Mr. Alan Belcher, Cornerstone Counseling/Transitional Living Services, Woodstock, IL

Statement of Alan Belcher
President of the Board of Directors
Transitional Living Services, Woodstock Illinois
for the Record of the
Committee on Veterans' Affairs, United States Senate
Hearing on Homeless Veterans
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Honorable Chairman Craig, Honorable Senators, and Distinguished Guests, I would like to express my gratitude in being invited to speak today on behalf of the homeless veterans of Illinois. I am Alan Belcher, President of the Board of Directors of Transitional Living Services, a homeless veteran service provider based in Woodstock Illinois.

Transitional Living Services (TLS) is in every sense of the phrase a ?grassroots organization.? In 1996, a small group of Vietnam veterans met to discuss how to solve the problem of veteran homelessness in our own community. Once we started looking, we found homeless veterans throughout the area. A call to the VA determined that there were no veteran transitional housing programs in Illinois. The six of us?all Vietnam veterans?committed our time and energies to helping the homeless men and women who once sacrificed to serve our country to find the shelter, food, and health care necessary to survive and thrive.

As we soon found out, it's not enough to have an identified need and it's not enough to have a big heart. We have had to struggle and fight for every advancement in our program. Neither an inadequate program nor failure has been acceptable options for us. Therefore, it took us five years from the inception of our program to the actual securing of a facility and the opening of its doors to serve veterans. We approached local banks for loans and approached city councils for site approval. It took an additional three years of persistence before finally we were able to secure VA Homeless Provider Grant and Per Diem funding. During those three years, we kept the doors open by securing funding from anyone who would listen. We begged at veterans organizations throughout the area. We called our local, state, and federal officials telling them of our situation and our mission. We accepted donations of food and other supplies from individuals and local businesses.

I believe that a portion of our dedication is the result of coming home from Vietnam to, at best, inadequate and poor care. We were committed then, and are committed now, to seeing that what happened to the returning Vietnam era veteran will not happen to others. It is our determination to hold fast to the mission that all fellow veterans will receive the care that they so courageously earned, and that they deserve to their final day.

TLS is a small rural program presently serving 14 veterans at any one time, and soon to be expanded to serving 21 veterans. We are located approximately eight miles from the suburban sprawl of Chicago, in a small town of less than 600 people. Our priority is to serve the veterans from McHenry County and surrounding counties. We also serve veterans from all over the Chicago area.

The chronically homeless men and women we serve often have serious health issues. Their health concerns are varied and many. Generally though, their health problems are the result of abuse of their bodies and lack of health care. Many abuse alcohol and drugs and often go without food for long periods of time or have diets high in sugar, cholesterol and fat. Furthermore, the environment they live in often exacerbates health care problems. All too often, our veterans have been battered in attempts to steal their food or money. Furthermore, sleeping outside produces its own damage to the body.

One such veteran came to us experiencing pain in his left leg and having difficulty walking. A cursory examination by our caseworker revealed discoloration in his lower leg. Our inability to access our local VA outpatient clinic necessitated that we access a local physician who was gracious enough to see our veteran for free. Quickly, the physician determined that this veteran had gangrene which was due to untreated diabetes and a minor injury. This diagnosis assisted us in obtaining admission to North Chicago VA Medical Center and eventuated in saving the veteran's life by the amputation of his leg.

This tragic situation was unnecessarily complicated by our having no access to our local VA outpatient clinic, which is only 15 minutes from our facility. On several occasions, I have contacted North Chicago VAMC to encourage them to provide us with access to the local veterans outpatient clinic, but each overture has been ?graciously rebuffed? by my being told ? there is no room in the inn.? All of our veterans' primary care, as well as specialty care, is provided in either North Chicago VAMC or Heinz VAMC. We transport veterans an hour and a half to two hours for treatment for even minor health care issues. This causes us significant expense in gas, oil, and vehicle repairs as well as untold staff hours. The irony is that our veterans were used as part of the justification for placing the veterans outpatient clinic in our community.

The limited resources of TLS are being squandered on transportation when it is not necessary. Furthermore, the veteran is unable to hold a job because he/she is required to spend four or five hours to visit physicians when medical care is needed. Employers find it unreasonable for employees to spend that amount of time off the job for treatment of minor health issues. The provision of quality care and the success of our mission are in part contingent on our veterans having access to our local veterans outpatient clinic. We need slots designated specifically for the veterans being served by TLS.

An additional barrier to securing effective health care to these already neglected veterans is the difficulty in accessing dental care. Few dentists are available and appointments may take as long as six months to obtain. No restorative dental care is available. Homeless veterans come to us with severely neglected teeth and gums resulting in pain and tooth loss. Dental infection further impacts already precarious health. Plus, the absence of teeth, especially front teeth, can cause the veteran to feel self conscious and make finding a job especially difficult. I urge Congress and the VA to assist us in accessing dental care, especially restorative dental care.

Let me make a point for clarification here. Our transitional housing facility is located in what I have already described as a rural community. This site was partly made by choice and partly forced upon us. Certainly we needed to address the need and the fact that there are homeless veterans in the rural areas of this country. We needed to meet the needs of these men and women

right where we found them, which does not always mean in the big city environment. Also, I need to point out that while we sought to locate our facility in various more slightly populated areas for the sole purpose of improving access to jobs and services for our residents, we were turned down by community after community who chose to deny the location of such a homeless shelter within their boundaries. Only by securing and rehabbing an old hotel outside of any existing municipality were we able to go forth at all.

Rural programs present unique challenges to effective service provision. During a prior call involving my testimony this morning, someone suggested that I have my development team gather some data. Not only do we not have a development team, we have no development person. Each of our staff is responsible for an assortment of tasks and those responsibilities are fluid, that is they often change from day to day, situation to situation. To the degree that it is possible, we provide services on site because offsite services require the commitment of a vehicle and the cost of fuel and a staff member to drive.

Employment is also a challenge made more difficult by the rural area in which we are located. Very few jobs are available in our community, and when they become open, they most often are given to people from within the community. Accordingly, employment always involves travel, sometimes many miles. Few of our residents have driver licenses so we have to transport the residents to and from employment sites. Occasionally a resident may be available to transport other residents, but this is the exception. Similarly, those residents attending school often require transportation.

In spite of these difficulties, we have managed to help our veterans find employment. Here are two success stories from just last month. Two of our residents moved into permanent housing. One of these two has recently reunited with his family and is living with them. He has been able to secure his driver license and is presently attending college classes. The second veteran is working full time for the first time in twenty years. Furthermore, he has been sober for over two years now. He is living in his own apartment and doing well. Our other current residents continue to progress with counseling, substance abuse follow-up programs, job training, education and employment while developing skills necessary for independent living.

On any given day, TLS will have a minimum of twelve veterans on our waiting list. Our contract with the VA requires that we actively search known locations where the homeless frequent in an effort to inform homeless veterans of our program and the services available to them. The intent is to make our program accessible to those hard-to-reach veterans, sometimes found under bridges and in barns. While this is a noble thought, it has proven to be impractical at best. Due to the long waiting list, it would be six months before we would be able to admit one of these veterans located in this way. Yes, we could and we do make referrals to existing programs and services such as PADS (a metro Chicago emergency shelter program), but we are unable to admit anyone we find on the street directly into our program.

For TLS to achieve the VA goal of providing housing for those veterans who ?regularly sleep in places not designated for human beings,? it would be necessary for us to have an emergency housing component to our program, and this additional component would allow us to provide food and shelter for veterans while they wait to be admitted to our transitional housing.

Furthermore, we would be provided a better opportunity to assess their ability and readiness for transitional housing and make appropriate referrals to facilitate that readiness.

TLS is presently expanding our program from 14 to 21 beds. While this will serve more veterans, it will not reduce our waiting list. In fact, we believe that our waiting list will continue to grow in spite of the additional beds. North Chicago VAMC is combining two programs, thus reducing their beds available for homeless and potentially homeless veterans by 30 beds. PADS and the domiciliary programs at North Chicago VAMC will close for the summer in April, significantly adding to the number of homeless. Furthermore, as more and more homeless veterans are hearing about our success from our graduates, more and more veterans are applying for admission. Our capacity should be increased to at least 30 beds if we are to begin to meet the present needs of homeless veterans in our area alone.

From the inception of our program, we have understood the importance of placing our veterans in permanent housing and providing supportive services. The obstacles to successful transition are many and daunting for the veteran. Most of them have many years of living on the street and being in and out of temporary housing programs. In spite of successfully completing our transitional program, they remain at risk of returning to homelessness during their first year in permanent housing. Successful transition to permanent housing depends in part on the veteran maintaining a relationship with TLS. We encourage the veteran to continue to participate in the programs and groups he was participating in when he graduated. We encourage his continuation with outpatient substance abuse and mental health care. Furthermore, we continue to provide case management services to the veteran during this time of vulnerability. All of these services are provided by TLS with no financial assistance from the VA or any other funding source. The only financial support TLS receives for assisting with permanent housing comes from the Disabled American Veterans Foundation and that funding goes to the veteran for security deposits, utilities, household items, and the first month's rent. The monies we receive annually from the DAV support only FOUR veterans transitioning to permanent housing during that one year period.

As our program continues and grows, we will have an ever increasing number of veterans in permanent housing, and we will be providing services to this population. Soon, our resources, already stretched to their maximum limits, simply will be unable to be stretched far enough to provide the support services so desperately needed. Not providing these services is not an option as many of our grants are driven by providing these very services. I strongly suspect that the lack of these services will threaten the success of our veterans. We encourage Congress to authorize a specific funding stream for the aftercare and permanent housing of veterans graduating from transitional housing.

I would be remiss if I did not mention the soldiers returning from conflicts around the world. These men and women are the future of our great nation. While I believe that many of them will become future leaders, I am greatly concerned that many will succumb to the same fate as those I have worked with from the Vietnam era, Korean conflict, and WWII. I am already providing counseling for some of these troubled young people as they return from Iraq. While we have yet to admit a veteran from the Iraqi war into our homeless program, we have served several Gulf War veterans. I am presently providing psychological services in my practice for four veterans

recently returned from Iraq. Psychological and substance abuse problems can and often do lead to homelessness. All too often, the neglect of these issues becomes a chronic problem for the veteran and results in homelessness. While the VA has displayed a willingness to look at this concern, and Congress has provided additional funding, my experience to date is that we are ill prepared to address the sheer quantity of veterans who will need treatment. Furthermore, many of the professionals who have experience addressing these issues are retiring from the VA. The resource of professionals experienced in dealing with Post Traumatic Stress Disorder and related problems is dwindling. A reduction of professional staff familiar with the psychological and substance abuse problems caused by war trauma will greatly threaten the continuation and success of programs provided to heal the veterans of today's wars.

Most of the pre-Gulf War veterans were men, so most of our homeless population of veterans, thus far, has been made up of men. The veterans returning today are men AND women, presenting problems we have not had to deal with before. Our facility and other homeless facilities are going to have to be prepared to deal with men, women, and possibly children of these veterans. This fact presents an entire new set of problems for which we are unprepared at this time.

Let me conclude by urging the VA and Congress to make every effort to prevent our returning soldiers' problems from becoming chronic to the degree that these brave men and women are at future risk of homelessness.

Respectfully Submitted,

Alan Belcher
President of the Board of Directors
Transitional Living Services