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Veterans and COVID-19: Projecting the Economic, Social, and Mental Health Needs of America's Veterans

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The world is in the midst of the global COVID-19 pandemic that has already caused significant illness and death. At the time of this writing on Tuesday morning, March 31, there were 809,608 cases and 39,545 deaths globally – of these, 165,874 confirmed cases and 3,178 deaths were in the United States.¹ An unprecedented number of Americans are obeying government directives to isolate at home. Alongside the emerging health consequences are significant economic impacts: the Dow Jones, S&P 500, and Nasdaq values all experienced precipitous drops beginning in mid-February² and between the weeks of March 14 and March 21 the number of new unemployment insurance claims skyrocketed from 281,000 (already the highest number since September 2017) to 3.2 million.^{3 4}

The mission of the Bob Woodruff Foundation (BWF) is to find, fund, and shape innovative programs that help America's impacted veterans, service members, and their families thrive. While COVID-19 is almost certain to affect all populations in all countries across the globe, in light of our mission we sought to assess the impact of COVID-19 on the populations we serve, starting with this report that focuses on veterans, to ensure that we play a leading role addressing the most pressing needs.

VETERANS IN THE UNITED STATES TODAY

In this report, we use veteran to describe anyone who served on active duty in any job capacity while a member of the Army, Navy, Air Force, Marines or Coast Guard active components or of the National Guard or Reserves. There are roughly 18 million veterans in the United States today, representing 7.1 percent of the U.S. population. The majority (91 percent) are men. Half of all veterans are aged 65 or older. Among the half that is between 18 and 64, 77 percent are in the labor force, meaning that they are employed or seeking work. The remaining 23 percent includes those that are students, disabled, retired, or otherwise not working. Twenty-one percent of veterans served in the military on or after September 11, 2001 – we refer to them as post-9/11 veterans.⁵

Our veterans and their families are often the first to volunteer and the last to ask for help. They endure through adversity and are valuable contributors in communities around the country. Even now in times of great challenge, they will seek opportunities to help. **Our goal is to ensure that as our veterans and their families face the same challenges as do all Americans today, the public officials, service providers, policymakers, grant makers, and other influencers in the communities where veterans reside, understand that they often do so while contending with other challenges related to their service.** Any temporary or permanent changes to systems and policy should consider these factors.

At the Bob Woodruff Foundation, we have the opportunity to stay ahead of these challenges with help from our in-house expertise and data. We also have a responsibility to share these important insights so that everyone working to help veterans during this challenging time, from grant makers to policymakers to the general public, has the most current and accurate information on veterans' needs.

As of this writing, the Department of Veterans Affairs (VA) reported 571 confirmed veteran cases of COVID-19 and 9 veteran deaths.⁶ These numbers will rise, likely to be concentrated among older veterans and those with underlying conditions that make them especially vulnerable.

In this document, we address the potential indirect impacts of COVID-19. We use available data to project **veterans' economic and employment needs, their need for social interaction, and their mental health needs.** We also project the impact on those organizations committed to serving our nation's veterans.

Some of the data we use are from BWF's Local Partner Self-Assessment Tool, or LPSAT. This is the first time BWF has shared analysis of these data publicly; we draw from them here considering the urgency of the current pandemic.

The communal experience with COVID-19 is changing daily; while we can make some projections of the impact on veterans, there are many unknowns. There is uncertainty with respect to the virus itself, the health care system and its ability to respond adequately, the magnitude of economic impacts, and the adequacy of government responses. We cite what we consider to be the best data at the time of writing, and in turn, shape those implications and recommendations to help veteran supporters focus their efforts towards the greatest needs.

THE LOCAL PARTNER SELF-ASSESSMENT TOOL (LPSAT)

The Local Partner Self-Assessment Tool (LPSAT) is an instrument designed by the Bob Woodruff Foundation to identify strengths of, and areas of improvement for, community-based collaborative efforts across the nation that support veterans and other military-affiliated populations. Drawing insights from the large, engaged, and diverse ecosystem of 110 Local Partner collaboratives in 45 states, **the LPSAT offers a first-ever examination of the ways in which American communities, across the spectrum of geographies, economies, cultures, and varied infrastructures, address meeting the needs of those who have served.** In the fall of 2019, 109 Local Partners were invited to complete the LPSAT. Eighty-eight respondents completed the survey within the six-week launch period, yielding an 81 percent response rate.

Economic Needs

Job Loss

The most immediate indirect needs for veterans in the midst of the COVID-19 pandemic are likely to be economic needs related to job loss. Prior to the pandemic, the United States had just experienced the lowest veteran unemployment rate (3.1 percent) in 19 years.⁷ But COVID-19 and public health strategies to curb the spread of the pandemic have already resulted in mass layoffs. Our projections (described below) suggest that large numbers of veterans are likely to become unemployed, at rates that could surpass the highest level of veteran unemployment in the post-9/11 era.

According to an economic analysis published by Moody's Analytics in March 2020, the five industries most likely to witness immediate layoffs as a result of COVID-19 are:⁸

1. Mining, oil, and gas extraction (establishments that extract naturally occurring mineral solids);
2. Transportation and warehousing (establishments that transport goods or passengers, warehouse goods, or provide scenic and sightseeing transportation);

3. Employment services (establishments that list employment vacancies or refer/place people in employment);
4. Travel arrangements (establishments that provide travel arrangement and reservation services, excluding travel agencies or tour operators); and
5. Leisure and hospitality (establishments that meet cultural, entertainment, and recreational interests of their patrons, like museums or spectator sports, or that provide customers with lodging, like hotels, or prepared food/beverages for immediate consumption, like restaurants or bars).

As of February 2020, in the United States, these industries employed 27 million people, representing 17.7 percent of the entire American employed workforce (Table 1). Using recent data from the Current Population Survey (CPS), BWF estimates that 1.2 million veterans are employed in these industries. This represents approximately 14 percent of veterans employed in civilian jobs. Of the veterans employed in these vulnerable industries, 39 percent (nearly 500,000) served after September 11, 2001; 15 percent of the working post-9/11 veteran population is employed in these industries.

TABLE 1: The Proportion of Veterans Employed in Jobs At Risk from COVID-19

	Total Population		All Employed Veterans		Post-9/11 Employed Veterans	
	N	%	N	%	N	%
TOTAL	152,544,000	100	8,986,000	100	3,345,000	100
Mining, Oil And Gas Extraction	662,000	0.4	62,902	0.7	20,070	0.6
Transportation And Warehousing	5,682,000	3.7	614,725	6.8*	225,778	6.7*
Employment Services	3,652,000	2.4	179,555	2.0*	71,936	2.1
Travel Arrangements	222,000	0.1	10,899	0.1*	4,367	0.1
Leisure And Hospitality	16,873,000	11.1	368,426	4.1	163,905	4.9

SOURCE: Table content calculated from Moody's Analytics⁹ which derives from the BLS Employment Situation – February 2020¹⁰ and from the BLS Employment Situation of Veterans-2019.¹¹ Cells with * were estimated indirectly, as described in the endnote.¹²

The economic impact of COVID-19 may initially affect certain industries more than others, but is likely to soon ripple through communities as layoffs affect surrounding businesses and institutions. Researchers from the Brookings Institute used Moody’s list of the five industries likely to be most affected by COVID-19 to identify the fifteen communities in the United States that are most dependent on these industries (Table 2). Midland, Texas ranked first, with 42.5 percent of the workforce employed in these industries, whereas Gulfport, Mississippi (including Biloxi and Pascagoula) ranked 15th, with 24 percent of the local labor market concentrated in these industries.¹³ The economic impact in these communities will extend beyond individuals employed in the industries especially vulnerable to COVID-19, as local businesses of all kinds suffer second-order effects.

The Brookings list provides another critical lens through which to project the economic impact of COVID-19 on veterans. BWF estimates the number of veterans (including those in the labor force and those not in the labor force) in the communities identified in the Brookings analysis to range from 3,235 veterans in Laredo, TX (1.7 percent of that city’s population) to 149,002 veterans in Orlando, FL (7.4 percent of that city’s population). Some smaller cities may have fewer numbers of veteran residents, even while veterans comprise a large share of the city’s population: for example, in Gulfport, MS, there are 37,145 veterans, representing 12.5 percent of the population. However, in other regions there are more veterans, but they comprise a smaller share of the population: in the Orlando area, for example, there are 149,002 veterans representing only 7.4 percent of the population. Table 2 indicates these numbers, and also includes the number and percentage of post-9/11 veterans.

TABLE 2: Population Characteristics of Top 15 Metropolitan Areas Based on Share of Jobs in Industries that are High Risk from COVID-19

Metro Area	% Of Workforce In 5 Most Impacted Industries	Total Veteran Population	% Of Population That Are Veterans	Post-9/11 Veterans	% Of Veteran Population That Are Post-9/11
Midland, TX	42.5	8,411	6.7	N	N/A
Kahului-Wailuku-Lahaina, HI	40.4	9,729	7.1	N	N/A
Atlantic City-Hammonton, NJ	34.2	12,416	5.9	1,491	12.0
Las Vegas-Henderson-Paradise	33.8	145,649	8.5	34,060	23.4
Odessa, TX	33.3	5,554	4.9	N	N/A
Laredo, TX	29.7	3,235	1.7	N	N/A
Ocean City, NJ	29.7	5,874	7.7	753	12.8
Houma-Thibodaux, LA	29.3	9,442	6.0	N	N/A
Myrtle Beach-Conway-N. Myrtle Beach, SC	29.2	39,825	10.0	4,764	12.0
Flagstaff, AZ	27.5	7,784	6.9	N	N/A
Orlando-Kissimmee-Sanford, FL	27.3	149,002	7.4	31,375	21.1
Brunswick, GA	26.0	6,727	7.3	634	9.4
Savannah, GA	24.7	29,851	10.0	11,697	39.2
East Stroudsburg, PA	24.6	12,729	9.4	N	N/A
Gulfport, Biloxi, Pascagoula, MS	24.0	37,145	12.5	9,814	26.4

NOTE: N denotes cell sizes too small to yield precise estimates. N/A denotes Not Applicable because proportions could not be estimated.

Our focus on the 5 industries most likely to be affected reflects just the tip of the iceberg. For example, Moody's Analytics also identifies industries they expect to be at moderate risk, like construction and manufacturing. In addition, small businesses across all industries are particularly vulnerable, as are men and women dependent on the gig economy.

As the number of unemployment claims has dramatically increased, the federal government responded swiftly by passing the \$2.2 trillion CARES Act which includes provisions to help companies keep workers employed. Thus, it's unclear how many workers, including veterans, will ultimately lose their jobs. However, data from the Great Recession between 2008 and 2010 indicate that between 8 and 14 percent of veterans in the labor force faced a period of unemployment.¹⁴

ECONOMIC IMPACTS ON VETERAN RETIREES

Half of the U.S. veteran population is age 65 or older, a group that appears to be at increased risk of hospitalization and death should they become infected with COVID-19.¹⁵ While our focus on the economic impacts has been on job loss, some retirees not at risk for job loss may nonetheless face economic challenges. Most notably, many with investment accounts have seen these values plummet (though some may still be worth more than two years ago given the strong pre-COVID-19 market performance). The uncertain period for a rebound means that **even with careful management some of these accounts may be at risk of being more quickly depleted.** Current policies are considering options to support retirees as well - for example, the CARES Act allows qualified retirees to defer required minimum distributions.

Emergency Financial Assistance

The immediate impact of losing one's job is the loss of wages and associated benefits, like health care coverage. Because of this, guidelines like those issued by FINRA¹⁶ and USAA¹⁷ advise that working Americans set aside 3 to 6 months of living expenses to access in times of crises, such as an unplanned job loss. We were unable to locate data specific to the emergency savings among *employed* veterans at risk for losing their jobs, but we did find data on savings for all veterans that can inform our analysis. According to a recent national survey, 63 percent of veterans have emergency funds that will cover them for 3 to 6 months.¹⁸ However, relying on consumers' self-reports of available emergency funds is problematic because data from account

balances suggest that they may be overconfident in their actual savings. The account balances of veterans and non-veterans tell a much different story.¹⁹ Table 3 presents median balance values from the most recent year the data is available (2013). Because these are median balances, they indicate that half of veterans between 25 and 54 had less than \$3,000 to \$4,000 in their combined checking and savings accounts (Table 3).

TABLE 3: Median Account Balances for Veterans and Non-Veterans, 2013.²⁰

	Veteran	Non-Veteran
25-34	\$3,525	\$3,000
35-44	\$3,000	\$4,000
45-54	\$4,000	\$5,000
55-64	\$4,750	\$7,500
65-74	\$11,700	\$10,000
75 and over	\$17,500	\$10,000

Is \$3,000 sufficient to cover 3 months of living expenses? As an example, BWF examined suggested monthly living expenses for Las Vegas - a region heavily impacted by COVID-19²¹ and that came in fourth place on the Brookings list: 33.8 percent of jobs in the city are in the 5 most likely affected industries. Nearly 150,000 veterans are employed in Las Vegas, 23.4 percent of whom served after September 11, 2001. Conservatively, individual monthly expenses for a young professional in Las Vegas are estimated to be \$2,000 per month²² suggesting that **a large number of veterans have less than two months of expenses set aside.**

Even before COVID-19, veterans were already indicating a need for, or accessing, emergency financial assistance. When BWF administered the LPSAT to Local Partners late in 2019, 61 percent indicated that many or almost all of the veterans they served were in need of emergency financial assistance; an additional 32 percent reported that 'some' of the veterans they served presented with these needs (Figure 1). However, the capacity of Local Partners to meet veterans' financial support needs, even prior to COVID-19, was already limited. While 87 percent of Local Partners were able to address veterans' emergency financial needs, only 22 percent were able to *completely* address veterans' needs in this area (Figure 2). Among the ten Local Partners that reported that almost all veterans they serve present with this need, only three could meet the entire demand.

In some cases, the need for emergency financial assistance is an indicator of the need for increased knowledge about financial management to support informed decisions, plan appropriately, and avoid fraud. Veterans are not alone in this

regard. Nineteen percent of Americans currently spend more than their income, and other indicators of financial capability are similarly worrisome: 29 percent used a non-bank borrower (like a payday loan) in the past 5 years, 35 percent paid only the minimum balance on their credit cards during one or more months in the past year, and 9 percent of homeowners owe more on their current home than its market value.²³

When unemployed, veterans with limited resources may increasingly rely on financial programs that provide short-term relief at long-term cost. Payday loans usually charge a fee of \$15 per \$100 borrowed, equating to a 400 percent annual percentage rate (for active duty servicemembers, there is a 36 percent APR cap, though this does not apply to veterans, and some states have additional protections in place).²⁴ Applying for a payday loan typically requires borrowers to authorize the lender to withdraw money automatically from an account, which is subject to a “non-sufficient funds” bank charge if there are insufficient funds in the account. **Other veterans may increasingly rely on credit, which if not managed properly can result in a debt in collections, damage to one’s credit report, lawsuits, and/or bankruptcy.**²⁵ Increased reliance on these sources in the short-term can compound and stick with veterans and their families for years to follow.

By some estimates of financial readiness, veterans fare better than non-veteran peers: they report higher levels of financial well-being and less financial anxiety.²⁶ However, **over one-third of post-9/11 veterans still report challenges paying their bills in the first few years after leaving the military;**²⁷ **59 percent of veterans 35 to 44 years old had credit card debt compared with 48 percent of nonveteran households.**²⁸ Similarly, half of Local Partners indicated that many or nearly all of the veterans they serve present with financial literacy needs, and only 3 of 88 indicated that none of their veterans had such needs (Figure 1). **Communities will be challenged to address these financial literacy needs.** One quarter of Local Partners report that they had capacity to completely address financial literacy needs for their veterans, but an equal proportion reported that they do not provide financial literacy programs (Figure 2).

LOCAL PARTNERS

Our “Local Partner” collaboratives are organized, cross-sector groups of people and organizations in communities across the nation who come together to collaborate and leverage resources for impact in the lives of veterans at the local level, while participating as members of National Veterans Intermediary, the national community of practice facilitated by BWF. As members of our network, Local Partners enjoy barrier-free access to a highly-curated portfolio of expert-led resources, tools, and technical assistance opportunities that help build their capacities for collective impact,²⁹ while also engaging in programs, conferences, and conversations that facilitate shared learning with veteran-serving peers in communities across the country. BWF’s respect for local leadership and values results in our “big tent” approach to building a national veterans’ ecosystem with Local Partners that vary considerably in terms of size, configuration, culture, and resources, but share in common a commitment to structured collaboration. While most Local Partners are either nonprofit organizations themselves, or initiatives housed within larger entities, a growing number are borne of small businesses, public-private partnerships, grant making organizations, and City Halls.

There are programs that provide temporary support to veterans in these circumstances. Most notably, the CARES Act contains direct payments to families, increased unemployment benefits, and emergency aid to states and local governments to support a projected upsurge in people seeking benefits coupled with lost tax revenue.³⁰ In addition, some veteran-serving nonprofits offer emergency financial relief programs. For example, the PenFed Foundation established such grants for veterans and military personnel “experiencing a financial setback due to the negative economic effects of the COVID-19 pandemic”³¹ but the financial needs of applicants soon overwhelmed the capacity of the Foundation.³² The VA offers financial hardship assistance to help veterans with medical copayments,³³ and there are government programs that help with phone, energy, and medical bills, prescription drug payments, and provide support under Temporary Assistance for Needy Families.³⁴ Community foundations across the nation are establishing emergency relief funds as well. While it is possible many veterans will qualify for such support, no such fund has yet been identified as veteran-specific or otherwise informed by an understanding of veterans’ particular needs, and as of this writing, none is yet known to have engaged with local veterans’ services leaders to publicize those resources specifically to veterans.

Re-employment

On March 18, a RAND economist stated with respect to the economic consequences of COVID-19 “[I]t’s hard to see how we avoid a recession.”³⁵ Signals of a recession already exist, like the 3.2 million new unemployment claims initiated in the week of March 21 that is certain to rise.

There are at least two groups of veterans that will need new jobs, and data from recent recessions may provide a harbinger of what’s in store. The first group of those at risk are veterans who suffer an unanticipated job loss. In the recent Great Recession from mid-2008 to mid-2010, there were increases not only in the number of people who lost their jobs, but in the duration of their job loss. Nearly 1 in 5 lost their jobs during that two-year time period. Among those who lost their jobs, half took longer than 6 months to find new employment.³⁶

In addition to recently unemployed workers who will seek new jobs, there is a second group of veterans that will be looking for work: those who leave military service to begin a civilian career. Each year, approximately 200,000 to 250,000 men and women transition to civilian society, and many seek employment.³⁷ In the midst of a recession, the number who choose to separate from the military will likely decrease.³⁸

However, for those who do leave the military, newly transitioning veterans are at increased risk for unemployment. Data from the Great Recession indicate that the unemployment rate for veterans who recently transitioned peaked at 13.9 percent relative to 7.9 percent for older veterans and 9.2 percent for nonveterans.³⁹

Local Partners report that they are already helping veterans find jobs in their communities. Almost all Local Partners indicate that the veterans they serve have employment needs and need career training (Figure 1). Prior to COVID-19, Local Partners had the capacity to meet much of this demand: 49 percent of Local Partners said that they had the capacity to address all veterans’ employment needs and 45 percent said that they had the capacity to address all veterans’ career training needs (Figure 4). **However, in an era where the demand for jobs increases and the supply of available jobs decreases, helping veterans locate and secure employment is likely to become increasingly challenging.** This challenge may present in higher relief if, as predicted, some Local Partners and other community-based, veteran-serving nonprofits, shutter their doors during this new economic downturn (see Conclusions, below).

FIGURE 1: Local Partner Reports of Veterans' Economic Needs

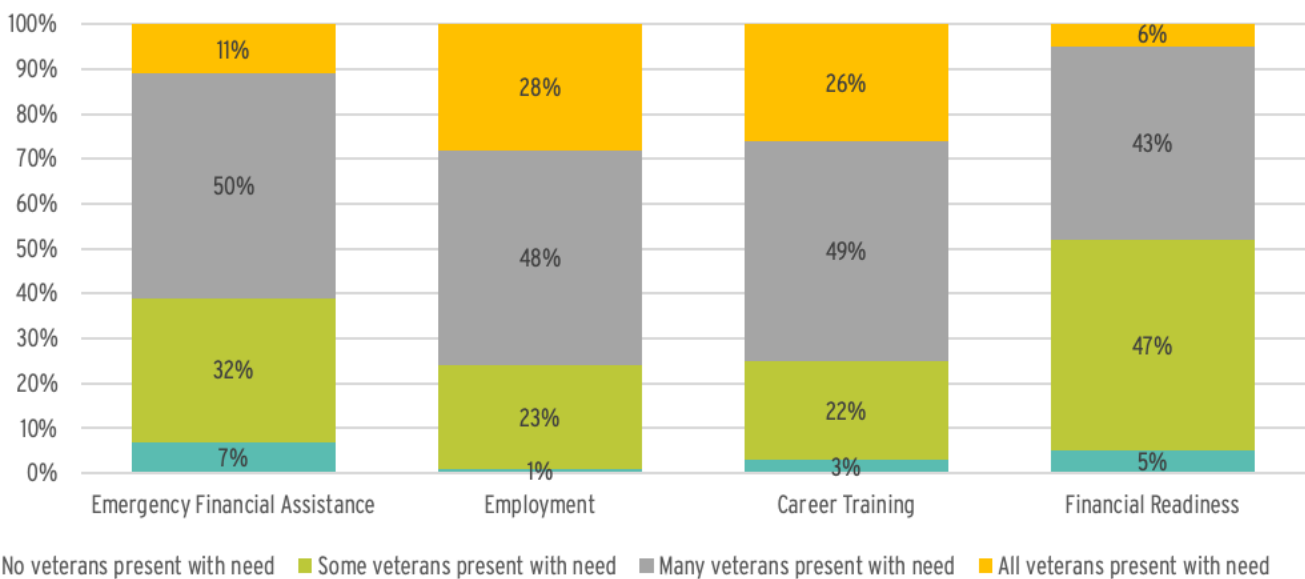
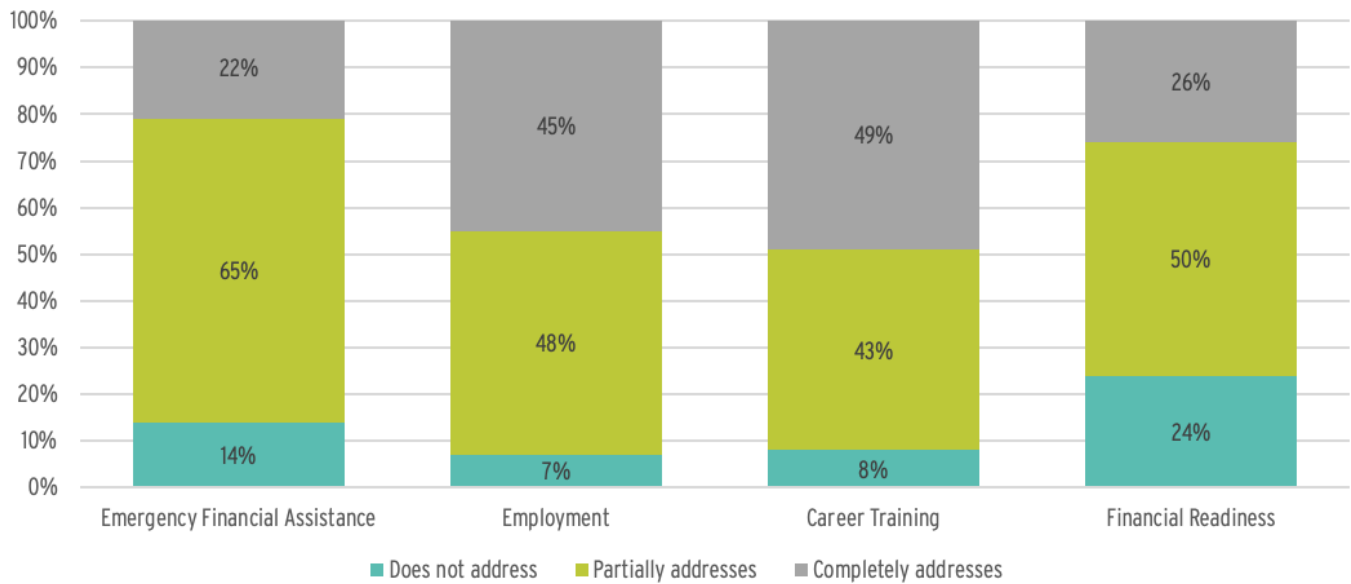


FIGURE 2: Local Partner Capacity to Address Veterans' Economic Needs



Social Isolation and Loneliness

The primary public health response to the spread of COVID-19 is to request or mandate 'social distancing,' the deliberate and intentional creation of physical space between people to mitigate the potential that the virus might spread. Those who have been exposed to someone with the virus but who have not yet developed symptoms should self-quarantine; those who are symptomatic should isolate from others entirely.

While social distancing, self-quarantining, and isolation are all necessary to help control the spread of COVID-19, all can increase social isolation (a lack of interactions with others) and loneliness (a feeling of the lack of a social network or companion). Even before COVID-19, social isolation and loneliness were significant issues in America. One survey estimated that 1 in 5 adults "often or always feel lonely, feel that they lack companionship, feel left out, or feel isolated from others."⁴⁰ Older veterans similarly feel isolated or lonely: 44 percent of those 60 or older feel lonely some of the time, and 11 percent feel lonely often.⁴¹ And in the Wounded Warrior Project's 2019 survey of wounded, ill, and injured post-9/11 veterans, 43

percent of the respondents reported usually or always feeling isolated from others.⁴² Loneliness and social isolation are also reported by Local Partners as pervasive needs among the veterans they serve: even before COVID-19, 59 percent of Local Partners reported that many or all of the veterans they serve indicate needs related to social isolation (Figure 3).

Loneliness and social isolation can increase health risk, particularly for cardiovascular disease and mental health conditions.⁴³ People who are isolated from others or who feel alone also tend to die earlier.⁴⁴ Perhaps due to the pervasiveness of social isolation and loneliness among veterans and the adverse health consequences that can result, most Local Partners (89 percent) help to address this need by providing opportunities for social interaction. Forty percent of Local Partners indicated that they provide socialization opportunities for all veterans with that need (Figure 2), but BWF is unsure the extent to which Local Partners' activities promoting social interaction will continue virtually, or in formats consistent with the current public health directives.

Mental Health

In a given year, between 11 and 20 percent of post-9/11 veterans and 12 percent of Gulf War veterans have symptoms consistent with a diagnosis of PTSD, an anxiety disorder that can develop after a traumatic event. PTSD also affects older, Vietnam-era veterans: 30 percent have had PTSD in their lifetimes.⁴⁵ Yet, many veterans with PTSD do not access available care: for example, roughly half of those post-9/11 veterans with PTSD receive treatment.⁴⁶ In comparison, approximately 7 percent of Americans meet criteria for PTSD at some point in their lives,⁴⁷ and approximately 3.5 percent have symptoms in a year.⁴⁸ Essentially all of the Local Partners report mental health needs in the populations they serve (Figure 3).

The COVID-19 pandemic creates a “perfect storm” that threatens the mental health of many veterans, particularly those with pre-existing mental health conditions. First, confronted with an emergent trauma, people who have experienced past traumas are more likely to develop new mental health symptoms or to experience worsening symptoms.⁴⁹ The COVID-19 pandemic is a unique trauma that threatens all of our lives and can cause associated anxieties, but some people may develop debilitating worries about becoming infected with COVID-19 and the illness that results or about the existing healthcare infrastructure and its ability to provide adequate care.⁵⁰ Second, loneliness brought about by the three aforementioned public health measures (social distancing, quarantining, and isolating) threatens psychological health.⁵¹ And third, unplanned job or wage loss that may result from the pandemic can contribute to the development of mental health symptoms or exacerbate those that are already present.⁵²

The emergence of new symptoms or a worsening of existing symptoms can result in maladaptive coping mechanisms, like alcohol or drug misuse, or a deterioration in other areas of their health, and can eventually affect one’s family and social relationships or even lead to the loss of stable housing.⁵³ There is also a real concern that increased mental health symptoms, coupled with a sense of isolation and lost employment or wages, can increase the veteran suicide rate, which is already elevated relative to the general population.^{54 55} **Caregivers are also affected: those caring for persons with mental health symptoms are at increased risk for developing mental health conditions themselves.**⁵⁶

There are existing efforts in place to support those with mental health conditions during this time. The Veterans Health Administration (VHA) is urging mental health patients to keep their appointments and receive care via telehealth and are offering same-day care as well.⁵⁷ The newly passed Telehealth Services During Certain Emergency Periods Act of 2020 has made telehealth services more accessible to patients and providers.⁵⁸ Trusted organizations like the Department of Psychiatry at Massachusetts General Hospital have created resource guides for those who might be feeling anxious.⁵⁹ However, this period of potential crisis also highlights known deficiencies in the mental health care system’s capacity to attend to veterans’ health care needs adequately. While the VHA is generally noted for providing higher quality mental health care than in the private sector,⁶⁰ not all veterans are eligible for care there. Almost all Local Partners indicate the veterans they serve present with mental health care needs, and yet only one-third indicate they have the capacity to address those needs completely (Figure 4). Additionally, among private health care providers in communities, there are documented deficiencies in care quality⁶¹ and cultural competency for serving veterans.⁶² **BWF is also concerned about a surge in demand for mental health care services during the COVID-19 pandemic, given the already limited supply of mental health care providers that is only able to meet a quarter of the nation’s demand.**⁶³

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FIGURE 3: Local Partner Reports of Veterans' Social and Mental Health Needs

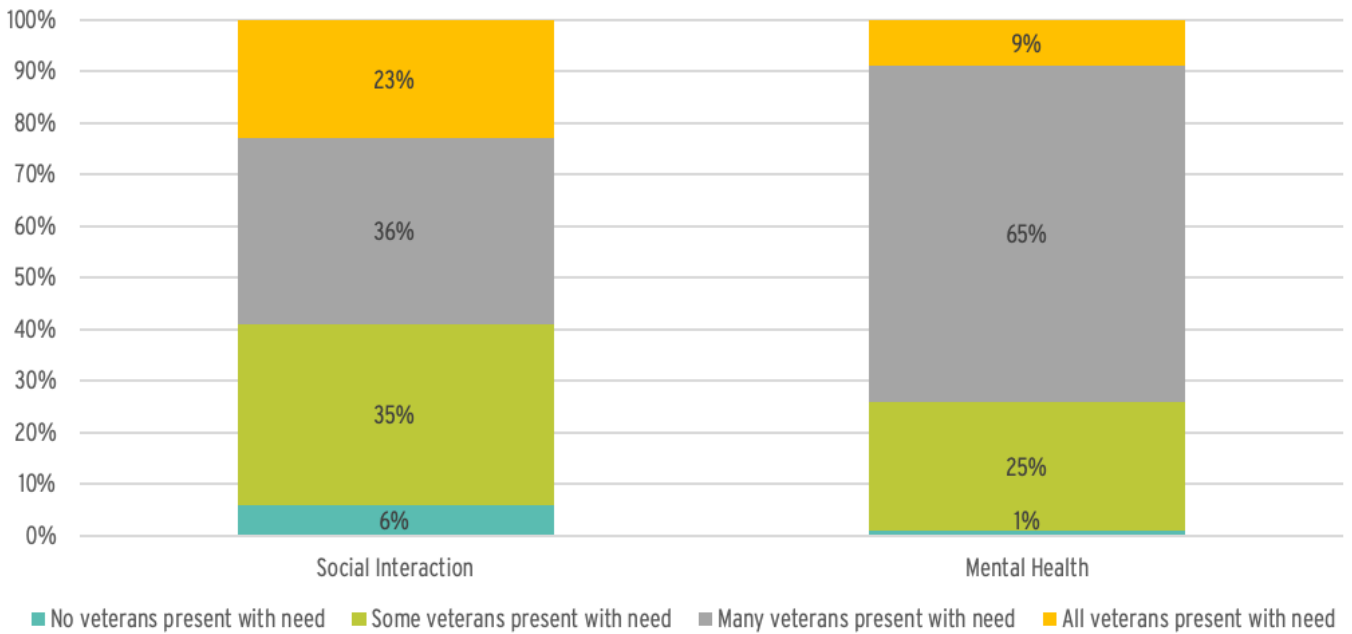
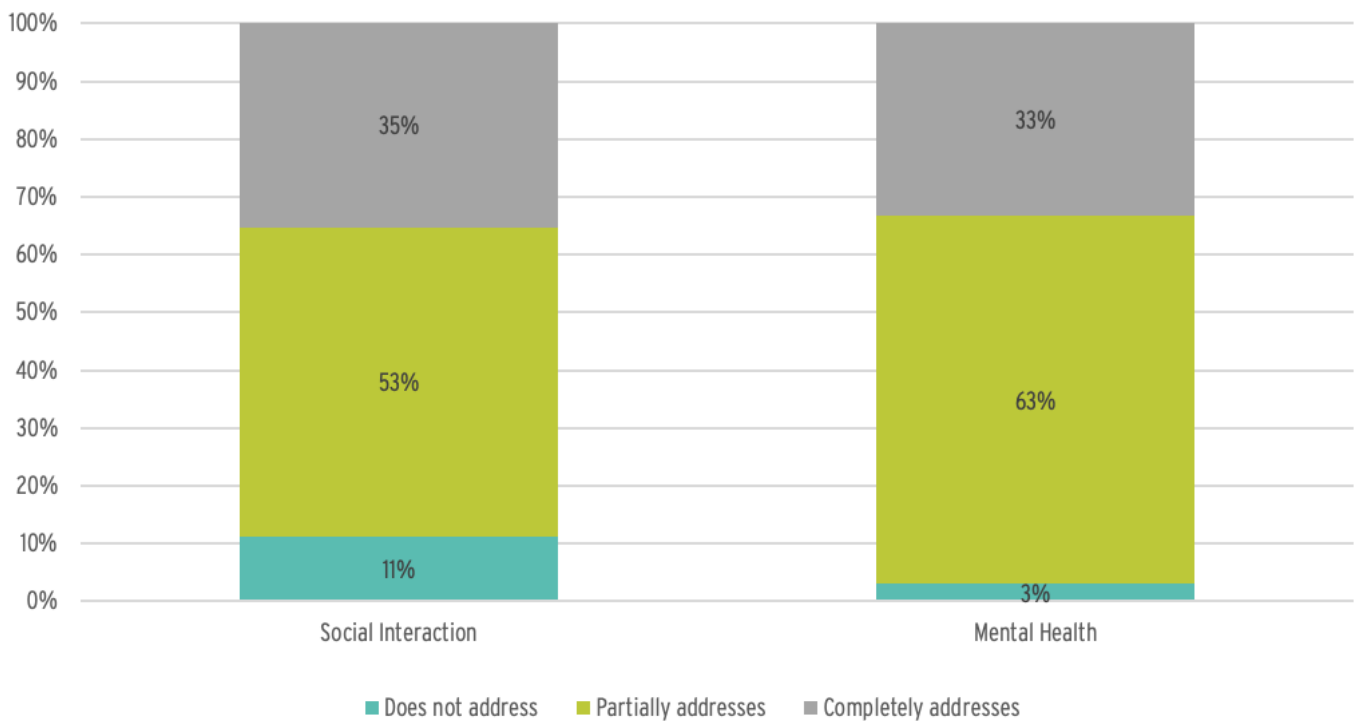


FIGURE 4: Local Partner Capacity to Address Veterans' Social and Mental Health Needs



The Challenge to Addressing Veterans Needs During the COVID-19 Crisis

There is a large and diverse landscape of organizations that serve veterans; these differ in focus, quality, and ability to sustain operations during a time of stress. During “normal” times, the tens of thousands of American organizations that serve veterans provide important programs and services to address the very economic and employment, social and mental health, and financial literacy concerns we’ve already identified, as well as others. The nonprofit sector in particular, of which most veteran-serving organizations are a part, plays a mission-critical role in helping our nation fill the ever-widening gap between what federal agencies can provide to those who have served, and what they actually need to thrive, in the very communities into which they settle after service.

However, the vast majority of veteran-serving organizations are small; they are among the 88 percent of American nonprofits that spend less than \$500,000 annually for their work.⁶⁴ Data from the LPSAT indicate that 81 of the 88 Local Partners operate in this way, with literally half operating on budgets of \$25,000 a year or less (Figure 5). Most community-based veteran serving organizations are among the 50 percent of American nonprofits that have less than one month of cash reserves on hand.⁶⁵ **These organizations possess invaluable expertise in military cultural competence and are often among the few resources in communities to authentically understand and meet the specific needs of their veterans, but they are especially vulnerable to financial uncertainty.** Fully half of the Local Partner collaboratives run on volunteer power alone, with no paid staff.

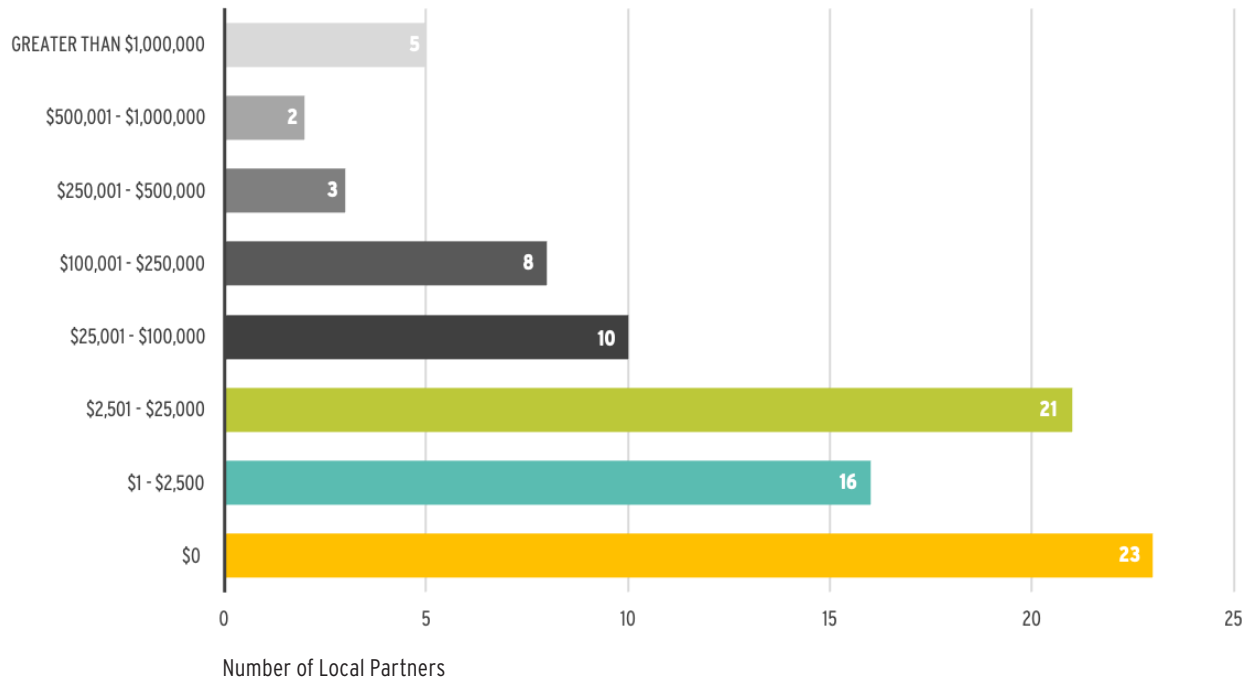
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In recent communications with Local Partner leaders, BWF has identified common themes reflecting the collective crisis-related concerns of those who provide services to veterans at the local level. Questions about the viability of community-based veteran-serving organizations in the context of social distancing, economic downturn, and other implications of the COVID-19 pandemic are substantive.

- **Maintaining even a baseline level of continuity of services with the hard-to-reach veteran population is proving very difficult, with low or nonexistent funding and staff.** More than half of Local Partner collaboratives run on volunteer power alone. Most/all of those individuals are practicing social distancing; many among them are focusing on personal and family concerns, and some lack access to the technology they need to connect virtually with colleagues and the veterans they serve, regardless.⁶⁶
- Local Partner collaboratives are already seeing and anticipating a fast-growing increase in requests for service, especially in the areas of employment, housing, and mental health. Without staff, technology, or consistent connectivity to other community providers, **these organizations have limited ability to respond expeditiously as veterans’ needs increase.**
- **Many community-based veteran-serving organizations perceive themselves to be at a near crisis point as regards teleservices, especially telehealth.** Gaps and inconsistencies in broadband coverage and technologies such as office phone forwarding services, particularly in rural and low-income communities, put many veteran-serving programs and telehealth at a notable disadvantage. Local Partners that had successfully developed and launched teleservices from public places such as libraries, and who rely on the private meeting space, internet service, and computers in such public places, no longer have access to those venues.

These are significant concerns that could portend stressors across the nation, as the care for our military/veteran population falls to other service agencies and public institutions that lack expertise about their service-connected needs.

FIGURE 5: Local Partner Annual Operating Budgets



Summary

BWF's projections of the needs of veterans in the wake of the COVID-19 pandemic reflect a range of troubling indicators. With respect to economic needs, we estimate that 1.2 million veterans, 14 percent of the veteran workforce, are employed in the industries most likely to be impacted by COVID-19, and almost 500,000 veterans live in the 15 cities most likely to face significant impacts as a result of these industrial downturns. Veterans who have lost their previous jobs will compete against non-veterans who also are unemployed in addition to a new cadre of veterans entering the workforce. Based on what we know from past recessions, new veterans in the new job market are likely to fare worst.

Veterans who lost previous jobs may have spells of unemployment lasting from 6 to 9 months before regaining relative stability. Evidence suggests that younger veterans lack sufficient financial resources to cover expenses for a minimum of three months. Although just-passed legislation and existing programs can help alleviate some of veterans' needs, Americans' reliance on non-bank borrowing and credit may result in years of debt, fees, and distress.

Loneliness and social isolation, which were serious problems for many veterans before the current COVID-19 pandemic, may be exacerbated in light of public health measures designed to contain the spread of the disease. Mental health symptoms may be exacerbated among those with pre-existing conditions, possibly leading to fatal consequences.

Preparing this report has also revealed that ongoing data collection is critical. Though BWF initiated the LPSAT effort before the COVID-19 pandemic, its recency provides a lens through which to project veterans needs into the near and distant future to gauge the capacity of local community efforts to support veterans. Continued investment in data collection that helps us monitor trends to project the near- and short-term consequences of events like the COVID-19 pandemic is vital for making informed decisions.

BWF decided to move quickly to issue these findings because we have a unique opportunity to leverage our data, our network, and our expertise to get ahead of emerging challenges. We know that the veteran community and its fellow Americans are resilient and steadfast in the face of daunting challenges. **Armed with data-driven insights, we are all in a better position to focus our efforts and lead together in this next critical phase of support.**

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Conclusions and Recommendations

COVID-19 is an emerging challenge for all of us. Based on analyses of both emergent governmental, scientific, and scholarly data, as well as data gathered from BWF's Local Partner Self-Assessment Tool, we offer the following considerations and recommendations to help our colleagues, peers, and associates prepare for our collective rebound from this pandemic.

Some communities are more likely to struggle than others.

Veterans return home to communities, not to governments, and it is at the community level where their success is determined.

Prior to the COVID-19 crisis, American communities already demonstrated dramatic variability in terms of the infrastructures, resources, political support, and military cultural competence needed to adequately address the needs of their veterans. In this current period of tremendous public health and economic vulnerability and inevitably, as we enter the stressful period of recovery that lies ahead, communities are likely to be even more challenged to provide the services that veterans need, in light of the massive problems facing their general populations at large.

Though the economic impacts of COVID-19 will be felt throughout the nation, certain communities, including several with significant veteran populations, may feel disproportionate effect. We are specifically concerned about communities dependent on industries most likely to be impacted and where many veterans reside. Myrtle Beach, Savannah, and Gulfport are smaller cities, but veterans comprise 10 percent or more of the population. Las Vegas and Orlando, on the other hand, are each home to over 145,000 veterans. Local community leaders in these locations should recognize that they may witness greater impacts, and greater demand for services and assistance, than elsewhere. Supporting veterans may require some specific strategies and commitments that could be architected now, so that infrastructure is in place both during this crisis, and as we rise from it.

National organizations that serve veterans, and the entities that fund them, should consider targeted support for communities like Myrtle Beach, Savannah, Gulfport, Las Vegas, and Orlando, where there is a significant share or number of veterans, and that rely on the industries most likely to be impacted by COVID-19. Community foundations will play a critical leadership role in directing contributed financial resources during times of crises. We encourage that their leaders invest in collecting information about who the veterans are in their catchment areas, which nonprofits serve them, and how facilitating collaboration between those affinities and the public and business sectors might yield collective impact in the fight against detrimental outcomes from the pandemic.

Upcoming economic challenges could eliminate a landscape of organizations that serve veterans.

There is a large and diverse landscape of organizations that serve veterans; these differ in focus, quality, and ability to sustain operations during a time of stress. The vast majority of these have very limited annual budgets. **They are often among few resources the communities may have to authentically understand and meet the specific needs of their veterans, and yet are financially vulnerable at a time when they may be most needed.** Although growing, the infrastructure for community-based services for veterans is fragile one, particularly vulnerable to the impact of economic downturn. Will the vast number of those who volunteer to provide critical services to veterans turn away in search of employment, as members of their own households experience unemployment? Will social distancing and other public health and safety requirements keep veterans from the crisis support they need?

Albeit an incomplete list, and one that is certain to grow and change over the coming period, we offer the following recommendations for consideration by nonprofit and civic leaders, funders, and other stewards of social impact efforts at the local level:

- **Leaders, whether from City Hall, the Chamber of Commerce, or the local community foundation, should conduct a resource audit by which larger, more stable community institutions that can provide basic, backbone support** (for example, “lights on”, internet access, equipment), and offer temporary merger opportunities to small and vulnerable veteran-serving organizations. This could promote efficiencies and play a critical role in minimizing interruption to services.
- **Leadership of the business and civic sectors should share currently under-used internet bandwidth** with strapped veteran-serving organizations. Because veteran-facing services are often reliant on person-to-person touchpoints, the prospect of losing contact with vulnerable clients is real in this time of social distancing. By sharing access to internet bandwidth, and by availing account access to teleconferencing software, businesses and institutions can help veteran-serving organizations reach clients online, as a temporary replacement strategy for in-person touchpoints.
- **All service entities could provide much needed earned revenue to veteran nonprofits by hiring their personnel to consult on military cultural competence.** Mayor’s offices, crisis call centers, civic hotlines, and other resources to which people in crisis turn would do well to increase their capacities to properly address callers from the veteran and military communities.
- **Grant makers are strongly encouraged to learn more about veteran-serving organizations**, and consider the myriad ways in which they qualify under, intersect with, and perhaps complement current grant programs that support the fields of housing, food security, health and wellness, community development, family togetherness, education, etc.; and to ease restrictions on grant making to small and local organizations. While it is possible that some veteran-serving organizations perhaps especially the very small, grassroots efforts typified by Local Partners, may not meet current grant making criteria, many offer a level of critical crisis support that is not replicated elsewhere in the community.

Veterans will face significant employment challenges.

About 15 percent of veterans work in the industries hardest hit by COVID-19. Veterans may have a harder time recovering from the recession because of pre-existing challenges translating military experience and resumes into new careers. Additionally, organizations that find jobs for people and place them in these jobs are among the top 5 industries to be affected by the pandemic. For these reasons, placing veterans in jobs after COVID-19 will not be “business as usual” and those funding or serving this need will have to adjust their strategies. Finding civilian employment after military service is one of the most stressful aspects of transition, but veterans have been overwhelmingly successful doing so. That will likely change. Organizations that provide career training or employment services to veterans need to develop plans to adapt to a more challenging job market, and funders should require accountability and monitor success.

We also know from prior research that employers hire veterans when it’s good for business.⁶⁷ If we require a national effort to dig out of another veteran unemployment dive similar to that of the Great Recession, it will be counter-productive, and potentially harmful to veteran employment, to opine that it’s charitable or patriotic to hire veterans.

Veterans are at tremendous financial risk.

As many as half of those who lose their jobs may not be reemployed for at least 6 months. Many have limited savings to carry them through that time and may rely on financial products that come at high cost and that they will carry for years. There are both short- and long-term solutions to the emerging financial needs of veterans. In the short-term, efforts are needed to provide legitimate emergency financial services to veterans. Those organizations that serve veterans but do not directly provide emergency financial services should be aware of legitimate programs that do exist and direct veterans in need to these sources.

In the long-term, there may be a need to reexamine economic policies, particularly during times of national emergencies like the COVID-19 pandemic. Such efforts are already underway: for example, the Internal Revenue Service delayed the tax return and payment deadlines from April 15, 2020 to July 15, 2020 and there are provisions in the recent CARES Act to support veterans

immediately. However, there may be options to re-examine policies affecting short-term loans (like payday loans), including re-examining the Consumer Financial Protection Bureau's proposal to rescind its own rule, scheduled to go into effect November 2020, offering certain protections to short-term borrowers.⁶⁸ States also can examine regulating such practices: some states do not permit payday lending,⁶⁹ and some require such lenders offer extended repayment plans.⁷⁰ Future research is warranted examining and forecasting the effects of high-cost lending on veterans, and the impact of various policies on any negative impacts.

Social connection is important for well-being.

While the public health measures put in place to curb the spread of the virus are critically important, the impact of COVID-19 has made the epidemic of American loneliness more pronounced. Former Surgeon General of the United States Dr. Vivek Murthy warns that "unless we recognize that it is going to impact our social health...we are at risk of incurring a social recession. By which I mean an increase in loneliness and the health consequences thereof as people become more and more isolated from each other."⁷¹ Loneliness can lead to a host of negative health consequences, including depression, substance misuse, suicidal thoughts, and can even increase risk for physical health conditions like obesity, high blood pressure, and sleep disruption.⁷² Veterans who relied on sponsored activities and events that fostered community and social interaction may be especially vulnerable.

How do we prepare and minimize the adverse consequences of loneliness during periods of social distancing, quarantine, and isolation? Dr. Murthy suggests scheduling time to connect with others by planning a phone call or writing a letter, avoiding multitasking while spending time with others to ensure that the time we are spending with them is quality time, and serving others by checking in on our neighbors, seeking advice, or providing advice when it's needed.⁷³

Organizations that are in the business of creating events to promote social interaction should pivot to create and sustain social interaction events online and work to ensure more vulnerable members don't fall through the cracks. Many have already begun to do so - BWF grantees like Team Red, White, and Blue are hosting national virtual events (see Text Box for more examples of how other of our grantees are adapting their operations). For those with more severe bouts of loneliness, there have been advances in more rigorous research on effective psychological treatments that target loneliness directly,⁷⁴ including promising results from internet-based treatments that may be especially important during this time.⁷⁵

ADAPTING IN THE MIDST OF COVID-19

BWF is already seeing creative adaptation amongst our grantees. For example, Merging Vets and Players provides peer-on-peer support huddles following group gym workouts. They have recently shifted their Huddles from the gym to an online delivery model that has ensured their contact with current participants and even extended their services to veterans who were geographically excluded. Another BWF grantee, Project for Return and Opportunity in Veterans Education (PROVE) uses social work interns, student veteran mentors, and experienced field instructors to create an environment on CUNY campuses for student veterans to easily access the resources they need to transition successfully from military life to student life. PROVE sites are typically co-located within campus student veteran resource centers. When CUNY campuses transitioned to online learning, PROVE's model pivoted to phone calls and video chats that permitted PROVE interns to conduct wellness checks, combat isolation, and provide support to student veterans.

Veterans may be particularly vulnerable to mental health impacts.

The suicide rate among veterans exceeds that of non-veterans and has done so for over 10 years, and 60 percent of deaths among VHA patients in 2017 had diagnoses of mental health or substance use disorders within the past 2 years.⁷⁶ Caring for those with pre-existing mental health conditions needs to be a priority before symptoms get worse and lead to grave outcomes.

In the near term, it may have never been as important as it is now to provide acute, crisis services to veterans. The VA's suicide crisis response services, which include the Veterans Crisis Line and Suicide Prevention Coordinators affiliated with each VA medical center, should be supported to continue to provide these critical services. However, veterans and their family members may rely on crisis lines and services operated outside of the VA, some of which are already experiencing increases in call volume due to COVID-19.⁷⁷ Crisis lines do not often have surge capacity, leaving some calls, chats, or texts for help unanswered during times of crisis.⁷⁸ Given a potential long-term increase in requests for help, efforts are needed to sustain (and potentially expand) crisis line operations, many of which are dependent on tenuous funding streams and that could be threatened due to competing resource demands in the wake of COVID-19.⁷⁹

The increased demand for mental health services also requires that providers not only be available to provide care, but that they be equipped to provide evidence-based care, either in-person or via telehealth platforms. In addition to evidence-based care for conditions that are common among veterans (i.e., depression, PTSD) there are evidence-supported treatments for health anxiety⁸⁰ and loneliness,⁸¹ conditions that may increase as a result of COVID-19.

It is also critical to improve provider competency for screening and treating patients at risk for suicide using evidence-based strategies.⁸² Finally, there is need among community providers to gain the cultural competency necessary to effectively serve veterans.⁸³

Conclusion

The range and gravity of the challenges we face is unlike any in recent memory. In uncertain times, we look to each other and the leaders among us for a balance of reassurance, guidance, and context. Our veterans and their families come from communities around the country to serve around the world - and then return to communities, both enriched and impacted by their service. Many veterans have encountered challenges and adversity that few Americans will know, and they can bring that perspective and resolve to this challenging time as well.

As our policymakers, corporate leaders, philanthropists, and citizens look for ways to help as the COVID-19 situation unfolds, the Bob Woodruff Foundation will continue our work, providing grants and support to our nonprofit partners who are positioned and proven to make the greatest impact where the need is greatest. The implications and recommendations included in this paper will guide our efforts. Our goal is to arm you with the same data-driven perspective to assist with all that you do for our nation's veterans and their families.

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ABOUT THE BOB WOODRUFF FOUNDATION

The Bob Woodruff Foundation (BWF) was founded in 2006 after reporter Bob Woodruff was hit by a roadside bomb while covering the war in Iraq. Since then, the Bob Woodruff Foundation has led an enduring call to action for people to stand up for heroes and meet the emerging and long-term needs of today's veterans. To date, BWF has invested nearly \$70 million to Find, Fund and Shape™ programs that have empowered impacted veterans, service members, and their family members, across the nation. Our team at the Bob Woodruff Foundation brings together a diverse range of backgrounds, experience and leadership - this expertise, coupled with constant engagement with our veterans and their families, has made BWF the trusted, nonpartisan voice and leading impact investor meeting the comprehensive needs of the post-9/11 veteran community. For more information, please visit bobwoodrufffoundation.org or follow us on Twitter at [@Stand4Heroes](https://twitter.com/Stand4Heroes).