

BACKGROUND, PURPOSE AND POLICY RECOMMENDATIONS RELATED TO THE GOVERNOR'S COMMITTEE ON PEOPLE WITH DISABILITIES

Note: This document contains background information and policy recommendations related to the issue area of “Veterans” only. To access the Committee’s full report which covers ten issue areas, please visit the Committee’s website [here](#).

VETERANS

GOAL

Promote an array of services and opportunities for Texas Veterans with disabilities.

Overview

Since October 2001, approximately 1.64 million U.S. troops have been deployed as part of Operation Enduring Freedom (OEF; Afghanistan) and Operation Iraqi Freedom (OIF; Iraq). The pace of the deployments in these current conflicts is unprecedented in the history of the all-volunteer force.¹ Not only is a higher proportion of the armed forces being deployed, but deployments have been longer, redeployment to combat has been common, and breaks between deployments have been infrequent.²

At the same time, episodes of intense combat notwithstanding, these operations have employed smaller forces and have produced casualty rates of killed or wounded that are historically lower than in earlier prolonged wars, such as Vietnam and Korea. Advances in both medical technology and body armor mean that more servicemembers are surviving experiences that would have led to death in prior wars.³ However, casualties of a different kind are beginning to emerge—invisible wounds, such as mental health conditions and cognitive impairments resulting from deployment experiences. These deployment experiences may include multiple deployments per individual servicemember and exposure to difficult threats, such as improvised explosive devices (IEDs).

As with safeguarding physical health, safeguarding mental health is an integral component of the United States’ national responsibilities to recruit, prepare, and sustain a military force and to address service-connected injuries and disabilities. But safeguarding mental health is also critical for compensating and honoring those who have served our nation. Public concern over the handling of such injuries is running high. Policy changes and funding shifts are already occurring for military and Veterans’ health care in general and for mental health care in particular. However, despite widespread policy interest and a firm commitment from United States Department of Defense and the Veterans Administration to address these injuries, fundamental gaps remain in our knowledge about the mental health and cognitive needs of U.S. servicemembers returning from Afghanistan and Iraq, the adequacy of the care systems available to meet those needs, the experience of Veterans and servicemembers who are in need of services, and factors related to whether and how injured servicemembers and Veterans seek care.⁴

Texas has the second-highest number of Veterans of any state in the United States — 1.7 million.

Many Veterans either entered service in Texas or were stationed at one of the 15 active military bases spread throughout Texas. While males continue to dominate all branches of the military, the number of female Veterans continues to increase steadily. There are now over 1.8 million women Veterans nationwide, and women Veterans represent 7.7 percent of the total U.S. Veteran population of 23.4 million. Texas has approximately 161,000 women Veterans, the second-largest female Veteran population of any state. [...] Texas is committed to serving the needs of its Veterans. Because of the recent conflicts in Iraq and Afghanistan, a large number of Veterans require specific assistance and services, such as filing [for disability compensation from the VA or] finding counseling for Post-Traumatic Stress and Traumatic Brain Injury, the signature wounds of these wars.

Also, as Veterans age in Texas, there is an increase in the need for care and assistance for older Veterans, which includes filing to increase a VA disability rating or applying to enter a Veterans' Home. Women Veterans who need health care services that differ from their male counterparts tend to access services at a higher rate than male Veterans.

Upon leaving the military, a Veteran will need benefits and services such as:

- Filing a claim with the VA
- Using Government Issued Bill benefits
- Utilizing an On-the-Job training opportunity
- Securing employment
- Getting housing assistance
- Getting counseling for Post-Traumatic Stress or Traumatic Brain Injury
- Obtaining family and child services
- Finding referral to other services
- Getting into a Veterans' Home, and
- Accessing burial, health and life insurance benefits⁵

The Veteran population in Texas age 60 years and older which in 2008 numbered approximately 818,926 will increase slightly to 823,100 by 2014. The number of Veterans 80 years of age and older currently stands at 172,150 and is expected to peak in 2014 at 178,000. The number of Veterans over the age of 80 will gradually decline through 2021 at which time their numbers will once again begin to grow.

By F[iscal]Y[ear] 2014, the modal age of Veterans is estimated to be nearly 70 years old. As the Veteran population ages, we expect a concurrent increase in demand for care and services from this demographic. This will be a major challenge to both the Department of Veteran Affairs (VA) and the Texas Veterans Commission. The majority of older civilian males age 80 and older are Veterans, reflecting the high proportion of men who served in World War II.

In 2009, Vietnam-era Veterans still comprised the largest number of Veterans in Texas (517,000). However, there has been a very significant growth in the Gulf War Veterans' population. Between 2005 and 2009, the number of Gulf War Veterans residing in Texas

increased by an incredible 32 percent and currently there are 467,000 Gulf War Veterans residing in Texas. ⁶

The survival rate for U.S. servicemembers wounded in Iraq has reached 90 percent, higher than in any previous war, and 10 points higher than in the 1991 Persian Gulf War, thanks to body armor and better care. For every servicemember killed in Iraq, 15 others have survived illness or injury there. However, unlike previous wars, few soldiers are wounded as the result of small arms fire or shrapnel. Consequently, more servicemembers survive to return home with severe combat-related injuries that require additional care. ⁷ However, Texas has a long and rich legislative history of supporting its Veterans throughout time.

The State of Texas, through its legislative and executive representatives, has a proud history of serving the needs of Texas Veterans.

In 1947, in order to care for the large increase in Texas's Veteran population resulting from World War II and other wars in which Texas residents participated, Texas legislators once again rose to the occasion (50th Legislature, Regular Session) by establishing a system of Veterans' county service officers, and mandating the [Texas Veterans] Commission to train the Veterans' county service officers and assistants and coordinate a statewide Veterans Assistance Program.

More recently, Texas's elected officials have carried the proud tradition of serving the needs of Texas Veterans to even greater heights. Recent events unfolded in 2006 when the 79th Texas Legislature took the unprecedented lead in serving the needs of Texas Veterans by transferring Veterans Employment Services (VES) to the Texas Veterans Commission. Shortly thereafter, in October 2006, Governor Rick Perry followed suit by issuing an executive order transferring the Veterans Education Program (State Approval Authority) to the Texas Veterans Commission. The 81st Legislature, recognizing Veterans and their families experience unique hardships not faced by their civilian counterparts, answered the call again by passing House Bill 1299, which created a lottery scratch-off game benefiting the Texas Veterans Commission Fund for Veterans' Assistance (FVA).

As elements of a horizontally integrated service delivery network, each program is designed to interact with the other to significantly improve the quality of life for Texas Veterans and their families. This relationship remains dynamic and ongoing throughout the course of the Veteran's life and, in many cases, beyond through death and pension benefits.

Today, Texas is widely recognized throughout the country as the progressive thought leader on Veteran issues. The state's leaders have sent a clear message to the Veterans of the state and to the nation as a whole that the sacrifices made by Veterans and their families are not forgotten and are in fact deeply appreciated. ⁸

During the 82nd Legislative Session, Governor Perry first called for the creation of the [College Credit for Heroes] program in June 2010, when he established a comprehensive Veterans' initiative in advance of the legislative session.

Senate Bill 1736 by Sen. Leticia Van de Putte created College Credit for Heroes, a partnership between the Texas Workforce Commission and Texas Higher Education Coordinating Board that allows colleges and universities to award course credit for experience, education and training obtained during military service. This helps Veterans save time and money as they pursue degrees, and helps speed their transition into the workforce.⁹

Also during the 82nd Legislative Session, Senate Bill 1796 created the Texas Coordinating Council for Texas Veterans (TCCVS). In October of 2012, the first report of the TCCVS was released for legislative review and recommendations for the 83rd Legislative Session beginning in January of 2013.¹⁰ The Governor's Committee on People with Disabilities has reviewed the report and supports its recommendations for services for our brave men and women Veterans.

Background and Purpose: Women Veterans

Women are now the fastest growing cohort within the Veteran community. In 2011, about 1.8 million or 8 percent of the 22.2 million Veterans were women.¹¹ The male Veteran population is projected to decrease from 20.2 million men in 2010 to 16.7 million by 2020. In contrast, the number of women Veterans will increase from 1.8 million in 2011 to 2 million in 2020, at which time women will make up 10.7 percent of the total Veteran population.¹²

The urgency of this effort is acute, given the rapid growth of the women Veteran population. Consider these facts, which Secretary Shinseki cited in announcing the formation of the Women Veterans Task Force (WVTF) in July 2011:

- Fully 14 percent of active duty and 18 percent of National Guard and Reserves forces are now women. In contrast, the percentage of women in uniform was just 2 percent in 1950.
- The nature of warfare places women in hostile battle space in ever-increasing numbers, with ever-increasing opportunity for direct-fire combat with armed enemies.
- Women are sustaining injuries similar to their male counterparts, both in severity and complexity.¹³

However, female Veterans often report a different experience than their male counterparts and given the long protracted war, a disturbing trend has emerged. Although both women and men can experience sexual harassment or sexual assault during their military service,

[t]he Pentagon's latest figures show that nearly 3,000 women were sexually assaulted in fiscal year 2008, up 9 percent from the year before; among women serving in Iraq and Afghanistan, the number rose 25 percent. Close to a third of all female Veterans say they were victims of rape or

assault while they were serving — twice the rate in the civilian population. [...] The Pentagon estimates that 80 percent to 90 percent of sexual assaults go unreported.¹⁴

These alarming statistics point to the need for specialized mental health care services for women Veterans. Officials often report challenges when attempting to hire providers with specific training and experience in women's health care and in mental health care, such as treatment for women Veterans with post-traumatic stress disorder or who had experienced military sexual trauma.¹⁵

Additionally, the Veterans Administration provided health care to over 281,000 women Veterans in 2008--an increase of about 12 percent since 2006--and the number of women Veterans in the United States is projected to increase by 17 percent between 2008 and 2033. Women Veterans seeking care at VA medical facilities need access to a full range of health care services, including basic gender-specific services--such as cervical cancer screening--and specialized gender-specific services--such as treatment of reproductive cancers.¹⁶

Policy Recommendation:

- **Recommendation 9.1:** Increase access for female veterans to gender-specific health services including mental health trauma care.

Background and Purpose: Post Traumatic Stress and Traumatic Brain Injuries

Almost 50,000 American soldiers have returned from the conflicts in Iraq and Afghanistan with injuries. The signature injuries of these two conflicts are Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). Thirty percent of returning Veterans have screened positive for PTSD, TBI and/or major depression.¹⁷ The Texas State Legislature, in addition to the VA, has taken significant steps to address the wide range of injuries, including TBI and PTSD.

House Bill 1 during the 80th Texas Legislature, Regular Session, 2007, established the [Office of Acquired Brain Injury](#) (OABI) within the Texas Health and Human Services Commission to serve as the state's lead department providing guidance; consultation; referral and service coordination for survivors of Acquired Brain Injury (ABI), family members and caregivers, including returning combat Veterans to ensure a seamless, comprehensive system of care through the collaboration and coordination of federal, state and local resources.

Texas has the only statutorily established state office of brain injury and advisory council in the United States. The OABI has been recognized by the U.S. Department of Health and Human Services, Health Resources and Services Administration as a national model for its robust, innovative programs and its unprecedented development of a multi-systemic national and statewide network of partners providing service referral coordination, education and outreach, connecting Veterans as well as civilians to the appropriate array of care.

House Bill 2019, 78th Texas Legislature, Regular Session, 2003, established the [Texas Traumatic Brain Injury Advisory Council](#) (TBIAC) to be “devoted to the interests of persons with traumatic brain injuries and their families. The 22 member Council represents the geographic, cultural and ethnic diversity of the state.

The OABI comprehensively reviews and assess existing Veterans’ programs within and without the Health and Human Services enterprise. OABI and 2-1-1 Texas partner to provide the most comprehensive information and referral service coordination through a web-based course certified for continuing education credit through the Department of State Health Services. The office provides brain injury awareness training and certification for all call center specialists to increase their knowledge of the challenges Veterans with TBI may encounter when seeking assistance and specialized communication skills. Approximately 650 certifications have been issued on behalf of the OABI through the Department of State Health Services to date. The course is used by several other states as well.

The OABI and Texas TBI Advisory Council developed bilingual DVDs to assist brain injury survivors, their families and caregivers. Both English and Spanish DVDs include special training to assist Veterans with TBI and PTSD, their families/caregivers and each contains a segment featuring Texas Veterans. The Spanish DVD is introduced and closed by former Texas Adjutant General Jose Mayorga. Brain injury survivors often experience cognitive dysfunction leading to depression and suicide, anger management, antisocial behavior, emotional outbursts and inappropriate language or actions, isolation and withdrawal from family and friends. Stressful situations can exacerbate negative reactions that may lead to negative encounters with law enforcement, airport security personnel or other authority figures. To assist Veterans and other brain injury survivors, identification wallet cards have been printed that include the individual’s name and an emergency contact’s information. The reverse side of the card contains signs and symptoms of TBI and a message stating that communication is difficult in stressful situations and tips for a more positive outcome. ¹⁸

Of the 1,131 responses to the 2012 Texas Citizen Input Survey for the 83rd Legislative Session on Veterans issues, citizens ranked the need for increased services to Veterans with TBI as their highest priority at 76.1 percent. Citizens noted that providing long-term care services for aging Veterans with disabilities was important to them with a responsive percentage of 74.4 percent. Respondents strongly agreed with supportive collaborative efforts between State and federal agencies to provide long-term care for Veterans with disabilities at 75 percent. Additionally, respondents strongly agreed on improving the availability of information on services for Veterans with disabilities regarding job opportunity and placements. ¹⁹

Policy Recommendations:

- **Recommendation 9.2:** Support public and private initiatives in Texas to screen returning veterans for Traumatic Brain Injury and Post Traumatic Stress and make information and resources available that are necessary for rehabilitation, transition, and return to work.
- **Recommendation 9.3:** Support legislation that would provide increased resources to the Office of Acquired Brain Injury and the Texas Traumatic Brain Injury Advisory Council.
- **Recommendation 9.4:** Develop a multi-agency, comprehensive long-term strategy in Texas to address the mental health needs of current and returning veterans.
- **Recommendation 9.5:** Encourage Texas Medical Schools to train physicians in physical and psychosocial implications of compression injuries.
- **Recommendation 9.6:** Explore efforts to educate employers on the benefits of using qualified/trained individuals such as Certified Rehabilitation Counselors to provide job placement services to veterans with disabilities and encourage collaboration with education and federal organizations with similar missions.

Background and Purpose: Homelessness of Veterans

Our knowledge of homeless Veterans is increasing and it is important to note that:

Veterans are overrepresented among the homeless population. In 2010, Veterans accounted for 10 percent of the total adult population and 16 percent of the homeless adult population. However, Veterans comprised 13 percent of sheltered homeless adults in 2010 and 16 percent of homeless adults at any given point in time.²⁰

General Eric Shinseki estimated that there were about 131,000 homeless Veterans in the U.S. in 2008.²¹ According to the National Coalition for Homeless Veterans,

[p]rior to becoming homeless, a large number of Veterans at risk of homelessness have [experienced] [...] PTSD or have addictions acquired during or worsened by their military service. At least 45 percent of homeless Veterans [experience] [...] symptoms of mental illness, while over 50 percent have substance abuse problems. Many are dually-diagnosed, which especially challenges existing service-delivery systems. [...]

According to the VA 2007 Community Homelessness Assessment, Local Education and Networking Groups report, there were an estimated 154,000 Veterans who were homeless on any given night. This estimate of homeless [V]eterans is down 21 percent from the 2006 estimate and represents a 40 percent reduction since 2001. The VA stated the decrease was due in part to the partnership between the VA and community-based

homeless Veteran service providers, which provides evidence that the VA's programs to help homeless Veterans are effective.

The Department of Housing and Urban Development (HUD) reported in its 2007 Annual Homelessness Assessment Report to Congress that there had been a 30 percent reduction in chronic homelessness over the past two years. Among the 1.6 million people who were homeless and who found shelter during 2007, 13 percent were Veterans. The authors of the report attributed the reduction in homelessness to the effectiveness of supportive housing.²²

Policy Recommendations:

- **Recommendation 9.7:** Develop a comprehensive psychosocial screening process for current and returning veterans that could help identify veterans who are at high risk of homelessness due to a physical, mental or cognitive disability.
- **Recommendation 9.8:** Support efforts to develop a continuum of housing options for returning veterans.

Background and Purpose: Health and Mental Health Services

As mentioned earlier, formal studies have shown that deployments in the Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) war zones significantly increase the risk that a Veteran will return with symptoms of Post Traumatic Stress Disorder (PTSD), a Traumatic Brain Injury (TBI), and/or major depression.

Due to the stressful and unique nature of the work of servicemembers, particularly those who have seen combat, the military has created a culture in which servicemembers take care of each other. This mentality easily lends itself to an environment where servicemembers rely on the natural support of their colleagues to cope with stress. In a recent behavioral health survey of more than 28,000 active-duty military personnel, "talking with friends and family" was the second most common coping strategy for dealing with stress, with 73 percent responding to using that strategy frequently or sometimes. (The most common coping strategy, with 79 percent responding to using the strategy frequently or sometimes was "thinking of a plan to solve the problem.") Strong social support networks have been linked to resilience, which is a fundamental component of successfully managing stress.

Peer-to-peer programs use peer support as a primary intervention for Veterans, especially for those who are in crisis and for those who are in adjustment phases. In a formalized peer-to-peer program, the peer providing the support has received some level of training and has access to more intensive support resources. Although peer support discussions can improve the mental health of a Veteran, peer support is not professional counseling. Some individuals may have needs that are beyond the scope of a peer-to-peer program and require professional support.

Providing peer-to-peer support training to servicemembers and Veterans, many of whom are already providing informal social support, could increase the effectiveness of the individual providing support as well as increase his or her ability to identify a potential high-risk situation before a crisis event occurs.

In November 2009, Governor Perry worked with the Legislature to secure an additional \$5 million to supplement the \$1.2 million from the state budget to expand mental health treatment and support programs for Veterans and their families. The 81st Legislature passed, and Governor Perry signed, Senate Bill 1325, which established state peer-to-peer mental health programs for Veterans. The 81st and 82nd Legislatures have also continued funding in order to maintain and enhance the peer-to-peer program for Veterans and their families, to expand existing mental health programs for Veterans and their families, and to recruit and train volunteers and practitioners for Veterans' mental health treatment and peer support.

The state has developed a network of trained peers who know how to reach out to help these new war Veterans. Because the new war Veterans typically do not understand how their invisible wounds can affect their lives, and because they are unlikely to present themselves for medical or mental health treatment, they need a supportive hand from a peer who understands both their military experiences and their injuries. Because of this, the state has created the Department of State Health Services-sponsored Military Veteran Peer Network. The understanding that comes from a fellow Veteran often is the first and most important step a new Veteran can take on their journey home from War.²³

While the peer-to-peer framework has potential for a successful intervention strategy, often navigating the state or federal system for other types of care once the Veteran has returned home can be a stressful process.

In July of 2012,

Governor Rick Perry, along with Lieutenant Governor David Dewhurst and Speaker Joe Straus, [...] authorized the Texas Veterans Commission (TVC) to use \$1.5 million from its 2012-2013 biennial budget to address the backlog of Veterans' claims pending before the U.S. Department of Veterans Affairs (VA). The governor [...] also authorize[d] a \$100,000 grant from the Governor's Office so TVC can begin addressing the issue immediately. The TVC [...] create[d] a state strike force team at each of the two VA regional offices in the state, modeled after the successful claims processing assistance teams that Governor Perry funded in 2009, which cleared more than 17,000 cases from the VA backlog between November 2009 and July 2011. The TVC [...] also create[d] fully developed claims teams in Dallas, Fort Worth, Temple, Austin, Houston, San Antonio and McAllen with claims counselors to improve access and assist Veterans in filing and fully developing claims. Staff from these teams [...] [were] located at each regional office to expedite fully developed claims, and work on claims for Veterans and family members with unique challenges.²⁴

Despite these efforts, an August 2012 article in the Austin American-Statesman newspaper noted that "the Waco VA claims processing center which serves Central Texas Veterans, had the nation's longest

average time for claims processing, roughly 393 days. That is “three times as long as the nation’s fastest claims processing center.” The two VA claims offices in Texas, one in Waco and one in Houston, are among the busiest in the nation, each completing more claims than other regional offices. The Central Texas office has one of the nation’s largest veteran populations with Bell County, which is home to Fort Hood. And despite the surge of claims for younger Veterans, Vietnam Veterans account for 3 of every 10 new claims. That’s partly because new rules in 2010 made it easier for Vietnam Veterans to file claims based on PTSD and exposure to Agent Orange. Waco officials devoted significant resources to process the 19,000 Agent Orange claims.²⁵

Policy Recommendations:

- **Recommendation 9.9:** Create a marketing and information program for returning veterans that educates them on all services available in Texas through the Texas Veterans Commission.
- **Recommendation 9.10:** Foster efforts to utilize social media and the Internet to provide a communication network of services for veterans with disabilities.
- **Recommendation 9.11:** Promote the use of accessible and usable technology to help veterans self-assess what services and resources are available to them through the Texas Veterans Commission.
- **Recommendation 9.12:** Support the collaborative efforts of state and federal agencies to improve timeliness, ease of application, and delivery of services and benefits to Texas Veterans.
- **Recommendation 9.13:** Promote the use of telemedicine to assist in providing health and mental health services to current and returning veterans in Texas.
- **Recommendation 9.14:** Explore ways to promote employment of current and returning veterans in Texas.
- **Recommendation 9.15:** Support efforts to provide accessible transportation for veterans to and from VA medical facilities, especially in rural areas.
- **Recommendation 9.16:** Encourage agencies with job placement components to link Veteran services websites to their websites to meet all the complex needs of today’s Veterans.
- **Recommendation 9.17:** Support programs and services for peer-to-peer interactions of returning Veterans, including peer-to-peer counseling services.
- **Recommendation 9.18:** Support efforts to decrease the time related to processing VA disability-related claims.
- **Recommendation 9.19:** Support long-term planning efforts related to the needs of an aging veteran population with severe medical needs in Texas.

ENDNOTES

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