to receive the public testimony. Panel members represented the following organizations:

- California Association of County Veterans Service Officers
- California Department of Mental Health
- California Department of Rehabilitation
- California Department of Veteran's Affairs
- Employment Development Department, Veterans Program Unit
- Employment Development Department, Director's Office
- Governor's Committee Member

In addition to receiving public testimony, experts were invited to provide testimony from Southern California U. S. VETS, Veterans Village of San Diego, Sacramento Veterans Resource Center, the Department of Labor Veterans' Employment and Training Services (DOL-VETS), the U.S. Veterans' Administration Palo Alto Health Care System, and the U.S. Veterans' Administration Vocational Rehabilitation and Employment Office.

The Focus Groups and Other Meetings

The Governor's Committee decided it was important to have dedicated discussions with the two major stakeholders in this effort, so two focus groups were convened. One group was with disabled veterans and the other group was with employers. The veteran's focus group was held in Riverside at the One-Stop Career Center. Most of the veterans were from the Corona Veterans Center. The employer focus group was held in San Jose at the One-Stop Career Center with employers from the area.

In addition, information gathering meetings were held with the California Department of Veterans Affairs and the Employment Development Department, Veterans Program Unit. The County Veterans Service Officer Association was contacted and utilized for outreach purposes.

TODAY'S LANDSCAPE

The following data is provided as background information to help frame the issue and give a basic understanding of California's veterans population as it compares to the national veterans population.

The tables below are demographic estimates as of September 2006 and are provided by the U.S. Department of Veterans Affairs (USDVA) from their Veteran Population 2004 (VetPop2004) database. The VetPop2004 uses combined data from the USDVA, Department of Defense (DOD), and Bureau of the Census.

Of the 24 million veterans nationwide, California has 2.2 million, (9.2%) the most veterans of any state in the nation. The following estimates have been adjusted several times since the 2000 census to account for changes in force structure and for the Global War on Terrorism (GWOT), but they do not reflect the impact of the number of wounded veterans returning to California.

DEMOGRAPHICS BY AGE

AGE GROUP	NUMBER OF VETERANS IN THE US	NUMBER OF VETERANS IN CALIFORNIA	CALIFORNIA %OF US TOTAL
< 20	16,433	1,826	0.1%
20-24	335,482	35,418	1.6%
25-29	720,292	67,766	3.1%
30-34	876,868	76,532	3.5%
35-39	1,282,634	107,967	4.9%
40-44	1,617,594	139,218	6.3%
45-49	1,866,341	166,276	7.5%
50-54	1,980,471	182,308	8.3%
55-59	3,080,697	272,165	12.4%
60-64	2,999,809	283,791	12.9%
65-69	2,163,422	206,221	9.4%
70-74	2,194,770	202,391	9.2%
75-79	2,081,691	190,771	8.7%
80-84	1,685,153	160,427	7.3%
85-89	855,408	86,963	3.9%
90+	219,927	23,686	1.1%
TOTALS	23,976,991	2,203,726	100%

DEMOGRAPHICS BY GENDER

GENDER	US	%	CALIFORNIA	%
Male	22,245,866	92.7%	2,038,917	92.5%
Female	1,731,125	7.3%	164,809	7.5%
TOTALS	23,976,991	100%	2,203,726	100%

DEMOGRAPHICS BY ERA

ERA	US	CALIFORNIA	CALIFORNIA % OF US
Gulf War Only	4,297,284	377,602	8.7%
Vietnam Only	7,286,528	684,151	9.3%
Korean Only	2,530,634	229,921	9.0%
WWII Only	2,821,966	265,104	9.3%
Peacetime	6,141,897	556,853	9.0%
TOTALS	23,078,309*	2,113,631*	9.1%

California

- 771,311 (35%) of veterans are of working age in California
- 224,215 (10%) California veterans receive disability compensation¹
- 84,700 (38%) California veterans receiving disability compensation are working age (18 – 54 years)¹
- 69,338 was the number of unemployed veterans in California for FY 05-06²
- 70,658 is the number of unemployed veterans in California for FY 06-07²

National

- 8,696,115 (36%) of veterans are of working age (18 – 54 years) in the US
- 3.4 million Gulf War-era veterans in the labor force³
- 5.2% unemployment rate for Gulf War-era veterans³
- 3.9% US veterans unemployment rate³
- 11% of all veterans had a service-connected disability³
- 33% of the male homeless population are veterans⁴

*Differs from the variable appearing in all other reports, in that it contains subtotals of certain periods.

¹Veterans Benefits Administration Annual Benefits Report Fiscal Year 2005 released September 2006 (FY 10-1-05 TO 09-30-06)

²Employment Development Department – Veterans Program Unit (FY 07-01 to 06-30)

³Bureau of Labor Statistics (BLS) August 2005

⁴National Coalition for Homeless Veterans

FINDINGS

The findings from the three public hearings and two focus groups are presented below first outlining the issues and obstacles we heard and then the solutions presented to us.

The Public Hearings

The individuals who testified at the public hearings provided us with a glimpse into the prevalent issues facing veterans with disabilities as they return home. What became apparent was that it wasn't going to be easy for these veterans to pick up their lives where they had left them. Their experiences while serving this country had a profound impact on them to the extent that they would need support in order to resume their lives and move forward. Some would need a little support and some would need substantial support in order to find their way to becoming productive civilians again.

How we begin to ensure that we are prepared to meet their needs may be found in the testimony we received. Five consistent themes that impact the employment of veterans with disabilities emerged through the public hearing process: the impact of Traumatic Brain Injury (TBI); Post Traumatic Stress Disorder (PTSD) and mental health services; transition and engagement; the fragmented service system; and employers. The following summarizes the testimony we heard related to these themes followed by their possible solutions. To the extent possible, the testimony is provided in the individual's own words and recurring thoughts are summarized.

1. Traumatic Brain Injury

TBI has been called the signature wound of the Global War on Terror (GWOT). It is reported that TBI could reach as high as 50% among combat-related casualties. One of the reasons our service members have been surviving injuries that in earlier conflicts would have been fatal, is the technology now available. The advances in protective equipment and in battlefield medicine have played a pivotal role in soldiers surviving their injuries.

The long-term impact of TBI on a veteran attempting to enter the workforce will be significant. The challenge about this particular injury is that there are little or no physical indicators of the condition. In many cases, it really is a "silent injury". These veterans may look just like they did before the injury, but they have significantly different cognitive challenges. Some of the symptoms are: forgetting details; trouble concentrating and multi-tasking; and becoming more agitated and angry than normal. Some service members with TBI are disciplined or demoted prior to their diagnosis because of the changes in their behavior and inability to do their job.

One of the greatest future needs for employers will be education and awareness about the nature of brain injury, its effects on a person, and how it can be accommodated on the job. Depending on the nature and severity of the injury, the person may have challenges in attention, concentration, general awareness, learning, memory, speed and efficiency of thinking, reasoning, judgment, insight, problem solving, and awareness of the significance of their cognitive problems. Many will have cognitive communication problems such as

speaking well but not staying on topic, talking about inappropriate subjects or using inappropriate words, rude behavior, difficulty understanding jokes or puns, seeming uninterested or talking non-stop, and forgetting what has already been said. Other impacts can be not feeling motivated to get started on a task, leaving things half done, and not knowing their strengths and weaknesses. There can also be associated depression and problems with anger and impulsivity.

While it is technology that has contributed to their survival rate, it is also advanced technology that can assist them in coping and dealing with their challenges. There is now equipment available that essentially is a cognitive prosthetic device. Personal Directory Assistants (PDAs) can be programmed with such tools as the PEAT (Planning Executive Assistance and Trainer) system to assist them in their scheduling, cueing them for important tasks, and monitoring performance. Digital pictures and names of the people they want to remember can also be entered into their PDA. It is not unrealistic to imagine an application of this technology in the workplace to accommodate individuals with TBI. In particular, the younger veterans are very technologically savvy and comfortable with this type of equipment.

2. Post Traumatic Stress Disorder and Mental Health Services

It was reported that the Veterans Administration (VA) did not adequately anticipate the increased demand for mental health services resulting from the GWOT. They expected to treat 2,900 combat veterans for PTSD, however, as of June 2006, they had seen 34,000 veterans with this number growing daily. Unfortunately, the military's mental health system is currently not equipped to handle the needs of all returning veterans. There are a significant number of soldiers who meet the criteria for a mental disorder, but many do not seek help for a variety of reasons including stigma of the illness and because of a lack of services or accessibility of those services. It is evident that the VA cannot do it all.

We heard many times about the high number of men and women exiting the military suffering from significant mental health issues. A recurring theme was that they are returning to a system that is not only lacking but is often fragmented and at times difficult to access (at the state, federal and local level). Complicating matters further is that individuals may not realize they have PTSD and seek services until they have reached a crisis point in their lives.

"They have seen things they will never forget. You need to make them believe in their hearts that you care."

When the war in Afghanistan and Iraq began, no one knew the extent of how many thousands of American soldiers and families would be impacted. The nature of the wars have produced unanticipated impacts on soldiers due to the ever-increasing intensity of civil war, extended tours of duty, and the number of soldiers who are serving their second or third tours.

The number of soldiers returning home with acute psychiatric symptoms has significantly increased as the chaos in Iraq and Afghanistan increases. These soldiers are exhibiting acute psychiatric symptoms such as major depression, anxiety disorders and especially PTSD. The quicker the returnees receive proper treatment for their symptoms, the quicker

they will recover. When these symptoms go untreated, they become much worse and other problems such as addiction, domestic violence, homelessness, traumatized families, and involvement in the criminal justice system result as we have learned from the past.

What was previously called “soldier’s heart”, “shell shock” or “battle fatigue” in previous wars, is now called post traumatic stress disorder since 1985. And, some today call PTSD “the gift that keeps on giving”. Some of its major symptoms are intrusive thoughts, flashbacks, hyper-arousal, anxiety, reactions triggered by loud noises, nightmares, emotionally numb (or over-reactive), unexplained anger/rage, and depression.

In addition, traumatic events such as combat greatly increase a person’s risk of suicide, as well as self-medicating with alcohol and drugs when treatment is not readily available which also increases a person’s risk of suicide. The issues of co-morbid conditions such as PTSD with TBI or co-occurring disorders such as a mental health diagnosis and a drug and alcohol problem, without treatment, greatly increase risk factors also.

The issues of women in the military and PTSD has in many ways been unique to this war. Approximately 15% of the troops that are fighting in Iraq and Afghanistan are women. This is unprecedented in the history of the United States and has greatly impacted many issues including PTSD.

How to engage, handle and treat those experiencing psychiatric symptoms may be different for women, those with co-morbid conditions, and National Guard members who may be older, married, have children, are college educated and returning directly to employment. In many respects this war is presenting us with new and varied situations that we must learn to address.

PTSD training for staff serving veterans, including one-stop staff and one-stop partners, was deemed a critical starting point in educating those who will come in contact with veterans with PTSD. The Department of Mental Health in partnership with the Los Angeles County Department of Mental Health is developing an educational video for statewide use on the symptoms, treatment and prevention of PTSD. It is expected that this video will provide a structured learning system for clinicians, veterans, families and others.

3. Transition and Engagement

When veterans are discharged from the military, they transition back to civilian life with far less preparation and screening than they received upon entering the service. The average training for a person entering the military lasts from three to six months, and military personnel can spend more than twelve months in a combat environment. The current Transition Assistance Program (TAP) given to service members for transition into civilian life is three days. Participation in the TAP is offered, but not mandated by all branches of the military, and is only available on certain military bases. In addition, TAP should also be available to reservists and National Guard who are not employed. The Department of Labor is currently working on a condensed TAP curriculum for this population. We heard that TAP is a good idea but it doesn’t reach all discharged military personnel, and oftentimes attendees are not benefiting from the course because they are more focused on exiting the service than planning their future course of action.

One of the biggest challenges facing those involved with supporting the employment of veterans is to get today's veterans to come into the facilities for assistance. Veterans are hard to locate. They are very geographically mobile. There is no central tracking system to provide you with a list that you can then outreach to.

In addition, the current generation of veterans strongly rejects the notion of being considered disabled. They view the term disabled as a label with enormously negative implications. They see themselves as injured or wounded. This is what happened to them, it is not who they are. This viewpoint adds to the difficulty in locating veterans to provide them with all of the services they need to enter or re-enter the labor market.

"I don't want that disability tag on me – young black male is bad enough – don't need additional."

4. The Fragmented Service System

The need for better coordination of agencies serving veterans was a common theme. Agencies such as the California Department of Veterans Affairs, Department of Mental Health, Department of Corrections and Rehabilitation, Department of Rehabilitation, Employment Development Department, Department of Alcohol and Drug Programs and the California State University and Community Colleges system all assist veterans with employment either directly or through support services. Better coordination amongst these system partners was deemed critical to ensuring better and streamlined services for veterans with disabilities.

Currently, veterans do not have a centralized service location. They are handed off from one agency to another to try to navigate a complex system that is not user friendly. We heard that veterans get bounced from one government office to another when seeking assistance in obtaining employment and benefits filing, leading to confusion, delays, disappointment and distrust of federal, state and local government programs. Also, the long process of the military service disability rating through the VA often leaves disabled veterans without needed mental health services. At the local level, referring agencies may not even be aware of the resources and programs that are available for veterans. Complicating matters further is the nature of the prevalent disabilities that veterans have: TBI and PTSD. The challenges associated with these conditions do not lend themselves to having the patience or cognitive ability to unravel the maze of services. Integration of workforce services is not a reality yet, and where we need to be is integration of workforce services with health and human services in order to best serve these veterans.

An example of a complex situation that veterans seeking public healthcare services are encountering relates to the presumption that if you are a veteran, the VA will take care of you. Veterans are routinely told, "If you are a veteran, go to the VA". They have to prove that they are not entitled to VA services before they will be considered for public healthcare services (e.g., county mental health services). Many are not eligible for mental health services at the VA due to their length of service, nature of their discharge, or they can't prove that their disability is service connected. If they do successfully navigate this bureaucracy they will likely face waiting lists of several months because the public mental health system is so impacted. Even with the advent of the Mental Health Services Act

funding, veterans are not a priority service category so will not likely see relief through this added funding source unless local county mental health agencies make them a priority.

Higher education is another critical partner who can assist veterans achieve their educational and career goals. In particular, veterans' military occupational specialty (MOS) training and certifications are currently not credited in like civilian certification or licensure classes. They have already undergone extensive training while in the military in a specialty area and cannot benefit from that once they are pursuing civilian training, education or employment.

The workforce system, and specifically the one-stop career centers, should be tracking the services they provide to veterans and analyzing the outcomes to determine how the services can be improved. The Disabled Veterans Outreach Program/Local Veterans Employment Representative (DVOP/LVER) staff at the one-stops should be a conduit to the full spectrum of Workforce Investment Act (WIA) and other services available there.

It is anticipated that within the next 18 months (from March 2007) up to 800 veterans who are REALifelines eligible will be relocating back to California. REALifelines is a U.S. Department of Labor – Veterans Employment and Training Service (DOL-VETS) program. It is a personalized assistance network that seeks to ensure that wounded and injured service members, who cannot return to active duty, and their families are trained and equipped for new careers. As many as a third or more of these relocating veterans may seek reemployment assistance at the one-stop career centers. In effect, the number of veterans being case managed by Employment Development Department (EDD) DVOP/LVER staff could rise sharply over the next two years.

However, it is not easy for veterans to find their local one-stop career center. The Department of Defense and State TAP instructors advise our transitioning service members that when they get home, they should go to their local one-stop career center for employment assistance. In most cases, if you use the local phone book, you will be hard pressed to find a one-stop career center listed. In Mariposa, the one-stop is called Job Connection Mariposa. In Pomona, it is known as the LA Urban League Pomona WorkSource Center, and in Rancho Cucamonga, it is the Rancho Cucamonga Employment Resource Center. Each site is a comprehensive one-stop career center, yet their name does not reflect that fact.

If service members use the internet they will likely be able to find a listing of one-stop career centers, however, upon leaving the military many service members lose their connection to the internet. We can't rely on technology alone to drive veterans into one-stop career centers. If we make it difficult for veterans to find us that sends a message that we really aren't interested in seeing them walk through our doors.

Once they do walk through the doors, however, proactive assistance is necessary in order for veterans to navigate the workforce development system. This is true especially for those with TBI. Wounded and injured veterans need professionals that will follow-up and seek to assist them with the full range of services. Personal assistance is essential. Use of websites and brochures are fine but they are only tools. Whatever process is created needs to be simple in order to accommodate these veterans.

The State of California was repeatedly commended for consistently providing Governor's 15% discretionary Workforce Investment Act (WIA) funding for veterans programs, however, the need for additional funding was raised as well as the need for additional staffing (e.g., DVOP and LVERs).

In regard to performance, reference was made to the Department of Labor's performance outcomes for the quarter ending June 2006. California is slightly below the national average for the Entered Employment Rate (EER) and Employment Retention Rate (ERR) for both veterans in general and veterans with disabilities. California is at 52% for the veteran EER (national average is 62%). California is at 78% for the veteran ERR (national average is 81%). California is at 47% for veterans with disabilities EER (national average is 57%). Finally, California is at 77% for veterans with disabilities ERR (national average is 80%).

Accountability was also a topic of concern and a systemic challenge for service providers especially those serving the veteran with substance abuse issues where relapse is a part of the recovery process. Emphasis on numbers creates a disincentive to help the hard-to-serve veteran. "Why take a chance on someone if they will lower your statistics? Under the guise of "accountability", the system is attempting to impose a manufacturing model on human services. We are not making widgets in a factory here. We are dealing with complex, multi-layered problems. Case managers now routinely spend more time documenting a session than having it." Establishing performance measures to ensure accountability should be a thoughtful process with an understanding of the complex issues involved is serving these veterans.

While there was a lot shared in relation to issues with the service system, there were also examples of programs that are working well and initiatives that are underway. Some of those are: the REALifelines program; the Balboa Naval Hospital/Cisco training and skills upgrade project; the Veterans Village of San Diego homeless vets program; and the Palo Alto Poly-trauma Unit.

5. Employers

There was much concern about employers' perception of veterans and the need to change the mindset of employers who may still believe that people with PTSD are "unlit firecrackers" waiting for the fuse to be lit. It is believed that the media attention on veterans with PTSD has made this an issue that employers cannot ignore and paints the veteran in a less than favorable light whether they suffer from PTSD or not. Employers have been told that most veterans suffer from PTSD and it will affect their job performance. In addition, employers have heard that as many as 50% of those who were wounded in Operation Iraqi Freedom (OIF)/Operation Enduring Freedom (OEF) are suffering from some incidence of traumatic brain injury which can effect their performance in the workplace also.

"It is not just about PTSD, a lot of people are against this war, so they don't hire us."

Employers were thought to be concerned with their “bottom line” in relation to considering hiring any person with a disability regardless of their own moral or ethical beliefs. When they think about hiring a veteran with a disability they worry about driving up their health benefit costs, having to bear the costs of reasonable accommodations, and whether the person will be able to perform on the job. For example, Reservists and National Guard who are deactivated have reemployment entitlements under the Uniformed Services Employment Reemployment Rights Act of 1994 (USERRA). Some of these veterans still have difficulties getting their job back.

In addition to better coordination of agencies and services, employers also need to be brought in as a partner in the employment of veterans. For example, job clubs for veterans focused on integrating into real jobs through prior arrangements with employers. Also, for the many employers willing to step up and hire veterans, there needs to be sufficient staff available to work with these businesses to foster those connections.

Also, employers were deemed to need incentives provided to them in order to encourage them to hire veterans with disabilities. Giving employers some tangible benefit to offset their perceived risk in hiring the disabled veteran could go a long way in ensuring more veterans enter the labor market.

Possible Solutions

Following are the suggestions and ideas for addressing the issues facing veterans that emerged through the public hearing process. These suggestions were received from the testimony provided at the three public hearings which included comments from invited experts, veterans’ organizations, service providers, government employees, family members, veterans and employers.

- Institute a tax credit for employers as an incentive to hire veterans.
- Establish a rebate/incentive program for employers that train and subsequently hire disabled veterans.
- Establish a program that would allow disabled veterans to transfer into specified state civil service classifications.
- Modify the current State Disabled Veterans Business Enterprise (DVBE) program by increasing the percentage requirement from the current three percent. In conjunction with this increase must be an outreach and marketing campaign focusing on self-employment opportunities for disabled veterans.
- Coordinate the employment services and supports of the various state level agencies/departments that provide funding for, or services to, veterans through the establishment of Memorandums of Understanding. These partners would include, but not be limited to, the Department of Rehabilitation, Department of Mental Health, Department of Alcohol and Drug Programs, Employment Development Department, California Community Colleges Chancellor’s Office, and Department of Veterans Affairs.
- Disseminate and replicate “best practices”, e.g., the Balboa Naval Hospital/Cisco training and skills upgrade project.
- Utilize the Department of Veterans Affairs web site as a portal for information dissemination to veterans, e.g., the Department of Mental Health Post Traumatic

Stress Disorder training video, a video taped condensed version of the Transition Assistance Program.

- Institute training for one-stop staff and their partners regarding assisting veterans with post traumatic stress disorder and traumatic brain injury.
- Establish statewide branding for the one-stop career center system for easy identification and referral.
- Ensure early intervention and treatment by screening all veterans for post traumatic stress disorder and traumatic brain injury prior to their exit from the military and subsequently providing a referral to treatment for those who screen positive.
- Develop and provide self-serve “Veterans Kiosks” placed out in the community that will provide information on eligibility for benefits and information on other available services and programs that veterans may access.
- Increase the availability of mental health services for veterans.
- Educate employers to increase their awareness of the veterans’ issues and strengths.
- Establish an outreach program in order to identify and engage disabled veterans. This includes establishing a system for tracking veterans being released from the military.
- Establish job clubs for veterans focused on training and certification acquisition.
- Create a Transition Training Academy model (interest assessment, accommodation assessment, industry recognized real-world skills, private sector partnership, and integration with existing employment services).
- Establish Military Occupational Specialty (MOS) certifications earned while in the military as transferable for college credit in like certification programs, and as qualifying experience in meeting state licensing or certification requirements for similar civilian jobs.
- Offer supplemental education programs to veterans whose qualifications do not completely fulfill state or local requirements.
- Include assistance with home modifications in Chapter 31 benefits for veterans injured or wounded in the service.
- Create a veterans priority for service with the Mental Health Service Act funding.
- Create one central location where veterans can go to receive all services available to them including services for the families of veterans.
- Create a “Ticket to Work” like employment program and issue the “Ticket” to each veteran at the time of discharge.
- Establish an on-campus professional position, trained and experienced in providing counseling support to combat veterans experiencing PTSD.
- Increase the availability of drug and alcohol treatment services.
- Reign in the unnecessary bureaucratic barriers to services for disabled veterans, e.g., excessive paperwork and documentation requirements, numbers-based performance goals.
- Establish close working relationships with the Society for Human Resources Management (SHRM) to promote the hiring of veterans, and the California Employer Advisory Council’s (CEAC) Veterans Committee to market veterans and educate employers about PTSD and TBI.
- Engage local Chambers of Commerce to have business owners mentor veterans transitioning out of the service.
- Have the State sponsor regional benefits training workshops for returning veterans.

- Establish veterans youth programs for age appropriate combat veterans focused on assisting them to continue through their normal developmental stages which have been “interrupted” due to their combat service.

The Focus Groups

Two focus groups were conducted at the conclusion of the public hearings to solicit additional input from the major stakeholders in this effort: veterans and employers. The first focus group was with a group of 25 to 30 veterans in Riverside County. This group was a mix of Vietnam, Gulf war, and OIF/OEF veterans including National Guard, navy seals, army and marines. The group was mostly unemployed and the age range was from 22 years old and up and included a couple of women. All of these veterans had either a physical, emotional or mental health disability.

The second focus group was with a small group of four employers. The employers represented high technical, college degree required positions, as well as blue collar positions. They were small, medium, large, and not-for-profit employers.

The following summarizes the input we received from these two groups.

The Veteran’s Perspective

The veterans stated that the types of problems they face upon release from the military are many. These include difficulty in obtaining employment, family issues, financial issues, lack of interviewing and job search skills, negative public attitude towards veterans, discrimination in employment, lack of affordable housing, issues with the criminal justice system, problems with substance abuse, and, in general, the stress of re-adjusting to civilian life as veterans with a myriad of mental, emotional and physical disabilities. As we discussed these issues, a common phrase came up repeatedly, “You either pay now or you pay later”. It was more a prophecy than a threat. These veterans, both the old and the new, feel that the system has let them down. It was apparent throughout our discussion that while they felt that they had kept their promise to serve their country, the government had not kept the promise to take care of them upon their return through necessary supports and benefits. Their input is presented below in four general categories: Employment; TAP and other Resources; Training and Education; and Possible Solutions.

“I pray to God that these notes you are taking today don’t just sit on your desk.”

1. Employment

Only a few of the veterans we spoke with were currently employed. Without exception, all of the veterans expressed their belief that employers discriminate if you are a veteran. They indicated that that has been their experience, with those few becoming employed only after lengthy job searches of two years or more. One veteran who earned a purple heart as a combat infantryman, shared his experience with one employer who told him that he “didn’t have a job for a killer”. They agreed that disclosing their veteran status to an

employer was a disadvantage in their job search efforts. They felt that they were seen as a risk. One veteran indicated that he did not disclose his veteran status to get the job that he currently holds. The information came out after he was on the job for awhile and he felt that his employer and co-workers treated him “differently” after his veteran status was disclosed.

Many of the veterans had been employed at some point after their discharge from the military, however, were unable to retain those jobs for a variety of reasons. The most common reasons were the occurrence of their emotional or mental disability (in particular PTSD), problems with substance abuse, legal problems, and lack of promotional opportunities (i.e., their non-veteran peers consistently promoted instead of them). They didn’t retain these jobs because they were either fired or they quit because of their PTSD.

Only one veteran indicated that he was able to find employment immediately after returning to the civilian workforce. He was able to return to his previous employment even though he too had subsequent issues that he had to deal with.

The issues for veterans in regard to obtaining employment are many and varied including dealing with legal issues. For example, one veteran who was in the midst of legal issues around his inability to pay child support divulged that he currently had submitted approximately 100 applications for jobs and still hadn’t found anyone to hire him. Having no job meant he had no means of income in order to pay child support. In the meantime he had received a legal notice stating that his driver’s license was going to be suspended for his inability to pay his child support which means that he would have no ready transportation if he did find employment. Also, it would make his job search efforts more difficult with no transportation. We heard this same scenario from a few other veterans in the room. Added onto this story was a discussion about the veteran who feels his back is against the wall and is just trying to survive. With no where to turn for help and still fighting the demons of war, he will often slip into a life of crime, or it will at least become an option which he never thought of before.

“Been married three times and had a lot of problems. No one there to talk to but Mr. Coors and Mr. Budweiser.”

2. TAP and Other Resources

The veterans were asked for their experience and thoughts about the Transition Assistance Program (TAP). Most of the veterans stated that TAP was of no use to them and had little credibility. For those that knew about it, the class was seen as a short three-day program for those ready to separate from the military and not an investment in their future well being. They felt that it didn’t provide them with any concrete assistance in transitioning to civilian life, including obtaining employment, and some separating military units are not allowed to participate in the training because of military needs which always come first.

Some veterans reported that the TAP training they did receive was from the state in which they were located when they separated from the military not the state in which they entered

the military. For example, one veteran was separated from a military base in the state of Washington. He was given travel pay to his home in California, but attended the TAP training in Washington. He was given employment information for the state of Washington that was of no use to him when he returned to California.

They felt that separating military personnel should be informed that they could be eligible for unemployment insurance benefits and that once eligibility is determined that they may also be eligible for California Training Benefits. They emphasized that most veterans are going from having a military income to no income at all so resources to gain a means of support is critical, whether it is financial benefits they may be entitled to or training and employment resources. Also, they felt that being informed of services available through the Department of Rehabilitation, training through the Workforce Investment Act and educational assistance through the Montgomery G.I. Bill would have been helpful.

3. Training and Education

Most of the veterans felt that their military training did not crosswalk into civilian types of employment and found that their military skills became useless to them in the civilian sector. One veteran stated that there aren't civilian jobs for "blowing things up" which was his specialty in the service. Another said that re-training was critical for him because there were no civilian jobs for his specialty, "kicking in doors in Iraq".

Several of the veterans indicated that they went back to school after their job search efforts did not result in finding employment. Some were not aware that they had educational benefits and some indicated that they never used their benefits because their time had expired. One veteran stated that he finally went to school because he was in danger of losing everything and he at least received some income through the VA by going to school.

While some of the veterans had pursued education or training programs, it was apparent that it was not a first priority for them. Getting a job so they could survive was the priority, and their overall inability to secure employment or keep a job was a cause of great frustration.

4. Possible Solutions

The veterans had a number of suggested solutions based on their experiences that they thought would make a difference for returning veterans making the transition to civilian life. Following are the suggestions from the veterans that we spoke with. The Vietnam veterans that attended told us that they believed it was too late for them to benefit from these ideas, but felt it was imperative that we do things differently for the OIF/OEF veterans. They indicated that they participated in our focus group with the hope of making coming home easier for the current returning veterans.

- Educate and sensitize employers and employees about the "veteran's experience". Increase public awareness.
- Institute a tax credit for employers as an incentive to hire veterans.
- Establish state-subsidized jobs for veterans, at least as transitional employment.
- Establish certified training and college credit courses at the Veterans Centers (where the veterans are).

- There is a boot camp to enter the military. There needs to be a boot camp to transition the veteran back to civilian life.
- Institute internships for veterans.
- Allocate wage supplements while a veteran is in a training or education program.
- Provide legal and financial management services.
- Establish priority for, or assistance with, obtaining affordable housing.
- Increase the availability of mental health services.
- Individualized services work best for them in locations where they feel comfortable like the Veterans Center.
- Make military occupational skills training transferable for college credits.
- Develop a requirement for state contracted vendors to hire a certain percentage of veterans to qualify for the contract.
- Bring jobs into the Veterans Centers since the veterans are there several times a week already (sheltered workshop model). This is an interim step that will help them feel that they are being productive while they are working through their issues.
- Place an emphasis on hiring veterans and market them to employers.
- Provide training and re-training to veterans in fields that will provide a living wage.
- Consolidate all veterans' services into one location that is veteran friendly (e.g., Veterans Centers).
- The timeframe allowed for a veteran to complete school or vocational training should be extended or eliminated.
- Provide veterans with all of the information about benefits and services that are available in the state that could help them in obtaining training and employment.
- Establish a pilot project with a consortium of employers willing to hire disabled veterans that are provided the necessary training and supports.

The Employer Perspective

Employer responses did not seem to indicate a particular bias for hiring or not hiring veterans. What they did emphasize is a need for qualified, responsible, career oriented employees, whether veteran or not, disabled or not, who have the required skills to perform the job. Most employers indicated that they have had good success in hiring veterans. They indicated that, in general, there is very little turnover with veterans. They found that veterans easily accept instruction, are easier to train, and are willing to take on more responsibility.

In regard to recruitment, businesses have pre-determined their most cost-effective and time-effective means of locating potential employees. The preferred method was some form of on-line recruitment and application process. All of the employers stated that they would hire veterans and people with disabilities whether they were veterans or not. Universally, they are looking for three characteristics in prospective employees: 1) mental/physical characteristics match the job requirements; 2) skills that are existing, transferable or trainable; and 3) likely longevity with the company, i.e., career vs. job. The participating employers promoted primarily from within.

Relative to a person with a disability, the disability itself was not a factor in their consideration for hiring unless the disability precluded the candidate from safely performing a requisite physical job function. In addition, all the employers had provided various reasonable accommodations. Although not clearly stated, it appeared that they all use a process for

providing accommodations, some more formal than others. Some determine if they can provide the accommodation during the interview process, if the disability is disclosed. One employer mentioned that they still have difficulty determining if an accommodation is reasonable.

Employers expressed many positive attributes about hiring veterans. They are looked at as someone who has commitment and a level of responsibility that the average high school graduate doesn't have. Also, the veteran employee has demonstrated an ability to handle stressful situations more calmly and effectively. For employers requiring solitary shift work, the veteran is familiar with the culture of working until you are relieved and not abandoning a post. They are comfortable working independently. Military training is acknowledged and considered advantageous. No major drawbacks to veterans as employees were noted, however, one stated that they spend considerable time and effort undoing all the "baggage" veterans carry with them at discharge. Another employer stated that maybe the need to "undo baggage" was the result of that employer hiring the veteran too soon after discharge.

Employers expressed that they felt that the veterans themselves were unable to articulate their skills transferability in relating military terms to private sector terms. Employers felt that some coaching in nomenclature would be beneficial to military personnel prior to discharge

CONCLUSIONS

We learned much throughout this process and also confirmed much that we already knew about veterans' issues. One of the major accomplishments of this effort however, was bringing together many of the systems and stakeholders which will need to continue to partner together in order to put the solutions we heard into practice.

Some key points learned through this effort were:

- Early intervention is critical to the successful transition of returning veterans, especially veterans who were wounded or injured. As we were told, "Why wait until they have lost everything?"
- There was a disconnect between what employers told us in relation to their perspective on hiring veterans and what veterans told us in relation to their experience with employers. It confirms that this is not a black and white issue. We can't label all employers unsympathetic, just as we can't characterize all veterans' experiences as negative. Also, because our employer focus group size was so small, more outreach in this area may be necessary to get a broader view.
- Despite efforts over the past ten years or so, the state system of employment services and supports still exists in silos with each system's "best interests" driving decisions rather than the client's best interests.
- The workforce development and human services systems must do a better job coordinating their respective services at the federal, state and local level to ensure more effective use of limited resources.
- Sufficient resources must be directed toward mental health and alcohol and drug treatment services for veterans.
- The experiences from Vietnam's aftermath have provided us with a roadmap of the consequences of not investing the time, money and effort into supporting programs, initiatives, and laws aimed at helping veterans survive/thrive once they're home.
- Returning veterans are concerned with survival first which translates to a means of support, usually a job that provides them with a living wage.
- There are initiatives and programs that are serving veterans successfully. We need to highlight and replicate those successes statewide.
- The experiences of the Vietnam veteran and the OIF/OEF veteran are similar regardless of the era difference. One of the primary similarities is that there are no front lines, and you can be attacked at any time – anywhere. The Vietnam veteran can provide us with a wealth of information on what helps and what doesn't.

One of our invited experts who provided testimony summed it up best:

“I believe that many Vietnam veterans vowed not to let what happened to them happen to these new combat veterans. The goal of everyone is not to let anyone fall through the cracks. We all realize that preventive intervention will stop future homelessness, substance abuse, incarceration, but, even as we speak, these things are already happening today. However, I am proud that the State of California is being proactive in seeking solutions to these issues. It will take a cross section of all agencies – state, federal, local – to put together a successful strategy to meet the challenges now and ahead.”

We understand that many of the problems and issues raised in this report may translate into generations of untold suffering for those involved and significant costs to communities if left unsolved. We also understand that this is not just a military problem, it is a social problem and an ethical problem. That means it is all of our problem to solve and we can do that by taking appropriate and necessary action. It is our hope that the information in this report will motivate others to action also. It is the Governor’s Committee’s first step in using their influence to effect change for the employment of veterans with disabilities.

From the findings in this report, the Governor’s Committee will be working with stakeholders to develop policy recommendations for submittal to the Governor and Legislature with expectations of turning these possible solutions into reality.

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BENEFITS, LEGAL PROTECTIONS AND SERVICES FOR VETERANS

Benefits:

Benefit	Description	Entity Providing Benefit
Business License, Tax and Fees	Business license, tax and fee waivers of municipal, county and state business license fees, taxes and fees, for veterans who hawk, peddle or vend any goods, wares or merchandise owned by the veteran, except spirituous, malt, vinous or other intoxicating liquor, including sales from a fixed location. Honorably discharged veterans and veterans who engage in sales (not services) activities may be eligible.	Local County/City Licensing Authority
Claims and Benefits Representation	Veterans and their dependents may be eligible for benefits administered by the USDVA. District office staff of the CDVA assists veterans and their dependents in obtaining these benefits through the process of application and representation of claims.	California Department of Veterans Affairs
College Tuition Fee Waiver Program	The dependent child, spouse, or unmarried surviving spouse of a service connected disabled or deceased veteran may be entitled to tuition and fee waiver benefits at any campus of the California State University system, University of California, or a California Community College.	California Department of Veterans Affairs
Fish and Game	Honorably discharged veterans with a 70 percent or greater service-connected disability can obtain reduced fee hunting licenses. Honorably discharged veterans with a 50 percent or greater service-connected disability can obtain a sports fishing license. First time applicants must provide proof from the USDVA of their service-connected disability. Proof of hunter safety is also required for persons obtaining a reduced fee hunting license. Only the license is offered at a reduced cost. Additional stamps, tags, permits, or other items must be purchased at full fee.	Department of Fish and Game
Home Loans	The Cal-Vet Home Loan Program provides low interest financing to qualified veterans purchasing homes in California for use as their primary residence including condominiums and mobile homes. Low cost fire hazard insurance, and disaster coverage (earthquake, mudslide and flood) is provided. Eligible veterans must have served a minimum of 90 days active duty and received an honorable discharge. Veterans who served entirely during peacetime may qualify as a first time homebuyer. Certain members of the National Guard or Reserves are also eligible. Veterans who have a prior Cal-Vet loan can receive another loan when the first loan is paid in full.	California Department of Veterans Affairs

Benefits continued:

Benefit	Description	Entity Providing Benefit
Local Assistance with Benefits	<p>Funds generated from the Veterans License Plate program are used to expand local services to Veterans through the County Veterans Service Officers (CVSO). CVSO's assist veterans, as well as their dependents, spouses and survivors, in obtaining state, federal and local benefits.</p> <p>Fifty-six counties have services available from a CVSO to provide information and help complete application forms for benefits. These benefits include outpatient, extended and ambulatory health care, compensation, pension, insurance, education assistance, vocational rehabilitation, home purchase assistance, and burial allowance.</p>	California Association of County Veterans Service Officers
Motor Vehicle Fees	<p>A qualified disabled veteran is exempt from payment of all fees, except fees for duplicate plates and/or certificates for one passenger motor vehicle, motorcycle, or commercial motor vehicle of less than 8,001 pounds unladen owned by the disabled veteran. California recipients of the Congressional Medal of Honor and a former American Prisoner of War may also apply for one set of free commemorative license plates. Special Pearl Harbor Survivor, Purple Heart and Legion of Valor license plates may be obtained for one vehicle without the special plate fee for vehicles owned by a qualified veteran.</p>	Department of Motor Vehicles
Parks and Recreation	<p>For \$3.50, honorably discharged war veterans who are residents of California with a 50% or more service-connected disability or a service-connected disability rated at 100% for reasons of unemployability, or were held as POW by forces hostile to the United States, can obtain a lifetime pass. The pass entitles free use of all State Park System facilities.</p>	Department of Parks and recreation
Property Tax Exemptions	<p>Blind and/or disabled veterans are entitled to special property tax exemptions if they own and occupy a mobile home. Veterans may qualify for license fee or homeowner's property tax exemption.</p> <p>County property tax exemptions for totally disabled service-connected veterans and surviving spouses of veterans whose cause of death was rated as service-connected, may qualify for county property tax exemptions.</p>	<p>Department of Housing and Community Development</p> <p>County Assessor's Office</p>
Public Records	<p>Veterans in California are not required to pay for copies of public records, which they need to file certain claims. There is no fee for certified copies of marriage, birth, and death records, deeds of trust, and/or mortgage records, if veterans have a written request from the USDVA or a county Veterans Service Office.</p>	County Clerk Recorders Office
State Taxes & Deductions	<p>State income tax has, for the most part, conformed to federal income tax law. In addition, there are special ways to compute the tax on any income you receive while out of the State or out of the country. Refer to Franchise Tax Board publication FTB Pub. 1032, Tax Information for Military Personnel.</p>	Franchise Tax Board

Benefits continued:

Benefit	Description	Entity Providing Benefit
Veterans Homes	<p>The Veterans Home of California, Yountville is a community for veterans located in the heart of Napa Valley. The home provides residential accommodations and recreational, social, and therapeutic activities for independent living, and five levels of nursing and medical care. Eligible veterans must be residents of California, age 62 or older (or younger if disabled), and have served honorably.</p> <p>The Veterans Home of California, Barstow is located in the high desert of Southern California, midway between Los Angeles and Las Vegas. This home has three levels of care, domiciliary (independent living), skilled nursing and assisted living. Services are similar to those provided at Yountville, except that hospital care is provided at the Veterans Affairs Medical Center in Loma Linda or at the Barstow Community Hospital.</p> <p>The Veterans Home of California, Chula Vista is located adjacent to Sharp Chula Vista Medical Center. The home is long-term residential and nursing care facility providing options for independent living and intermediate and skilled nursing.</p>	California Department of Veterans Affairs

Legal Protections and Special Provisions:

Law/Special Provision	Description	Entity Providing Protection
Return to Former Employer	Under the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994, veterans and members of the National Guard and Reserve called to active duty or training have the right to return to their former jobs, in both private and public sectors, with all the benefits they would have accrued if not for their military service.	
State Disability Insurance- Special Provisions for Disabled Veterans	<p>State Disability Insurance (SDI) provides partial wage replacement benefits to disabled workers as well as Paid Family Leave (PFL). SDI benefits may be paid for up to 52 weeks; PFL benefits may be paid for up to 6 weeks in a 12-month period.</p> <p>Special provisions may allow a veteran to obtain SDI or PFL if the veteran worked for an employer who withheld SDI contributions prior to or during the time the veteran was in the armed forces.</p>	EDD-Disability Insurance Branch
Unemployment Insurance	Ex-servicepersons are entitled to weekly benefits based on their military earnings, with the maximum weekly benefit amount of \$450.	EDD-Unemployment Insurance Branch

Services:

Service	Description of Service	Entity Delivering Service
Education and Training	<p>Under the provisions of U.S. Code Title 38, the USDVA contracts with each state's government agency for education and training of veterans, eligible members of the National Guard, the Reserves, and other eligible persons.</p> <p>The following is a list of the entitlement programs that apply to education and training: Chapter 30: Montgomery GI Bill – Active Duty Chapter 32: Veterans Educational Assistance Program Chapter 35: Dependents Educational Assistance Chapter 1606: Montgomery GI Bill - Selected Reserves</p>	Department of Consumer Affairs, Bureau for Private Postsecondary and Vocational Education (BPPVE)
Disabled Veterans Business Enterprises	<p>The State of California has established a Disabled Veteran Business Enterprise (DVBE) participation goal of at least 3 percent per year on contracts and procurement. To be certified as a DVBE you need to own a business, and the business must:</p> <ol style="list-style-type: none"> 1. Be at least 51 percent owned by one or more disabled veterans; 2. Have its daily operations managed and controlled by one or more disabled veterans; and 3. Have its home office located in the United States. <p>The office cannot be a branch or subsidiary of a foreign corporation, foreign firm, or another foreign-based business.</p>	Office of Small Business and DVBE Certification
<p>Job Services:</p> <p>Hire Vets First</p> <p>Veterans Employment Assistance</p> <p>Disabled Veterans Employment Assistance</p>	<p>Disabled veterans receive the highest priority for employment services. Job seekers may get information about other services, such as job search workshops developing job finding skills, interview skills, and referrals to employment-related training.</p> <p>Veterans can obtain specialized assistance with applications, job interviews and vocational guidance.</p> <p>Assistance with the unique needs faced by veterans with disabilities who are seeking employment.</p>	<p>EDD Job Service Offices and One-Stop Career Centers</p> <p>EDD Veteran Workforce Specialists (VWS)</p> <p>EDD Veteran Employment Service Specialist (VESS)</p>
Resume Writing	<p>Resume Writer is an Internet-based military resume writing service available to veterans trying to transition skills they acquired in the military into civilian job opportunities. The resume writer can translate more than 5,000 military occupations into civilian career objectives, qualifications, skills, experience and training.</p>	<p>Part of America's Talent Bank system. www.VETS-ATB.org</p>

Services continued:

Service	Description of Service	Entity Delivering Service
<p>Transition Assistance Program (TAP)</p> <p>Disabled Veterans' Transition Assistance Program</p>	<p>TAP is an intensive employment preparation program designed to assist individuals leaving the military to transition into a career in the private sector. TAP provides vocational guidance to make career choices. TAP classes are 3 days and are conducted at most military bases throughout California. All military branches participate.</p> <p>However, Guard members who come home from overseas deployment are not being discharged in California; they are being discharged at places like Fort Lewis in Washington and other outside California locations. Because they are not being discharged in California, they may not be offered the same services as their Army counterparts. For example, the TAP program is available to Army discharged personnel, but there may not enough time to offer it to returning Guard members that are residents of Washington. When the Guard member returns to California, they may not be provided TAP because they are not returning to a base in California.</p> <p>Service members leaving the military with a service-connected disability are offered the Disabled Transition Assistance Program (DTAP). DTAP includes the normal three-day TAP workshop plus additional hours of individual instruction to help determine job readiness and address the special needs of veterans with disabilities.</p>	<p>EDD-Veteran Workforce Specialist</p>
<p>Veterans Preference Points-State Civil Service</p>	<p>There are special provisions allowing veterans to receive preference in testing for open and open non-promotional entrance examinations requiring less than college graduation and two years of experience.</p>	<p>State Personnel Board</p>
<p>Vocational Rehabilitation and Career Preparation Services</p>	<p>Vocational rehabilitation and career preparation services are available for disabled veterans. These services may include one or more of the following:</p> <ul style="list-style-type: none"> • Counseling and guidance • Assessment • Vocational planning • Training • Transportation • On-the-job training • Assistive technology • Job placement <p>When funding is inadequate to serve all eligible individuals, priority is given to veterans with the most severe disabilities.</p>	<p>Department of Rehabilitation</p>
<p>REAL Life Lines Program</p>	<p>Recovery and Employment Assistance Lifelines (REAL Life Lines) is a joint commitment between the U.S. Department of Labor, the National Military Medical Centers and State partners to help wounded veterans heal and transition to successful career paths in the private sector.</p>	<p>EDD Veteran's Program Unit</p>

USDVA VetPop2004
110th Congress - Veterans by Congressional District

CD	County, State	9/30/2000	9/30/2001	9/30/2002	9/30/2003	9/30/2004	9/30/2005	9/30/2006
01	Del Norte, CA	3,443	3,343	3,286	3,327	3,367	3,399	3,436
	Humboldt, CA	13,806	13,431	13,116	12,883	12,670	12,479	12,282
	Lake, CA	8,831	8,614	8,463	8,473	8,448	8,386	8,345
	Mendocino, CA	9,521	9,205	8,946	8,805	8,663	8,540	8,429
	Napa, CA	12,967	12,639	12,283	11,958	11,619	11,274	10,970
	Sonoma, CA	6,210	6,057	5,916	5,840	5,757	5,668	5,568
	Yolo, CA	9,561	9,368	9,170	8,961	8,757	8,540	8,321
	CD 1 TOTALS	64,339	62,658	61,180	60,247	59,280	58,287	57,352
02	Butte, CA	17,176	16,727	16,364	16,101	15,876	15,640	15,415
	Colusa, CA	1,544	1,511	1,490	1,478	1,463	1,453	1,441
	Glenn, CA	2,296	2,194	2,112	2,055	2,002	1,953	1,904
	Shasta, CA	20,294	19,944	19,651	19,448	19,268	19,079	18,888
	Siskiyou, CA	6,002	5,766	5,591	5,501	5,415	5,304	5,207
	Sutter, CA	8,021	7,876	7,771	7,667	7,571	7,478	7,407
	Tehama, CA	7,129	6,967	6,832	6,769	6,720	6,652	6,580
	Trinity, CA	2,045	1,969	1,912	1,878	1,844	1,810	1,769
	Yolo, CA	1,929	1,891	1,852	1,810	1,769	1,724	1,679
	Yuba, CA	6,549	6,395	6,253	6,104	5,968	5,833	5,707
	CD 2 TOTALS	72,987	71,241	69,828	68,810	67,897	66,926	65,997
03	Alpine, CA	134	127	120	125	126	123	118
	Amador, CA	5,264	5,124	5,040	5,051	5,059	5,043	5,021
	Calaveras, CA	6,464	6,256	6,131	6,125	6,132	6,131	6,135
	Sacramento, CA	60,432	59,431	58,418	57,389	56,304	55,215	54,037
	Solano, CA	1,324	1,308	1,293	1,290	1,283	1,274	1,264
	CD 3 TOTALS	73,619	72,246	71,002	69,981	68,904	67,787	66,574
04	Butte, CA	5,770	5,620	5,498	5,410	5,334	5,254	5,178
	El Dorado, CA	18,163	17,791	17,559	17,527	17,481	17,430	17,384
	Lassen, CA	4,293	4,151	4,061	4,056	4,043	4,021	4,006
	Modoc, CA	1,225	1,150	1,093	1,050	1,011	976	946
	Nevada, CA	12,689	12,399	12,192	12,155	12,131	12,081	11,996
	Placer, CA	29,154	29,585	30,061	30,577	31,054	31,517	31,949
	Plumas, CA	3,055	2,948	2,864	2,824	2,789	2,739	2,683
	Sacramento, CA	3,630	3,567	3,503	3,439	3,371	3,304	3,232
	Sierra, CA	534	513	488	472	459	448	440
CD 4 TOTALS	78,514	77,724	77,320	77,511	77,673	77,770	77,813	
05	Sacramento, CA							
	CD 5 TOTALS	55,495	54,598	53,688	52,762	51,781	50,795	49,726
06	Marin, CA	22,169	21,536	20,871	20,344	19,770	19,194	18,631
	Sonoma, CA	37,424	36,481	35,595	35,119	34,601	34,044	33,403
	CD 6 TOTALS	59,594	58,017	56,467	55,462	54,371	53,238	52,034
07	Contra Costa, CA	30,568	29,904	29,151	28,563	27,956	27,348	26,738
	Solano, CA	26,714	26,342	25,965	25,880	25,729	25,548	25,319
	CD 7 TOTALS	57,282	56,246	55,116	54,443	53,686	52,896	52,057
08	San Francisco, CA							
	CD 8 TOTALS	36,810	35,146	33,386	31,930	30,496	29,108	27,660
09	Alameda, CA							
	CD 9 TOTALS	40,694	39,368	37,852	36,609	35,378	34,149	32,910
10	Alameda, CA	6,364	6,141	5,882	5,678	5,477	5,279	5,074
	Contra Costa, CA	38,684	37,908	37,059	36,416	35,730	35,038	34,361
	Sacramento, CA	463	455	448	440	431	422	413
	Solano, CA	16,789	16,568	16,342	16,303	16,222	16,119	15,984
	CD 10 TOTALS	62,300	61,072	59,731	58,836	57,860	56,858	55,831

11	Alameda, CA	6,944	6,694	6,403	6,173	5,947	5,725	5,494
	Contra Costa, CA	10,908	10,665	10,390	10,173	9,951	9,729	9,506
	San Joaquin, CA	33,133	32,827	32,346	31,781	31,197	30,634	30,082
	Santa Clara, CA	3,226	3,090	2,947	2,836	2,727	2,624	2,527
	CD 11 TOTALS	54,211	53,276	52,086	50,963	49,823	48,712	47,608
12	San Francisco, CA	8,907	8,516	8,108	7,755	7,403	7,054	6,698
	San Mateo, CA	35,612	34,174	32,672	31,396	30,122	28,861	27,640
	CD 12 TOTALS	44,519	42,690	40,780	39,151	37,525	35,915	34,339
13	Alameda, CA							
	CD 13 TOTALS	45,007	43,487	41,739	40,322	38,924	37,534	36,118
14	San Mateo, CA	13,970	13,401	12,807	12,301	11,798	11,301	10,819
	Santa Clara, CA	26,166	25,251	24,289	23,560	22,815	22,075	21,402
	Santa Cruz, CA	6,340	6,138	5,941	5,805	5,674	5,551	5,403
	CD 14 TOTALS	46,476	44,790	43,037	41,666	40,286	38,927	37,623
15	Santa Clara, CA							
	CD 15 TOTALS	40,286	38,692	37,007	35,712	34,425	33,185	32,029
16	Santa Clara, CA							
	CD 16 TOTALS	34,555	33,131	31,626	30,464	29,320	28,225	27,197
17	Monterey, CA	31,475	30,498	29,606	29,037	28,455	27,859	27,270
	San Benito, CA	3,727	3,643	3,553	3,525	3,485	3,433	3,366
	Santa Cruz, CA	12,666	12,282	11,908	11,645	11,391	11,146	10,864
	CD 17 TOTALS	47,867	46,422	45,067	44,207	43,331	42,438	41,500
18	Fresno, CA	221	217	214	211	207	204	201
	Madera, CA	112	112	112	113	113	113	113
	Merced, CA	15,339	15,106	14,882	14,669	14,445	14,227	14,022
	San Joaquin, CA	11,253	11,155	10,993	10,806	10,612	10,425	10,239
	Stanislaus, CA	15,898	15,680	15,446	15,224	15,017	14,792	14,558
	CD 18 TOTALS	42,824	42,270	41,648	41,022	40,395	39,761	39,133
19	Fresno, CA	18,936	18,592	18,293	18,048	17,802	17,550	17,307
	Madera, CA	10,097	9,974	9,913	9,914	9,912	9,883	9,869
	Mariposa, CA	2,721	2,620	2,549	2,534	2,518	2,500	2,483
	Stanislaus, CA	16,692	16,458	16,210	15,972	15,750	15,507	15,255
	Tuolumne, CA	8,193	7,918	7,721	7,696	7,667	7,635	7,598
	CD 19 TOTALS	56,638	55,563	54,686	54,165	53,650	53,075	52,512
20	Fresno, CA	13,751	13,503	13,290	13,119	12,947	12,773	12,604
	Kern, CA	8,367	8,203	8,059	7,955	7,849	7,737	7,622
	Kings, CA	11,278	11,006	10,835	10,832	10,836	10,824	10,817
	CD 20 TOTALS	33,397	32,712	32,184	31,907	31,632	31,334	31,043
21	Fresno, CA	22,323	21,920	21,570	21,286	21,000	20,707	20,426
	Tulare, CA	23,170	22,510	21,931	21,461	20,979	20,493	20,019
	CD 21 TOTALS	45,492	44,430	43,501	42,747	41,979	41,201	40,444
22	Kern, CA	45,534	44,634	43,841	43,270	42,686	42,078	41,452
	Los Angeles, CA	7,895	7,612	7,320	7,008	6,709	6,426	6,150
	San Luis Obispo, CA	13,699	13,356	13,055	12,974	12,883	12,779	12,670
	CD 22 TOTALS	67,128	65,602	64,216	63,251	62,278	61,283	60,272
23	San Luis Obispo, CA	13,939	13,626	13,351	13,277	13,191	13,089	12,988
	Santa Barbara, CA	21,559	20,954	20,391	19,963	19,518	19,039	18,547
	Ventura, CA	16,983	16,667	16,339	16,021	15,701	15,384	15,062
	CD 23 TOTALS	52,481	51,247	50,081	49,261	48,410	47,513	46,596
24	Santa Barbara, CA	14,063	13,647	13,256	12,968	12,677	12,372	12,055
	Ventura, CA	46,093	45,248	44,373	43,511	42,636	41,754	40,868
	CD 24 TOTALS	60,156	58,895	57,628	56,478	55,313	54,126	52,923

25	Inyo, CA	2,262	2,168	2,081	2,023	1,967	1,914	1,871
	Los Angeles, CA	34,584	33,321	32,016	30,636	29,318	28,069	26,850
	Mono, CA	1,132	1,083	1,044	1,016	988	967	947
	San Bernardino, CA	16,414	16,080	15,768	15,555	15,355	15,149	14,933
	CD 25 TOTALS	54,392	52,653	50,908	49,231	47,628	46,100	44,599
26	Los Angeles, CA	29,478	28,478	27,434	26,278	25,154	24,072	23,043
	San Bernardino, CA	19,041	18,642	18,268	18,011	17,776	17,536	17,280
	CD 26 TOTALS	48,520	47,120	45,701	44,288	42,929	41,608	40,323
27	Los Angeles, CA							
	CD 27 TOTALS	39,757	38,410	37,004	35,458	33,956	32,513	31,137
28	Los Angeles, CA							
	CD 28 TOTALS	26,799	25,906	24,974	23,940	22,929	21,954	21,028
29	Los Angeles, CA							
	CD 29 TOTALS	33,032	31,935	30,789	29,517	28,278	27,084	25,951
30	Los Angeles, CA							
	CD 30 TOTALS	44,019	42,611	41,131	39,453	37,800	36,193	34,686
31	Los Angeles, CA							
	CD 31 TOTALS	16,210	15,677	15,122	14,517	13,928	13,362	12,820
32	Los Angeles, CA							
	CD 32 TOTALS	27,715	26,762	25,769	24,683	23,630	22,620	21,653
33	Los Angeles, CA							
	CD 33 TOTALS	31,113	30,082	29,007	27,824	26,671	25,561	24,503
34	Los Angeles, CA							
	CD 34 TOTALS	20,691	19,985	19,251	18,454	17,680	16,939	16,227
35	Los Angeles, CA							
	CD 35 TOTALS	30,733	29,701	28,626	27,461	26,329	25,246	24,205
36	Los Angeles, CA							
	CD 36 TOTALS	43,015	41,536	39,996	38,314	36,683	35,118	33,620
37	Los Angeles, CA							
	CD 37 TOTALS	34,381	33,177	31,928	30,583	29,289	28,055	26,863
38	Los Angeles, CA							
	CD 38 TOTALS	29,308	28,305	27,261	26,117	25,004	23,934	22,911
39	Los Angeles, CA							
	CD 39 TOTALS	30,522	29,459	28,355	27,156	25,995	24,885	23,817
40	Orange, CA							
	CD 40 TOTALS	46,524	45,294	44,061	42,937	41,810	40,675	39,567
41	Riverside, CA	13,573	13,457	13,368	13,243	13,098	12,929	12,758
	San Bernardino, CA	59,622	58,424	57,306	56,536	55,796	55,029	54,237
	CD 41 TOTALS	73,195	71,881	70,673	69,779	68,894	67,958	66,995
42	Los Angeles, CA	8,032	7,751	7,458	7,138	6,828	6,530	6,244
	Orange, CA	27,214	26,425	25,632	24,911	24,202	23,498	22,806
	San Bernardino, CA	8,387	8,203	8,028	7,910	7,809	7,709	7,595
	CD 42 TOTALS	43,633	42,378	41,119	39,959	38,838	37,736	36,645
43	San Bernardino, CA							
	CD 43 TOTALS	35,472	34,742	34,060	33,599	33,176	32,744	32,279
44	Orange, CA	8,271	8,053	7,834	7,635	7,435	7,235	7,039
	Riverside, CA	41,063	40,625	40,308	39,918	39,522	39,120	38,665
	CD 44 TOTALS	49,334	48,678	48,142	47,553	46,957	46,354	45,704
45	Riverside, CA							
	CD 45 TOTALS	66,066	65,479	65,034	64,426	63,736	62,952	62,139
46	Los Angeles, CA	18,329	17,727	17,097	16,388	15,694	15,021	14,387
	Orange, CA	37,434	36,441	35,444	34,536	33,628	32,715	31,823
	CD46 TOTALS	55,763	54,168	52,541	50,925	49,322	47,736	46,210
47	Orange, CA							
	CD 47 TOTALS	22,038	21,435	20,831	20,284	19,740	19,197	18,663

48	Orange, CA							
	CD 48 TOTALS	50,195	48,899	47,601	46,413	45,220	44,014	42,841
49	Riverside, CA	23,827	23,594	23,423	23,201	22,962	22,705	22,428
	San Diego, CA	45,317	44,397	43,470	42,888	42,285	41,629	40,970
	CD 49 TOTALS	69,144	67,991	66,892	66,089	65,248	64,334	63,398
50	San Diego, CA							
	CD 50 TOTALS	63,631	62,302	60,966	60,115	59,244	58,305	57,353
51	Imperial, CA	8,426	8,106	7,849	7,686	7,535	7,390	7,277
	San Diego, CA	44,969	44,018	43,068	42,516	41,967	41,388	40,768
	CD 51 TOTALS	53,395	52,124	50,917	50,202	49,503	48,778	48,045
52	San Diego, CA							
	CD 52 TOTALS	74,158	72,612	71,064	70,135	69,197	68,195	67,149
53	San Diego, CA							
	CD 53 TOTALS	60,723	59,471	58,217	57,481	56,736	55,938	55,103
CA	TOTALS	2,546,147	2,482,299	2,418,797	2,364,798	2,310,968	2,257,130	2,203,727

NATIONAL VETERANS FOUNDATION

Facts About Veterans

www.nvf.org

ALL VETERANS:

There are approximately 26 million veterans in the United States (US Census Data, 2000). The number of veterans using the VA system has risen from 2.9 million in 1995 to 5 million in 2003 (USDVA).

- In 2005 and 2006, congress uncovered a \$2.6 billion shortfall for meeting the growing healthcare needs of US Veterans. The VA's patient to doctor ratio has grown from 335 to 1, to 531 to 1, between 2000 and September 2004.
- The Backlog of Claims at the US Court of Appeals for Veterans Claims was at 5,800 at the end of the last fiscal year. This is double the number of two years ago, and could hit 10,000 within the next 5 years ("Veterans' Battle for Benefits Can Take Years," Lakeland, FL Ledger, August 13, 2006, Cory Weiss).
- According to the US Bureau of Justice Statistics 225,000 Veterans were incarcerated as of 1998.
- Substance abuse rates are higher among veterans than their non-veterans counterparts.
- A recent study of inpatients at VA facilities indicates that nearly 85% have annual incomes of less than \$15,000.

Homelessness

According to the USDVA, more than 200,000 veterans are homeless on any given night, and more than 500,000 will experience homelessness over the course of a year.

- Of all homeless veterans, 76% suffer from drug, alcohol, or mental health problems (National Survey of Homeless Assistance Providers and Clients, 1999).
- One in three homeless men in America is a veteran (NSHAPC, 1999).
- There are more than 33,000 Homeless Veterans in the Los Angeles Metro Region on any given night (Weingart Center Study, 2004).
- According to the National Coalition of Homeless Veterans, by June 2005, the number of Operation Iraqi Freedom and Operation Enduring Freedom veterans seeking assistance from community-based homeless services providers had already exceeded 400.

The Mental Strain of War: Post Traumatic Stress Disorder, or PTSD

Post Traumatic Stress Disorder remains an ongoing challenge for veterans of all eras, and their families. The images from the current war are causing many older veterans (WWII, Korea, Vietnam) to experience recurring PTSD symptoms from their own combat experiences.

- The National Center for PTSD estimates that one of every 20 WW II veterans has suffered symptoms such as bad dreams, irritability, and flashbacks.
- A Korean Researcher has claimed that as many as 30% of US Troops who fought in Korea and are still alive today may have symptoms of Post Traumatic Stress Disorder (Jack Epstein, San Francisco Chronicle, "US Wars and Post Traumatic Stress Disorder," 6/22/05).
- The National Vietnam Veterans Readjustment Survey (1986-1988) found that more than 30% of Vietnam Veterans (more than 1 million) have suffered from symptoms of Post Traumatic Stress Disorder (PTSD).
- The VA Reports that in 2005, only 215,871 Veterans received disability payments for PTSD. However statistics suggest that due to the stigmas and barriers associated with getting help, these numbers likely represent only a small fraction of the total number of vets with PTSD.
- The General Accounting Office (GAO) has reported that the VA does not know how many vets are currently being treated for PTSD. As a result, the VA is can not determine whether the services are adequate, or whether it will be able to handle the new influx of vets with PTSD.
- Inflation adjusted spending for VA mental health services has declined by 25 percent over the past seven years, and numerous experts have expressed concern about the system's capabilities to care for the full spectrum of readjustment needs (including mental health) of the newest generation of U.S. veterans.

As a result, the VA depends increasingly on non-profit, veteran community organizations to care for the large population of veterans who need treatment.

Iraq and Afghanistan

As of January of 2007, more than 1.6 million U.S. Servicemen and women have served in Afghanistan and Iraq.

All Service Members

In October of 2005, the VA reported that more than 430,000 U.S. Soldiers have discharged from the military following service in Afghanistan and Iraq. More than 119,000 have sought help for medical or mental health issues from the VA to date.

- In January of 2006 the Journal of the American Medical Association reported that 35% of Iraq Veterans have already sought help for mental health concerns. A 2003 New England Journal of Medicine Study found that more than 60% of OIF/OEF veterans showing symptoms of PTSD

were unlikely to seek help due to fears of stigmatization or loss of career advancement opportunities.

- In 2005, the VA reported that 18% of Afghanistan Veterans, and 20% of Iraq Veterans in their care were suffering from some type of service connected psychological disorder.
- The VA has seen a tenfold increase in PTSD cases in the last year. According to the VA, more than 37,000 Vets of Iraq and Afghanistan are suffering from Mental Health disorders, and more than 16,000 have already been diagnosed with PTSD.
- According to an Army Post-Deployment Reassessment Study completed in July of 2005, alcohol misuse among soldiers rose from 13% among soldiers to 21% one year after returning from Afghanistan and Iraq. The same study saw soldiers with anger and aggression issues increase from 11% to 22% after deployment, and those planning to divorce their spouse rose from 9% to 15% after combat deployment.
- In November of 2005, The U.S. Bureau of Labor Statistics reported that for the first three quarters of 2005, nearly 15 percent of veterans aged 20-24 were jobless -- three times the national average.
- According to the Army, since March 2003, at least 45 US Soldiers and 9 Marines have committed suicide in Iraq. At least 20 soldiers and 23 Marines have committed suicide since returning home, though exact numbers are not available.
- Preliminary research by the DOD and USDVA's Brain Injury center shows that about 10% of all troops in Iraq, and up to 20% of front line infantry troops, suffer concussions during combat tours due to the use of IEDs and other explosives. Many experience headaches, disturbed sleep, memory loss and behavior issues after coming home: a condition known as TBI (Traumatic Brain Injury) which is often confused with Post-Traumatic Stress Disorder. The Military has reported 1200 such injuries in the current war as of March 2006.
- The Miles Foundation reports that calls to their Domestic Violence Hotline for Military Spouses has increased from 50 to 500 per month since the start of the Iraq War.
- According to U.S. Army data, the number of active-duty soldiers getting divorced has been rising sharply with deployments to Afghanistan and Iraq. The trend is severest among officers. Last year, 3,325 Army officers' marriages ended in divorce -- up 78% from 2003, the year of the Iraq invasion, and more than 3 1/2 times the number in 2000, before the Afghan operation. For enlisted personnel, the 7,152 divorces last year were 28% more than in 2003 and up 53% from 2000 (USA Today, June 8, 2005).

National Guard and Reserves

According to the Pentagon, as of August 2005, more than 141,000 Guardsman and Reservists have been deployed to Iraq and Afghanistan. Currently, these forces make up more than 35% of all U.S. forces in Iraq; the largest deployment of citizen soldiers since WWII.

- When not on active duty, more than 20% of Guardsman lack healthcare, many more are unaware of what benefits they have access to, and many are suffering financial strain both during and after deployment.
- A 2004 US Army Mental Health Advisory Team Study showed that more than half of all soldiers in Iraq described their unit morale as low, with the National Guard and Reserve forces struggling the most.
- According to the California National Guard, more than 7,000 California National Guard Troops have served in Iraq and Afghanistan, yet these forces have significantly fewer resources available to aid in their post combat readjustment than active duty components.
- According to the Pentagon, the Policy of "Stop Loss," where troops scheduled to be discharged from the military following completion of their duty commitment are retained in the service if their unit is scheduled for deployment to Iraq or Afghanistan has affected 40,000 soldiers as of March 2005.

Gulf War I: Desert Shield and Desert Storm:

An estimated 697,000 veterans served in the Gulf War I (Desert Shield and Desert Storm).

- 292 U.S. Servicemen and Women were killed in battle and non battle related action during both Operation Desert Shield and Desert Storm.
- Raw data from the VA suggests that more than 11,000 Gulf War Veterans have now died from various ailments and injuries. Over 256,000 have filed claims of service-related ailments ranging from dizzy spells, chronic fatigue, and memory lapses, to cancer, Lou Gehrig's disease, Multiple Sclerosis and other degenerative illnesses. ("First Gulf War Still Claims Lives," Seattle Post Intelligencer, Mike Barber, 1/16/06)
- For over a decade, many of their claims were met with the same confusion and resistance encountered by those who first filed claims for the mysterious symptoms associated with Agent Orange exposure.

Vietnam:

An estimated 3.4 million veterans served in Vietnam.

- Many sources estimate that between 75,000 and 110,000 have committed suicide since the end of that war.

- According to the National Vietnam Veterans Readjustment Survey (1986-1988), almost half of all male Vietnam Veterans suffering from PTSD had been arrested at least once, 34.2% more than once, and 11.5% had been convicted of a felony.
- Agent Orange exposure still haunts the lives of thousands of these veterans, their children, and their grandchildren.
- Of all Homeless Veterans, 47% are Vietnam veterans (NSHAPC, 1999).

GLOSSARY OF TERMS

Term	Definition For The Purpose Of This Briefing Document
Active Service (2006 Edition Federal Benefits for Veterans and Dependents)	Active service means full-time service, other than active duty for training, as a member of the army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health service, Environmental Science Services Administration or national Oceanic and Atmospheric Administration, or its predecessor, the Coast and Geodetic Survey. General, men and women veterans with similar service may be entitled to the same VA benefits.
Disabled Veteran (California Directory of Veteran Services by the Employment Development Department; California Department of Veterans Affairs)	"Disabled veteran" means any veteran defined below as "veteran", who is currently declared by the United States Department of Veterans Affairs (USDVA) to be 10 percent or more disabled as a result of his or her service; and "100 percent Disabled Veteran" means any veteran as defined below who is currently declared by the USDVA to be 100 percent disabled as a result of his or her service. Proof of disability shall be deemed conclusive if it is of record in the USDVA.
General Eligibility (2006 Edition Federal Benefits for Veterans and Dependents)	Eligibility for most VA benefits is based upon discharge from active military service under other than dishonorable conditions. Dishonorable and bad conduct discharges issued by general courts-martial may bar VA benefits. Veterans in prison and parolees must contact a VA regional office to determine eligibility. VA benefits will not be provided to any veteran or dependent wanted for an outstanding felony warrant.
National Guard (2006 Edition Federal Benefits for Veterans and Dependents)	National Guard members can establish eligibility for VA benefits if activated for federal service during a period of war or domestic emergency. Activation for other than federal service does not qualify guard members for all VA benefits. Claims for VA benefits based on federal service filed by members of the National Guard should include a copy of the military orders, presidential proclamation or executive order that clearly demonstrates the federal nature of the service.
Reservists (2006 Edition Federal Benefits for Veterans and Dependents)	Reservists who served on active duty establish veteran status and may be eligible for the full-range of VA benefits, depending on the length of active military service and a discharge or release from active duty under conditions other than dishonorable. In addition, reservists not activated may qualify for some VA benefits.
Service Discharge Form (2006 Edition Federal Benefits for Veterans and Dependents)	The veteran's service discharge form is a DD-214, DD-215, or for WWII veterans, a WD form. The veteran's service discharge form documents service dates and type of discharge, or give their full name, military service number and branch and dates of service.
Veteran (California Directory of Veteran Services by the Employment Development Department; California Department of Veterans Affairs)	"Veteran" means any person who has served full time for 30 days or more in the armed forces in time of war or in time of peace in a campaign or expedition for service in which a medal has been authorized by the government of the United States, or during the period of September 16, 1940, to January 31, 1995, or who has served at least 181 consecutive days since January 31, 1995, and who has been discharged or released under conditions other than dishonorable, but does not include any person who served only in auxiliary or reserved components of the armed forces whose service therein did not exempt him or her from the operation of the Selective Training and Service Act of 1940.

GLOSSARY OF ACRONYMS

Acronym	Definition For The Purpose Of This Report
CalJOBS	California Job Openings Browse System
CFR	Code of Federal Regulations
CDE	California Department of Education
CDVA	California Department of Veterans Affairs
CHHSA	California Health and Human Services Agency
CVSO	County Veterans Service Officer
DOD	Department of Defense
DOL	Federal U.S. Department of Labor
DTAP	Disabled Veterans Transition Assistance Program
DV	Disabled Veteran
DVET	Director for Veterans Employment & Training
DVOP	Disabled Veterans Outreach Program
EDD	California Employment Development Department
ETA	Employment & Training Administration (DOL)
FCJL	Federal Contractor Job Listing
GWOT	Global War On Terror
HVRP	Homeless Veterans Reintegration Projects (DOL)
LEDS	Labor Exchange Delivery System
LESO	Local Employment Service Office
LVER	Local Veterans Employment Representative
NVTI	National Veterans Training Institute
OASVET	Office of the Assistant Secretary for VETS
OIF/OEF	Operation Iraqi Freedom/Operation Enduring Freedom
PTSD	Post Traumatic Stress Disorder
RAVET	Regional Administrator for VETS
RLL	REALifelines
SDV	Special Disabled Veteran
SSVP	State Supervisor Veterans Programs (EDD)
TAP	Transition Assistance Program
TBI	Traumatic Brain Injury
USDVA	United States Department of Veterans Affairs
VAMC	Veterans Administration Medical Center
VESS	Veterans Employment Services Specialist
VETS	Veterans Employment & Training Service, DOL
VR&E	Vocational Rehabilitation & Employment
VWS	Veterans Workforce Specialist
WIA	Workforce Investment Act of 1998 (Public Law 105-220)

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Marcia Yamamoto, Staff Manager, was lead on the planning of the project, with assistance of Governor's Committee staff Roni Armstrong, Joe Carleton and Larry Whatley. Linda Rogaski, Staff Director, guided the team through the public hearing process in an effort to streamline the process for those participating.

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Panel Members of the public hearings:

Ruben Trejo and Tom Splitgerber, California Association of County Veterans Service Officers

Ron Bettencourt, California Department of Mental Health

Gary Leete, California Department of Rehabilitation

Jack Kirwan, California Department of Veteran's Affairs

Kathy Meyer, State Supervisor, Employment Development Department, Veterans Program Unit

Michael Krisman, Employment Development Department, Director's Office

Paul K. Miller and Gayle Pacheco, Governor's Committee Members

Expert testimony was provided by:

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Mr. Joseph Moran, DOL-VETS, Oceanside

Ms. Nancy Ise, DOL-VETS, Anaheim

Mr. Norman Corson, Assistant VR&E Officer, USDVA, Sacramento

Mr. Scott Skiles, Poly Trauma Social Work Supervisor, VA Palo Alto Health Care System, Palo Alto

Mr. Sean Benedict, Clinical Director, Sacramento Veterans Resource Center

Mr. Stephen Peck, MSW, Community Development Director, U.S. VETS Villages at Cabrillo

As noted in the Executive Summary, the purpose of this project was to collect basic information on the employment needs of veterans with disabilities in the State of California in hopes to better align existing services and develop possible resolutions to identified employment barriers.

*This report was prepared by the Workforce Services Branch
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