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# Does the money matter? Analyzing the relationship between the change in veteran expenditures and the changes in veteran suicide and homeless rates

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**Does the money matter?**
**Analyzing the relationship between the change in veteran expenditures and the changes in veteran suicide and homeless rates**

by

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The student author and the program of study committee are solely responsible for the content of this thesis. The Graduate College will ensure this thesis is globally accessible and will not permit alterations after the degree is conferred.

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# DEDICATION

I am forever grateful to Krista Scott, for her love, patience, and understanding. I could not ask for a better friend or partner, I love you. Thank you to my sisters, Crystal and Lisa, who have inspired to be a better person every day. Thank you to Mom and Dad, for instilling in me discipline and compassion that shapes me today. You showed me the world before I ever left home to see the world. Thanks to my friends, family, and everyone who offered assistance, advice, and well wishes for my future. I hope I make you proud. Finally, this work is dedicated to the memory of Albert Rivenburg, who inspired me to focus on these issues that plague this community. He was not just a good soldier and person, but a great friend. You are missed dearly.

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# ABSTRACT

Homelessness and suicide are two issues that plague the U.S. veteran community. This research addresses the funding allocated toward veterans through the Department of Veterans Affairs and the changing veteran homelessness as well as suicide incidences. Previous research has indicated that social programs can benefit veterans at high risk for suicide or homelessness. It is theorized that an increased budget for the Department of Veterans Affairs can create more resources to not only help veterans seeking help at the Department, but also to reach out to more veterans who are not currently seeking assistance with Veterans Affairs. Analyzing data provided by the Carnegie Foundation, the Departments of Housing and Urban Development, the Department of Veterans Affairs, and multiple others, a dataset was created to consolidate the information and examine observable relationships. There was no significant relationship between percentage increases in money spent per veteran and percentage changes in veteran homelessness and veteran suicides. There is no clear evidence that increases in expenditures on veterans will affect the occurrence of veteran suicides and veterans becoming homeless. There are other unknown factors that may influence changes in veteran homelessness and suicide.

# CHAPTER 1

# INTRODUCTION

Military veterans represent a critical aspect of our nation. They sacrifice time with family and friends, missing birthdays, and anniversaries, while devoting themselves to a larger whole fighting in foreign lands, some of whom never come back. With time the wounds from battle often will heal, but that is not the case for many veterans. Many veterans are left with memories, some too horrid that they are unable to cope. According to the United States Department of Veterans Affairs, 20 veterans committed suicide every day, with only about a quarter of them using services provided by the Department (Veterans Affairs. 2016). Veterans also are overrepresented in the homeless population. (Department of Housing and Urban Development. 2010).

These numbers are a wide-scope view of the situation occurring in the nation. The purpose of the VA is to improve the quality of life of veterans. Their motto is "to care for him who shall have borne the battle and for his widow, and his orphan" (Veterans Affairs, 2016). Individual states have varied percentages of veterans who commit suicide or experience homelessness, which can allow lawmakers to observe what type of spending strategies are more beneficial for alleviating the problems that veterans face. If the nation cannot care for those who have put their lives on the line to defend it, that does not bode well for the future of the nation itself. A department that is unable to fulfill its promise leaves many to question its existence at all.

Billions of dollars are used to maintain the United States Department of Veterans Affairs. It is unclear whether a significant amount of funding can lower suicide and homeless rates

among veterans. Empirical research into the percentage changes in veteran expenditures and in veteran suicide and homeless rates is vital so that states can then allocate resources accordingly to provide more efficient results. Research pertaining to the effectiveness of Veterans Affairs facilities as well as the support programs they offer is growing, but is often limited to individual cases. Red tape limits the raw data released for public use as the material pertains to a sensitive issue that many agencies would rather have hidden from the public view. For this research, it was essential that the 2010-2011 time-line be utilized as it is one of the limited time windows to offer the most substantial data for this research.

Two likely outcomes for this issue are that the current veteran policies aimed at reducing veteran suicide and homeless are not working or that veteran policies are not being used to their full potential without proper funding. The budget allocations for the Department of Veterans Affairs increased in every state from 2009 to 2010. That budget accounts for everything from paying personnel (i.e., doctors, nurses, therapists, etc.), to creating support programs (substance abuse, rape victims, and mental health), all the way to maintaining facilities (Veterans Affairs hospitals, benefit offices, and clinics). The Department of Veterans Affairs is able, and is designated, to help veterans who face problems with homelessness or are considering suicide. Resources offered by Veterans Affairs facilities such as hospital personnel and support programs, help veterans deal with suicidal ideation and prevent them from becoming homeless. It would make sense that the states that increased their budgets at a greater rate would be able to provide more resources to help veterans facing these issues. Those states would also be able to help their veterans more so than states that did not increase their veteran budget to the same degree. In doing so, the states that increased their budget would be able to allocate resources that

reach and assist more veterans in need, which would decrease their veteran homeless and suicide rates more than states that had smaller increases in their veterans' budget.

# CHAPTER 2

# LITERATURE REVIEW

## Background

Military veterans are placed in the unique lifestyle that emphasizes 'team-over-me.' That 'me' includes private desires, familial relationships, and personal safety. All this contributes to a warrior mentality embedded into every member, which pulls many veterans away from the rest of society (Weiss, Coll, & Metal, 2015). The selfless attitude places veterans at a distinct disadvantage when confronted with the multitude of negative events that are likely to occur during their enlistment. Many combat veterans faced traumatizing events in which death was very likely; they saw fellow soldiers and friends get killed, or received injuries themselves leading to a lifelong disability. Many events were not as perilous, but nonetheless are still traumatic. Divorce is very common among veterans. Long work hours and often extensive deployments place strains on relationships that many cannot overcome. Military members after a divorce are more likely to have negative physical and mental issues afterwards. They often show signs of post-traumatic stress disorder (PTSD), depression, and substance abuse (Wang et al., 2014). While the military lifestyle is stable financially, with regular paychecks and health coverage for the immediate family, it opens its members up to emotional issues, physical problems, and difficulty integrating with society.

The War on Terror has increased the likelihood of engagements with an enemy that has not been seen since the Vietnam War. In places like Afghanistan, members of the terrorist organization Al-Qaeda utilize improvised explosive device (IED) attacks and strategic movements that they learned from American forces during the Soviet Union's invasion during

the Cold War (Hedges & Karasik, 2010). In 2009 over half of coalition troop casualties were caused by IEDs in Afghanistan. In Iraq, insurgents also employ IEDs to destabilize the nation and to frighten and coerce citizens (Hedges & Karasik, 2010). The spike in combat activity along with the brutal guerrilla tactics utilized by many terrorist organizations have left military members with events and experiences that continue to stay with them long after the battle is over. Suicide bombings are also a common tactic used by enemy combatants in Iraq and Afghanistan against civilian and military targets. With vests being worn under any garb, locating a bomber is a difficult task (Hedges & Karasik, 2010). The threats of IEDs and attackers who blend into crowds leave veterans with a lingering intensity when exposed to similar conditions back stateside. Soldiers who see casualties or experience threats are more likely to abuse alcohol (Arkes, Shen, & Williams, 2012). Anticipation, mistrust of strangers, and a feeling of dread never fully go away. That, combined with seeing friends disfigured or killed, generates images that simply do not go away with time either. Coping with that angst is often what leads to negative behaviors that can quickly go out of control.

When dealing with the symptoms of PTSD and depression, veterans often fall into substance abuse to 'treat' their issues (Cucciare et al., 2011). Veterans turn to alcohol when faced with sleeping issues or nightmares to help numb their pain (Cucciare et al., 2011). Even when not sleeping, veterans turn to alcohol to calm themselves or dull their heightened alertness when they feel flashbacks of tense situations (Jones & Fear, 2011). On the other hand, many in the military feel that alcohol is at times a way to lift morale and help team-building through socialization with the group (Jones & Fear, 2011).

Whether it stems from a coping mechanism or cultural norm, alcohol consumption is prevalent in the military. A study of addictive behaviors estimated that one in five military

personnel would be classified as “heavy drinkers” (Mattike et al., 2011). Not only is alcohol use encouraged in the military, abuse is to some extent considered acceptable as well. Military males are more likely to drink alcohol than their civilian counterparts (Teachman et al., 2015). Even with the support system that is available to active military members—i.e. fellow soldiers, superiors, and commanders—the supervision nearly disappears once the person leaves the military. A behavior is instilled in that person, who often is left to deal with it on his or her own afterwards. The military lifestyle makes veterans prone to mental and physical disabilities that lead to two major problems: homelessness and suicide.

**The Problem: Homelessness**

Facing these issues is no easy task, which is why many veterans do not feel like they fit in with the rest of society. Despite comprising only $1/10^{th}$ of the entire population, veterans make up a quarter of the homeless population (Cunningham, 2007). There is strong evidence that PTSD symptoms and traumatic experiences are associated with the high rate of veterans in the homeless population. These conditions contribute to the inability of many military personnel to integrate with a broader population that has not experienced the same events (Carlson et al., 2013). Many veterans feel disconnected from the broader society as their view of the world comes into conflict with a non-conflict environment (Pease, Billera, & Gerard, 2015). Behavior that would seem normal to other military members is considered to some extent threatening or disturbing to those with non-military backgrounds. The ‘brotherhood’ that was once available to them is difficult to reenact in the civilian world (Pease, Billera, & Gerard, 2015). Perspectives also change, so that what a normal person considers difficult and harsh is considered easy and

funny to military personnel and a division occurs whereby veterans may feel that they have no place in the civilian world.

It is not that many do not have the capability to live in a stable environment. In fact, according to Cunningham, Henry, and Lyons (2007), veterans "are more likely to be educated and employed and less likely to be at a lower poverty rate" (p. 3). It is important to understand that they have the tools needed to reintegrate back into their civilian lives, but the newly-found mental hardships keep them from utilizing those tools. They do have the skills and know-how to be contributing members of society, but due to the mental hurdles often simply resign themselves to the outskirts of society. It is important to address these mental health issues that make veterans feel like living on the streets is their only option.

**The Problem: Suicide**

Many veterans do not feel that leaving society is enough, and try to end their lives altogether. PTSD increases the likelihood of suicide, especially with those who have deployed to active combat zones (Lee, 2011). Even while being physically healthy and able to live normal lives, the unseen damage takes its toll on the veteran population. Approximately 22 veterans in the United States take their own lives every day (Kirsch, 2014). It is not necessarily a new trend, either. For the past few years, the suicide rate has remained steady (Kirsch, 2014). Despite the recent increase in wartime activities (i.e., combat, deployment, training etc.), this elevated suicide rate is not a new phenomenon.

Prior to enlistment, veterans are less prone to suicidal behaviors. After analyzing the behaviors of veterans before and after their entry into the military, prior to the lifestyle change future veterans had lower indications of suicidal ideation than the average citizen. However, after

they got out veterans had higher rates of suicidal ideation (Nock et al., 2014). It is apparent that the changes people undergo, whether it be the heightened levels of aggression, stress, or chance or hardship, during their service severely alters their mental stability.

Not only is the nature of the job to be in dangerous situations that can lead to traumatic events, but the military community is also relatively small and familial. It is quite common for military members to be connected with other service members to a certain degree (i.e., friend of a friend or served under the same leadership). There is also an organizational bond between military members that stems from living in similar situations, with similar ideals, and to some extent serving the same purpose. It is this tight-knit community that also reverberates traumatic situations back upon the community itself. Being exposed to the prevalence of suicide in the military increases the likelihood that a veteran will exhibit suicidal behaviors and commit suicide (Cerel et al., 2015). On top of the likelihood that a fellow veteran will commit suicide, the notion that "a fellow brother/sister in arms" committed suicide unknowingly encourages the behavior to others in the military community.

**The United States Department of Veterans Affairs**

The Department of Veterans Affairs provides a government system designed to handle veterans' benefits. The benefits range from helping those with disability to college tuition assistance. With an annual budget of approximately $130 billion, the funding is utilized to pay for facilities, maintain staff, and administer programs to care for veterans in need. As it is the highest government agency dealing with veteran policy and is responsible for ensuring that veterans receive the benefits promised by the federal government, the funding that goes toward this organization is used as a measure of how the government prioritizes issues about veterans.

Veterans Affairs helps veterans receive medical care and get a job, and provides tuition assistance to get them into school. Each state receives a different amount from the federal government that varies by the number of veterans they have, the types of facilities in that state, and the programs that are being used.

**Addressing These Issues**

When there is a national initiative that focuses on suicide prevention, it tends to help solve or at least alleviate the problem. Usually that entails increased attention in public education, sensible media coverage, and an emphasis on detection and treatment (Matsubayashi, 2011). When countries are able to rally around suicide prevention, which would entail providing more resources for people to be diagnosed and treated, suicide rates are shown to decrease (Matsubayashi, 2011). While during their service in the military many veterans are subject to hours of classes identifying suicidal behavior, such as depression and PTSD, there has not been any indication that this exposure is working (Bagley, Munjas, & Shekelle, 2010). Once people are out of the military, they are no longer obligated or taught how to identify at-risk behavior nor are they under constant supervision from peers and superiors.

Research also shows that facilities that treat homeless veterans provide more effective care with more personnel. The number of staff can influence not just the monitoring scope, but the type of care veterans can receive (Leda, Rosenheck, & Fontana, 1991). More staff means more eyes that could identify those that were abusing drugs or exhibiting antisocial behavior. Facilities that had more personnel were able to provide better and more care than facilities that did not have as many staff (Leda, Rosenheck, & Fontana, 1991) as they could provide more than a cursory review for each veteran.

In studies of homeless rehabilitation programs, participants who were exposed to healthy lifestyle behaviors were less likely to relapse (LePage & Garcia, 2008). The behaviors entailed recreational activities, social behaviors, coping/spiritual help, and substance recovery programs. Helping veterans with substance abuse problems can also help those veterans who are homeless from having more physical and mental problems in the future (LePage & Garcia, 2008). Such programs not only prevent substance abuse issues from occurring, but further assist veterans who have already fallen into this vicious cycle of homelessness and substance abuse.

The Department of Veterans Affairs also provides resources that can reduce suicide rates among veterans. Military service personnel who have PTSD and depression and are able to receive social support after a deployment show no increase in the incidence of suicidal ideation or behavior. However, for those without support and who have PTSD, suicidal behavior increased (DeBeer et al., 2014). This does not mean that those who have suicidal ideation after a deployment have less social support, but that the suicidal ideation rate stays steady and does not increase. DeBeer and company's work indicates that those who receive social support do not have a lower rate of suicidal ideation, but the incidence of ideation does not increase. Social support halts increases in suicidal ideation among veterans.

Even veterans who have attempted suicide are more likely to survive the next year after an attempt if they have utilized the resources of the Department of Veterans Affairs (Kirsh, 2014). Those who have sought help after a suicide attempt were able to decrease the likelihood of attempting again in the future compared to those who did not seek treatment. These programs and systems can help veterans who are facing these problems. Suicide and homeless rates do not have to be left unchecked in the military community.

**Why are these problems still a problem?**

Veterans returning from deployments in Afghanistan and Iraq are more likely than veterans returning from other overseas postings to take advantage of their GI Bill and continue their higher education; however, those who experienced violent combat are more likely to disregard their educational benefit (Armey & Lipow, 2015). Their time in combat becomes a roadblock in their transition back to normal society. Veterans are hesitant to reintegrate and seek help in certain programs, which makes them miss out on even more beneficial programs. It is evident that problems usually do not just occur or exist exclusively or in isolation, but create perpetual problems in other aspects of life.

Even veterans who have attempted to find help with health care in the Department of Veterans Affairs still find themselves disconnected from those social programs. They forgo healthcare assistance for three reasons: trust, stigma, and the nature of the care process (O'Toole et al., 2015). Serving the federal government leaves a mistrust for the systems in place. If they were hurt themselves during service, or had friends hurt or killed, many question the purpose of their mission or if it was indeed worth it. Veterans tend to 'grow a chip on their shoulder' for having served and not feeling appreciated back home. They also feel stigmatized for needing help, especially when diagnosis for PTSD and depression come up. Terms like PTSD and depression negatively connote someone being 'crazy' or 'out of their mind.' Military members feel that being tagged with such a diagnosis could hamper their career and personal life. They fear that they would not be classified as mentally fit or strong enough to do their job and would be forced out of the military. Finally, many feel the health care process does not cater to them enough. Although the Department of Veterans Affairs caters to veterans, money is usually an issue and 'cookie-cutter' approaches are used to save money. Individual treatments are not very

cost-effective, but when each veteran has his or her own specific issues broad treatment may not be enough. Even though the Department of Veterans Affairs is there, veterans will not necessarily use it.

Adding to this problem, resources are not available equally or everywhere. Alcohol use and distance from the Veterans Affairs facility are associated with suicide (Maguen et al., (2015). Veterans who live in rural areas are more at-risk for suicide than are those who live in cities. When the nearest Veterans Affairs hospital is a three-hour drive, it is not that the trip is impossible to make but there are other factors that have to be considered. People work and have families, and the idea of a lengthy trip that may or may not even be beneficial prevents many from going at all. If a military member needs help and assistance is not nearby, his or her substance abuse problem can get worse. That, on top of their present suicidal ideation, increases the risk for suicide. It could be that there are not enough facilities or access to resources to the veterans who need it.

In addition, the Department of Veterans Affairs may not be using its funding to help veterans efficiently as it is designed to do. A search of current news articles involving the Department includes “Florida VA Left Veteran’s Body in Shower for More than Nine Hours” (Silverstein. 2016), “Another Vet Commits Suicide Waiting for VA Care” (O’Brien. 2016), and “Veteran Dies after Setting Himself on Fire Outside New Jersey Clinic” (Chasmar. 2016). All the articles described incidents of veterans not receiving proper care and ending up deceased. Those articles did not include issues within the Department of Veteran Affairs where a search brought up “Billions spent to fix VA didn’t solve problems, made some issues worse” (Curt & Griffin, 2016) and “VA Bosses in 7 States Falsified Vets’ Wait Times for Care” (Slack. 2016). The Department of Veterans Affairs itself has acknowledged inappropriate use of spending on

promotional items, excessive costs, and wasteful expenditures (Veterans Affairs, 2015). If funding that could help veterans is instead being spent on nonessential items, it would be difficult for the Department of Veterans Affairs to address any of the problems facing veterans.

Accordingly, this study was conducted to address the following hypothesis:

*$H_0$: States that have higher increases in spending per veteran will not have greater decreases in veteran homeless and suicide rates.*

*$H_A$: States that have higher increases in spending per veteran will have greater decreases in veteran homeless and suicide rates.*

# CHAPTER 3

# DATA AND METHODS

## Population

The fifty states in the United States provide multiple observations of spending habits and outcomes than was available simply from using a single nation's spending strategy and analyzing an outcome from the entire nation. In each state, there are certain similarities of infrastructure, cultural identity, federal support, and the common notion of being a state within the United States. This research analyzes the outcomes of homelessness and suicide for the veteran population, defined as people who have been in the military or are currently in the military. Specifically, it focuses on the patterns across states of veterans who have been homeless or committed suicide during the 2010 to 2011 window.

## Variables

The data employed for this study are primarily quantitative, gathered from numerous databases that focus on specific variables on which my research focuses. The Department of Veterans Affairs maintains a wide array of spreadsheets containing state budgets, including information on the size of the veteran populations and total expenditures on veterans' services. To alleviate potential distortions in analysis owing to differences in spending relative to each state's financial capabilities, a mechanism was needed to balance the relative level of resources placed on each veteran while not emphasizing the spending limitations of some states. For example, a state like North Dakota will not have the same financial resources or population to provide for their veterans as a state like Texas. At the same time, North Dakota must still be

responsible for allocating a certain amount of resources to the veterans that do inhabit their state. From the Veterans Affairs database, a per capita amount was calculated using the veteran expenditures relative to that state's veteran population (calibrated as the number of dollars spent per veteran in that state). Once again, there is still a gap that must be bridged as more financially abled states like Texas, with a larger budget, are able to increase expenditures on veterans by nearly $2 billion in a year, while Vermont, with a much smaller budget, can only increase theirs by $19 million in the same time-period. A percentage change metric helps level the playing ground of spending relative to a state's financial capabilities and previous history of spending. Monetary amounts also have been translated into number of thousands of dollars for this research to contribute to easier understanding of relationships among patterns in the relevant variables.

Journalists in conjunction with the Carnegie-Knight Initiative compiled every states' suicide data related to veterans. Manually counting death certificates and other public records, they created a data set illustrating veteran suicide statistics. In some instances, data had to be estimated using older state data and suicide trends. Otherwise the data sets is one of the few available to the public that also includes the necessary time line.

The federal government's Department of Housing and Urban Development (HUD), along with the nonprofit organization National Coalition for Homeless Veterans (NCHV), provided databases for homeless veterans. To create a measure of homeless veterans among the states, a raw count of homeless veterans was used from one year to the next to calculate the percentage difference over time for each state. A state's raw numbers of veterans cannot be measured against that for other states directly, as their populations may differ greatly. A decrease of 25 homeless veterans would be a minimal improvement in California, with both a high general population and a large homeless population, as opposed to a smaller state such as Vermont,

where that amount of change would cut the veteran homeless rate in half. Using a state's prior year's data provides a reasonable measure of improvement or decline rather than simply pitting the states' raw numbers against one another. The veteran suicide measurement is calculated similarly to the veteran homeless measurement. The raw data of the number of veteran suicides in a state from one year to the next adjusting for changes proportionate to population provides a reasonable measurement of the state's ability to affect outcomes related to this problem.

Secondary variable information was provided by the United States Bureau of Economic Analysis (BEA) and the National Conference of State Legislatures (NCSL). The Bureau of Economic Statistics provided recorded data of each state's individual gross domestic product and the National Conference of State Legislatures site provided partisan state control data. These data sets were necessary in observing the economic trends or partisan policy tendencies of states that could also influence the veteran homeless and suicide variables.

**Limitations**

Initially, non-linear methods such as quadratic or logarithmic functions were considered for use. Preliminary data results did not provide visual evidence of a pattern consistent with either of these functions. A lack of an arch or 'S' pattern in the graphs inclined the research to focus on the linear method of model estimation analyzing *p*-values and $R^2$ values to search for a significant relationship between variables.

The headcounts of homeless veterans from both HUD and NCHV were done on a single night in their respective years. There is room for error as the nature of the homeless population varies from one night to the next. Occasionally, there are homeless veterans who may have found a place to sleep during the count and did not end back up in the streets until after it was over.

There may have been multiple homeless veterans who did not want to be found or bothered, thereby yielding false information. The same can be said for a civilian homeless person, who could have provided false information in hopes of gaining some sort of benefit. This makes it difficult to give an accurate count of the homeless population given that the data are a snapshot of one night during the year.

The count of veteran suicides can also be misconstrued. The suicide data were assembled by journalists who gathered data from individual states, sometimes going through death certificates by hand. Some of the states' data values pertaining to veteran suicides are estimated through previous suicide patterns in that state, as well as suicide trends of civilians in that state. This count is not perfect, but it is one of the few datasets that depicts the number of veteran suicides by state. There are no government or private organizations that provide data for all of the fifty states, and the willingness of state officials to hand over data pertaining to these issues is lacking. Government reports are limited to presenting national data rather than ongoing patterns in each state and requests for the raw data have proven unfruitful.

Due to the limited scope of homeless and suicide data, it can be inferred that the change in spending habits could be due to the existing trends in homelessness and suicide at that time. The changes in expenditures are measured for the year prior to the change in veteran homelessness and suicide rates, to allow time for the change in expenditures to provide expected results. A change in the amount of money spent on veterans from 2010 to 2011 does not provide adequate time to see effects on changes of veteran suicide and homeless incidence for the same 2010-2011 time period. While a 'cushion' year is provided, it is difficult to predict how long after a budget is passed before results can reasonably be expected. The 2009-2011 Veterans

Affairs budget should provide adequate time to indicate a change, if any, in the suicide and homeless rates from the 2010-2011 time period.

When calculating relationships between the percent changes in spending per veteran against the percent changes of veteran homelessness and suicide, the veteran population in each state was utilized to weigh the widely varying number of occurrences of veteran homelessness or suicide. Small frequencies of occurrences of veteran homelessness or incidences of veteran suicide can affect less populated states more than heavily populated states. Even after including a statistical weight of the veteran population of each state as a proportion of the total national populations of veterans, the results of linear models tests for a relationship still did not illustrate a significant relationship between money spent per veteran and veteran homelessness or suicide. Accordingly, results are presented for the unweighted models.

The budget of the Department of Veterans Affairs does not encompass all organizations that assist veterans, but the Department of Veterans Affairs is the federal government's mandated entity designed to ensure veterans are being cared for. Certain organizations concentrate their efforts in specific states or on specific types of veterans (i.e., those who are blinded, fought in foreign wars, etc.), but none assist veterans to the same extent as the Department of Veterans Affairs. While there is no perfect way for a state to indicate that they "support the troops," money allocated toward the department designated to caring for those troops is an indicator of the priority placed on veterans who are facing these dire issues.

# CHAPTER 4

# FINDINGS AND RESULTS

## Findings

Changes in each state's spending per veteran was measured against the previous year's spending in each state per veteran. Changes in the homeless and suicide incidence utilized in this study were also measured according to the prior year's data. The goals of the research were to establish whether a pattern exists between spending on veterans and the desired outcomes of that spending regarding homelessness and suicide. That is: Would spending more money fix the problems of veteran homelessness and suicide?

Graphs 1.1 and 1.2 demonstrate the associations between the percentage increase in the amount spent per veteran against the percentage changes in veteran suicides and veteran homelessness. If increased resources for veterans helps with veterans struggling with suicide or homelessness, we would expect that fewer veterans would turn to suicide and to living on the streets, which would be demonstrated through a strong, negative correlation.

The changes in expenditures, number of homeless veterans, and number of veteran suicides are continuous variables, necessitating the use of regression analysis. After estimating the regression models, it is clear that there are no statistically significant relationships between the changes in money spent per veteran and changes in either the number of veteran suicides or the number of homeless veterans. With the respective $R^2$ values of .003 and .0002, and $p$-values of .6972 and .9061, we must fail to reject the null hypothesis, indicating that states characterized by higher increases in spending per veteran do not have larger decreases in incidences of veteran

homelessness and suicide. There is no clear evidence that increased spending per veteran has an impact on veteran homeless or suicide frequency.

These are unexpected findings considering that some states could increase their money spent per veteran at a much higher rate than other states but still could not influence veteran homelessness or suicide incidence. Table 1 provides a summary of state-level data for changes in spending per veteran, the number of veteran suicides, and the number of homeless veterans.

Every state increased their veterans' expenditures over the years covered in this study, which increased the amount spent per veteran nationally by at least 3%. However, there is no consistency among the homelessness and suicide trends among the states. Some states such as Nevada increased spending drastically and evidenced lower instances of veteran suicides and homelessness, but states such as Colorado exhibited higher instances of veteran suicides and homelessness despite increasing expenditures per veteran. Then there are states such as Alaska that increased spending per veteran by nearly 4% and experienced decreased veteran homelessness and suicide. There are weak connections, if any, overall between spending strategies and outcomes, and the lack of statistical significance demonstrates that the relationship is neither negative nor positive.

Other variables were analyzed to attempt to identify whether they exhibit a relationship with veteran homelessness and suicide. Changes in a state's economic status were measured by changes in each state's Gross Domestic Product (GDP) and changes in statewide property values. States that are not doing well economically may show signs of increased veteran homelessness, due to smaller wage increases and lower increases in state economic production measured by the state GDP. The states' compensation of employees, taxes on production and imports, and earnings should provide a reflection of the state's economic performance, which can impact the

veteran homeless population. Growing property values could lead to a higher number of incidences of homeless veterans if the cost of housing becomes too high for veterans to afford.

The State GDP/Homeless Veteran graph (Graph 2.1) visualizes the estimated regression line of y = -.00718+ 1.643 * % Change in State GDP, with an $R^2$ value of .017495 and a *p*-value of .1546. This does not indicate a strong relationship, with the change in state GDP explaining less than two percent of the state-level change in the number of homeless veterans. The Property Value Change/Homeless Veteran graph (Graph 2.2) summarizes the estimated regression line of y= -0722 + 01 * % Change in Property Value, with an $R^2$ value of $1.582e^{-5}$, (that is, 0.00001582), or very nearly zero, and a *p*-value of .9781. The Property Value Change variable did not show a strong relationship with the change in number of homeless veterans. The models based on these data did not indicate that there was a significant relationship between these state economic measures and changes in the number of homeless veterans.

Comprehensive data are not available on state-level veteran legislation that could be measured across states. However, the study was able to make use of data on the political parties in charge of the state government as an indictator of the propensity to provide budget allocations for veterans. Partisan politics can have a large influence over whether certain policies are enacted or eliminated. Spending changes from 2009 to 2010 were examined to observe whether the electoral outcomes of partisan politics had any relationship with spending patterns as a function of which political party is in control of the legislature and of the governor's office and any effects of partisan splits in political power. Changes in veteran homelessness and suicide for the year prior were used in this analysis to allow a window for legislation or political action to occur.

On average, as visualized in Graph 3.1, Republican-controlled state governments tend to increase money spent per veteran the most, followed by Democratic-controlled state

governments, and with split party governments showing the lowest increases in expenditures per veteran. The proportion of variance in state expenditures on veterans that is explained by party balance is summarized by the $R^2$ value of .082, and the *p*-value of .12, which indicated the lack of statistical significance for this relationship.

Changes in veteran homelessness and suicide also were modeled against each state government's pattern of partisan control to observe whether any meaningful statistical relationships existed. As mentioned earlier, state lawmakers have the ability to pass legislation that allocates resources toward veterans, including both toward the Department of Veterans Affairs and non-federal initiatives to combat veteran homelessness or create veteran suicide awareness in that state.

From Graph 3.2, it can be seen that on average Democratic-controlled states tended to have larger increases in the number of homeless veterans from 2010 to 2011, but, on average, had higher decreases in veteran suicides during that same time window per Graph 3.3. Modeling the relationship of the partisan control variable with changes in the number of homeless veterans produced the $R^2$ value of .063 and *p*-value of .2145. There is no evidence of a statistically significant relationship between the variables of state partisan control and the percentage change in veteran suicides. According to Graph 3.3, the $R^2$ value for that relationship is .119, with *p*-value of .0509. Although still above the traditional .05 cutoff value to declare a result statistically significant, this is the strongest statistical finding of the present research. The relationship between partisan patterns of control in the states and percentage changes in the number of homeless veterans and in veteran suicides should be addressed in further research.

**Discussion**

The results of this study are surprising in that states that were able to spend more on veterans and increased their per veteran expenditure budget were unable to curb veteran homelessness and suicide. Even though every state spent more on veterans than the previous year, there was no consistent decrease in negative outcomes for veterans across the board. Based on the regression line estimated in Graph 1.1, it is doubtful that a given percentage increase in spending per veteran would in fact lead to a decrease in veteran suicide rates. The same goes for Graph 1.2; every percentage point increase in spending per veteran would not likely lead to a meaningful decrease in the number of homeless veterans. There may be a threshold at which increasing money spent per veteran is effective, as well as a point at which increases in the money spent per veteran continues to be ineffective.

As mentioned earlier, the relationship between state partisanship and the percentage change in veteran suicides should be the focus of additional research in the future. There are several potential predictors that could contribute to the strength of the relationship. Per Graph 3.1, on average Republican-controlled state governments increased the amount of money spent per veteran more than did their Democratic counterparts or compared to states that were split between the two parties. State legislation focused on suicide awareness or state welfare benefits to alleviate homelessness in general could play a role. The Democratic Party is known for its pro-social welfare stance. It is plausible that veterans can utilize these non-military resources that are available to the rest of the community.

Several other factors that could not be included in this study may be better able to account for these r numbers of homeless veterans or veteran suicides. As mentioned earlier, the process of data collection for the number of suicides and instances of homelessness is susceptible

to human error. Data for both of these variables are not collected and shared regularly. In fact, the dataset for veteran suicides was gathered from a news source by hand, but it is the most comprehensive one in existence and available to the public. There could be many inconsistencies in the data with people committing suicide and not having veteran identification, or vice versa, with homeless persons claiming veteran status to receive some aid. An accurate and continuously updated database should be created that measures not only the number of veterans committing suicide, but a system for states to refer to when a person is considering suicide, is homeless, or commits suicide, so that state data officials can check to see if a military background exists. From there that veteran can be documented for future research or be provided with assistance if he or she so wishes.

Research mentioned in the literature review has shown that the Department of Veterans Affairs has resources that can help veterans considering suicide or who are homeless. However, if the true data are not made available to the public, how will people be able to address and possibly resolve the problems related to this issue? Veterans are overrepresented in the homeless and suicide statistics, and there is no indication that this pattern will change. The Department of Veterans Affairs released a Suicide Data Report in 2012, but has yet to release the raw data to the public. Homeless veterans often are not counted and it is difficult for anyone attempting to do such counting to validate veteran status without identification. A database for states to verify veterans who need help could prove beneficial. Some states may be ashamed that they are not handling these veteran issues as well as others, but it is only in the free exchange of information that a solution can be found.

As mentioned earlier, the relationship between state partisanship and the percentage change in veteran suicides should be given focus in the future. There are several other structural

factors that could contribute to the strength of this relationship. State legislation focused on suicide awareness or state welfare benefits to alleviate homelessness in general could play a role.

Finally, the results could indicate that throwing money at these types of problems will not solve them. Multiple state variables have been measured and observed to investigate whether they have a strong relationship with veteran homelessness and suicide, but the estimated relationships were weak. It may be that the differences between the states do not hold the key to solving these veteran issues. The findings reported here could be seen as leading to further inquiry as to whether the Department of Veterans Affairs is able to carry out its mission effectively. Findings can also be used on a state-by-state analysis. States that show evidence of decreasing veteran homelessness and suicide while increasing veteran expenditures minimally can attract further research. Conditions specific to states that display decreases in these veteran problems can be evaluated to reproduce in other states that are not showing signs of decrease. Instead of simply increasing funding toward veterans, states legislatures can identify which strategies or programs contribute positive outcomes for veterans in their states. As previously mentioned, the Department of Veterans Affairs is known to have a stigma among veterans that gives rise to distrust. Perhaps state legislatures could invest in an organization independent from Veterans Affairs that provides assistance to veterans while rebuilding trust in the relationship between veterans and the Department of Veterans Affairs. There are numerous possible responses to these homeless and suicide issues, but more information needs to be made available to make it possible to enact the proper responses.

# CHAPTER 5

# CONCLUSION

After reviewing the data, we fail to reject the null hypothesis. We see that there is no strong relationship between changes with veteran expenditures and changes in the numbers of homeless veterans or veteran suicides. Some states increase spending less than others and there is no consistent pattern of change. States' economic performance (state Gross Domestic Product) and average housing values also exhibited weak relationships with veteran homelessness. This leads to the conclusion that there are other influences on veteran homelessness and suicide. The states' governments' partisan distribution of power showed some promise for a relationship with veteran suicides, and can be attributed to non-Department of Veterans Affairs legislation. Policy and legislation preference specific to one party could provide avenues of veteran assistance that cannot currently be seen.

Every state displayed increases in veteran spending from previous years, yet they could not all produce a reduction in veteran homelessness or suicide. One would expect that an increase in resources would produce better results than the previous years. Although this did not turn out to be the case, this research has uncovered valuable data, explored new relationships, and exposed current loopholes in the records system in this field.

This work is by no means meant to shame the Department of Veteran Affairs, state officials, or even veterans, but to bring light to the shortcomings of our great nation. Not every veteran seeks out assistance from Veterans Affairs and not every homeless veteran is a model citizen either, but the fact remains that for an organization committed to improving the lives of veterans there are many instances where this does not occur.

Most importantly, the results indicate that simply increasing funding for the Department of Veterans Affairs will not help solve the problems of veteran homelessness and suicide. This spending strategy appears to work for some states, but falls short in others. It is likely that states will continue to increase spending, but not all of them will experience a decrease in veteran homelessness and suicide instances. The "money spent per veteran" metric is not the perfect measurement of a state's commitment to veteran care, but it is fair when balanced with the number of veterans residing in the state as well as previous annual budgets. States that are not experiencing decreases in veteran homelessness and suicide should take note of circumstances, conditions, and strategies unique to states that are experiencing decreases to emulate results rather than blindly increasing budgets.

**Future Research**

There is room and need for work that highlights states with low veteran suicide and homeless states. Further, research focusing on strategies that reach the most veterans, especially those at risk, is of the utmost importance. Based on the results from my research, I state that the current spending strategies are not working for veterans, and I challenge myself and future researchers to find one that does. Perhaps future researchers could focus on the spending strategies and the incidents that drive them. As mentioned earlier, the Department of Veterans Affairs, homeless veterans, and incidences of veteran suicide make news headlines. Can there be a relationship between media headlines focusing on veterans and the increases in veteran expenditures?

Should information that currently is unavailable be made public, clearer results observed from states experiencing decreases in veteran homelessness and suicide need to be emphasized to

help replicate those positive outcomes in other states. Not all states spend their veteran expenditures in the same fashion, with a certain portion going to facilities, staff, or medical assistance. Further work should evaluate the performance of these components of Veterans Affairs efforts relative to their budget apportionment. Finally, I ask that researchers reach out to veterans to find out why veterans refuse to utilize the services provided by the Department of Veterans Affairs and what states can do to bridge the gap in service utilization.

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# APPENDIX A. TABLES

Table 1: Summary of State-level Data for Changes in Spending Per Veteran, Veteran Suicides, and Homeless Veterans

| State | % Change in $ Spent Per Veteran from 2009 to 2010 | % Change in Veteran Suicide from 2010 to 2011 | % Change in Homeless Veterans from 2010 to 2011 |
|---|---|---|---|
| Alabama | 11.31% | 4.49% | -38.19% |
| Alaska | 3.38% | -22.86% | -5.45% |
| Arizona | 13.55% | 0.83% | -30.81% |
| Arkansas | 8.80% | -15.24% | 7.94% |
| California | 16.18% | 0.14% | -2.91% |
| Colorado | 20.94% | 8.97% | 60.20% |
| Connecticut | 9.73% | 3.85% | -5.24% |
| Delaware | 11.06% | 21.43% | -27.78% |
| Florida | 13.07% | 0.00% | -27.34% |
| Georgia | 11.21% | 24.57% | -18.18% |
| Hawaii | 31.01% | -12.90% | 10.52% |
| Idaho | 10.50% | -2.86% | 9.43% |
| Illinois | 12.55% | -4.50% | -5.37% |
| Indiana | 13.53% | -0.61% | -6.24% |
| Iowa | 8.43% | 16.90% | 16.87% |
| Kansas | 10.99% | -11.11% | -43.97% |
| Kentucky | 9.17% | 19.23% | 4.39% |
| Louisiana | 11.52% | -15.20% | -52.02% |
| Maine | 8.76% | -34.78% | 66.77% |
| Maryland | 13.83% | 5.88% | -23.84% |
| Massachusetts | 11.64% | -21.33% | -20.71% |
| Michigan | 10.85% | 2.36% | -3.13% |
| Minnesota | 11.82% | 23.08% | -26.30% |
| Mississippi | 14.20% | 0.00% | -32.70% |
| Missouri | 13.51% | 0.00% | 11.88% |
| Montana | 13.04% | -19.12% | 9.87% |
| Nebraska | 14.88% | 61.90% | 1.77% |
| Nevada | 21.69% | -1.61% | -43.10% |
| New Hampshire | 11.79% | -19.51% | -17.27% |
| New Jersey | 13.18% | -2.13% | 52.14% |
| New Mexico | 11.34% | 1.22% | -20.34% |
| New York | 11.42% | 14.02% | -1.69% |
| North Carolina | 10.76% | -6.76% | 17.06% |
| North Dakota | 10.75% | 4.17% | -18.59% |
| Ohio | 23.11% | 0.75% | -16.03% |
| Oklahoma | 12.61% | 7.63% | -22.09% |
| Oregon | 14.93% | -0.66% | 13.86% |
| Pennsylvania | 12.49% | 0.00% | -3.80% |
| Rhode Island | 9.72% | 0.00% | 61.84% |
| South Carolina | 11.36% | 19.70% | -10.71% |
| South Dakota | 6.21% | 19.05% | -28.43% |
| Tennessee | 11.02% | 22.58% | -42.40% |
| Texas | 16.38% | -1.50% | -4.14% |
| Utah | 15.44% | -5.33% | 13.26% |
| Vermont | 11.00% | 20.00% | -46.82% |
| Virginia | 17.35% | 4.79% | -5.96% |
| Washington | 13.96% | -6.76% | -28.12% |
| West Virginia | 10.06% | -2.78% | -50.43% |
| Wisconsin | 14.18% | -1.18% | -0.37% |
| Wyoming | 7.67% | 3.45% | 8.99% |

Table 2: Data for Year 2009 (Monetary Figures in $000s)

| State | State Location by Region | Legislative Control | State Executive Government Party | State Control | Veteran Population (2009) | Total Veteran Expenditures (2009) | $ Spent per Veteran (2009) | State GDP (2009) | Median Property Value from 2007-2009 |
|---|---|---|---|---|---|---|---|---|---|
| Alabama | South | REP | REP | DIVIDED | 409,997 | $1,971,677.73 | $4.81 | $168,315,000 | $118.70 |
| Alaska | West | SPLIT | REP | DIVIDED | 76,468 | $345,074.24 | $4.51 | $50,463,000 | $232.60 |
| Arizona | West | REP | REP | REP | 561,387 | $2,128,911.44 | $3.79 | $242,509,000 | $221.10 |
| Arkansas | South | DEM | DEM | DEM | 257,625 | $1,503,314.78 | $5.84 | $98,020,000 | $102.90 |
| California | West | DEM | DEM | DIVIDED | 2,025,934 | $8,068,918.07 | $3.98 | $1,912,115,000 | $461.40 |
| Colorado | West | SPLIT | DEM | DEM | 424,228 | $1,522,302.30 | $3.59 | $247,270,000 | $237.80 |
| Connecticut | Northeast | DEM | DEM | DIVIDED | 237,696 | $781,794.67 | $3.29 | $233,562,000 | $301.00 |
| Delaware | South | DEM | DEM | DEM | 79,166 | $255,329.00 | $3.23 | $57,350,000 | $246.00 |
| Florida | South | REP | REP | REP | 1,683,899 | $7,254,247.40 | $4.31 | $721,755,000 | $210.80 |
| Georgia | South | REP | REP | REP | 772,832 | $3,126,536.21 | $4.05 | $404,575,000 | $165.10 |
| Hawaii | West | DEM | DEM | DIVIDED | 117,254 | $413,840.99 | $3.53 | $65,382,000 | $543.60 |
| Idaho | West | REP | REP | REP | 137,099 | $523,392.43 | $3.82 | $53,882,000 | $177.40 |
| Illinois | Midwest | DEM | DEM | DEM | 802,834 | $2,720,362.55 | $3.39 | $638,032,000 | $207.30 |
| Indiana | Midwest | REP | REP | DIVIDED | 500,806 | $1,627,871.23 | $3.25 | $262,068,000 | $122.80 |
| Iowa | Midwest | SPLIT | REP | DEM | 240,317 | $842,055.41 | $3.50 | $137,069,000 | $120.10 |
| Kansas | Midwest | REP | REP | DIVIDED | 229,145 | $859,632.58 | $3.75 | $123,986,000 | $123.60 |
| Kentucky | South | SPLIT | REP | DIVIDED | 339,942 | $1,633,797.23 | $4.81 | $156,319,000 | $116.80 |
| Louisiana | South | SPLIT | REP | DIVIDED | 312,087 | $1,454,955.87 | $4.66 | $210,879,000 | $131.80 |
| Maine | Northeast | REP | REP | DEM | 140,552 | $693,774.80 | $4.94 | $50,405,000 | $178.10 |
| Maryland | South | DEM | DEM | DEM | 476,202 | $1,584,010.93 | $3.33 | $300,929,000 | $335.10 |
| Massachusetts | Northeast | DEM | DEM | DEM | 409,184 | $1,695,609.96 | $4.14 | $385,698,000 | $352.40 |
| Michigan | Midwest | REP | REP | DIVIDED | 723,368 | $2,224,782.73 | $3.08 | $363,146,000 | $145.40 |
| Minnesota | Midwest | REP | DEM | DIVIDED | 390,576 | $1,678,830.01 | $4.30 | $258,166,000 | $209.90 |
| Mississippi | South | DEM | REP | DIVIDED | 209,242 | $1,103,143.87 | $5.27 | $93,669,000 | $97.30 |
| Missouri | Midwest | REP | DEM | DIVIDED | 514,724 | $2,051,357.11 | $3.99 | $250,436,000 | $139.70 |
| Montana | West | REP | DEM | DIVIDED | 102,986 | $451,635.82 | $4.39 | $36,079,000 | $174.90 |
| Nebraska | Midwest | REP | REP | REP | 147,928 | $763,467.67 | $5.16 | $86,961,000 | $122.60 |
| Nevada | West | DEM | REP | DIVIDED | 245,064 | $1,044,380.06 | $4.26 | $120,202,000 | $267.70 |
| New Hampshire | Northeast | REP | DEM | DEM | 129,629 | $446,589.02 | $3.45 | $62,205,000 | $257.60 |
| New Jersey | Northeast | DEM | REP | DEM | 463,720 | $1,437,964.09 | $3.10 | $482,143,000 | $361.10 |
| New Mexico | West | DEM | REP | DEM | 176,566 | $959,847.03 | $5.44 | $82,838,000 | $160.90 |
| New York | Northeast | SPLIT | DEM | DEM | 988,217 | $4,234,067.86 | $4.28 | $1,148,407,000 | $310.10 |
| North Carolina | South | REP | DEM | DEM | 770,080 | $3,421,440.04 | $4.44 | $407,846,000 | $151.80 |
| North Dakota | Midwest | REP | REP | REP | 57,074 | $230,131.48 | $4.03 | $32,489,000 | $112.30 |
| Ohio | Midwest | REP | REP | DIVIDED | 913,296 | $4,376,616.17 | $4.79 | $479,526,000 | $136.90 |
| Oklahoma | South | REP | REP | DIVIDED | 329,601 | $1,869,433.54 | $5.67 | $143,648,000 | $104.90 |
| Oregon | West | SPLIT | DEM | DEM | 340,020 | $1,508,594.82 | $4.44 | $181,022,000 | $263.20 |
| Pennsylvania | Northeast | REP | REP | DIVIDED | 995,135 | $3,508,671.05 | $3.53 | $573,964,000 | $161.70 |
| Rhode Island | Northeast | DEM | IND | DIVIDED | 73,957 | $342,705.00 | $4.63 | $47,709,000 | $282.30 |
| South Carolina | South | REP | REP | REP | 408,747 | $1,889,272.64 | $4.62 | $160,439,000 | $136.30 |
| South Dakota | Midwest | REP | REP | REP | 72,704 | $434,343.12 | $5.97 | $36,687,000 | $122.50 |
| Tennessee | South | REP | REP | DIVIDED | 501,907 | $2,249,313.79 | $4.48 | $246,541,000 | $135.40 |
| Texas | South | REP | REP | REP | 1,701,675 | $8,116,633.17 | $4.77 | $1,166,516,000 | $124.40 |
| Utah | West | REP | REP | REP | 155,052 | $590,464.08 | $3.81 | $113,194,000 | $227.40 |
| Vermont | Northeast | DEM | DEM | DIVIDED | 53,222 | $220,228.98 | $4.14 | $25,527,000 | $211.80 |
| Virginia | South | SPLIT | REP | DIVIDED | 819,490 | $2,890,512.31 | $3.53 | $407,302,000 | $260.10 |
| Washington | West | DEM | DEM | DEM | 637,019 | $2,235,252.58 | $3.51 | $348,465,000 | $297.00 |
| West Virginia | South | DEM | DEM | DEM | 170,783 | $1,212,615.54 | $7.10 | $63,866,000 | $95.40 |
| Wisconsin | Midwest | REP | REP | DEM | 427,527 | $1,682,803.66 | $3.94 | $244,995,000 | $170.80 |
| Wyoming | West | REP | REP | DIVIDED | 56,079 | $244,959.24 | $4.37 | $37,129,000 | $181.90 |

Table 3: Data for Year 2010 (Monetary Figures in $000s)

| State | Entire Population (2010) | Veteran Population (2010) | State GDP (2010) | Total Veteran Expenditures (2010) | $ Spent Per Veteran (2010) | Homeless Veterans (2010) | % of Homeless that are Veterans (2010) | Total Suicides (2010) | Veteran Suicides (2010) | % of Suicides that were Veterans (2010) | Median Property Value from 2010-2012 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Alabama | 4,785,401 | 405,624 | $174,710,000 | $2,171,215 | $5.35 | 1,066 | 18.00% | 679 | 156 | 22.97% | $123.40 |
| Alaska | 714,146 | 77,025 | $54,134,000 | $359,342 | $4.67 | 305 | 16.10% | 164 | 35 | 21.34% | $241.40 |
| Arizona | 6,413,158 | 556,729 | $245,668,000 | $2,397,241 | $4.31 | 2,208 | 16.30% | 1,093 | 240 | 21.96% | $158.10 |
| Arkansas | 2,921,588 | 254,663 | $102,951,000 | $1,616,787 | $6.35 | 381 | 13.10% | 447 | 105 | 23.49% | $106.90 |
| California | 37,338,198 | 1,971,959 | $1,965,886,000 | $9,124,852 | $4.63 | 19,191 | 14.40% | 3,913 | 705 | 18.02% | $358.80 |
| Colorado | 5,047,692 | 421,342 | $253,374,000 | $1,828,589 | $4.34 | 1,295 | 8.50% | 865 | 156 | 18.03% | $235.00 |
| Connecticut | 3,575,498 | 229,734 | $234,528,000 | $829,125 | $3.61 | 457 | 11.20% | 353 | 52 | 14.73% | $278.60 |
| Delaware | 899,792 | 78,247 | $57,471,000 | $280,266 | $3.58 | 76 | 7.50% | 106 | 14 | 13.21% | $235.90 |
| Florida | 18,838,613 | 1,650,876 | $735,098,000 | $8,041,289 | $4.87 | 7,768 | 13.50% | 2,789 | 642 | 23.02% | $154.90 |
| Georgia | 9,712,157 | 773,858 | $412,485,000 | $3,481,761 | $4.50 | 2,742 | 13.90% | 1,133 | 175 | 15.45% | $149.30 |
| Hawaii | 1,363,359 | 116,166 | $68,225,000 | $537,128 | $4.62 | 457 | 7.20% | 207 | 31 | 14.98% | $503.10 |
| Idaho | 1,571,102 | 136,625 | $55,258,000 | $576,366 | $4.22 | 228 | 10.20% | 290 | 70 | 24.14% | $160.00 |
| Illinois | 12,841,980 | 782,747 | $653,476,000 | $2,985,041 | $3.81 | 1,142 | 7.90% | 1,178 | 200 | 16.98% | $179.90 |
| Indiana | 6,490,622 | 491,605 | $282,259,000 | $1,814,121 | $3.69 | 762 | 11.90% | 864 | 165 | 19.10% | $122.60 |
| Iowa | 3,050,202 | 234,552 | $141,697,000 | $891,159 | $3.80 | 228 | 7.30% | 372 | 71 | 19.09% | $124.30 |
| Kansas | 2,859,143 | 225,091 | $128,542,000 | $937,195 | $4.16 | 685 | 35.10% | 401 | 81 | 20.20% | $128.50 |
| Kentucky | 4,347,223 | 335,670 | $165,974,000 | $1,761,192 | $5.25 | 609 | 9.30% | 631 | 104 | 16.48% | $120.80 |
| Louisiana | 4,545,343 | 304,889 | $232,596,000 | $1,585,152 | $5.20 | 1,980 | 16.10% | 557 | 125 | 22.44% | $138.80 |
| Maine | 1,327,379 | 138,551 | $51,456,000 | $743,795 | $5.37 | 76 | 4.50% | 186 | 46 | 24.73% | $173.90 |
| Maryland | 5,785,681 | 471,238 | $313,952,000 | $1,784,295 | $3.79 | 914 | 8.40% | 502 | 85 | 16.93% | $289.30 |
| Massachusetts | 6,555,466 | 393,722 | $402,652,000 | $1,821,408 | $4.63 | 1,599 | 9.60% | 598 | 75 | 12.54% | $328.30 |
| Michigan | 9,877,143 | 703,971 | $385,021,000 | $2,400,007 | $3.41 | 990 | 7.40% | 1,263 | 212 | 16.79% | $119.20 |
| Minnesota | 5,310,658 | 381,309 | $269,937,000 | $1,832,705 | $4.81 | 609 | 8.20% | 606 | 91 | 15.02% | $185.88 |
| Mississippi | 2,970,072 | 205,644 | $95,810,000 | $1,238,167 | $6.02 | 305 | 12.40% | 388 | 76 | 19.59% | $100.00 |
| Missouri | 5,995,715 | 505,916 | $255,865,000 | $2,288,658 | $4.52 | 762 | 9.30% | 856 | 180 | 21.03% | $137.10 |
| Montana | 990,958 | 102,015 | $38,375,000 | $505,710 | $4.96 | 228 | 16.20% | 227 | 68 | 29.96% | $183.60 |
| Nebraska | 1,830,141 | 145,237 | $92,231,000 | $861,137 | $5.93 | 305 | 7.90% | 193 | 21 | 10.88% | $127.80 |
| Nevada | 2,704,283 | 243,867 | $121,713,000 | $1,264,737 | $5.19 | 2,513 | 17.30% | 547 | 124 | 22.67% | $161.30 |
| New Hampshire | 1,316,807 | 127,964 | $64,159,000 | $492,834 | $3.85 | 152 | 11.00% | 196 | 41 | 20.92% | $239.10 |
| New Jersey | 8,799,593 | 443,161 | $489,130,000 | $1,555,339 | $3.51 | 533 | 4.10% | 719 | 94 | 13.07% | $325.80 |
| New Mexico | 2,065,913 | 174,687 | $86,079,000 | $1,057,365 | $6.05 | 457 | 12.70% | 413 | 82 | 19.85% | $159.30 |
| New York | 19,395,206 | 950,417 | $1,204,688,000 | $4,537,260 | $4.77 | 5,864 | 8.90% | 1,547 | 214 | 13.83% | $286.70 |
| North Carolina | 9,560,234 | 765,942 | $416,008,000 | $3,769,312 | $4.92 | 1,066 | 8.90% | 1,174 | 222 | 18.91% | $152.80 |
| North Dakota | 674,629 | 56,310 | $36,202,000 | $251,467 | $4.47 | 152 | 14.90% | 106 | 24 | 22.64% | $130.50 |
| Ohio | 11,537,968 | 890,340 | $498,989,000 | $5,252,743 | $5.90 | 1,523 | 12.10% | 1,439 | 268 | 18.62% | $130.60 |
| Oklahoma | 3,760,184 | 324,714 | $149,913,000 | $2,073,912 | $6.39 | 457 | 9.10% | 618 | 131 | 21.20% | $112.90 |
| Oregon | 3,838,332 | 333,752 | $191,120,000 | $1,701,878 | $5.10 | 1,295 | 6.60% | 685 | 151 | 22.04% | $233.90 |
| Pennsylvania | 12,717,722 | 964,132 | $596,662,000 | $3,824,045 | $3.97 | 1,447 | 9.90% | 1,576 | 285 | 18.08% | $164.70 |
| Rhode Island | 1,052,567 | 71,216 | $49,351,000 | $361,653 | $5.08 | 76 | 7.10% | 127 | 18 | 14.17% | $245.30 |
| South Carolina | 4,637,106 | 406,729 | $164,106,000 | $2,093,514 | $5.15 | 685 | 15.40% | 637 | 132 | 20.72% | $136.30 |
| South Dakota | 816,598 | 71,762 | $38,176,000 | $455,333 | $6.35 | 152 | 18.50% | 140 | 21 | 15.00% | $131.60 |
| Tennessee | 6,357,436 | 495,766 | $252,478,000 | $2,466,606 | $4.98 | 1,675 | 16.30% | 943 | 155 | 16.44% | $138.40 |
| Texas | 25,253,466 | 1,693,791 | $1,243,398,000 | $9,402,572 | $5.55 | 5,102 | 14.60% | 2,891 | 535 | 18.51% | $128.40 |
| Utah | 2,775,479 | 153,623 | $117,714,000 | $675,371 | $4.40 | 305 | 10.40% | 473 | 75 | 15.86% | $209.00 |
| Vermont | 625,909 | 52,082 | $26,633,000 | $239,217 | $4.59 | 152 | 9.60% | 106 | 15 | 14.15% | $215.70 |
| Virginia | 8,023,953 | 822,312 | $420,862,000 | $3,403,757 | $4.14 | 990 | 11.00% | 963 | 188 | 19.52% | $243.10 |
| Washington | 6,742,950 | 632,210 | $359,694,000 | $2,527,972 | $4.00 | 2,056 | 8.90% | 957 | 222 | 23.20% | $256.50 |
| West Virginia | 1,854,368 | 167,182 | $67,255,000 | $1,306,463 | $7.81 | 609 | 25.40% | 279 | 72 | 25.81% | $98.30 |
| Wisconsin | 5,691,659 | 417,654 | $252,875,000 | $1,876,977 | $4.49 | 609 | 9.60% | 793 | 169 | 21.31% | $167.20 |
| Wyoming | 564,554 | 55,850 | $39,103,000 | $262,678 | $4.70 | 76 | 14.70% | 131 | 29 | 22.14% | $183.20 |

Table 4: Data for Year 2011 (Monetary Figures in $000s)

| State | Entire Population 2011 | Veteran Population (2011) | State GDP (2011) | Total Veteran Expenditure (2011) | $ Spent Per Veteran (2011) | Total Homeless Population (2011) | Homeless Veterans (2011) | % of Homeless that Veterans (2011) | Total Suicides (2011) | Veteran Suicides (2011) | % of Suicides that were Veterans (2011) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Alabama | 4,802,740 | 400,784 | $180,665,000 | $2,436,376 | $6.08 | 5,558 | 659 | 11.86% | 680 | 163 | 19.91% |
| Alaska | 722,718 | 77,351 | $58,759,000 | $426,431 | $5.51 | 2,128 | 288 | 13.53% | 142 | 27 | 18.00% |
| Arizona | 6,482,505 | 551,262 | $254,192,000 | $2,767,974 | $5.02 | 10,504 | 1,528 | 14.55% | 1,091 | 242 | 19.34% |
| Arkansas | 2,937,979 | 251,402 | $107,287,000 | $1,741,720 | $6.93 | 3,424 | 411 | 12.00% | 447 | 89 | 14.84% |
| California | 37,691,912 | 1,918,073 | $2,036,297,000 | $10,341,411 | $5.39 | 135,928 | 18,633 | 13.71% | 3,923 | 706 | 14.66% |
| Colorado | 5,116,796 | 417,834 | $262,719,000 | $2,180,977 | $5.22 | 15,116 | 2,074 | 13.72% | 879 | 170 | 19.34% |
| Connecticut | 3,580,709 | 221,899 | $234,233,000 | $895,363 | $4.04 | 4,456 | 433 | 9.72% | 364 | 54 | 14.84% |
| Delaware | 907,135 | 77,220 | $59,937,000 | $320,543 | $4.15 | 1,035 | 55 | 5.31% | 116 | 17 | 14.66% |
| Florida | 19,057,542 | 1,617,248 | $741,455,000 | $9,182,578 | $5.68 | 56,687 | 5,644 | 9.96% | 2,789 | 642 | 23.02% |
| Georgia | 9,815,210 | 773,337 | $424,126,000 | $4,000,168 | $5.17 | 20,975 | 2,243 | 10.69% | 1,133 | 218 | 19.24% |
| Hawaii | 1,374,810 | 114,892 | $70,017,000 | $628,744 | $5.47 | 6,188 | 505 | 8.16% | 207 | 27 | 13.04% |
| Idaho | 1,584,985 | 135,912 | $56,744,000 | $661,819 | $4.87 | 2,199 | 250 | 11.37% | 290 | 68 | 23.45% |
| Illinois | 12,869,257 | 762,509 | $679,776,000 | $3,272,091 | $4.29 | 14,009 | 1,081 | 7.72% | 1,183 | 191 | 16.15% |
| Indiana | 6,516,922 | 482,059 | $291,570,000 | $1,982,522 | $4.11 | 6,196 | 714 | 11.52% | 861 | 164 | 19.05% |
| Iowa | 3,062,309 | 228,731 | $148,843,000 | $1,013,967 | $4.43 | 3,134 | 267 | 8.52% | 370 | 83 | 22.43% |
| Kansas | 2,871,238 | 220,910 | $136,884,000 | $1,058,685 | $4.79 | 2,511 | 384 | 15.29% | 400 | 72 | 18.00% |
| Kentucky | 4,369,356 | 331,022 | $171,835,000 | $1,995,998 | $6.03 | 6,034 | 636 | 10.54% | 641 | 124 | 19.34% |
| Louisiana | 4,574,836 | 297,658 | $236,248,000 | $1,785,970 | $6.00 | 9,291 | 950 | 10.22% | 564 | 106 | 18.79% |
| Maine | 1,328,188 | 136,400 | $51,490,000 | $834,778 | $6.12 | 2,447 | 127 | 5.19% | 198 | 30 | 15.15% |
| Maryland | 5,828,289 | 465,727 | $324,830,000 | $2,023,967 | $4.35 | 10,208 | 696 | 6.82% | 504 | 90 | 17.86% |
| Massachusetts | 6,587,536 | 378,622 | $417,283,000 | $1,980,497 | $5.23 | 16,664 | 1,268 | 7.61% | 597 | 59 | 9.88% |
| Michigan | 9,876,187 | 684,492 | $399,437,000 | $2,705,517 | $3.95 | 13,185 | 959 | 7.27% | 1,274 | 217 | 17.03% |
| Minnesota | 5,344,861 | 371,933 | $282,397,000 | $2,137,370 | $5.75 | 7,495 | 449 | 5.99% | 625 | 112 | 17.92% |
| Mississippi | 2,978,512 | 201,926 | $96,968,000 | $1,298,811 | $6.43 | 2,306 | 205 | 8.89% | 382 | 76 | 19.90% |
| Missouri | 6,010,688 | 496,745 | $257,225,000 | $2,595,337 | $5.22 | 8,989 | 852 | 9.48% | 873 | 180 | 20.62% |
| Montana | 998,199 | 100,904 | $41,187,000 | $580,856 | $5.76 | 1,768 | 251 | 14.20% | 224 | 55 | 24.55% |
| Nebraska | 1,842,641 | 142,443 | $99,935,000 | $944,835 | $6.63 | 3,548 | 310 | 8.74% | 185 | 34 | 18.38% |
| Nevada | 2,723,322 | 242,205 | $124,445,000 | $1,326,240 | $5.48 | 10,579 | 1,430 | 13.52% | 554 | 122 | 22.02% |
| New Hampshire | 1,318,194 | 126,111 | $65,214,000 | $534,091 | $4.24 | 1,469 | 126 | 8.58% | 203 | 33 | 16.26% |
| New Jersey | 8,821,155 | 423,334 | $493,343,000 | $1,713,913 | $4.05 | 14,137 | 811 | 5.74% | 668 | 92 | 13.77% |
| New Mexico | 2,082,224 | 172,595 | $89,261,000 | $1,168,156 | $6.77 | 3,601 | 364 | 10.11% | 423 | 83 | 19.62% |
| New York | 19,465,197 | 913,489 | $1,229,743,000 | $4,981,959 | $5.45 | 63,445 | 5,765 | 9.09% | 1,557 | 244 | 15.67% |
| North Carolina | 9,656,401 | 760,544 | $427,974,000 | $4,246,209 | $5.58 | 12,896 | 1,248 | 9.68% | 1,171 | 207 | 17.68% |
| North Dakota | 683,932 | 55,471 | $42,164,000 | $295,831 | $5.33 | 603 | 124 | 20.56% | 104 | 25 | 24.04% |
| Ohio | 11,544,951 | 867,240 | $528,567,000 | $5,732,614 | $6.61 | 13,030 | 1,279 | 9.82% | 1,274 | 270 | 21.19% |
| Oklahoma | 3,791,508 | 319,528 | $163,868,000 | $2,334,304 | $7.31 | 4,625 | 356 | 7.70% | 637 | 141 | 22.14% |
| Oregon | 3,871,859 | 327,288 | $199,929,000 | $1,956,119 | $5.98 | 17,254 | 1,474 | 8.54% | 683 | 150 | 21.96% |
| Pennsylvania | 12,742,886 | 933,404 | $615,411,000 | $4,096,420 | $4.39 | 15,096 | 1,392 | 9.22% | 1,574 | 285 | 18.11% |
| Rhode Island | 1,051,302 | 68,552 | $49,716,000 | $386,929 | $5.64 | 1,070 | 123 | 11.50% | 127 | 18 | 14.17% |
| South Carolina | 4,679,230 | 403,975 | $170,193,000 | $2,406,603 | $5.96 | 5,093 | 612 | 12.02% | 645 | 158 | 24.50% |
| South Dakota | 824,082 | 70,743 | $42,253,000 | $510,998 | $7.22 | 826 | 109 | 13.20% | 123 | 25 | 20.33% |
| Tennessee | 6,403,353 | 489,083 | $263,175,000 | $2,770,480 | $5.66 | 9,113 | 965 | 10.59% | 941 | 190 | 20.19% |
| Texas | 25,674,681 | 1,683,237 | $1,344,733,000 | $11,331,652 | $6.73 | 36,911 | 4,891 | 13.25% | 2,889 | 527 | 18.24% |
| Utah | 2,817,222 | 151,955 | $124,031,000 | $778,187 | $5.12 | 3,130 | 345 | 11.02% | 468 | 71 | 15.17% |
| Vermont | 626,431 | 50,913 | $27,676,000 | $259,211 | $5.09 | 1,144 | 81 | 7.08% | 124 | 18 | 14.52% |
| Virginia | 8,096,604 | 823,348 | $429,174,000 | $3,974,724 | $4.83 | 8,816 | 931 | 10.56% | 981 | 197 | 20.08% |
| Washington | 6,830,038 | 626,515 | $370,149,000 | $2,896,511 | $4.62 | 20,439 | 1,478 | 7.23% | 955 | 207 | 21.68% |
| West Virginia | 1,855,364 | 163,496 | $70,945,000 | $1,431,396 | $8.75 | 2,211 | 302 | 13.66% | 277 | 70 | 25.27% |
| Wisconsin | 5,711,767 | 407,624 | $262,463,000 | $2,120,184 | $5.20 | 5,785 | 607 | 10.49% | 791 | 167 | 21.11% |
| Wyoming | 568,158 | 55,510 | $41,499,000 | $299,488 | $5.40 | 1,038 | 83 | 8.00% | 132 | 30 | 22.73% |

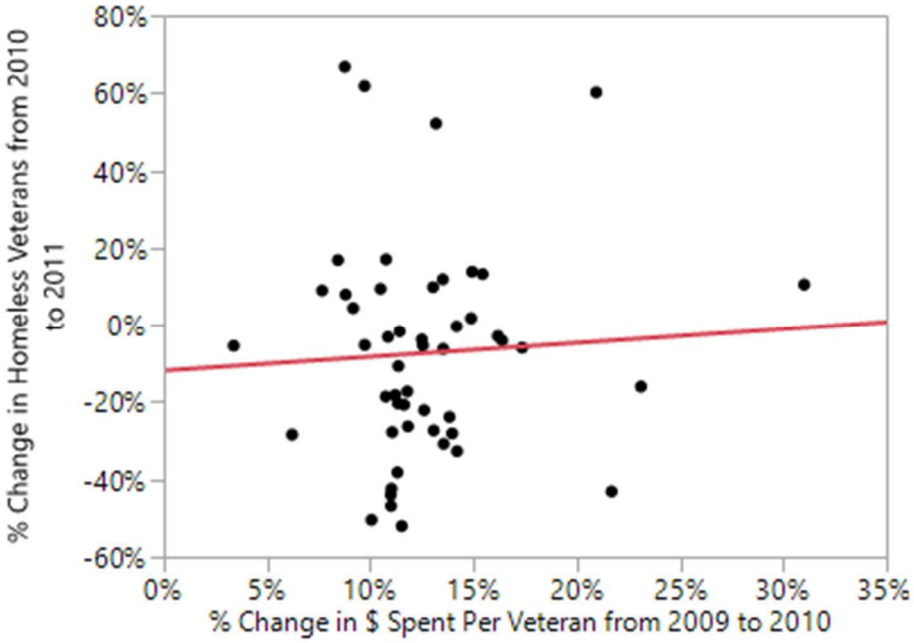
Table 5: Data Changes from 2009 to 2010 (Monetary Figures in $000s)

| State | Change in State GDP from 2009 to 2010 | % Change in State GDP from 2009 to 2010 | Change in $ Spent Per Veteran from 2009 to 2010 | % Change in $ Spent Per Veteran from 2009 to 2010 | Change in Median Property Value from (2007-2009) to (2010-2012) | % Change in Property Value from (2007-2009) to (2010-2012) |
|---|---|---|---|---|---|---|
| Alabama | $6,395,000 | 3.80% | $0.54 | 11.31% | $4.70 | 3.96% |
| Alaska | $3,671,000 | 7.27% | $0.15 | 3.38% | $8.80 | 3.78% |
| Arizona | $3,159,000 | 1.30% | $0.51 | 13.55% | -$63.00 | -28.49% |
| Arkansas | $4,931,000 | 5.03% | $0.51 | 8.80% | $4.00 | 3.89% |
| California | $53,771,000 | 2.81% | $0.64 | 16.18% | -$102.60 | -22.24% |
| Colorado | $6,104,000 | 2.47% | $0.75 | 20.94% | -$2.80 | -1.18% |
| Connecticut | $966,000 | 0.41% | $0.32 | 9.73% | -$22.40 | -7.44% |
| Delaware | $121,000 | 0.21% | $0.36 | 11.06% | -$10.10 | -4.11% |
| Florida | $13,343,000 | 1.85% | $0.56 | 13.07% | -$55.90 | -26.52% |
| Georgia | $7,910,000 | 1.96% | $0.45 | 11.21% | -$15.80 | -9.57% |
| Hawaii | $2,843,000 | 4.35% | $1.09 | 31.01% | -$40.50 | -7.45% |
| Idaho | $1,376,000 | 2.55% | $0.40 | 10.50% | -$17.40 | -9.81% |
| Illinois | $15,444,000 | 2.42% | $0.43 | 12.55% | -$27.40 | -13.22% |
| Indiana | $20,191,000 | 7.70% | $0.44 | 13.53% | -$0.20 | -0.16% |
| Iowa | $4,628,000 | 3.38% | $0.30 | 8.43% | $4.20 | 3.50% |
| Kansas | $4,556,000 | 3.67% | $0.41 | 10.99% | $4.90 | 3.96% |
| Kentucky | $9,655,000 | 6.18% | $0.44 | 9.17% | $4.00 | 3.42% |
| Louisiana | $21,717,000 | 10.30% | $0.54 | 11.52% | $7.00 | 5.31% |
| Maine | $1,051,000 | 2.09% | $0.43 | 8.76% | -$4.20 | -2.36% |
| Maryland | $13,023,000 | 4.33% | $0.46 | 13.83% | -$45.80 | -13.67% |
| Massachusetts | $16,954,000 | 4.40% | $0.48 | 11.64% | -$24.10 | -6.84% |
| Michigan | $21,875,000 | 6.02% | $0.33 | 10.85% | -$26.20 | -18.02% |
| Minnesota | $11,771,000 | 4.56% | $0.51 | 11.82% | -$24.02 | -11.44% |
| Mississippi | $2,141,000 | 2.29% | $0.75 | 14.20% | $2.70 | 2.77% |
| Missouri | $5,429,000 | 2.17% | $0.54 | 13.51% | -$2.60 | -1.86% |
| Montana | $2,296,000 | 6.36% | $0.57 | 13.04% | $8.70 | 4.97% |
| Nebraska | $5,270,000 | 6.06% | $0.77 | 14.88% | $5.20 | 4.24% |
| Nevada | $1,511,000 | 1.26% | $0.92 | 21.69% | -$106.40 | -39.75% |
| New Hampshire | $1,954,000 | 3.14% | $0.41 | 11.79% | -$18.50 | -7.18% |
| New Jersey | $6,987,000 | 1.45% | $0.41 | 13.18% | -$35.30 | -9.78% |
| New Mexico | $3,241,000 | 3.91% | $0.62 | 11.34% | -$1.60 | -0.99% |
| New York | $56,281,000 | 4.90% | $0.49 | 11.42% | -$23.40 | -7.55% |
| North Carolina | $8,162,000 | 2.00% | $0.48 | 10.76% | $1.00 | 0.66% |
| North Dakota | $3,713,000 | 11.43% | $0.43 | 10.75% | $18.20 | 16.21% |
| Ohio | $19,463,000 | 4.06% | $1.11 | 23.11% | -$6.30 | -4.60% |
| Oklahoma | $6,265,000 | 4.36% | $0.72 | 12.61% | $8.00 | 7.63% |
| Oregon | $10,098,000 | 5.58% | $0.66 | 14.93% | -$29.30 | -11.13% |
| Pennsylvania | $22,698,000 | 3.95% | $0.44 | 12.49% | $3.00 | 1.86% |
| Rhode Island | $1,642,000 | 3.44% | $0.45 | 9.72% | -$37.00 | -13.11% |
| South Carolina | $3,667,000 | 2.29% | $0.53 | 11.36% | $0.00 | 0.00% |
| South Dakota | $1,489,000 | 4.06% | $0.37 | 6.21% | $9.10 | 7.43% |
| Tennessee | $5,937,000 | 2.41% | $0.49 | 11.02% | $3.00 | 2.22% |
| Texas | $76,882,000 | 6.59% | $0.78 | 16.38% | $4.00 | 3.22% |
| Utah | $4,520,000 | 3.99% | $0.59 | 15.44% | -$18.40 | -8.09% |
| Vermont | $1,106,000 | 4.33% | $0.46 | 11.00% | $3.90 | 1.84% |
| Virginia | $13,560,000 | 3.33% | $0.61 | 17.35% | -$17.00 | -6.54% |
| Washington | $11,229,000 | 3.22% | $0.49 | 13.96% | -$40.50 | -13.64% |
| West Virginia | $3,389,000 | 5.31% | $0.71 | 10.06% | $2.90 | 3.04% |
| Wisconsin | $7,880,000 | 3.22% | $0.56 | 14.18% | -$3.60 | -2.11% |
| Wyoming | $1,974,000 | 5.32% | $0.34 | 7.67% | $1.30 | 0.71% |

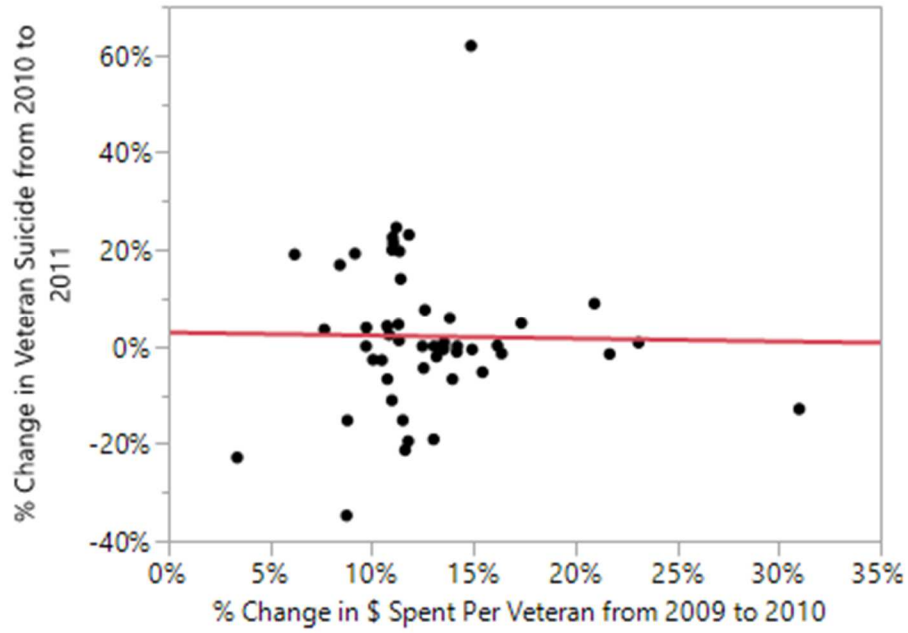
Table 6: Data Changes from 2010 to 2011 (Monetary Figures in $000s)

| State | Change in State GDP from 2010 to 2011 | % Change in State GDP from 2010 to 2011 | Change in $ Spent Per Veteran from 2010 to 2011 | % Change in $ Spent per Veteran from 2010 to 2011 | Change in Homeless Veterans from 2010 to 2011 | % Change in Homeless Veterans from 2010 to 2011 | Change in Veteran Suicides from 2010 to 2011 | % Change in Veteran Suicide from 2010 to 2011 |
|---|---|---|---|---|---|---|---|---|
| Alabama | $5,955,000 | 3.41% | $0.73 | 13.57% | -407 | -38.19% | 7 | 4.49% |
| Alaska | $4,625,000 | 8.54% | $0.85 | 18.17% | -17 | -5.45% | -8 | -22.86% |
| Arizona | $8,524,000 | 3.47% | $0.72 | 16.61% | -680 | -30.81% | 2 | 0.83% |
| Arkansas | $4,336,000 | 4.21% | $0.58 | 9.13% | 30 | 7.94% | -16 | -15.24% |
| California | $70,411,000 | 3.58% | $0.76 | 16.52% | -558 | -2.91% | 1 | 0.14% |
| Colorado | $9,345,000 | 3.69% | $0.88 | 20.27% | 779 | 60.20% | 14 | 8.97% |
| Connecticut | -$295,000 | -0.13% | $0.43 | 11.80% | -24 | -5.24% | 2 | 3.85% |
| Delaware | $2,466,000 | 4.29% | $0.57 | 15.89% | -21 | -27.78% | 3 | 21.43% |
| Florida | $6,357,000 | 0.86% | $0.81 | 16.57% | -2,124 | -27.34% | 0 | 0.00% |
| Georgia | $11,641,000 | 2.82% | $0.67 | 14.97% | -499 | -18.18% | 43 | 24.57% |
| Hawaii | $1,792,000 | 2.63% | $0.85 | 18.35% | 48 | 10.52% | -4 | -12.90% |
| Idaho | $1,486,000 | 2.69% | $0.65 | 15.43% | 22 | 9.43% | -2 | -2.86% |
| Illinois | $26,300,000 | 4.02% | $0.48 | 12.53% | -61 | -5.37% | -9 | -4.50% |
| Indiana | $9,311,000 | 3.30% | $0.42 | 11.45% | -48 | -6.24% | -1 | -0.61% |
| Iowa | $7,146,000 | 5.04% | $0.63 | 16.68% | 39 | 16.87% | 12 | 16.90% |
| Kansas | $8,342,000 | 6.49% | $0.63 | 15.10% | -301 | -43.97% | -9 | -11.11% |
| Kentucky | $5,861,000 | 3.53% | $0.78 | 14.92% | 27 | 4.39% | 20 | 19.23% |
| Louisiana | $3,652,000 | 1.57% | $0.80 | 15.41% | -1,030 | -52.02% | -19 | -15.20% |
| Maine | $34,000 | 0.07% | $0.75 | 14.00% | 51 | 66.77% | -16 | -34.78% |
| Maryland | $10,878,000 | 3.46% | $0.56 | 14.77% | -218 | -23.84% | 5 | 5.88% |
| Massachusetts | $14,631,000 | 3.63% | $0.60 | 13.07% | -331 | -20.71% | -16 | -21.33% |
| Michigan | $14,416,000 | 3.74% | $0.54 | 15.94% | -31 | -3.13% | 5 | 2.36% |
| Minnesota | $12,460,000 | 4.62% | $0.94 | 19.56% | -160 | -26.30% | 21 | 23.08% |
| Mississippi | $1,158,000 | 1.21% | $0.41 | 6.83% | -100 | -32.70% | 0 | 0.00% |
| Missouri | $1,360,000 | 0.53% | $0.70 | 15.49% | 90 | 11.88% | 0 | 0.00% |
| Montana | $2,812,000 | 7.33% | $0.80 | 16.12% | 23 | 9.87% | -13 | -19.12% |
| Nebraska | $7,704,000 | 8.35% | $0.70 | 11.87% | 5 | 1.77% | 13 | 61.90% |
| Nevada | $2,732,000 | 2.24% | $0.29 | 5.58% | -1,083 | -43.10% | -2 | -1.61% |
| New Hampshire | $1,055,000 | 1.64% | $0.38 | 9.96% | -26 | -17.27% | -8 | -19.51% |
| New Jersey | $4,213,000 | 0.86% | $0.54 | 15.36% | 278 | 52.14% | -2 | -2.13% |
| New Mexico | $3,182,000 | 3.70% | $0.72 | 11.82% | -93 | -20.34% | 1 | 1.22% |
| New York | $25,055,000 | 2.08% | $0.68 | 14.24% | -99 | -1.69% | 30 | 14.02% |
| North Carolina | $11,966,000 | 2.88% | $0.66 | 13.45% | 182 | 17.06% | -15 | -6.76% |
| North Dakota | $5,962,000 | 16.47% | $0.87 | 19.42% | -28 | -18.59% | 1 | 4.17% |
| Ohio | $29,578,000 | 5.93% | $0.71 | 12.04% | -244 | -16.03% | 2 | 0.75% |
| Oklahoma | $13,955,000 | 9.31% | $0.92 | 14.38% | -101 | -22.09% | 10 | 7.63% |
| Oregon | $8,809,000 | 4.61% | $0.88 | 17.21% | 179 | 13.86% | -1 | -0.66% |
| Pennsylvania | $18,749,000 | 3.14% | $0.42 | 10.65% | -55 | -3.80% | 0 | 0.00% |
| Rhode Island | $365,000 | 0.74% | $0.57 | 11.14% | 47 | 61.84% | 0 | 0.00% |
| South Carolina | $6,087,000 | 3.71% | $0.81 | 15.74% | -73 | -10.71% | 26 | 19.70% |
| South Dakota | $4,077,000 | 10.68% | $0.88 | 13.84% | -43 | -28.43% | 4 | 19.05% |
| Tennessee | $10,697,000 | 4.24% | $0.69 | 13.85% | -710 | -42.40% | 35 | 22.58% |
| Texas | $101,335,000 | 8.15% | $1.18 | 21.27% | -211 | -4.14% | -8 | -1.50% |
| Utah | $6,317,000 | 5.37% | $0.72 | 16.49% | 40 | 13.26% | -4 | -5.33% |
| Vermont | $1,043,000 | 3.92% | $0.50 | 10.85% | -71 | -46.82% | 3 | 20.00% |
| Virginia | $8,312,000 | 1.97% | $0.69 | 16.63% | -59 | -5.96% | 9 | 4.79% |
| Washington | $10,455,000 | 2.91% | $0.62 | 15.62% | -578 | -28.12% | -15 | -6.76% |
| West Virginia | $3,690,000 | 5.49% | $0.94 | 12.03% | -307 | -50.43% | -2 | -2.78% |
| Wisconsin | $9,588,000 | 3.79% | $0.71 | 15.74% | -2 | -0.37% | -2 | -1.18% |
| Wyoming | $2,396,000 | 6.13% | $0.69 | 14.71% | 7 | 8.99% | 1 | 3.45% |

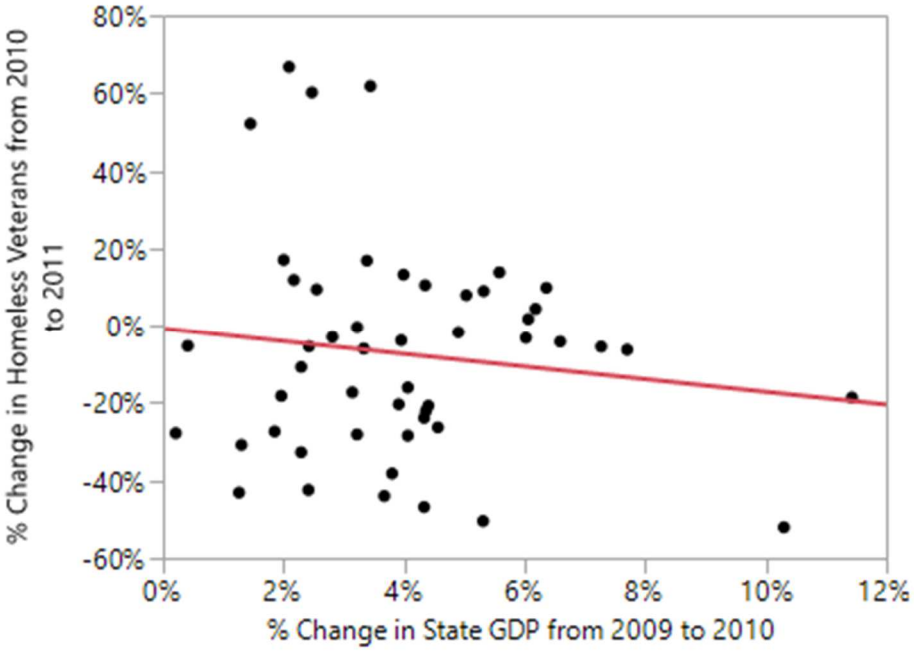
APPENDIX B. GRAPHS



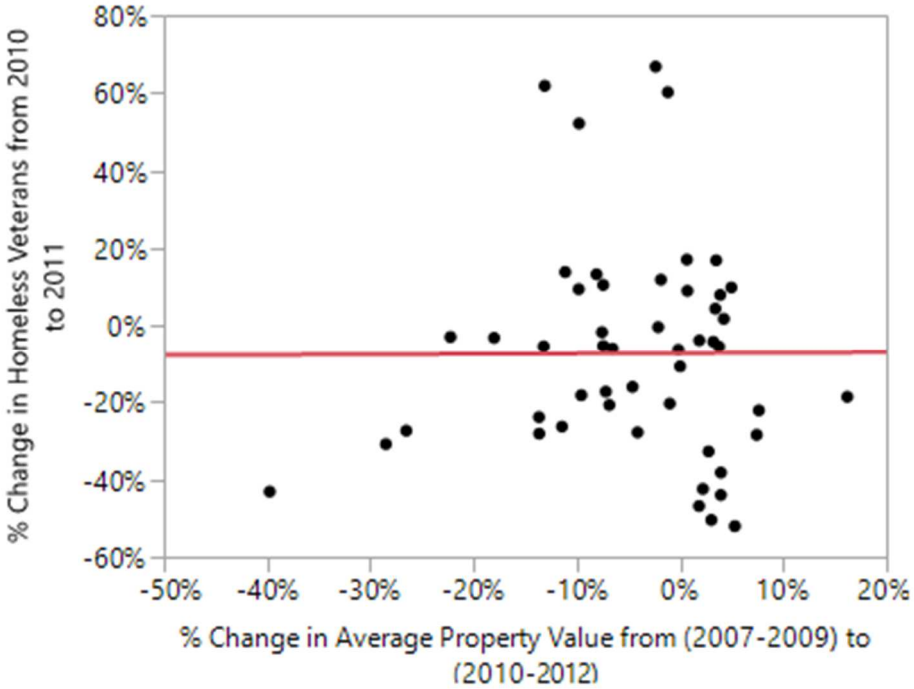

Graphs 1.1. The Relationship Between Percent Change in Homeless Veterans (2010-2011) and the Percent Change in the Amount of Money Spent Per Veteran (2009-2010), by State



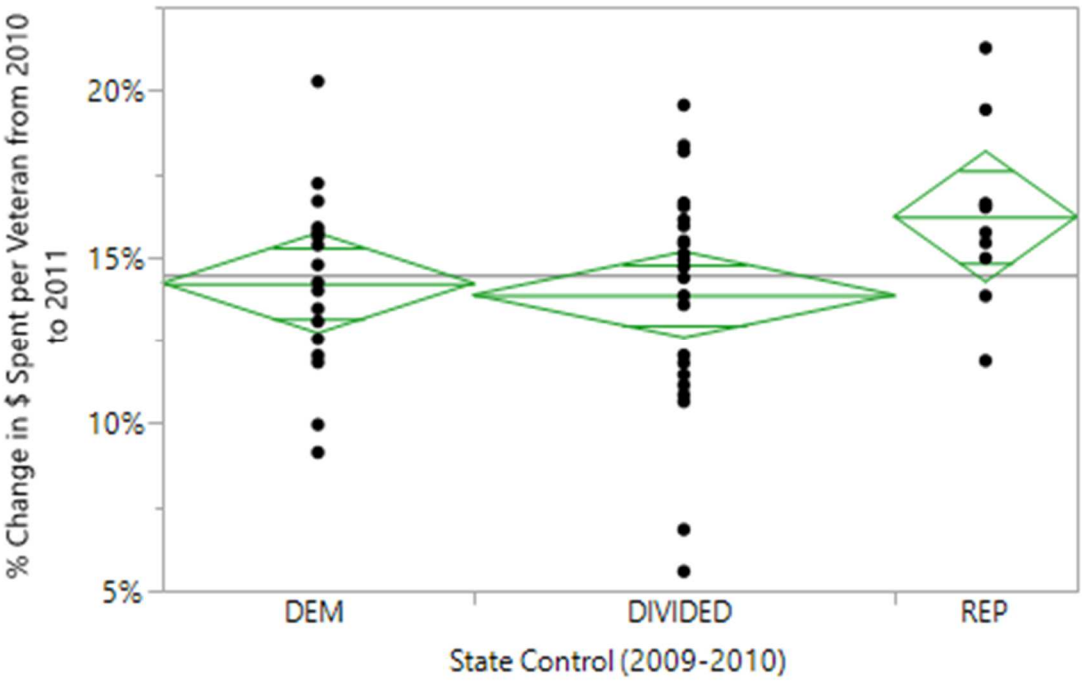

Graphs 1.2. The Relationship Between Percent Change in Veteran Suicides (2010-2011) and the Percent Change in the Amount of Money Spent Per Veteran (2009-2010), by State



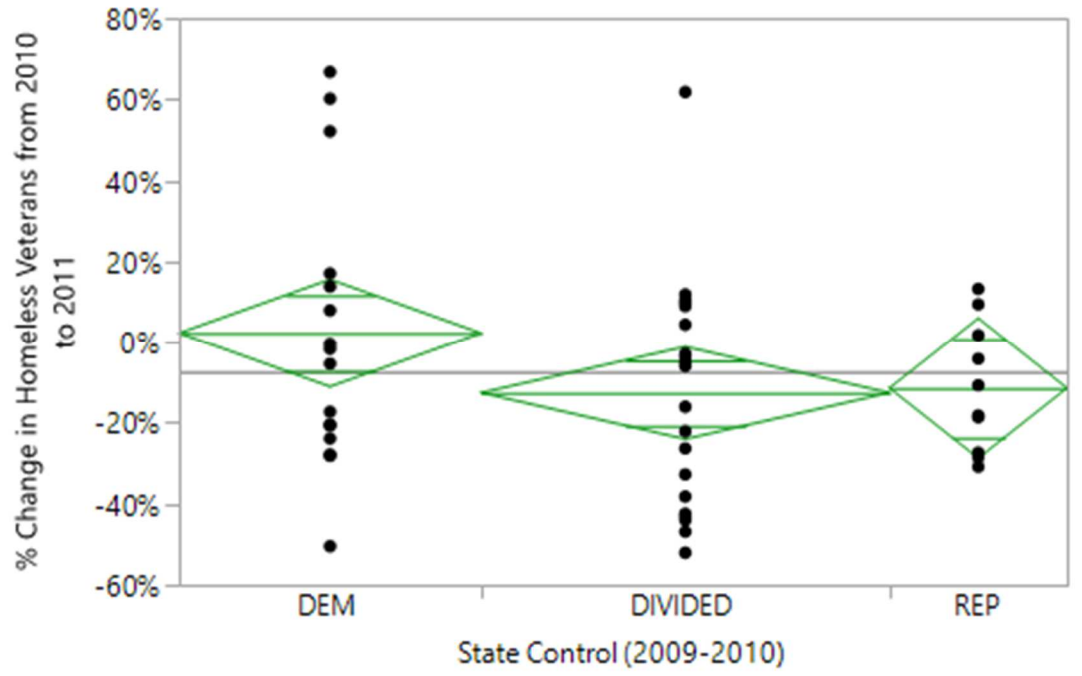

Graph 2.1. Relationship of Percent Change in State GDP (2009-2010) to Percent Change in Number of Homeless Veterans (2010-2011)



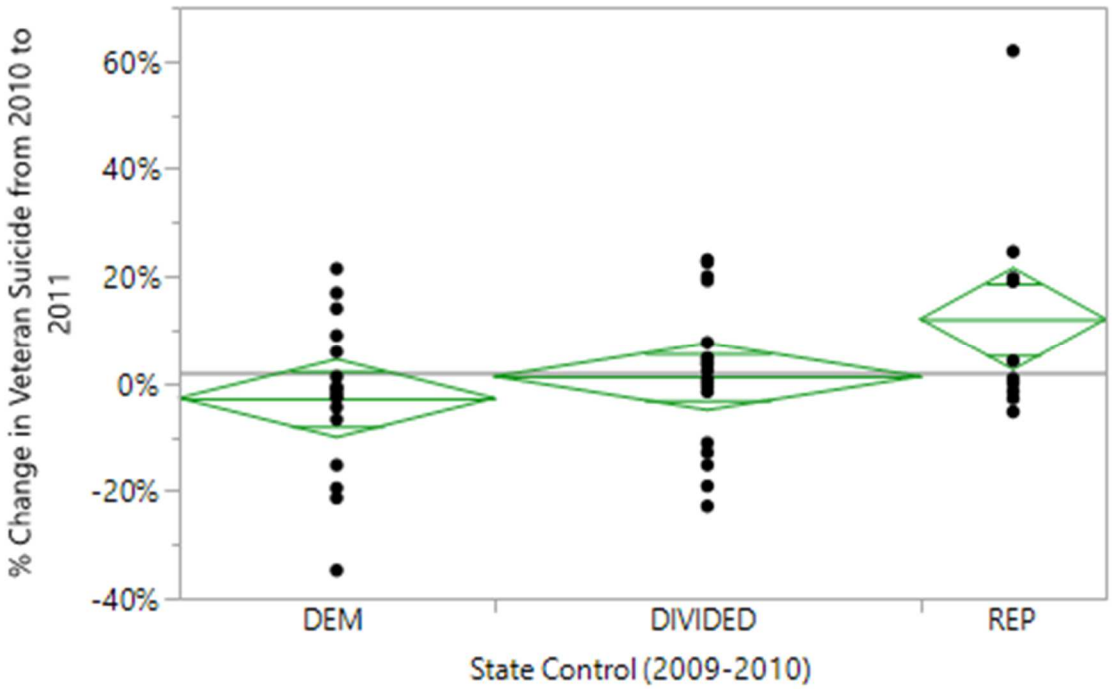

Graph 2.2. Relationship of Change in Average Property Value from (2007-2009) to (2010-2012) Percent Change in Number of Homeless (2010-2011)




Graph 3.1. Relationship Between Partisan State Control and the Percent Change in the Amount of Money Spent Per Veteran (2010-2011)




Graph 3.2. Relationship Between Partisan State Control and Percent Change in the Number of Homeless Veterans (2010-2011)




Graph 3.3. Relationship Between Partisan State Control and Percent Change in Veteran Suicides (2010-2011)