

United States House of Representatives

Committee on Veterans' Affairs Subcommittee on Oversight & Investigations

Legislative Hearing March 25, 2026

Chairwoman Kiggans, Ranking Member Ramirez, and Members of the Subcommittee,

The National Homelessness Law Center, National Health Care for the Homeless Council, National Health Law Program, and Funders Together for Housing Justice thank you for the opportunity to raise our concerns about the H.R. XXXX, the Veterans Care Protection Act, which could *permanently remove the liberty of homeless veterans to make all decisions about their lives*, including ones about their finances, their healthcare, even whether they can marry or where they can live, enabling the Department of Veterans Affairs (VA) to place the veterans in facilities against their will, with no clear path on how to get out.

Although the bill frames this as a matter of providing authorization for VA attorneys to bring actions for guardianship for patients who cannot provide consent, the implications of this bill run much deeper. As laid out in the VA's own [planning documents](#), this bill is part of the so-called "Project Safe Harbor" initiated by the VA in pursuit of President Trump's [Executive Order 14321](#) "Ending Crime and Disorder on America's Streets." That executive order, using dehumanizing and fearmongering language, directs federal agencies to expand the use of civil commitments in order to remove the liberty from people experiencing homelessness and force people into institutional settings against their will, among other things. The Administration has already sought to leverage other funding streams toward this goal for non-veteran populations, including at the Departments of [Housing & Urban Development](#), [Justice](#), and [Health & Human Services](#).

In pursuit of this objective, the VA's Project Safe Harbor details a plan, beginning with obtaining the legal authority to pursue guardianships for veterans, and then aggressively expanding the use of the guardianship process to involuntarily commit first veterans engaged with VA services and then expand to those living on the streets and not currently served by the VA. Although the standards for civil commitment and guardianship vary from state to state, the VA uses a vague expansive standard, "defined as lacking capacity to make appropriate medical and social decisions for themselves."

Troublingly, although the VA [confirmed](#) in sworn testimony to the House Committee on Veterans Affairs that it initially needed the Congressional authorization provided by this bill,

it has now seemingly attempted to [circumvent](#) the need for legislative approval by executing a memorandum of understanding directly with the Justice Department. The VA also [denied under oath](#) that their attempts to seek this authority are connected with Project Safe Harbor despite their own [documents](#) clearly including this as part of their progress with the Project, and expanding the authority such that a larger group of veterans may be subject to guardianship proceedings.

Though the term guardianship implies protection and care, the impact of guardianship is extreme. Individuals under guardianship could lose the right to vote, marry and have a family, control their finances, choose where to live, or decide which medical treatments to accept, depending on state law and the type of guardianship. Once entered into, guardianships are very difficult, and in many states, almost impossible to reverse. Which is why numerous evidence-based, less permanent, and less restrictive, alternatives to guardianship exist that enable people with challenges in consenting to care to receive needed treatment. These include [supported decision-making](#), as well as services such as [assertive community treatment](#), and [critical time intervention](#) that are highly successful in engaging individuals in treatment. Moreover, the VA has seen enormous success of its Housing First programs, successfully [reducing veterans street homelessness by more than 50%](#) since its peak, with some communities even reaching “functional zero,” meaning homelessness among veterans had become rare, brief, and nonrecurring. The way to end veterans’ homelessness is to ensure adequate resources are provided to these proven methods, not permanently removing veterans’ liberty.

Placed in the context of national efforts to end veteran homelessness, we are concerned this bill will disincentivize veterans from seeking care at VA and through VA-funded homeless programs. Placing veterans in guardianships as a policy response to a housing challenge makes it less likely that veterans will engage with outreach workers once they understand the implications of this policy. Being without housing at one point in time should not sentence any veteran to the rest of their lives without the liberty to make the most fundamental decisions about their lives.

We stand ready to work with Committee Members to create policies that address veteran homelessness while allowing veterans to maintain the maximum level of liberty, independence, and autonomy. Please feel free to reach out to Eric Tars, etars@homelesslaw.org with any questions.

Submitted by:

National Homelessness Law Center

National Health Care for the Homeless Council
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