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20 UNITED STATES DISTRICT COURT

21 FOR THE CENTRAL DISTRICT OF CALIFORNIA

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25 JESSICA MILES, JOSHUA ROBERT  
PETITT, GLENN SURRETTE,  
26 NARYAN STIBBIE, DOES 1-2, and  
27 NATIONAL VETERANS  
FOUNDATION,

28 Plaintiffs,

Case No.: 2:22-cv-08357

**COMPLAINT FOR INJUNCTIVE,  
DECLARATORY, AND  
MANDAMUS RELIEF**

vs.

1 DENIS RICHARD MCDONOUGH, in  
2 his official capacity, Secretary,  
3 Department of Veterans Affairs;  
4 STEVEN BRAVERMAN, in his  
5 official capacity, Director, VA Greater  
6 Los Angeles Healthcare System;  
7 KEITH HARRIS, in his official  
8 capacity, Senior Executive  
9 Homelessness Agent, VA Greater Los  
10 Angeles Healthcare System,  
11 Defendants.

12 The following allegations are based on information and belief, unless otherwise  
13 specified.

### 14 INTRODUCTION

15 1. Despite a lawsuit, two Acts of Congress, and two reports of the Office  
16 of Inspector General detailing the VA's failings, the West Los Angeles VA's Master  
17 Plan 2022 will leave thousands of veterans to live and die on the streets of Los  
18 Angeles for many years to come. While deplorable to all veterans, those effects will  
19 disproportionately impact veterans with Serious Mental Illnesses and Traumatic  
20 Brain Injuries who need the VA's services the most. The VA must do more, and  
21 now, to comply with its obligations under the law, and to fulfill the promise we all  
22 make to those who serve in our military.

23 2. We, as a people, owe our security and the preservation of our most  
24 cherished values to the military service members and veterans who serve our nation,  
25 not for remuneration or glory, but out of fealty to honor, duty, and sacrifice. One  
26 horrific consequence of war is that it exacts heavy and lifelong consequences on the  
27 men and women who serve on our behalf: many return suffering from invisible  
28 wounds, including depression, Post Traumatic Stress Disorder ("PTSD") and  
traumatic brain injuries ("TBI"). For countless veterans, military service has  
rendered them unable to fully resume their civilian lives, sustain their family  
relationships, maintain employment, continue their education, or even maintain a

1 permanent residence.

2         3. Our leaders, regardless of political party, have repeatedly expressed our  
3 country's obligation to our veterans. In March 2009, 20 years after the Department  
4 of Veterans Affairs ("VA") was officially elevated to a cabinet-level agency,  
5 President Obama expressed our debt to our veterans this way: "We provide new  
6 help for homeless veterans, because those heroes have a home; it's the country they  
7 served, the United States of America. And until we reach a day when not a single  
8 veteran sleeps on our Nation's streets, our work remains unfinished."<sup>1</sup> President  
9 Trump reiterated the promise 10 years later, stating "Each warrior who fights for our  
10 nation, along with their families, has earned our eternal gratitude . . . Together, we  
11 remain committed to fostering a national community of support for these brave  
12 heroes and their families."<sup>2</sup> President Biden agreed in 2021, proclaiming, "Our  
13 Nation has only one truly sacred obligation: to properly prepare and equip our  
14 service members when we send them into harm's way and to care for them and their  
15 families when they come home."<sup>3</sup>

16         4. Congress has backed these promises with dollars. The VA's budget—  
17 *not* including supplemental revolving funds, trust funds, or special funds—is now  
18 \$269.26 billion for FY2022, and \$272.32 billion in advance appropriations for  
19 FY2023.<sup>4</sup> The FY2022 appropriations amount reflects a 10.38% increase from  
20 FY2021, and comprises \$157.05 billion in mandatory funding, which includes  
21 housing, and \$112.22 billion in discretionary funding, which includes medical care  
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24 <sup>1</sup> Remarks on the 20th Anniversary of the Department of Veterans Affairs, 1 Pub.  
25 Papers 258, 259 (Mar. 16, 2009).

26 <sup>2</sup> Proclamation No. 9962, National Veterans and Military Families Month, 2019, 3  
27 C.F.R. 206, 207 (2020).

28 <sup>3</sup> Proclamation 10305, Veterans' Day, 2021, 3 C.F.R. 300 (2021).

<sup>4</sup> Cong. Res. Serv., Department of Veterans Affairs FY2022 Appropriations 11  
(2022), <https://crsreports.congress.gov/product/pdf/R/R46964>.

1 and construction programs.<sup>5</sup>

2 5. But for more than 33,000 veterans nationwide, these promises of home  
3 and healthcare are aspirational at best.<sup>6</sup> Twenty percent of low-income veterans will  
4 experience homelessness in their lifetime,<sup>7</sup> higher than nonveterans.<sup>8</sup>

5 6. Los Angeles is the homeless veterans' capital of the United States, with  
6 3,458 unhoused veterans as of 2022,<sup>9</sup> approximately 10% of the national total.<sup>10</sup> Of  
7 these, 1,125 or 32% identified as Black/African American, despite the fact they  
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16 <sup>5</sup> *Id.* at Summary, 2, 11.

17 <sup>6</sup> U.S. Dep't Vet. Aff., VA Homeless Programs: Point-in Time (PIT) Count,  
18 [https://www.va.gov/homeless/pit\\_count.asp](https://www.va.gov/homeless/pit_count.asp) (last visited Nov. 14, 2022) (indicating  
19 the January 2022 point-in-time count of “the total number of Veterans who  
20 experienced homelessness was 33,136”); *see also* Meghan Henry et al., U.S. Dep't  
21 Hous. & Urb. Dev., The 2020 Annual Homeless Assessment Report to Congress 52  
22 (2020), [https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-  
23 1.pdf](https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf) (“2020 AHAR Report”) (displaying the PIT estimates of homeless veterans  
24 between 2009-2020, with a January 2020 count of 37,252).

25 <sup>7</sup> Jack Tsai et al., *Service Use and Barriers to Care Among Homeless Veterans: Results from the National Veteran Homeless and Other Poverty Experiences (NV-HOPE) Study*, J. Cmty. Psych. 6 (2022).

26 <sup>8</sup> Jack Tsai et al., *Risk Factors for Homelessness Among US Veterans*, 37  
27 Epidemiologic Rev. 177, 188 (2015) (collecting studies that found “a greater risk for  
28 homelessness among veterans compared with nonveterans”).

<sup>9</sup> L.A. Homeless Servs. Auth., Veterans HC2022 Data Summary (2022),  
<https://www.lahsa.org/documents?id=6630-veterans-hc2022-data-summary>.

<sup>10</sup> 2020 AHAR Report, *supra* note 6, at 60.

1 make up only 9% of Los Angeles County’s overall population.<sup>11</sup>

2 **EXHIBIT 5.11: CoCs with the Largest Numbers of Veterans Experiencing Homelessness**  
 3 **By CoC Category, 2020**

CoC Name	Homeless Veterans	CoC Name	Homeless Veterans
<b>Major City CoCs</b>		<b>Other Largely Urban CoCs</b>	
Los Angeles City & County, CA	3,681	St. Petersburg, Clearwater, Largo/Pinellas County, FL	265
San Diego City and County, CA	940	Eugene, Springfield/Lane County, OR	167
Seattle/King County, WA	813	Reno, Sparks/Washoe County, NV	158
Las Vegas/Clark County, NV	734	St. Louis City, MO	143
Oakland, Berkeley/Alameda County, CA	722	Spokane City & County, WA	143
<b>Largely Suburban CoCs</b>		<b>Largely Rural CoCs</b>	
Honolulu City and County, HI	353	Texas Balance of State	555
Santa Ana, Anaheim/Orange County, CA	342	Washington Balance of State	394
San Bernardino City & County, CA	234	Oregon Balance of State	329
Riverside City & County, CA	233	Indiana Balance of State	309
Chester County, PA	222	Georgia Balance of State	295

13 Fact Sheet: Homelessness in LA, Senate Housing Committee,  
 14 <https://shou.senate.ca.gov/sites/shou.senate.ca.gov/files/Homelessness%20in%20CA%202020%20Numbers.pdf>  
 (updated May 2021).

15 7. This should never be. The phrase “homeless veteran” should be an  
 16 American oxymoron. But this is the cruel truth—the federal government  
 17 consistently refuses to keep its word and take meaningful actions to bring the  
 18 abomination of veteran homelessness to an end.

19 8. Many veterans experience “Serious Mental Illness,” or “SMI,” meaning  
 20 “a mental, behavioral or emotional disorder that results in serious functional  
 21 impairment, which substantially interferes with or limits one or more major life  
 22 activities.”<sup>12</sup> Examples include major depression, PTSD, bipolar disorder, panic

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24 <sup>11</sup> See L.A. Homeless Servs. Auth., *supra* note 9; see also U.S. Census Bureau,  
 25 QuickFacts Los Angeles County, California (July 1, 2021),  
<https://www.census.gov/quickfacts/losangelescountycalifornia>.

26 <sup>12</sup> Nat’l. Inst. Mental Health, Mental Illness,  
 27 <https://www.nimh.nih.gov/health/statistics/mental-illness> (last visited Nov. 14,  
 28 2022).

1 disorder, obsessive-compulsive disorder, borderline personality disorder, and  
2 schizophrenia-spectrum disorder.<sup>13</sup>

3 9. Post 9/11 veterans have higher rates and ratings of severe disability,  
4 mental health disorders, trauma-related injuries, and substance abuse than both their  
5 nonveteran peers and veterans of prior wars.<sup>14</sup> Vietnam veterans were twice as likely  
6 to have depression and anxiety than their older peers.<sup>15</sup>

7 10. Yet only half of veterans with mental health challenges connected to  
8 military service access treatment and only about half of those receive minimally  
9 adequate care. Less than half of those with a probable TBI even receive a medical  
10 evaluation.<sup>16</sup> Veterans with unmet mental health needs are more likely to live in  
11 poverty than other veterans.<sup>17</sup>

12 11. An incontrovertible body of research has established the close causal  
13 and mutually reinforcing relationship between Serious Mental Illness and long-term  
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15 <sup>13</sup> U.S. Dept. Vet. Aff., *Serious Mental Illness 1* (2020),  
16 [https://www.va.gov/PREVENTS/docs/PRE013\\_FactSheets\\_SeriousMentalIllness\\_5](https://www.va.gov/PREVENTS/docs/PRE013_FactSheets_SeriousMentalIllness_508.pdf)  
17 [08.pdf](https://www.va.gov/PREVENTS/docs/PRE013_FactSheets_SeriousMentalIllness_508.pdf).

18 <sup>14</sup> Jonathan Vespa, U.S. Census Bureau, *Post-9/11 Veterans More Likely to Have a*  
19 *Service-Connected Disability* (June 2, 2020),  
20 <https://www.census.gov/library/stories/2020/06/who-are-the-nations-veterans.html>.

21 <sup>15</sup> Christine Gould et al., *Depression and Anxiety Symptoms in Male Veterans and*  
22 *Non-Veterans: the Health and Retirement Study*, 30 *Int'l. J. Geriatric Psychiatry* 623  
(2014); *see also* U.S. Dept. Vet. Aff., Off. Res. & Dev., VA research on Mental  
23 Health, [https://www.research.va.gov/topics/mental\\_health.cfm](https://www.research.va.gov/topics/mental_health.cfm) (discussing Vietnam  
24 veterans) (last visited Nov. 14, 2022).

25 <sup>16</sup> Terri Tanielian et al., RAND Ctr. Mil. Health Pol'y Res., *Invisible Wounds:*  
26 *Mental Health and Cognitive Care Needs of America's Returning Veterans 3*  
(2008),  
27 [https://www.rand.org/content/dam/rand/pubs/research\\_briefs/2008/RAND\\_RB9336](https://www.rand.org/content/dam/rand/pubs/research_briefs/2008/RAND_RB9336.pdf).  
28 pdf. This is true in California, where only one in four veterans received minimally  
adequate treatment. *See* Linda Diem Tran et al., *The Mental Health Status of*  
*California Veterans*, Pol'y Brief UCLA Ctr. Health Pol'y Res. 1, 3 (2016).

<sup>17</sup> Tran, *supra* note 16.

1 homelessness, including among veterans.<sup>18</sup>

2 12. Numerous scientific studies demonstrate, consistent with common  
3 sense, that unhoused individuals with TBI and Serious Mental Illness such as PTSD,  
4 schizophrenia, and severe depression can meaningfully access and benefit from  
5 physical and mental health services only after they are stabilized in permanent  
6 community-based housing readily accessible to appropriate services and support—  
7 i.e., Permanent Supportive Housing.<sup>19</sup> Absent Permanent Supportive Housing, these  
8 conditions worsen significantly, leading to additional problems impairing the  
9 capacity of these individuals to conduct everyday life.

10 13. Nonetheless, the VA and its constituent healthcare systems do not  
11 provide adequate Permanent Supportive Housing to ensure that veterans with severe  
12 disabilities in Los Angeles have the stability and support they desperately need to  
13 access the medical treatment and other services for which they are eligible. Instead,  
14 the VA provides institutional services and temporary housing, leaving veterans with  
15 Serious Mental Illness and TBI who could live in community-based Permanent  
16 Supportive Housing with no options but to accept institutionalization or go without  
17 services. As a result, the VA remains a principal cause of continuing homelessness  
18 among veterans.

19 14. This is true despite the VA’s Greater Los Angeles Healthcare System’s  
20 (“VAGLAHS”) flagship West Los Angeles Medical Center & Community Living  
21 Center campus (“WLA Campus” or “Campus”), a lush 388-acre parcel that was  
22 donated to the VA as a Charitable Trust, expressly for the purpose of serving as a  
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25 <sup>18</sup> See, e.g., Sonya Gabrielian, *Improving services for homeless adults with serious*  
26 *mental illness* (Presentation) 6 (Oct. 28, 2020),  
27 [https://www.mirecc.va.gov/vism5/training/sst/Gabrielian\\_PsychosisColloquium2020](https://www.mirecc.va.gov/vism5/training/sst/Gabrielian_PsychosisColloquium20201022.pdf)  
28 [1022.pdf](https://www.mirecc.va.gov/vism5/training/sst/Gabrielian_PsychosisColloquium20201022.pdf) (“SMI and homelessness are mutually reinforcing”).

<sup>19</sup> Tsai, *supra* note 8, at 191.

1 home for disabled war veterans.<sup>20</sup>



West LA Campus (Credit: 2022 Master Plan)



Outside the Campus, before November 2021

15. VAGLAHS does not offer, on the WLA Campus or elsewhere within its service area, anything close to adequate Permanent Supportive Housing coordinated with the medical, mental health, and other supportive services that veterans with Serious Mental Illness or brain injuries need.

16. This unforgivable state of affairs has resulted in the proliferation of

<sup>20</sup> Tess Banko, Am. Legion, Dep't Cal., *About the Redevelopment of the West Los Angeles VA Campus* (Nov. 8, 2021), <https://calegion.org/about-the-redevelopment-of-the-west-los-angeles-va-campus/>.

1 thousands of homeless veterans with disabilities and a long-term crisis of lack of  
2 access to medical, mental health, and other essential supportive services. Veterans  
3 have suffered grievously. Many have died. Over seven years after the VA  
4 committed to provide them Permanent Supportive Housing, they are still suffering  
5 and dying on the streets of Los Angeles. Even under the VA’s most optimistic and  
6 recent plans, thousands of veterans will continue to live and die on the streets of Los  
7 Angeles for years to come.



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*“Veterans Row” homeless encampment of veterans by the VA West Los Angeles Campus from which residents were forcibly evicted in November 2021.*

1           17. In 2011, ten unhoused veterans with severe disabilities sued the VA for  
 2 its failure to provide housing on the WLA Campus. Multiple leases on the Campus  
 3 that failed to benefit veterans were invalidated by the lawsuit. In January 2015, the  
 4 plaintiffs entered into an agreement in good faith with the VA under which the VA  
 5 agreed to draft and implement a Master Plan to provide housing and supportive  
 6 services for veterans on the WLA Campus. Pursuant to the Master Plan the VA  
 7 agreed to build 1,200 Permanent Supportive Housing units for veterans on the WLA  
 8 Campus, 770 of which were to be completed by 2022.<sup>21</sup>

9           18. Still, the VA did not mend its ways. In 2021, the VA Office of  
 10 Inspector General (“OIG”) reported that, more than 7.5 years after the settlement,  
 11 the VA has not constructed a single new unit of Permanent Supportive Housing  
 12 pursuant to the settlement agreement.<sup>22</sup> It has failed even to make essential  
 13 infrastructure upgrades for utilities like water, sewer, and stormwater systems, let  
 14 alone provide housing for the 1,200 unhoused veterans with disabilities to which it  
 15 committed.<sup>23</sup> Other than 55 housing units started before the agreement and  
 16 completed in May 2017, OIG concluded that “VA has not completed any housing  
 17 units on the campus” or even come close to doing so.<sup>24</sup> Indeed, it added: “VA  
 18 envisions all phases of construction will be completed in the *next 17 years*.  
 19 *However, the OIG has no assurance that this goal will be met.*”<sup>25</sup>

20           19. The OIG also identified seven noncompliant land-use agreements—  
 21 meaning the property is being leased illegally even still to entities that do not serve  
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23 <sup>21</sup> 1887 Fund, *West Los Angeles VA Campus Draft Master Plan*,  
 24 <https://www.1887fund.org/master-plan/> (last visited Nov. 14, 2022).

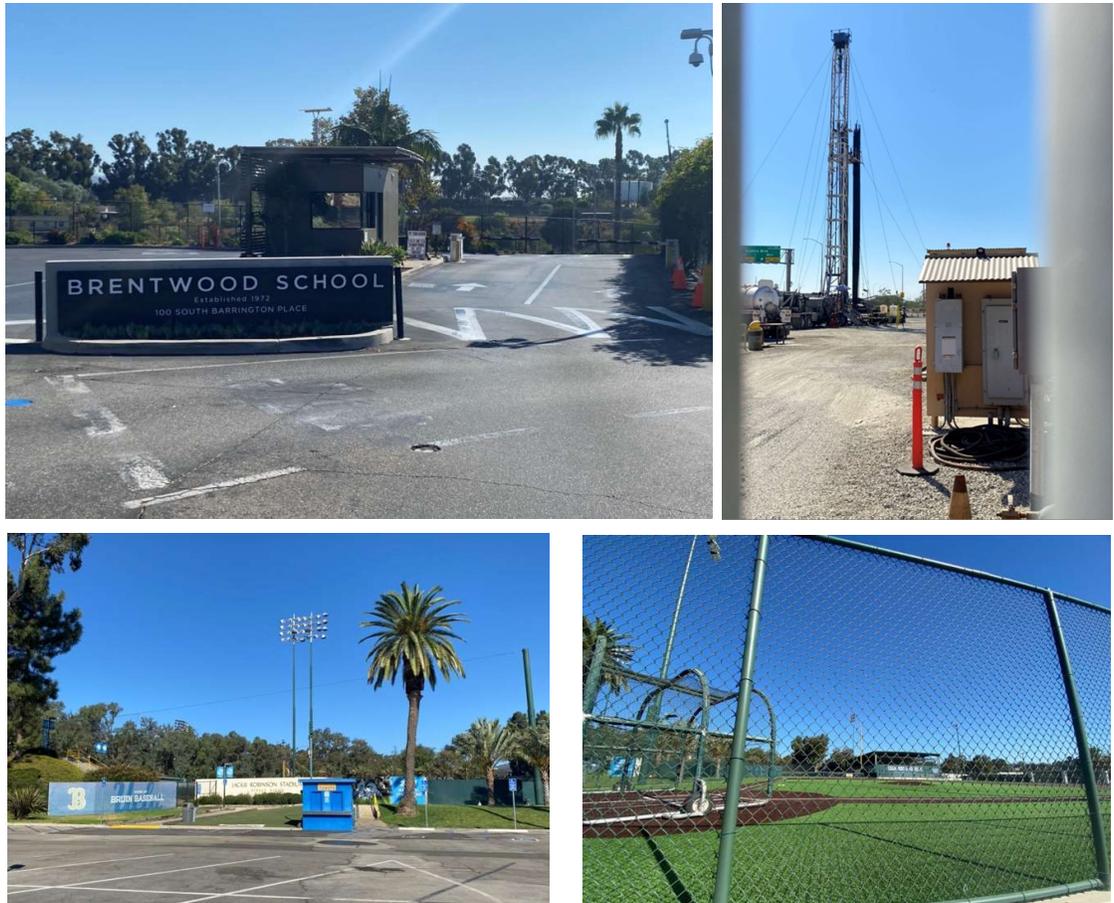
25 <sup>22</sup> U.S. Dep’t Vet. Aff., Off. Inspector Gen., VA’s Management of Land Use under  
 26 the West Los Angeles Leasing Act of 2016: Five-Year Report 10 (2021),  
 27 <https://www.va.gov/oig/pubs/VAOIG-20-03407-253.pdf> (“OIG Five Year Report”).

28 <sup>23</sup> *Id.* at 11.

<sup>24</sup> *Id.* at 10.

<sup>25</sup> *Id.* at 19 (emphasis added).

1 the veteran population.<sup>26</sup> Shockingly, the OIG found some of “the agreements were  
2 not veteran focused,” “allowed drilling to extract nonfederally owned oil from  
3 neighboring land and allowed a lease with a private school for continued use and  
4 improvement of student athletic fields that did not principally benefit veterans and  
5 their families.”<sup>27</sup>



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*Examples of improperly leased properties the OIG identified on the WLA Campus, including Brentwood School, oil leases, and UCLA's Jackie Robinson Stadium.*

22 20. Veterans themselves have repeatedly admonished the VA for its broken  
23 promises to no avail. The VA has failed even to consult veterans about plans to  
24 construct, and recently expand, UCLA's state-of-the-art baseball facilities<sup>28</sup> on land

25 <sup>26</sup> *Id.* at 20.

26 <sup>27</sup> *Id.* at ii.

27 <sup>28</sup> The construction is part of UCLA's baseball facilities on the campus, ironically  
28 named after UCLA alumnus and civil rights icon Jackie Robinson. *See* Jamie

1 where the VA is required to build Permanent Supportive Housing.<sup>29</sup> Indeed, the VA  
2 and UCLA agreed to conceal these recent plans and UCLA’s subsequent  
3 construction of athletic facilities in order to evade compliance with the law.

4 Veterans must console themselves with the fact that they can park for free where  
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Loftus, *The West Los Angeles VA Would Prefer You Didn’t Look Into its Corrupt Land Deals, Thanks*, Knock LA (Feb. 26, 2021), <https://knock-la.com/west-los-angeles-va-campus-corrupt-deal-ucla-stadium-a1be1e7baaf8/>.

<sup>29</sup> See, e.g., Rec. 12-05A, Vet. & Cmty. Oversight & Engagement Bd., Fed. Adv. Comm. Mtg. 18-19 (Mar. 23, 2021), <https://www.va.gov/ADVISORY/MINUTES/Minutes-VCOEBMar2021.pdf> (“WHEREAS, at no point in time prior to the announcement, did VAGLAHS advise the Veterans and Community Oversight and Engagement Board (VCOEB) of its intention to amend the existing lease with UCLA for its baseball complex . . . . NOW THEREFORE LET IT BE: RECOMMENDED, that the Secretary of Veterans Affairs terminate the UCLA ‘Second Lease Amendment’ on the grounds that it is not consistent with the Master Plan; does not sufficiently benefit veterans and their families; and disproportionally favors UCLA’s interests on campus, without proof of any expansion of UCLA’s services to the campus to justify enlargement of the Regents’ rights . . . .”) (unanimously approved); see also Rec. 12-05B, *id.* at 20-21 (“NOW THEREFORE LET IT BE: RECOMMENDED, that before VAGLAHS is authorized to enter into or modify any existing leases with the Regents of the University of California, that VAGLAHS must make a presentation to VCOEB establishing its due diligence to assure itself that the lease is consistent with the Master Plan.”) (unanimously approved).

1 they should have homes.



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*Parking kiosk at parking lot by Brentwood School on WLA Campus.*

12 21. Unfortunately, counsel for the prior plaintiffs did not insist on  
13 enforceability of the settlement agreement in the belief that the VA would act in  
14 good faith to comply with its terms and that court enforcement would not be  
15 necessary against the United States government, to whom they had given so much  
16 and from whom they had received such sacred promises. Tragically, this trust in the  
17 VA to keep its word was, yet again, misplaced.<sup>30</sup>

18 22. While our government has shown its ability to erect whole cities for  
19 troops halfway around the world that are hardened against attack, the VA has  
20 attempted to offload its responsibility for constructing Permanent Supportive  
21 Housing to third parties who are dependent on fundraising from public and private  
22 sources. History teaches that strategy is likely to fail the veterans it is intended to

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24 <sup>30</sup> In private, VA officials have made clear their contempt for “testy” advocates who  
25 try to hold the VA accountable to veteran interests. In one leaked audio called, a VA  
26 official complained that advocates “are going to get up in arms about another ball  
27 field being built” and then strategized how the VA and UCLA might contain public  
28 relations blowback. Cristy Fajardo, *Veteran Advocates Accuse VA in West LA of Putting Private Interests over the Law*, Fox 11 L.A. (May 27, 2022),  
<https://www.foxla.com/news/veteran-advocates-accuse-va-in-west-la-of-putting-private-interests-over-the-law>; see also Loftus, *supra* note 28.

1 serve including because those who need the housing most are disqualified from  
2 gaining residence by other VA benefits they receive.

3       23. Individual plaintiffs in the current case are veterans with Serious  
4 Mental Illness and/or brain injuries or physical disabilities who, as a result of their  
5 disabilities, are unhoused and are in or at risk of entering institutional settings such  
6 as hospitals, residential treatment programs, homeless shelters, or jails. These  
7 individual plaintiffs cannot access necessary VA medical and mental health  
8 treatment for which they are eligible and which they need to have a fighting chance  
9 at leading normal lives.

10       24. Plaintiffs are being denied meaningful access to the medical, mental  
11 health, and other services offered by VAGLAHS for which they are otherwise  
12 eligible, and are being unnecessarily institutionalized or placed at serious risk of  
13 institutionalization, solely by virtue of their disabilities, which represents unlawful  
14 discrimination under Section 504 of the Rehabilitation Act of 1973.<sup>31</sup>

15       25. The VAGLAHS administers its service delivery system in a manner  
16 that denies veterans like Plaintiffs with SMI and TBI access to community-based  
17 VA mental health, housing, and other supportive services that they need and for  
18 which they are eligible. Instead of providing the Permanent Supportive Housing  
19 veterans with Serious Mental Illness and TBI need, VAGLAHS over-relies on  
20 inappropriate institutional and temporary housing. Veterans with Serious Mental  
21 Illness and TBI for whom institutionalization is unnecessary and inappropriate must  
22 attempt to find community-based housing on their own or live desperately on the  
23 streets. In either case, they are unable to meaningfully access the VA's healthcare  
24 services, located primarily on the WLA Campus consistently and, as a result, risk  
25 aggravation of their disabilities and, in a vicious cycle, institutionalization in VA or  
26 non-VA hospitals, homeless shelters, or jails.

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28 <sup>31</sup> 29 U.S.C. § 794(a).

1           26. VAGLAHS administers its medical, mental health, and other services  
2 only at the WLA Campus and a few other sites scattered across VAGLAHS’s large  
3 service area.<sup>32</sup> Its failure to provide permanent or long-term housing that facilitates  
4 access to those services denies Plaintiffs and others like them access to needed  
5 healthcare services for which they are eligible and forces them to rely on  
6 unnecessary institutional services. Just as elimination of programming that “focuses  
7 on the needs of disabled individuals . . . and that provides services  
8 disproportionately required by the disabled and available nowhere else” is unlawful  
9 disability discrimination.<sup>33</sup> VAGLAHS’s decision not to offer sufficient coordinated  
10 housing and healthcare services to veterans with severe disabilities who need them  
11 also constitutes discrimination in violation of the Rehabilitation Act.

12           27. As the VA has repeatedly acknowledged, providing Permanent  
13 Supportive Housing can be reasonably accommodated within the VA’s service  
14 system. Some Permanent Supportive Housing exists within VAGLAHS’s service  
15 system, but on a scale and of a quality inadequate to serve veterans with Serious  
16 Mental Illness and TBI who are unnecessarily institutionalized or at risk of  
17 institutionalization.

18           28. The VA holds the WLA Campus in trust for veterans with disabilities.  
19 By authorizing uses of the WLA Campus that do not directly contribute to housing  
20 and healthcare for veterans with disabilities, Defendants have breached their  
21 fiduciary duties as trustees of the Charitable Trust. Defendants’ land deals involving  
22 the WLA Campus also violate the West Los Angeles Leasing Act of 2016  
23 (“WLALA2016”),<sup>34</sup> because they do not “primarily benefit” veterans. Defendants’  
24

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25 <sup>32</sup> See U.S. Dep’t Vet. Aff., Locations, [https://www.va.gov/greater-los-angeles-](https://www.va.gov/greater-los-angeles-health-care/locations/)  
26 [health-care/locations/](https://www.va.gov/greater-los-angeles-health-care/locations/) (last visited Nov. 14, 2022).

27 <sup>33</sup> See *Rodde v. Bonta*, 357 F.3d 988, 997 (9th Cir. 2004).

28 <sup>34</sup> Pub. L. No. 114-226, 130 Stat. 927 (2016).

1 failure to comply violates the Administrative Procedure Act.<sup>35</sup>

2 29. Homeless veterans commit suicide at a rate of approximately 81 per  
3 100,000, compared to 35.8 per 100,000 for veterans generally.<sup>36</sup> Other causes of  
4 death, including death by violence, occur at substantially higher rates to homeless  
5 veterans.<sup>37</sup>

6 30. Plaintiffs seek to avoid the tragic fate of so many of their brothers and  
7 sisters—JT, AA, SL, DH, FK, and many many others—shut out of VA services and  
8 housing and dead on the streets, in shabby tents, or in dangerous tiny sheds around  
9 the magnificent WLA Campus. The government they served has refused to serve  
10 them and, far from welcoming them home, has left them homeless.

### 11 JURISDICTION

12 31. This Court has jurisdiction over Plaintiffs' claims for injunctive relief  
13 based on 28 U.S.C. § 1331 because those claims arise under federal statutes and  
14 federal common law.

15 32. Additionally, this Court has jurisdiction over Plaintiffs' claims under  
16 Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) based on 28 U.S.C.  
17 § 1343(a)(4) and 1346(a)(2), because those claims seek to secure equitable relief  
18 under an Act of Congress and because the United States is a defendant.

19 33. This Court has jurisdiction over Plaintiffs' charitable trust claims  
20 asserted herein because they implicate significant federal issues, including an  
21 analysis of whether Congress has passed a statute agreeing to assume fiduciary  
22 duties as a trustee of the charitable trust.

23 \_\_\_\_\_  
24 <sup>35</sup> 5 U.S.C. § 706(2)(A), (C), (D).

25 <sup>36</sup> VA Nat'l Ctr. Homelessness Among Vet., Homeless Evidence and Research  
26 Synthesis (HERS) Roundtable Series 3 (2018),  
[https://www.va.gov/HOMELESS/nchav/docs/HERS\\_Proceedings\\_SuicideAndHomelessVeteransSymposium\\_Feb2018\\_508.pdf](https://www.va.gov/HOMELESS/nchav/docs/HERS_Proceedings_SuicideAndHomelessVeteransSymposium_Feb2018_508.pdf).

27 <sup>37</sup> John A. Schinka et al., Mortality and Cause of Death in Younger Homeless  
28 Veterans, 133(2) Pub. Health Reps. 177-81 (2018).



1           39. In 2005, Mr. Powers experienced a divorce and was forced to move in  
2 with family in Arizona. He stayed in Arizona until 2015, when his life again turned  
3 upside down when his family found out he was gay and disowned him. He once  
4 again had to live through the same fear, shame, and dread he had experienced in the  
5 military. It became very hard for Mr. Powers to cope due to depression and in that  
6 same year, his house was foreclosed and he found himself homeless.

7           40. Living on the streets in Phoenix was miserable for Mr. Powers. He  
8 dealt with unbearable heat and discomfort and struggled to find places to take care  
9 of daily hygiene necessities. Mr. Powers went to the VA in Phoenix to seek help  
10 because he felt like his life was no longer worth living. He requested a gay, male  
11 therapist, with hopes that he could talk about the trauma he endured due to his  
12 sexuality. Unfortunately, the VA advised him that it was not able to honor such a  
13 request because of the “Don’t Ask, Don’t Tell” policy still in place at that time. Mr.  
14 Powers took measures into his own hands and connected with an organization called  
15 “22 Until None.” Mr. Powers credits that organization for keeping him alive.

16           41. In late 2017, Mr. Powers was accepted into the Veterans Affairs  
17 Supportive Housing (“VASH”) program in Phoenix, and was granted a housing  
18 voucher. He continued to live in Phoenix for two years in a VASH apartment until  
19 March 2020 when his lease expired. At that time, he was still experiencing severe  
20 depression, and was having difficulty locating a new apartment to rent with his  
21 voucher. He decided it would be best for him to take his VASH voucher to a new  
22 city—he landed on Palm Springs—which he anticipated would be a good fit for an  
23 older gay man. In June 2020, after approval from VASH to move his voucher, Mr.  
24 Powers drove to Palm Springs; however, upon his arrival, he again had difficulty  
25 finding a place that would accept his voucher. Around that same time, his car was  
26 stolen and destroyed, and he no longer had transportation to travel to look for  
27 somewhere to live.

28



1 disabilities as a result of his military service. Mr. Sessom is eligible for medical  
2 benefits from the VA. Because he resides in Los Angeles, Mr. Sessom seeks  
3 treatment from VAGLAHS. Mr. Sessom does not want to live in an institution in  
4 order to receive services, nor does he want to again live in a tent or continue living  
5 in a tiny shed. He could be appropriately served in the community and does not  
6 oppose community-based services and housing.

7         46. Mr. Sessom enlisted in the Army in 1978 at 17 years old, motivated to  
8 serve his country and hoping to find community. Instead, his hopes turned into a  
9 living nightmare. Two drill sergeants attacked Mr. Sessom, including with sexual  
10 assault. Ashamed and terrified, he told no one what happened, fearing that if he  
11 reported the drill sergeants, he would be attacked again.

12         47. Mr. Sessom lived every day in constant fear that he would be assaulted  
13 again. He was unable to sleep, and when he did, he began experiencing terrible  
14 nightmares. He started showing up late for duty, then stopped reporting at all. After  
15 five months in the Army, Mr. Sessom received a general discharge.

16         48. Mr. Sessom spent the next thirty years of his life desperately trying to  
17 forget the trauma he endured in the Army. He got married and started a family, but  
18 his PTSD symptoms persisted. To calm his nerves and shut out the nightmares, he  
19 began self-medicating with drugs. He got divorced, lost custody of his children, and  
20 became homeless.

21         49. In 2007, living on the streets of Los Angeles, Mr. Sessom successfully  
22 enrolled in the VA healthcare system. Shortly thereafter he moved into an apartment  
23 in Bellflower with a VASH voucher. He hoped to start seeing a VA mental health  
24 provider but found that he could barely leave his apartment due to his severe anxiety  
25 and hypervigilance. He eventually lost this apartment and once again became  
26 homeless.

27         50. Things started to look up for Mr. Sessom when he enrolled in a 90-day  
28

1 rehabilitation and mental health treatment program at the Residential Rehabilitation  
2 and Treatment Program (“Domiciliary”) on the WLA Campus in 2013. For the first  
3 time, he was in rehab and talking to a psychologist about what happened to him in  
4 the Army. He successfully completed the program. He was 90 days sober and  
5 motivated to continue his treatment. Unfortunately, he was not given this  
6 opportunity. He learned that the transitional housing he had been promised was not  
7 yet ready, and that because he graduated from the Domiciliary, he was no longer  
8 allowed to see the psychologist with whom he had formed a strong, trusting  
9 relationship.

10         51. Mr. Sessom relapsed and again became homeless. Since then, he has  
11 attempted to find housing and maintain sobriety, but both have been an enormous  
12 struggle. The VA recognizes his service-connected disability of PTSD due to  
13 military sexual trauma, and he remains homeless. He is connected to and dependent  
14 on the healthcare and treatment services at the WLA Campus. He has attempted to  
15 find an apartment through VASH but has not been able to find a landlord who is  
16 both willing to accept a VASH voucher and close enough to the WLA Campus that  
17 he will not be cut off from his treatment team.

18         52. As a result, Mr. Sessom lived in a tent on Veterans Row outside the  
19 WLA Campus for four years before moving into one of the tiny sheds earlier this  
20 year. For Mr. Sessom, the sheds are not “home,” nor are they permanent. Recently,  
21 Mr. Sessom lost his shed and all his belongings when a fire destroyed his unit. He  
22 has since moved into another shed, but fears every night when he goes to sleep that  
23 another fire will take his shelter, this time with him inside.

24         53. Mr. Sessom needs a place of his own close to the treatment and care  
25 that has often been his lifeline. He explains that sometimes his PTSD symptoms get  
26 so bad that he needs to be able to know that his VA treatment team is right there,  
27 within walking distance. Taking several buses to get to the VA in moments like this  
28

1 is simply not an option. Unfortunately, for now, being able to access his healthcare  
2 also means being homeless.

3 **Laurieann Wright**

4 54. Plaintiff Laurieann Wright is a 54-year old Air Force veteran. Ms.  
5 Wright is eligible for medical benefits from the VA. Because she resides in Los  
6 Angeles, Ms. Wright seeks treatment and housing from VAGLAHS. Ms. Wright  
7 does not want to live in an institution in order to receive services, nor does she want  
8 to again live in a tiny shed or other unsafe housing placement. She could be  
9 appropriately served in the community and does not oppose community-based  
10 services and housing.

11 55. Ms. Wright is originally from New York City. She joined the Air  
12 Force in 1985 and was active duty in communications, specifically Morse Code  
13 operation. She was stationed in both Italy and Greece, and took great pride in her  
14 service. During her assignment in Italy, she was sexually assaulted by her squadron  
15 commander. This caused extensive harm to her mental health, sense of self, and trust  
16 in those around her. A friend reported the incident, which led to a full-investigation.  
17 In 1989, she received an honorable discharge with cited medical needs, including  
18 antisocial personality disorder, which she believes was an effort to silence her after  
19 her assault. The investigation was closed with no official findings, despite the  
20 availability of witnesses willing to testify. Soon afterward, she continued her service  
21 in the Army Reserve in Ventura, California for six months. During this time, Ms.  
22 Wright started having seizures, which was later found to be a result of cerebral  
23 atrophy. She was again honorably discharged in 1990.

24 56. After her discharge, Ms. Wright sought help at the West LA Campus.  
25 She had started using alcohol to self-medicate due to nightmares and symptoms of  
26 PTSD. The VA told her they could not help her. Without any resources to support  
27 her mental health, substance use, or worsening health conditions, she returned to  
28

1 Ventura, where she stayed for 23 years and had three children. There she admitted  
2 herself to a sober living program, but when it concluded, and fleeing an abusive  
3 relationship, she found her way to a women’s and children’s shelter in Oxnard,  
4 California. Meanwhile, her abuser kept her children away for prolonged periods, and  
5 his ability to rent a home allowed him to obtain sole custody.

6       57. In 2006, Ms. Wright returned to the VA because she found herself on  
7 the streets; however, she was still not offered housing. Instead, she was given a bed  
8 in the Domiciliary, where she was diagnosed with PTSD from military sexual  
9 trauma. From 2009 to 2012, she was in and out of the hospital and never housed.  
10 Ms. Wright also suffers from seizures, and often experiences painful falls as a result  
11 of her disability that can and have over the years resulted in broken bones, including  
12 once breaking her neck. She was eventually diagnosed with multiple sclerosis. Ms.  
13 Wright relies on treatment through VAGLAHS for her service-connected  
14 disabilities.

15       58. Within two years of her diagnosis, she was told she had exhausted her  
16 options with the VA. She again found a sober living program, but it offered no  
17 veteran-specific services or support. Ms. Wright felt immense shame for her  
18 situation. She recalls that the VA would always refer her to different services. She  
19 ultimately found herself in a tent on the West LA Campus around Thanksgiving in  
20 2021, after she was in the hospital following a seizure, but was told they had no  
21 more capacity for beds and were sending her to “Tent City.”

22       59. On Veterans Row, Ms. Wright met her partner, Plaintiff Castellanos,  
23 and after five months, together they obtained a double tiny shed placement. Ms.  
24 Wright reports that the tiny shed area often had no running water, but only a shared  
25 foot pump sink by the portable bathrooms that was often empty and always filthy,  
26 and a shared water hose that sometimes worked. There were no showers. She also  
27 recalls the rats throughout the space and under the tiny sheds. She has known many  
28

1 of her friends placed through CTRS who have died. There were also people with  
2 severe mental health needs that were not being addressed, and as a woman she  
3 feared for her safety while going to the bathrooms.

4 60. On September 9, 2022, Ms. Wright's shared shed caught on fire, and  
5 she and her partner ran out of the shelter in only the clothes they were wearing. Ms.  
6 Wright screamed for help as her partner tried to use the water hose, which ultimately  
7 had no running water, and witnessed others trying to use a fire hydrant to no avail.  
8 The fire raged as only one security guard arrived and the fire spread to other sheds.  
9 She reports that it took 40 minutes for anyone else to arrive and help put out the  
10 fires. She was terrified as she saw the growing flames, and she and her partner stood  
11 and saw their only shelter burn along with all of their personal belongings, and items  
12 they had saved over time that supported their survival as unhoused veterans. Ten  
13 other sheds burned alongside theirs.



*Laurieann Wright and the Tiny Shed Fire*

23 61. Since losing her shed to the fire, she has not received housing support  
24 or other placement options through the VA program. Ms. Wright was never able to  
25 retrieve the rest of her items that were burned in the shed. She received some  
26 support from the Salvation Army and other individuals to obtain her current  
27 placement in Lancaster, California, where she has stayed since October 7, 2022.

28

1 This placement, however, comes at the expense of her sense of safety and privacy,  
2 and a great distance from her primary care provider and services she obtains through  
3 VAGLAHS at the West LA Campus.

4 **Samuel Castellanos**

5 62. Plaintiff Samuel Castellanos is an Army veteran who will soon turn 60  
6 years old. Mr. Castellano is eligible for medical benefits from the VA. Because he  
7 resides in Los Angeles, Mr. Castellano seeks treatment and housing from  
8 VAGLAHS. He does not want to live in an institution in order to receive services,  
9 nor does he want to again live in a tent, car, tiny shed, or other unsafe housing  
10 placement. He could be appropriately served in the community and does not oppose  
11 community-based services and housing.

12 63. Mr. Castellanos joined the Army at 17 years old in 1980. All his life, he  
13 wanted to be a soldier. His family has a long history of service, and he greatly  
14 admired his grandfather who served through World War II. Mr. Castellanos' first  
15 placement was in Germany, where he was involved in a combat support company.  
16 His platoon sergeant and squadron leader would harass and threaten him on a  
17 constant basis. One night as he slept, his tent was torn open and he was beat until he  
18 lost consciousness. Mr. Castellanos woke to find himself in a ditch. As a result of  
19 this constant harassment and harm, he went AWOL (absent without leave), not  
20 wanting to return to his platoon, but subsequently received a transfer to a different  
21 company. In 1983, he returned to the U.S. briefly, and then in 1984, was sent to  
22 South Korea for approximately 16 months. Mr. Castellanos said his experience was  
23 extremely challenging, but he was proud of his service—it was his dream. But he  
24 began to experience nightmares and symptoms of PTSD due to his military trauma.

25 64. Mr. Castellanos served in several countries based on the missions he  
26 supported outside of active duty, many of which remain confidential. He recalls that  
27 there was no time to process the trauma of witnessing the deaths of his friends, and  
28

1 describes feeling heartbreak related to the violence he witnessed and in attending  
2 funerals for other soldiers. After his last assignment with the National Guard, Mr.  
3 Castellanos was honorably discharged in 1997. He reports that upon returning home,  
4 he had great difficulty interacting with civilians. He continued to have PTSD  
5 symptoms, including severe nightmares where he has woken up hitting walls and  
6 unintentionally harming himself or those around him. He sought his own resources,  
7 which ultimately connected him to the VA.

8         65. Mr. Castellanos has been in and out of West LA since the 1980s, but  
9 continued to store many of his belongings there. In September 2020, while living in  
10 Denver, Colorado, he took a trip back to Los Angeles to visit his storage unit. He  
11 discovered his family had not been paying for the unit as he believed, and found  
12 himself in debt to the storage facility. The trip was supposed to last only a few days,  
13 and he decided to sell his motorcycle and use that money to return to Denver.  
14 However, on that first night in Los Angeles, his personal truck was stolen along with  
15 the motorcycle and all the rest of his belongings. He has been unhoused ever since.  
16 Mr. Castellanos ultimately ended up on the streets in the San Fernando Valley. At  
17 one point, he fell into such deep crisis that he admitted himself into a psychiatric  
18 hold for 18 days. Upon his release, he performed odd jobs to survive, and ultimately  
19 connected to the Sepulveda VA Medical Center, then to VAGLAHS.

20         66. In September 2021, Mr. Castellanos was in a CTRS tent before he  
21 obtained a double tiny shed in March 2022 with his partner, Plaintiff Wright. Mr.  
22 Castellanos was in their shed with Ms. Wright when, on September 9, 2022, a fire  
23 destroyed their shed along with several others. Mr. Castellanos reports that the VA  
24 immediately threw him out to the streets, offering no support, despite his now again  
25 having lost every single one his belongings. He received no support via an exit plan,  
26 food, or financial resources. Both he and Ms. Wright slept on the streets, in a car,  
27 and ultimately obtained shelter in Lancaster, California through another agency.

28

1 After several attempts of communication, they have been unable to retrieve their  
2 packages or mail from the West LA Campus, which remains their mailing address.  
3 He has a diagnosed, service-connected disability of PTSD, but given that he is now  
4 staying in Lancaster, he has been unable to access his appointments in West LA that  
5 would enable him to obtain the highest possible disability rating. Mr. Castellanos  
6 wants a home and not a temporary solution. He has an elderly mother who requires  
7 his care, and his own medical needs require stable and supportive housing.

8 **Joseph Fields**

9 67. Plaintiff Joseph Fields is a 51-year old Army veteran from Los Angeles  
10 who grew up between Ventura and Riverside. Mr. Fields is eligible for medical  
11 benefits from the VA. Because he resides in Los Angeles, Mr. Fields seeks  
12 treatment and housing from VAGLAHS. He does not want to live in an institution in  
13 order to receive services, nor does he want to again live on the street or continue  
14 living in a tiny shed. He could be appropriately served in the community and does  
15 not oppose community-based services and housing.

16 68. Since he was a child, Mr. Fields always knew he wanted to join the  
17 armed forces. This was in part influenced by his grandfather, a man he deeply  
18 admired and a Korean War veteran, who helped raise him. In 1988, at 17 years-old,  
19 he joined the National Guard, began basic training, and completed his GED. After  
20 six months he was transferred to the Army, and trained for 15 weeks at the Fort Sill  
21 Field Artillery School. After this, he served with the National Guard for six months  
22 before going to Germany. It was hard work but Mr. Fields was extremely proud of  
23 his service.

24 69. In 1990, Mr. Fields began his assignment in Saudi Arabia at the onset  
25 of Operation Desert Shield. He was extensively trained in all aspects of the use of a  
26 howitzer—a long-range weapon with shells that weigh a minimum of 100 pounds.  
27 In December 1990, he joined a blockade with naval and air forces near the border of  
28

1 Iraq and Saudi Arabia. Mr. Fields believes he loaded and deployed at least fifty  
2 rounds from each howitzer. This was a physically challenging assignment because  
3 of the weight of the shells. He remained in the service in Saudi Arabia for  
4 approximately seven months, after which he returned to Germany, then to Fort  
5 Lewis, Washington. Mr. Fields reports that upon his return to the United States, he  
6 had difficulty relating with people, had difficulty with his chain of command, and  
7 began to self-medicate with alcohol.

8         70. After serving for more than three years, Mr. Fields received an  
9 honorable discharge along with a list of decorations, including an Army  
10 Commendation Medal, Army Achievement Medal, Southwest Asia Service Medal  
11 Ribbon, National Defense Service Ribbon, Overseas Ribbon, and Basic Training  
12 Ribbon.

13         71. Back in Riverside County, Mr. Fields began a family and worked at a  
14 carpet care and house cleaning job. However, he had nightmares and continued  
15 drinking to cope. Eventually, he was diagnosed with service-related PTSD and Gulf  
16 War Syndrome. He also suffers from immense back pain and ringing in his ears as a  
17 result of his weapons training and deployment.

18         72. Mr. Fields visited the VA in 2011 to get help to address his suicidal  
19 ideation and substance use. He first sought help from New Directions for Veterans.  
20 It was a terrible experience with no support or understanding from staff, so he  
21 ultimately joined the Domiciliary at the VA and received services from the National  
22 Center for PTSD. During this time he became addicted to painkillers.

23         73. Mr. Fields graduated from the clinical rehabilitation program with the  
24 Domiciliary in 2015. Left without housing, and still dealing with his mental  
25 disability and severe back pain, he ended up on the streets of San Vicente, where he  
26 found a community of veterans. During this time, Mr. Fields felt as if his life did not  
27 matter. He slept on a piece of cardboard on the sidewalk, panhandled for money,  
28

1 and often went hungry. He felt deep shame. Mr. Fields has seen more people die on  
2 the sidewalks of Los Angeles than during his time in Saudi Arabia.

3 74. For about six months now he has been living in a tiny shed, which he  
4 compares to a medical cell in a county jail. There is no bathroom, sink, or lock on  
5 the door, and the bed is more like a hammock. He was told this was his only option,  
6 unless he wanted to end up back on the streets.

7 **Sharday Anyadiegwu**

8 75. Plaintiff Sharday Anyadiegwu is a 34-year-old resident of Los Angeles  
9 County, California. Ms. Anyadiegwu is a veteran who became severely disabled as a  
10 result of her service to this country. Ms. Anyadiegwu is eligible for medical benefits  
11 from the VA. Because she resides in Los Angeles, Ms. Anyadiegwu seeks treatment  
12 and housing from VAGLAHS. Ms. Anyadiegwu does not want to live in an  
13 institution in order to receive services, nor does she want to continue living in her  
14 car or live in a tiny shed. She could be appropriately served in the community and  
15 does not oppose community-based services and housing.

16 76. Ms. Anyadiegwu is a Navy veteran who was assigned to the USS John  
17 Stennis in 2008. While preparing to deploy in support of the Global War on Terror,  
18 Ms. Anyadiegwu was sexually assaulted by a fellow sailor and, shortly thereafter,  
19 she twice attempted to die by suicide. She was discharged from the Navy under  
20 other than honorable conditions in 2011. For a long time, the VA would not  
21 recognize Ms. Anyadiegwu's veteran status due to the nature of her discharge,  
22 which barred her from receiving nearly all VA benefits, aside from emergency  
23 healthcare and sparse treatment for military sexual trauma.

24 77. Ms. Anyadiegwu made another suicide attempt a few months after  
25 leaving the Navy and spent a month in the psychiatric unit at the medical center on  
26 the West LA Campus. In 2013, she had recurring thoughts of suicide and was again  
27 admitted into the Campus medical center. VAGLAHS psychiatrists have diagnosed  
28

1 Ms. Anyadiegwu with bipolar disorder and PTSD due to sexual trauma in the  
2 military.

3 78. From the time that she was sexually assaulted, Ms. Anyadiegwu has  
4 been distrustful of others and is constantly on high alert. She suffers hopelessness,  
5 depressed mood, low energy, and thoughts of death. In addition to her  
6 hospitalizations, she has lived in three different homeless shelters in Los Angeles. In  
7 2016, Ms. Anyadiegwu obtained a Section 8 voucher and moved into an apartment  
8 near South Los Angeles. Although the VA still rendered her ineligible for most of  
9 its services, the distance between her apartment and the WLA Campus—over 11  
10 miles, which typically meant an hour-long roundtrip commute—meant that she was  
11 unable to meaningfully access the limited services that she was entitled to as a  
12 survivor of military sexual violence. Unfortunately, the apartment was unsafe and  
13 not fit for human habitation. There were plumbing issues, ceiling leaks, and  
14 cockroaches. The property manager harassed her, failed to fix the habitability issues.  
15 In 2019, someone burglarized her home, she became afraid for her safety, and fled.

16 79. After years of advocacy on her behalf, the VA finally determined that  
17 Ms. Anyadiegwu was eligible for VA benefits for service-connected disabilities.  
18 When she moved to Las Vegas, she connected with a VA social worker who helped  
19 her enroll in school, move into an apartment, and receive regular mental health  
20 treatment. Ms. Anyadiegwu finally felt stable, safe, and comfortable.

21 80. In April 2022, family matters brought Ms. Anyadiegwu back to Los  
22 Angeles. She enrolled in the VA's Compensated Work Therapy program, a  
23 therapeutic work program for veterans with disabilities. She also sees a social  
24 worker, and participates in mental health treatment. However, she currently lives in  
25 her car in the Safe Parking LA parking lot on the West LA campus. She has been  
26 there for approximately six months and has no plans to leave because she does not  
27 have anywhere else to go. Ms. Anyadiegwu requires a safe, secure, and stable  
28

1 residence with access to appropriate treatment for her mental disabilities.

2 **Lavon Johnson**

3 81. Plaintiff Lavon Johnson is a 36-year-old Army veteran with severe  
4 disabilities as a result of his service. Mr. Johnson is eligible for medical benefits  
5 from the VA. Because he resides in Los Angeles, Mr. Johnson seeks treatment and  
6 housing from VAGLAHS. He does not want to live in an institution in order to  
7 receive services, nor does he want to again live in a tent or continue living in a tiny  
8 shed. He could be appropriately served in the community and does not oppose  
9 community-based services and housing.

10 82. Mr. Johnson was born in Heidelberg, Germany to two military service  
11 members. His grandfather also served. He wanted to follow in the family tradition,  
12 and make his father proud. He enlisted in the Army in June 2004, giving up his  
13 German citizenship to do so.

14 83. In February 2005, as a 19-year-old, Mr. Johnson was featured in an  
15 “Army of One” commercial, which he uploaded to the internet in October 2011.<sup>38</sup> In  
16 the commercial, Mr. Johnson is introduced to the team, and told he will be “working  
17 on the 120 today”—a Black Hawk military helicopter. He stands there strong,  
18 beaming, with a bright beautiful smile. Asked, “Have you ever been around  
19 anything this fast before,” a montage scene of helicopters in combat flashes, and he  
20 responds, “Yeah, in my last job.” The commercial ends with a narrator voiceover:  
21 “See how Army training gives you strength for now, strength for later, at  
22 GOARMY.com. Parts of the video are stamped with “Paid for by the U.S. Army.”

23 84. Mr. Johnson served 4.9 years, including in Iraq during the time of  
24 Saddam Hussein’s capture and execution and where he lost his best friend due to  
25 mortar fire. After an honorable discharge that came with a meager \$1,000 check, he

26

27 <sup>38</sup> Lavon Johnson, *My Last Job R2Lg001.mpg*, YouTube (Oct. 19, 2011),  
28 <https://www.youtube.com/watch?v=tvjuIbm8060>.

1 was immediately homeless. At first, he was homeless in Fort Worth, Texas, closer to  
2 where his mother lived. But he found the VA shelter and health care systems to be  
3 unworkable. Eventually, he moved to Los Angeles. He has now been homeless for  
4 10 years.

5 85. Mr. Johnson has mental illness and anger issues, and has been  
6 prescribed multiple medications by the VA, which have not worked. He has sought  
7 counseling, but feels it only retraumatized him.

8 86. Mr. Johnson used to write and play the piano. For him, playing piano  
9 “soothes the soul.” But his combat experience and consequent mental illness and  
10 homelessness have taken those joys from him. While living in the encampment on  
11 Veterans Row, he had a piano next to his tent, which he had rescued from a nearby  
12 trash. He was known by both fellow encampment residents and local passers-by for  
13 playing classical music. He even built a shelter for it. But when the VA cleared out  
14 the encampment in November 2021, they took the piano, and, although he was told  
15 he could access it there any time, the room where it is stored is always locked.

16 **Billy Edwards**

17 87. Plaintiff Billy Edwards is a 76-year-old Army Veteran with severe  
18 disabilities resulting from his service. Mr. Edwards is eligible for medical benefits  
19 from the VA. Because he resides in Los Angeles, Mr. Edwards seeks treatment from  
20 VAGLAHS. Mr. Edwards does not want to live in an institution in order to receive  
21 services, nor does he want to continue living on the street or live in a tiny shed. He  
22 could be appropriately served in the community and does not oppose community-  
23 based services and housing.

24 88. Mr. Edwards is an Army Veteran who was drafted into military service  
25 in January 1966. He then served along the demilitarized zone (DMZ) of Korea for  
26 13 months between May 1966 and June 1967. During that time (especially  
27 concentrated from late 1966 through 1969), there was significant military  
28

1 confrontation that included guerrilla warfare and terrorism directed against the  
2 people of South Korea and the Americans serving there. Mr. Edwards experienced  
3 dangerous and violent hand-to-hand combat, and is haunted by memories of the  
4 atrocities he witnessed.

5 89. Almost certainly a result of his combat experience, he developed a  
6 mental health condition alongside several physical disabilities, including paralysis of  
7 the sciatic nerve, intervertebral disc syndrome, lumbosacral condition, paralysis of  
8 the median nerve, and tinnitus with 93% hearing loss. Mr. Edwards' physical and  
9 mental disabilities have made it difficult to work.

10 90. Following his combat experience, he continued serving in active duty  
11 until May 1968 and then the reserves until May 1972, at which time Mr. Edwards  
12 received an honorable discharge. He has experienced homelessness since. He must  
13 take a bus from where he usually camps to the WLA Campus to get medical  
14 treatment. Because Mr. Edwards does not have an address, he has difficulty  
15 receiving mail or storing his belongings, including his cell phone.

16 **Jessica Miles**

17 91. Plaintiff Jessica Miles is a 35-year-old resident of Los Angeles County  
18 and Army veteran with severe disabilities as a result of her military service. Ms.  
19 Miles is eligible for medical benefits from the VA. Because she resides in Los  
20 Angeles, Ms. Miles seeks treatment from VAGLAHS. Ms. Miles does not want to  
21 live in an institution in order to receive services, nor does she want to again live in a  
22 tent or her car or continue living in a tiny shed. She could be appropriately served in  
23 the community and does not oppose community-based services and housing.

24 92. Ms. Miles enlisted in the Army at the age of 18, just out of high school.  
25 She served from 2005-2007. In 2006, she became pregnant and attempted to utilize  
26 the military's family care plan to request a discharge.

27 93. Immediately following her discharge, Ms. Miles was homeless for 10  
28

1 months, during which her then-infant daughter went to live with her family. Since  
2 first becoming homeless in 2007, Ms. Miles has been homeless more than 14 times  
3 due to her continued struggle with PTSD.

4 94. Ms. Miles suffered extensive damage to her upper vertebrae as a result  
5 of the physical strain of the Army's weapons training. She suffers from extreme  
6 back pain. The lack of support services made available to her to feel overwhelmed,  
7 frustrated, and traumatized. Specifically, she struggles with PTSD and major  
8 depressive disorder, experiences panic attacks if in public for an extended time, and  
9 finds it difficult to interact with civilians. Both her visible and invisible injuries have  
10 made it challenging for Ms. Miles to maintain steady employment and secure her  
11 own housing.

12 95. When she first arrived in California in January 2019, Ms. Miles visited  
13 the VA to obtain a referral for a chiropractor to continue receiving treatment. In  
14 West LA, Ms. Miles has received numerous unsafe housing placements, and her  
15 complaints to the VA have gone unaddressed. At first, she was not offered any  
16 support at the West LA campus, but was instead directed to VASH, which provided  
17 a temporary housing placement in Palmdale in January 2020.

18 96. In July 2021, Ms. Miles returned to West LA, where she was placed in  
19 a tent on the VA campus until she was placed in a tiny shed in November. She  
20 continues to live in the tiny shed. At the tiny shed location, the showers remain  
21 broken for months, there is little privacy, there is no hot water, and the portable  
22 bathrooms are unsanitary.

23 97. On August 4, 2022, after raising several concerns to staff about  
24 harassment and her own need for resources, Ms. Miles was locked out of her shed  
25 by a social worker without any advance warning. Reasons cited for her eviction  
26 included accusations of loud music and disrespect to staff—both of which Ms. Miles  
27 denies. Left without any other options, Ms. Miles ended up in a motel until social  
28

1 media support led to a petition to readmit her into the program, which resulted in her  
2 readmission after a week. However, these VA allegations follow Ms. Miles around  
3 nationally as behavior flags in her chart, which adversely impacts any future  
4 services she might otherwise receive.

5 98. Feeling failed by the VA, Ms. Miles has herself advocated with the  
6 Brentwood community counsel and the director of CTRS, but has still not received  
7 support or other relief relating to her numerous grievances. Ms. Miles says she  
8 wants a home, not a temporary placement. Ms. Miles continues to advocate for all  
9 veterans.

10 **Doe 1<sup>39</sup>**

11 99. Plaintiff Doe 1 is a 51-year old Navy veteran who served from 1990 to  
12 1993. She is a resident of Los Angeles County and has severe disabilities as a result  
13 of her military service. Doe 1 is eligible for medical benefits from the VA. Because  
14 she resides in Los Angeles, Doe 1 seeks treatment from VAGLAHS. Doe 1 does not  
15 want to live in an institution in order to receive services, nor does she want to again  
16 live in her car or on the street or continue living in a tiny shed. She could be  
17 appropriately served in the community and does not oppose community-based  
18 services and housing.

19 100. Doe 1 was medically discharged because of migraine headaches. In  
20 early 2022, Doe 1 moved to San Diego, fleeing an abusive marriage. She began  
21 renting a room through a veteran's assistance agency. She then became homeless  
22 and lived in her car until the car eventually needed repair work. She then lived on  
23 the streets of Vista, California for one week while waiting for it to be repaired.

24 101. She next went to transitional veterans housing in Long Beach,  
25 \_\_\_\_\_

26 <sup>39</sup> Plaintiffs intend to seek leave of the Court and file a motion to proceed under  
27 pseudonyms and for a protective order on behalf of Does 1-2 once Plaintiffs have  
28 the opportunity to meet and confer with counsel for Defendants pursuant to C.D.  
Cal. Local Rule 7-3.

1 California. The transitional housing lacked privacy and felt like a jail. She next went  
2 to the West LA tiny sheds. This allowed her to be closer to the VA medical facilities  
3 where she receives extensive medical services for her migraines. However, she feels  
4 the tiny sheds are inadequate to serve the needs of her and her fellow veterans. They  
5 do not accommodate her migraines and tinnitus. Nor are they helpful for someone  
6 who is starting her life over after an abusive marriage.

7  
**Joshua Robert Petitt**

8 102. Plaintiff Joshua Robert Petitt is a 39-year old Army veteran who served  
9 from 2001 to 2008. Mr. Petitt has severe disabilities as a result of his military  
10 service. Mr. Petitt is eligible for medical benefits from the VA. Because he resides  
11 in Los Angeles, Mr. Petitt seeks treatment from VAGLAHS. Mr. Petitt does not  
12 want to live in an institution in order to receive services, nor does he want to again  
13 live on the street or continue living in a tiny shed. He could be appropriately served  
14 in the community and does not oppose community-based services and housing.

15 103. Mr. Petitt grew up in Whittier, California. He enlisted on September 13,  
16 2001, in response to the September 11 terrorist attacks. He was deployed to Iraq  
17 from 2004 to 2005. While serving in an infantry unit in Anbar province, he endured  
18 some of the most violent combat operations of the Iraq War, including the battles of  
19 Fallujah and Ramadi. He was awarded three purple hearts. About half of the  
20 approximately 600 soldiers in his unit were either killed or wounded.

21 104. Mr. Petitt returned from Iraq in 2005 and began suffering from PTSD.  
22 He was beset by nightmares. He would wake up in the middle of the night and  
23 believe he was still in Iraq. He reported his mental health symptoms up the chain of  
24 command, but was ostracized. He started using drugs to self-medicate. He left the  
25 Army with an honorable discharge.

26 105. Mr. Petitt divorced in 2010 and became unhoused. He has not worked  
27 in 10 years. He started going to the VA for mental health services about 10 years  
28

1 ago. He has a diagnosed, service-connected disability of PTSD. He also has knee,  
2 back, and hearing issues. He lives at the tiny shed park on the WVA Campus after a  
3 long period living on the street outside of the Campus.

4 106. Mr. Petitt is ineligible for the new VA housing under construction  
5 because his VA income is deemed too high. However, his monthly income cannot  
6 independently afford him housing near the WLA Campus, where he needs to live  
7 because of the extensive supportive services he receives for his PTSD, and because  
8 of the support he requires from living in a veteran community to help control his  
9 anger.

10 **Glenn Surrette**

11 107. Plaintiff Glenn Surrette is a 65-year old veteran with severe disabilities  
12 as a result of his military service. Mr. Surrette is eligible for medical benefits from  
13 the VA. Because he resides in Los Angeles, Mr. Surrette seeks treatment from  
14 VAGLAHS. Mr. Surrette does not want to live in an institution in order to receive  
15 services, nor does he want to again live in his car or on the street or continue living  
16 in a tiny shed. He could be appropriately served in the community and does not  
17 oppose community-based services and housing.

18 108. Mr. Surrette was born in Hartford, Connecticut, and moved to Los  
19 Angeles at the age of twelve. After high school, he enlisted in the National Guard in  
20 August 1977. He then transferred to the Army, where he served until December  
21 1979.

22 109. In 1979, he received an honorable discharge on account of mental  
23 health issues and was admitted to Darnell Army Hospital. After his release from  
24 Darnell, he returned to Los Angeles, and received his exit physical in Long Beach.  
25 The VA recognizes his service-connected disabilities.

26 110. After his discharge, Mr. Surrette worked in Los Angeles for several  
27 years. But in 2017, while working for the VA, he was terminated suddenly.

28

1 Following his termination, he suffered an arm injury that resembled a stroke. He  
2 also became homeless. He had a car at the time, so initially stayed in the car with his  
3 girlfriend. Periodically they would spend one or two nights in a hotel for a break and  
4 to clean themselves. Then for two months they received housing from Volunteers of  
5 America.

6 111. Mr. Surette has since been offered housing through HUD/VASH and  
7 PATH, but he was told that he could not live with his girlfriend. Thus, he felt he  
8 could not accept. If he were offered housing where he could live with his girlfriend  
9 and come and go as he pleases, he would accept it.

10 **Naryan Stibbie**

11 112. Plaintiff Naryan Stibbie is an 85-year-old resident of Los Angeles  
12 County, California. Mr. Stibbie is a veteran who became severely disabled resulting  
13 from his service to this country. Mr. Stibbie is eligible for medical benefits from the  
14 VA. Because he resides in Los Angeles, Mr. Stibbie seeks treatment from  
15 VAGLAHS. Mr. Stibbie does not want to live in an institution in order to receive  
16 services, nor does he want to again live in his car or on the street or live in a tiny  
17 shed. He could be appropriately served in the community and does not oppose  
18 community-based services and housing.

19 113. Mr. Stibbie is a Navy veteran who served on destroyer warships in the  
20 late 1950s. He developed mental health symptoms resulting from his experiences.  
21 He has tinnitus and hearing loss because of extreme noise exposure from heavy  
22 machinery and blaring gunfire. He also suffers from continuing knee and back pain  
23 since a fall in service. Mr. Stibbie struggled through these disabilities for many  
24 years, building a small business as a building contractor. By about 2002, his  
25 disabilities made it impossible to continue working in the construction industry. His  
26 age, disabilities, and limited vocational experience significantly narrowed any  
27 further employment opportunities.

28



1 experiences elevated paranoia due to his PTSD. He can only sleep three to four  
2 hours per night. He is constantly tired. He fears people will steal from him while he  
3 is sleeping. He has deep trust issues. He requires deep supportive care.

4 119. Doe 2’s PTSD was further exacerbated by the fire at the tiny shed  
5 complex in September 2022. Not only did his shed burn down, but this was a near-  
6 death experience for him and his dog. Staying in the tiny sheds feels both depressing  
7 and dangerous.

8 **National Veterans Foundation**

9 120. Plaintiff National Veterans Foundation (“NVF”) is a veteran-run  
10 organization located in Los Angeles that provides life-sustaining services for  
11 veterans throughout the country, but in particular for unhoused veterans living on  
12 the streets of Los Angeles. The NVF’s Homeless Veteran Outreach Program  
13 provides outreach missions each week to areas of Los Angeles with high  
14 concentrations of homeless individuals to assist unhoused veterans living in  
15 encampments and other circumstances obtain food, water, and, for the past few  
16 years, supplies to reduce the likelihood of contracting COVID-19. The Street  
17 Outreach team identifies homeless veterans and works to get them into programs  
18 that will get them off the streets. This work is an integral part of NVF’s mission to  
19 stop veteran suicide, the rates of which are double that of non-veteran counterparts.  
20 Although the VA estimates that 17 veterans die each day from suicide, the number  
21 may be much higher—perhaps up to 44—because of misreported service records

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1 and underreported accidental overdose deaths.<sup>40</sup>



11 *Homeless encampment near Interstate 10 where NVF Street Outreach team visits*

12 121. This year is the 37<sup>th</sup> anniversary of the NVF. The NVF's Founder and  
13 President, Shad Meshad, has worked as a therapist for veterans and as a nationally-  
14 renowned advocate for veterans' rights, including the end of veteran homelessness.  
15 Mr. Meshad has a Masters degree in psychiatric social work from Florida State  
16 University. He enlisted in the army in 1970 and served as a counselor for U.S.  
17 soldiers in Vietnam. Upon his return to the U.S., Mr. Meshad founded and directed  
18 the Vietnam Veterans Re-Socialization Unit at the VA Hospital in Los Angeles.  
19 This first of its kind program focused on readjustment challenges faced by Vietnam  
20 veterans, many leading to homelessness. Mr. Meshad was among the first to study  
21 what is now known as PTSD. He has served on the faculty of the International  
22 Critical Incident Foundation, as President and Board member of the Association of  
23 Traumatic Stress Specialists and on the Board of Directors of the Green Cross  
24

25 \_\_\_\_\_  
26 <sup>40</sup> Leo Shane III, *Veterans suicide rate may be double federal estimates, study*  
27 *suggests*, Military Times (Sept. 17 2022),  
28 <https://www.militarytimes.com/veterans/2022/09/17/veterans-suicide-rate-may-be-double-federal-estimates-study-suggests/>.

1 Project. The U.S. government called upon Mr. Meshad to help train the critical  
2 incident and trauma teams at Ground Zero in the wake of September 11. He has  
3 devoted his life to assisting veterans to heal and readjust from the tragic  
4 consequences of service to the nation, including homelessness and lack of access to  
5 necessary mental and medical services.

6 122. NVF sues on behalf of its members and constituents, who are homeless  
7 and at-risk veterans with SMI and TBI.

8 123. Plaintiffs have severe mental impairments that substantially limit one or  
9 more major life activities. They are, therefore, people with disabilities for purposes  
10 of the Rehabilitation Act.

11 124. Plaintiffs are veterans who are eligible for VA health and housing  
12 services. They are, therefore, qualified for VA programs for purposes of the  
13 Rehabilitation Act.

14 125. Defendant Denis Richard McDonough is the Secretary of the VA.<sup>41</sup> He  
15 is sued in his official capacity. The VA is a federal agency with headquarters in  
16 Washington, D.C. and is covered by the Rehabilitation Act.<sup>42</sup> The VA is the  
17 successor entity to the National Home for Disabled Volunteer Soldiers and was  
18 previously named the Veterans Administration.<sup>43</sup>

19 126. Defendant McDonough oversees the Veterans Health Administration  
20 (“VHA”), which operates the United States’ largest integrated health care system  
21 consisting of 171 medical centers and numerous community-based outpatient  
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23 <sup>41</sup> U.S. Dep’t Vet. Aff., Secretary of Veterans Affairs,  
24 <https://www.va.gov/opa/bios/secva.asp> (last updated Feb. 9, 2021).

25 <sup>42</sup> U.S. Dep’t Vet. Aff., VA Central Offices,  
26 <https://www.va.gov/directory/guide/hq.asp> (last updated Nov. 3, 2021).

27 <sup>43</sup> Nat’l Park Serv., *History of the National Home for Disabled Volunteer Soldiers*,  
28 <https://www.nps.gov/articles/history-of-disabled-volunteer-soldiers.htm> (last  
updated Nov. 14, 2017).

1 clinics, community living centers, veteran centers and domiciliaries. VHA is part of  
2 the VA, and, therefore, is covered by the Rehabilitation Act.<sup>44</sup>

3 127. Defendant McDonough's official duties as Secretary of the VA include  
4 the proper execution and administration of all laws and programs administered by  
5 the VA and the control, direction, and management of the VA.<sup>45</sup> As Secretary of the  
6 VA, Defendant McDonough has the ultimate responsibility for ensuring that the VA  
7 and its constituent agencies and programs comply with relevant federal law,  
8 regulations, and policies, as well as ensuring that the VA maintains compliance with  
9 contracts and land grants such as the 1888 deed referenced in this Complaint.

10 128. Defendant Steven Braverman is the Director of VAGLAHS.<sup>46</sup> He is  
11 sued in his official capacity. VAGLAHS is part of the VA and maintains its  
12 headquarters in Los Angeles, California, and serves veterans in Los Angeles,  
13 Ventura, Santa Barbara, San Luis Obispo, and Kern counties in Southern  
14 California.<sup>47</sup> VAGLAHS is one of eight health care systems operated by VA Desert  
15 Pacific Healthcare Network to provide preventive and primary care, acute hospital  
16 care, mental health services, specialty care, and long-term care to veterans.<sup>48</sup>

17 129. Defendant Braverman's official duties as Director of VAGLAHS

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19 <sup>44</sup> U.S. Dep't Vet. Aff., About VHA, <https://www.va.gov/health/aboutVHA.asp> (last  
20 visited Nov. 14, 2022).

<sup>45</sup> See 38 U.S.C. § 303.

21 <sup>46</sup> U.S. Dep't Vet. Aff., Steven Braverman, [https://www.va.gov/greater-los-angeles-  
22 health-care/staff-profiles/steven-braverman](https://www.va.gov/greater-los-angeles-health-care/staff-profiles/steven-braverman) (last visited Nov. 14, 2022).

<sup>47</sup> U.S. Dep't Vet. Aff., VA Greater Los Angeles Health Care,  
23 <https://www.va.gov/greater-los-angeles-health-care/> (last visited Nov. 14, 2022);  
24 Press Release, U.S. Dep't Vet. Aff., Greater Los Angeles VA Offers Services for  
25 Veterans Experiencing Homelessness 2 (Oct. 14, 2021),  
26 [https://www.va.gov/files/2021-  
12/SV%20Encampment%20Sweep%20PR\\_Nov21\\_FINAL.pdf](https://www.va.gov/files/2021-12/SV%20Encampment%20Sweep%20PR_Nov21_FINAL.pdf).

<sup>48</sup> U.S. Dep't Vet. Aff., About the VA Desert Pacific Healthcare Network,  
27 <https://www.desertpacific.va.gov/DESERTPACIFIC/about/index.asp> (last visited  
28 Nov. 14, 2022).

1 include supervising the day-to-day operations and services offered by all the  
2 institutions operated by VAGLAHS, including all programs operated at the WLA  
3 Campus, and ensuring that VAGLAHS complies with relevant federal law,  
4 regulations, and policies. As the Director of VAGLAHS, Defendant Braverman is  
5 the VAGLAHS official with final responsibility and authority to approve, modify,  
6 or terminate programs or services offered as part of the VHA benefits delivered by  
7 VAGLAHS;<sup>49</sup> and he is the VAGLAHS official with ultimate responsibility and  
8 authority to approve specific uses of the WLA Campus, including entering into land  
9 use agreements with private and public entities.<sup>50</sup>

10 130. Defendant Keith Harris is the senior executive homelessness agent of  
11 VAGLAHS. He is sued in his official capacity.<sup>51</sup>

12 \_\_\_\_\_  
13 <sup>49</sup> See, e.g., Steven Braverman, LinkedIn,  
14 <https://www.linkedin.com/in/bravermansteven/> (“Provides full delegated line  
15 authority and responsibility for executive-level management with overall  
16 responsibility for planning, organizing, directing, coordinating, controlling,  
17 reviewing, evaluating and improving medical, administrative, and supporting  
18 operations of a health care system.”) .

19 <sup>50</sup> See U.S. Dep’t Vet. Aff., GLA Master Plan 2022-2027 3, [https://draft-master-  
20 plan-  
21 assets.s3.amazonaws.com/media/uploads/2021/08/19/GLA\\_Master\\_Plan\\_2022-  
22 2027\\_Information.pdf](https://draft-master-plan-assets.s3.amazonaws.com/media/uploads/2021/08/19/GLA_Master_Plan_2022-2027_Information.pdf); U.S. Dep’t Vet. Aff., Decision Tree- GLA Asset  
23 Management Review: VAGLAHS Land Use & Event Proposal, [https://draft-master-  
24 plan-  
25 assets.s3.amazonaws.com/media/uploads/2019/10/18/LU\\_Handouts\\_Draft\\_0913201  
26 9.pdf](https://draft-master-plan-assets.s3.amazonaws.com/media/uploads/2019/10/18/LU_Handouts_Draft_09132019.pdf); U.S. Dep’t Vet. Aff., Master Plan 2022 III, 7 (Mar. 28, 2022), [https://draft-  
27 master-plan-assets.s3.amazonaws.com/media/uploads/2022/04/12/2022-03-  
28 18\\_WLA-VA-Master-Plan-Signed.pdf](https://draft-master-plan-assets.s3.amazonaws.com/media/uploads/2022/04/12/2022-03-18_WLA-VA-Master-Plan-Signed.pdf) (“2022 Master Plan”); W. L.A. VA Med.  
Ctr., Veterans Programs Enhancement Act of 1998 (VPEA) Draft Master Plan 10  
(Jan. 2011), available at [https://www.scribd.com/document/48127448/WLA-VA-  
Draft-Master-Plan](https://www.scribd.com/document/48127448/WLA-VA-Draft-Master-Plan) (“2011 Draft Master Plan”).

<sup>51</sup> Press Release, U.S. Dep’t Vet. Aff., Newly Created VA Senior Level Post to  
Coordinate Veteran Homelessness Effort in Greater Los Angeles 1 (Dec. 22, 2021),  
<https://www.va.gov/opa/pressrel/includes/viewPDF.cfm?id=5749>.

1 131. Defendant Harris’ official duties as senior executive homelessness  
2 agent of VAGLAHS include implementing the master plan for the WLA Campus  
3 and supervising thousands of employees who provide outreach, case management,  
4 health care and housing services to veterans experiencing or at risk of  
5 homelessness.<sup>52</sup>

6 **FACTUAL ALLEGATIONS**

7 132. As then-Secretary of the VA, Eric K. Shinseki, said in 2009, “[t]hose  
8 who have served this nation as Veterans should never find themselves on the streets,  
9 living without care and without hope.”<sup>53</sup> During Secretary McDonough’s February  
10 2022 visit to Los Angeles, he asserted that the funding, partnerships, and other tools  
11 necessary to reduce homelessness exist. But the VA has not, over the past 23 years,  
12 applied the “energy and effort needed to finish the job.”<sup>54</sup>

13 133. Yet, tragically, tens of thousands of veterans still find themselves  
14 homeless and in need of medical and mental health care every night, often as  
15 consequence of service-related disabilities.<sup>55</sup>

16 **Veterans Are Especially Susceptible to Serious Mental Illness**  
17 **and Homelessness**

18 134. The U.S. Department of Housing and Urban Development (“HUD”)  
19  
20  
21

22 <sup>52</sup> *Id.*

23 <sup>53</sup> Press Release, U.S. Dep’t. Vet. Aff., *Secretary Shinseki Details Plan to End*  
24 *Homelessness for Veterans* (Nov. 3, 2009),  
<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=1807>.

25 <sup>54</sup> Nikki Wentling, *Q&A with VA Secretary Denis McDonough About Veteran*  
26 *Homelessness in Los Angeles*, Stars and Stripes (Mar. 16, 2022),  
27 <https://www.stripes.com/veterans/2022-03-16/veterans-affairs-homeless-los-angeles-mcdonough-5364948.html>.

28 <sup>55</sup> 2020 AHAR Report, *supra* note 6, at 52.

1 has estimated that 37,252 veterans were homeless on any given night.<sup>56</sup> Although  
 2 the number of unhoused veterans was reduced for a time, progress has stalled since  
 3 2016.<sup>57</sup> As recognized by the VA, “both male and female veterans are at greater risk  
 4 for homelessness than their non-veteran counterparts . . . .”<sup>58</sup>

5 135. Although reliable data is difficult to find, recent veterans who served in  
 6 Operation Iraqi Freedom or Operation Enduring Freedom are at high risk of  
 7 becoming homeless. In December 2010, the U.S. Department of Housing and Urban  
 8 Development (HUD) estimated that at least 12,700 veterans under the age of 30—  
 9 likely comprising veterans who served in Iraq or Afghanistan—were homeless,<sup>59</sup>  
 10 and that number has almost certainly grown as additional service members have left  
 11 military service in the last twelve years.

12 136. Women veterans are also particularly vulnerable to homelessness. In  
 13 2016, VA’s National Center on Homelessness Among Veterans (NCHAV)  
 14 published a report finding that women veterans are “more than twice as likely as  
 15 non-Veteran women and over three times as likely as non-Veteran women living in  
 16 poverty to experience homelessness.”<sup>60</sup> NCHAV also found that “the number of  
 17 women accessing VA specialized homeless programs or with a homeless

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18  
 19 <sup>56</sup> Likewise, the U.S. Department of Housing and Urban Development estimates 21  
 20 out of every 10,000 U.S. veterans was experiencing homelessness on a single night,  
 which works out to one out of every 473. *Id.*

21 <sup>57</sup> See U.S. Dep’t Vet. Aff., *Veteran Homelessness Fact Sheet* (2021),  
[https://www.va.gov/HOMELESS/Veteran\\_Homelessness\\_Fact\\_Sheet.asp](https://www.va.gov/HOMELESS/Veteran_Homelessness_Fact_Sheet.asp).

22 <sup>58</sup> U.S. Dep’t Vet. Aff., Off. Res. & Dev., *VA Research on Homelessness*,  
 23 <https://www.research.va.gov/topics/homelessness.cfm> (last visited Nov. 14, 2022).

24 <sup>59</sup> U.S. Dep’t Hous. & Urb. Dev., *Veteran Homelessness: A Supplemental Report to*  
 25 *the 2010 Annual Homeless Assessment Report to Congress*, 8, 16, 42 (2010),  
<https://www.va.gov/HOMELESS/docs/2010AHARVeteransReport.pdf>.

26 <sup>60</sup> U.S. Dep’t Vet. Aff., Nat’l Ctr. Homelessness among Veterans, *Women Veterans*  
 27 *and Homelessness: Homeless Evidence & Research Roundtable Series 5* (2016),  
[https://www.va.gov/HOMELESS/nchav/resources/docs/veteran-](https://www.va.gov/HOMELESS/nchav/resources/docs/veteran-populations/women/Women-Veterans-and-Homelessness-July-2016.pdf)  
 28 [populations/women/Women-Veterans-and-Homelessness-July-2016.pdf](https://www.va.gov/HOMELESS/nchav/resources/docs/veteran-populations/women/Women-Veterans-and-Homelessness-July-2016.pdf).

1 identification” tripled between 2010 and 2015 and is expected to increase an  
2 additional nine percent by 2025.<sup>61</sup>

3 137. Many veterans return to civilian life bearing scars both visible and  
4 invisible. Among veterans who had a service-connected disability, post-9/11  
5 veterans had a 39% chance of being severely or totally disabled—significantly  
6 higher than veterans from other any other periods.<sup>62</sup> According to one study, one in  
7 five soldiers who were deployed as part of Operation Enduring Freedom (“OEF”) or  
8 Operation Iraqi Freedom (“OIF”) returned home with symptoms of PTSD or major  
9 depression, which is a substantially higher rate than the general population.<sup>63</sup> The  
10 invisible scars include PTSD, depression, and other Serious Mental Illness either  
11 caused or aggravated by their experiences.

12 138. Like other homeless populations, unhoused veterans’ risk factors for  
13 homelessness include poverty, joblessness, mental illness, and substance use.<sup>64</sup>  
14 Veterans also have distinctive health issues related to their military service and are  
15 more likely to suffer from trauma-related injuries, substance abuse, and mental  
16 health disorders than people who have never served in the armed forces.<sup>65</sup>

17 139. Due to the relatively higher incidence of Serious Mental Illness and  
18 associated substance use disorders among veterans, veterans are particularly  
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21 <sup>61</sup> *Id.* at 6.

22 <sup>62</sup> Jonathan E. Vespa, *Those Who Served: America’s Veterans From World War II*  
23 *to the War on Terror*, ACS-43 11 (June 2020),  
24 <https://www.census.gov/content/dam/Census/library/publications/2020/demo/acs-43.pdf>.

25 <sup>63</sup> Tanielian, *supra* note 16, at 252.

26 <sup>64</sup> Tsai, *supra* note 8, at 188; *see also* Robert A. Rosenheck & Peter Koegel,  
27 *Characteristics of Veterans and Nonveterans in Three Samples of Homeless Men*, 44  
28 *Hosp. & Cmty. Psychiatry* 858, 861 (1993).

<sup>65</sup> Maria Olenick et al., *US veterans and their unique issues: enhancing health care professional awareness*, 6 *Adv. Med. Educ. & Prac.* 635, 635-39 (2015).

1 vulnerable to homelessness.<sup>66</sup> Military service is strongly associated with factors  
 2 that contribute to homelessness.<sup>67</sup> For example, combat exposure and the stress  
 3 related to deployment and high levels of social isolation upon returning home,  
 4 psychiatric disorders, and associated substance use disorders, all contribute directly  
 5 to homelessness.<sup>68</sup>

6 140. Veterans of the post-Vietnam All-Volunteer Force era have an even  
 7 higher risk of mental-illness-induced homelessness than veterans from earlier eras.<sup>69</sup>

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 9 <sup>66</sup> See, e.g., Robert Rosenheck et al., *The Proportion of Veterans Among Homeless*  
 10 *Men*, 84 Am. J. Pub. Health 466 (1994), <https://pubmed.ncbi.nlm.nih.gov/8129068/>  
 11 (finding that higher prevalence of psychiatric illness, substance abuse, and,  
 especially, antisocial personality disorder among veterans is a contributor to their  
 greater vulnerability to homelessness).

12 <sup>67</sup> See, e.g., Robert Rosenheck & Alan Fontana, *A Model of Homelessness Among*  
 13 *Male Veterans of the Vietnam War Generation*, 151 Am. J. Psychiatry 421, 425  
 14 (1994), <https://pubmed.ncbi.nlm.nih.gov/8109652/> (reporting significant indirect  
 effects on homelessness resulting from war zone traumatic experience).

15 <sup>68</sup> *Id.* at 421 (finding that post-military social isolation, psychiatric disorder, and  
 16 substance abuse had the strongest direct effects on homelessness); see also Howard  
 17 Balshem et al., U.S. Dep't Vet. Aff., *A Critical Review of the Literature Regarding*  
*Homelessness Among Veterans* 26 (2011),  
 18 <https://www.ncbi.nlm.nih.gov/books/n/vahomeless/pdf/>.

19 <sup>69</sup> See, e.g., Karen H. Seal et al., *Trends and Risk Factors for Mental Health*  
 20 *Diagnoses Among Iraq and Afghanistan Veterans Using Department of Veterans*  
 21 *Affairs Health Care, 2002-2008*, 99 Am. J. Pub. Health 1651, 1651 (2009)  
 22 (documenting that 36.9% of veterans returning from Iraq and Afghanistan who  
 23 utilized the VA health care system between 2002 and 2008 received a mental health  
 24 diagnosis); Anna Kline et al., *The Relationship Between Military Service Eras and*  
 25 *Psychosocial Treatment Needs Among Homeless Veterans with a Co-Occurring*  
 26 *Substance Abuse and Mental Health Disorder*, 5 J. Dual Diagnosis 358, 368 (2009)  
 27 (finding that mentally ill, substance-abusing veterans of recent conflicts became  
 28 homeless at an earlier age than other veterans and were more likely to attribute their  
 homelessness to mental health problems). Still, some veterans of the Vietnam Era  
 continue to suffer debilitating mental health consequences as a result of their  
 service. See Yasmin Cypel et al., *The Mental Health of Vietnam Theater Veterans—*  
*The Lasting Effects of the War: 2016-2017 Vietnam Era Health Retrospective*  
*Observational Study*, 35 J. Traumatic Stress 605 (2022).

1 In one study, two-thirds of unhoused Iraq and Afghanistan veterans had PTSD, as  
2 much as an eightfold increase from earlier cohorts of unhoused veterans.<sup>70</sup>

3 141. Researchers have identified several causes for the increased risk of  
4 Serious Mental Illness and subsequent homelessness of veterans of recent conflicts,  
5 including waning public support and lower morale among troops, the nature of  
6 modern warfare resulting in unexpected threats to life via roadside bombs and  
7 improvised explosive devices, and multiple and more-lengthy deployments.<sup>71</sup>

8 142. Veterans who survive sexual assault and/or sexual harassment during  
9 their service<sup>72</sup> likewise are at higher risk of experiencing homelessness, particularly  
10 women veterans, who are “up to four times more likely to be homeless than non-  
11 veteran women.”<sup>73</sup> A 2013 study found that a “substantial proportion of homeless  
12 Veterans using VHA services have experienced MST [military sexual trauma], and  
13 those who experienced such trauma had increased odds of mental health  
14 diagnoses.”<sup>74</sup>

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18 <sup>70</sup> Tori DeAngelis, *More PTSD among Homeless Vets*, 44 Monitor on Psych. 22  
19 (2013), <https://www.apa.org/monitor/2013/03/ptsd-vets>.

20 <sup>71</sup> See Seal, *supra* note 69, at 1656; see also Charles S. Milliken et al., *Longitudinal*  
21 *Assessment of Mental Health Problems Among Active and Reserve Component*  
22 *Soldiers Returning from the Iraq War*, 298 J. Am. Med. Ass’n 2141, 2141 (2007)  
23 (finding combat exposure was associated with higher rates of PTSD among veterans  
24 of OIF); Wayne Kinney, *Comparing PTSD among Returning War Veterans*, 20 J.  
25 Mil. & Vet. Health 21 (2012).

26 <sup>72</sup> One study found that nearly 40% of unhoused female veterans had experienced  
27 military sexual trauma. Joanne Pavao et al., *Military Sexual Trauma among*  
28 *Homeless Veterans*, 28 J. Gen. Internal Med. 536 (2013).

<sup>73</sup> Alison B. Hamilton et al., “*Homelessness and Trauma Go Hand-in-Hand*”:  
*Pathways to Homelessness Among Women Veterans*, 21-4S Women’s Health Issue  
S203, S203 (2011).

<sup>74</sup> Pavao, *supra* note 72.

**Serious Mental Illnesses Both Contribute to  
and Are Exacerbated by Homelessness**

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3 143. In the late 1990s, researchers began studying individuals who remained  
4 unhoused for extended periods, or who frequently cycled in and out of  
5 homelessness, to try to understand the causes of long term homelessness and the  
6 barriers that prevent these individuals from attaining and maintaining stable  
7 housing.<sup>75</sup> This body of research has established the close correlation between  
8 homelessness and disabilities, particularly mental illness and substance use  
9 disorders.<sup>76</sup>

10 144. One recent study in *The Lancet* concluded that more than half of  
11 unhoused and marginally housed individuals have a lifetime history of traumatic  
12 brain injury.<sup>77</sup> Research has also identified numerous barriers that prevent unhoused  
13 individuals from accessing the services intended to assist them.<sup>78</sup>

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15 <sup>75</sup> See Randall Kuhn & Dennis P. Culhane, *Applying Cluster Analysis to Test a*  
16 *Typology of Homelessness by Pattern of Shelter Utilization: Results from the*  
17 *Analysis of Administrative Data*, 26 Am. J. Cmty. Psych. 207, 225 (1998) (finding  
18 the chronically homeless have higher levels of mental health, substance abuse, and  
19 medical problems).

20 <sup>76</sup> See, e.g., David P. Folsom et al., *Prevalence and Risk Factors for Homelessness*  
21 *and Utilization of Mental Health Services Among 10,340 Patients with Serious*  
22 *Mental Illness in a Large Public Mental Health System*, 162 Am. J. Psychiatry 370,  
23 370, 374 (2005),  
24 <https://ajp.psychiatryonline.org/doi/reader/10.1176/appi.ajp.162.2.370> (finding that  
25 “[b]etween one-fourth and one-third of homeless persons have a serious mental  
26 illness such as schizophrenia, bipolar disorder, or major depression,” some of whom  
27 have a co-occurring substance abuse disorder).

28 <sup>77</sup> Jacob L. Stubbs et al., *Traumatic Brain Injury in Homeless and Marginally*  
*Housed Individuals: A Systematic Review and Meta-Analysis*, 5 *The Lancet Pub.*  
*Health* E19, E19 (2020).

<sup>78</sup> At least one quarter of unhoused individuals have mental health conditions, and  
roughly half of sheltered unhoused individuals have a disability. Substance Abuse &  
Mental Health Servs. Admin., *Current Statistics on the Prevalence and*  
*Characteristics of People Experiencing Homelessness in the United States* 4 (2011)

1 145. For individuals with Serious Mental Illness—at least one-quarter of all  
 2 unhoused individuals<sup>79</sup> and as many as two-thirds of unhoused Post-9/11 veterans—  
 3 the disability is a barrier both to acquiring and maintaining stable housing and to  
 4 accessing medical and mental health care, shelter, and other vital services once these  
 5 individuals become homeless.<sup>80</sup> Without supports or assistance, these individuals  
 6 cannot access available services to treat the disability or to meet their basic needs.

7 146. For example, many individuals with Serious Mental Illness or cognitive  
 8 impairment cannot complete applications or persist through intake processes or  
 9 waiting periods without substantial assistance, which is often not provided.<sup>81</sup>

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 11 (listing 30% of chronically unhoused persons have a mental health condition);  
 12 Claudia D. Solari et al., U.S. Dep’t Hous. & Urban Dev., *The 2015 Annual*  
 13 *Homeless Assessment Report (AHAR) to Congress: Part 2: Estimates of*  
 14 *Homelessness in the United States*, at xix (2016) (noting about 45% of sheltered  
 15 unhoused individuals had a disability).

16 <sup>79</sup> Deborah K. Padgett, *Homelessness, Housing Instability and Mental Health: Making the Connection*, 44 *BJPsych Bull.* 197, 197 (2020) (“[E]pidemiological studies have consistently found that only about 25-30% of homeless persons have a severe mental illness such as schizophrenia.”).

17 <sup>80</sup> See, e.g., Amy L. Drapalski et al., *Perceived Barriers to Medical Care and Mental Health Care Among Veterans with Serious Mental Illness*, 59 *Psychiatric Servs.* 921 (2008) (finding that psychiatric symptoms and mental illness severity pose one of the most significant barriers to medical and mental health care); Les B. Whitbeck, *Mental Health and Emerging Adulthood among Homeless Young People* (2009) (describing barriers to health care, including ignorance about treatment options and service locations, a lack of access to transportation, a lack of identification, shame, and difficulty filling out forms, among others).

22 <sup>81</sup> See Michael D. Nino et al., *Who are the Chronically Homeless? Social Characteristics and Risk Factors Associated with Chronic Homelessness*, 19 *J. Soc. Distress & Homeless* 41(2010) (finding chronically homeless individuals were more likely to report that paperwork for government benefits was too difficult to complete). These logistical barriers are often called “bureaucratic” barriers and might involve paperwork, long waits for services, inflexible scheduling for appointments, restrictive service hours, and a lack of transportation. See Reid R. Hoshida et al., *Barriers to Healthcare of Homeless Residents of Three Honolulu Shelters*, 70 *Haw. Med. J.* 214, 214 (2011).

1 Similarly, individuals with PTSD frequently experience memory loss and other  
 2 cognitive impairments that result in difficulty remembering appointments, which  
 3 can lead to dismissal from programs for noncompliance.<sup>82</sup>

4 147. Additionally, for many individuals with Serious Mental Illness, their  
 5 disabilities prevent them from functioning in the settings in which the services are  
 6 offered, as with individuals whose disabilities prevent them from sharing living  
 7 space or sleeping quarters with others, but who are required to complete a  
 8 transitional housing program that requires dorm-style living before they are eligible  
 9 for permanent housing where such housing even exists.<sup>83</sup>

10 148. To even embark on treatment, individuals with Serious Mental Illness  
 11 must also overcome substantial self-doubt and shame.<sup>84</sup> The stigmatization of  
 12 \_\_\_\_\_

13 <sup>82</sup> Logistical challenges pose a substantial barrier to health care access, especially at  
 14 VA facilities where veterans face long wait times and must interact with  
 15 bureaucracy to make an appointment. See Carrie M. Farmer & Terri Tanielian,  
 16 RAND Res., *Ensuring Access to Timely, High-Quality Health Care for Veterans 2-*  
 17 *10* (Apr. 10, 2019),  
 18 [https://www.rand.org/content/dam/rand/pubs/testimonies/CT500/CT508/RAND\\_CT508.pdf](https://www.rand.org/content/dam/rand/pubs/testimonies/CT500/CT508/RAND_CT508.pdf).

19 <sup>83</sup> Shared housing also poses unique problems for the elderly (who might not be able  
 20 to safely access bunk beds and shared bathing facilities without help) and  
 21 transgender and non-binary individuals (who face elevated risk of interpersonal  
 22 violence). See Rebecca T. Brown, *Meeting the Housing and Care Needs of Older*  
 23 *Homeless Adults: A Permanent Supportive Housing Program Targeting Homeless*  
 24 *Elders*, 21 Senior Hous. Care J. 126, 129 (2013); Astara van der Jagt et al., A  
 25 “Safer” Space: Investigating Ways to Improve Emergency Shelter Services for  
 26 Transgender and Non-Binary Clients 4 (2022).

27 <sup>84</sup> See generally Claire Henderson et al., *Mental Illness Stigma, Help Seeking, and*  
 28 *Public Health Programs*, 103 Am. J. Pub. Health 777, 777 (2013); SJ Coleman et  
 al., *Stigma-Related Barriers and Facilitators to Help Seeking for Mental Health*  
*Issues in the Armed Forces: A Systematic Review and Thematic Synthesis of*  
*Qualitative Literature*, 47 Psych. Med. 1880 (2017); Sarah Clement et al., *What Is*  
*the Impact of Mental Health-Related Stigma on Help-Seeking? A Systematic Review*  
*of Quantitative and Qualitative Studies*, 45 Psych. Med. 11 (2015).

1 mental health treatment begins in basic training,<sup>85</sup> stalks soldiers into warzones,<sup>86</sup>  
2 and long outlasts active service.<sup>87</sup> The military itself has a sordid history of  
3 perpetuating mental health stigma, labeling victims as “cowards lacking moral  
4 fiber”<sup>88</sup> and sending high proportions back into battle within a week of symptom  
5 onset.<sup>89</sup>

6 149. One study of mental health treatment after the Persian Gulf and Iraq  
7 Wars concluded that “soldiers most in need of mental health care do not seek it  
8 because of fear of embarrassment, difficulties with peers or officers, or interference  
9 with career opportunities within the military.”<sup>90</sup> Veterans describe the fight to  
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16 <sup>85</sup> Shannon K. Crowley et al., *Physical Fitness and Depressive Symptoms During*  
17 *Army Basic Combat Training*, 47 *Med. & Sci. Sports & Exercise* 151, 157 (2015)  
18 (“[T]here remains a stigma of perceived ‘weakness’ associated with mental illness  
19 in the military, as well as a fear of jeopardizing one’s military career by reporting  
20 mental health-related issues. Thus, measurement of depressive symptoms in this  
21 study may have resulted in a conservative estimate of the prevalence of these  
22 symptoms.”)

21 <sup>86</sup> Dror Ben-Zeev et al., *Stigma of Mental Illness and Service Use in the Military*, 21  
22 *J. Mental Health* 264 (2012); Tiffany M. Greene-Shorridge et al., *The Stigma of*  
23 *Mental Health Problems in the Military*, 172 *Mil. Med.* 157 (2007).

23 <sup>87</sup> Ritchie Elspeth Cameron & Mark Owens, *Military Issues*, 27 *Psychiatric Clinics*  
24 of N. Am. 459, 460 (2004).

24 <sup>88</sup> Hans Pols & Stephanie Oak, *War & Military Mental Health*, 97 *Am. J. Pub.*  
25 *Health* 2132, 2133 (2007),  
26 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2089086/> (chronicling military  
27 responses to mental health problems through the twentieth century).

27 <sup>89</sup> *Id.* at 2135.

28 <sup>90</sup> *Id.* at 2138.

1 preserve their own mental health as a “battle,”<sup>91</sup> a “war,”<sup>92</sup> and a “hellish space”<sup>93</sup>  
 2 just as dangerous as a theater of war.<sup>94</sup>

3 150. Homelessness also exposes veterans to trauma that both causes and  
 4 aggravates PTSD and other mental disorders. For veterans with Serious Mental  
 5 Illness and TBI resulting from their service to this country, effective treatment  
 6 requires, as a prerequisite, the stability and regularity afforded by permanent  
 7 housing readily accessible to ongoing comprehensive care and supports.

8 151. Homelessness is a well-established health detriment. Research has  
 9 consistently isolated homelessness as an independent risk factor of premature  
 10 death.<sup>95</sup> One recent study in Los Angeles found that unhoused individuals suffered  
 11 an all-cause mortality rate nearly three times higher than members of the general  
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 15 <sup>91</sup> Rikki A. Roscoe, *The Battle Against Mental Health Stigma: Examining How*  
 16 *Veterans with PTSD Communicatively Manage Stigma*, 36 Health Cmty. 1378  
 (2020).

17 <sup>92</sup> Sadie F. Dingfelder, *The Military’s War on Stigma*, 40 Monitor on Psych. 52  
 (2009), <https://www.apa.org/monitor/2009/06/stigma-war>.

18 <sup>93</sup> Gregg F. Martin, Opinion, *The Three-Headed Monster We Must Now Defeat:*  
 19 *Mental Illness, Stigma, and Suicide*, Mil. Times (Sept. 20, 2021),  
 20 [https://www.militarytimes.com/opinion/commentary/2021/09/20/the-three-headed-](https://www.militarytimes.com/opinion/commentary/2021/09/20/the-three-headed-monster-we-must-now-defeat-mental-illness-stigma-and-suicide/)  
*monster-we-must-now-defeat-mental-illness-stigma-and-suicide/*.

21 <sup>94</sup> One study of OEF-OIF veterans found that veterans who screened positive for a  
 22 psychiatric disorder were *more* likely to view mental health with stigma and to face  
 23 barriers to health care. The researchers also found that negative beliefs about mental  
 24 health were associated with lower likelihood of utilizing mental health counseling  
 and medication services. Robert H. Pietrzak et al., *Perceived Stigma and Barriers to*  
 25 *Mental Health Care Utilization among OEF-OIF Veterans*, 60 Psychiatric Servs.  
 1118, 1121 (2009).

26 <sup>95</sup> See, e.g., David S. Morrison, *Homelessness as an Independent Risk Factor for*  
 27 *Mortality: Results from a Retrospective Cohort Study*, 38 Int’l J. Epidemiology 877,  
 881-82 (2009) (“[H]omelessness should be considered an independent risk factor for  
 28 subsequent mortality for some conditions.”).

1 public.<sup>96</sup> Unhoused individuals face between two and twelve times higher risk of  
2 death than the general population.<sup>97</sup>

3 152. Homelessness also exposes an individual to violence. Between 74%  
4 and 87% of unhoused people with mental illness face violence in their lifetimes,  
5 figures far higher than the national average.<sup>98</sup>

6 153. Lack of housing also exacerbates mental disabilities and creates new  
7 health problems, thereby impairing the individual's ability to function and impeding  
8 the individual's ability to access necessary services. For example, the experience of  
9 homelessness is inherently stressful, requiring constant vigilance to avoid danger,  
10 and exposes unhoused individuals to increased risks of trauma, leading to PTSD or  
11 aggravating already existing PTSD and other mental disorders.<sup>99</sup> For individuals  
12 whose disability causes paranoia or severe anxiety, the uncertainty and diminished  
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15 <sup>96</sup> Will Nicholas et al., *Using Point-in-Time Homeless Counts to Monitor Mortality*  
16 *Trends among People Experiencing Homelessness in Los Angeles County,*  
*California, 2015-2019*, 111 Am. J. Pub. Health 2212 (2021).

17 <sup>97</sup> Melissa Gambatese et al., *Programmatic Impact of 5 Years of Mortality*  
18 *Surveillance of New York City Homeless Populations*, 103 Am. J. Pub. Health S193  
(2013).

19 <sup>98</sup> Laurence Roy et al., *Criminal Behavior and Victimization among Homeless*  
20 *Individuals with Severe Mental Illness: A Systematic Review*, 65 *Psychiatric Servs.*  
21 739, 739 (2014); *see also* Linda A. Teplin et al., *Crime Victimization in Adults with*  
22 *Severe Mental Illness*, 62 *Archives Gen. Psychiatry* 911 (2005) (noting individuals  
with a severe mental illness had been victims of a violent crime at a rate eleven  
times higher than members of the general public).

23 <sup>99</sup> *See* Bruce D. Levy & James J. O'Connell, *Health Care/or Homeless Persons*, 350  
24 *New Eng. J. Med.* 2329, 2330 (2004) (finding that life on the street increases social  
isolation and the risk of psychiatric conditions). Researchers are actively debating  
25 the extent to which homelessness itself causes mental illness, including PTSD. For  
further discussion, *see* Michael Smolens, Opinion, *Does Homelessness Cause*  
26 *PTSD?*, San Diego Union Trib. (Dec. 6, 2019),  
27 [https://www.sandiegouniontribune.com/columnists/story/2019-12-06/column-does-](https://www.sandiegouniontribune.com/columnists/story/2019-12-06/column-does-homelessness-cause-ptsd)  
28 [homelessness-cause-ptsd](https://www.sandiegouniontribune.com/columnists/story/2019-12-06/column-does-homelessness-cause-ptsd).

1 security and safety created by homelessness exacerbate the mental disability.<sup>100</sup>

2 154. Additionally, individuals experiencing homelessness frequently suffer  
3 from chronic and acute health conditions that are caused or exacerbated by the lack  
4 of stable shelter, including respiratory disorders, cardiovascular diseases, frostbite  
5 and hypothermia, skin diseases, diabetes, liver disease, and traumatic injuries due to  
6 assaults, falls, and accidents.<sup>101</sup>

7 155. Unhoused individuals know they need health care<sup>102</sup> and accurately  
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10 <sup>100</sup> See Kevin M. Fitzpatrick et al., *Dangerous Places: Exposure to Violence and Its*  
11 *Mental Health Consequences/or the Homeless*, 69 Am. J. Orthopsychiatry 438, 444-  
12 45 (1999) (finding that the symptoms of patients experiencing anxiety and paranoia  
13 were “significantly affected by the perceived dangers inherent in the homeless  
14 environment”). It is well established that homelessness can exacerbate mental  
15 illness. See Lilanthi Balasuriya et al., *The Never-Ending Loop: Homelessness,*  
16 *Psychiatric Disorder, and Mortality*, 37 Psychiatric Times 12 (2020); Lori Teresa  
17 Yearwood, *Trauma in Plain Sight*, Slate (Oct. 23, 2009), [https://slate.com/news-](https://slate.com/news-and-politics/2019/10/homeless-life-ptsd-overlooked.html)  
18 [and-politics/2019/10/homeless-life-ptsd-overlooked.html](https://slate.com/news-and-politics/2019/10/homeless-life-ptsd-overlooked.html).

19 <sup>101</sup> See Bruce D. Levy & James J. O'Connell, *Health Care for Homeless Persons*,  
20 350 New Eng. J. Med. 2329, 2330 (2004); Mayur M. Desai & Robert A. Rosenheck,  
21 *Unmet Need for Medical Care Among Homeless Adults with Serious Mental Illness*,  
22 27 Gen. Hosp. Psychiatry 418 (2005) (finding that 44% of persons who are  
23 homeless and have serious mental illnesses had unmet needs for medical care at the  
24 time of program entry); Sameed Ahmed M. Khatana et al., *Association of*  
25 *Homelessness with Hospital Readmissions—an Analysis of Three Large States*, 35 J.  
26 Gen. Internal Med. 2576, 2576 (2020) (“Individuals who are homeless represent an  
27 especially medically vulnerable population, with mortality rates that are  
28 significantly higher than the general population. This is related to a greater burden  
of disease, including chronic diseases, mental illness, and substance use disorders,  
as well as the financial and structural barriers that impede access to appropriate  
care.”)

<sup>102</sup> According to one survey from New York State, unhoused individuals ranked  
medical and dental treatment as one of their five most important needs—yet one  
more difficult to obtain than a free meal. Olga Acosta & Paul A. Toro, *Let’s Ask the*  
*Homeless People Themselves: A Needs Assessment Based on a Probability Sample*  
*of Adults*, 28 Am. J. Cmty. Psych. 343, 353 (2000).

1 understand their own health care use and needs.<sup>103</sup> Yet they less consistently access  
2 routine health care services, despite living in much poorer health, because of  
3 systemic barriers.<sup>104</sup>

4 156. Thus, homelessness resulting from mental disability, and mental  
5 disability aggravated by homelessness, interfere both with the ability to obtain  
6 treatment and with the amelioration of the mental disability itself, including the  
7 ability to obtain and use appropriate psychotropic medications.<sup>105</sup> Lacking effective  
8 access to appropriate medication and supervised treatment, unhoused individuals  
9 with mental disabilities frequently resort to inappropriate medication, in the form of  
10 illegal drugs that can have powerful psychotropic effects but are also most often  
11 addictive and come with negative side effects.<sup>106</sup>

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13 <sup>103</sup> Stephen W. Hwang et al., *Accuracy of Self-Reported Health Care Use in a*  
14 *Population-Based Sample of Homeless Adults*, 51 *Health Servs. Rsch.* 282, 300  
15 (2016) (concluding that “most individuals experiencing homelessness were quite  
16 accurate reporters”).

17 <sup>104</sup> Margot B. Kushel et al., *Factors Associated with the Health Care Utilization of*  
18 *Homeless Persons*, 285 *J. Am. Med. Ass’n* 200, 203 (“This study confirms on a  
19 national scale what previous research found at the local level; homeless persons  
20 reported high rates of acute hospital-based care, low rates of ambulatory care, and  
21 difficulty accessing health care. . . . Despite evidence of poorer health, homeless  
22 persons in our study were less likely than the overall US population to report an  
23 ambulatory care visit in the previous year.”).

24 <sup>105</sup> Aleena Khan et al., *Medicines Prescribing for Homeless Persons: Analysis of*  
25 *Prescription data from Specialist Homelessness General Practices*, 44 *Int’l J.*  
26 *Clinical Pharmacy* 717, 722 (2022) (“Many [persons experiencing homelessness]  
27 are excluded from primary care due to various factors such as lack of ability to  
28 navigate services, perceived stigma and discrimination in healthcare settings and  
wrong application of registration criteria in mainstream practices.”). One study of  
unhoused individuals in Long Beach, California noted more than 30% of patients  
with psychiatric disorders were not taking their prescribed medication. Mok Thoong  
Chong et al., *Assessing Health Conditions and Medication Use among the Homeless*  
*Community in Long Beach, California*, 3 *J. Rsch. Pharmacy Prac.* 56 (2014).

<sup>106</sup> See D. McCarty et al., *Alcoholism, Drug Abuse, and the Homeless*, 46 *Am.*  
*Psych.* 1139, 1139 (1991) (“Credible estimates of the prevalence of alcohol and drug

1 157. Finally, for many individuals with Serious Mental Illness, effective  
 2 health treatment presupposes stability and regularity, which are simply not possible  
 3 for unhoused individuals to achieve.<sup>107</sup> The lack of housing itself, especially  
 4 combined with a Serious Mental Illness, is a formidable barrier to accessing  
 5 services. As one study of supported housing among unhoused veterans concluded,  
 6 “access to housing itself may be a facilitator of positive changes in other areas of  
 7 life—in this case, overall levels of social support.”<sup>108</sup>

8 158. For many unhoused individuals, the immediacy of the daily struggle for  
 9 shelter, food, sleep, and other necessities relegates medical and mental health needs  
 10 to a distant priority.<sup>109</sup> Thus, common illnesses and injuries are left untreated,  
 11 leading to increased emergency hospital visits and acute care admissions.<sup>110</sup>

12  
 13 abuse suggest that alcohol abuse affects 30% to 40% and drug abuse 10% to 15% of  
 14 homeless persons.”); Timothy P. Johnson & Michael Fendrich, *Homelessness and*  
 15 *Drug Use: Evidence from a Community Sample*, 32 Am. J. Preventative Med. S211,  
 S212 (“Homeless individuals . . . abuse drugs and alcohol in an attempt to provide  
 self-medication for psychiatric or physical health problems.”).

16 <sup>107</sup> See Deborah L. Dennis et al., *The Physical and Mental Health Status of*  
 17 *Homeless Adults*, 2 Housing Pol’y Debate 815, 822 (1991) (“Homeless persons  
 18 present a more advanced state of [mental] illness and are less likely, due to their  
 homeless situation, to follow even the simplest of treatment regimens.”).

19 <sup>108</sup> Maria J. O’Connell et al., *Impact of Supported Housing on Social Relationships*  
 20 *among Homeless Veterans*, 68 Psychiatric Servs. 203 (2016).

21 <sup>109</sup> See Dennis, *supra* note 107, at 826 (finding mentally ill homeless persons often  
 22 do not receive needed physical and mental health care because they “giv[e] higher  
 23 priority to other basic needs, such as procuring food and shelter on a daily basis”).  
 Another study found that unhoused individuals faced six times the risk of opioid  
 24 overdose of low-income people who had housing. Ayae Yamamoto et al.,  
*Association between Homelessness and Opioid Overdose and Opioid-Related*  
*Hospital Admissions/Emergency Department Visits*, 242 Soc. Sci. Med. (2019).

25 <sup>110</sup> Unhoused individuals visit hospital ERs between two and nineteen times more  
 26 often than members of the general public. Neha Vohra et al., *Homelessness and the*  
*Use of Emergency Department as a Source of Healthcare: A Systematic Review*, 15  
 27 Int’l J. Emergency Med. 1, 19 (2022); see also Margot B. Kushel et al., *Housing*  
 28 *Instability and Food Insecurity as Barriers to Health Care among Low-Income*

1 159. In sum, a robust and uncontroverted body of research has established  
 2 that people, who, like the Plaintiffs, suffer SMI, such as PTSD, major depression,  
 3 paranoid schizophrenia, and bipolar disorder, are often unable to meaningfully  
 4 access the range of services offered to unhoused individuals to meet their day-to-day  
 5 needs, including shelter, or to obtain appropriate health care, mental health care, or  
 6 addiction treatment on account of symptoms of their disabilities and their lack of  
 7 stable housing.

8 **Permanent Supportive Housing Effectively and Cost-Effectively Addresses and**  
 9 **Prevents Homelessness of Individuals with Serious Mental Illness**

10 160. Research has long confirmed that the only way that unhoused  
 11 individuals suffering Serious Mental Illness are able to meaningfully access and  
 12 benefit from medical and psychiatric services is when they first permanently reside  
 13 in appropriate community-based Permanent Supportive Housing.

14 161. “Permanent Supportive Housing,” or “PSH,” is “permanent housing in  
 15 which housing assistance (e.g., long-term leasing or rental assistance) and  
 16 supportive services are provided to assist households with at least one member  
 17 (adult or child) with a disability in achieving housing stability.”<sup>111</sup> Permanent  
 18 Supportive Housing combines low barriers to entry with a Housing First model that  
 19 allows people to choose whether, and to what extent, to engage in supportive  
 20 services without risking their tenancy.

21 \_\_\_\_\_  
 22  
 23 *Americans*, 21 J. Gen. Internal Med. 71 (2006); R. Rosenheck & P. Koegel,  
 24 *Characteristics of Veterans and Nonveterans in Three Samples of Homeless Men*, 44  
 25 *Hosp. & Cmty. Psychiatry* 858, 861 (1993); Kushel, *supra* note 110, at 203 (finding  
 26 that compared with the general population, the homeless are more likely to seek  
 27 emergency care, and four times more likely to be hospitalized).

28 <sup>111</sup> U.S. Dep’t of Hous. & Urban Dev., HUD Exchange, *Permanent Supportive  
 Housing (PSH)*, HUD Exchange, [https://www.hudexchange.info/homelessness-  
 assistance/coc-esg-virtual-binders/coc-program-components/permanent-  
 housing/permanent-supportive-housing/](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-program-components/permanent-housing/permanent-supportive-housing/) (last visited Nov. 9, 2022).

1 162. The supportive services available through Permanent Supportive  
2 Housing include, *inter alia*:

- 3 • Case management;
- 4 • Education services;
- 5 • Employment assistance and job training;
- 6 • Life skills training;
- 7 • Mental health services;
- 8 • Outpatient health services;
- 9 • Outreach services; and
- 10 • Substance abuse treatment services.<sup>112</sup>

11 163. Mental health services available in Permanent Supportive Housing  
12 include:

- 13 • Assertive community treatment (“ACT”) teams, which are structured to  
14 serve people with the highest level of needs, such as people with  
15 persistent and Serious Mental Illness, histories of homelessness,  
16 addictions, and histories of institutionalization in hospitals and/or jails.  
17 ACT teams provide services directly in the person’s home and  
18 community, rather than merely brokering or linking people to services.  
19 ACT teams typically operate with a staff to patient ratio of no more  
20 than 15:1 and consist of a team leader, psychiatrist or nurse  
21 practitioner, registered nurse, peer specialist, housing specialist, mental  
22 health specialist, substance use specialist, and other specialists as  
23 needed (e.g., occupational, recreational, criminal justice, or family);<sup>113</sup>

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26 <sup>112</sup> *Id.*

27 <sup>113</sup> U.S. Dep’t Vet. Aff., VA Ctr. Homelessness Among Veterans, Permanent  
28 Supportive Housing Resource Guide, 123-26 (2015),

- 1 • Intensive case management (“ICM”) teams, serving people with less  
2 severe needs than ACT teams.<sup>114</sup> The ICM teams generally have a  
3 patient-to-staff ratio of 20:1 and may only involve a psychiatrist part  
4 time for consultation;<sup>115</sup>
- 5 • Hybrid teams, serving people with a mix of high and moderate needs  
6 and blending the roles and staff members of the ACT and ICM team  
7 models.
- 8 • Crisis services, including mobile crisis services; care coordination;  
9 intensive psychiatric rehabilitation treatment; assistance taking  
10 medication (including prompting); personal care services; and home  
11 health care.

12 164. Permanent Supportive Housing is intended specifically for unhoused  
13 individuals with disabilities who, absent housing, cannot access and make effective  
14 use of the treatment and services they need to stay stable; and who, without such  
15 treatment and supportive services, cannot otherwise access and maintain stable  
16 housing in the long run.

17 165. An essential element of Permanent Supportive Housing is home visits.  
18 The person’s home is intended to be the primary location of the services provided.  
19 The number of home visits per week depends on the then-current needs of the  
20 veteran. Neighbors and community members can also be critical members of a  
21 person’s support team and home visits allow interaction with those people.<sup>116</sup>

22 166. The VA, itself, recognizes that Permanent Supportive Housing is  
23 essential treatment for individuals with the highest needs:

24 \_\_\_\_\_  
25 <https://www.va.gov/HOMELESS/nchav/docs/Permanent%20Supportive%20Housing%20Resource%20Guide%20-%20FINAL.PDF>.

26 <sup>114</sup> *Id.* at 126-27.

27 <sup>115</sup> *Id.*

28 <sup>116</sup> *Id.* at 129-34.

1 [P]ermanent supportive housing is uniquely suited to serve the  
2 subset of people experiencing homelessness whose complex  
3 health and behavioral health conditions necessitate a combination  
4 of long-term rental assistance and ongoing supportive services in  
5 order to achieve and maintain housing stability. For this subset of  
6 people experiencing homelessness, permanent supportive  
7 housing has been shown to be unparalleled in improving housing  
8 stability, while supporting physical and behavioral health. When  
9 targeted to high utilizers of health care services, supportive  
10 housing has also been shown to achieve public cost offsets by  
11 decreasing the use of emergency health care and correctional  
12 services. Paradoxically, however, the people who benefit the  
13 most from permanent supportive housing (those with intensive  
14 and complex service needs) are often the least equipped or  
15 tenacious about seeking assistance.<sup>117</sup>

16 167. With the stability and security of permanent housing that is combined  
17 with healthcare services, the formerly unhoused veteran with Serious Mental Illness  
18 can meaningfully access mental and physical health, substance use, vocational, and  
19 other services.<sup>118</sup>

20 168. A substantial and uncontroverted body of evidence demonstrates that  
21 Permanent Supportive Housing leads to successful long-term housing outcomes for  
22  
23

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24  
25 <sup>117</sup> *Id.* at 91.

26 <sup>118</sup> Debra J. Rog, *The Evidence on Supported Housing*, 27 *Psychiatric Rehab. J.* 334  
27 (“[H]aving any stable housing has a dramatic improvement on outcomes, especially  
28 those related to residential stability and use of institutional settings, such as  
hospitals, detox, and jails and prisons.”).

1 previously unhoused persons, including those with the most severe disabilities.<sup>119</sup> In  
2 addition to housing stability, documented outcomes include improved mental health  
3 status, decreased substance use, increased average income and productivity, and  
4 improved quality of life.<sup>120</sup>

5 169. Aside from individual benefits for veterans, Permanent Supportive  
6 Housing also provides substantial cost savings to government at all levels.<sup>121</sup> When

7 \_\_\_\_\_  
8 <sup>119</sup> For a systematic review of Housing First research, see Yinan Peng et al.,  
9 *Permanent Supportive Housing with Housing First to Reduce Homelessness and*  
10 *Promote Health Among Homeless Populations with Disability: A Community Guide*  
11 *Systematic Review*, 26 J. Pub. Health Mgmt. & Prac. 404 (2020) (“Evidence from  
12 this systematic review indicates that Housing First programs can more effectively  
13 reduce homelessness and improve housing stability for homeless populations with a  
14 disability than Treatment First or TAU. Housing First programs offer permanent  
15 housing with accompanying health and social services, and their clients are able to  
16 maintain a home without first being substance-free or in treatment. Clients in stable  
17 housing experienced better quality of life and generally showed reduced  
18 hospitalization and emergency department use.”).

19 <sup>120</sup> See, e.g., Andrew J. Baxter et al., *Effects of Housing First Approaches on Health*  
20 *and Well-Being of Adults Who Are Homeless or at Risk of Homelessness: Systematic*  
21 *Review and Meta-Analysis of Randomised Controlled Trials*, 73 J. Epidemiology &  
22 *Cmty. Health* 379 (2019) (noting that Housing First participants experienced fewer  
23 hospitalizations, less time in hospitals, fewer visits to emergency departments, more  
24 days housed, and a higher likelihood of being housed 18-24 months after the  
25 intervention); Jennifer Perlman & John Parvensky, Denver Housing First  
26 Collaborative, *Cost Benefit Analysis & Program Outcomes Report 2* (2006) (finding  
27 that 43% of residents in the Denver program had improved mental health status,  
28 64% reported improved quality of life, and 15% had decreased substance abuse, and  
that average monthly income rose from \$185 to \$431); Joy A. Livingston & Debra  
Srebnik, *Approaches to Providing Housing and Flexible Supports for People with*  
*Psychiatric Disabilities*, 16 *Psychosocial Rehab. J.* 27 (1992) (finding participants in  
Permanent Supportive Housing programs had greater housing satisfaction, improved  
housing stability, and greater psychological well-being).

<sup>121</sup> See, e.g., Mary E. Larimer et al., *Health Care and Public Service Use and Costs*  
*Before and After Provision of Housing for Chronically Homeless Persons with*  
*Severe Alcohol Problems*, 301 J. Am. Med. Ass’n 1349 (2009) (concluding that  
Housing First saved on average \$2,449 per person per month).

1 left on the streets, people who are unhoused utilize a substantial array of community  
2 resources in the form of increased health care utilization, emergency room care,  
3 public health services, and continuing use of expensive temporary shelters.  
4 Numerous studies, within and outside the VA, have long demonstrated that  
5 Permanent Supportive Housing offers substantial cost savings when compared to  
6 alternative homelessness interventions.<sup>122</sup>

7 170. For example, Dennis Culhane, then a professor at the University of  
8 Pennsylvania, who served as the Director of Research for the National Center on  
9 Homelessness Among Veterans at the VA, conducted a comprehensive landmark  
10 study of Permanent Supportive Housing in 2002 (“Public Service Reductions  
11 Associated With Serious Mental Illness in Supportive Housing”) that tracked the  
12 costs associated with unhoused persons with mental illness in New York City for  
13  
14  
15

16 <sup>122</sup> See Tim Aubry et al., *Effectiveness of Permanent Supportive Housing and*  
17 *Income Assistance Interventions for Homeless Individuals in High-Income*  
18 *Countries: A Systematic Review*, 5 *The Lancet Pub. Health* E342 (2020) (finding  
19 that PSH “significantly improved housing stability, with little to no negative effects  
20 on other social and health outcomes,” and yielded cost offsets given adequate  
21 government support); Daniel Flaming et al., *Where We Sleep: Costs When*  
22 *Homeless And Housed In Los Angeles* 26 (2009) (documenting \$2,291 average  
23 monthly cost savings for each chronically homeless Los Angeles participant); Mass.  
24 *Hous. & Shelter All., Home and Healthy for Good: A Statewide Housing First*  
25 *Program* 9 (2010) (documenting cost savings of \$9,507 per resident per year,  
26 including reduction in medical costs from \$26,124 per person per year to \$8,500);  
27 Tia E. Martinez & Martha R. Burt, *Impact of Permanent Supportive Housing on the*  
28 *Use of Acute Care Health Services by Homeless Adults*, 57 *Psychiatric Servs.* 992  
(2006) (documenting \$1,300 public cost reduction per resident in San Francisco);  
The Heartland All., *Supportive Housing in Illinois: A Wise Investment* (2009)  
(documenting overall savings of \$854,477 over two years); Eric Hirsch & Irene  
Glasser, *Rhode Island's Housing First Program First Year Evaluation* 22 (2007)  
(documenting cost savings of \$8,839 per person per year).

1 two years while they were unhoused and two years after they were housed.<sup>123</sup> Dr.  
2 Culhane and his coauthors found that supportive housing created average annual  
3 savings of \$16,282 per person per housing unit in 1999 dollars. Seventy-two percent  
4 of the savings resulted from a decline in the use of public health services, 23% of  
5 the savings resulted from a decline in shelter use, and the remaining savings resulted  
6 from reduced incarceration of unhoused people. The reduction in expenditures in  
7 these areas nearly covered the cost of developing, operating, and providing  
8 supportive housing services, resulting in a net cost to the government of only \$995  
9 per unit per year.

10 171. A 2009 study conducted by the Economic Roundtable for the Los  
11 Angeles Homeless Services Authority found that the public costs attributed to  
12 chronically unhoused persons in Permanent Supportive Housing averaged \$27,504  
13 per year less than the costs attributed to similar persons when they were on the  
14 streets or in shelters.<sup>124</sup>

15 172. One 2020 randomized controlled trial in Santa Clara County, California  
16 found that among chronically unhoused high users of county-funded services,  
17 Permanent Supportive Housing increased housing and use of community-based  
18 mental health services while lowering use of psychiatric emergency departments and  
19 shelters.<sup>125</sup>

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21 <sup>123</sup> See Dennis P. Culhane et al., *Public Service Reductions Associated with*  
22 *Placement of Homeless Persons with Severe Mental Illness in Supportive Housing*,  
23 13 Hous. Pol’y Debate 107 (2002).

24 <sup>124</sup> Flaming, *supra* note 122.

25 <sup>125</sup> Maria C. Raven et al., *A Randomized Trial of Permanent Supportive Housing for*  
26 *Chronically Homeless Persons with High Use of Publicly Funded Services*, 55  
27 Health Servs. Rsch. 797 (2020). An older study in San Francisco concluded that  
28 supportive housing was associated with a significant decline in the number of  
emergency department visits. The researchers also observed that exiting supportive  
housing was correlated with an increase in emergency department visits, leading to

1 173. Most likely, these studies significantly *under-estimate* the savings from  
2 Permanent Supportive Housing, since “no study assesses all or even most of the cost  
3 drivers associated with leaving people unsheltered,” including the costs of police  
4 sweeps; first responders; outreach workers; business disruption; environmental  
5 hazards; police, courts, jail and prison time; probation; lost economic productivity;  
6 and, perhaps most significantly of all, the “psychological and emotional tolls on  
7 homeless people and the surrounding community.”<sup>126</sup>

8 174. Finally, communities with Permanent Supportive Housing programs  
9 are safer, more efficient, and more attractive. In some instances, property values in  
10 neighborhoods surrounding Permanent Supportive Housing programs increased.<sup>127</sup>

11 175. The success of Permanent Supportive Housing has long been  
12 demonstrated in Los Angeles, as first shown in 2007 by Project 50 and later by other  
13 similar projects in the region.<sup>128</sup> The goal of Project 50 was to identify, then place

14 \_\_\_\_\_  
15 the conclusion that “service use reductions are tied directly to remaining in  
16 housing.” Martinez & Burt, *supra* note 122.

17 <sup>126</sup> Lavena Staten & Sara K. Rankin, Penny Wise but Pound Foolish: How  
18 Permanent Supportive Housing Can Prevent a World of Hurt 28-29 (2019),  
19 [https://digitalcommons.law.seattleu.edu/cgi/viewcontent.cgi?article=1016&context=](https://digitalcommons.law.seattleu.edu/cgi/viewcontent.cgi?article=1016&context=hrap)

20 [hrap](https://digitalcommons.law.seattleu.edu/cgi/viewcontent.cgi?article=1016&context=hrap).  
21 <sup>127</sup> See, e.g., Furman Ctr. Real Est. & Urb. Pol’y, The Impact Of Supportive  
22 Housing On Surrounding Neighborhoods: Evidence From New York City 6-7  
23 (2008) (examining the impact of 7,500 supportive housing units in New York City  
24 and finding a statistically significant rise in the value of nearby properties); Arthur  
25 Andersen, Connecticut Supportive Housing Demonstration Program: Final Program  
26 Evaluation Report chp. III 13 (2002) (finding supportive housing improved  
27 neighborhood safety and beautification and increased or stabilized property values).

28 <sup>128</sup> For a comprehensive guide to the long history of homelessness in Los Angeles,  
see Kirsten Moore Sheeley et al., The Making of a Crisis: A History of  
Homelessness in Los Angeles 53-55 (2021),  
[https://luskincenter.history.ucla.edu/wp-content/uploads/sites/66/2021/01/LCHP-](https://luskincenter.history.ucla.edu/wp-content/uploads/sites/66/2021/01/LCHP-The-Making-of-A-Crisis-Report.pdf)  
The-Making-of-A-Crisis-Report.pdf (discussing Project 50 as a success that also  
saved taxpayers money).

1 into Permanent Supportive Housing, the 50 most vulnerable people sleeping on the  
2 streets of Skid Row. Many of these individuals had been designated “shelter  
3 resistant,” because they preferred sleeping on the streets to being in a crowded  
4 shelter situation. But all of those offered their own housing, albeit a small, private  
5 room in a nonprofit housing facility, accepted the offer.

6 176. Individuals were placed into Permanent Supportive Housing, and 88%  
7 remained housed one year later. Ninety-one percent of tenants were diagnosed with  
8 a mental illness and 84% reported a history of substance use. Similar to other  
9 studies, Project 50 showed that health care costs for participants declined from  
10 \$677,000 the year prior to participation in the program to \$185,000 for the year after  
11 they began living in supportive housing.<sup>129</sup>

12 177. In short, both experience and empirical research have demonstrated  
13 conclusively that Permanent Supportive Housing is the only approach that  
14 consistently ensures that individuals with Serious Mental Illness are able to  
15 meaningfully access necessary medical care, mental health services, and other social  
16 services.

17 178. These lessons can and must be applied to address the crisis of veteran  
18 homelessness in order to ensure that our veterans receive the medical care and  
19 support to which they are entitled and that they deserve.

20 **The WLA Campus Was Given to Defendants for the Purpose of Providing**  
21 **Housing and Healthcare to Veterans with Disabilities**

22 179. In 1865, Congress incorporated the National Home for Disabled  
23 \_\_\_\_\_

24 <sup>129</sup> See L.A. Cnty. Bd. Supervisors, Project 50 – 1 year Progress Report (2009),  
25 [https://zevyaroslavsky.org/wp-content/uploads/Project50-ONE-YEAR-](https://zevyaroslavsky.org/wp-content/uploads/Project50-ONE-YEAR-SNAPSHOT-2.4.09.pdf)  
26 [SNAPSHOT-2.4.09.pdf](https://zevyaroslavsky.org/wp-content/uploads/Project50-ONE-YEAR-SNAPSHOT-2.4.09.pdf); see also Flora Gil Krisiloff & Elizabeth S. Boyce, Project  
27 50: A Two Year Demonstration Project in Skid Row (2011),  
28 [https://www.cwda.org/sites/main/files/file-attachments/homeless-project-50-la-](https://www.cwda.org/sites/main/files/file-attachments/homeless-project-50-la-county.pdf?1449619925)  
[county.pdf?1449619925](https://www.cwda.org/sites/main/files/file-attachments/homeless-project-50-la-county.pdf?1449619925).

1 Volunteer Soldiers (“National Home”) to operate branch homes throughout the  
 2 nation for soldiers who had been honorably discharged.<sup>130</sup> The branch homes were  
 3 intended as true homes offered as a debt of gratitude to those who had served the  
 4 country. Accordingly, residents were provided housing, food, medical care,  
 5 recreation activities, and employment opportunities.<sup>131</sup> There were no limitations on  
 6 how long a veteran could stay at a branch home once admitted. Thus, the National  
 7 Home offered the promise and certainty of a permanent home for veterans who had  
 8 served their country and, by virtue of their service, were not able to support  
 9 themselves in civilian life.

10 180. In March 1888, Senator John P. Jones and Arcadia B. DeBaker donated  
 11 by deed, as a charitable trust, roughly 300 acres of land in Los Angeles to the  
 12 National Home for Disabled Veterans Soldiers” for this purpose.<sup>132</sup> Two additional  
 13 deeds were added later to expand the Campus to its current size of 387 acres.<sup>133</sup>

14 181. The 1888 Deed conveying the WLA Campus land provided, in  
 15 pertinent part:

16                                 Witnesseth: that whereas by an act of Congress approved  
 17                                 March 2nd 1887 to provide for the location and erection of a  
 18                                 branch home for disabled volunteer soldiers West of the Rocky  
 19                                 Mountains, the Board of Managers of the National Home for  
 20

21 <sup>130</sup> Suzanne Julin, National Home for Disabled Volunteer Soldiers Assessment of  
 22 Significance and National Historic Landmark Recommendations 1 (2009),  
 23 [http://npshistory.com/publications/nhl/special-studies/national-home-disabled-vol-  
 soldiers.pdf](http://npshistory.com/publications/nhl/special-studies/national-home-disabled-vol-soldiers.pdf).

24 <sup>131</sup> Trevor K. Plante, *The National Home for Disabled Volunteer Soldiers*, 36  
 25 Prologue Mag. (2004),  
 26 <https://www.archives.gov/publications/prologue/2004/spring/soldiers-home.html>.

27 <sup>132</sup> U.S. Dep’t Vet. Aff., Off. Inspector Gen., VA’s Management of Land Use under  
 the West Los Angeles Leasing Act of 2016 i (2018),  
 28 <https://www.va.gov/oig/pubs/VAOIG-18-00474-300.pdf> (“OIG WLALA Report”).

<sup>133</sup> *Id.*

1 Disabled Volunteer Soldiers were authorized, empowered, and  
2 directed to locate, establish, construct and permanently maintain a  
3 branch of said National Home for Disabled Volunteer Soldiers, to  
4 be by such Board, located at such place in the States West of the  
5 Rocky Mountains as to said Board should appear most desirable  
6 and advantageous.

7 And whereas, the [grantors] in consideration that the  
8 [National Home] should locate, establish, construct and  
9 permanently maintain a branch of said National Home for  
10 Disabled Volunteer Soldiers on a site to be selected by its Board  
11 of Managers along the dividing line between the Ranchos San Jose  
12 de Buenos Ayres and San Vicente y Santa Monica offered to  
13 donate to the [National Home], three hundred acres of land, being  
14 a portion of said Rancho San Vicente y Santa Monica belonging  
15 to them, the [grantors], on which to locate, establish, construct and  
16 permanently maintain such branch of said National Home for  
17 Disabled Volunteer Soldiers. . . .

18 Now, Therefore, in consideration of the premises and of the  
19 location, establishment, construction and permanent maintenance  
20 of a branch of said National Home for Disabled Volunteer Soldiers  
21 on such tract of land, so selected, and of the benefits to accrue to  
22 the [grantors], by such location, have given and granted and by  
23 these presents do give and grant unto the [National Home] all the  
24 [herein] described land and premises, situate, lying and being in  
25 the County of Los Angeles, State of California and particularly  
26 bounded and described as [set forth herein] . . . for the purpose of  
27 such branch Home for Disabled Volunteer Soldiers to be thereon  
28

1 so located, established, constructed and permanently  
2 maintained.<sup>134</sup>

3 182. The Pacific Branch of the National Home (“Pacific Branch Home”)
 4 opened in 1888<sup>135</sup> and, for some 80 years, the VA’s predecessors operated a Pacific
 5 Branch Home at this site in keeping with the 1888 Deed, providing a permanent
 6 home for tens of thousands of veterans with disabilities who resided on the campus
 7 and accessed necessary and therapeutic services there.<sup>136</sup>

8 183. Consistent with the intent of providing a home for soldiers, the Campus
 9 grounds at the Pacific Branch Home were transformed into a beautiful, park-like
 10 setting.<sup>137</sup> A hospital and other buildings were erected on the campus throughout the
 11 1890s.<sup>138</sup> The Pacific Branch Home also built a trolley line and erected a streetcar
 12 depot, which transported freight and mail to and from the campus.<sup>139</sup> Residents
 13 could easily travel to the nearby Santa Monica beaches from the campus for rest and
 14 recreation.<sup>140</sup> A chapel was built in 1900 to hold daily services and burial services

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16  
17 <sup>134</sup> Deed of 1888 1–2 (1888), *available at* [https://draft-master-plan-  
assets.s3.amazonaws.com/media/uploads/2018/07/31/1888\\_Deed.pdf](https://draft-master-plan-assets.s3.amazonaws.com/media/uploads/2018/07/31/1888_Deed.pdf).

18 <sup>135</sup> Nat’l Park Serv., Pacific Branch: Los Angeles, California,  
19 <https://www.nps.gov/places/pacific-branch-los-angeles-california.htm> (last updated  
20 Nov. 21, 2017).

<sup>136</sup> *Id.*

21 <sup>137</sup> Paul R. Spitzzeri, “Men who Gave Their Young Manhood’s Years to Their  
22 Country”: *A Photo-Gravure Booklet of the Pacific Branch of the National Home for  
23 Disabled Volunteer Soldiers, Los Angeles, 1907*, The Homestead Blog (Nov. 11,  
24 2021), [https://homesteadmuseum.blog/2021/11/11/men-who-gave-their-young-  
manhoods-years-to-their-country-a-photo-gravure-booklet-of-the-pacific-branch-of-  
the-national-home-for-disabled-volunteer-soldiers-los-angeles-1907/](https://homesteadmuseum.blog/2021/11/11/men-who-gave-their-young-manhoods-years-to-their-country-a-photo-gravure-booklet-of-the-pacific-branch-of-the-national-home-for-disabled-volunteer-soldiers-los-angeles-1907/).

25 <sup>138</sup> *Id.*

26 <sup>139</sup> *Id.*

27 <sup>140</sup> *See Life at the National Home, Circa 1922*, 1887 Fund,  
28 <https://www.1887fund.org/about/life-at-the-national-home/> (last visited Nov. 9,  
2022).

1 for deceased veterans.<sup>141</sup>

2 184. In the early 1900s, the Pacific Branch Home built dormitories with  
3 wide porches to replace the original barracks.<sup>142</sup> A post office and store operated on  
4 the Campus.<sup>143</sup>

5 185. In addition to ensuring residents' access to housing, food and medical  
6 care, the Pacific Branch Home also developed the Campus to provide educational  
7 and vocational activities for the veteran residents. For example, the Pacific Branch  
8 Home boasted a library with more than 10,000 volumes and newspapers and  
9 periodicals from around the country.<sup>144</sup> The residents grew vegetables and tended  
10 orchards and livestock on the campus, supplying their own needs and selling the  
11 surplus.<sup>145</sup>

12 186. The Pacific Branch Home maintained a baseball team and athletic  
13 facilities, built a billiard hall for the residents, founded an aviary where residents  
14 could spend time, and developed work programs to employ residents around the  
15 Campus in various capacities.<sup>146</sup> The Pacific Branch Home also had a home band  
16 that performed daily, and lectures and movies were regularly hosted on the  
17 campus.<sup>147</sup> Residents could attend all classes on the campus free of charge.<sup>148</sup>

18 187. By 1922, approximately 4,000 veterans were provided permanent  
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21 <sup>141</sup> Spitzzeri, *supra* note 137.

22 <sup>142</sup> Cecilia Rasmussen, *Peacefully, the disabled and the dead from . . .*, L.A. Times  
23 (Aug. 29, 1994), available at <https://www.latimes.com/archives/la-xpm-1994-08-29-me-32587-story.html>.

24 <sup>143</sup> *Id.*; Spitzzeri, *supra* note 137.

25 <sup>144</sup> *Life at the National Home*, *supra* note 140.

26 <sup>145</sup> Spitzzeri, *supra* note 137.

26 <sup>146</sup> *Id.*

27 <sup>147</sup> *Life at the National Home*, *supra* note 140.

28 <sup>148</sup> *Id.*

1 housing at the Pacific Branch Home.<sup>149</sup>

2 188. In 1930, Congress consolidated the National Home with other veterans'  
3 programs in the newly established Veterans Administration, the immediate  
4 predecessor to the VA.<sup>150</sup> Accordingly, control over the various branch homes,  
5 including the Pacific Branch Home, transferred to the Veterans Administration.<sup>151</sup>  
6 Title to the land upon which the branch homes were situated was also transferred to  
7 the Veterans Administration.<sup>152</sup>

8 189. The Pacific Branch Home Campus experienced tremendous  
9 development in the 1940s, and many of the existing buildings on the WLA Campus  
10 were erected during this time.<sup>153</sup> For instance, the Veterans Administration built  
11 additional hospital buildings and medical care centers on the Campus, in addition to  
12 updating and upgrading the hospital and the residences for veterans with disabilities  
13 who continued to reside on the campus.<sup>154</sup>

14 190. In the 1970s, a replacement hospital, the VA Wadsworth Medical  
15 Center in Building 500, shifted the focal point of the campus south of Wilshire  
16 Boulevard.<sup>155</sup> Beginning in the 1960s and 1970s, however, the VA's predecessor,  
17 the Veterans Administration, ceased accepting new residents at the WLA Campus.

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19 <sup>149</sup> *An Examination of Waste and Abuse Associated With VA's Management of Land-*  
20 *Use Agreements*, Am. Legion (Feb. 10, 2015),  
21 [https://www.legion.org/legislative/testimony/226037/examination-waste-and-abuse-](https://www.legion.org/legislative/testimony/226037/examination-waste-and-abuse-associated-vas-management-land-use)  
22 [associated-vas-management-land-use](https://www.legion.org/legislative/testimony/226037/examination-waste-and-abuse-associated-vas-management-land-use); Spitzerri, *supra* note 137.

23 <sup>150</sup> *History – Department of Veterans Affairs (VA)*, VA History Off. (last updated  
24 May 27, 2021), [https://www.va.gov/HISTORY/VA\\_History/Overview.asp](https://www.va.gov/HISTORY/VA_History/Overview.asp).

25 <sup>151</sup> *Id.*

26 <sup>152</sup> *See id.*

27 <sup>153</sup> *Veterans Affairs West Los Angeles Healthcare Center*, Los Angeles  
28 Conservancy, [https://www.laconservancy.org/locations/veterans-affairs-west-los-](https://www.laconservancy.org/locations/veterans-affairs-west-los-angeles-healthcare-center)  
angeles-healthcare-center (last visited Nov. 9, 2022).

<sup>154</sup> *Pacific Branch: Los Angeles, California*, *supra* note 135.

<sup>155</sup> *Id.*

1 Instead, the property fell into squalor and disuse.<sup>156</sup>

2 191. The VA took this action without authorization from Congress and in  
3 response to homeowner complaints from affluent communities bordering the  
4 campus who wanted to keep the Campus property to themselves and to keep  
5 Vietnam veterans out of the neighborhood as undesirables.<sup>157</sup>

6 192. Conditions reached a crisis in 1970, when several doctors told a U.S.  
7 Senate subcommittee about the “filthy” and “medieval” conditions at the  
8 Wadsworth facility.<sup>158</sup> Patients often died there unattended from “breathing in their  
9 own secretions.”<sup>159</sup> The *Los Angeles Times* reported that the facility had fallen into  
10 decay: creaky floors, blown-out windows, shingles peeling from the roof, plaster  
11 falling off the walls, mounting filth, and rusting sprinklers.<sup>160</sup> “It is cheerless,” the  
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14 <sup>156</sup> See Stanley O. Williford, *Afraid to Speak: Few at Veterans Center Willing to Tell*  
15 *Complaints*, L.A. Times, Apr. 29, 1970, at 3.

16 <sup>157</sup> See David Rosenzweig, *VA Move Sounds ‘Last Call’: Twilight Hits Vets’*  
17 *‘Western Front’ Taverns*, L.A. Times, Jan. 16, 1972, at B (“In recent years, the  
18 [area] has come under fire from community groups and homeowners in posh  
19 Brentwood. The neighborhood residents complain that winos from the VA  
20 panhandle on the streets and litter lawns with empty pint bottles of Thunderbird and  
21 Triple Jack.”)

22 <sup>158</sup> The doctors took their complaints to Washington, D.C., only after months of  
23 discussions with a majority of hospital staff and Veterans Administration personnel  
24 failed to rectify their issues. See Stanley O. Williford, *Patient Care Affected,*  
25 *Doctors Contend: Wadsworth Hospital Pay and Equipment Hit*, L.A. Times, May  
26 31, 1970, at H1.

27 <sup>159</sup> *2 Doctors Hit Care at Veteran Hospital Here*, L.A. Times, Apr. 29, 1970, at 3.  
28 The hospital chief denied the accusations, and an investigation dispatched by  
Administrator of Veterans Affairs Donald E. Johnson claimed the hospital was  
providing adequate care to its patients. *Medical Investigation Team Praises*  
*Veterans Hospital*, Highland Park (L.A., Cal.) News-Herald & J., May 28, 1970, at  
34.

<sup>160</sup> Stanley Williford, *Few at Veterans Center Willing to Tell Complaints*, L.A.  
Times, Apr. 29, 1970, at 3.

1 *Times* reported, “and seems to reflect the general gloom of the men.”<sup>161</sup> Yet the  
2 veterans did not complain. They did not want to get thrown out onto the streets.<sup>162</sup>

3 193. The VA allowed the facility to dilapidate in plain violation of the 1888  
4 Deed. The VA broke its trust with veterans who counted on it to keep its word that  
5 they could live productive lives and heal their service-induced wounds.<sup>163</sup>

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16 <sup>161</sup> *Id.*

17 <sup>162</sup> *Id.* (“Generally, the patients who live in the center’s domiciliary area charge they  
18 are denied their constitutional rights, such as freedom from search and seizure and  
19 freedom from indiscriminate punishment. . . . But most of the men are unwilling to  
20 talk, mainly some say, from a fear of being thrown out of the facility, since many  
21 are incapable of taking care of themselves outside.”).

22 <sup>163</sup> *See, e.g.*, Letter from Rob Reynolds, Veteran Outreach Coordinator, AMVETS  
23 Post 2, & Ray Delgado, Commander, AMVETS Post 2, to AMVETS Dep’t Cal.  
24 (Aug. 21, 2022) (on file with counsel) (“At the beginning of 2022, we were told that  
25 housing construction for the first units would be completed in the fall, and Veterans  
26 would be able to move in by the end of the year. Now, we are told that construction  
27 will not be completed until January 2023. . . . Due to the long history of housing  
28 delays at the WLA VA, it is imperative to be transparent every step of the  
way. . . . The trust between Veterans, advocates, many VSO members, and the VA  
is fractured. There is a concerted effort by congressional reps, VA, and developers  
to avoid discussing or addressing the OIG reports and federal court rulings regarding  
illegal land use agreements at the West LA VA. This has been an ongoing issue for  
decades and must be resolved.”).

1 194. There are today more than 100 buildings on the WLA Campus, many  
2 vacant, closed, or underutilized, as well as acres of available land.<sup>164</sup> In contrast to  
3 what once existed and was intended, virtually no permanent housing is available to  
4 veterans with disabilities on the WLA Campus.



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*Brentwood Theatre*<sup>165</sup>

15 195. Rather than housing veterans, the VA has built multiple houses on the  
16 WLA campus for VAGLAHS senior staff. And, in contrast to the original intent of  
17 the grantors that the land be used to provide a permanent home to veterans with  
18 disabilities, the mission statement of VAGLAHS, which administers the WLA  
19 Campus, focuses exclusively on providing medical treatment and serving as a  
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23 <sup>164</sup> See U.S. Dep’t Vet. Aff., Campus Map, <https://www.va.gov/greater-los-angeles-health-care/locations/west-los-angeles-va-medical-center/campus-map/> (last visited  
24 Nov. 14, 2022) (January 2022 Campus map listing over 100 buildings at least 9 of  
25 which are vacant).

26 <sup>165</sup> The Brentwood Theatre opened in 1942 as an entertainment facility for veterans.  
27 See generally B Counter, *Brentwood Theatre*, L.A. Theatres,  
28 <https://losangelestheatres.blogspot.com/2017/03/brentwood-theatre-va.html> (last  
visited Nov. 9, 2022). Today the building is vacant, unused, and unattended.

1 research and teaching hospital.<sup>166</sup>

2 196. According to VAGLAHS, the WLA Campus “is perceived to be one of  
3 the most valuable parcels of real estate in the western United States.”<sup>167</sup> Lucrative  
4 commercial and other non-VA programs now operate on the WLA Campus, all of  
5 which were approved by Defendant Braverman or his predecessors as Director of  
6 VAGLAHS.<sup>168</sup>

7 **Defendants Offer Institutional Services and Temporary Housing**

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9 197. Defendants know that Permanent Supportive Housing is the solution  
10 needed to address the needs of unhoused veterans with Serious Mental Illness.  
11 According to a report co-authored by the VA, “For the large percentage of veterans

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13 <sup>166</sup> U.S. Dep’t Vet. Aff., Mission and Vision, <https://www.va.gov/greater-los-angeles-health-care/about-us/mission-and-vision/> (last visited Nov. 14, 2022) (“VA  
14 Greater Los Angeles Healthcare System’s mission is to offer options to timely,  
15 quality services for Veterans through care and respect for one's physical,  
psychological, and spiritual health.”).

16 <sup>167</sup> West Los Angeles VA Medical Center, Veterans Programs Enhancement Act Of  
17 1998 (VPEA) Draft Master Plan at 8 (Jan. 2011),  
18 <https://www.scribd.com/document/48127448/WLA-VA-Draft-Master-Plan>. Tuition  
19 at the private Brentwood School starts at \$40,730 for kindergarteners and \$48,180 in  
20 sixth grade. *Affording BWS*, Brentwood Sch.,  
21 <https://www.bwscampus.com/admissions/affording-bws> (last visited Sept. 14,  
22 2022). The Jackie Robinson Stadium is home to the top-ranked UCLA baseball  
team, which won the College World Series in 2013. *UCLA Bruins Win 109th  
National NCAA Title — Their First in Baseball*, UCLA Newsroom (June 25, 2013),  
[www.newsroom.ucla.edu/stories/ucla-bruins-win-109th-national-247061](http://www.newsroom.ucla.edu/stories/ucla-bruins-win-109th-national-247061).

23 <sup>168</sup> See OIG Five Year Report, *supra* note 21, at ii,  
24 [https://www.oversight.gov/report/VA/VA%E2%80%99s-Management-Land-Use-  
25 under-West-Los-Angeles-Leasing-Act-2016-Five-Year-Report](https://www.oversight.gov/report/VA/VA%E2%80%99s-Management-Land-Use-under-West-Los-Angeles-Leasing-Act-2016-Five-Year-Report) (last visited Sept. 14,  
26 2022) (“The new noncompliant agreements . . . provided the Department of  
27 Homeland Security use of a building to develop and evaluate technology for real-  
time indoor positioning and tracking for emergency responders and enhanced  
28 security services to benefit the public at large . . . allowed the public to use VA  
parking lots located on the northwest corner of the Campus . . .”).

1 with disabilities, Permanent Supportive Housing would be effective in helping them  
2 achieve long-term stability.”<sup>169</sup>

3 198. “We have a proven strategy called Housing First that has reduced the  
4 number of homeless veterans in the country by half,” as VA Secretary McDonough  
5 said in a recent interview from Los Angeles. “What remains is for us to underscore  
6 that we will not tolerate the idea that there’s a homeless veteran in this country.”<sup>170</sup>  
7 But Defendants have not followed through on their own advice.

8 199. The Veterans Health Administration (“VHA”) within the VA is tasked  
9 with providing “a complete medical and hospital service for the medical care and  
10 treatment of veterans . . . .”<sup>171</sup> VAGLAHS is the VA healthcare system that serves  
11 all or parts of Los Angeles County, Ventura County, Kern County, Santa Barbara  
12 County, and San Luis Obispo County.<sup>172</sup>

13 200. The benefits package offered through VHA includes outpatient  
14 medical, surgical, and mental healthcare; inpatient hospital, medical, surgical, and  
15 mental healthcare; prescription drug coverage; emergency care; substance abuse  
16 treatment, and other services.<sup>173</sup> VHA is required to provide preventive and primary  
17 care, acute hospital care, mental health services, specialty care, and long-term care,  
18 which includes residential treatment and housing services. These services are

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21 <sup>169</sup> U.S. Dep’t Hous. & Urb. Dev. & U.S. Dep’t Vet. Aff., *Veteran Homelessness: A*  
22 *Supplemental Report to the 2009 Annual Homeless Assessment Report to Congress*  
23 *30* (2009),

24 [https://www.huduser.gov/portal/sites/default/files/pdf/2009AHARVeteransReport.p](https://www.huduser.gov/portal/sites/default/files/pdf/2009AHARVeteransReport.pdf)  
25 [df](https://www.huduser.gov/portal/sites/default/files/pdf/2009AHARVeteransReport.pdf).

26 <sup>170</sup> Nikki Wentling, *Q&A with VA Secretary Denis McDonough about Veteran*  
27 *Homelessness in Los Angeles*, *Stars & Stripes* (Mar. 16, 2022),  
28 [https://www.stripes.com/veterans/2022-03-16/veterans-affairs-homeless-los-](https://www.stripes.com/veterans/2022-03-16/veterans-affairs-homeless-los-angeles-mcdonough-5364948.html)  
[angeles-mcdonough-5364948.html](https://www.stripes.com/veterans/2022-03-16/veterans-affairs-homeless-los-angeles-mcdonough-5364948.html).

<sup>171</sup> 38 U.S.C. § 7301(b).

<sup>172</sup> *See* Press Release, *supra* note 44.

<sup>173</sup> *See* 38 C.F.R. § 17.38(a) (listing details of the medical benefits package).

1 collectively referred to herein as “VHA benefits.”

2 201. The focal point of healthcare services offered by VAGLAHS is the VA  
3 Greater Los Angeles Medical Center located on the WLA Campus. It offers 24/7  
4 services, including inpatient and outpatient treatment for mental health conditions  
5 and short-term residential treatment for substance use disorders.

6 202. The West Los Angeles VA Medical Center on the WLA Campus offers  
7 care in the following areas: medicine, surgery, psychiatry, physical medicine and  
8 rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care.  
9 Research and academic medical training are also conducted on-site.

10 203. VAGLAHS stated in its 2018 annual report that, in total, it operates  
11 716 beds on the WLA Campus, comprising 296 domiciliary beds, 224 community  
12 living center beds, 82 surgical beds, 48 intensive care beds, 46 inpatient mental  
13 health beds, and 20 physical medicine and rehabilitation beds.<sup>174</sup> The State of  
14 California also operates a skilled geriatric nursing facility on the WLA Campus.<sup>175</sup>

15 204. VAGLAHS provides long-term rehabilitative care on the WLA  
16 Campus at the West Los Angeles Polytrauma site. This facility is dedicated to  
17 patients with injuries to more than one physical region or organ system resulting in  
18 physical, cognitive, psychological, or psychosocial impairments and functional  
19 disabilities.<sup>176</sup>

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21 <sup>174</sup> U.S. Dep’t Vet. Aff., 2018 Annual Report, <https://www.va.gov/files/2021-08/2018-VAGLA-Annual-Report-web.pdf>; *see also* U.S. Dep’t Vet. Aff., About Us, <https://www.va.gov/greater-los-angeles-health-care/about-us/> (last visited Nov. 9, 2022). This represents a decrease in operational beds since 2010; according to that year’s annual report, VAGLAHS reported operating 770 beds, including 226 acute hospital beds, 188 skilled nursing home beds, 52 non-acute hospital beds, and 304 Domiciliary beds.

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25 <sup>175</sup> CalVet, West Los Angeles, <https://www.calvet.ca.gov/VetHomes/Pages/West-Los-Angeles.aspx>.

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27 <sup>176</sup> *See* L.A. Cty., U.S. Department of Veterans Affairs: VA Polytrauma System of  
28 Care,

1           205. By contrast to the 24/7/365 services on the WLA Campus,  
 2 VAGLAHS's facilities outside the WLA Campus provide only outpatient services  
 3 and are open only during regular business hours and only on weekdays. For  
 4 example, the average wait times to get a new patient mental health appointment  
 5 from VAGLAHS's affiliated clinics and medical centers within a 25-mile radius  
 6 ranges from 52 to 111 days.<sup>177</sup>

7           206. Veterans must travel often considerable distances to the WLA Campus  
 8 or another VAGLAHS service location with limited hours if they wish to access  
 9 inpatient or outpatient services from VAGLAHS. While VAGLAHS provides bus  
 10 transportation between the WLA Campus and other treatment centers, it does not  
 11 assist veterans with transportation to or from where they live.<sup>178</sup> Given their  
 12 disabilities, the size of Los Angeles County, and the limited public transportation  
 13 options in West LA, getting to the WLA Campus is an almost-impossible task for  
 14 veterans with SMI or TBI.

15           207. VAGLAHS also offers temporary shelter services through the 321-bed  
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17 [https://losangeles.networkofcare.org/mh/services/agency.aspx?pid=USDepartmentof](https://losangeles.networkofcare.org/mh/services/agency.aspx?pid=USDepartmentofVeteransAffairsVAPolytraumaSystemofCare_2_68_1)  
 18 [VeteransAffairsVAPolytraumaSystemofCare\\_2\\_68\\_1](https://losangeles.networkofcare.org/mh/services/agency.aspx?pid=USDepartmentofVeteransAffairsVAPolytraumaSystemofCare_2_68_1) (last visited Nov. 15, 2022);  
 19 *see also* U.S. Dep't Vet. Aff., Polytrauma/TBI System of Care,  
 20 [https://www.polytrauma.va.gov/facilities/west\\_Los\\_angeles.asp](https://www.polytrauma.va.gov/facilities/west_Los_angeles.asp) (last visited Nov.  
 14, 2022).

21 <sup>177</sup> West Los Angeles VA Medical Center, [https://www.va.gov/greater-los-angeles-](https://www.va.gov/greater-los-angeles-health-care/locations/west-los-angeles-va-medical-center/)  
 22 [health-care/locations/west-los-angeles-va-medical-center/](https://www.va.gov/greater-los-angeles-health-care/locations/west-los-angeles-va-medical-center/) (last visited Nov. 14,  
 2022); East Los Angeles VA Clinic, [https://www.va.gov/greater-los-angeles-health-](https://www.va.gov/greater-los-angeles-health-care/locations/east-los-angeles-va-clinic/)  
 23 [care/locations/east-los-angeles-va-clinic/](https://www.va.gov/greater-los-angeles-health-care/locations/east-los-angeles-va-clinic/) (last visited Nov. 14, 2022); Los Angeles  
 24 VA Clinic, [https://www.va.gov/greater-los-angeles-health-care/locations/los-](https://www.va.gov/greater-los-angeles-health-care/locations/los-angeles-va-clinic/)  
 25 [angeles-va-clinic/](https://www.va.gov/greater-los-angeles-health-care/locations/los-angeles-va-clinic/) (last visited Nov. 14, 2022); Sepulveda VA Medical Center,  
 26 [https://www.va.gov/greater-los-angeles-health-care/locations/sepulveda-va-medical-](https://www.va.gov/greater-los-angeles-health-care/locations/sepulveda-va-medical-center/)  
 27 [center/](https://www.va.gov/greater-los-angeles-health-care/locations/sepulveda-va-medical-center/) (last visited Nov. 14, 2022).

28 <sup>178</sup> *See* U.S. Dep't Vet. Aff., Transportation services and schedules,  
[https://www.va.gov/greater-los-angeles-health-care/programs/transportation-](https://www.va.gov/greater-los-angeles-health-care/programs/transportation-services-and-schedules/)  
[services-and-schedules/](https://www.va.gov/greater-los-angeles-health-care/programs/transportation-services-and-schedules/) (last visited Nov. 14, 2022).

1 Domiciliary. This program provides only temporary shelter beds, along with  
 2 medical, psychiatric, and substance abuse treatment, and other therapeutic services.

3 208. The Domiciliary is very institutional. Residents generally live in a  
 4 barracks-style room with several other residents, even if they have a mental health  
 5 condition that makes it difficult or impossible to function in such tight quarters with  
 6 other people, particularly as strangers.<sup>179</sup> Residents may not leave the facility  
 7 without a pass and may not leave the facility at all for more than 96 hours, are  
 8 penalized for missing planned activities, and must eat the meals provided by the  
 9 facility.<sup>180</sup>

10 209. By its own admission, the VA notes that Domiciliary programs “must  
 11 not be used as a simple substitute for community housing.”<sup>181</sup> However, the VA fails  
 12 to provide adequate community housing for these veterans, and half the unhoused  
 13 veterans who enter the Domiciliary are unable to transition into permanent housing  
 14 at the end of their program and remain unhoused.<sup>182</sup>

15 210. In October 2021, the VA built new 8-by-8-foot tiny shed structures on  
 16 the WLA Campus. The sheds are reserved for high-risk unhoused veterans, namely  
 17 veterans with disabilities, but do not provide treatment or other services.<sup>183</sup>

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18  
 19 <sup>179</sup> Although a few single rooms (fewer than 20) are available, veterans generally  
 20 must “earn” their way into in a single room by maintaining compliance with the  
 21 treatment program over a fixed period of time. Therefore, these rooms are not made  
 22 available on the basis of need.

23 <sup>180</sup> VHA Directive 1162.02, Mental Health Residential Rehabilitation Treatment  
 24 Program, E5-7,

25 [https://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=8400](https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=8400).

26 <sup>181</sup> *Id.* at A-4.

27 <sup>182</sup> 2022 Master Plan, *supra* note 47, at 38 (“The West LA Campus DOM serves  
 28 nearly 1,000 Veterans each year, approximately 50% of Veterans who participate in  
 DOM programming transition into permanent housing.”).

<sup>183</sup> Juliet Lemar, *West LA Vets Offers Tiny Home Shelters for Homeless Veterans*,  
 Santa Monica Mirror (Nov. 8, 2021), <https://smmirror.com/2021/11/west-la-va-offers-tiny-home-shelters-for-homeless-veterans/>.

1 According to Robert McKenrick, the former Executive Director of Community  
2 Engagement & Reintegration Service and Master Plan for VAGLAHS, “[t]he  
3 average stay is about 30 days, and then [the veterans] move on to other types of  
4 housing or assistance or shelters.”<sup>184</sup>



Tiny Sheds

14 211. There were approximately 140 tiny sheds before a fire in September  
15 2022 destroyed 11 of them and damaged four more.<sup>185</sup> Overheated lithium batteries  
16 ignited the blaze, causing some \$165,000 in damage and exposing the inadequacy of  
17 the tiny-home scheme.<sup>186</sup>

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23 <sup>184</sup> *Id.*

24 <sup>185</sup> Nathan Solis, *Fire Destroys 11 Tiny Homes that Housed Homeless Vets at West*  
25 *L.A. Veterans Affairs Campus*, L.A. Times (Sept. 9, 2022),  
[https://www.latimes.com/california/story/2022-09-09/fire-tiny-homes-homeless-](https://www.latimes.com/california/story/2022-09-09/fire-tiny-homes-homeless-veterans-west-los-angeles)  
26 [veterans-west-los-angeles.](https://www.latimes.com/california/story/2022-09-09/fire-tiny-homes-homeless-veterans-west-los-angeles)

27 <sup>186</sup> *Fire Destroys 11 Tiny Homes, Damages 4 Others at Veterans Affairs Campus in*  
*West Los Angeles*, Eyewitness News ABC 7 (Sept. 9, 2022), [https://abc7.com/fire-](https://abc7.com/fire-tiny-homes-veterans-homeless/12216051/)  
28 [tiny-homes-veterans-homeless/12216051/](https://abc7.com/fire-tiny-homes-veterans-homeless/12216051/)

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*Tiny Sheds Fire, 2022*

212. The sheds have heating and cooling units, but the heaters “are hard to control and have been known to make the concrete floors so hot that people have burned their feet getting out of bed.”<sup>187</sup> The sheds have locking capabilities, but veterans are not provided with unit keys, meaning they are unable to securely store

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<sup>187</sup> Sasha Plotnikova, *A Cage By Any Other Name*, City Watch (May 9, 2022), <https://www.citywatchla.com/index.php/cw/los-angeles/24538-a-cage-by-any-other-name>.

1 their belongings when they exit the pallet shelter.<sup>188</sup> Notably, the tiny sheds do not  
2 include a sink, toilet, or shower, meaning the veterans using them must share  
3 showers—often broken and filthy—and portable toilets. None of these tiny sheds  
4 provide Permanent Supportive Housing.



*Tiny Sheds*

23 213. In addition to being temporary and offering virtually no services, the  
24 tiny sheds are so institutional as to be carceral. Residents are forced to undergo

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26 <sup>188</sup> See *id.*; Jamie Feiler & Jon Peltz, *30 Tiny Homes Sat Vacant While Veterans*  
27 *Awaited Housing*, Knock LA (Sep. 6, 2022), <https://knock-la.com/vacant-west-la-va-tiny-homes/>.

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1 searches, are denied visitors, and are surrounded by fencing and security.<sup>189</sup>

2 214. None of these beds are permanent housing and the vast majority of  
3 those that provide any treatment services at all are institutional.

4 215. In addition to the beds operated by VAGLAHS, several other  
5 institutional or temporary programs are operated by third parties on the WLA  
6 Campus.

7 216. The Veterans Home of California, which opened on the WLA Campus  
8 in 2010, is run by the State of California and provides nursing care to veterans over  
9 age 62. The 396-bed institution includes an 84-bed elderly residential care facility, a  
10 252-bed skilled nursing facility, and a 60-bed unit designed for Alzheimer's and  
11 dementia patients.<sup>190</sup>

12 217. New Directions, Inc. operates two residential programs on the WLA  
13 Campus. The New Directions' Regional Opportunity Center serves 161 veterans for  
14 detoxification, transitional housing, and residential substance abuse and mental  
15 health services.<sup>191</sup>

16 218. As with the VAGLAHS-run Domiciliary, virtually all of the emergency  
17 and transitional beds operated by the non-profit providers on the WLA Campus  
18 mandate residents to share rooms. Because veterans living in these transitional  
19 housing programs do not have the option to have their own rooms, many with  
20 mental health disabilities like PTSD are unlikely to be successful. For example,  
21 veterans with PTSD who experience symptoms such as hypervigilance, sleep  
22 disturbance, irritability, and distrust of others are likely to have these symptoms  
23 aggravated when forced to share a room with strangers.

24  
25 <sup>189</sup>

26 <sup>190</sup> CalVet, West Los Angeles, <https://www.calvet.ca.gov/VetHomes/pages/west-los-angeles.aspx> (describing the institution and its resources).

27 <sup>191</sup> New Directions for Vet., Transitional & Emergency Housing,  
28 <https://ndvets.org/transitional-emergency-housing/>.

1           219. Finally, by their nature as short-term and transitional beds, these  
2 programs cannot provide the long-term stability that veterans with severe disabilities  
3 require in order to meaningfully access medical and therapeutic services offered by  
4 VAGLAHS on the WLA Campus. That was not, and is not, their purpose.

5           220. The Salvation Army operates a 40-unit Westwood Transitional Village  
6 on the WLA Campus, housing approximately 150 individuals. Only unhoused  
7 families are eligible, including both veterans’ and non-veterans’ families, and  
8 participants are only allowed to stay for a fixed period of time.<sup>192</sup>

9           221. Safe Parking LA operates a parking lot on the WLA campus for  
10 unhoused veterans who are living in their cars. Veterans accepted into the Safe  
11 Parking LA program can park in the lot overnight during set hours. Veterans have  
12 access to a portable (often filthy) toilet and are provided with one meal a day, but  
13 there are no shower or kitchen facilities (such as a refrigerator or microwave).  
14 Participants are provided case management and are allowed to stay in the program  
15 as long as they are “actively pursuing their next steps.”<sup>193</sup> The parking lot program  
16 does not provide, nor is it intended to serve as, Permanent Supportive Housing.

17           222. What the WLA Campus does not provide is exactly what it was  
18 intended to provide—community-based Permanent Supportive Housing for  
19 veterans. Only one building on the WLA Campus—Building 209—provides any  
20 permanent housing for veterans with disabilities. Building 209 contains 54 housing  
21

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22  
23 <sup>192</sup> See Salvation Army, Westwood Transitional Village,  
24 <https://westwoodtlc.salvationarmy.org/> (last visited Nov. 9, 2022) (“The Westwood  
25 Transitional Village is a 40 unit residential housing facility that provides support  
26 services for homeless families. Families can live here for a designated amount of  
time while they stabilize and acquire the skills needed for independent living. . . .  
Approximately 150 individuals live at The Village at all times . . .”).

27 <sup>193</sup> *FAQs for Applicants*, Safe Parking LA, <https://safeparkingla.org/who-we-are/faqs/> (last visited Nov. 9, 2022) (explaining how long individuals can stay).

1 units for veterans.<sup>194</sup>

2 223. Aside from that, VAGLAHS and the other entities operating on the  
3 WLA Campus offer only inpatient hospital care and emergency or transitional  
4 shelter beds for disabled and unhoused veterans. These institutional healthcare and  
5 housing services meet neither the needs of Plaintiffs and other veterans with severe  
6 disabilities nor the legal obligations of Defendants to serve veterans in the most  
7 integrated setting appropriate.

8 **Defendants' Limited Permanent Supportive Housing Program is Inadequate,**  
9 **in Terms of Both Quantity and Quality**

10 224. The VA and Department of Housing and Urban Development's joint  
11 VASH program is VAGLAHS's only purported Permanent Supportive Housing  
12 program.<sup>195</sup> It provides vouchers for rental assistance, along with VA case  
13 management and clinical services, to unhoused veterans. Greater Los Angeles has  
14 been allocated approximately 9,800 vouchers, but only about 5,900 (60%) are in  
15  
16

17 <sup>194</sup> See 2022 Master Plan, *supra* note 47 (Building 209 and its services are described  
18 on page 8 (and several other places) in the 2022 Master Plan).

19 <sup>195</sup> See Press Release, U.S. Dep't Vet. Aff., Greater Los Angeles VA Offers Services  
20 for Veterans Experiencing Homelessness (Oct. 14, 2021),  
21 <https://www.va.gov/greater-los-angeles-health-care/news-releases/greater-los-angeles-va-offers-services-for-veterans-experiencing-homelessness/>; *see also* U.S.  
22 Dep't Vet. Aff., VA Homeless Programs,  
23 [https://www.va.gov/homeless/for\\_homeless\\_veterans.asp](https://www.va.gov/homeless/for_homeless_veterans.asp) (last updated Nov. 22,  
24 2021); *see also* L.A. Cty. Dev. Auth., Rental Assistance for Homeless Veterans,  
25 <https://www.lacda.org/homelessness/veterans-affairs-supportive-housing>. The VA  
26 also maintains the Supportive Services for Veteran Families (SSVF) program, which  
27 provides case management and financial assistance to stabilize veterans' housing,  
28 but the program is only intended to "provide a short-term intervention." U.S. Dep't  
Vet. Aff., Supportive Services for Veteran Families (SSVF Program), Program  
Guide (Mar. 2021),  
[https://www.va.gov/HOMELESS/ssvf/docs/SSVF\\_Program\\_Guide.pdf](https://www.va.gov/HOMELESS/ssvf/docs/SSVF_Program_Guide.pdf).

1 use:<sup>196</sup>

2 PHA Name	3 PHA Code	VASH Total Effective Awards	VASH Total Leased	VASH Leasing %
Housing Authority of the County of Los Angeles	CA002	3,192	1,772	55.51%
Housing Authority of the City of Los Angeles	CA004	4,615	2,686	58.20%
Housing Authority of the County of Kern	CA008	217	122	56.22%
Housing Authority of the City of Oxnard	CA031	77	36	46.75%
County of Monterey Hsg Auth	CA033	324	223	68.83%
Housing Authority of the City of San Luis Obispo	CA064	226	181	80.09%
City of Long Beach Housing Authority	CA068	830	689	83.01%
Housing Authority of the City of Santa Barbara	CA076	30	8	26.67%
Housing Authority of the City of Pasadena	CA079	32	16	50.00%
Housing Authority of the City of Inglewood	CA082	50	41	82.00%
Housing Authority of the County of Ventura	CA092	20	20	100.00%
Housing Authority of the City of Redondo Beach	CA103	40	34	85.00%
Housing Authority of the City of Burbank	CA105	15	9	60.00%
Housing Authority of the City of Santa Monica	CA111	35	23	65.71%
Housing Authority of the City of Torrance	CA121	25	9	36.00%
Housing Authority of the City of Pomona	CA123	60	43	71.67%
<b>Total</b>		<b>9,788</b>	<b>5,912</b>	<b>60.40%</b>

14 *VASH Vouchers Awarded and Utilized as of August 2022, generated from HUD Housing Choice Voucher Program Dashboard*

15 225. The VASH program allocated 585 VASH vouchers for Greater Los  
 16 Angeles in FY2020 (500 for Los Angeles County) and 75 in FY2021 (0 for Los  
 17 Angeles County or City).<sup>197</sup> This is obviously not sufficient to house the 3,500  
 18 unhoused veterans in the County. Worse, only approximately 60% of VASH  
 19 voucher recipients in Greater Los Angeles (less in Los Angeles City and County)  
 20 are successful in finding housing using the voucher, and often only after a long  
 21 period of time without housing or services.<sup>198</sup> In a vicious cycle, the failure to use all

23 <sup>196</sup> Self-generated report (“GLA VASH Utilization”), U.S. Dep’t of Hous. & Urb.  
 24 Dev., Housing Choice Voucher Program Dashboard,  
 25 [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/hcv/dashbo](https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/dashboard)  
 26 [ard](https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/dashboard) (last updated Aug. 2022).

26 <sup>197</sup> HUD-Veterans Affairs Supportive Housing, HUD-VASH Vouchers 2008-2021,  
 27 [https://www.hud.gov/sites/dfiles/PIH/documents/VASH\\_Awards\\_2008-2021.pdf](https://www.hud.gov/sites/dfiles/PIH/documents/VASH_Awards_2008-2021.pdf).

27 <sup>198</sup> See GLA VASH Utilization, *supra* note 189; Hous. Auth. City of L.A., *L.A.,*  
 28 *Council Report Back: The Housing Authority of the City of Los Angeles and the Los*

1 its allocated vouchers results in Los Angeles receiving fewer vouchers in subsequent  
2 years. And the need for Permanent Supportive Housing in Los Angeles grows.  
3 Defendants could reasonably take additional steps to increase the number and value  
4 of the vouchers or otherwise incentivize their acceptance by landlords in the area of  
5 the WLA Campus, assist veterans to secure apartments accepting VASH vouchers,  
6 assist veterans with landlord-tenant relationships, and/or purchase units to house  
7 VASH voucher recipients.

8       226. Finding housing for VASH voucher participants takes a long time,  
9 leaving veterans with disabilities languishing on the streets or in institutional  
10 settings without adequate services. This makes it even more difficult for them to  
11 find housing at all.

12       227. The VASH program is supposed to offer wrap-around services and  
13 health and substance use disorder treatments as discussed above, but primarily  
14 provides case management to connect residents with VA services, without actually  
15 bringing the services to them. Instead, individuals with Serious Mental Illness are  
16 expected to navigate the systems, endure the long waits for appointments, and  
17 overcome transportation and other barriers to getting to the West LA Campus from  
18 housing outside the Campus area in order to access the treatment services that make  
19 Permanent Supportive Housing necessary in the first place. These inadequacies  
20 make the VASH program fail at serving veterans with Serious Mental Illness, who

21 \_\_\_\_\_  
22 *Angeles Housing & Community Investment Department Consultation from the City*  
23 *Attorney Office's Report Regarding City Ordinance to Protect Affordable Housing*  
24 *Opportunities for Renters Utilizing Rental Assistance or Other Sources of Income as*  
25 *Payment 2* (Nov. 16, 2018), [http://clkrep.lacity.org/onlinedocs/2018/18-](http://clkrep.lacity.org/onlinedocs/2018/18-0462_rpt_HACLA_12-03-2018.pdf)  
26 [0462\\_rpt\\_HACLA\\_12-03-2018.pdf](http://clkrep.lacity.org/onlinedocs/2018/18-0462_rpt_HACLA_12-03-2018.pdf). In February 2022, Defendant McDonough  
27 announced a goal of increasing GLA's VASH voucher utilization rate to "at least  
28 75%." VA outlines new goals towards ending Veteran homelessness (Feb. 22,  
2022), U.S. Dep't Vet. Aff.,  
<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5767>.

1 need the program the most.

2 **Plaintiffs Are Qualified to Receive VA Housing and Healthcare Services In**  
3 **Integrated Settings and Do Not Oppose It, But the VA Institutionalizes Them**  
4 **or Puts Them at Risk of Institutionalization**

5 228. To qualify for VHA benefits, a former service-member must have been  
6 “discharged or released” from service “under conditions other than dishonorable”<sup>199</sup>  
7 and must have “served in the active military, naval, air, or space” services.<sup>200</sup>

8 229. Veterans who qualify for VHA benefits are placed into one of eight  
9 “priority” groups established by VA regulations to determine their eligibility for  
10 benefits.<sup>201</sup> Depending on the amount of funding provided by Congress, the VA may  
11 “prioritize” the higher priority groups and provide VHA benefits only to veterans in  
12 those priority groups. Individuals in the lower priority groups may also be required  
13 to pay copays. Currently, any veteran within any one of the first seven priority  
14 groups is eligible for the full VHA benefits package, and some veterans who fall

15 \_\_\_\_\_  
16 <sup>199</sup> 38 U.S.C. § 101(2).

17 <sup>200</sup> *Id.* There is no length of service requirement for former enlisted persons who  
18 started active duty before September 8, 1980, or for former officers who entered  
19 active duty before October 17, 1981. 38 U.S.C. § 5303A(b)(2). All other veterans  
20 must have 24 months of continuous active duty unless they qualify for an exception  
21 to the minimum service requirement. 38 U.S.C. § 5303A(b)(1). Exceptions to the  
22 minimum service requirement include discharges “for a disability incurred or  
23 aggravated in the line of duty.” 38 U.S.C. § 5303 A(b)(3)(B).

24 <sup>201</sup> Veterans in the highest priority categories, 1 through 3, have service-connected  
25 disabilities of varying degrees. 38 C.F.R. § 17.36(b)(1)-(3). Veterans in priority  
26 group 4 have serious disabilities that are not service-connected. 38 C.F.R. §  
27 17.36(b)(4). Priority group 5 comprises low-income veterans. 38 C.F.R. §  
28 17.36(b)(5). Priority group 6 includes veterans exposed to toxic substances, as well  
as recent combat veterans. 38 C.F.R. § 17.36(b)(6). Veterans in priority groups 7  
and 8 have no compensable service-connected disabilities and have greater incomes  
than those in priority group 5. 38 C.F.R. § 17.36(b)(7)-(8). “A veteran will be placed  
in the highest priority category or categories for which the veteran qualifies.” 38  
C.F.R. § 17.36(d)(3)(ii).

1 within priority group 8 are also eligible.<sup>202</sup>

2       230. Plaintiffs and NVF members are eligible for the full panoply of VA  
3 health and housing services. Of the individual Plaintiffs, most currently belong—  
4 and military and medical records support that all *should* belong—to the highest  
5 priority group on account of a VA-assigned “singular or combined rating of 50  
6 percent or greater based on one or more service-connected disabilities or  
7 unemployability.”<sup>203</sup> Plaintiffs and NVF members do not wish to live in psychiatric  
8 hospitals, homeless shelters, jails, or tiny sheds, and their disabilities do not require  
9 such institutional services. Plaintiffs want, need, and deserve, community-based  
10 Permanent Supportive Housing—meaning housing in their communities, with  
11 meaningful access to effective supportive and treatment services.

12       231. Because Permanent Supportive Housing is the only approach that  
13 effectively affords individuals like Plaintiffs with Serious Mental Illness and TBI  
14 meaningful and integrated access to the medical, mental health, and other services to  
15 which they are legally entitled by virtue of their service to this country, the VA’s  
16 failure to provide sufficiently high-quantity and quality Permanent Supportive  
17 Housing to Plaintiffs and other unhoused veterans with Serious Mental Illness and  
18 TBI excludes them from services to which they are entitled solely because of their  
19 disabilities.

20       232. In addition, as a result of the VA’s inadequate planning, structuring,  
21 administration, and funding of Permanent Supportive Housing within its system of  
22 care and in coordination with its healthcare services, veterans with Serious Mental  
23 Illness and TBI are forced to receive services unnecessarily in VA-operated and  
24

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25 <sup>202</sup> See U.S. Dep’t Vet. Aff., VA Priority Groups, [https://www.va.gov/health-](https://www.va.gov/health-care/eligibility/priority-groups/)  
26 [care/eligibility/priority-groups/](https://www.va.gov/health-care/eligibility/priority-groups/) (last visited Nov. 9, 2022) (“If you’re assigned to  
27 priority group 8, your eligibility for VA health care benefits will depend on which  
subpriority group we place you in.”).

28 <sup>203</sup> 38 C.F.R. § 17.36(b)(1).

1 non-VA institutional settings, such as hospitals, residential treatment programs,  
2 homeless shelters, and jails, or are at risk of unnecessary institutionalization.

3 233. Veterans with Serious Mental Illness and TBI who are homeless or at  
4 risk of homelessness are qualified to receive the VA's housing and healthcare  
5 services and are capable of being served in community-based settings if Permanent  
6 Supportive Housing were available to them.<sup>204</sup>

7 234. Providing Permanent Supportive Housing to veterans with Serious  
8 Mental Illness and TBI receiving services in, or at risk of entry into, VA institutions  
9 and other institutions, homelessness, and jail, can be accomplished with reasonable  
10 modifications to the VA's programs and services.

11 235. Permanent Supportive Housing exists within VAGLAHS's mental  
12 health service system and could be expanded to serve many more individuals like  
13 Plaintiffs with Serious Mental Illness and TBI.

14 236. However, very few veterans with Serious Mental Illness or TBI can  
15 access VAGLAHS's Permanent Supportive Housing programs due to the  
16 insufficient supply of affordable supported housing units for currently unhoused  
17 veterans in VAGLAHS's service area and because of the inadequacy of the  
18 supportive services made available.

19 237. Serving individuals with Serious Mental Illness residing in, or at risk of  
20 entry into, institutional settings in supported housing rather than institutions would  
21 not significantly adversely impact the VA's ability to serve other individuals with  
22 disabilities. In fact, the VA has previously committed to do just that, but has failed  
23 to follow through on its commitment.

24

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<sup>204</sup> See U.S. Dep't Vet. Aff., Eligibility for VA Health Care, <https://www.va.gov/health-care/eligibility/> (last visited Nov. 14, 2022).

1                   **Plaintiffs Have Been Denied Access to the VHA Benefits Offered by**  
2                   **VAGLAHS Solely by Reason of Their Disabilities**

3                   238. Plaintiffs have been and continue to be denied meaningful access to  
4 benefits offered by VAGLAHS solely because of their disabilities, in violation of  
5 the Rehabilitation Act.

6                   239. The program structure and design of benefits offered by VAGLAHS  
7 denies them meaningful access, because without stable housing that is readily  
8 accessible to the necessary mental health and other supportive services offered by  
9 VAGLAHS, they cannot access the benefits offered by VAGLAHS on equal terms  
10 as nondisabled veterans and less severely disabled veterans. Thus, the administration  
11 of VAGLAHS’s services denies “certain disabled individuals meaningful access to  
12 government-provided services because of their unique needs, while others . . . retain  
13 access to the same class of services.”<sup>205</sup>

14                   240. Defendant McDonough and other senior officials within the VA and  
15 Defendants Braverman and Harris and other senior officials within VAGLAHS, are  
16 well aware that many veterans eligible for VHA benefits within the VAGLAHS  
17 service area have Serious Mental Illness or brain injuries that require that they have  
18 stable housing in order to access necessary services.

19                   241. Nonetheless, Defendants have discriminated and will continue to  
20 discriminate against veterans with Serious Mental Illness solely by virtue of their  
21 disabilities.

22                   242. Defendants and their predecessors have made decisions that  
23 discriminate against Plaintiffs on account of their disabilities. They reneged on the  
24 terms of the 1888 deed. They failed to provide sufficient Permanent Supportive  
25 Housing to those veterans who, by reason of their Serious Mental Illness and TBI,  
26 are unable to meaningfully access appropriate treatment without it, even though

27 \_\_\_\_\_  
28 <sup>205</sup> *Rodde*, 357 F.3d at 998.

1 providing such housing and services is reasonable.

2 243. In designing and implementing their VASH program, they failed to  
3 provide sufficient affordable housing, failed to provide adequate voucher numbers  
4 and rates to afford the housing that is available near VAGLAHS services, and failed  
5 to provide sufficiently robust services to support those with Serious Mental Illness.

6 244. Defendants reneged on the terms of a 2015 settlement agreement to  
7 provide a limited amount of such Permanent Supportive Housing. They even entered  
8 into illegal leases of property on the campus, thereby reducing available land for  
9 Permanent Supportive Housing and prioritizing non-veterans over veterans with  
10 disabilities.

11 245. In addition, Defendants have denied Plaintiffs meaningful access to  
12 VAGLAHS services solely because of their Serious Mental Illness by:

- 13 ● Refusing to provide services through the VASH program that are  
14 necessary for the treatment of Plaintiffs' Serious Mental Illness or TBI, while  
15 providing services necessary for the treatment of veterans who do not have  
16 Serious Mental Illness or TBI;
- 17 ● Overrelying on services or treatment provided in settings that Plaintiffs are  
18 unable to access as a result of symptoms or characteristics of their disabilities;
- 19 ● Geographically and administratively separating housing services from  
20 healthcare services and thus making it virtually impossible for Plaintiffs and  
21 others with Serious Mental Illness and TBI to access both.

22 246. Finally, Defendants have failed to carry out their commitments to  
23 create Permanent Supportive Housing units on the WLA Campus. Despite having  
24 committed in 2015 to create 1,200 units, including 770 units by 2022, the VA only  
25 signed a lease to develop 900 of those units in July of 2022.<sup>206</sup>

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26  
27 <sup>206</sup> Press Release, U.S. Dep't Vet. Aff's, VA Signs Lease with the West LA  
28 Veterans Collective to Develop 900 Units of Housing for Veterans Experiencing

1           247. The VA’s 2022 Master Plan,<sup>207</sup> released in March 2022, acknowledges  
 2 that it agreed to provide 1,200 units of Permanent Supportive Housing in the 2016  
 3 Master Plan and that “[t]he need for this additional housing on the West LA Campus  
 4 is urgent with more than 3,681 Veterans presently experiencing homelessness in LA  
 5 County.”<sup>208</sup> Nonetheless, the VA expects to have only 182 units completed in the  
 6 next five years and 885 units in up to ten years. 352 remaining units are not  
 7 expected until over 11 years after 2022.<sup>209</sup>

8           **The WLA Campus Violates the West Los Angeles Leasing Act of 2016**

9           248. For decades, VAGLAHS has leased portions of the WLA Campus to  
 10 private entities and entered into a variety of land use agreements, including long-  
 11 and short-term leases, memoranda of understanding, revocable licenses, and  
 12 enhanced sharing agreements, with both for-profit and not-for-profit entities.

13           249. Congress enacted the WLALA2016, allowing non-VA entities to use  
 14 the WLA Campus only if the real property leases and land-use agreements  
 15 “*principally benefit* veterans and their families.”<sup>210</sup> Pursuant to this act, the VA OIG  
 16 must submit a report to Congress “on all leases carried out at the Campus and the  
 17 management by the Department of the use of the land at the Campus . . . .”<sup>211</sup> The  
 18 OIG reports cited earlier are pursuant to this mandate.

19           250. But the VA has not stopped its illegal leasing of the land. In 2018 the  
 20 OIG issued a 120-page report, *VA’s Management of Land Use under the West Los*  
 21

22 \_\_\_\_\_  
 23 Homelessness (July 11, 2022), <https://www.va.gov/greater-los-angeles-health-care/news-releases/va-signs-lease-with-the-west-la-veterans-collective-to-develop-900-units-of-housing-for-veterans/>.

24  
 25 <sup>207</sup> 2022 Master Plan, *supra* note 47.

26 <sup>208</sup> *Id.* at 5.

27 <sup>209</sup> *Id.* at 10-11.

28 <sup>210</sup> WLALA2016 (emphasis added).

<sup>211</sup> *Id.*

1 *Angeles Leasing Act of 2016*.<sup>212</sup> The OIG found that “25 of 40 of the land use  
2 agreements (63 percent) on the WLA campus were improper.”<sup>213</sup>

3 251. The OIG Report was the first of two indictments of the VA’s treatment  
4 of unhoused veterans. It was a call to immediate action, but the VA ignored the call.

5 252. In its 2021 report, the OIG “identified seven land-use agreements that  
6 did not comply with the West Los Angeles Leasing Act of 2016.”<sup>214</sup> The “OIG  
7 identified five agreements created since the release of the prior audit in 2018 that did  
8 not comply with the West Los Angeles Leasing Act of 2016, the draft master plan,  
9 or other federal statutes.”<sup>215</sup> Two other noncompliant land-use agreements remained  
10 noncompliant despite being previously reported.<sup>216</sup>

11 253. More specifically, OIG determined that “the agreements were not  
12 veteran focused or did not comply with other provisions of the act such as limits on  
13 VA’s leasing authority under the act. The prior noncompliant agreements allowed  
14 drilling to extract non-federally owned oil from neighboring land and allowed a  
15 lease with a private school for continued use and improvement of student athletic

16

17 <sup>212</sup> OIG WLALA Report, *supra* note 126.

18 <sup>213</sup> *Id.* at 14.

19 <sup>214</sup> OIG Five Year Report, *supra* note 21, at ii.

20 <sup>215</sup> *Id.* Around this time law enforcement exposed the land’s role in a corruption  
21 scheme. The owner of a parking lot business on the campus was sentenced to 70  
22 months in federal prison for orchestrating a longstanding bribery scheme in which  
23 he bilked the VA out of more than \$13 million. Press Release, U.S. Att’y’s Off.  
24 Cent. Dist. Cal., Parking Lot Operator Sentenced to Nearly 6 Years in Federal  
25 Prison for Bribery Scheme That Defrauded Department of Veterans Affairs  
26 (Aug. 20, 2018), <https://www.justice.gov/usao-cdca/pr/parking-lot-operator-sentenced-nearly-6-years-federal-prison-bribery-scheme-defrauded>. A man who  
27 took \$286,000 in cash bribes for more than a decade, pleaded guilty to tax fraud and  
28 lying to federal investigators about his role in the scheme. Adrienne Alpert & Lisa  
Bartley, *EXCLUSIVE: Inside a \$13 Million Fraud and Bribery Scheme at the VA*,  
Eyewitness News ABC 7 (Sept. 26, 2018), <https://abc7.com/va-fraud-veterans-administration-tax/4345157/>.

<sup>216</sup> OIG Five Year Report, *supra* note 21.

28

1 facilities that did not principally benefit veterans and their families.”<sup>217</sup>

2 254. Noncompliant agreements included deals with the Brentwood School,  
 3 CAITrans, Breitburn energy company, the Department of Homeland Security, and a  
 4 parking lot company.<sup>218</sup>



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 14  
 15 255. The OIG concluded that “VA’s protracted noncompliance on two prior  
 16 agreements, noncompliance on five new agreements (two of which are new  
 17 iterations of previously noncompliant land uses), and its deviation from VA policy  
 18 in not documenting three land-use agreements in its capital asset inventory (VA’s  
 19 system of record) require immediate corrective action.”<sup>219</sup>

20 256. As a result of these land use deals, veterans have limited access to, or  
 21 are restricted altogether from much of the WLA Campus and that land is

22  
 23 <sup>217</sup> *Id.* The VA has admitted that the private school is noncompliant. As put recently  
 24 by the VA’s former manager of the master plan, “The arrangement with the school  
 25 is noncompliant on the land use.” Still, the VA feared that “if we terminated the  
 26 lease they would take us to court.” Nick Watt, *Why Prime Real Estate Owned by the*  
 27 *VA Is Leased for a Private School, a Ballpark, and an Oil Well — and Not for*  
 28 *Homes for Veterans*, CNN (Apr. 6, 2022), <https://www.cnn.com/2022/03/28/us/va-real-estate-los-angeles/index.html>.

<sup>218</sup> *Id.* at 21-25.

<sup>219</sup> *Id.* at iii.

1 consequently unavailable to provide housing to veterans or otherwise expand the  
2 services offered to veterans on the WLA Campus.

3 257. Defendants failed to take immediate corrective action on all but one of  
4 these findings or on other illegal land uses on the Campus. Noncompliance still  
5 exists.

6 258. There has never been a full public accounting of how much money  
7 VAGLAHS has received under these private deals, where such revenue has been  
8 directed, or how these deals were initiated or negotiated.

9 **FIRST CAUSE OF ACTION**

10 **Violation of Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794**  
11 **(Discrimination)**  
12 **(All Plaintiffs Against All Defendants)**

13 259. Plaintiffs incorporate by reference the foregoing paragraphs of this  
14 Complaint as though fully set forth herein.

15 260. Plaintiffs have disabilities within the meaning of the Rehabilitation Act  
16 and are otherwise eligible for the health care and housing benefits offered by the  
17 VA, a federal agency.

18 261. Defendants administer the benefits offered by VAGLAHS in a manner  
19 that denies veterans the benefits of VAGLAHS services, programs, or activities in  
20 the most integrated setting appropriate to their needs.

21 262. With reasonable modifications, Defendants could serve veterans in  
22 community-based settings.

23 263. Defendants' plan for providing community-based services to veterans  
24 is neither comprehensive, nor effectively working, and does not move at a  
25 reasonable rate. In addition, Defendants are not complying with their own plan.

26 264. Plaintiffs are capable of living in integrated settings and do not oppose  
27 integrated placement.

28 265. Defendants' denial of appropriate integrated services to Plaintiffs is

1 solely because of their disabilities, and Plaintiffs are institutionalized or placed at  
2 risk of institutionalization because of Defendants' discrimination.

3 266. Defendants' discrimination has irreparably harmed Plaintiffs and will  
4 continue to harm them irreparably unless this Court intervenes.

5 **SECOND CAUSE OF ACTION**

6 **Violation of Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794**  
7 **(Meaningful Access)**  
8 **(All Plaintiffs Against All Defendants)**

9 267. Plaintiffs incorporate by reference the foregoing paragraphs of this  
10 Complaint as though fully set forth herein.

11 268. Plaintiffs have disabilities within the meaning of the Rehabilitation Act  
12 and otherwise eligible for the housing and health care benefits offered by the VA, a  
13 federal agency.

14 269. Defendants administer the benefits offered by VAGLAHS in a manner  
15 that denies Plaintiffs meaningful access to those benefits solely because of their  
16 disabilities, in violation of Section 504 of the Rehabilitation Act of 1973.

17 270. With reasonable modifications, Defendants could provide meaningful  
18 access to VAGLAHS services to Plaintiffs.

19 271. Defendants' discrimination has irreparably harmed Plaintiffs and will  
20 continue to harm them irreparably unless this Court intervenes.

21 **THIRD CAUSE OF ACTION**

22 **Breach of Fiduciary Duty as Trustee of Charitable Trust**  
23 **(Injunctive Relief)**  
24 **(All Plaintiffs Against All Defendants)**

25 272. Plaintiffs incorporate by reference the foregoing paragraphs of this  
26 Complaint as though fully set forth herein.

27 273. The 1888 Deed created a Charitable Trust, and, as the successor-in-  
28 interest to the National Soldiers' Home, the VA holds that land, on which the WLA

1 Campus now sits, in trust for the intended beneficiaries of the Charitable Trust—  
2 veterans with disabilities—and must use the land for purposes that directly  
3 contribute to the establishment and permanent operation of housing and healthcare  
4 for veterans with disabilities. Specifically, the 1888 Deed required the land to be  
5 used “for the purpose of such Branch Home for Disabled Volunteer Soldiers to be  
6 thereon so located, established, constructed, and permanently maintained”—that is,  
7 the establishment and permanent maintenance of housing for veterans, which  
8 housing is particularly needed by veterans with Serious Mental Illness such as  
9 Plaintiffs and the other members of NVF.

10       274. The Government had statutory authority to accept the deed. The  
11 Government accepted the land that is now the WLA Campus under the authority of  
12 24 U.S.C. § 111, 14 Stat. 10 (1866) (the “1866 Act”). The 1866 Act established the  
13 National Asylum for Disabled Volunteer Soldiers, “an establishment for the care  
14 and relief of the disabled volunteers of the United States army . . . .” 14 Stat. 10 § 1.  
15 The board of managers of the National Asylum was given authority to procure land  
16 to erect buildings to house veterans with disabilities. *Id.* at § 4. The 1866 Act also  
17 provided: “[T]he said board of managers are hereby authorized to receive all  
18 donations of money or property made by any person or persons for the benefit of the  
19 asylum, and to hold or dispose of the same for its sole and exclusive use.” *Id.* at § 5.  
20 As alleged above, the DVA is the successor-in-interest to the National Asylum.

21       275. In 2016, Congress enacted and the President signed the “West Los  
22 Angeles Leasing Act of 2016” by which the Government imposed mandatory duties  
23 upon the Secretary with respect to the operation of the West LA Campus and  
24 thereby accepted the role as trustee of the charitable trust created by the 1888 Deed,  
25 and imposed the duties of trustee upon the Secretary, including by doing all of the  
26 following:

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1 A. Prohibiting the Secretary from carrying out any land-sharing agreement  
2 that does not “(1) provide[] additional health-care resources to the  
3 Campus; and (2) benefits veterans and their families other than from  
4 the generation of revenue for the Department of Veterans Affairs,” the  
5 latter subdivision being defined to (1) mean services “(A) provided  
6 exclusively to veterans and their families; or (B) that are designed for  
7 the particular needs of veterans and their families, as opposed to the  
8 general public, and any benefit of those services to the general public is  
9 distinct from the intended benefit to veterans and their families; and (2)  
10 exclude[s] services in which the only benefit to veterans and their  
11 families is the generation of revenue for the Department of Veterans  
12 Affairs.” (WLALA2016 at § 2(c, 1).)

13 B. Imposing a mandatory duty on the Secretary to use any funds received  
14 by the Secretary under leases of the Campus property to “be credited to  
15 the applicable Department medical facilities account and shall be  
16 available, without fiscal year limitation and without further  
17 appropriation, exclusively for the renovation and maintenance of the  
18 land and facilities at the Campus.” (WLALA2016 at § 2(d).)

19 C. Imposing a mandatory duty on the Secretary to use any “land use  
20 revenue”<sup>220</sup> received by the Secretary to be credited to the applicable  
21 Department medical facilities accounts or minor construction accounts  
22 and shall be available, without fiscal year limitation and without further  
23 appropriation, exclusively for any of the following:  
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26 <sup>220</sup> “Land use revenue” is defined to mean “(A) any funds received by the  
27 Secretary under a lease described in subsection (b); and (B) any funds received as  
28 proceeds from any assets seized or forfeited, and any restitution paid, in connection  
with any third-party land use at the Campus.”

1                   “(A) Supporting construction, maintenance, and services at the  
2 Campus relating to temporary or permanent supportive housing for  
3 homeless or at-risk veterans and their families.

4                   “(B) Renovating and maintaining the land and  
5 facilities at the Campus.

6                   “(C) Carrying out minor construction projects at  
7 the Campus.

8                   “(D) Carrying out community operations at the  
9 Campus that support the development of emergency  
10 shelter or supportive housing for homeless or at-risk  
11 veterans and their families. (“West Los Angeles VA  
12 Campus Improvement Act of 2021,” Pub. Law 117-18  
13 (2021) at §2(a).)

14                   D. Imposing a mandatory duty on the Secretary to certify “to the  
15 Committees on Veterans’ Affairs of the Senate and House of  
16 Representatives, the Committees on Appropriations of the Senate  
17 and House of Representatives, and each Member of the Senate  
18 and the House of Representatives who represents the area in  
19 which the Campus is located that all recommendations included  
20 in the [Inspector General’s] audit report or evaluation have been  
21 implemented” before entering into or renewing any lease or land-  
22 sharing agreement if the Inspector General finds, as it has in the  
23 above-referenced report, that “the Department is not in  
24 compliance with all Federal laws relating to leases and land use  
25 at the Campus.” (WLALA2016 at §2(h).)

26                   276. These statutes, adopted to implement and limit the use of the DVA’s  
27 WLA Campus land, make crystal clear that Congress's intention was to ensure that  
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1 the DVA's land was used primarily to benefit veterans, including by assuming and  
2 imposing upon the Secretary enforceable, mandatory duties as a trustee of the  
3 Charitable Trust.

4 277. As the successor-in-interest to the National Soldiers' Home, DVA holds  
5 that land, on which the WLA Campus now sits, in trust for the intended  
6 beneficiaries of the Charitable Trust, including but not limited to plaintiffs and other  
7 unhoused veterans with Serious Mental Illness.

8 278. Plaintiffs and members of NVF are intended beneficiaries of the  
9 Charitable Trust and the trustee's obligations by virtue of their lack of permanent  
10 supportive housing, medical conditions, and geographic proximity to and their  
11 desire and intent to use and take advantage of, and continue to use and take  
12 advantage of, Permanent Supportive Housing and related services on the subject  
13 land.

14 279. Therefore, under the terms of the Deed and the fiduciary duties arising  
15 from it and the above-referenced statutes, and as the trustee of the Charitable Trust,  
16 Defendants have a duty to use the land for the establishment, construction, and  
17 permanent maintenance (and operation) of Permanent Supportive Housing for  
18 veterans, including Plaintiffs.

19 280. Defendants have breached that duty by failing to, and failing to act  
20 adequately and/or timely as a reasonably careful trustee would have acted under the  
21 same or similar circumstances to use the land for the establishment, construction,  
22 and permanent maintenance (and operation) of Permanent Supportive Housing for  
23 veterans, including Plaintiffs, and by adopting but failing to implement the Master  
24 Plan as referenced in the report of the Inspector General, and instead have taken  
25 final agency actions resulting in the property being used for other activities that do  
26 not benefit veterans as contemplated by the 1888 Deed and the resulting Trust, and  
27 the Master Plan, and by permitting activities other than, and that conflict with, the  
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1 provision of Permanent Supportive Housing, and plaintiffs are informed and believe  
2 by failing to apply the funds received from the other uses of the land in the manner  
3 required by law.

4 281. Defendants' failures have been and continue to be a substantial factor  
5 in causing harm to Plaintiffs and NVF members.

6 282. By authorizing the many uses of the WLA Campus that do not directly  
7 contribute to the operation of housing and healthcare for veterans with disabilities,  
8 and by failing to take substantial affirmative steps to administer the trust solely with  
9 a view to the accomplishment of this purpose, Defendants have breached their  
10 fiduciary duties as trustees of the Charitable Trust.

11 283. Defendants' failures have been and continue to be a substantial factor  
12 in causing harm to Plaintiffs and NVF members.

13 284. Plaintiffs have no adequate remedy at law to compel defendants to  
14 cease breaching their fiduciary duty as trustees of the charitable trust, and are  
15 entitled to specific performance of the obligations imposed upon Defendants as  
16 trustees of the trust.

17 **FOURTH CAUSE OF ACTION**

18 **Breach of Fiduciary Duty as Trustee of Charitable Trust**  
19 **(Mandamus Relief)**  
20 **(All Plaintiffs Against All Defendants)**

21 285. Plaintiffs incorporate by reference the foregoing paragraphs of this  
22 Complaint as though fully set forth herein.

23 286. The 1888 Deed created a Charitable Trust, and, as the successor-in-  
24 interest to the National Soldiers' Home, the VA holds that land, on which the WLA  
25 Campus now sits, in trust for the intended beneficiaries of the Charitable Trust—  
26 veterans with disabilities—and must use the land only for purposes that directly  
27 contribute to the establishment and permanent operation of housing and healthcare  
28 for veterans with disabilities.

1 287. As trustees of the Charitable Trust, Defendants have a non-  
2 discretionary and nondelegable fiduciary duty, which they have breached by  
3 authorizing the many uses of the WLA Campus that do not directly contribute to the  
4 operation of housing and healthcare for veterans with disabilities, and by failing to  
5 take substantial affirmative steps to administer the trust solely with a view to the  
6 accomplishment of this purpose.

7 **FIFTH CAUSE OF ACTION**

8 **Administrative Procedure Act, Violation of West Los Angeles Leasing Act of**  
9 **2016, Pub. L. No. 114-226, 130 Stat. 926 (2016)**  
10 **(All Plaintiffs Against All Defendants)**

11 288. Plaintiffs incorporate by reference the foregoing paragraphs of this  
12 Complaint as though fully set forth herein.

13 289. Defendants' land deals involving property and facilities on the WLA  
14 Campus have been improperly executed pursuant to the WLALA2016, which  
15 authorizes only agreements that "primarily benefit" veterans.

16 290. Defendants' failure to comply constitutes arbitrary and capricious  
17 agency action; is an abuse of discretion; is in excess of statutory jurisdiction,  
18 authority, or limitations, or otherwise without statutory right; and is contrary to law  
19 and to procedures required by law.<sup>221</sup>

20 **SIXTH CAUSE OF ACTION**

21 **Accounting**  
22 **(All Plaintiffs Against All Defendants)**

23 291. Plaintiffs incorporate by reference the foregoing paragraphs of this  
24 Complaint as though fully set forth herein.

25 292. The 1888 Deed created a Charitable Trust, and, as the successor-in-  
26 interest to the National Soldiers' Home, DVA holds that land, on which the WLA

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28 <sup>221</sup> 5 U.S.C. § 706(2)(A), (C)-(D).

1 Campus now sits, in trust for the intended beneficiaries of the Charitable Trust,  
2 veterans with disabilities, and must use the land only for purposes that directly  
3 contribute to the establishment and permanent operation of a home for veterans with  
4 disabilities.

5         293. Pursuant to the WLALA2016, the Secretary is required to apply any  
6 funds received under leases of the WLA Campus property to be “credited to the  
7 applicable Department medical facilities account and shall be available, without  
8 fiscal year limitation and without further appropriation, exclusively for the  
9 renovation and maintenance of the land and facilities at the Campus.” And pursuant  
10 to the “West Los Angeles VA Campus Improvement Act of 2021,” Pub. Law 117-  
11 18 (2021) at §2(a), the Secretary is required to use any land use revenue received by  
12 the Secretary to be “credited to the applicable Department medical facilities  
13 accounts or minor construction accounts and shall be available, without fiscal year  
14 limitation and without further appropriation, exclusively for any of the following”:  
15 “(A) Supporting construction, maintenance, and services at the Campus relating to  
16 temporary or permanent supportive housing for homeless or at-risk veterans and  
17 their families; (B) Renovating and maintaining the land and facilities at the Campus;  
18 (C) Carrying out minor construction projects at the Campus; (D) Carrying out  
19 community operations at the Campus that support the development of emergency  
20 shelter or supportive housing for homeless or at-risk veterans and their families.”

21         294. Together, the WLALA2016 and the West Los Angeles VA Campus  
22 Improvement Act of 2021 both imposed obligations on Defendants that required the  
23 use of funds received from the use of the land that were intended to benefit Plaintiffs  
24 and NVF members but that Plaintiffs and NVF are informed and believe have not  
25 been used for those purposes, such that that relationship and the use of the funds  
26 requires an accounting, and the balance of the funds that ought to be, and that have  
27 been applied as required by the aforementioned laws can only be ascertained by an  
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1 accounting.

2 295. The financial arrangements and payment structure from the many uses  
3 of the WLA Campus are complicated and the information n about them is within the  
4 control of the defendants. An accounting is necessary to ascertain whether proceeds  
5 from the leases on the WLA Campus, if any, are due to Plaintiffs and other  
6 beneficiaries of the Charitable Trust and have been applied as required by law or  
7 misapplied contrary to law and to the detriment of Plaintiffs.

8 296. Defendants have been requested to provide but have not provided  
9 complete and accurate information regarding the administration of the property,  
10 including full details regarding the many leases on the WLA Campus into which VA  
11 has entered with private entities and how the proceeds from those leases, if any,  
12 have been used.

13 297. Plaintiffs are informed and believe and thereon allege that the Secretary  
14 and the VA have failed and refused to account for the proceeds, funds, and land use  
15 revenues from the leases on the premises of the WLAVA as required by law and by  
16 the trust.

17 298. Other than as set forth above, Plaintiffs have no adequate remedy at law  
18 to compel defendants to comply with their obligation to apply the funds as required  
19 by law or to ascertain the amount to be so applied.

20 **REQUEST FOR RELIEF**

21 299. Plaintiffs, therefore, respectfully request that this Court grant the  
22 following:

23 A. Declare that Defendants administer the benefits program of  
24 VAGLAHS in a manner that discriminates against veterans with  
25 SMI and TBI solely by reason of their disabilities in violation of  
26 Section 504 of the Rehabilitation Act of 1973.

27 B. Declare that the federal government's acceptance of the land  
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transferred under the 1888 Deed created a Charitable Trust.

C. Declare that Defendants have breached and continue to breach their fiduciary duties as trustees of the Charitable Trust by allowing VAGLAHS to use the WLA Campus for purposes that are not directly related to providing housing and healthcare for veterans with disabilities.

D. Enjoin Defendants from failing to provide Plaintiffs and veterans with SMI and TBI appropriate Permanent Supportive Housing so they can reasonably access the health care and housing benefits for which they are eligible in the most integrated setting appropriate to their needs. Permanent Supportive Housing should be made available within six (6) months, both on the WLA Campus and in apartments near the WLA Campus for at least 3,500 eligible homeless veterans as follows:

i. Within five (5) years, 1,200 new homes on the WLA Campus offering a mix of Permanent Supportive Housing as follows:

1. At least 10% and no more than 25% per building providing ACT, ICM and/or hybrid mental health services appropriate to the needs of the individual in the home;
2. In addition, at least 10% and no more than 25% per building providing general Permanent Supportive Housing services, including case management; education services; employment assistance and job training; life skills training; mental health services; outpatient health services; outreach services; and

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substance abuse treatment services appropriate to the needs of the individual with severe mental illness.

3. In the interim, until the new homes on the WLA Campus are completed, at least 1,200 new scattered-site homes within five (5) miles of the WLA Campus providing Permanent Supportive Housing as appropriate to the needs of the individual with severe mental illness, including ACT, ICM, and hybrid in-home services.

ii. At least 2,500 new scattered-site homes within five (5) miles of the WLA Campus providing Permanent Supportive Housing as appropriate to the needs of the individual with severe mental illness, including ACT, ICM, and hybrid in-home services.

1. No more than 20% of the units in any building shall be providing Permanent Supportive Housing;

iii. Eligible veterans with severe disabilities shall have priority for assignment to Permanent Supportive Housing and shall have the option to choose either housing on the WLA Campus or in scattered-site homes.

iv. All Permanent Supportive Housing services must meet evidence-based practice standards, must be provided according to a Person-Centered Care Plan, and must be monitored by an expert in Permanent Supportive Housing.

v. Defendants must conduct outreach offering Permanent Supportive Housing to all veterans living in the tiny

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sheds, to all patients of the WLA Campus who show indications of homelessness, and to all homeless shelters and encampments within five (5) miles in each direction of the WLA Campus to identify and assess eligible veterans and offer them Permanent Supportive Housing appropriate to their needs.

- vi. Defendants must develop a waiting list until the Permanent Supportive Housing called for is available. While individuals are on the waiting list, Defendants must offer them appropriate housing and supportive services (Temporary Supportive Housing). Only if an individual affirmatively declines housing or supportive services may the individual be removed from the waiting list. Once the Permanent Supportive Housing called for is available, Defendants must ensure that any waiting list moves at a reasonable pace, that individuals with the most severe impairments are prioritized, that no individual remains on the waiting list more than six (6) months, and that individuals are provided temporary housing and supportive services while on the waiting list.
- vii. For each individual identified as a homeless veteran eligible for VA health services, Defendants must conduct an assessment to determine his/her housing and service needs and preferences within one (1) week of identification. Each assessment must identify the housing that is the most integrated setting appropriate for the individual and the supportive services needed to support

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the individual in such housing, based on the individual's needs and personal preferences.

- viii. Within one (1) week of assessment, for each eligible individual, Defendants must develop a Person-Centered Care Plan based on the assessment, that considers the current and unique psychosocial and medical needs and history of the individual, and arranges the housing and supportive services appropriate for the individual to live successfully in the most integrated setting appropriate to his/her needs.
- ix. In addition to financial housing subsidies sufficient to enable Defendants to identify and secure sufficient housing to meet the requirements of this Order, Defendants must provide assistance to eligible veterans in managing landlord/tenant relations.
- x. To the extent supportive services and treatment are provided other than in the eligible individual's home, Defendants must offer transportation services, including, as necessary, transportation vouchers, to assist individuals to access those services.

E. Enjoin Defendants from denying Plaintiffs and NVF members meaningful access to the health care and housing benefits for which they are eligible on the WLA Campus by providing Permanent Supportive Housing on or near the WLA Campus and providing transportation services and subsidies to the WLA Campus for scattered-site Permanent Supportive Housing.

F. Enter an injunction mandating that Defendants faithfully execute

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their obligations as trustees of the WLA Campus and utilize the WLA Campus primarily for purposes directly related to providing housing and healthcare for veterans with disabilities or, in the alternative, enter an order mandating that Defendants refrain from allowing uses of the WLA Campus for purposes that are not primarily related to providing housing and healthcare for veterans with disabilities.

G. Enter an injunction prohibiting Defendants from executing and maintaining any land use agreements under the WLALA2016 that do not primarily benefit veterans.

H. Appoint a Monitor to oversee and report to the Court on implementation of the Order.

I. Grant such other relief as this Court deems just and proper, including but not limited to awarding Plaintiffs attorney’s fees and costs.

DATED: November 15, 2022

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