

EVH - S1EP22 - Why Racial Equity is Critical to Ending Veteran Homelessness

Matthew Stimmel: [00:00:00] Sometimes because we are a specialized organization working with specialized population, mainly Veterans, we lose out on the actual intersectional differences amongst that group. And not all Veterans are treated the same. Not all members of the military are treated the same. And the same risk can apply of, this idea of, the only color I see is green, right? We're all in this together in this way.

And it's that's not actually the lived experience of the folks who signed up. It really impacts Veterans care in that way. And so we're not a monolithic group. And so we have to really understand and respond to that accordingly.

Shawn Liu: Welcome to Ending Veteran Homelessness, your firsthand look into our nation's efforts to ensure that every Veteran has a safe and stable place to call home. From the Department of Veterans Affairs, Homeless Programs Office, I'm your host, Shawn Liu.

If you're a Veteran who's homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to [00:01:00] help 24 hours a day, seven days a week. That number again is 877-424-3838.

There's a phrase that gets used a lot in homeless services: "Black folks are overrepresented in homelessness." And since February is Black History Month, I wanna unpack this phrase a little bit and talk about what it means for Black Veterans. In this context, representativeness has to do with math, specifically proportions and percentages. When it comes to Veterans and characteristics such as race or ethnicity, we often like to explore what percentage of all Veterans are White or Black or American Indian/Alaskan Native, or Hispanic. This gives us a good baseline when comparing other aspects of the Veterans' experience.

You see, according to VA's National Center for Veterans Analysis and Statistics is Vet pop data for 2023. I know that was a mouthful, but hang in with [00:02:00] me. There were nearly 18.3 million Veterans in the U.S. Around 2.3 million of those were black Veterans representing around 12.5% of all Veterans.

Put another way. If you had a room filled with a hundred Veterans, 12 of those would be black Veterans.

That's our baseline.

Still with me? Good.

Now, when we talk about being overrepresented or underrepresented, what we mean is that, if we add an additional layer, say homelessness, how does your representativeness change? If your representativeness increases from your baseline, you're overrepresented, and if your representativeness decreases from your baseline, you're underrepresented.

Got it? Awesome.

Okay. Now, according to the U.S. Department of Housing and Urban Development, on a single night in January 2023, 35,574 Veterans experienced homelessness of those... hang in now... 11,136 were Black, which is about 31% of all homeless Veterans. Again, to put another way, if you had a [00:03:00] different room filled with a hundred homeless Veterans, 31 would be Black.

This is what we mean when we say Black Veterans are overrepresented in homelessness. This is what we mean when we say Black Veterans are disproportionately impacted by homelessness. There are only 12 Black Veterans in the room generally, but 31 Black Veterans if the room is about homelessness.

And it's not just Black Veterans. We see this a lot with American Indian/Alaskan Native Veterans. We see this with Hispanic Veterans. And we see this based on other demographics as well.

Similar to our episode a few months ago on Women Veterans. If we're truly going to end Veteran homelessness, we need to end it for all Veterans.

But what if we've been maybe a bit too naive with our approach? I know that at VA we are Veteran-centric and we honor Veterans choice. But Veterans aren't a monolith. Veterans, plural come from all corners of our country, grew up in different cultures spanning multiple generations. [00:04:00] Different subpopulations of Veterans have been situated differently in our society, face different barriers and may need tailored solutions to achieve the housing outcomes we want for all Veterans.

But how exactly would we go about doing that? And is it even fair, right, or just to do so?

Those are really great questions. So to help us understand how VA centers equity in our work to ensure that all Veterans have safe and stable places to call home, I can think of no one better to talk to than our next three guests.

First, we've brought him back, Anthony Love, the Principal Advisor to the Executive Director for Inter and Intra-Agency Collaboration and the Director of Community Engagement here in the Homeless Programs Office. He provides strategic advice and counsel to our Executive Director on intra and intra-agency initiatives, as well as build community relationships to help Veterans exit homelessness.

Today, he's joined by Dr. Carmela Daniels, our Diversity Equity and Inclusion Program Specialist on special assignment here with us in the Homeless Programs Office. [00:05:00] Her day job is as a Caregiver Support Coordinator with the VA Dayton Healthcare System.

And rounding us out is Dr. Matthew Stimmel, National Training Director for the Veterans Justice Programs, also here in the Veterans Health Administration's Homeless Programs Office. Dr. Stimmel is responsible for developing and sustaining the education and training for over 450 Veterans Justice Programs staff contributing to national policy on justice-involved Veterans, and cultivating operational partnerships that advance the Veterans Justice Program's mission of ensuring access and care to justice-involved Veterans and reducing their risk of recidivism and homelessness.

Shawn Liu: Anthony, Carmela, Matt, welcome to the show.

Anthony Love: Thank you so much.

Carmela Daniels: Good morning. Thank you.

Shawn Liu: Yeah, really great to have you here. This is gonna be a fantastic discussion. We're doing more intersectionality work today. I love it. Intersectionality based off race and ethnicity. I also kind of want to acknowledge, just a little peek behind the curtain, for a couple years, I actually helped co-lead this work with all of you. And it was a little bit tricky for [00:06:00] me trying to like line you up as guests being also one of the SMEs for it. Like, I can't interview myself, which is a little bit odd.

So I'm super glad to have all three of you, Carmela, especially you since you're on special assignment with us supporting this work as well.

Anthony, we've brought you back. We had you on, last year to talk about unsheltered homelessness, and I hope to actually have you on again a little bit later this year to get an update on the All Inside Initiative. We'll put a link to the episode that you were on so that folks want to kind of like get your bio again and get to know you and your massive... again, you have like the longest title in the history of VA.

But Carmela and Matt, I wanna get to know you both a little bit better, especially for our listeners. Carmela, starting with you. You're on special assignment with us. Tell us a little bit about yourself. What's your day job like and what have you been doing with us on your special assignment in the Homeless Programs Office?

Carmela Daniels: Yes, so good morning again. I am Dr. Daniels. And so what I've been doing for my day job, I work for Caregiver Support. I've done that for at least four years with Department of Veteran Affairs, Dayton, Ohio, [00:07:00] providing services and connection for Veterans and their caregivers in order to best serve and meet their needs. Helping them to gain income and services for Veterans who are in their homes and the caregivers who provide that care to them. I've been on special assignment since October.

And so what I've been doing is working with teams, and investing in people who are wanting to create spaces to make sure that we are providing the highest level of care to our Veterans. But especially to those Veterans who have disparities, those who are in need, those who may be overlooked, maybe missed based on their race and background. And we wanna make sure that we eliminate that. And so that's the work that I have been doing here in the special assignment for racial equity and racial justice.

Shawn Liu: Excellent. Fantastic stuff. Matt, I want to come over to you. Full disclosure, we developed this just the little delightful friendship over the last, I don't know, three or four years, ending up on a lot of different special projects together and then helping to kind of do a lot of the race equity work. Especially in kind of like the early days of the pandemic.

Matt, tell us a little bit about yourself, both your day job and also the work that you've been doing to help co-lead the race equity work.

Matthew Stimmel: Yeah, sure. So I'm [00:08:00] the, as you mentioned, the National Training Director for Veterans Justice Programs, which ostensibly means my main focus is developing and organizing educational training and leadership development opportunities and content for all of our VJP staff across the country.

Even though each of us in our program office in VJP has a specific focus area and mine is training, we all work collaboratively on all things related to serving justice involved Veterans, both in the criminal legal system, as well as now expanding out to supporting Veterans with civil legal involvement. And so it's really nice, collaborative team approach to working on these issues. And it's basically impossible to work in the criminal justice system without being very aware of the structural and historical racism that's pervaded that system and how that's impacted all Americans of color and including Veterans.

Our program office takes these issues really seriously. We've embedded equity work into our strategic plans that we had all medical centers complete in fiscal year 23. Two of our four strategic goals focused on that. Our VJP program office strategic plan focused on combating stigmatization and embedded equity throughout all of our strategic [00:09:00] goals.

And so it's something that's really core to what we do in Veterans Justice Programs. As such, I have a particular interest in this work for a couple of reasons, including my first clinical placement being at Rikers Island, which is this massive jail in New York City where I saw every day the inequities in the population.

Our program office approaches this collectively, but I'm the point of contact to work with both HPO broadly on these issues and then be the liaison for our own internal Veterans Justice Programs Racial Equity and Justice Council.

And It's been really rewarding and challenging and wonderful work to be able to do with both our VJP staff, our Homeless Program Office colleagues, three of four of us here, as well as all the Homeless Program staff across the country who've been volunteering and standing up to do this work for the last three and a half years has been awesome to see.

Shawn Liu: Outstanding. Outstanding stuff. Yeah. Okay. Let's go ahead and dive on into it.

Dr. Daniels, I want to come back to you to kick us off. It's often helpful when we get started just to define terms, and I want to acknowledge that especially

over the last, three, three and a half, four years now, the term equity has been used so much that I [00:10:00] fear, and maybe you three might agree, that it almost has become like a non-word. Just because it's been used in so many different context and for different purposes, that it feels like, at least for me, that it's starting to lose its meaning. And I wanna bring back meaning. Because if we don't have a meaningful term, I don't know how we're gonna have a conversation.

To kick us off, what on earth do we mean when we say equity? And what are we talking about when we say racial equity?

Carmela Daniels: So when we're talking about equity, we're talking about equality. We're making sure that what is given or what is available is equally shared among everyone that is eligible and that we serve. When we talk about racial equity, we're identifying specific populations, races, African Americans, Latina, LGBTQ+, who may be out of that equity line, but even more so because of their racial background or their historic background, or maybe their sexual preference or identity.

So when we're looking at racial equity, we are saying specifically that we are looking at the populations that are not served, least served, [00:11:00] or not served to the best of our ability simply because of their race or because of racial stereotypes or other barriers that affect those populations.

And that's what I believe both what equity means and what racial equity means.

Shawn Liu: Yeah, so what I heard from you is this idea that historically, there have been certain subpopulations, especially in the context of this conversation, Veterans, who when we say the term underserved, right, it's this concept of they have not gotten the same access, the same benefits, the same resources as other Veterans.

And so in some ways we have to kind of correct for that. Especially when you think about being historically underserved. And that's a lot of like years, decades, generations of, I guess the word I'm looking for is maybe like disinvestment. And that us sitting here in 2024, we've gotta work to correct that. To bring people up to speed so that they can have at a minimum, equal opportunity to have the same health outcomes. And ideally, and I think at VA, especially in the Veterans [00:12:00] Health Administration, we're a healthcare organization, we're not just worried about opportunity. I think we're also worried about the outcomes themselves, like the health outcomes. Especially in

the Homeless Programs Office, we care about Veterans getting housed at really, really good rates.

Really importantly, we don't want factors such as your race, your ethnicity, your sexual orientation being a factor in whether or not you can get stably housed. Like that's... I, um, I, I feel like at certain point I say things that are like so commonsensical that they're like a tautology, but it still needs to be said.

Carmela Daniels: Absolutely.

Shawn Liu: Yeah.

Matthew Stimmel: I was just gonna jump in, Shawn, because I think you both of you raised a really important point around that idea of the historical disinvestment in communities of color in particular. And I just wanna highlight there's an action behind that, right? Like sort of disinvestment implies actually implementing policies and taking steps that marginalize certain groups.

Even in the sense of criminal justice involvement more actively target certain groups potentially. And so when used as an action word to what sort of set up the historical discrepancies and disparities that we're seeing, it [00:13:00] requires really concrete action to address. And I think sometimes we think, oh, we're past those more historical policies. We're in a more tolerant, open place in our society. Maybe this will just kind of work itself out if we just kind of treat everyone the same. And provide all the same opportunities. But actually because there are so much active disinvestment and or targeting of certain groups, that really requires a lot of active strategies and actions to take to correct that.

It's not, we can't be passive in response to that.

Anthony Love: I completely agree with that, Matt. As you said with this disinvestment, there was a level of intent. And that intention was to exclude certain folks from having access, from being able to enjoy or reap the fruits of what this nation has to offer. Particularly 'cause of their race their sexual orientation or whatnot. The thing with racial equity is that we have to be intentional. If the intent was to dissuade or keep people from being able to access those things, we have to be intentional to make sure that they do have that access. And that intent involves taking it beyond what we [00:14:00] call equality, but meeting them where they are and ensuring that their needs are met.

If we have two children in a classroom, both have access to the board. One can see the board perfectly, but the other one may need some eyeglasses in order to see that. So in order to ensure that one that needs the glasses has the right access so that they can enjoy that fruit, we get them some eyeglasses. It's not putting them above the other student, but giving them that same opportunity.

And that's what we mean by equity. Ensuring that we're meeting those Veterans with what they actually need in order to have the same opportunities as other Veterans. In terms of their success within the VA programs.

Shawn Liu: Yeah. One of the things, Anthony I really appreciate about that eyeglass analogy as a person who wears eyeglasses, and I could see on, you know, this is audi... this is radio, but I can see you're wearing eyeglasses too, it's a really important example of what a targeted solution could look like, that's also relatively uncontroversial, right?

Like, "Oh, you have astigmatism, or you're nearsighted, or you're farsighted. Let's, let's get you some glasses." And you go, and then now you can participate in the same kind of way. [00:15:00]

And Matt, you mentioned something about this concept of treating everybody the same, and that's what fairness means. And I remember early on, I wanna say Spring 2021, especially when we were starting to launch a lot of our racial equity work within the Homeless Programs Office, that was a pretty common bit of feedback. I would probably also categorize it as a little bit of criticism, right? Which was very well meaning, you know, dedicated staff who were grappling with this idea that the values that were instilled in them were you treat everybody the same, right?

That discrimination is bad and you treat everybody the same. And if you treat everybody the same, that's the morally righteous thing to do. And those folks who had that feedback, they, you, you could see in like real time, they were kind of grappling with that concept because in many ways what we're talking about today is, number one, providing tailored different solutions for different things, but also this [00:16:00] understanding that because people are situated in society differently, they come from different barriers, they come from different challenges, like treating everybody the same might not be enough for some.

Matthew Stimmel: It's not enough. And it doesn't take into account the actual context, as you said where people are starting from and what they have to do to get access to the services and the care that they're entitled to. And so I think the

idea of treating people the same, and offering responsive services to their specific needs are separate, but often get combined.

So I think we can treat everyone the same. And not to skip ahead to the why, was raised in that same way, which is you treat everyone the same in terms of the amount of dignity, and respect, and compassion you give them. You don't treat them differently as people. But that's different than maybe what you offer them as a service provider when you know that they're starting from behind the eight ball as it were in terms of this kind of historical precedent for restricting access to housing, restricting access to education, restricting access to employment advancement, all sorts of things that have impacted different communities and particular communities of color that set people back in that effort.

And so I think we [00:17:00] can treat all Veterans the same, and we should in terms of the amount of respect and dignity and compassion that we show them. But that doesn't mean we have to just blanketly offer the same exact services in the same exact way to everyone. As a matter of fairness.

Shawn Liu: Yeah, so what I really appreciate about this conversation and then we'll shift gears again, is a more refined and nuanced approach to what are the things where it's just, righteous, and good to treat everybody the same. And Matt, you just mentioned it, right? Dignity, respect, kindness, compassion. And in those instances, absolutely we should be giving everybody, like across the board, you get respect, you get dignity, you get compassion.

But there are other things in terms of interventions. And I know this gets into worldview discussions about worthy poor, and meritocracy and all that stuff like that. The last reflection, if you'll permit me, if I'll permit myself as the host, in my day job as Director of Communications, I've been fielding a lot of media inquiries from journalists, [00:18:00] especially in the context of the recent 2023 Point-in-Time Count, which although showed an uptick in Veteran homelessness, the Veteran uptick was nowhere near as bad as the uptick in overall homelessness or in other subpopulations.

So what's going right with Veterans?

But then also the fact that last month, this is gonna air in February. Last month we actually announced that VA housed 46,000 Veterans over the course of calendar year 2023, which is a lot of Veterans, right? And so I was fielding a lot of questions about what makes VA different, what makes the Veteran homelessness work different that can be translated to other subpopulations. And

one of the things I keep coming back to is this idea of VA as an agency is one of the few, maybe even only federal agencies that entirely dedicated to the health and welfare of a subpopulation. Like Veterans are our responsibility. One of the things that I think is really challenging for any other subpopulation is that you don't have an agency dedicated to the welfare and wellbeing of [00:19:00] all families and children, of all single adults, of all women, that's also been resourced as well.

I bring this up not just as like a navel gazing tangent, but I think it really frames this equity, equality, fairness, debate really importantly. The health and wellness of all Veterans is our responsibility. And if our interventions aren't as effective for some Veterans, I sure as hell would wanna know, right? Because my job is not to give everybody the equal opportunity. My job at VA is to make sure you get the same outcomes.

Anthony Love: I would completely agree with that in terms of the outcome is to be successful, whatever that looks like for you as a Veteran. We tailor our services to those Veterans. But if I'm a Veteran that only needs maybe a light touch, that's what I give you.

Whereas another Veteran will come in, you give 'em that same courtesy, access, and so forth, may need intense case management, may need to go to substance abuse treatment. That's what we make sure they have because our end goal is that Veteran is successful. And whatever it will take [00:20:00] for him or her to be successful, that's what we at VA will offer them.

It is not about giving them the same amount because they don't need the same amount.

Carmela Daniels: And it's removing those barriers. It's removing that barrier and being proactive in that work, right? So that if the Veteran needs a light touch, then we identify that. But if the Veteran that's African American comes in that needs the full work over, then we also recognize that and then provide that service equally.

And so that the Veteran who is not at a disadvantage because of their race. We are proactive in those efforts and making sure that both the Caucasian Veteran and the Black Veteran get the same opportunities in order to be successfully housed. And so exactly, what does those outcomes look like for the Veterans that we serve? Especially what is it looking like for our Black Veterans, our female Veterans?

Matthew Stimmel: Sometimes because we are a specialized organization working with specialized population, mainly Veterans, we lose out on the actual intersectional differences amongst that group. And not all Veterans are treated the same. Not all members of the military are treated the same. And the same risk can apply of, this [00:21:00] idea of, the only color I see is green, right? We're all in this together in this way.

And it's that's not actually the lived experience of the folks who signed up. And if you think about not just Veterans of color, but also LGBTQ plus Veterans, who, you know, for basically, until a decade ago, had to erase a whole part of who they were, lest they got kicked out of the military and or when they were separated, they received another Other Than Honorable discharge, which severely compromises their ability to access care.

Historically, we've done a great job in Homeless Programs. It's improving in general. But generally speaking, we see this impact that within this population that we're dedicated towards serving, that is really well resourced, that if probably ask anyone in the homeless services community, homeless Veterans get so much care and attention, which is wonderful, that we can forget that actually within that specialized population, there are all these other groups who are treated differently in different access to care. And we see that it doesn't just have to be our race ethnicity or sexual orientation or gender identification. We think about rurality versus having access to major medical centers in cities.

It really impacts Veterans care in that way. And so we're not a monolithic group. And so we have to really [00:22:00] understand and respond to that accordingly.

Shawn Liu: Yeah, yeah. Well said.

I wanna shift gears and continue diving in deeper into this topic. And Anthony, I want to come over to you. We've touched already a little bit about what the landscape has been historically for black Veterans. I want to see if you have any other reflections or insights to share.

Especially if we zoom out a little bit to not just black Veterans, but minority Veterans in general.

Anthony Love: It's pretty documented that for a while, those benefits and things that were available to White Veterans, Black Veterans, Hispanic Veterans, Asian Veterans, and as Matt mentioned a Veteran who was openly being themselves who from the LGBTQ+ community were excluded. So for

example, when after World War II when the GI Bill was introduced, which propelled a number of Veterans into the middle class. Non-white Veterans were excluded from that. This has put them at a disadvantage in terms of being able to build generational wealth, being able to propel their families into the middle class and be awarded for their services, which cause other issues.

[00:23:00] Also, there was a time, if you just go to a broader history there was a time where members that who were not White, but especially around Black individuals, couldn't even create wills. So that was a time where as that person died, the family would have to start over.

So you had these historical barriers that were put in place.

And up until, I wouldn't say recent, but it really was recent. If you consider that World War II ended, what, in 1945? And then you had the GI Bill. We go through the fifties, the sixties. And roughly around the seventies is when you start seeing that other Veterans were being able to access the same types of services that their white counterparts were accessing. So we keep that in mind when we're talking about these discrepancies and what may have been the cause of maybe why there's an overrepresentation of Black, Hispanic Native American/ Alaska Natives being within the homeless Veteran population.

Shawn Liu: You know, Anthony whenever you and I have hung out over the years, one of the things, especially if we've done presentations together, one of the things I've always remembered and it [00:24:00] stuck with me that you share with the public is that Veterans are people. They're citizens first. Right?

And usually when you bring that up, it's in the context of trying to refute the hyper fixation of Veteran services for Veterans and reminding folks like Veterans are also eligible for literally everything else that us as civilians are.

I was reminded of that just now as you were sharing because what it also suggests is that being a Veteran doesn't suddenly make immune a person to the struggles in society, Right?

So that a Black Veteran, even though they're a Veteran and may be in some instances afforded benefits and other resources and services, they are still citizens in America and they're subject to all of the other impacts that that entails too.

Like being a, being a Veteran doesn't magically like make you invulnerable to that.

Anthony Love: No, not at all. The uniform that you wear doesn't necessarily cover up the skin that you're in. It doesn't exempt that Veteran from the societal ills that impact [00:25:00] other members of that particular group.

Shawn Liu: Well said. Matt, I wanna come over to you and shift gears again and actually get a little bit more operational. So for the last, oh gosh, what is it? It feels like it's been, it's getting to four years now. You have been helping to co-lead with myself with Anthony, Dr. Daniels now the racial equity work.

What have those efforts been like? How successful have we been? And what is the work that lies ahead?

Matthew Stimmel: I think the effort has been pretty significant and it's it happens on multiple levels and it's started and been maintained by pretty widespread support from our Executive Director, Monica Diaz, who's basically supported everything we've asked for in this work since the work group started and has really modeled the importance of equity work within Homeless Programs. It's included in our strategic plan, broadly. It's included as part of our calendar year goals every year. And so it comes from the top down, which is great.

But also really from the bottom up. Dr. Daniels is a great example of that. We've turned over the leadership of the Racial Equity and Racial Justice Workgroup that formed a few years ago from primarily being a group of HPO Central Office folks to really [00:26:00] being run and led by frontline staff who are out there doing the work every day.

And we couldn't do it without Dr. Daniels, without all of her predecessors in that role, which has been great. So, I think broadly speaking, there's this culture of wanting to and trying to embed equity within Homeless Programs Office. We established the work group four years ago focusing on three different levels.

The organizational level, so how in Central Office Homeless programs, how are we conceptualizing equity work? Where are our blind spots? Where do we need to improve?

We have a Veteran focused subcommittee of the work group, which is now in this transition over the last couple of years, come to be led by peer specialists and Veterans themselves and so who work within VHA and within Homeless Programs. And so they're really guiding the content and training to help support our staff serving Veterans with a focus on cultural competence.

And then also have a staff focused work group that has developed a mentorship program. That's an in second year. And as a good example, I think of, well-intentioned, but also needing to iterate on an idea, which is, the idea was to start with a DEI focus, but for a variety of reasons, partially wanting to open it up to everyone in Homeless Programs. That focus [00:27:00] of the mentorship program got lost a little bit, and so in the second year we're really highlighting it's... There's no exclusionary criteria to participating in the mentorship program, but we're really promoting this idea that we wanna make it available to staff of color and all staff who are interested in doing DEI work and advancing this mission of embedding equity in everything that we do.

So that's structurally the work group and what we've been working on. There's long ways to go. We work in a big administration and the bureaucracy that takes time and approval and we have some concentrated efforts in Homeless Programs Office, but we're also 150 medical centers with different leaderships and responses to these efforts. And so what we've also tried to do is just provide continual, on the ground support.

So we also created, Shawn, you were instrumental in this creating the Racial Equity Dashboard to actually look at data to, to make sure that the things that we're doing especially at the local level really targets the Veterans who need it most.

Is gonna look different medical center to medical center, community to community within that medical center. So having hard data and numbers of how different groups of Veterans are impacted is important. So we created the dashboard, which provides that kind of database, and then also developed a Racial Equity Improvement [00:28:00] initiative so that local medical centers could use that data and see, okay who is lagging behind in terms of their access and the outcomes in these programs, and how can we target different groups differently and make sure that everyone, again, making sure everyone gets the same access to care, but understanding what are the nuances between different groups of Veterans.

And in support of that Dr. Daniels actually has been really key with colleagues working with technical providers to provide ongoing both monthly support via community of practice call, as well as every other week working with our technical assistance providers for nitty gritty details on how do you establish an Equity Core Team at your medical center, how do you think about the data that you're finding?

And so we have big pushes to change things at the kind of enterprise level, but also really trying to provide that ongoing support at the ground level.

Shawn Liu: Yeah, that is a lot of work that's going on. You know, and you brought up the Racial Equity Dashboard, which I think we're all pretty proud of. And one of the things as you were sharing reminded me of.

Last year we had Lindsay Church, they're the Executive Director of Minority Veterans of America. We had them on the podcast to talk about access for [00:29:00] LGBTQ plus Veterans. And during that episode, Lindsay mentioned the importance of having a data use plan. I'm sure they described it something differently, but it was this idea that don't just tell me that you are going to collect data or show data, like what are you gonna do with it?

And in the context, they were really sharing with it about all of the assessment data that VA may collect on a Veteran, and more specifically, all the really personal questions including sexual orientation, gender expression, all of that stuff. What are you gonna do with it? And as you were sharing about the work, I was reminded of both that and a lot of the admonitions that over the years we had tried to convey to people. Because for many, the, one of the first things to do in any kind of DEI type of work is, as they say, disaggregate your data. Right? Take a look at what data you have. But then disaggregate it by race or ethnicity or gender or sexual orientation or rurality so that you could better understand how are different subpopulations... how are they accessing? [00:30:00] Are they achieving the health outcomes?

But too often, I'm a little bit soapboxing right now, so I apologize, too often folks stop there and they don't think or have a conversation about, okay, what do we do now that we've revealed these differences? What are we gonna do now that we've revealed these opportunities?

And that's just as an aside, what I've also really appreciated about our Racial Equity Improvement initiative, because it really was a framework to use very tried and true principles in terms of systems redesign and quality improvement to take those differences that we see in our data among the outcomes of different race and ethics subpopulations, and do something about it to fix it.

I think that's really, really important stuff.

Anthony Love: It is one thing to collect the data. It is another thing to then operationalize it. As Matt indicated, we are a huge system and it takes time. But you can't deny what the data is showing. And it's just a matter of moving

forward. And I think that, you have the folks on the committee, you also have folks in our leadership that is showing some real courage and wanting to take the [00:31:00] steps necessary to begin to operationalize that data. Not only what are we gonna do with it, what are we gonna do about it?

Carmela Daniels: It takes time to reverse that. And so when we're looking at how we are going to grow ourselves and be better in this space to make this service right, okay, this is what we know. This is what the data tells us, and this is how we can work on that.

Matthew Stimmel: And I think just real quickly, there's an often a trap that we fall into, which is separating equity work from service provision work as if we have these special DEI-focused committees and et cetera. And that needed to happen to, I think, generate the workflow, everything we just talked about, what we're doing. But it runs the risk of separating out. It's "Oh, okay, that's happening over there. And that's different from homeless service work." And I think the data is what allows you to actually integrate those things and saying, no, actually equity work is the homeless service provision work that we're trying to do. And we can't do it without embedding equity in it.

Shawn Liu: Excellent. Outstanding stuff. Okay, I wanna shift gears two more times. This next shifting gears, we don't really have a call to action on this episode. Outside of maybe figure out ways to center equity in your life. Or if [00:32:00] you're Veterans, call the Call Center and come to us for help. But, as we wind down this episode, I want to give you all an opportunity to speak to the Veterans directly. Especially for those who are listening in who may either be on one hand, "Wow, this is great. 'cause you might help the services that I will receive one day." Or, "I don't know. I'm still not quite convinced. I think this is some kind of weird, inappropriate stuff and if we just kept on treating everybody, fairly, that should be fine."

So I wanna do a little bit of a round robin. Dr. Daniels starting with you. What do you want Veterans to know about our racial equity work in homeless programs?

Carmela Daniels: What I want Veterans to know is that we are actively working, that we are proactive in making sure that this work is ongoing. I also want them to know that in that we are aware of where we can do better. Areas that we need to do that personal improvement, our staff improvement, our systematic improvement, healthcare improvement, all of those things equate to this work.

I want Veterans to know that we are [00:33:00] going to continue to be intentional about this work and that we see them and that we know that they are there. And that we're going to continue to identify the spaces that we need to serve them better. I think that's key that we understand that we know that Veterans have maybe not been served in the best areas. We wouldn't need this work if it wasn't already a space to do more or to look at what we can do better. And so we recognize and acknowledge that. I want Veterans to know that this is not an opportunity for us to say, "No, we've gotten this done and we've been doing this."

No, we know that we need to make improvements and we are working intentionally to get that done.

Shawn Liu: Matt, how about you? What do you want Veterans to know about this work?

Matthew Stimmel: It's hard to add anything that what Dr. Daniels was just describing. My prep for this was saying similar things, but she's spot on. First and foremost, we're dedicated to this work and we might not always get it right. But we're always receptive to understanding Veterans experience to see how we can improve.

So I think my basic call to action, no matter who you are, whether you're on the side of feeling like, "Great, I need the support and it's about time," or you're on the side of, "Hmm, this seems maybe not fair and [00:34:00] inappropriate, is talk to us. We wanna know and understand what your experience is. We wanna improve our efforts.

Please do reach out to us. Obviously you might be working at a local medical center and hopefully you'll get the support you need there.

Shawn Liu: We'll put a link to our general inquiry email address. It's basically HomelessVets@va.gov. I'll put that into the description. However, I do wanna say, if you are a Veteran listening in and you heard Matt's call to action, but you're actually asking for direct services, the fastest way to get help is to call the Call Center (877) 424-3838.

The general information desk. It's not a clinical desk, it's not staffed by social workers. It's basically staffed by me. And I'm gonna just get you to the local VA anyway. So the fastest way to get help because I'm a little bit slow, is call the Call Center, (877) 424-3838. That said, if you wanna provide us feedback, shoot

us an email, HomelessVets@va.gov. Anthony , how about you? What do you want Veterans to know about the race equity work?

Anthony Love: Dr. Daniels and Dr. Stimmel covered it very well. But I would want them to [00:35:00] know that it's not just a bunch of bureaucrats working on this work. There are actual Veterans who are participating, engaging leading some of the committees and Veterans with lived homeless experience talking about what it is that they've experienced and what VA can do better.

So it's not just a bunch of eggheads pontificating and theorizing. We are actually talking to actual Veterans with this experience. And so this work is meant for a better experience with you.

Shawn Liu: Excellent as an egghead shaped pontificator. Yeah. Well said.

All right. This has been fantastic. Really appreciate you three coming on for this. And obviously this is... we barely scratched the surface of this topic and so we'll probably have to have you on again at some point in the future to continue on to get some updates on what's going on.

Okay, we're gonna end out our show with a tradition. We're gonna end out with why. Folks who know especially if you've been listening in for the last couple years, you know that I'm not a Veteran and it's important that when I rep for [00:36:00] Veterans as my job as Director of Communications that Veterans know that again, I'm not just an eggheaded pontificator. That I am here for them, that I'm here for the mission. I'm not just collecting a paycheck for a job.

And Anthony, we got to know your fantastic why when you were on last year to talk about unsheltered homelessness.

Dr. Daniels, to kick us off in this final section, what's your why for this work?

Your day job is actually with Caregiver Support, but you're hanging out with us for not only homeless Veterans, but also homeless Veterans from a racial equity lens. What's your why for this work?

Carmela Daniels: My why of this work is a couple of things. First of all, I have a lived experience of homelessness. I understand what that means from a perspective of the work that needs to be done in order to serve people. And I know that homelessness is a preventable problem and a problem that also can be resolved.

My why is that we continue to look at persons, meet their needs, and to meet their successful goals so that they can have successful lives. I'm very invested in this [00:37:00] work and the continued progress of this work so that we can definitely do better in the areas where we lack and then build on the areas where we are strong.

Shawn Liu: Matt, I'll give you the last word. What's your why for this work?

Matthew Stimmel: The biggest why is just sometimes there are things that are just glaringly the right thing to do, and when you work in two systems, the response system and the criminal legal system where there's decades long, in the case of criminal legal involvement, the history runs back centuries, in terms of how people of color have been persecuted in that system.

The history leading to inequitable outcomes for black and brown Americans, including Veterans and Veterans of all walks of life who've been persecuted in some way, it's impossible to ignore and it's just compelled to take action. It really hit home for me clinically, as I mentioned in my first experience with Rikers.

And the foundation from that is I was raised by a Navy Veteran who was a doctor and cared deeply about treating everyone fairly and with dignity and respect, and taught me that, given the advantage that I was provided I gotta make sure that I do whatever I can to ensure that everyone else that I work with and come into contact with in my life is treated fairly and do what I can to support them.

Shawn Liu: Anthony Love is the principal advisor to the [00:38:00] executive Director for Intra and Inter-Agency Collaboration and the Director of Community Engagement. Dr. Camilla Daniels is the Diversity, Equity and Inclusion Program Specialist, and Dr. Matthew Stimmel is the National Training Director for the Veterans Justice Programs all here in the Homeless Programs Office.

Anthony, Dr. Daniels. Matt, thank you so much for the gifts of your time.

Anthony Love: Thank you.

Matthew Stimmel: Thanks for having us.

Carmela Daniels: So much. Thank

Anthony Love: was great.

Shawn Liu: If you wanna know more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit us online at www.va.gov/Homeless.

And if you're a Veteran who's Homeless or at risk of homelessness, reach out. Call the National Call Center for Homeless Veterans at 877-424-3838. Trained counselors are standing by to help 24 hours a day, seven days a week. That number again is 877-424-3838.

If you're enjoying the show, leave us a review on Apple Podcasts. It would really help us out.

That's all for this month. [00:39:00] We hope that you found this time to be valuable and that you feel empowered in our collective work to ensure that every Veteran has a safe and stable place to call home.

Take care.