

**STATEMENT**

**OF**

**THEODORE R. JONES  
CHIEF STEWARD, LOCAL 1647  
AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO**

**BEFORE**

**THE VETERANS' AFFAIRS COMMITTEE  
UNITED STATES HOUSE OF REPRESENTATIVES**

**HEARING ON**

**H.R. 2716,  
THE HOMELESS VETERANS ASSISTANCE ACT OF 2001  
AND  
H.R. 936,  
THE HEATHER FRENCH HENRY HOMELESS VETERANS ASSISTANCE ACT**

**ON  
SEPTEMBER 20, 2001**

Chairman Smith, Ranking Member Evans, my name is Theodore R. Jones. I am the Chief Steward for Local 1674 of the American Federation of Government Employees (AFGE), AFL-CIO. AFGE Local 1674 currently represents the Licensed Practical Nurses, Nursing Assistants, and staff who perform necessary services to support direct patient care at the VA Medical Center in West Haven, Connecticut. I am a WG-3 food service worker at the medical center.

AFGE urged me to testify today because my struggles as a homeless veteran and successful treatment at the West Haven VAMC suggest some key ways in which legislation to help homeless veterans can be improved.

From 1978 to 1981, I served as an Airman First Class at Offutt Air Force Base in Omaha, Nebraska. I was an Administrative Specialist with top security clearance. I went into the military because I thought it would give me good job training. When I got out of the Air Force in 1981 I tried to find a job. In the recession of 1981 and 1982 our nation's unemployment rate peaked at 9.7%. For African-Americans that rate was roughly double.

Without a job and without the likelihood of a steady job, I got into drugs. I tried to work day jobs and temporary work. I was homeless and on drugs for years.

In 1989 I went to the West Haven VA Medical Center for help. I went through a 3-day inpatient detoxification program and then into a 21-day inpatient rehabilitation program. After this intensive support I was discharged. I wanted to get into VA's residential rehabilitation program or "halfway house"--- but it was full. The VA halfway house program was a safe, clean environment on the VA Medical Center campus where you were provided with the needed structure and support to rebuild your life. It was the next important step in addiction recovery. With no residential beds available, the best the VA staff could do was to wish me good luck and suggest that I attend DA meetings.

I still had no job, no hope, no clue and no support. I went back into the drug environment that I had left 24 days earlier. I took a bus from Bridgeport to West Haven the next Thursday to see if a VA residential bed was open. I was told there were still no beds available. I was very discouraged. I managed to stay clean for 78 days.

For the next year and half I lived on the edge. It was not a pretty story. I used cocaine and snorted heroin. I used alcohol because it was the most accessible and cheapest drug available. I slept in the hallways of housing projects, under bridges and sometimes I didn't sleep but just walked around. I was beaten up, shot at and cut.

I spent five to six months living out of an abandoned car. When someone had the car towed, I felt robbed and evicted. That abandoned car was my home and was safe. During this long decade I never went to a homeless shelter. I had a warped twisted sense of pride. My aunt and uncle, who adopted me after my mother died when I was 12 years old, were afraid of me.

In many substance abuse programs the concept of “hitting bottom” is used to describe when an addict starts to realize that he or she has a problem and needs help. “Hitting bottom” is a clinical concept. On the street, death is the only real bottom you can hit. In recovery the real question is when do you wake up and rebuild your life.

I made the decision to rise up from addiction and homelessness in 1991 -- a decade after I had been homeless, a decade after I left the Air Force.

The decision to become sober rests with the individual but Congress and the VA have the responsibility to make sure that when a homeless veteran with an addiction wants to go straight that the VA is ready to provide the necessary inpatient support and treatment.

In 1991, I went back to the West Haven VAMC for help. I was put through a 3-day inpatient detoxification program and then discharged. I was told to come back in six days because there were no beds available for the intensive 21-day rehabilitation inpatient program. I did come back to get into the program, but how many other veterans in need of help didn't return because they relapsed or overdosed?

It is my understanding that the 21-day rehabilitation program is now conducted on an outpatient basis. I don't believe that I could have stayed sober through an outpatient program.

With the elimination of the inpatient rehabilitation program, homeless veterans receive 3 or more days of detoxification and then are put back on the streets during the day without structure or support. The VA does have contracts to shelter veterans. But for \$20 or \$35 a day, do you really believe that you are providing veterans with the intensive round-the-clock support they received at the VA?

After I went through the 21-day program I was told there were no beds in the VA's halfway house. I waited two weeks to get into VA's residential halfway house. It was the longest two weeks of my life. Of the veterans in my 21-day program, seventeen veterans didn't get a bed in the VA halfway house. They are probably still lost souls.

The VA residential program is an important part of substance abuse treatment. It gives veterans the intensive support and care they need to transition back into society and move forward. At the VA-run halfway house you learn how to break patterns, prepare to build a life and to get a new circle of sober friends. If I had to undergo this rehabilitation treatment on an outpatient basis I would not have been able to stay clean.

The West Haven VAMC no longer operates a 40 bed residential halfway house on the medical center campus. They contract out for 7 or 8 beds. The VA contracted beds do not offer veterans with the intensive and structured treatment that had been provided at

the VA. The VA also contracts with homeless shelters but during the day veterans do not receive group support or one-on-one counseling at these facilities.

During my residential treatment it eventually became clear that I had a dual-diagnosis and needed a psychiatric placement. I cannot emphasize enough how important it is to increase both inpatient substance abuse and psychiatric beds in the VA.

My facility has cut a total of 80 beds that used to help homeless veterans with addictions. **I urge you to pass legislation that establishes a minimum number of inpatient substance abuse and psychiatric beds.** You will not end homelessness for veterans without making sure there are enough VA inpatient beds to treat substance abuse and mental illness.

After I ended my residential treatment I still needed a job. After I looked for work each day I would then volunteer in the kitchen at the VA Medical Center. After volunteering for three months, they had an opening and I was encouraged to apply. I have worked there since 1992. I also help run an open NA meeting at the VA facility where I work.

### **Lessons Learned**

The support that I received during inpatient detoxification, intensive rehabilitation and at VA-run residential program allowed me to stay sober. But if we force veterans to wait and wait to get into a treatment bed or force them to use outpatient services we are dooming them to a failed recovery.

**I cannot emphasize enough how the lack of substance abuse treatment beds is affecting our ability to end homelessness.**

The terrorist attacks of last week have reminded us that we need the military. These attacks also remind us that we will have more veterans in the future. We are in a slowing economy. The unemployment rate for African-American men over 20 years of age is currently nine percent. This means that veterans, especially minority veterans, are at risk of homelessness. We cannot turn our back on these veterans. Do not let VA deny them the inpatient care they need to recover from addictions and mental illness.

Thank you for the opportunity to testify.