

**TESTIMONY OF**

**RALPH COOPER, EXECUTIVE DIRECTOR  
VETERANS BENEFITS CLEARINGHOUSE, INC.**

**TO**

**THE UNITED STATES HOUSE OF REPRESENTATIVES  
COMMITTEES ON VETERANS AFFAIRS**

**SUBCOMMITTEE**

**ON**

**HEALTH HEARING**

**TUESDAY, MAY 6, 2003**

**NONGOVERNMENTAL WITNESS STATEMENT DISCLOSING  
FEDERAL FUNDS**

- **HVRP (DOL) FY 02 - \$299,481**
- **HVRP (DOL) CURRENT- \$149,741**
- **DVA READJUSTMENT FY 02 - \$31,298**
- **DVA GRANT PER DIEM FY 02 - \$69,000**

## TESTIMONIES:

*Mr. Chris Smith, Mr. Chairman of the esteemed House Committee on Veterans Affairs, Mr. Subcommittee Chairman, Mr. Bob Simmons Honorable Ranking member Mr. Evans, other Esteemed Committee members, Distinguished guests, fellow veterans, active duty military personnel (welcome home) ladies and gentlemen:*

It is with great pride and is with an honor I humbly submit this testimony with hope that it informs, causes people to ponder, and that the recommendations are worthy of your review and possible action.

My director of Case Management said it so profoundly “America’s pledge to its soldiers that “no one is left behind” should be as sacred to its returning soldiers as it to those who fall in battle. Yet to the thousands of veterans of all the wars after World War II the pledge has never been fulfilled. George Washington, the nations first Commander and Chief said “the willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by their nation”

As a grateful nation in appreciation to our armed forces for a job well done the funds for homeless-assistance for veterans should be our first priority because if we don’t make it our priority the cost is too high. The statistics and complete Black Legislation Veterans Homeless Resolutions which I’ve entered in it’s entirely as part of my testimony and recommendations will speak for themselves as you read them, however there is a Vietnam vet that can’t speak for himself named Charles Brown. He can’t speak because he’s deaf. He overdosed on heroin and died homeless in 1987. I remember his struggle for a job and readjustment after Nam, I remember the horror stories he told and the nightmares he shared about what he had to do in the bush in Vietnam. I remember his story of how he got addicted trying to self medicate for a few hours of peaceful sleep...to make the mangled bodies and faces of the dead go away. I remember his sister who would always try to understand what happened to little Charles over there that caused him to come back to us...like this.

I remember when VBC got him his first job with an employer who was sympathetic to returning Vets, and overlooked his criminal record and battle with substance abuse. How he raved about Charles work output when he came to work sober and clean. Yes there were periods of times when our intervention worked and Charles would be clean for months after detox and some counseling. But soon funding for detox beds were cut, Charles had burned too many bridges and many facilities would rather deal with people who were going to succeed and remain clean not be a revolving door like Charles.

However we didn’t have anything like HR1906 were TAP services were a serviceman could get *Homelessness Risk Awareness Counseling* and benefits guidance

while separating from the military and where Charles could have learned about his addiction and been medically and psychologically referred for help before he got out. Just maybe he could have made it... back in the world, like a Gulf War Vet I know, which is alive and buying a home and working in a great job with one of our nations largest train systems. He like Charles saw combat in its rawest form, he saw his buddies burned to crisp and when he tried to assist one badly charred comrade his fellow combatant's arm snapped off in his hand. This memory still haunts Al but he fared better than Charles because his problems did not include substance addiction. However his anger and rage...his sleepless nights kept him from being able to work harmoniously with others and caused conflict with his bosses and supervisors so much so that on one occasion he called me from a hospital lock-down unit – they had felt he was a threat to self and others.

It seemed he went to the hospital to get help because he was feeling anger at fellow workers and was afraid he might act out his anger with a weapon. Once again, intervention worked. Through my agency (VBC) and with the help of a congressman's office we were able to have him released to his wife and he returned home after 48 hours, to his family. He got the needed medical and psychological help through VA Outpatient Clinic. Through treatment, he could control his anger and could sleep through the night with minimal Vietnam intrusions.

He (Al) is a success story now some 8 or 9 years later but what if he had the help he needed before he got out and learned about PTSD and its' symptoms, that with treatment you can control the feelings associated with the disease – but you're not crazy. Both men told me even though their Wars were years apart from each other they didn't remember getting any advise on benefits, medical assistance or any one on one readjustment support when they cleared they Post or Base to come home.

You know we already have the statistics: Vets comprise 23% of overall and 33% of male homeless in this country. 40% report mental health problem, 49% alcohol abuse, 31% drug use and 52% chronic medical condition most as a result of combat or military relatedness.

We could have gotten to Charles earlier and saved his life. "Al earlier and spared him and his children the anguish of a "crazy" man." Charles had a few months of work and this was during this time he had the best success battling his substance abuse; however, now a days as "my" employment specialist reminded me, to mention in this testimony that; Housing and Employment discrimination based upon criminal records is growing at a rapid pace and is having a severe impact on lower income and minority communities, as well as the Commonwealth of Massachusetts as a whole. Eighty-Five (85%) of ex offenders were denied employment because of (C.O.R.I.) regulations and are forcing ex offenders into low income, dead end jobs, or into the "Illegal Job Sector".

As you will later read in the Black Caucus of State Legislator Resolution that successful transitions from prison to work can only happen if the "criminal offender record identification" law known as CORI law is revisited and modified. Currently climate around safety and serenity often leads to discrimination of ex-offenders in getting housing, jobs, training and etc. I think most would agree a job is the best social medicine for readjusting and homeless veterans.

The last of my testimony which I'll iterate orally is Women Veterans and the issue of their homelessness.

**According to a recent study from the Department of Veterans Affairs, veterans are about twice as likely to become homeless as their non-veteran counterpart, and female veterans are almost four times as likely to become homeless as their non-veteran counterpart.**

The Women Veterans' Therapeutic Transitional Residence Program (a.k.a. the TRUST House) is located in a quiet Jamaica Plain neighborhood in a newly renovated house. The residence is home for 7 women veterans and 2 house managers. Each resident participates fully in the daily operations of the residence (including food shopping, cleaning, gardening, laundry, cooking).

TRUST specializes in the treatment of women with Post-traumatic Stress Disorder as well as depression, substance abuse, anxiety, dissociation, and homelessness. We provide safe, stable, and affordable housing within a treatment-focused community setting. Residents typically live in the residence for 6 to 12 months.

The Veterans Industries Vocational Program provides vocational evaluation, counseling, and paid work experiences for residents. These services are designed to help women develop solid work habits, build self-confidence, and acquire skills needed to obtain competitive employment in the community.

I've placed the National Black Caucus of State Legislators Resolution of December 2003 in its entirety as a part of my testimony and recommend this Sub-Committee please review the italicized comments and accept them as a part of this testifier's additional recommendations.

## **National Black Caucus of State Legislators**

### **Homelessness Against Veterans Resolution**

*On September 13<sup>th</sup> 2002, Rep. Julia Carson (D-IN) convened a national issues forum titled: "Home of the Free, Land of the Brave: Homelessness among African American Veterans"*

*- To review and address homelessness among veterans across the nation.*

**Whereas**, keynote speaker Honorable Leo S. Mackay, Jr., Ph.D., Deputy Secretary of the Department of Veteran Affairs in his remarks stated, America's homeless veterans are a priority for the Department of Veterans Affairs, and we owe these veterans both a debt of gratitude for their service, and a helping hand through services.

**Whereas**, America's homeless face many well-documented problems indicating that veterans and particularly, African American veterans, are especially vulnerable;

**Whereas**, the data show that veterans are twice as likely to be among the chronically homeless (i.e. homeless more than 1 year, or 4 or more times during the past 3 years);

**Whereas**, most disturbing is the fact that 81% of them suffer serious psychiatric, or substance abuse disorders, and thirty-three percent experience both (Health Care for Homeless Veterans Programs, Fifteenth Annual Report, 2001);

**Whereas**, one recent study (Health Care for Homeless Veterans Programs, Fifteenth Annual Report, 2001) shows that 46% of homeless veterans assessed in 2001 were African Americans, in contrast to 10.9% in the general veterans population, indicating that African Americans were over 4 times more likely to be homeless than other veterans;

**Whereas**, this study also showed that African American veterans were 1.31 times more likely than African American non-veterans to be among the homeless. Thus, while African Americans, both veteran and non-veteran are far more likely to be homeless than whites, and the US veterans are somewhat more likely to be homeless than non-veterans, the risk of homelessness comparing veterans and non-veterans of the same race is about the same for blacks.

**Whereas**, an earlier study based on data from 1987 showed that considering only Americans living in poverty in cities greater than 100,000 population, African Americans were 2.11 times more likely than poor whites to be homeless. Among poor veterans, African Americans were 1.43 times more likely to be homeless, while among non-veterans, African Americans were 2.87 times more likely to be homeless. Thus, even among impoverished city dwellers, African Americans are far more likely to be homeless than whites, although the increased risk for African Americans is smaller among veterans than non-veteran African Americans.

**Whereas**, African American veterans are at much greater risk for homelessness than their non-African American counterparts;

**Whereas**, the bleak portrait of America's average homeless veteran, finds the veteran to be male in 98% of cases, most likely single, comes from a poor and/or disadvantaged background, average age is 48 years; a one third chance (33%) served during wartime; and probably lives either in a shelter, or on the streets (70%).

**Whereas**, the National Survey of Homeless Service Providers and Clients tells us that 57% of homeless veterans have gone to the Veterans Administration (VA) for needed health care;

**Whereas**, it is the sense of Congress that - veterans are disproportionately represented among homeless men; existing resources for programs are inadequate; that the most effective programs need to be identified and expanded; homeless veterans program should be accountable and include prevention. One of the most extensive acts passed by Congress to aid homeless veterans (The Homeless Veterans Comprehensive Assistance Act) gives VA the additional authority it needs to help veterans rebuild their lives.

**Whereas**, on yet another front in the war against homelessness, the VA has established a new Secretarial-level committee (a 15 members Advisory Committee on Homeless Veterans) reflecting its commitment to making a difference in the lives of homeless veterans. In addition, we are pleased that Ralph Cooper, a long time advocate in aiding the homeless is a committee member and look forward to his and others community based recommendations and guidance.

**Whereas**, the VA is also looking at opportunities for better liaison with their community partners; and bolstering, broadening and expanding the composition of its community-based service providers by including representatives from government, veterans' service organizations, faith based groups, state elected officials, state and city agencies and experts in mental illness, substance abuse, vocational rehabilitation, and employment, etc.;

**Whereas**, what Stand Down events across the country have shown, among other things, is that many homeless veterans have nagging, minor legal problems, which are major barriers to accessing available services and to escaping homelessness. The legal problems of homeless veterans are compounded by the fact that homeless veterans have no money to address the problems, and by the fact that there are no permanently funded programs to provide access to adequate legal services (there are voluntary, pro bono efforts, which are hit and miss). Homeless veterans have twofold problems on the civil side of the law, including family problems (homeless fathers are often non-custodial parents), child support issues, credit and tax problems, debt relief problems, etc. Homeless veterans have problems on the criminal side of the law, most often, petty crime associated with being homeless, some of which are pending matters, but the majority of the matters are old probation cases, where the homeless veterans has failed to pay fines, or to comply with probation conditions, or matters in default with outstanding criminal arrest warrants. One constant complaint of homeless veterans at Stand Down is: *"if I could only get my drivers license back I could get a job driving, because I knew how to drive in the Army, and I was a driver in the Army."* This task is often impossible for a homeless veteran because of outstanding moving motor vehicle violations, old parking tickets, or outstanding excise taxes for vehicles owned long ago.

**Whereas**, single adult males are the overwhelming majority of the homeless veterans population and in most local communities they view veterans as being a federal responsibility, or issue, and the federal government should pick up the cost of serving this population. Thus, are afforded lower priority status by social service providers who must rely upon *federal* resources to operate local initiatives, or serve the general homeless and low income population (i.e. women and families with dependent children). Therefore adult males are less likely to receive a full array of services and/or an appropriate share of funding outside of federal resource allocations. The federal government must establish this special homeless group as a 'high priority population.' Further, the Interagency Council on Homelessness with the U. S. Department of Housing and Urban Development (HUD) as one of the lead agencies for homeless funding should eliminate the *'match requirement'* as a stipulation for funding homeless veterans programs. They should fund these programs outright (100%) and not as part of the overall continuum of care, but as separate funded entities. However, not as a set-aside!

*Furthermore, HUD should encourage wherever possible the development of homeownership initiatives by non-profit service providers for this special homeless population.*

**Whereas**, historically, African Americans have not had adequate access or quality care in the mental health system, a situation true for general health problems as well. African Americans have been more likely to be misdiagnosed: over diagnosed with psychosis and under diagnosed with affective, or anxiety disorders; to receive inpatient or emergency care rather than scheduled outpatient care; to be involuntarily committed; to receive excessive medication, especially anti-psychotic medications; to be placed in seclusion and restraints; to leave treatment against medical advise; to be referred to the least desirable dispositions; not to receive substance abuse treatment when treatment is needed; and to be incarcerated with substance abuse problems;

**Whereas**, the VA is shifting from inpatient to outpatient services much as state systems did decades ago and appears to be destined to make the same mistakes. Since African American families are more involved with their patients, but have 60% of the income of white families, such shifts will disproportionately affect them. In addition, African Americans are more likely to be referred to emergency room services rather than rehabilitation services when assigned to outpatient status. Substance abuse services are being made outpatient at a rapid rate without recognition that the dually diagnosed patient may not benefit from such a shift.

*Furthermore, HMOs and state systems belatedly learned the value of long term outcomes, which many times indicated increased cost. For example: increased discharges may lead to increased suicides, use of more expensive general medicine beds, and extremely expensive jail or prison beds.*

**Whereas**, the VA system is not perfect regarding care of the African American substance abusers, or mentally ill individuals, but it has provided a model for less racially disparate services and quality care for those with the most need. Changes in the system should be designed to enhance those strengths;

**Whereas**, a significant number of minority community based and faith based providers may welcome the opportunity to provide services to homeless veterans, but may lack the capacity and infrastructure necessary to provide the broad range, or array of services that comes part and parcel with the homeless veterans recovery process that they will often confront requires. Nor do many, if not most have the ability, as opposed to 'good intentions,' to successfully compete in today's highly competitive social service delivery arena which demands outcome based performance.

**Whereas**, there are many self-help initiatives that veterans community based organizations can develop to create safe, clean, and affordable housing for veterans who are homeless. And that there are some set ways, or methods of affordable housing development that are tried and true. The Veterans Benefits Clearinghouse, or VBC can offer a 'How to List.' Further, VBC advocates believe, shelters do save lives, but 'good jobs' are critical to allowing homeless veterans a wider array of independent living options. While the VBC's unique approach of moving 'veterans from homelessness to

*homeownership'* should be replicated as a national model (i.e. a continuum of housing). They are the one group in the northeast which has successfully applied this conceptual model as an overarching long-term strategy for wealth creation, and neighborhood revitalization;

**Whereas**, the population of those incarcerated across the United States continues to grow by leaps and bounds. And among this increasing population are a large number of African American veterans who in most cases will return to the community upon release. Yet, coming out of jail/prison continue to be just another invisible sub-population, permanently marginalized; while still suffering from prevailing anti-war sentiments on one hand, and institutional racism coupled with apathy on the other when seeking supportive services. Subsequently, released incarcerated veterans continue to take their chances on the streets, remaining vulnerable for return to prison/jail. Due in no small part to the absence of direct intervention services, and/or a lack of comprehensive transitional services being in place such as halfway houses, affordable housing, substance abuse, mental health and PTSD treatment, or counseling. However, paramount to successful transitioning is the very real need to revisit and modify the 'criminal offender record identification' law, known as the 'CORI' law. Due to political and community concerns about safety *open access to this criminal information* is frequently used to discriminate against ex-offenders in obtaining housing, jobs, education, and vocational training.

*Locally community efforts are often hampered by a variety of factors such as: state budgetary cutbacks, limitations on existing funds, and ambiguity as to whether 'veterans' are a federal, state, or local responsibility (ie. as an appropriations issue in terms of considering homeless veterans as a special population.*

**Whereas**, these men, and indeed some women veterans as well, were the subject of concern during an event sponsored at the 22<sup>nd</sup> Annual Congressional Black Caucus Legislative Conference, 1992 Veterans Braintrust forum exactly ten years ago when Hon. Charles B. Rangel (D-NY) called attention to one of our nations greatest failings: ***the plight of our homeless veterans.*** Indicating as many as 250,000 men, one in every three of the single homeless men sleeping on the streets, or in shelters on any given night, were veterans of the Armed Forces. With an estimated 40 to 60 percent of them having served during the Vietnam War. And Rangel saying, "*it is truly a tragedy that in our great country, many of yesterdays heroes - going back as far as World War I - are today's homeless.* "

**Whereas**, the following year's report on the sixth annual Congressional Black Caucus Veterans Braintrust (September 15, 16, & 17, 1993), sponsored by Hons. Charles B. Rangel (D-NY), Sanford Bishop, Jr., (D-GA) and Corrine Brown (D-FL) of Florida addressing ***health care issues facing African American veterans*** noted, "*African American veterans suffer at a disproportionate rate from tuberculosis, diabetes, heart disease, respiratory disease, substance abuse, HIV/AIDS, post traumatic stress disorder (PTSD), and other mental illnesses. Further, African American Vietnam veterans suffer an unemployment rate three times higher than most veterans of Vietnam.*" And where there is high unemployment and homelessness health concerns prevail.

**Whereas,** Dr. Erwin Parson, Vietnam veteran and health care professional summarized the essence of the problem by acknowledging, we are aware that the stream of scientific studies on comparative health seem to always reach the same conclusion: *'race is a factor in access and quality care for many life - threatening medical conditions which afflict African Americans.'*

**Whereas,** despite these and other revelations a decade later health care concerns persist and are magnified with regard to not only the homeless, but African American veterans as well, and now include Hepatitis C, and Type I and II Diabetes; as well as veterans at risk of homelessness, particularly veterans being released from penal institutions, or imprisonment; along with homeless veterans with special needs (i.e. women, frail elderly, terminally ill, or chronically mentally ill).

*Thus, the continued inability to access quality medical treatment, health care related services, and preventative health care often leads to prolonged suffering, chronic illnesses and/or ultimately disability determinations made only at time of death. Therefore, it is commonplace for these less than able veterans to go for unreasonably long periods of time untreated, under-treated and mistreated in all to many cases.*

**Whereas,** in fact, the Home of the Brave, Land of the Free: Homelessness among African American veterans issue forum was an ironic reminder, with Ron Armstead, Executive Director for the Congressional Black Caucus Veterans Braintrust (CBCVB) saying, that approximately 47% of America's homeless veterans are African American, up from 40% nearly a decade ago. This constitutes nearly half of the general homeless single male veterans population. And a decade later speaks volumes about the urgent need to reduce African American veterans overrepresentation in the ranks of America's homeless and has lead the CBCVB to call for the creation of a national campaign to develop a series of legislative, policy, and programming recommendations to address the issue.

**Now Therefore be it Resolved** by the 26th Annual Legislative Conference of the National Black Caucus of State Legislators, Assembled in Indianapolis, Indiana, December 9 - 14, 2002, that the National Black Caucus of State Legislators seeks to affirm it is imperative that greater homeless research funding, health care related and supportive services; VA and community collaboration; affordable housing development (both transitional and permanent) and community development, or jobs; along with adequate community technical assistance resources that will eradicate the scourge of homelessness, and reverse the tragic waste of human life be made available. In addition, that research funding also be targeted to conduct a series of African American veterans homeless studies to determine homeless causation, risk factors, and relevant literature of importance for understanding socioeconomic, behavioral and environmental variables associated with the risk of homelessness among African American veterans.

**And be it Further Resolved,** State Representative Gloria Fox encourages all black state elected officials across the nation, their constituents, and every African American organization, institution, or group to think and act accordingly. Because this resolution is a living document dedicated to taking the necessary action to prevent, address and eliminate the current disparity in homelessness among veterans. **Sponsored by:** Rep. Gloria L. Fox, (Boston, MA)

**Testimony of: Mr. Joseclyn H. Evering, President and CEO of Harvard Street Neighborhood Health Center, Inc.**

In 2001, at the request and the persistent lobbying of Mr. Ralph Cooper, Executive Director of the Veteran Benefit Clearing House Inc., Harvard Street Neighborhood Health Center, Inc., subleased a portion of its space at 895 Blue Hill Avenue to the Veteran Administration, a federal agency, for the purpose of conducting a Community Base Outpatient clinic for veterans.

In Boston, veteran outpatient clinics are located on Causeway Street near North Station and at the VA facilities on South Huntington Avenue in Jamaica Plain and the VFW Parkway in West Roxbury. Two other CBOS operate at Quincy Hospital in Quincy and in Framingham.

This is the first time a community base health center has partner with the Veterans Administration to combine primary health care and referrals for specialty care. Dorchester was selected because of its large population of underserved veterans.

Mr. Joseclyn H. Evering, President and CEO of Harvard Street Neighborhood Health Center, Inc., said, “this is a good match for this community and the health center. “We presently have the Black Male Life Center, which was established in 1991, and the first of its kind in the nation. “We knew in 1991”, says Mr. Evering “the importance of focusing on health care for men. From 1991 until 2000 we witness a massive increase of (500%) enrollment of male patients” and hope to replicate this endeavor with veterans.

Currently two of the health centers’ doctors are providing the medical coverage for the VA clinic along with to a full time nurse practitioner. In less than a year they have established a 28% enrollment and are looking to increase the number of patients at the site through a summer registration drive.