

NEEDS ASSESSMENT

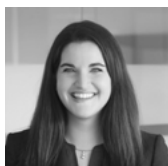
**Veterans in Washington, DC, Maryland,
and Northeastern Pennsylvania**

Katherine Kidder, Amy Schafer, Phillip Carter,
Moirra Fagan, Jeesue Lee, and Andrew Swick

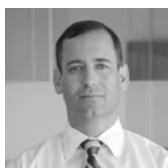
About the Authors



KATHERINE KIDDER was a Fellow with the Military, Veterans, and Society Program at CNAS, where she focused on military personnel, veterans, and congressional national security issues. She is a doctoral candidate in security studies at Kansas State University, where she focuses on congressional-executive relations and the formation of U.S. foreign policy. She writes extensively on military retention, professional military education, defense budgeting, and foreign aid.



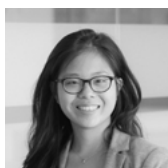
AMY SCHAFER is an Adjunct Fellow with the Military, Veterans, and Society Program at CNAS, where she focuses on civil-military relations, military personnel reform, and issues facing military families and veterans. Schafer holds a master's degree in security studies from Georgetown University. She joined CNAS having worked at Facebook and previously interned at both the Council on Foreign Relations and the Office of the Secretary of Defense for Policy.



PHILLIP CARTER is Senior Fellow, Counsel, and Director of the Military, Veterans, and Society Program at CNAS. His research focuses on issues facing veterans and military personnel, force structure and readiness issues, and civil-military relations. Carter began his career as an Army officer, serving for nine years, including a combat deployment to Iraq in 2005-2006. In addition to his work at CNAS, practices law as counsel with Fluet Huber + Hoang PLLC, and teaches as an adjunct professor of law at Georgetown University.



MOIRA FAGAN was a researcher at CNAS in the Military, Veterans, and Society Program. She holds a master's degree in global security from American University.



JEESUE LEE was a Joseph S. Nye Jr. National Security Research Intern for the Military, Veterans, and Society Program at CNAS. Prior to joining CNAS, Lee interned at the Modern War Institute and the Combating Terrorism Center at West Point.



ANDREW SWICK is a Research Associate with the Military, Veterans, and Society Program at the Center for a New American Security (CNAS), where he focuses on civil-military relations, defense reform, and issues facing military families and veterans. Mr. Swick graduated from the United States Military Academy in 2011 and subsequently served as an infantry officer with the 101st Airborne Division. He is currently pursuing a Master's degree at the Georgetown School of Foreign Service.

Acknowledgements

The authors would like to acknowledge and thank their CNAS colleagues Shawn Brimley, for his guidance in the development of this paper; Maura McCarthy, for her management of the publication process; and Melody Cook and Tristan Campos, for bringing the report to life with their design of the final report. We also thank the many interviewees and participants in working groups in Baltimore and Washington, DC, for their valuable insights, feedback, and critiques. Their experience deeply informs this work.

This report was made possible by generous support from The Harry and Jeanette Weinberg Foundation. In particular, the CNAS research team would like to acknowledge Kate Sorestad for her involvement and guidance.

Executive Summary

The Department of Veterans Affairs (VA) estimates that there are 21.6 million veterans living in the United States, making up 6.7 percent of the general population.¹ Of this number, approximately 1.3 million, or 6.5 percent of the total national veteran population, reside in Washington, DC, Maryland, and Pennsylvania.²

The Weinberg Foundation commissioned the Center for a New American Security (CNAS) to assess the needs of veterans in these areas to assist in planning future philanthropic investment in Washington, DC, Maryland, and Northeastern Pennsylvania. This report summarizes research conducted by CNAS researchers between May and August 2017, using a mixed-methods approach including qualitative research on regional trends; quantitative research using data made public by the VA, the Department of Defense (DOD), the U.S. Census Bureau, the Department of Labor, the Department of Housing and Urban Development (HUD), and other agencies; and interviews and working groups with individuals representing more than 50 organizations serving veterans and veterans themselves in the region.

The following assessment attempts to answer the following research questions: What is the state of veterans in Washington, DC, the state of Maryland (with particular emphasis on veterans in Baltimore), and Northeastern Pennsylvania? Where do needs exist among the veteran population in these localities? Are there any particularly vulnerable groups among the population? What are the main efforts at meeting the needs of veterans? How does the coordination of existing services take place, and are there collaborative structures in these locations that guide investments, services, and overall care?

The research produced a number of observations regarding issues facing veterans and military families in the region. Foremost among them were the following:

Washington, DC

- The city of Washington, DC, is home to 29,157 veterans, who constitute 4.2 percent of its total population.³
- The median income for veterans in Washington, DC, is significantly higher than the national average. This is due in part to the large representation of retired senior military personnel in the region, in part to the large government contracts sector that disproportionately hires

veterans and pays them well. However, this high average masks issues that more impoverished veterans in the city face.

- The presence of many veteran-serving nonprofits' headquarters in Washington, DC, and its immediate suburbs obscures the fact that there are far fewer organizations focused on meeting the needs of veterans locally.

Maryland

- The state of Maryland is home to 423,470 veterans, who constitute 7.0 percent of its population. The City of Baltimore has 32,440 veterans, who constitute 5.2 percent of the city population of 620,961.⁴
- There appears to be a divide between the coordination of veterans' services between the City of Baltimore and Baltimore County.
- Rural veterans in Western Maryland and Maryland's Eastern Shore face different issues from those of their urban counterparts, largely centered around the distance to medical care.

Northeastern Pennsylvania

- In the 14 counties analyzed in Northeastern Pennsylvania, there are 109,564 veterans, constituting 10.8 percent of the total adult population in the region.
- The relatively homogenous composition of the Northeastern Pennsylvania veteran population (95 percent male and 96.5 percent Caucasian) suggests some challenges for female and minority veterans seeking services tailored to their specific needs.

This report proceeds as follows: Section 1 describes the methodology for the assessment and provides additional context regarding the project's scope. Section 2 gives an overview of both national and state-specific veteran populations for DC, Maryland, and Pennsylvania, and provides context for the report's findings. Section 3 provides the report's findings from each of the regions, including information gathered through interviews and working groups. Section 4 brings the study to a close with observations and conclusions based on the research.

Background, Methodology, and Report Design

Scope

The VA estimates there are 21.6 million veterans living in the United States, making up 6.7 percent of the total national population.⁵ Of this number, approximately 1.3 million, or 6.5 percent of the total veteran population, reside in Maryland, Pennsylvania, and Washington, DC. This assessment focuses on issues facing veterans in these three geographic regions: Washington, DC; Maryland (with a particular emphasis on Baltimore); and Northeastern Pennsylvania (defined as Bradford, Carbon, Columbia, Lackawanna, Luzerne, Monroe, Montour, Northumberland, Pike, Schuylkill, Sullivan, Susquehanna, Wayne, and Wyoming Counties). This assessment also focuses on the Washington-Arlington-Alexandria, DC-VA-MD-WV; Baltimore-Columbia-Towson, Maryland; and Scranton-Wilkes-Barre-Hazleton, Pennsylvania, metropolitan statistical areas.

CNAS examined the issues facing each generation of veterans in the region, taking into account the needs of aging World War II, Korean War, and Vietnam War veterans and balancing those needs with the challenges and opportunities facing the younger Gulf War and post-9/11 cohorts. In each of these regions, Vietnam-era veterans represent the preponderance of the veteran population: 29.7 percent of the DC veteran population, 31.7 percent of the Maryland veteran population (32 percent of the Baltimore City veteran population), and 35.4 percent of the Northeast Pennsylvania veteran population. Given that many in the Vietnam cohort are approaching or have recently entered retirement age, they present significant opportunities and challenges for service providers related to health and financial indicators. Simultaneously, among the areas studied in this assessment, there are 91,823 post-9/11 veterans, who are more likely to be transitioning into the civilian workforce or education through the GI Bill.

Methodology

This needs assessment builds on earlier CNAS research on veteran wellness⁶ and previous regional needs assessments⁷ to analyze veteran wellness at the individual and community levels in the areas of Washington, DC; Maryland; and Northeastern Pennsylvania. It follows a mixed-methods approach that has been used for a number of similar assessments across the country.

REVIEW OF THE LITERATURE AND ENVIRONMENTAL SCAN

CNAS used quantitative research on the region's veteran population, integrating the publicly available data from the VA, the DOD, the DOL, the Census Bureau's American Community Survey, HUD, the Department of Health and Human Services, and the Department of Education, among other data sources. CNAS further undertook qualitative research on issues and trends affecting the region's veterans by reviewing the existing literature describing the veteran population and local reporting from *The Washington Post*, *The Baltimore Sun*, *The Carroll County Times*, *The Frederick News-Post*, *The Maryland Coast Dispatch*, *The Montgomery County Sentinel*, *The Towson Times*, *The Citizens' Voice* (Wilkes-Barre), *The Times Leader* (Wilkes-Barre), *The Times-Tribune* (Scranton), and *The Pocono Record* (Stroudsburg).

WORKING GROUPS AND STAKEHOLDER INTERVIEWS

CNAS further conducted individual and group discussions with key stakeholders and community leaders from throughout the region, focusing on veterans and service providers in Washington, DC, (distinct from national resources based in DC) the city of Baltimore, rural Western Maryland, the city of Scranton, Pennsylvania, and the city of Wilkes-Barre, Pennsylvania. CNAS used a number of different means to identify current service providers and organizations assisting veterans, to include following up with contacts from the sponsor for the assessment, networking through existing contacts, and contacting traditional service providers such as county veterans' service officers. CNAS also conducted structured interviews with key individuals and stakeholders from across the region to ensure representation of a number of geographies and demographics. Included in the interviews and working groups were veteran's treatment courts officials, local community religious leaders, county veteran officers, county social service providers, representatives from mayors' offices, healthcare and mental healthcare providers, and leaders and members of veteran-serving nonprofit organizations.

Veterans in the United States and the Region

Veterans in the United States

There are approximately 21.6 million veterans in the United States, ranging from World War II veterans to post-9/11 cohort. The issues facing the veteran population vary by age, cohort, geography, socioeconomic class, and other variables, but certain national trends affect the entire community.

In 2016, the VA spent more than \$173.7 billion on veterans, with major expenditures on compensation and pensions (\$84 billion), medical care (\$63.5 billion), and education and vocational rehabilitation (\$13.8 billion). The VA plans to spend \$182.3 billion in 2017 on veterans.⁸

Despite these significant investments, veterans still face challenges nationwide, including those relating to primary, specialty, and mental health care; employment and economic issues; housing/homelessness issues; and the transition to civilian life. For example, while the total unemployment rate for veterans was 3.7 percent in August 2017—well under the national rate of 4.4 percent—unemployment for post-9/11 veterans and WWII/Korea/Vietnam veterans was higher, at 4.2 percent and 5.0

percent respectively.⁹ Additionally, HUD's Point-in-Time (PIT) estimate found that 39,471 veterans were homeless in 2016, though this represented a 17.3 percent decrease from 2015.¹⁰ Many times, these challenges are present most acutely at the local level, as veterans rely on county services, nonprofit assistance, and local veterans service organizations (VSOs).

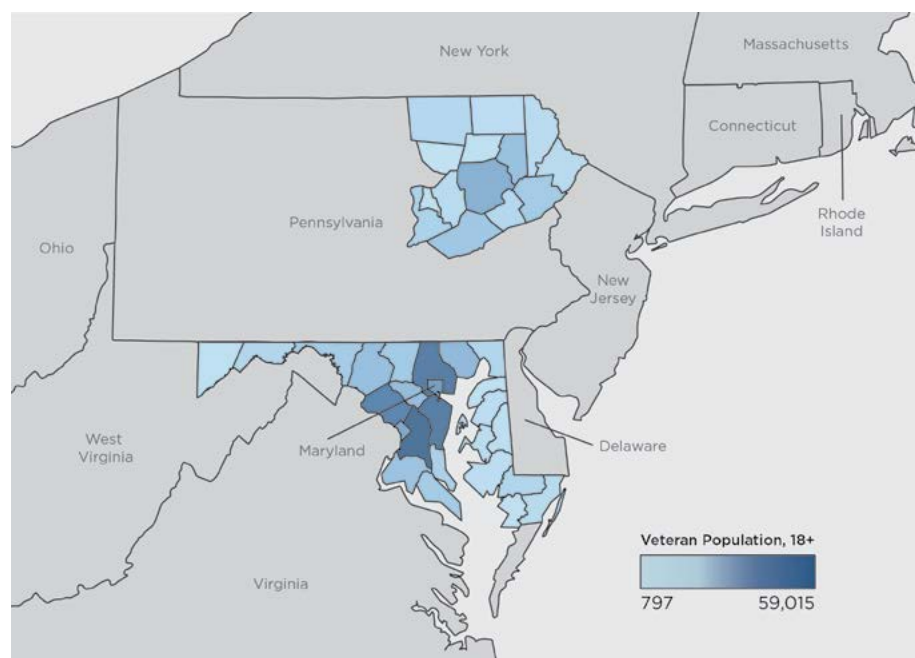
As a result of the civil-military divide, employers may not know how to adequately account for both the hard and soft skills that veterans bring to the workplace.

Figure 1 shows the areas within the scope of this study, with density of veteran populations indicated in blue. Those areas include Washington, DC; the state of Maryland (with a specific emphasis on veterans in Baltimore); and 14 counties in Northeastern Pennsylvania. Approximately 563,000 veterans live in this region, accounting for about 2.6 percent of the overall U.S. veteran population. The per capita veteran

density for the region overall is 8.8 percent, with a high of 14.6 percent in St. Mary's County, Maryland, and a low of 5.5 percent in the District of Columbia. For comparison, the national per capita rate is 6.7 percent at the county level.

In 2016, the VA spent approximately \$6.3 billion in the region, or 3.4 percent of the total VA budget. The VA health care system treated nearly 122,000 veterans across the region and invested over \$1.5 billion on medical care in the region. Major VA medical centers include the Washington, DC, VA Medical Center; the Baltimore VA Medical Center—VA Maryland Health Care System; the Loch Raven VA Community Living & Rehabilitation Center in Baltimore; the Perry Point VA Medical Center—VA Maryland

FIGURE 1
Veterans Per Capita in the Region



Sources: Map derived from Department of Veterans Affairs, "The Veteran Population Model 2016" dataset (https://www.va.gov/vetdata/veteran_population.asp) and the U.S. Census Bureau American Community Survey dataset five-year estimates for adults 18 years and over at the county level (<https://factfinder.census.gov/faces/nav/jsf/pages/searchresults>).

Health Care System; and the Wilkes-Barre VA Medical Center. These medical centers are supported by a network of VA community-based outpatient clinics distributed throughout the region.¹¹

The region is home to several large U.S. military installations, as well as headquarters for many defense and intelligence agencies, and their contractors, all of which employ large numbers of veterans. Most significantly, the Pentagon, located just outside of Washington, DC, in Arlington, Virginia, employs 23,000 civilians—many of whom are veterans or military retirees. The region also includes Fort Myer and Fort Belvoir in Virginia; Aberdeen Proving Ground, Joint Base Andrews, Fort Detrick, and Fort Meade in Maryland; and Fort McNair (home to the National Defense University) and the Washington Navy Yard in Washington, DC. Additionally, the United States Naval Academy is located in Annapolis, Maryland. The Walter Reed National Military Medical Center, located in Bethesda, Maryland, provides treatment for some of the most significant and severe medical conditions related to military service. And the region is home to many large defense and intelligence contractors, which disproportionately hire veterans because of requirements for military experience, expertise, and security clearances. The nature of local active-duty positions—especially those at the Pentagon—skews the demographics of the active-duty component in the DC region toward midcareer and senior officer ranks; they are not representative of veteran and military dynamics nationwide. However, military personnel and veterans throughout the region include a diverse array of junior, midlevel, and senior personnel, as well as veterans, because of the breadth of installations and activities in the military's National Capital Region and beyond.

Findings

Veterans in Washington, DC

BACKGROUND

Washington, DC, proper, is a city of 681,000 persons, including approximately 532,700 residents over the age of 18. It is estimated to have a veteran population of 29,157, 4.2 percent of the total population, and 5.5 percent of the total adult population. This veteran density falls below the national average of 8.3 percent.¹² Despite the low relative proportion of veterans, there is a substantial and visible military presence in the District and surrounding metropolitan area, where all five of the armed services are headquartered. The Pentagon is a particularly prominent example, though there are a number of other military installations in Maryland, Northern Virginia, and the District itself.¹³

The most common industries in Washington, DC, by numbers of employees include science management, educational services, health care, and public administration. This concentration of jobs that require advanced skills results in a highly educated and highly specialized workforce in the capital area. The largest employers include the federal government and universities, to include Georgetown University and the George Washington University. While specific local unemployment numbers for veterans in DC are not available, the DOL's Bureau of Labor Statistics (BLS) cites a total unemployment rate in the district of 6.4 percent in August 2017.¹⁴

Much of the workforce in Washington, DC, resides in suburbs in both Virginia and Maryland, and thus a complete picture of the DC workforce may not be captured in the residential data.

In 2016, the VA spent \$2.6 billion in DC, or approximately \$91,000 per veteran (as compared to the national average of \$8,166). This figure is likely skewed by VA infrastructure in the region and the presence of the VA headquarters in the city. However, as described more fully below, the VA's spending in Washington also reflects the presence of a large, poor veterans population that relies heavily on VA programs.

Demographics and Expenditures

PERIOD OF SERVICE

Figure 2 shows the breakdown of veterans in Washington, DC, by period of military service. The largest cohort of Washington veterans is those who served during the Vietnam War era (34.5 percent), followed by similarly sized cohorts who served in the Gulf War and post-9/11 conflict eras. The smallest group is those who served during World War II (8.3 percent); this cohort is rapidly diminishing with the passage of time. The high percentage of post-9/11 and Gulf War-era veterans reflects the overall demand for military experience throughout federal employment and the large number of defense-related and federal jobs within the city.

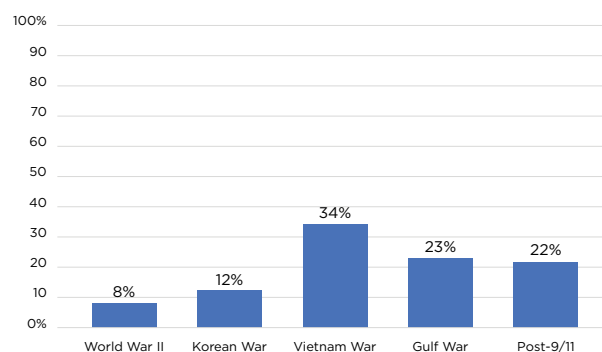
GENDER

Figure 3 shows the gender breakdown of the Washington, DC, veteran population: 87.7 percent male and 12.3 percent female. This is the highest ratio of female veterans of the areas included in this assessment and is well above the national average of 7.9 percent. Consistent with national trends, the population of female veterans in the region correlates with its high proportion of younger cohorts of veterans—especially post-9/11 veterans—in which women constitute a larger percentage.

AGE

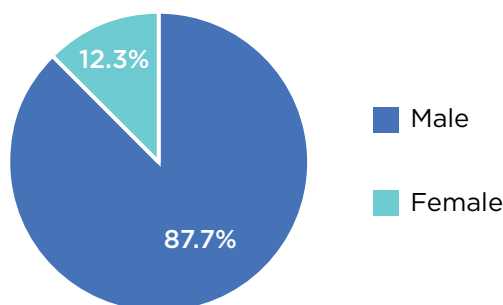
Figure 4 displays the age breakdown of Washington, DC, veteran and nonveteran adults. The nonveteran population is significantly larger than the veteran population and tends to be much younger overall. The majority of the nonveteran population (75.4 percent) is 54 or younger, while the majority of the veteran population (62.4 percent) is 55 or over. Of note, DC has a larger share of young people aged 18–35 (44 percent) than the other regions included in this assessment.

FIGURE 2
District of Columbia Veteran Population by Period of Service



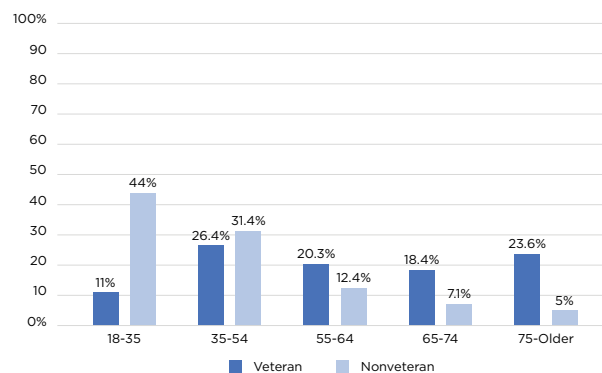
Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 3
District of Columbia Veteran Population by Gender



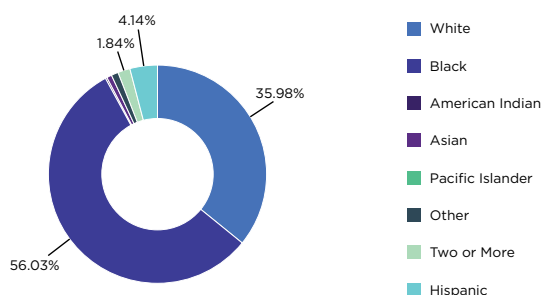
Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 4
District of Columbia Veterans and Nonveterans, Percentage by Age Group



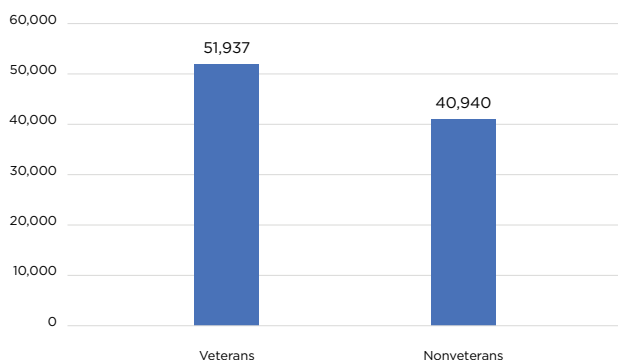
Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 5
District of Columbia Veterans by Ethnicity



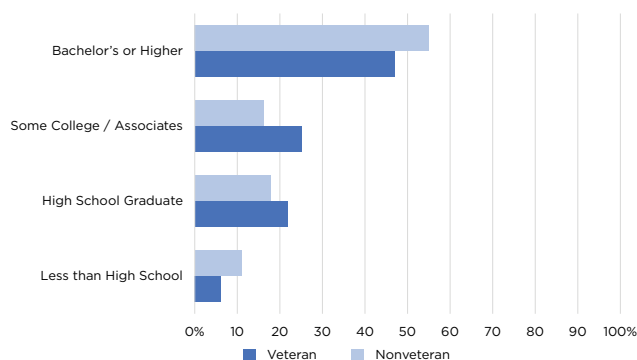
Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015. Does not include Hispanic/Latino (4.3%), which is calculated separately.

FIGURE 6
District of Columbia Median Income, Veterans and Nonveterans



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 7
District of Columbia Educational Attainment, Veterans and Nonveterans



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

ETHNICITY

Figure 5 displays the breakdowns by ethnicity of the veteran and nonveteran populations in Washington, DC. The majority, 58.5 percent, of District veterans are African American, compared with a 45.8 percent African American rate in the nonveteran population. The next largest ethnicity among veterans, at 37.5 percent, is white, compared with 43.4 percent in the nonveteran population. Nonveterans in the District are more racially diverse than veterans. Compared with the national veteran population, the District is more racially diverse; it is the only region included in this assessment that is not majority white.

MEDIAN INCOME

Figure 6 shows the median income for veterans and nonveterans in the District of Columbia. Veterans have a median income of \$51,937, while nonveterans have a median income of \$40,940—a difference of just under \$11,000. These incomes are the highest of the regions included in this assessment, and well above the national average (\$37,469 for veterans and \$26,436 for nonveterans). It is worth mentioning, however, that the cost of living in the District of Columbia is higher than in Baltimore, elsewhere in Maryland, or Northeastern Pennsylvania. Notably, 10.8 percent of veterans (2,990 veterans) in the District live below the poverty line according to Census data. This figure is substantially below the overall District poverty rate of 16.1 percent; however, it still suggests that the high income average masks a significant part of the District of Columbia veteran population that struggles economically. Federal unemployment statistics do not adequately or accurately describe veteran unemployment at a local level, so it is difficult to assess the extent to which employment is a part of this problem.¹⁶

EDUCATIONAL ATTAINMENT

Figure 7 displays the educational attainment of veterans and nonveterans in the District of Columbia. The smallest veteran cohort (6.2 percent) do not have a high school diploma, while the largest veteran cohort (46.9 percent) holds a bachelor's degree or higher. This situation is mirrored by the nonveteran population, where 11.0 percent of the population do not have a high school diploma and 55.0 percent hold a bachelor's degree or higher. Of the regions included in this assessment, Washington, DC, has the largest percentage of veterans whose highest level of educational attainment is a bachelor's degree or higher.

POVERTY LEVEL

Figure 8 displays the percentage of the veteran population living below the poverty level in Washington, DC, compared with the national average (in light blue). Of the District's veteran population, roughly 10.8 percent live below the poverty level; this figure exceeds the national average of 7.1 percent. Comparing the percentage of veterans with annual income below the poverty line with veterans' high median income makes it evident that there is a high degree of income inequality among veterans in Washington, DC.

HOMELESSNESS

Figure 9 shows the numbers of homeless people overall and homeless veterans in Washington, DC. The overall homeless and veteran homeless populations have both decreased since 2011. Starting with a homeless veteran population of 515, the region had a relatively continuous decrease over five years and documented 350 homeless veterans in 2016, indicating a 32 percent decrease in the number of homeless veterans. Similarly, the overall homeless population in DC dropped from 3858 in 2011 to 3683 in 2016. The decline in homelessness rates reflect leadership and initiatives from the DC Mayor's office, particularly under Mayor Muriel Bowser's homelessness plan, with the goal of making homelessness "rare, brief, and non-recurring by 2020."¹⁷

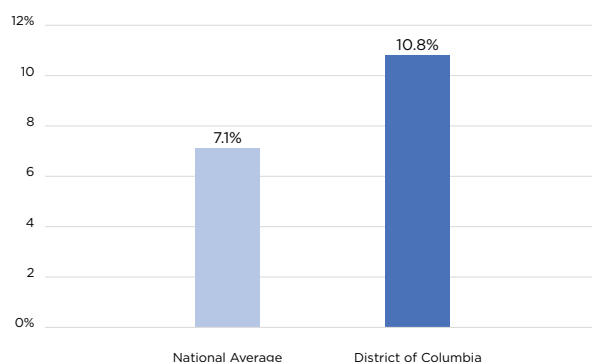
Working group participants indicated difficulties associated with the decline in homeless veterans. As the number of homeless veterans decreases over time (an inherently positive outcome), the resources available to eliminate homelessness diminish—making the last 350 homeless veterans the hardest to house.

DISABILITY STATUS

Figure 10 displays the disability status breakdown for Washington, DC, veterans (based on VA service-connected disability rating). Approximately 22.8 percent of veterans have a disability. There are slightly fewer disabled veterans per capita in this region than the national average of 27.7 percent disabled.

FIGURE 8

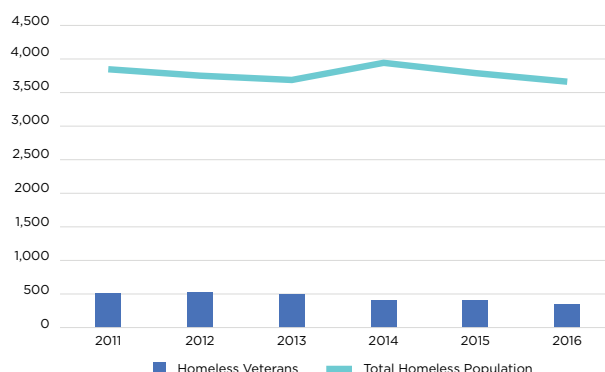
District of Columbia Veterans With Annual Incomes Below the Poverty Level



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 9

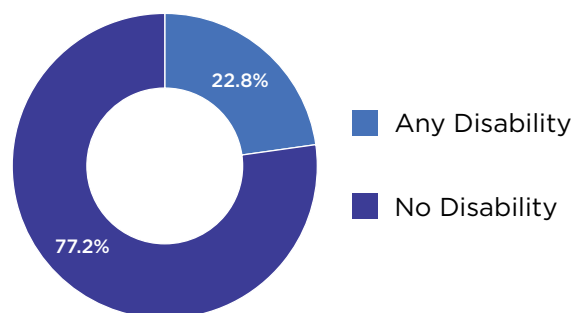
District of Columbia Veteran and Total Homeless Population



Source: Department of Housing and Urban Development Point-in-Time Estimates by Continuum of Care, 2007–2016, <https://www.hudexchange.info/resource/5178/2016-ahar-part-1-pit-estimates-of-homelessness/>.

FIGURE 10

District of Columbia Veterans by Disability Status



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

HEALTH

In 2016, the VA spent \$231,257,000 on health care in Washington, DC, treating 8,595 unique patients. The average expenditure per unique patient amounts to about \$26,900, almost three times the national average of \$10,600 per patient. When compared with poverty data, the high expenditures may indicate that the VA serves a high-need, low-income portion of the population.

Figure 11 shows the wait times in days for various types of health care at VA facilities in the Washington, DC, area, along with the average national wait time for all health care, from January 2015 to May 2017. The average VA facility wait times in the DC area vary by type of offered health care. Mental health wait times improved the most over the period, peaking at an average of 11.8 days in June 2015, they steadily dropped to a low of, 4.9 days in January 2017 and increased only to 5.2 in May. Primary care wait times have had a recurring pattern over the past three years, always spiking in January and then dropping by July. The year 2017, however, appears to deviate from this trend, with average primary care wait time rising, not declining, through May. Specialized care, on a steady incline through 2015, has since seen a similar trend, with wait times peaking in January 2016 and dropping by July 2016, rising again, to 7.2 days, in January 2017, and declining through May 2017.

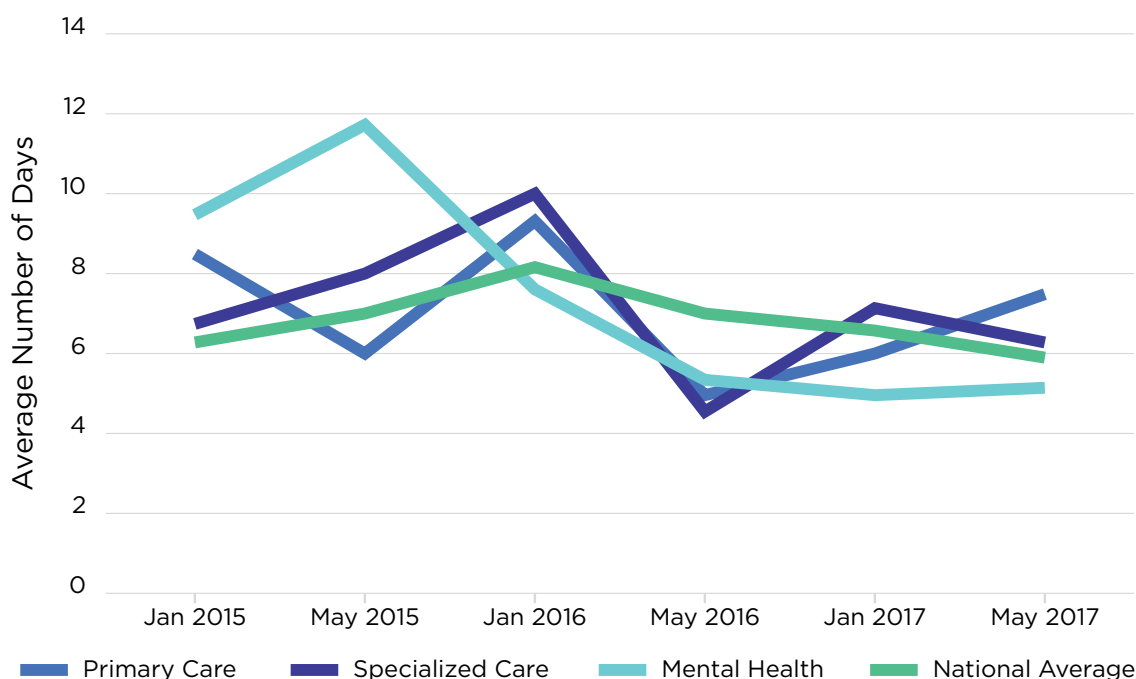
Regional Observations

The data analyzed above provides a framework for understanding the issues facing veterans in DC; working groups and interviews provided further insight:

HIGH INCOME INEQUALITY

The median income in Washington, DC, is much higher than the national average: the median veteran income is \$51,937, compared with \$37,469 for veterans and \$26,436 for nonveterans nationally). Additionally, included in the median income are a high number of individuals earning over \$100,000—military retirees and high-achieving veterans employed by the federal government, defense industry, and broader government contracts industry, all of which have some form of employment preference for veterans. Therefore, issues facing low-income veterans and those in chronic poverty among the DC veteran population are more likely to be overlooked, as veterans overall appear to perform well on income metrics. According to those interviewed, this phenomenon is particularly acute among older veterans from the Vietnam and Korean War eras of service.

FIGURE 11
District of Columbia Average VA Wait Times, 2015-2017



Source: U.S. Department of Veterans Affairs Veterans Health Administration, "Patient Access Data," January 2015-May 2017, <https://www.va.gov/health/access-audit.asp>.

NATIONAL—NOT DC—FOCUS OF ORGANIZATIONS

Washington and its surrounding suburbs (particularly Arlington, VA) are home to an exceptionally high number of organizations supporting veterans, military service members, and their families. The presence of these national organizations skews perceptions of the services and resources available to local veterans in need in the city. Many headquarters focus on national issues and engage in national program management, policy advocacy, and legislative lobbying. These activities are key components of delivering better services to veterans nationwide but do not necessarily translate into community outreach in DC specifically.

THE NEED FOR TRANSITIONAL HOUSING

The median home cost in Washington, DC, is \$551,400—significantly higher than the national average of \$200,400.¹⁸ The demand for housing is high, resulting in limited (and expensive) housing availability. Citywide programs focused on transitioning homeless veterans into permanent housing therefore have limited options for placement. The newly constructed John and Jill Ker Conway Residence in the Capitol Hill neighborhood provides affordable housing with access to on-site supportive services.¹⁰ According to those interviewed, there is a demand for more locations like it, though the lack of available space throughout the city makes much such development seem unlikely.

VIETNAM- AND KOREA-ERA VETERAN EMPLOYMENT

Based on interviews and working group discussions, veterans have good employment prospects in Washington, DC. There is a particular demand for post-9/11 veterans who bring the skill sets, networks, and security clearances desired by many regional employers. However, those interviewed indicate that area employers often overlook Vietnam- and Korea-era veterans, making it difficult for those older veterans who may not have the resources sufficient for retirement. These veterans also face employment difficulties unrelated to service, such as age discrimination, and difficulty with skills acquisition and with transition between jobs.

Those interviewed indicate that area employers often overlook Vietnam- and Korea-era veterans, making it difficult for those older veterans who may not have resources sufficient for retirement.

Veterans in Maryland

Background

Maryland has an estimated 2016 population of 6,016,447, with about 423,470 veterans, or approximately 7 percent.²⁰ This veteran density is slightly higher than the national average of 6.7 percent. Baltimore City has a total estimated 2016 population of 614,664, and an adult population of approximately 490,331, with an estimated 32,440 veterans, equaling 5.2 percent of the total population and 6.6 percent of the adult population.²¹ Much of the military presence in Maryland centers around facilities serving the greater Washington metropolitan area, the U.S. Naval Academy in Annapolis, and several Army bases away from urban centers, such as Fort Meade, which is home to the National Security Agency. Apart from small Marine Corps and Coast Guard facilities, Baltimore City and County do not have significant military installations.²²

According to Maryland Code § 2-207, rural counties in Maryland are defined as follows: Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico, and Worcester.²³ This includes all but five counties of Maryland, which are those constituting the Washington, DC, suburbs and broader Baltimore regions. The rural counties are largely in Western Maryland and the Eastern Shore. Each rural county is represented on the Rural Maryland Council, a Maryland-government-run organization designed to address the needs of residents in rural areas through public-private partnership, acknowledging the challenges of lack of transportation and proximity to health care.²⁴ Population centers of Western Maryland include Frederick and Hagerstown along Interstates I-270 and I-70, with Cumberland the main population cluster near the border with West Virginia. The Eastern Shore's main population center is Salisbury.²⁵

The main industry in rural Maryland is medical services, which is the largest or second-largest employer in 13 out of the 18 counties that constitute rural Maryland. This is partially because of the dispersion of civilian health facilities across the state, but also because of educational facilities focused on medicine, such as the University of Maryland. There are also several military installations in rural Maryland that are the largest employers in their respective regions, to include Naval Air Station Patuxent River, Aberdeen Proving Ground, Frederick's Fort Detrick, and Naval Support Facility Indian Head. In these areas, veterans tend to have higher

The VA spends less per Maryland veteran on disability compensation and related programs—\$3,336, compared with the national average of \$3,951—suggesting that Maryland veterans file fewer claims for disability compensation, or obtain disability compensation at lower rates, than veterans in than other states.

median incomes, likely to the result of the employment prospects for veterans surrounding military installations. Additionally, while the statewide unemployment rate for Maryland was only 4.0 percent in August 2017, the BLS shows unemployment during that same period as high as 5.3 percent in rural Allegany County, 6.1 percent in eastern Somerset County, and 6.3 percent in Baltimore City.²⁶ Finally, there are many educational institutions that serve as prominent employers across rural Maryland, generally smaller colleges and universities, as well as local branches of the University of Maryland system.

Veteran-oriented organizations such as the American Legion and Veterans of Foreign Wars tend to be key sources of support for veterans in more rural areas,²⁷ and there are posts in every county of Maryland. Each county in rural Maryland has at least two American Legion posts, with some as many as eight.²⁸ The prominence of such fraternal organizations, whose memberships are largely comprised of older members, highlights the relatively advanced ages of veterans in more rural locations such as the Eastern Shore, where these organizations often conduct small philanthropic efforts and focus on maintaining monuments to honor veterans.²⁹ There are also more local VSOs, such as Heroes Haven Inc., on the Eastern Shore.³⁰ The Rural Maryland Council also convenes many local organizations on a county-by-county basis to better serve Maryland veterans.

In 2016, the VA spent approximately \$2.9 billion in Maryland, or \$6,959 per veteran. This figure is substantially lower than the national average of \$8,166 per veteran. But this overall per-veteran spending figure masks an interesting split: the VA spends less per Maryland veteran on disability compensation and related programs—\$3,336, compared with the national

average of \$3,951—suggesting that Maryland veterans file fewer claims for disability compensation, or obtain disability compensation at lower rates, than veterans in than other states. And the VA spends less per Maryland veteran on health care on average than on veterans of other states—\$2,587, compared with a national average of \$2,984. However, the VA spends significantly more on each Maryland veteran who actually uses the VA health care system: \$12,886 per veteran patient, compared with a national average of \$10,551. This figure suggests the existence of a substantial veteran population reliant on the VA for health care—and a great deal of health need within that population that is currently being met by the VA.³¹

Demographics and Expenditures

PERIOD OF SERVICE

Figure 12 displays the distribution of Maryland veterans by period of service. Notably, Anne Arundel, Charles, Howard, and St. Mary's Counties have the largest proportions of post-9/11 veterans, with over a quarter of the veteran populations in those counties having served in these most recent wars. The plurality of nearly every county's veteran population is composed of Vietnam veterans.

GENDER

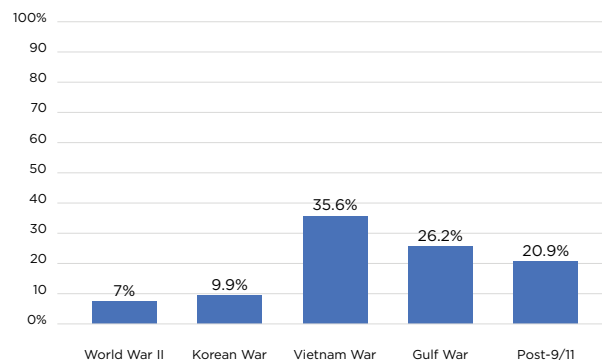
Figure 13 depicts the gender breakdown of the veteran population in Maryland. Like the national veteran population (92.1 percent male and 7.9 percent female),³² the state's is overwhelmingly (88.5 percent) male.

AGE

Figure 14 captures the distribution of veterans and nonveterans by age bracket across the state. Those 75 and older make up a much larger proportion of the veteran population than their nonveteran counterparts, likely a result of high military participation rates among the World War II generation. Across Maryland, veteran age ranges vary at the county level. Allegany and Dorchester Counties, both of which have high levels of disabled veterans and poverty, also have older veteran populations, with more than 50 percent of the veteran population aged 65 or older. Somerset County, while displaying some similar characteristics, has a higher percentage of veterans in the 35–54 age category; all three are characterized by low numbers of post-9/11 cohort veterans as represented by the 18–34 age group. Whereas urban areas of Maryland show high numbers of older veterans, Baltimore City also has a significant number of working-age veterans.

FIGURE 12

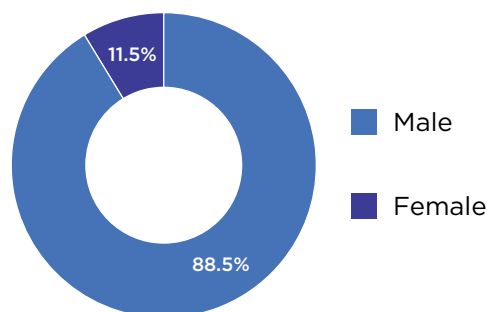
Maryland Veterans Population by Period of Service



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 13

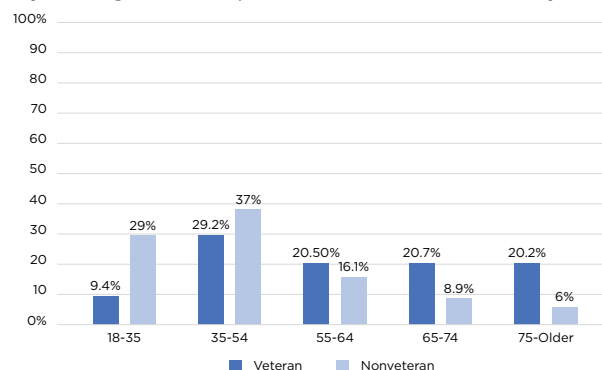
Maryland Veterans by Gender



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 14

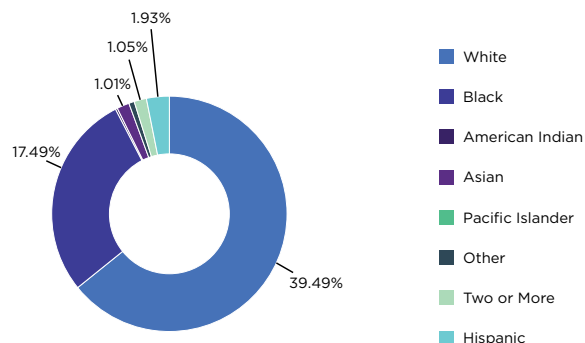
Maryland Age Brackets, Veteran and Nonveteran Population



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 15

Maryland Veterans, by Ethnicity



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015. Does not include Hispanic/Latino (3.2%), which is calculated separately.

ETHNICITY

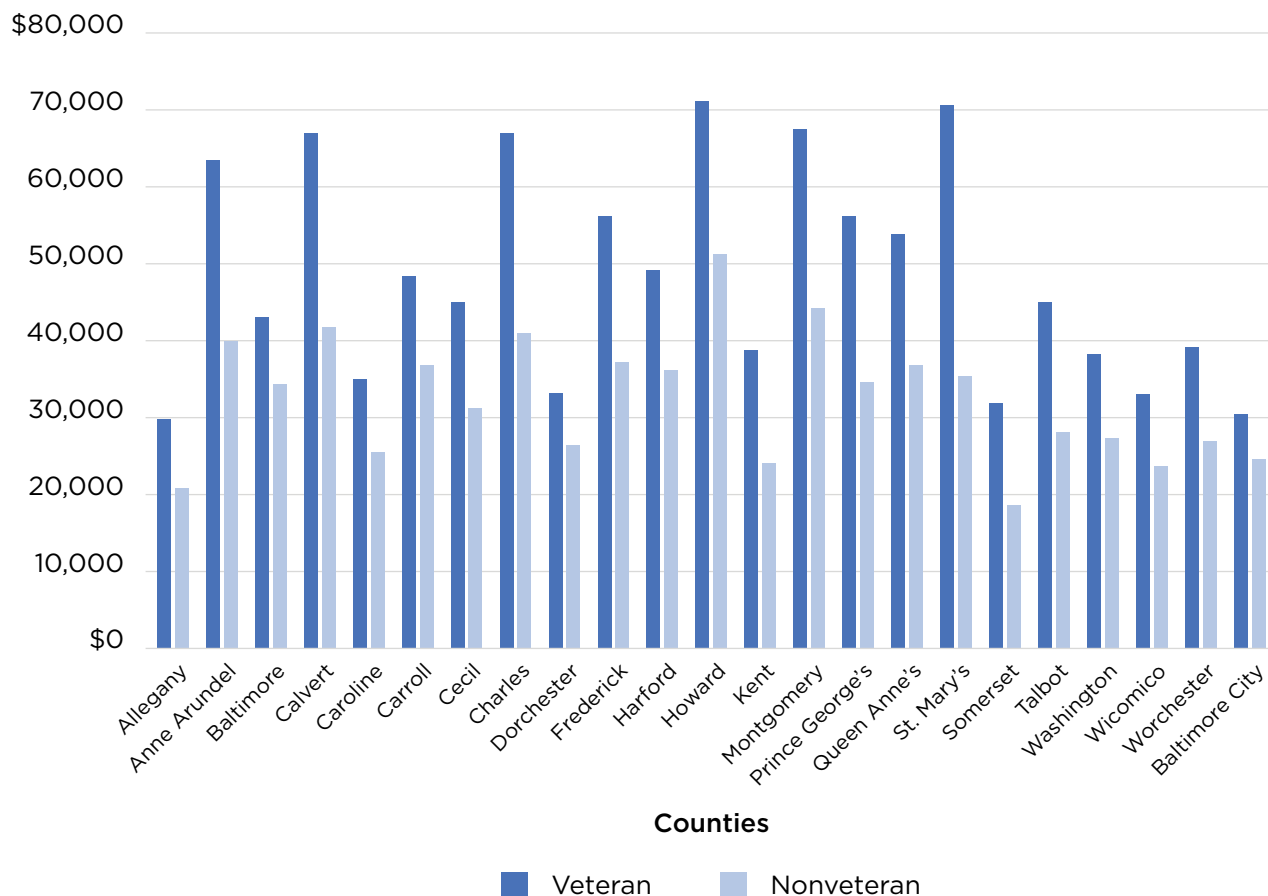
Figure 15 displays the ethnicity of the veteran population for Maryland: 66.1 percent of Maryland veterans are Caucasian, 29.3 percent are African American, and 3.2 percent are Latino. In Baltimore, 55.8 percent of veterans are white, and African American veterans make up a significant minority, at 41 percent. This latter figure reflects the city's overall demographics; 40.7 percent of its population is black. The nonveteran population in Baltimore is more racially diverse than the veteran population and more racially diverse than the national average.

MEDIAN INCOME

Figure 16 displays median incomes for veterans and nonveterans in the state of Maryland by county and Baltimore City. Veterans in St. Mary's County have the highest median income (\$71,062); veterans in Allegany County have the lowest median income (\$29,131).

FIGURE 16

Median Income, Maryland Veterans and Nonveterans, by County



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

EDUCATIONAL ATTAINMENT

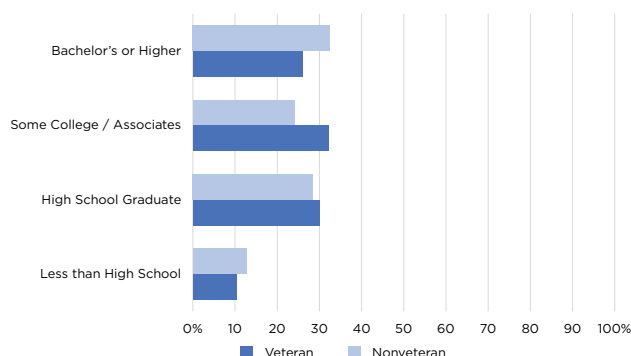
Figure 17 shows the educational attainment of Maryland veterans and nonveterans. By percentage of the population, nonveterans have higher rates of attainment for high school graduation and bachelor's degrees or higher; veterans are more likely to have some college or associate's degrees.

The disparity between the percentage of veterans with a bachelor's degree and that of their civilian counterparts in Maryland presents an opportunity for intervention. Many veterans earn G.I. Bill benefits through their period of service, and a significant number of Maryland veterans may not have taken advantage of this benefit to pursue their undergraduate degrees. Career counselors, veterans' service officers, and other service providers may therefore find it worthwhile to advise veterans about pathways to higher incomes and better quality of life through the pursuit of a college degree.

The disparity between the percentage of veterans with a bachelor's degree and that of their civilian counterparts in Maryland presents an opportunity for intervention.

FIGURE 17

Educational Attainment, Maryland Veterans and Nonveterans



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

POVERTY LEVEL

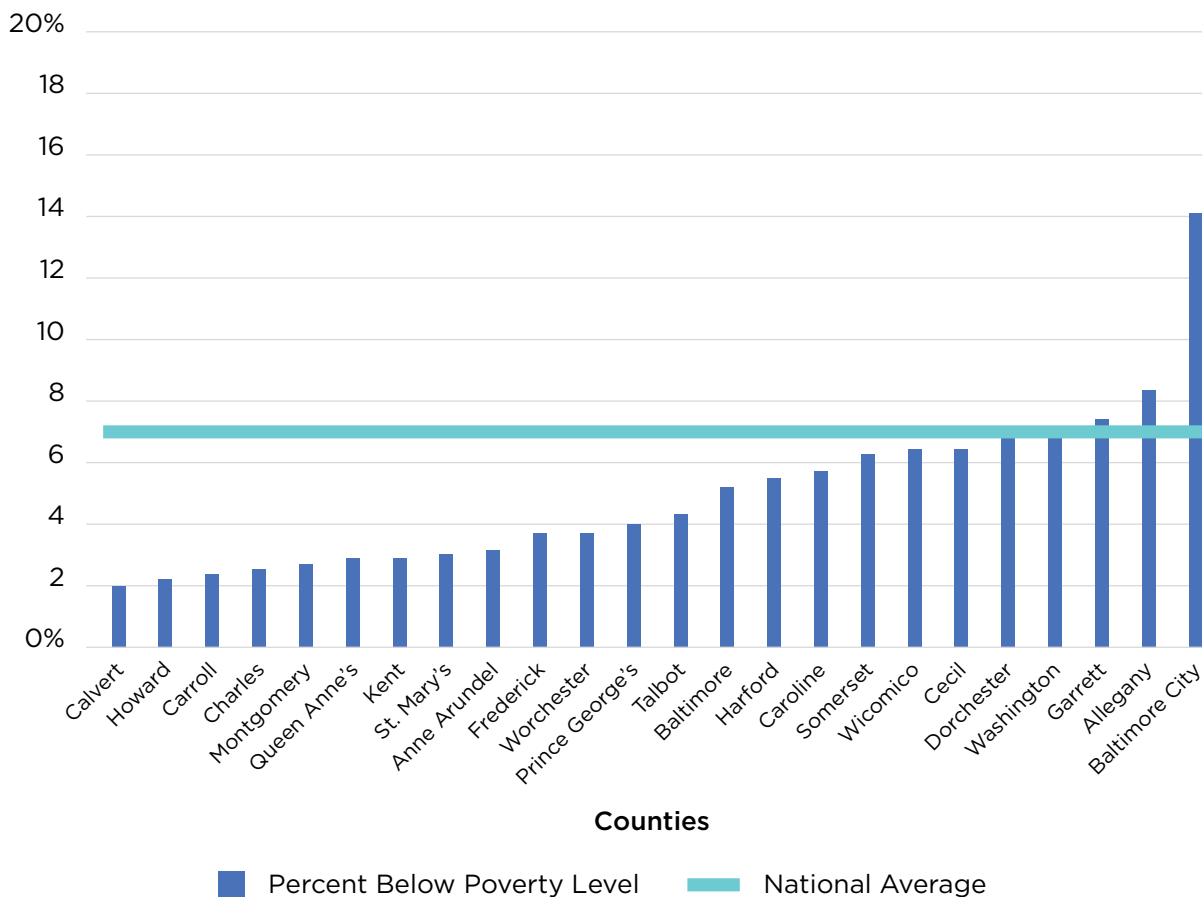
In every county in Maryland, the median income for veterans is higher than that of nonveterans. However, in counties where poverty is an issue, veterans are still in some cases below the poverty line. There are uneven poverty levels in rural Maryland, with the highest concentration of veterans below the national average poverty level in Allegany, Garrett, Washington, and Dorchester Counties. Allegany County has the lowest median income for veterans, at \$29,131, lower even than Baltimore City, which averages \$30,500. Dorchester and Somerset Counties have similar levels of income for veterans, at \$32,985 and \$32,353, respectively. Though these figures are low compared with the national average, there is a significant gap in these counties between veteran and nonveteran incomes, indicating that even in poor rural areas, veterans have improved economic outcomes compared with nonveterans. However, there are many rural counties in Maryland where veterans fare much

better than both veterans in Baltimore and their nonveteran peers, such as St. Mary's and Queen Anne's County.

Figure 18 displays the percentage of the veteran population living below the poverty level in Maryland by county and Baltimore City. Most counties have fewer veterans below the poverty level than the national average of 7.1 percent. The areas whose poverty-level figures meet or exceed the national average are: Washington (7.1 percent), Garrett (7.4 percent), Allegany (8.5 percent), and Baltimore City (the state's highest number, 14.1 percent). Calvert County has the smallest share of veterans living below the poverty level (2 percent). These suggest a significant amount of economic need in these parts of this region. Unfortunately, federal unemployment statistics do not adequately or accurately describe veteran unemployment at a local level, so it is difficult to assess how employment or underemployment factors into this problem.³³

FIGURE 18

Maryland Veterans Below Poverty Level by County



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

HOMELESSNESS

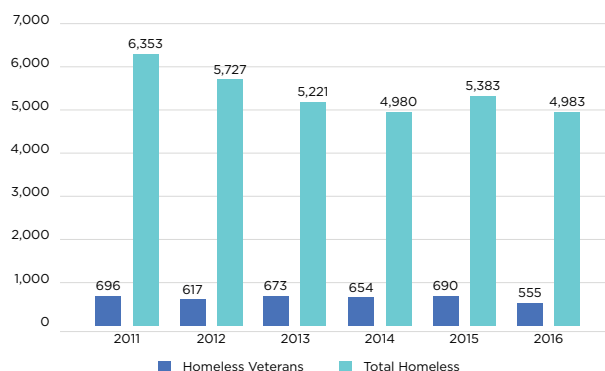
Figure 19 shows the numbers of homeless people and homeless veterans in Maryland. Both the state's total homeless population and its veteran homeless population have decreased since 2011. However, the trends were not steady over the five-year period. For the homeless veteran population, the most significant decrease was between 2011 and 2012, when the population dropped from 696 to 617. The number then rose to 673 in 2013 and to 690 in 2015. Improvement came again in 2016, when the population was recorded at 555. The inconsistency of the homeless population, both total and veteran, is difficult to explain, given that state unemployment rates dropped steadily during this five-year period.³⁴ One possible explanation for the 2015–2016 difference is a bureaucratic change in data gathering, as HUD changed its definition of a “chronically homeless person”³⁵ in 2015. According to the Maryland’s Interagency Council on Homelessness “2016 Annual Report on Homelessness,” the new definition resulted in significantly lower homelessness numbers in 2016.

Baltimore follows a similar trend in its homeless veteran and total homeless populations, with the population initially dropping, increasing, and then finally dropping in 2016.³⁶ The trend for the veteran homeless population seems independent of that of the total homeless population. While numbers did steadily drop, like those of the total homeless population, from 2011 to 2014, the veteran homeless population spiked in 2015 at 373, after federal funding from HUD for Baltimore city dropped between 2015 and 2016.³⁷

DISABILITY STATUS

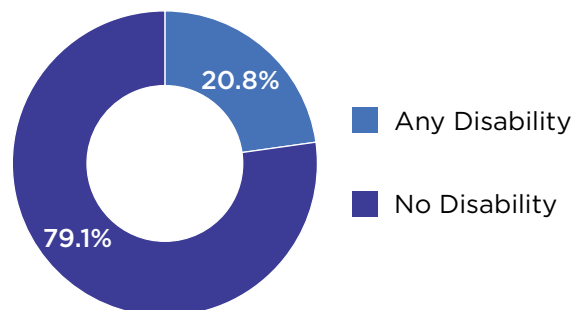
Figure 20 displays the disability status breakdown for Maryland veterans: 22 percent of veterans in Maryland have some disability status. This figure is lower than the national average, of 28 percent.

FIGURE 19
Maryland Veterans and Total Homeless Population, 2011–2016



Source: Department of Housing and Urban Development Point-in-Time Estimates by Continuum of Care, 2007–2016, <https://www.hudexchange.info/resource/5178/2016-ahar-part-1-pit-estimates-of-homelessness/>.

FIGURE 20
Maryland Veterans by Disability Status



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

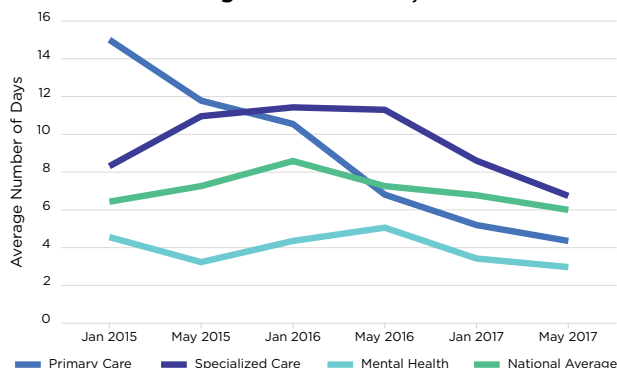
HEALTH

Health-care expenditures for veterans are the highest in Baltimore City and Cecil County, likely due to the location of the VA medical centers in downtown Baltimore and Perry Point. There appears to be little correlation between the status of a county as rural or urban and its health care costs or utilization rates. The VA appears to recognize the challenges facing veterans on the Eastern Shore in receiving care; it has attempted to use telehealth resources as a stopgap, with a reported 66 veterans in the Eastern Shore area using technologies to send information to medical professionals and be treated at home.³⁸

Whereas the average rate of veterans with disability in Maryland is 21.5 percent, slightly below the national rate of 27.7 percent, several rural counties show higher than average rates of disability among veterans. Western Maryland's Allegany County has an average disability rate of 32.5 percent among veterans, while the Eastern Shore's Dorchester and Somerset Counties average 31 percent and 30.4 percent, respectively.

Figure 21 shows the wait times in days for various types of health care at the Baltimore, Maryland VA hospital, along with the average national wait time for all health care, from January 2015 to May 2017. Overall, the Baltimore metropolitan area wait times decreased during that period. Of the three offered health care types, primary care wait times decreased the most; starting at an average of 15 days in January 2015, they averaged 4.2 days in May 2017. However, this improvement arrived only after the figure hovered at a near-12.0-day wait average from June 2015 to June 2016. Through January 2015, mental healthcare wait times remained consistently below the national average, fluctuating nowhere higher than the average of 5.1 days in June 2016.

FIGURE 21
Baltimore Area Average VA Wait Times, 2015-2017



Source: U.S. Department of Veterans Affairs Veterans Health Administration, "Patient Access Data," January 2015-May 2017, <https://www.va.gov/health/access-audit.asp>.

Regional Observations

RURAL VETERANS

Rural veterans face a heavier burden than some in accessing medical care, because the main VA hospitals and facilities tend to cluster around population sectors. One issue noted for veterans on the Eastern Shore is the necessity of travel to Baltimore to undergo certain procedures, even those as routine as bloodwork. Whereas veterans in the greater Baltimore area benefit from its large VA hospital and relatively short wait times for care, for those farther away, the distance highlights the importance of access to consistent transportation. Rural veterans also may struggle to find the time to travel while balancing other responsibilities, such as child care or employment. This time factor adds an economic component to their spatial removal from much of the VA care system and can make routine follow-up for such issues as mental health care an undue burden. Rural veterans may also face similar issues in terms of employment, with fewer options in less densely populated areas.

BALTIMORE-SPECIFIC VETERAN CHALLENGES

Certain issues identified were unique to Baltimore City veterans. They include:

Demographic decline in the City of Baltimore

Figure 22 shows Baltimore City's population and average income (in fiscal year 2017 dollars) during the period from 1950 to 2016. One factor particular to the greater Baltimore community is the city's significant population decrease in the late 20th century, approximately 30 percent from 1950 to 2000.³⁹ The population decline coincided with a significant loss of working-class job opportunities, especially in manufacturing, a sector

FIGURE 22
Baltimore City Population and Median Income, 1950-2017



Source: Compiled from U.S. Census Bureau data, 1950-2010; 2016.

that shrank by 75 percent over the same time period.⁴⁰ Throughout this period, the African American population largely remained constant in number, and higher in percentage, in the city proper while “white flight” to the suburbs contributed to the further segregation of neighborhoods by ethnicity and economic outcomes.⁴¹ Income levels in Baltimore remain lower than in the surrounding areas, and unemployment is higher, particularly among African American men compared with white men in the region.⁴² In recent years the city’s population has begun to increase again slowly, with former Mayor Stephanie Rawlings-Blake attempting unsuccessfully to add 10,000 families to Baltimore by 2020.⁴³ However, the Maryland Department of Planning estimates population growth will occur more gradually, with the city unlikely to exceed 650,000 residents prior to 2030.⁴⁴

One factor particular to the greater Baltimore community is the city’s significant population decrease in the late 20th century, approximately 30 percent from 1950 to 2000.

Lack of coordination across county lines

Another factor to consider within the greater Baltimore region is the separation of veterans’ services along political divisions. Both Baltimore City and Baltimore County offer services to their respective veteran communities separately. To a certain extent, this system parallels the VA structure, which assigns veteran service officers by counties, but in this case it may promote unnecessary duplication of effort and create demarcations where collaboration might be fostered. Baltimore County has more economic resources and a robust collaborative network that integrates public, private, and nonprofit entities in its work for the veteran community that could serve as a model for recent efforts in Baltimore City to convene local stakeholders and improve its services.

Distribution of need at the neighborhood level

Unlike some metropolitan areas, in which there are clear demarcations in wealth between larger sectors of the city, Baltimore is host to wealth fluctuations that occur neighborhood by neighborhood. This state of affairs makes it much more challenging to allocate resources to impoverished or underserved areas. One phenomenon often described by service providers is the visible income

inequality that becomes apparent to anyone walking a block or two in any direction within the city’s residential areas. Challenges arise when resources are spread thinly across many different neighborhoods or only one particular area is supported by any individual initiative. Though many veteran advocates support the concept of a “one-stop” office that provides access to myriad resources, such an initiative in a city like Baltimore might not be able to serve the disparate population centers adequately, because there isn’t one area, or a few concentrations, of low-income veterans.

Veterans in Northeastern Pennsylvania

Background

The state of Pennsylvania has a total adult population of approximately 10.1 million, 1.1 million of whom reside within the 14 Northeastern Pennsylvania counties included in the scope of this assessment. Of this number, approximately 109,564 are veterans. The veteran population within these counties ranges from 8.4 percent, in Columbia County, to 14.4 percent, in Sullivan County. On average, Northeastern Pennsylvania has an average veteran population density of 10.8 percent, which is above the national average.⁴⁵ Although the region's high percentages of veterans per capita would suggest otherwise, there is no significant active-duty military presence there apart from an Army depot in Tobyhanna.⁴⁶ Also, though local unemployment data for veterans in this area

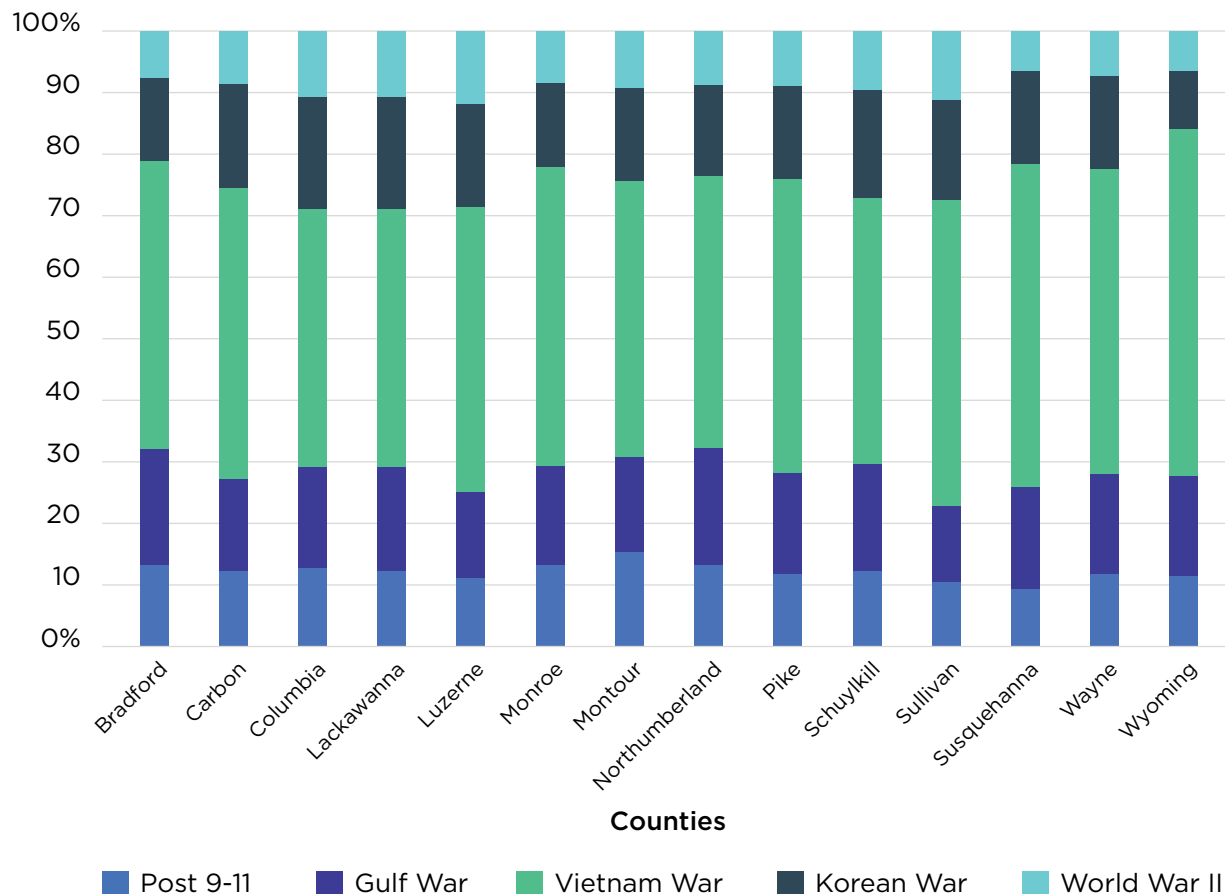
is not available, the BLS shows unemployment in August 2017 ranging from 4.4 percent in Wayne County to 6.0 percent in Pike County.⁴⁷

In 2016, the VA spent \$684 million in the northeastern region of Pennsylvania, amounting to about \$6,160 per veteran.

Demographics

Figure 23 displays the veteran population for the 14 Northeastern Pennsylvania counties broken down by period of service. For each county, the largest period-of-service cohort is from the Vietnam War era, with Wyoming County possessing a particularly large population. Though there is some variation, the proportional representation of each period of service is roughly equivalent between counties.

FIGURE 23
Northeastern Pennsylvania Veteran Population by Period of Service



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

GENDER

Figure 24 displays the gender of the veteran population in Northeastern Pennsylvania: 94.8 percent male and 5.2 percent female. The percentage of female veterans is below the national average of 7.9 percent and is the smallest percentage of the regions examined in this report.

AGE

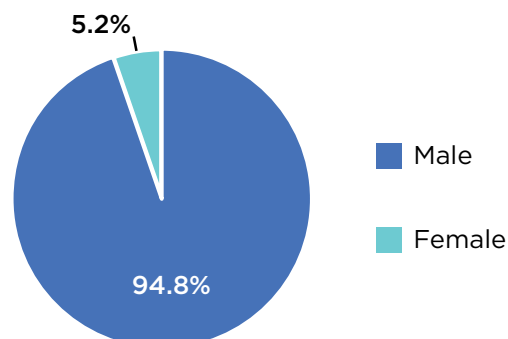
Figure 25 displays the age brackets of the veteran and nonveteran adult population in Northeastern Pennsylvania. The majority of the nonveteran population falls into the youngest age brackets, covering ages 18 to 54. The smallest nonveteran age bracket is 75 and older (8.7 percent), while the smallest veteran age bracket is 18 to 35 (5.8 percent). The veteran population for this area is older than the nonveteran population: veterans are more likely to fall in older age brackets (55 and older) than younger (18 through 54).

ETHNICITY

Figure 26 shows the breakdown of the veteran population in the Northeastern Pennsylvania by ethnicity. The veteran population is overwhelmingly (96.5 percent) white, while the nonveteran population is 91.9 percent white. Among veterans, the next largest ethnicities are African American and Hispanic (2.1 percent each). The nonveteran population is more racially diverse than the veteran population, which is also less diverse than veterans nationwide.

FIGURE 24

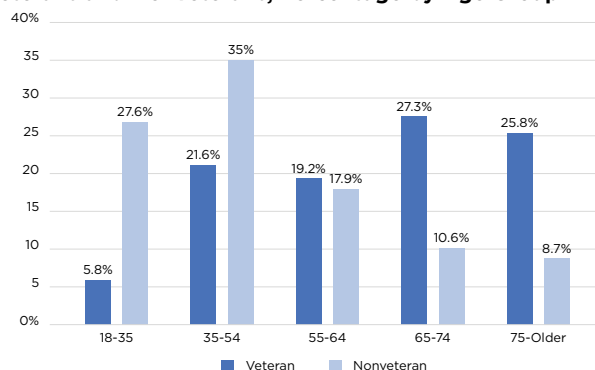
Northeastern Pennsylvania Veterans by Gender



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 25

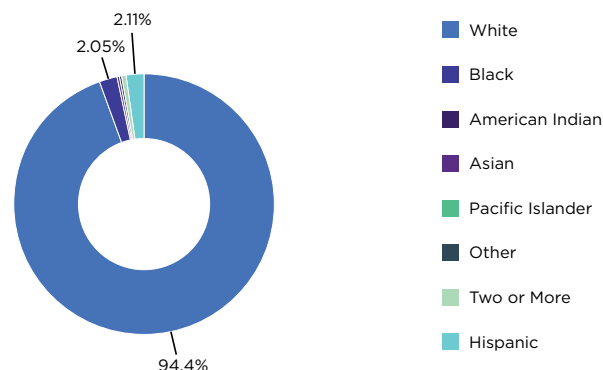
Veterans and Nonveterans, Percentage by Age Group



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 26

Northeastern Pennsylvania Veterans by Ethnicity



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015. Does not include Hispanic/Latino (2.1%), which is calculated separately.

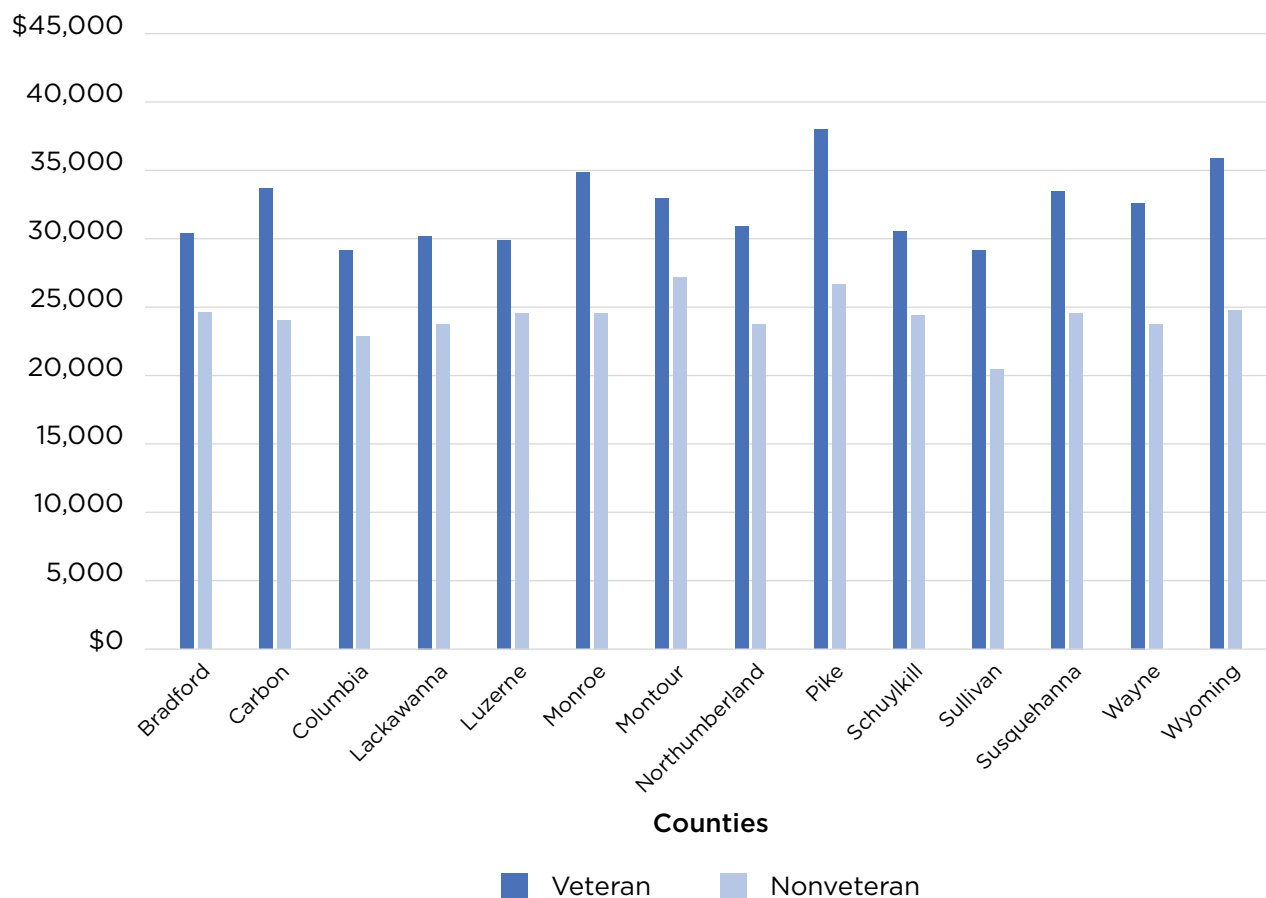
MEDIAN INCOME

Figure 27 shows the median income of the 14 Pennsylvania counties included within the scope of this assessment. Average income for veterans ranges from \$28,836, in Sullivan County, to \$38,106, in Pike County; average income for nonveterans ranges from \$20,425, in Sullivan County, to \$26,727, in Montour County. The highest median income for nonveterans (Montour) falls short of the lowest median income for veterans (in Sullivan). The counties with the greatest disparity between veteran and nonveteran incomes (where veterans make over \$11,000, on average, more than nonveterans) are Wyoming and Pike.

EDUCATIONAL ATTAINMENT

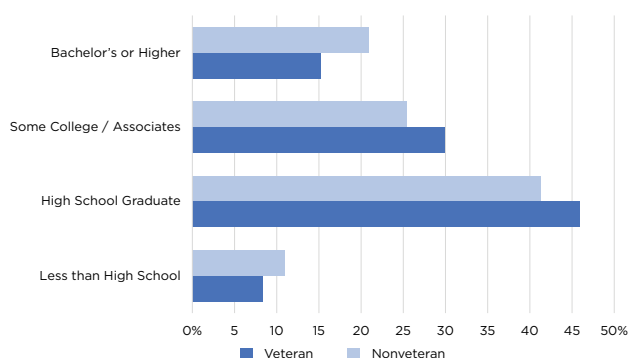
Figure 28 displays the education attainment of Northeastern Pennsylvania veterans and nonveterans. The smallest cohort of veterans (8.7 percent) have not finished high school, while the largest cohort (46.0 percent) are high school graduates. The smallest groups of both veterans and nonveterans (11.4 percent) have not completed high school, while the largest groups of both veterans and nonveterans (41.6 percent) have high school diplomas as their highest academic credential. This region has greater proportions of both veteran and nonveteran populations whose highest level of education is a high school diploma compared with the national average and with those of the other regions included in this assessment.

FIGURE 27
Northeastern Pennsylvania Median Income,
Veterans and Nonveterans



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 28
**Northeastern Pennsylvania Educational Attainment,
 Veterans and Nonveterans**

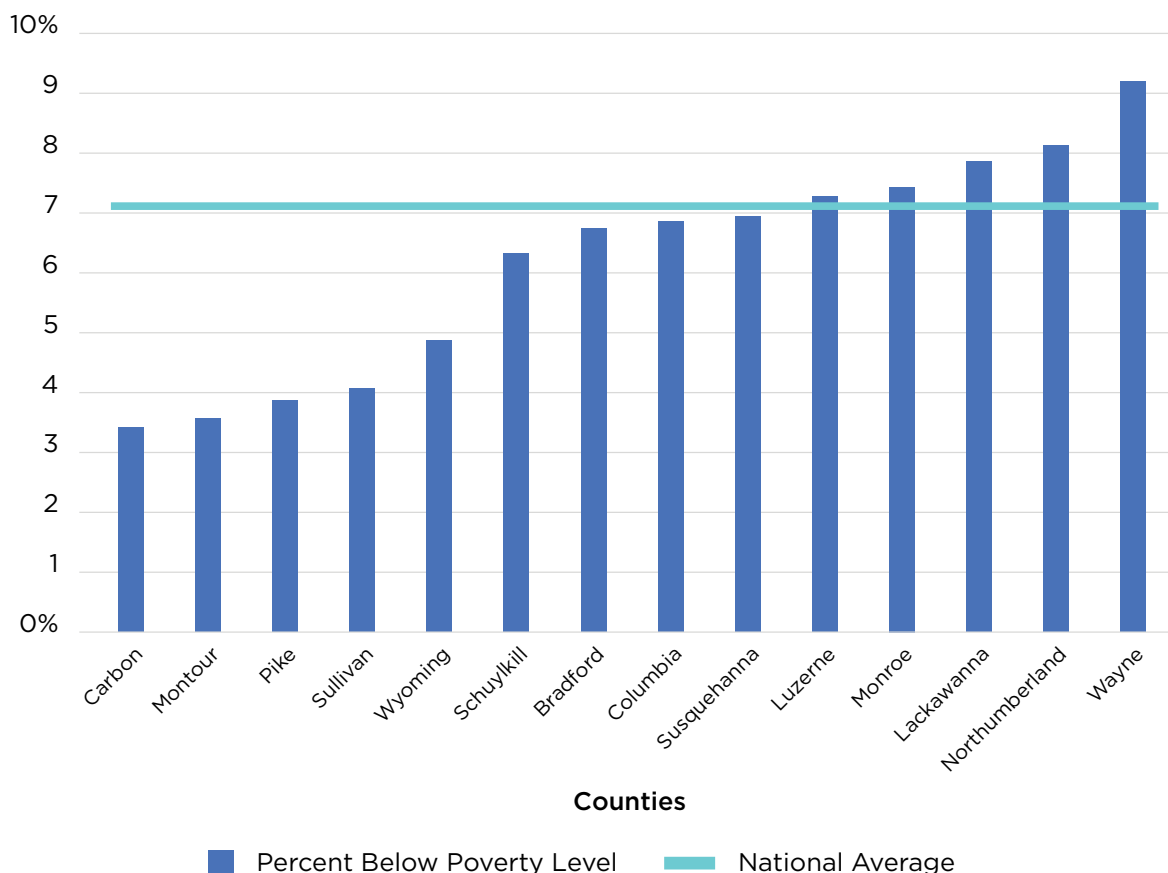


Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

POVERTY LEVEL

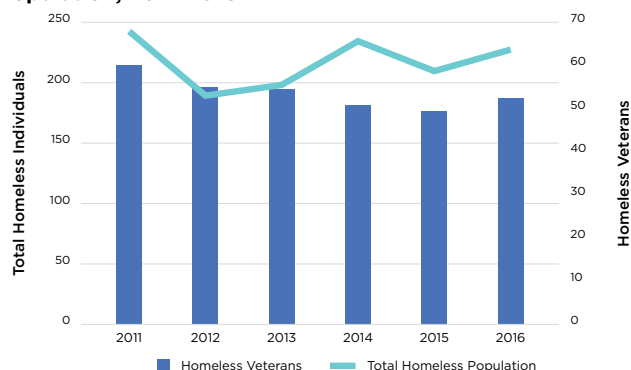
Figure 29 displays the percentage of the veteran population living below the poverty level in Northeastern Pennsylvania by county. Roughly half of the counties included in this assessment have fewer veterans below the poverty level than the national average of 7.1 percent. The counties whose poverty-level figures meet or exceed the national average are: Luzerne (7.3 percent), Monroe (7.4 percent), Lackawanna (7.9 percent), Northumberland (8.1 percent) and Wayne (9.2 percent). Carbon County has the smallest share of veterans living below the poverty level, at 3.5 percent. Clearly, economic activity in the region plays a role in affecting the fortunes of veterans. However, federal unemployment statistics do not adequately or accurately describe veteran unemployment at a local level, so it is difficult to assess the extent to which employment plays a role in poverty within this region.⁴⁸

FIGURE 29
**Northeast Pennsylvania Veterans With Annual Incomes
 Below the Poverty Level, by County**



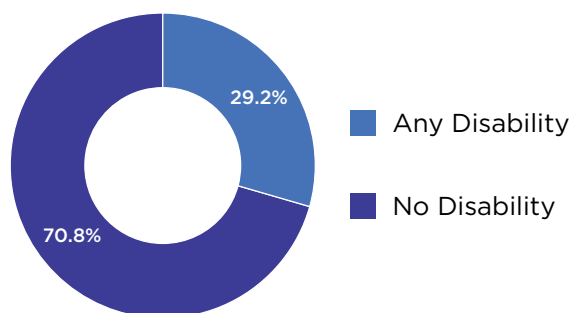
Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 30
Northeastern Pennsylvania Veteran and Total Homeless Population, 2011–2016



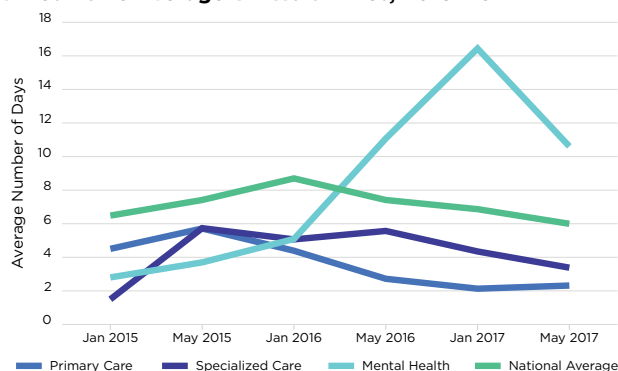
Source: Department of Housing and Urban Development Point-in-Time Estimates by Continuum of Care, 2007–2016, <https://www.hudexchange.info/resource/5178/2016-ahar-part-1-pit-estimates-of-homelessness/>.

FIGURE 31
Northeastern Pennsylvania Veteran by Disability Status



Source: U.S. Census Bureau American Community Survey 5-Year Estimates for 2015.

FIGURE 32
Wilkes-Barre Average VA Wait Times, 2015–2017



Source: U.S. Department of Veterans Affairs Veterans Health Administration, “Patient Access Data,” January 2015–May 2017.

HOMELESSNESS

Figure 30 shows the numbers of homeless people overall and homeless veterans in Northeastern Pennsylvania. The trend in homelessness among the veteran population versus the total population is unusual among the areas studied in this assessment. From 2011 to 2015, the veteran homeless population had a steady decline, starting with 60 and ending with 49. Numbers reported in 2016 showed a slight increase in the homeless veteran population, to 52. The total homeless population, however, fluctuated multiple times over the years. After a decrease from 238 to 186 from 2011 to 2012, the numbers rose in 2014, to 232. There was a slight improvement in 2015, with the figure dropping to 217, but again, there was an increase in 2016, to 225. These increases from 2015 to 2016 are unusual, given the 2015 change in HUD’s definition of “chronically homeless people.”

DISABILITY STATUS

Figure 31 displays the disability status for Northeastern Pennsylvania veterans. Approximately 29.2 percent of veterans have a disability, while the remaining 70.8 percent have no disability. There are slightly more disabled veterans in this region than the national average of 27.7 percent disabled.

HEALTH

Figure 32 shows the wait times in days for various types of health care at VA facilities in the Scranton–Wilkes-Barre–Hazleton metropolitan statistical area, along with the average national wait time for all health care, from January 2015 to May 2017. The average VA facility wait times in the Wilkes-Barre area vary by type of offered care. From January 2015 to May 2017, both primary care and specialized care trended below the national average. Primary care had a steady decline in wait times after June 2015 and maintained an average of two days starting in late 2016. Specialized care waits also fell, from an average of 6.0 days in June 2015 to slightly below 4 days in May 2017. Mental health care wait times began trending above the national average in March 2016. Steadily increasing since January 2015, they spiked a year later, with the peak number in January 2017, at 16.9 days. Although the figures declined after that, mental health care wait times in the Wilkes-Barre area remained nearly twice the national average for all types of care, at 10.9 days waiting, as of May 2017.

Regional Observations

DISCONNECT BETWEEN INTENT AND EXECUTION

Consistent themes across organizations and stakeholders in the Northeastern Pennsylvania region center on the high concentration of veterans and community pride in military service. There are a number of grass-roots nonprofits operating in the region, as well as a robust infrastructure of VSOs such as the American Legion and Veterans of Foreign Wars, reflective of the preferences of older cohorts of veterans, the plurality of whom in the region served during the Vietnam era. The network of VSOs that exists relies primarily on an email list and monthly meetings, where they can discuss issues in person. Small grass-roots organizations may struggle to compete with larger national organizations to gain the funding necessary to achieve their aims, particularly with challenges such as grant writing. There have been concerns raised by a number of local stakeholders about predatory nonprofits, with Pennsylvania ill-equipped to monitor and shut down such organizations. Though there is a high awareness of military service in the region, it has not yet supplied a robust suite of tools adapted to addressing the needs of local veterans.

VULNERABLE MINORITIES

Northeastern Pennsylvania's lack of population diversity and the scattershot nature of its VSOs and their specific missions suggest that there may be gaps in resources for several at-risk groups of veterans, in particular women, LGBT veterans, and veterans who may be struggling—but not enough for the most intensive resources to become available. With service providers' limited resources, veterans in crisis tend to be the providers' priority, with veterans merely on the cusp of crisis potentially struggling to find help. Transitional housing has been cited as an area of high need, to help veterans as they attempt to secure a first job or build up enough savings to be able to make rent payments consistently. Similarly, an emergency fund to help with pop-up expenses such as car repairs (so that vets can make it to work) and thus keep veterans from spiraling into emergency situations could be a significant aid to many veterans in the area.

EFFECTS OF THE RECESSION

Economically, the region suffered significantly during the recent nationwide recession, and though it has begun recovering, it is doing so more slowly than many other local economies.⁴⁹ As of June 2017, the unemployment rate for the region had dropped to 5.9 percent from a high of 6.7 percent in July 2016.⁵⁰ Unlike veterans in the other

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regions in this assessment, veterans in Northeastern Pennsylvania are not outperforming their nonveteran peers economically; their wages are generally comparable, sometimes lower. Though one of the fastest growing 89 metro regions in the United States by population, Scranton ranks among the lowest in job growth.⁵¹ In Columbia, Susquehanna, Luzerne, Monroe, Lackawanna, Northumberland, and Wayne Counties, the percentage of veterans below the poverty level is at or above the national average. The veteran disability-compensation utilization rate in the area is also higher than the national average, suggesting that disabled veterans may struggle economically and that disability compensation may be a stopgap measure for those lacking employment.

Conclusion

The range of issues facing veterans in the Washington, DC, Maryland, and Northeastern Pennsylvania regions presents a number of opportunities for investment. Unifying themes across the region include challenges in addressing the needs of older veterans (specifically Vietnam-era veterans), the needs of female veterans, and the need for more transitional housing for the homeless veteran population (particularly in urban areas). These areas of need suggest a more targeted approach to intervention and action by public, private, and nonprofit organizations in the region. Instead of building programs to serve all veterans equally, new programs should be tailored to existing and projected areas of need, to help those veterans who need support and assistance the most.

The issues facing veterans in the Washington, DC, Northeastern Pennsylvania, Greater Baltimore, and overall Maryland communities are generally reflective of broader national trends facing veterans. Just as workers are facing dislocation, unemployment and economic distress as the result of trade, automation and a changing economy, so too are veterans. The data shows that while veterans largely outperform their peers economically, there are several areas where targeted resources or interventions could have significant impact.

For example, educational counseling on the benefits of the G.I. Bill may enable veterans to close the gap with civilians with respect to bachelor's degree attainment. An increase in educational attainment can serve to increase median income and decrease the percentage of veterans below the poverty level. In addition, more specific local data—especially local employment surveys of veterans, conducted by county or city governments—would assist in better targeting these investments where resources are most needed. Programs that help veterans leverage their educational benefits to mitigate economic shocks caused by trade or automation could also be valuable within the region.

There are subgroups within the veteran population that may struggle to receive the appropriate levels of assistance and resources, particularly women and those who are on the cusp of crisis but are not in dire enough situations to qualify for the most intensive resources. Despite the myriad VSOs operating at both the national and local levels, there are still gaps in areas such as transitional housing and emergency financial support. Prioritizing for those most in need can make allocation of resources for others difficult, but further efforts in this area could be a wise long-term investment, reducing the numbers of veterans who hit crisis points and then require much more intensive help.

In this region, generating the infrastructure to support aging veteran populations over the long term through capital investment and streamlining resource delivery can provide both long-term and short-term dividends for veterans across all cohorts, past, present, and future. There appeared to be little connective tissue binding together public, private, and nonprofit organizations in a horizontal sense, nor connecting public sector organizations vertically between the federal, state and local levels. This is a general problem across the veterans sector, and one that is increasingly being addressed at a local level by a number of local collaboratives and “collective impact” efforts.⁵² The three main micro-regions covered by this assessment – the Washington, DC, metropolitan area, the Baltimore metropolitan area, and the communities of Northeast Pennsylvania – would each benefit in different ways from better infrastructure to support communication, coordination and collaboration among veteran-serving organizations. As an initial step, such collaboration might include regular meetings and coordination of resources. More advanced forms of collaboration could eventually include informal or formal case management and referral networks, technological infrastructure, or strategic partnerships between organizations. Because such collaborative activity sits outside the statutory mandate and funding of government, the impetus and funding for this infrastructure will likely need to come from the private or philanthropic sectors.

Endnotes

1. Population data reflects a synthesis of multiple data sources, including the U.S. Department of Veterans Affairs, Veterans Population (“VetPop”) 2014 projection and the U.S. Census Bureau, 2011–2015 American Community Survey 5-Year Estimates.
2. For the Maryland assessment, there was a particular focus on Baltimore City and Baltimore County. For the District of Columbia, where applicable, the assessment includes data from neighboring Virginia and Maryland continua of care. The Northeastern Pennsylvania assessment was defined by 14 counties: Bradford County, Carbon County, Columbia County, Lackawanna County, Luzerne County, Monroe County, Montour County, Northumberland County, Pike County, Schuylkill County, Sullivan County, Susquehanna County, Wayne County, and Wyoming County.
3. Veteran population estimate taken from U.S. Department of Veterans Affairs, VetPop, 2014 projection for 2016, https://www.va.gov/vetdata/veteran_population.asp; non-veteran population estimates from U.S. Census Bureau, 2016 estimates.
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7. This is the fourth in a series of regional veteran needs assessments conducted by the Center for a New American Security as part of its work to inform veteran-focused policy and practice with research. See Phillip Carter and Katherine Kidder, “Needs Assessment: Veterans in the Western U.S.” (Center for a New American Security, December 2013); Philip Carter and Katherine Kidder, “Needs Assessment: Veterans in Southwest Pennsylvania” (Center for a New American Security, November 2015); and Katherine Kidder, Amy Schafer, and Phillip Carter, “Needs Assessment: Veterans in the Dallas-Fort Worth Region” (Center for a New American Security, March 2016).
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15. All figures derived from the U.S. Census Bureau’s American Community Survey (ACS) data utilized the American FactFinder Advanced Search Tool (<https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>) using county-level, 5-year estimate veteran status parameters.
16. These federal unemployment statistics include the Department of Labor’s Bureau of Labor Statistics (BLS) monthly survey, and the U.S. Census Bureau’s American Community Survey (ACS). These two surveys do capture data on veteran unemployment. However, the sample size for the monthly BLS survey does not permit local analysis, and the methodology (including both the sample size and rolling average structure) of the ACS data does not permit reliable local analysis either.
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