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Veteran Homelessness: Examining the Values of Social Justice Guiding Policy

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Abstract

Utilizing a social justice framework, a comparative analysis determined which social justice values and philosophies most effectively guide policies that address the social problem of veteran homelessness. First, we explore the United States' policy approach addressing veterans who are homeless across various historical eras. This is followed by an international comparison examining the current policies of Australia, the United Kingdom, and Italy in addressing homelessness among veterans. We found that policies among these countries are still anchored in a reality that no longer exists for them—that of mandatory service for all adult males. United States' current policy is alone (among those studied) anchored in the existing reality of an all-volunteer force, enabling the country to adopt policies strongly guided by notions of a right to housing. It is such policies, primarily guided by the notion of rights, which effectively address the social problem of veteran homelessness.

Keywords: veteran homelessness, veteran policy, social justice

Introduction

The United States (U.S.) Department of Veterans Affairs (DOVA) is entrusted with the development of programs and policies to provide care for over 20 million veterans of the U.S. armed forces who have served honorably. The difficulty in transitioning from active military to civilian society can, and does all too often, result in veterans living on the street or in shelters. *Opening Doors: A Federal Strategic Plan to Prevent and End Homelessness* (2015) evolved from the U.S. Interagency Council on Homelessness (USICH), and set forth four primary goals, the first of which is to "Prevent and end homelessness among Veterans in 2015" (p. 11).

However, current policy approaches have fallen short of achieving this lofty goal. Clearly new policies are needed. We seek to inform advocacy efforts aimed at confronting the serious social problem of homelessness among veterans. However, we do not take the typical route of seeking to accomplish this goal, by offering a detailed analysis of current policy in order extol the strengths and point out areas for improvement; the section describing current U.S. policy does not contain an exhaustive list of current DOVA policies. Rather, we take a broad, conceptual examination of social justice values to determine which are best suited to guide policy when addressing the social problem of veteran homelessness. We hope to provide a platform upon which advocates may not only see areas on how to improve current policy, but also to view the best route for shaping and forming new policies to address this social problem.

After a brief examination of the extent of veteran homelessness as a social problem, we utilize a social justice framework inspired by the work of Barusch (2006) to conduct a comparative analysis of homeless policy during various U.S. historical eras and among three selected countries. This framework seeks to define the philosophical foundation guiding policy in each of the historical eras and among the various countries examined by describing the following two items: the dominant social justice value (just deserts, need, or rights), combined with the philosophy (oligarchy, libertarianism,

liberalism, or socialism) guiding the distribution of benefits. Then, by examining the effectiveness of the policies from each era and country, our comparison shares data to address the following research question: what is the most effective philosophical foundation for guiding policies seeking to address the social problem of veteran homelessness? As this question will yield a response in the form of a philosophical approach rather than specific policy recommendations, the conclusions will be applicable to any country experiencing the social problem of veteran homelessness.

The Problem of Veteran Homelessness in the U.S.

According to the U.S. Census, in 2015 an estimated 47,725 veterans who served their country honorably continue to live in a homeless situation. This represents 8.45% of the overall homeless population of the U.S., a slight overrepresentation of veterans among the homeless. To understand the problem of veteran homelessness, it is vital to have a clear definition of what homelessness means. The official federal definition of “homeless” in the U.S. Code (Office of the Law Revision Counsel, 2017) lists two categories of homelessness:

- 1) an individual who lacks a fixed, regular, and adequate nighttime residence;
- and 2) an individual who has a primary nighttime residence that is—A) a supervised, publicly or privately operated shelter, designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); B) an institution that provides a temporary residence for individuals intended to be institutionalized; or C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (Title 7/Chapter 51/§ 2012 l)

Statistics on homeless individuals and families are determined by the U.S. Department of Housing and Urban Development (HUD) using a point-in-time (PIT) count on a single night in January each year. Substance abuse and mental health disorders represent the strongest risk factors contributing to homelessness. These are followed by income related factors such as family-of-origin from a low socioeconomic status, no access to affordable housing, and a lack of employment that provides a living wage (Tsai & Rosenheck, 2015). For those who experienced combat, ills acquired due to their combat experience—such as traumatic brain injury (TBI); post-traumatic stress disorder (PTSD); military sexual trauma (MST); and limited skills that transfer from their military training into the civilian workplace—add additional barriers to veterans’ ability to secure a permanent residence.

Money by itself is not the primary issue, as the DOVA’s budget, \$167 billion for FY2016 and \$182 billion for FY 2017, is second only to the Department of Defense in the U.S. Within the DOVA’s budget, \$1.4 billion is devoted for programs aimed at homeless veterans through housing vouchers, funding to directly decrease the claims backlog of over six-hundred-thousand cases as reported in 2013, and to ensure the timeliness of claim processing going forward (Shane, 2015). Thus, the U.S. government has demonstrated the commitment to allocate significant funds to address this social problem, yet despite this commitment, thousands of U.S. veterans remain homeless.

Methodology

We offer a comparative analysis employing a social justice framework in order to compare the philosophical foundation guiding policy concerning veteran homelessness. We extend this comparison across various U. S. historical eras and across three selected countries. The U.S. historical eras are examined in order to see if we have anything to learn from in our past—both in terms of what can be improved upon with current policy, as well as in terms of avoiding approaches that have proven less fruitful. As we are examining the social justice values and philosophy guiding policy, the meaning attributed to these values and philosophies does not change over time. Thus, while specific past policy provisions may no longer be relevant in today’s society, the values and

philosophy drawn upon to pursue such policies can speak to concerns of today. A comparison is sought across countries to gather insights from different approaches employed to combat veteran homelessness.

The comparative method employs two primary features in its investigation of truth claims. The first is triangulation. Triangulation involves locating at least three sources, all of which point to the same truth claim. It is employed in this analysis to define each of the historical eras and the present era of policy in each of the countries examined. First, triangulation is sought by providing at least three policies as examples illustrating the particular social justice framework guiding policy for a specific era: historical or current era in another country. Examined historical eras were not predetermined, but rather, arose from the analysis based on their alignment to a particular social justice framework. Each new historical era is marked by a specific policy that breaks from the previous framework and reflects a new set of values and/or philosophy beginning to shape policy. Triangulation on another level is employed in buttressing the truth claim being offered: This occurs through efforts at including policies from across the various branches of government (legislative, executive, judicial) to illustrate the widespread application and embrace of the particular values/philosophy at work throughout the government during the era examined.

The second feature of a comparative analysis employed in this investigation is the purposeful selection of an outlier. When a comparative analysis involves the selection of items to be compared—which is the case in our selection of three countries (Australia, United Kingdom, Italy)—in addition to choosing similar cases (Australia and United Kingdom) in order to bring out finer nuances of difference, with the item being compared (current U.S. policy), an outlier is chosen (Italy) in order to draw a strong contrast and thus question difference at a more fundamental level.

Social Justice Policy Analysis Framework

The social justice framework employed in this analysis consists of two layers: 1) the primary value of justice guiding social welfare policy; and 2) the political philosophy informing the government's responsibility in disbursement of benefits (or punishments).

Primary Value of Justice

Barusch (2006) identifies three broad, competing categories of value guiding policy: just deserts, need, and rights. One will always arise as the prominent value guiding social welfare policy. As many policies are quite intricate and address various aspects of the problem, it is possible that a second of these values will inform the policy, but it will always be in a supplementary role to the first. In addition, minor perturbations of a value can translate into quite different policies and outcomes; thus these values are further defined as follows.

Just deserts. Broadly speaking, just deserts takes the view that someone—due to his/her own actions or effort—deserves something from a third party. McLeod (1999) offers three ingredients that comprise a desert claim: the subject (i.e. recipient), the object (i.e. what is received), and the basis for receiving the object. As we are concerned with social welfare policy, the institution providing the object will always be the government. The object being received can be either positive or negative. Thus, social insurance programs in the U.S., such as old age pensions, are guided primarily by a just deserts value which involves receiving a benefit; the recipient *deserves* to be provided a monthly sum of money on the basis that one (or one's spouse) paid into the insurance program while working. Most criminal justice policies are guided primarily by a just deserts value, which involves receiving a punishment; for example, the recipient deserves to be sent to jail on the basis that one has committed a criminal act.

Need. In “The taxonomy of social need,” Bradshaw (1972) identifies four types of need: normative need, felt need, expressed need, and comparative need. A *normative need* is one in which experts determine the standard for determining need; thus, any program that involves a means test to qualify for benefits would fall into this category. A *felt need* is one that is perceived by the individual. This category of need does not inform social policy until it gets translated into the next category: an expressed need. An *expressed need* is when a felt need spurs action on the part of the individual to demand services. For example, homeless shelters and the services they provide result from individuals expressing their need for these services. A crisis hotline is another example. Lastly, a *comparative need* is when services are provided based on the characteristics of a population, regardless of whether or not the recipients are demanding the service. Many outreach programs fall into this category; for example, a needle exchange program for drug users to prevent the spread of HIV.

Rights. In social welfare policy, rights encapsulate the notion that the government has a responsibility to guarantee the service/benefit/condition that the recipient is seeking. Articulated by Wesley Hohfeld (1919), rights can be considered as taking one of two primary forms: privileges or claims. *Privileges* are rights involving a liberty to choose; you have a right to take an action because doing so does not violate any duty on your part. Licensing falls into this category—obtaining a license (e.g. driver’s or professional), grants one the right to freely engage in the licensed activity. *Claims* arise from contractual obligations, and thus in social welfare policy, are rights arising from the social contract between government and its citizens—for example, the right to free public education up to grade 12.

Political Philosophies Guiding Distribution

Social welfare policy involves disbursing some form of benefit or, as is the case for criminal justice, a punishment. Therefore, the third layer of this framework seeks to examine the main political philosophy guiding this disbursement. Taking our cue from Barush (2006), four such philosophies are considered: *libertarianism, liberalism, socialism, and oligarchy*. The use of these categories do not represent systems of governance as a whole, but rather, the philosophy guiding the administration of social justice in a particular policy.

Libertarianism offers the distributive principle: “from each according to his (sic) choice; to each according to his (sic) product” (Barusch, 2006, p. 11). When applied to social welfare policy, libertarian justice takes the form of “one reaps what one sows,” as well as promoting the standard of equality under the law. This makes it very amenable to policies guided by the value of just deserts (e.g. criminal justice policies) and policies guided by the value of rights when dealing with civil liberty.

Liberalism offers the distributive principle: “Economic liberty and political equality for all” (Barusch, 2006, p. 12). This approach follows John Rawls’ (1999) theory of justice. A key element of Rawls’ theory is the idea of a “social minimum”: that society develops a standard, below which, it would not allow its citizens to fall. In so doing, it seeks the redistribution of wealth and opportunity to favor the least advantaged. The concept of a social minimum makes this philosophy amenable to policies guided by the values of need and right, as well as a means to temper some of the harsher aspects of policies guided by just deserts.

Socialism offers the distributive principle: “From each according to his (sic) ability; to each according to his (sic) need” (Barusch, 2006, p. 15). Socialism takes the stance that it is the government’s responsibility to ensure the equal distribution of benefits and opportunities to all of its citizens. This makes it amenable to policies which treat social goods and services as rights (e.g. the right to health care).

Oligarchy offers the distributive principle: “from each according to his status; to each according to his status” (Barusch, 2006, p. 10). Status is viewed as a recognized characteristic defining group membership, and it is this group membership that determines eligibility for benefits or punishments (e.g. a hospital’s policy that only family members can visit a critically ill patient). An oligarchic approach is amenable to policies that seek to target a specific group within the population (e.g. affirmative action).

Comparative Historical Analysis

Our analysis identified four distinct social justice frameworks that have guided U.S. policy concerning veteran homelessness across various historical eras—from Colonial America to present day.

Veteran Homelessness Policy from Colonial America to 1810

In an era wherein resources were plentiful to create a home, homelessness was not an issue in colonial villages. The main welfare occurred when one became unable to properly maintain a home. Such persons were either given direct aid to make up any shortfall in labor or resources, or as last resort, were taken in by a family to live as a member in their household (Dybiczy, 2006). The Elizabethan (English) Poor Laws of 1601, as well as the medieval Christian tradition of caring for community members in need, provided guidance for the elected officials when seeking to care for the soldiers who had fought for the safety of the community (Dahlberg, 2012).

In 1636, Plymouth Colony enacted the first law that directly impacted soldiers wounded in battle in defense of their colony: “It is enacted by the Court that if any man shall be (sic) sent forth as a souldier and shall returne maimed hee shall be maintained competently by the Collonie during his life” (Shurtleff & Pulsifer, 1855/1968, p. 710, spelling original). With these simple words, Plymouth Colony ensured these soldiers the *right* to obtain public assistance and the local government took full responsibility for their care. Funding the care of veterans commonly occurred through the sale of community land (Shurtleff & Pulsifer, 1855/1968).

Other colonies followed suit. Passed in November 1678, *the Maryland Militia Law* ensured pensions to disabled soldiers as did Rhode Island in 1718 (Glasson, 1900). Rhode Island’s law provided for financial assistance as well as medical care for disabled soldiers who were unable to provide for themselves. Additionally, it set forth the source of the monies to be used for this purpose as coming from the general treasury. The laws ensured that any veteran of those battles be guaranteed an income should they be rendered disabled or infirmed, thus preventing these veterans from becoming indigent and homeless (Glasson, 1900). Such policies continued during the transition from colony to country. The first federal pension law was passed August 26, 1776, and set forth the specific benefit, “half pay for life or during disability” to those wounded and at risk for becoming indigent (Glasson, 1900).

Colonial care for homeless veterans and invalid soldiers follows the *socialist* model of disbursement as these community members were guaranteed housing. This was easy to do as resources were readily available and neighbors opened up their homes to those needing shelter. Subsequently, care for homeless veterans was driven by a *right* to housing stemming from community membership. In addition, their status as a wounded veteran granted them the *right* to be provided a livelihood from the public coffers, as they had lost the ability to provide for themselves in the defense of the community. This combination of rights and socialism was seemingly an effective approach to providing for the wounded and disabled soldiers. It is difficult to say how the tenability and effectiveness of this social justice framework would translate to guiding contemporary, social policy, due to the drastic difference in societal conditions; however, it remains an intriguing social justice framework to consider.

Veteran Homelessness Policy 1811-1936

During the next century and a half, the nation's circumstances changed due to the advent of industrialization, and the guiding principles of policy changed with it. During this time, the population grew and began to migrate into towns and then cities, thus changing the nature of housing from which the social problem of homelessness arose. During this era, the U.S. government built housing to address the need of homeless veterans; it also provided for the disbursement of pensions.

The development of domiciliary care and asylums, later referred to as homes, began in 1811 when Congress authorized funding for the U.S. Navy to construct a shelter to house its veterans. The U.S. Sailors' Home, part of the Navy Yard in Philadelphia, opened its doors in 1833 (Glasson, 1900). A similar facility was suggested for Army veterans, but lack of funding and interest prevented it from moving forward until March 1865, when President Lincoln signed into the law the legislation to build the National Asylum, later renamed the National Home for Disabled Volunteer Soldiers (Glasson, 1900). This housing was available exclusively to Union soldiers, regardless of ethnicity. Yet, as these consisted of a single facility to house veterans from all across the nation, this solution to addressing homelessness involved removing the veteran from the community to which they had previously belonged.

Thus, the main strategy to prevent homelessness among veterans returning to their communities was that of supplying the veteran with an adequate pension and relying upon the soldier to wisely spend it to secure housing. In 1832, the Bureau of Pensions was created to oversee veteran pensions (Glasson, 1900). In response to World War I, Congress passed the Vocational Rehabilitation Act of 1918, providing a financial allowance to disabled veterans who were unable to secure employment (Martin, 2014), thereby continuing policy of providing veterans direct aid as the means to address housing needs.

Upon conclusion of World War I, soldiers received \$60 and a train ticket home upon discharge; those with a disability faced a process of being assigned a disability rating to determine the financial assistance received (U. S. Department of Veterans Affairs, 2016). Shell shock was difficult to prove for the veterans resulting in denial of benefits, especially for minority veterans. Most did not attempt to re-file. A disorganized governmental approach paired with a poor understanding of mental illness, proved to be a highly ineffective method of dealing with those at the highest risk of homeless. Consequently, the burden for the care of impoverished veterans fell heavily upon private charitable organizations in the community. The demand on these charities increased during the severe recession of 1920-21 and again after the onset of the Great Depression (Lazada, 2016).

Veteran homeless policies of this era were guided by the principles of *just deserts* supplemented by *normative need*. This normative need—based upon an inadequate definition of disability—failed to account for mental illness, causing many veterans in need of extra assistance beyond a pension to be left out in the cold and reliant upon private charity for housing assistance. The principle of using direct monetary relief (through special remuneration for the disabled and through pensions for all veterans) to address the problem of homelessness, followed a just deserts principle as the securing of housing relied upon the wisdom of the disabled veteran to budget properly, and for the veteran receiving a pension to supplement it by securing employment. Similarly aligned with the government's *laissez-faire* approach to economic matters of this era, these policies of providing direct relief were guided by *libertarianism*, as they granted complete freedom and responsibility to the veteran in securing adequate housing.

Veteran Homelessness Policy 1937-1985

In 1932 on the heels of the Great Depression, a group of World War I veterans marched on Washington, D.C. and occupied national monuments and parks; their numbers grew close to 20,000.

Dubbing themselves “the bonus army,” they were protesting the delay in the payment of bonuses due to them in recognition of their service in World War I (Dickson and Allen, 2004). Their protest shone a spotlight on the various economic and social problems experienced by veterans upon their demobilization, and helped usher in a new era of policy concerning veteran issues: an era in which the Federal government began assuming a greater responsibility for addressing them and one in which the *rights* of veterans were once again given some consideration when crafting policy.

In 1937, the *U.S. Housing Act* was enacted to assist those left homeless or at risk by the depression (Roisman, 2005). The act created an entity to oversee the construction, population, and maintenance of public housing units designed to provide relief to the elderly and disabled through providing decent, safe, and sanitary housing for low-income families. While not solely targeting disabled veterans, they would easily have been considered part of the eligible populations.

Taking their lesson from the economic hardship and social dislocation faced by the World War I veterans after demobilization, Congress crafted the *GI Bill of Rights* (formally called the *Servicemen’s Readjustment Act of 1944*) in order to avoid similar economic and social problems as troops demobilized after World War II. The multi-faceted legislation overcame significant resistance to become law on June 13, 1944 (U.S. Department of Veterans Affairs, 2016). The act instituted a package of benefits designed to have a long-term positive impact on the U.S. economy through educational provisions, home loans, and unemployment payments (U.S. Department of Veterans Affairs, 2016).

The *Department of Housing and Urban Development Act of 1965* (LBJ Presidential Library, 2016) created the cabinet-level agency of Housing and Urban Development to direct efforts at providing affordable housing for those who meet the income criteria. The Section 8 tenant-based certificate (Bratt, 1997), designed to increase a low-income tenant’s choice of housing, was started and funded by Congress in 1974. This program would become a significant element in the care of homeless veterans. 1984 brought an update to the original GI Bill, renamed the *Montgomery GI Bill* (U.S. Department of Veterans Affairs, 2016), and continued to provide home loan guaranties, education options, and unemployment benefits to subsequent generations of veterans.

Beginning with President Roosevelt’s tenure as president, the policies of this era mark a trend in which the Federal government accepted some responsibility to help house those who were unable to house themselves. This marked a new era based in *liberalism*, as the government now took on the responsibility of creating and maintaining a safety net to prevent members from falling below a social minimum.

Normative need moved from playing a supporting role in the previous era to that of a central role as the primary social justice value to drive policy in this era. This is reflected through the determination of eligibility criteria for both housing assistance and disability assistance—as disabled veterans comprised a segment of the veterans that were particularly at risk to succumb to homelessness if unaided. This *normative need* approach is reflected in the various Housing Acts of this era. However, various rights to aid that were available to all veterans—as reflected by the various GI Bills of this era—also supplemented this approach. The establishment of a safety net provided a marked improvement over policies of the previous historical era, as the government now took on the responsibility of an ensuring a social minimum rather than passing that burden along to private charities. However, even toward the end of this era, veteran homelessness was not recognized as a distinct social issue in need of specific policies, despite the thousands of Vietnam Veterans who were unable to maintain employment or housing upon their return to the U.S.

Veteran Homelessness Policy 1986-present

In the present era, the issue of veterans experiencing homelessness has been recognized as a distinct social problem resulting in the passage of laws to address the underlying causes and risk factors of veteran homelessness as means ameliorate the problem. Understanding risk factors of the general homeless population and those unique to the veteran segment of the homeless population was a forward step. For example, the Anti-Drug Abuse Act of 1986 (U.S. Congress, 1986) prevented veterans from being denied their benefits based on homelessness. This was the first law to ensure equitable treatment of the veterans and marked the beginning of an era in which *rights* became the primary value guiding policies, while *need* was relegated to a secondary value.

Public Law 100-77 (U.S. Congress, 1987) empowered The Interagency Council on Homelessness to fund grants for the following initiatives: homeless shelters, supportive housing, adult education for homeless, job training for homeless, and veteran provisions. In 1989, *Public Law 101-110* (U.S. Congress, 1989) provided community-based respite care for the chronically mentally ill experiencing homelessness by providing funds for such shelters. In 1992 as the national poverty rate rose to 15%, DOVA, in collaboration with HUD's Office of Public and Indian Housing (PIH), created the *HUD-VASH program* (Driscoll, 2014). *HUD-VASH* (Housing and Urban Development-Veterans Administration Supportive Housing) was designed to provide permanent supportive housing for veterans determined to be chronically homeless through a combination of the Section 8 housing vouchers and the VA's Supportive Housing services. This created an environment wherein the veteran could live in an affordable home and receive case management support comprising access to substance abuse programs, mental health therapy, and other essential services. Congress funded 10,000 HUD-VASH vouchers adding a total of \$75 million to the combined budgets of HUD and the VA (U.S. Department of Housing and Urban Development, 2012).

Public Law 110-161, The Consolidated Appropriations Act of 2008 (Department of Veterans' Affairs, 2016), guaranteed transitional housing loans for veterans experiencing homelessness. In 2008, the *Montgomery GI Bill* was updated and renamed the *Post-9/11 GI Bill*. It provides the following improvements: enhanced educational benefits that cover more educational expenses; a living allowance while in school; money for books; and the ability to transfer unused educational benefits to spouses or children for service members on active duty on or after September 11, 2001 (U.S. Department of Veterans Affairs, 2016).

In 2009, President Obama stated a goal of ending veteran homelessness within five years; that year there were 75,609 homeless veterans representing 12% of the general homeless population (Fargo et al., 2012). This prompted the 2010 creation of the *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (United States Interagency Council on Homelessness, 2015), to combine the resources and services of federal and state governments with local governments, and private organizations and charities, to provide the necessary services for the veteran experiencing homelessness. This comprehensive, multi-agency program adopts a Housing First treatment model, representing a tremendous paradigm shift in addressing veteran homelessness: it states that before applying for other services, the veteran should be housed to feel secure and safe, at which point they then can be asked to face their other challenges and barriers to reintegration into society.

This present historical era marks a dramatic shift in values guiding homeless policies in the U.S. veterans have been granted the *right* to housing as the primary value guiding policy. No longer relying upon normative need, the value of *rights* is supplemented by *expressed need*—as those who come seeking help are given it. This is reflected in the Anti-Drug Abuse Act of 1986, wherein the rights to benefits are guaranteed and continues through to President Obama's executive policy of *Opening Doors*, guaranteeing a veteran's right to housing through the Housing First treatment model. After veterans are housed, supportive services are provided as a result of the veteran expressing his/her

need for them. Lastly, the political philosophy guiding policy remains that of *liberalism*; however, the standard determining the social minimum has been raised. In addressing, combatting, and preventing the social issue of veteran homelessness, this social justice framework appears to be the most effective to date (discounting the results achieved pre-industrialization in the Colonial era). This effectiveness is evidenced by the 62,000 veterans housed under the HUD-VASH programs and through the implementation of the *Open Doors* program, which has resulted in a dramatic decrease of 33% to the veteran homeless population (U.S. Department of Housing and Urban Development, 2017).

Comparative Country Analysis

Comparing the U.S. to other countries in the world, demonstrate it to be more effective in its approach to provide comprehensive and complete care for the veterans of the armed services, as other countries still heavily rely upon charitable organizations to provide supportive assistance to their veterans. These countries address the homeless population as a whole without historically designating specific or additional resources for their veterans; however, recent trends in some countries mark an initial shift towards understanding veteran homeless as a distinct population. The Western developed countries of Australia and the United Kingdom were selected, as they approximated many U. S. demographics and cultural aspects, and thus, would provide the strongest basis for making a cross country comparison. Italy was also chosen because its policies provide a marked contrast to the U.S. in terms of the social justice framework guiding them.

Australia

As recently as 2008, The Australian Bureau of Statistics (ABS) did not have a definition of “homelessness” and subsequently did not provide any accurate statistics concerning the extent of homelessness in their country (ABS, 2016). An examination of Australia’s policies to address homelessness experienced by their veteran population, revealed recently passed legislation and current research being conducted. The *Veterans’ Entitlements Act of 1986* (Australian Office of Parliamentary Council, 2016) set forth a variety of services offered to the eligible veterans: compensation for injury, service connected physical conditions, access to physical and mental health services, and retirement pension. While extensive in its benefits, it did not address the issue of veteran homelessness: failing to provide any form of temporary, permanent, or supportive housing assistance. This legislation has been amended and altered numerous times since 1986, the most recent being August 2016 (Australian Office of Parliamentary Council, 2016); still, the issue of homelessness has never been addressed directly.

According to the Australian Bureau of Statistics (ABS), the total number of individuals experiencing homelessness has increased by 15%—from 89,728 homeless in 2006 to 105,237 in 2011. Subsequently, the national population increased 8.6%, revealing a significant increase in the homeless population in comparison. Based on the national population, this reveals that 49 persons per 10,000 are experiencing homelessness: an increase of four per 10,000 since 2006. The only governmental national homeless veterans’ survey, conducted in 2009, revealed that 3,000 veterans were living without housing: a number confirmed through a survey conducted by Veterans 360 Australia (2016), a veteran outreach charity.

40,000 members of Australian Defence Forces were deployed into war zones in the Middle East in the years spanning 2009-2015 (ABS, 2015). Returning veterans diagnosed with mental health issues, like PTSD, are typically hospitalized, stabilized, and then discharged without appropriate accommodations or supportive housing services. Instead, they must rely upon assistance offered by one of the many charities that have been established specifically to aid this population (Toohey, 2016).

Australia's Department of Veterans' Affairs' (DVA) website clearly states "Apart from residential care, DVA does not provide housing or accommodation services, but may be able to provide some support and assistance to veterans who are homeless or at risk of homelessness" (2016, first sentence). The resource list for veterans include twenty private charities offering a wide variety of opportunities including independent living accommodations and other supportive services. Conversely, the DVA only offers crisis service—short-term accommodation of up to (maximum) five days. Thus, Australia's veterans must rely on community charities to provide crisis care and emergency shelter to those returning with mental health issues and other challenges that contribute to homelessness (ABS, 2015).

Overall, Australia's approach to the social issue of veteran homelessness is primarily guided by a *just deserts* value of justice, as no specific policies exist to address veteran homelessness. This is supplemented by a value of *normative need* in the form of assistance given to those of limited income, which indirectly would also address housing needs. In sum, economic and health support is provided via pensions and other resources; however, veterans shoulder 100% of the responsibility to secure housing through the wise management of these resources. Consequently, *libertarianism* is the political philosophy guiding Australia's approach to homelessness among veterans, as the government is not assuming any responsibility to provide housing other than short-term crisis relief. This puts Australia's value set guiding policy (*just deserts—normative need, liberalism*) in alignment with the least effective historical era of the U.S. (1811-1936).

The United Kingdom

Homelessness among the general population of the United Kingdom (U.K.) was initially addressed in the *1977 Housing Act* (O'Connell, 2003). Homelessness among veterans was not specifically recognized as an issue until 2011 with the passage of *the Armed Forces Covenant*, a moral contract which provided priority status when applying for assistance through government-sponsored housing programs (Glaze, 2013). In 1990, the U.K. government created the *Rough Sleepers Initiative* (RSI) to assist individuals living on the street by placing them in temporary accommodations (O'Connell, 2003). Just four years later, this initiative claimed a 64% reduction in the rough sleepers in central London, and as a result was extended (O'Connell, 2003).

In 1998, a report delivered to Parliament set forth the goal of again reducing the homeless rough sleepers in England by an additional two-thirds within four years (O'Connell, 2003). The *Homelessness Act of 2002* was directed to reform legislation targeting homelessness. It also addressed the manner that public housing (social housing) is allocated. This law is limited to England and Wales. It requires local authorities within England and Wales to develop strategic approaches for addressing their unique homelessness population, specifically those who were homeless without fault of their own. It was designed to strengthen the "duties owed to homeless people" through eliminating some limitations that had previously restricted how the homeless population could be assisted. Additionally, this law enabled the authorities the ability to assist those who do not have priority need (National Archives, 2016).

The United Kingdom's "statutory homeless" population is defined within the *Housing Act of 1996*, and requires satisfaction of four tests to determine if the individual is qualified to receive assistance. These tests include eligibility for public funds based on immigration status, connection to the local area, proof the applicant is unintentionally homeless, and demonstration of priority need (Chaney, 2013). Priority status is granted to families with children and, since 2011, to veterans.

In 2011, according to the Office of National Statistics (ONS), 57,740 households were accepted as being homeless and a priority in England (ONS, 2016). On March 31, 2016, there were 71,660 households throughout England, being housed in temporary accommodations paid for by the

government; additionally, there were 6,790 for whom accommodations had not been secured as of April 2016 (ONS, 2016).

According to ONS, U.K.'s population was 65,110,000 in 2015; the bulk of this population is located in England, which has slightly over 54 million residents (ONS, 2016). An estimated 2.6 million veterans were living in the community during 2014 (Murphy, 2016). England's Ministry of Housing, Communities and Local Government (2016), reported that at the end of 2015, 69,140 households were residing in temporary housings arranged by local authorities, a 12% increase over the previous year.

To date, there is no government census data that provides firm information on the veteran status of those experiencing homelessness (Whitehead, 2016). A literature review published in 2008 by The Royal British Legion (a charity servicing veterans), determined that 6% of the single homeless individuals had served in the Royal armed services. In contrast, *The Sunday Mirror* quoted Jim Jukes, the founder of Homes 4 Heroes, who claimed that 9,000 former military personnel were homeless, accounting for 10% of the rough sleepers and those in temporary accommodations in the U.K. (Glaze, 2013). A comparison of these veterans to the general homeless population found that homeless veterans were older, had been unsheltered longer, have a higher incidence of alcohol-related issues, and a higher rate of mental health problems (Royal British Legion, 2015). The U.K. employs a Housing First treatment model for those granted public housing: Once the individual is secure in their housing, contributing issues are addressed.

The care of the U.K.'s veterans falls within the purview of the Ministry of Defense's Veteran Welfare Service, whose mission is to "provide support to enable the seamless transition from service to civilian life" (Gov.UK, 2016, first paragraph). The Ministry strives to achieve this mission through coupling with private charitable organizations. The primary source of care and assistance for veterans experiencing homelessness are private charitable organizations; a list of 89 supportive charities is located on the Ministry of Defense's Veteran page of resources.

The U.K.'s policy is guided by the primary value of *normative need*: illustrated by veteran homelessness being rolled into the general response to overall homelessness. This primary value is supplemented by *rights*—as illustrated by priority status given to veterans and by the Housing First model. The political philosophy of *liberalism* is demonstrated by attempts to maintain the household at or above the social minimum. This puts the U.K.'s value set guiding policy (*normative need—rights, liberalism*) in alignment with the previous historical era of the U.S. (1811-1936). Again, this matches the results from the corresponding U.S. historical era: the U.K.'s approach has yielded better results than Australia in addressing the social problem of veteran homelessness; however, they are weaker in comparison to present U.S. policy.

Italy

Previously, Italian military ranks were staffed through conscription. Abolished in 2004 by Parliament, they are now filled with volunteer soldiers, airmen, and sailors. Italy's legislation does not appear to incorporate any laws specific to the care of veterans. Current policy reflects the reality pre-2004 that since Italian males of a particular age were conscripted to serve for a period in the military, subsequently all Italian males experiencing homelessness were likely to be a veteran. A large and unique population among Italy's homeless population is the tremendous number of immigrants, as evidenced by 2014 census information. In the 2014 survey of Italy's homeless, 21,259 were Italian, while 29,533 (58% of all homeless) were foreign-born individuals (Ministero del Lavoro e delle Politiche Sociali, 2016). There is no notation regarding any specific agency charged with the care of the veterans of the armed services. Veterans are not separated from the general population and receive their healthcare services, like all Italian citizens and legally registered immigrants, through

the National Health Services (NHS). *Article 32 of The Italian Constitution* ensures that the indigent population is provided with free medical care (Senato della Repubblica, 1947). On December 23, 1978, the Italian National Health Service was established through the passage of *L.833/78*. This act was designed to ensure universal coverage and non-discriminatory access to medical care and is financed through the general tax fund (Ministero della Salute, 2014). The healthcare provided covers essential levels of care for the population including preventative and public health. (Lunghini, 2015). Mental health, immunization, and early diagnostic tools as well as other services are provided through a collaboration of the NHS and local health authorities (Lunghini, 2015). Italian National Health Services require that the client/patient share in the expense of the healthcare costs through a cost sharing (copayment) system. Individuals aged 65 or older and children aged 6 and under who reside in a household with a gross income below the national threshold of €36,000 (\$47,360 USD) are exempt from the copayment requirements. Citizens living with chronic or rare conditions, individuals living with HIV, and pregnant women are also exempt (Lunghini, 2015). The Italian Constitution targets healthcare for the indigent population, but there have been no new laws since that time that specifically target those experiencing homelessness (Ministero della Salute, 2014).

As of December 31, 2013, Italy provided care for 367,000 individuals within 12,261 care facilities throughout the country. The majority (76%) of these individuals are elderly and receiving skilled care, 5% are minors under the age of 18. Of the 71,000 adults age 18-64 receiving care in these facilities, 69% have a disability or a psychiatric disorder (Italian Ministry of Statistics, 2016). Veterans wounded or disabled in the context of a deployment typically require some form of social support. Italian laws have not addressed this specific population but rather appear to incorporate veterans into the national pension system—which is comprised of more than one payment type. Depending on their specific circumstances, Italian citizens are eligible for old-age pensions, disability pensions, compensatory pensions, and welfare pensions (Costa, 2008). A wounded veteran would possibly qualify for the disability pension if the injury occurred in the line of duty. Additionally, the veteran may also receive a compensatory pension. These are paid to individuals injured by an accident at work or an occupational disease; remuneration is determined by the seriousness of the injury. Finally, the welfare pension is paid to those who were disabled during their life, when they reach retirement age (65-years of age), or when they are not earning a sufficient income (Costa, 2008). As established in *The Constitution of Italy* (1947), war pensions, under the welfare pension umbrella, include living allowances for specific individuals of distinction and age who served in the armed forces.

Homelessness in Italy is apparent by those residing on the street or encampments. In Italy, it is legal to sleep in public spaces or a vehicle, to loiter, or to be vagrant. Further, homeless encampments are permitted if public health and safety are not endangered, although it is illegal to urinate or defecate in public. Individuals residing in these temporary shelters are not considered to be homeless by the Italian government (Housing Rights Watch, 2015). In general, the Italian legal system has not criminalized homelessness. *Article 16* of *The Italian Constitution* ensures free movement of all citizens, and is only limited by laws regarding public health or safety (Housing Rights Watch, 2015).

In 2014, the population of Italy was approximately 58 million; the homeless population, as determined by a collaborative survey of the Ministry of Welfare and the Italian Institute of Statistics in November-December 2014, was 50,725 individuals. This translates to 24.3 per 10,000 regularly registered population.

The welfare and pension programs of the Italy have been developed to ensure that all the citizens of Italy have appropriate health care, shelter, and financial resources from the public coffers to maintain the socially determined minimum. However, there is no financial investment of the Italian

government specific to homeless individuals or veterans, as the response to the problem of veteran homelessness is intrinsically woven within the established pension and welfare assistance programs.

By addressing homelessness indirectly through the various pension systems, without regard to military service, Italian policy is driven primarily by the value of *just deserts*. This value is supplemented by the value of *rights*, primarily evidenced by the freedom to freely move about the country unhindered and to construct temporary shelters. These rights in regard to housing are influenced by the political philosophy of *libertarianism*, as they pertain to freedoms that are guaranteed to the individual; however, these freedoms consequently place 100% of the responsibility to secure housing upon the individual. It is difficult to accurately compare the effectiveness of Italy's policies to other countries, as their count of homeless is underinflated due to not counting those living in temporary shelter. Assuming the rosier scenario, that the 24.3 homeless per 10,000 is a completely accurate figure, this would put Italy's results as slightly underperforming those of the U.K. However, as their value set of *just deserts* and *libertarianism*, guiding policy most resembles that of Australia; it could be assumed that Italy's count of homeless is more on par with Australia's 49 per 10,000.

Results

Unfortunately, when attempting to compare current U.S. policy addressing veteran homelessness with policies from earlier U.S. historical eras and with other countries, there is a dearth of statistics available on veteran homelessness. This is due to these veterans not being viewed as a distinct population among the homeless, and thus, this demographic information was not collected. Hence, statistically the policy comparisons on effectiveness rest upon the rate of overall homeless with extrapolation to veterans resting upon examination of policies that specifically target them.

Most Effective Value Sets

When looking at U.S. policy historically, the Colonial era marks a time period in which the homeless rate can be speculated to be near 0 persons per 10,000. Homelessness was practically nonexistent as a social problem, let alone the specialized consideration of veteran homelessness. However, as this occurred during a pre-industrialized era wherein resources abounded to build one's own house if needed, it is difficult to say whether housing policy guided by the value set of a *right* reinforced by a *socialist* approach would translate into this era with similar results. It does, however, represent a high watermark in terms of addressing the social problem of homelessness and offers an intriguing approach to consider.

With the advent of industrialization, U.S. policy addressing veteran homelessness has progressively improved with each subsequent era. The current stance of housing policy being driven by the primary value of *rights*, supplemented by *expressed need*, and guided by a *liberalist philosophy*, represents the most effective and most just approach to date, resulting in an overall homelessness rate of 18.3 per 10,000 and an ever-decreasing percentage of veterans comprising the overall homeless population.

Moderately Effective Value Set

The homelessness rate in the U.K. of 20.9 per 10,000 (Homeless World Cup Foundation, 2015) and the safety net established during the 1937-1985 historical era in the U.S., are positive results that have been obtained by policies guided by the primary value of *normative need* being supplemented by the value of *rights* and philosophy of *liberalism*. While these results are more successful than the those achieved in Australia (49 per 10,000) and the assumed underinflated results

in Italy (24.3 per 10,000), they fall short of the overall homelessness rate of 18.13 per 10,000 achieved in the U.S. (Homeless World Cup Foundation, 2015).

Least Effective Value Sets

As already indicated, Australia's policies (*just deserts—need; libertarianism*), Italy's policies (*just deserts-rights; libertarianism*), and U.S. policies from 1810-1936 (*just deserts—need; libertarianism*) have achieved the least successful results. Libertarianism and the primary value of just desert are common elements linked to these least effective approaches. There is a lack of recognition that veteran homelessness represents a unique social problem; hence, the governments of these countries and this era do not bother with collecting statistics to measure the extent of homelessness among veterans and record their percentage represented in the overall total of the homeless.

Policy Assumptions Concerning Veterans as a Unique Population

The research indicates that not all countries (or U.S. historical eras) perceive veteran homelessness as a unique social concern to be addressed through legislation, fiduciary investment, or specific programs targeting this population. Some countries view homelessness as the result of inadequate social services, a poor national economy, or barriers to mental health access. The separation between least, moderate, and most successful policies might stem from assumptions concerning the composition of the veteran population.

Current Italian and Australian policies appear to be embedded in an era during which mandatory military service was required from all young adult males. In such a context, there is no pressing need to specifically target veterans among the homeless, as all homeless males will also be veterans. Thus the veteran homeless population is simply rolled into the general homeless population and treated as one. Certain benefits are granted to them due to their veteran status, but this consists mainly of pensions and health care. The veterans' wise management of these resources is relied upon to ensure they secure adequate housing; thus no unique needs or risk factors are assumed in their ability to do so.

Policies from the U.K. and U.S. between 1937 and 1985, mark a growing awareness to the importance of addressing various special needs presented by the veteran population; however, they fall short in providing strong, direct support to mitigate the risk of veteran homelessness. Thus, unique needs of veterans are recognized in policies. Yet these policies also appear to be embedded in an era in which mandatory military service existed; with this understanding, homelessness among veterans does not require to be specifically targeted, but rather, is rolled into the overall policy on addressing homelessness. The recognition of unique veteran needs then leads the government to adopt a *liberalist* philosophy by assuming responsibility to provide a safety net to meet these needs.

Current U.S. policy in addressing veteran homelessness stands apart (as only country among those examined), wherein policies both recognize the unique needs of veterans, as well as recognize the current reality of an all-volunteer military. This has resulted in the value of *rights* being given prominence guiding policy, and thus stronger involvement by the government in assuming responsibility for ensuring that these veterans do not fall below a social minimum when it comes to housing. This emphasis on rights has also led to the adoption of the Housing First approach, which has to date proven quite effective. While the U.K.'s embrace of rights as a supplemental value guiding policy has led it to adopt some of the aspects of this Housing First model, the U.S. more prominently employs it for its veterans.

Analysis of Findings

Our findings provide a snapshot of the current challenges facing the homeless veteran population in reintegrating into society beyond their years of military service and provide direction for the social workers assisting them and advocating with them on their behalf. In the four countries addressed, multiple services from the public and private sectors work in tandem to assist the homeless individuals, while at the same time respecting their self-determination and choices. This cooperation among both public and private agencies is a key element in addressing the social problem of veteran homelessness. In addition, orchestrating multiple government agencies and accompanying private charitable organizations to produce a Housing First treatment approach—which incorporates supportive services to address veteran issues only after they are securely established in housing—has proven to be an effectively streamlined process for assisting the veteran in rejoining society as a participating member.

The implementation of the *Opening Doors* policy in the U.S.—strongly grounded in the rights of veterans to housing—has brought the multi-agency cooperative effort to bear on the problems faced by veterans experiencing homelessness as well as the general homeless population. This policy represents a paradigm shift in the value set guiding policy as illustrated by the adoption of the Housing First treatment model. Initially, social workers provide support services in locating appropriate accommodations to ensure the stability of the veteran; once this is achieved, social workers coordinate resources within the community and facilitate access to substance abuse or mental health services for the veteran, as necessary.

In contrast to the U.S., Australia, Italy, and to a lesser extent the U.K., do not perceive the homelessness experienced by their veterans as a unique social issue; this can be attributed to policy still being grounded in a reality (mandatory service) that no longer exists. Australia's homelessness rate indicates that they have the least effective approach to homelessness overall, but they have entered a contemplative phase of change as they have begun to fund research seeking more effective methods of preventing veteran homelessness. The U.S.' programs may be drawn upon as a template for these three countries to further develop their policies and structure the multi-agency task forces along a Housing First treatment approach. In this development stage, social workers can provide a unique understanding and vision of how to accomplish this mission.

Conclusion

As recent as 2015, 47,725 U.S. veterans who served their country honorably were classified as homeless (U.S. Department of Housing and Urban Development, 2015). This fact illustrates the tenacious nature of this social problem. While concerned U.S. citizens can take some comfort in the knowledge that we are leading the world on the policy front in addressing this worldwide social problem, we must recognize that there remains much to be done towards its amelioration.

We must rely on advocacy efforts to make this happen. Veterans themselves should be enlisted as allies in this cause, as they lend a powerful voice to such advocacy efforts. Prominent successes have been achieved in the past due to their active participation, as the “bonus army” protest nearly a century ago vividly illustrates. And based upon our analysis, we recommend that veteran's *rights* be the primary social justice value driving new policy, while the value of *expressed need* be also given consideration in a supplementary role.

Recent efforts demonstrate that combining the resources of the public and private sectors creates a supportive community environment in which the veteran can become established and flourish given time and resources. New policy needs to emphasize the *rights* of veterans to these resources—as exemplified by the Housing First model. Additionally, the value of *expressed need* can

inspire policy development of pilot programs: one such example might be a program that would employ recently established veterans as peer counselors, or in other jobs highlighting their strengths, based upon the veteran's expressed desire for employment in this capacity. *Rights* supplemented by *expressed need* under the umbrella of *liberalism*, provides a clear social justice framework that has already yielded positive results towards the amelioration of veteran homelessness. And thus, this framework offers a road map of sorts for those seeking to craft future policy and advocate for change.

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