COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEE ON PUBLIC HEALTH AND

HUMAN SERVICES

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Room 400, City Hall
Philadelphia, Pennsylvania
Thursday, October 30, 2008
1:20 p.m.

- - -

PRESENT:

COUNCILWOMAN MARIAN B. TASCO
COUNCILWOMAN JANNIE BLACKWELL
COUNCILWOMAN DONNA REED MILLER
COUNCILWOMAN BLONDELL REYNOLDS BROWN

RESOLUTION 080728 - Resolution authorizing the Council Committee on Public Health and Human Services to hold hearings regarding the health, financial, and quality of life issues of veterans.

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COUNCILWOMAN TASCO: Good afternoon. We welcome all of you here this afternoon to this joint hearing between City Council's Public Health and Human Services Committee and the Pennsylvania Senate's Veteran Affairs and Emergency Preparedness Committee.

Some of our Councilmembers will be coming in. We just had our Council session, which just ended not too long ago, and probably some of them are at lunch and will be joining us. And some will listen to us on the Council boxes in the office as we discuss this very important issue today.

I am very pleased to recognize Senator Lisa Baker, who will give remarks after my introduction and comments. She's the Chair of the Senate's Veteran Affairs and Emergency Preparedness Committee. She represents the 20th Senatorial District, and she can give you the boundaries and the layout of where she is. And we don't want to keep her

here all evening, because she has to drive back to her hometown, which is up in the Poconos, I think.

And then we have our own State Senator LeAnna Washington from the Fourth Senatorial District, who is a member of that committee. And to her right is Councilwoman Donna Reed Miller from the Eighth Councilmanic District, who chairs the Public Safety Committee.

This Tuesday, we as citizens of this great nation will elect our next President. Regardless of our next President, whether our President is Senator Barack Obama or Senator John McCain, our nation's new leader will face various issues and challenges. From a world economy in crisis to wars in Iraq and Afghanistan, the next President will confront issues at home and abroad.

In this context, many of our soldiers here and those returning home from foreign conflicts confront issues at home as well as abroad. From predatory

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lending to post-traumatic stress disorder, our veterans are confronted with various issues that affect them and their families. For their service, we owe them a debt of gratitude.

So today we come to just talk about and discuss some of the experiences that our veterans have encountered. We'll talk about how we as government can make their lives easier, their families' lives easier and what collaboration, because the City does run health centers, what is it that we can do at our health centers to provide services to our returning veterans, and also what impact does that service have on the City's budget, because the costs are not picked up by the federal government, it's borne by local government, and what impact would it have on the State's budget.

So this is the beginning of a dialogue to discuss the issues of how we help our returning veterans, to provide services to them and their families. So

we're glad that you have come here this afternoon and to provide your testimony. And we will not adjourn this session. We will recess it, because we may want to come back later and have another discussion as we deliberate over this matter.

I'd like to call on Senator Lisa Baker, who is the Chair of the Veterans Affairs and Emergency Preparedness Committee for the State of Pennsylvania, and ask her to have a few remarks, and then we'll have opening remarks also by State Senator LeAnna Washington and then from Donna Reed Miller, if she chooses to do so.

Good afternoon and thank you so much for coming.

SENATOR BAKER: Thank you, Councilwoman. It's a privilege for me to be here at your invitation and the invitation of my colleague on the Senate Committee, Senator LeAnna Washington.

I come from Northeastern

Pennsylvania. The 20th Senatorial District encompasses six counties: the counties of Luzerne, Wyoming, Susquehanna, Wayne, Pike and Monroe counties. And this morning I left a meeting where we had 14 inches of snow on the ground in the Poconos.

So it's a pleasure to be here. It's an opportunity for us to hear and get a different perspective from your community, to hear from veterans, to hear from those who serve veterans and to find out what issues and challenges you face.

In this two-year legislative session, the Senate Committee has done much to address the priorities of the Pennsylvania War Veterans Council, including the passage of Act 66, which is the Veterans Service Outreach Program, which has been very successful in reaching out to veterans across the Commonwealth. Governor Rendell deserves much credit for providing increased funding to support this effort, and we

are seeing more than 100,000 veterans being served through this program. I was the author of the bill, and every member of the Senate co-sponsored it. So we were very pleased with that.

There are a number of other acts that we've passed in this session, including Representative Fairchild's bill that protects veterans' grave markers and provides them to all veterans, whether they served in peace or war, and provides for substitute medals. We're also protecting those through theft and destruction through a bill that Representative Mantz authored. And we also passed a bill that provides for child custody protection of our military personnel.

So in this session, we've addressed a number of issues, but we know that there are many remaining. We look forward to your testimony and hearing the state of challenges that you face, and we look forward to continuing a partnership

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at the state and local level in partnership with the federal government.

So thank you very much for the opportunity to be here today.

COUNCILWOMAN TASCO: Thank you.

I made an error. Prior to having our State Senator Washington make remarks, let me have the Clerk read the resolution.

THE CLERK: Resolution 080728, authorizing the Council Committee on Public Health and Human Services and the Pennsylvania State Committee on Veterans Affairs and Emergency Preparedness to hold hearings regarding the health, financial, and quality of life issues of veterans.

COUNCILWOMAN TASCO: Thank you very much.

Now Senator Washington.

SENATOR WASHINGTON: Thank you, Councilwoman Tasco.

Good morning -- I mean good afternoon. I am State Senator LeAnna

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Washington. I serve the areas of Philadelphia and Montgomery County, and I am a member of the Senate Veterans Affairs and Emergency Preparedness Committee.

I want to thank Councilwoman Tasco, Chairwoman of the Committee on Public Health and Human Service, for inviting me and my colleague, State Senator Lisa Baker, to the hearing to be a part of today's hearings.

As many of us know from reading the headlines and listening to newscasts, our veterans today need support and assistance from our government more and more. We know this is based on what we're learning about -- we know this based on what we're learning about the pains of veterans' readjustment to civilian life, their misdiagnosis of post-traumatic stress injuries, as well as financial problems that puts additional strains on them and their families. Continued deployment serves to

exuberate these problems.

Despite our very direct proactive efforts to support the needs of the State's 1.3 million veterans, we know for certain that more is needed. Extreme shortages of affordable housing, a livable income and access to healthcare are major problems. And to add to this substance abuse and lack of family and social support networks certainly compound the problems.

I look forward to hearing from all of the presenters today and learning more about their concerns and issues and how we can better serve them to bring about sustained and positive long-term results.

The one thing I do want to say is that because we have our Chairwoman here from the Veterans and Emergency Preparedness Committee here and because of our need to work very closely with City Council, that's why we agreed to come here today. Because things are

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changing, and the closer City government and State government work together, the more gets done. And so I'm happy to see Edgar Howard, who is the new Commissioner for Veterans Affairs, here. He works very closely with me in my district. We're preparing a luncheon for veterans from the early wars next month. And so this is something that we need to do more often. And as Councilwoman said, I'm glad that she's just not closing this out, she's going to recess so that we might be able to come back together again to come up with some positive solutions.

So thank you.

COUNCILWOMAN TASCO: Councilwoman Miller.

COUNCILWOMAN MILLER: Hi. Good afternoon. Councilwoman Donna Reed Miller.

I think that veterans -- I feel that veterans have a special place. They go out, they serve their country, they come back, and the supports just are not

there, and that's something that we really need to be concerned about.

I have a brother that gave up his life for this country and was killed during the Vietnam War, and that was very traumatic for our family, and I think that's when I started to pay more attention to the plight of veterans.

So I'm here today. I'm glad we're having this hearing, and look forward to receiving the information.

Thank you.

COUNCILWOMAN TASCO: Thank you very much.

Let me recognize Kevin Watson, who is here representing Senator Specter's office, and I'm sure he will take back to the Senator concerns and recommendations that come out of this hearing. And I know the Senator is quite concerned and interested in our veterans and has been helpful in that vein.

And also representing Councilman Rizzo is Leon King from

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Councilman Rizzo's office.

We're going to begin our testimony from our witness list. The first panel is going to talk about the state of veterans affairs. And this hearing came about as a result of Edgar Howard, who is the Veteran Affairs Commissioner for the City of Philadelphia and is employed by the City Council President, and he has been very, very active in reaching out to the various veterans organizations, to talking to veterans about some of their concerns, and certainly in our ear about doing something to discuss the plight of the veterans and what could be done to help them. And since he is my neighbor and he works for us, he was in my ear and said, You just have to do something, and I said, No problem.

We're very happy that he is here to lend his comments and support to what we're trying to do, and we will support him in his effort to reach out

and help the veterans of the City of Philadelphia.

And also, there's another young lady here, Cathy Santos, who represents the National Alliance of Women's Veterans, who will testify later.

Now we call the first panel. Edgar Howard, Philadelphia Veterans Advisory Commission. The State perspective would be Clifton Jeffries, Pennsylvania Department of Military and Veterans Affairs. The federal perspective, George Perez.

Is George here?

(No response.)

COUNCILWOMAN TASCO: He's out of Congressman Brady's office.

And Mr. Richard Citron, who is the Philadelphia VA Medical Center Director.

Thank you so much.

And the advocate perspective, Ed Lowry, Philadelphia Veterans Multi-Service and Education Center.

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If those individuals are here, would you please come forward, present yourself to the witness stand and we'll proceed from there.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Good afternoon. Would you state your name for the record and proceed with your testimony.

MR. HOWARD: Good afternoon. My name is Edgar Howard. I am the Director of the Philadelphia Veterans Advisory Commission.

It is indeed an honor to be here before this distinguished body to give testimony before everyone who is assembled here today, and I'm pleased to say that I'm very happy with those who showed up.

I have held this position of Director of the Veterans Advisory Commission since January of 2008. Our Veterans Commission has been in existence

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for 50 years, serving those who have served in our military.

Since January of 2008, we have serviced over 1,250 veterans and their families through the City's -- since I've been here, we have served over 1,250 veterans and their families.

Through the City's IT Department, I am pleased to say that we are now prepared to go up on the City's website, long overdue, and that should be taking place within the next month.

There's just a couple of issues that I wish to address. The first issue that I would like to address is the possibility of another location for the Veterans Advisory Commission. As you know, our offices are located right next door. The problem being that when Council is in session, people have to go through the ID screening. That is very fearful for veterans. They don't want to come upstairs. Our staff runs downstairs, they take things to them.

And I've talked to the Council President about it. The problem seems to be a lack of space down on the ground floor, but some way that's the best place for us to be, because that would afford the veterans easier access into City Hall.

The next issue that I would just like to mention briefly is the issue of the $75 cost for funeral expenses. The $75 has been in effect since 1972, and I think that it's time that we take a good, hard look at it, even though it's another one of those infamous unfunded mandates passed down on us from the State.

The next issue that we really need to address is the issue of homelessness, which remains one of our number one priorities. This is an issue facing the City. We constantly have veterans coming into our offices looking for shelter, and I feel that as a Commission, we should be more active in having an outreach arm where we can go

out to community events, dispense information and talk to people. I've done this this past summer, and through those efforts, we did bring in more veterans to service.

And, finally, I would also recommend that the City of Philadelphia take a good, hard look -- the City and the State take a good, hard look at the services offered to female veterans. I feel that they're like taken for granted, as if they're not part of the old boys' network. I think that there is more that can be done to improve their services and to make them realize that we as a nation are grateful for their service.

In closing, I would like to thank all those who will be participating in this hearing, and I ask that everyone pray for our brave men and women overseas, pray for those who are in harm's way, and God bless this body. And if there are any questions of me, I would be more than glad to answer them.

Thank you.

COUNCILWOMAN TASCO: Thank you. We'll hold the questions until all the panelists have made their presentations.

We'll look now at the State perspective. Is anyone here from the State?

(No response.)

COUNCILWOMAN TASCO: No. We'll take -- Mr. Perez is not here from the federal perspective, unless Mr. Watson wants to come and testify. And we'll now hear from Mr. Citron from the Philadelphia Veterans Medical Center.

MR. CITRON: Well, I want to thank the Committee for this opportunity to participate and to highlight what the Philadelphia VA Medical Center does every day for Philadelphia veterans.

The Philadelphia VA Medical Center just learned about today's program only yesterday, and I apologize, but I don't have a written statement to present, but I've got some working notes

here that I'd like to speak to, and then I'd be very happy to entertain questions or comments.

First, by way of brief introduction, a couple things I'd like you to know about myself. I am a veteran. I served in Vietnam. I've only been at the VA Medical Center here in Philadelphia about 14 months, but I have over 37 years in the VA healthcare system.

Before I tell you about the VA Medical Center in Philadelphia, let me tell you about the VA in general. It has -- it's one of the largest departments in the federal government, and we have three main delivery systems. One is the healthcare system, the Veterans Health Administration. There's also the Veterans Benefits Administration, and they handle benefits like insurance, disability compensation, GI bill, pensions. And Philadelphia is very fortunate in having one of the

larger Veterans Benefits Administration regional offices right here in the City.

There's another part of -- a third part of the VA known as the National Cemetery Administration, and they handle burial benefits and VA cemeteries around the country. And currently the VA is developing a new Veterans Cemetery in Bucks County. But the Medical Center doesn't get involved with the Cemetery program or the Veterans Benefits program.

And there's one other small, but very important, program that we have here in Philadelphia known as Vet Centers, and we have a couple of Vet Centers in the area that provide counseling services to veterans. And while our Medical Center provides good support to the Vet Centers, we don't oversee them or direct those programs.

So let me give you a little overview of who we are at the Philadelphia VA Medical Center.

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We're really a state-of-the-art medical center that's been in the City of Philadelphia since 1953. Our mission is to honor America's veterans by providing exceptional healthcare that improves their health and well-being. We're served by about 2,000 employees, and last year we served over 57,000 veterans in the Philadelphia metropolitan area. Thirty-one thousand of those veterans actually are residents of the City of Philadelphia.

The veteran population in the Philadelphia area is -- not in the City of Philadelphia -- is about 90,000. So we're serving about a third, 30 percent, of the veterans in the City.

The budget of the Medical Center last year was over $360 million, and we have close affiliation with a number of schools of medicine and Allied Health. We're closely affiliated with the University of Pennsylvania Schools of Medicine, Nursing and Dentistry. We

operate 133 acute care beds in medicine, surgery, psychiatry and rehabilitation medicine. We also operate a 220-bed community living center, commonly known as a nursing home care unit. We also oversee four outpatient clinics that provide primary care and mental health services throughout the region.

Now, the clinics are in Horsham, Pennsylvania; Fort Dix, New Jersey; Gloucester, New Jersey; and also in partnership with the Multi-Service Center, we have a clinic in downtown Philadelphia.

We are one of eight VA Medical Centers in the State of Pennsylvania, and we're one of the two tertiary care facilities in Pennsylvania. Pittsburgh is the other tertiary care facility.

Now, the VA typically uses a hub-and-spoke arrangement to refer patients to its tertiary care centers. So we provide a lot of special services and support to veterans in Delaware,

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Southern New Jersey. We get referrals from veterans who use the Wilkes-Barre VA Medical Center, as well as the Wilmington, Delaware and Coatesville and Lebanon VA Medical Centers.

This particular medical center here in Philadelphia, we're very proud of a number of special programs that we have here that are nationally recognized. One relates to research and education for Parkinson's disease. We also have a special Center of Excellence for Mental Illness, Research and Education. There's a program known as Center for Health Equity Research and Promotion that deals with economic issues, and we have a special Substance Abuse Treatment and Education Center, also a Regional Sleep Center.

I'll mention a couple other things briefly. The Philly VA is one of 21 medical centers within the large VA national system that's been designated a polytrauma rehabilitation site. So as

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veterans return from Iraq and Afghanistan, we have a special team that works very closely with those returning vets that have particular needs and problems that will help them transition back to civilian life.

Now, I'd be happy to go on if time permits, but if you'd like me to pause here, this would be a good point.

COUNCILWOMAN TASCO: We'll ask some questions. I'm sure we have quite a number of questions to ask.

MR. CITRON: Very good. Thank you.

COUNCILWOMAN TASCO: Mr. Lowry.

MR. LOWRY: First of all, I'd like to thank Councilmembers Tasco and Blackwell for introducing Resolution No. 080728 and those Councilmembers that supported it. I would also like to thank Senator Baker and LeAnna Washington for their participation in this panel.

My name is Edward J. Lowry. I am the Executive Director of the

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Philadelphia Veterans Multi-Service Center, a 501(c)(3) non-profit agency located in Old City, Philadelphia. I am also Chairman of the Veterans Advisory -- Philadelphia Veterans Advisory Commission and served for four years as an appointee by Secretary Elaine Chao to serve on the National Department of Veterans Affairs on their employment and employment rights commission.

I would again like to thank Representative Tasco and Blackwell, as well as the members of the Health and Human Relations Commission, for scheduling this hearing in an effort to gather information on issues and needs of military veterans and for inviting those of us recognized in the field as those who deal with veteran issues on a daily basis. I appreciate the invitation to provide testimony on behalf of the Philadelphia Veterans Multi-Service Center.

My hope is that what takes

place here today will enrich our understanding and expand not only our capabilities, but also our capacity to provide our veterans, male and female, with a successful reintegration back into their families and communities through access to coordinated services, treatment and care.

Our agency has been a veteran-specific service provider since 1981, assisting over 50,000 veterans in need. During the last fiscal year, 4,182 veterans entered through our doors and utilized our services, resulting in 31,554 visits.

I base my testimony on 35 years of experience in providing services and directing programs that address the critical and unmet needs of veterans in the City of Philadelphia, Southeastern Pennsylvania and South Jersey. Today, I will address several issues that are among our priorities. They are the need for a veteran-specific shelter in the

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City of Philadelphia, funding to continue services to homeless veterans in our city and region, the economic factors that we bring to the City, a veterans court and State Bill 915, Act 66 of 2007.

In our facility at 4th and Florist Streets, we provide for the needs of honorably discharged veterans in a unique and respectful atmosphere. To provide for these multiple needs of veterans we serve, we have formed a solid and lasting partnership with federal, State and City agencies that know and understand the challenges that our veterans face daily.

Most recently in our conversation with the City's Office of Supportive Housing, we have discussed the logic of compressing the efficiency and effectiveness of services to homeless veterans, both male and female, within the City shelter system.

It's important to note that OSH, the Office of Supportive Housing,

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data received for the period July 1, '06 through March of '07 has identified 430 veterans in the City shelters alone. This would not include veterans who might be in shelters in other facilities. Of this number, 61 percent were women veterans. This equates to 14 percent female statistic, far above the national average, which figure is approximately six percent.

It's our belief that recognizing the way in which veterans are assigned within the shelter system would coordinate a more intensive tactic towards earlier intervention and assessing their needs and services. This progressive method would begin by placing of all homeless veterans in one designated shelter, where a defined program for intervention would begin. This would not require the establishment of new shelter beds, but rather only realignment of those that are in existence. The expense of money, time

and manpower to provide outreach across the City in order to locate veterans would decrease. I believe this would foster a viable working solution to the fragmented services currently offered to homeless veterans.

Consolidating the City's shelter system with one site location for veterans will allow the City to better monitor this population and develop a more structured approach to the resolution of the problem.

It is anticipated that a number of homeless veterans will rise significantly in the near future as a direct result of our current conflicts in Iraq and Afghanistan, and for this reason, we believe it is important to begin the process of developing a veteran-specific shelter as soon as possible in order to facilitate the most appropriate care and treatment that these veterans deserve.

The old adage of "pay me now or

pay me later" is important to the concept of early intervention and identification. National studies have shown that in the past, it has normally taken veterans 15 to 20 years to bottom out and wind up in the homeless population. Veterans of Operation Iraqi Freedom and Operation Enduring Freedom are showing up in the population within six months to a year after leaving the military. Early intervention and services are critically important.

The Center is prepared to commit to being a conduit through which these homeless veterans could pass while in the shelters. The Perimeter, our one-day service program, exists as a perfect clearing center for this operation, offering comprehensive services, resources and partnerships. On site at The Perimeter are a myriad of resources that include the VA homeless outreach team, the VA mental health team, the VA medical clinic, the VA Regional

Office, the VA Regional Office of Homeless Veteran Representatives, Employment Services via the Commonwealth of Pennsylvania, and the Homeless Advocacy Project, job developers and case managers for referrals to treat veterans within the housing program, along with job training, job development and job placement. We look forward to continuing our discussion with the City on this topic.

I believe that the early and the continued efforts of the Philadelphia Veterans Multi-Service Center have strongly contributed to the impetus that dramatically changed the landscape of the City of Philadelphia in its approach and investment to the homeless veteran crisis over the last two decades. We are proud that one of our staff, Sandy Miller, is a member of the United States Department of Veteran Affairs Secretary's Advisory Commission on Homeless Veterans.

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Multi-Service Center has developed and maintains a close relationship with the VA and the City of Philadelphia through a Memorandum of Agreement. We rent 5,000 square foot of space to the Philadelphia VA Medical Center. We have been honored as being designated as a nationally recognized VA Community-Based Outreach Clinic, where the VA provides comprehensive medical and mental health services on site delivered by their professional staff of nurse practitioners, psychiatrists, psychologists and social workers.

The VA homeless outreach team also works on site at The Perimeter, our day-long service center for homeless veterans. In this vein, we were a member of the Mayor's Task Force on Homeless formed under the Street Administration. We were contributors to the City's Ten-Year Plan and a member of the group that coordinates the development of the City's Consolidated Plan in working on

the HUD McKinney-Vento grant submission. Additionally, we have been working closely with the City Office of Supportive Housing, bringing our resources and experience to the table in an effort to address the homeless issue.

Currently, the VA Department of Veteran Affairs reports that a number of homeless veterans has been reduced by 21 percent since 2006, down to an estimated 154,000 on any given night in this country. In comparison, the number of homeless women veterans has risen from two percent to six percent in the homeless veteran population, altering the actual number from approximately 5,400 to 7,700 today, using the conservative five percent estimation.

In light of the ever-present news reports of the VA and DOD on Iraq and Afghanistan, City Council's concerns that the City of Philadelphia may face significant threats of an increased number of disabled and homeless veterans

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is well founded. In comparing the per capita population of -- in cities across the country, Philadelphia ranks as one of the highest in its importance -- and it's important to mention that approximately 40 percent, 40 percent of the Commonwealth's veteran population resides in the five-county area of Southeastern Pennsylvania.

The issue of homeless veterans has drawn an increased emphasis over the past 20 years. The Philadelphia Veterans Multi-Service Center has, since its inception in 1991, been providing assistance and resources to the veteran population. However, in 1994, the Center's efforts was escalated with its investment in the Philadelphia Stand Down, a three-day event initiated by Marsha Four, one of our current staff members, along with one of her fellow veteran friends from Vietnam Veterans of America. They brought together a group of veterans from and around the

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Philadelphia area to discuss the ability to hold a "Stand Down." Over the course of the year, they defined this project and held the first Stand Down in 1994. Its original mission was to bring together providers and social service agencies from across the area in order to offer a place for homeless veterans to obtain assistance in one location at one point in time.

Additionally, its purpose was to inform and bring recognition to the problem and unite the effort of the VA and these providers in order to consolidate the effort and approach to this growing life situation facing not only those veterans, but also agencies to bring relief to these citizens of our region.

The Center became involved with Stand Down early in its original planning stage, providing free office space with phone, mailing and fax capabilities. It also availed our staff storage space,

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arranging for its original and long-lasting relationship at Lighthouse Field, where Stand Down was held for many years. During its initial planning, the Center helped its committee to negotiate City regulations and organize some of the logistics needed for its production.

As one can see, the Center took its involvement in homeless veteran plight very seriously as a non-profit agency. It was investing all of its available resources in the Stand Down program in order to ensure its success, believing and advancing its mission. Stand down was recognized as a great asset in identifying and addressing the initial needs of homeless veterans visiting its compound. However, many volunteers, officials and service providers began asking the question, What do you do with the population over the next 362 days of the year?

Recognizing the importance of a consolidated and comprehensive service

approach, the Philadelphia Veterans Multi-Service and Education Center became aware of a grant possibility in 1996 that could result in a "Stand Down" approach and services for homeless veterans five days a week, 52 weeks a year. Marsha Four recognized this capability as one of the enormous potential outcomes of Stand Down, fulfilling one of its critical objectives. We could not turn our backs on this enormous opportunity to significantly enhance one of our primary objectives; that is, of readjusting to meet the ever-changing needs of the veterans who find their way to our door.

At this crucial juncture in time, with the encouragement of Coatesville VA Medical Center and the support of the VA Medical Center, we ventured to submit three grants that would ultimately restructure and fortify our services to veterans. We were awarded all three.

These awards from the U.S.

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Department of Veteran Affairs and the U.S. Department of Housing and Urban Development were the foundation of what has proven the Center's first steps in creating a strong substantial continuum of service to homeless veterans in our community.

These grants established two solid veteran programs: The Perimeter, a one-day center offering a full array of comprehensive resources for veterans still on the streets and in shelters; and LZ II, a 50-bed transitional residence. Since those early days, through the award of several other grants, LZ II has expanded to a 95-bed program.

It is important to mention that a significant percentage of residents, over 80 percent, were former City of Philadelphia residents. The Mary E. Walker House opened with 35 transitional beds for homeless women veterans in January of 2005. It is the largest program of its kind in the country funded

by the VA Homeless Grant and Per Diem and a model as cited by the VA.

A 30-unit veteran-only housing Shelter Plus program was initiated at the request of the City of Philadelphia, and our latest HUD grant submission awarded the Center an additional ten permanent housing units for veterans in its HUD-supported housing program.

Capacity and statistics do bring to light our positive program outcomes. Since opening in March 2000, The Perimeter has seen approximately 900 unique homeless veterans annually, with an average daily census of 75 homeless veterans per day. These individuals resulted in 15,000 visits to our Center last fiscal year alone. As a matter of fact, we provided over 165,000 meals to homeless veterans through our three homeless programs.

LZ II admitted 1,002 veterans since 1987. It normally has a waiting list of 95 beds -- for its 95 beds, and

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its average length of stay in '08 was 351 days. Over 50 percent are between the ages of 41 and 50. However, as mentioned previously, the age of our younger veteran is growing. To date, seven percent have been under the age of 35. Only 21 percent discharged from the program were discharged due to alcohol and substance abuse.

All veterans of this program are in therapy, attending groups, have been required -- have a required savings plan and work either at the VA or in the community. Eighty-seven percent of all discharges went to independent housing. Eighty percent were employed, and six percent were receiving disability.

The Mary E. Walker House was founded -- has housed over 110 veterans, females, since we opened our doors. The average length of stay for homeless female veterans during 2008 was 305 days, and only 15 percent have been discharged for drug or alcohol abuse. While 56

percent of the women have been between the ages of 41 and 50, 13 percent have been under the age of 35. Sixty-seven percent were discharged to independent housing. Seventeen percent were discharged for transfer to VA Hospital or treatment programs. Fifty-four percent of those discharged had employment, and 20 percent were receiving disability or pension.

It has been noted by documentation that many of our women have a great difficulty re-establishing themselves due to an increased need for intensive mental health therapy. In many cases it is due to the high level of mental health diagnosis and sexual abuse and trauma that they have encountered in the past. Some even find it challenging, if not impossible, to be in a social setting with men. Because few programs such as the Mary E. Walker House exist in the country, clinicians and women veterans seek admission due to exemplary

reputation and therapeutic environment in dealing with the complex problems and dual diagnoses of homeless women veterans.

Marsha Four, our Director of Homeless Veteran Services, coordinates our Mary Walker House and is a nationally recognized authority on veteran issues. She's here with us today.

I would like to mention the economic impact that the Multi-Service Center has had both on the City of Philadelphia and on the southeastern region of Pennsylvania.

Since the new millennium, our Center has brought in excess of $20 million to the City of Philadelphia and the Commonwealth of Pennsylvania by way of grant dollars specifically for veterans. The total amount of funding that we have secured over the past 28 years since our inception is $35 million.

In addition, our employment and training program assist veterans to

obtain the skills they need to attain a livable wage. In the past five years, we have consistently met or exceeded our goals set forth in our grant by the U.S. Department of Labor and the PA Department of Labor and Industry. These jobs have resulted in $10 to $15 million put back into the local economy annually in wages, taxes, and approximately 25 percent of these veterans have been taken off some kind of income maintenance roles.

We add another 1.5 million as an employer in the City of Philadelphia. And as an aside, 79 percent of our employees are honorably discharged veterans. We feel that our efforts are truly an economic development tool that supports the City of Philadelphia and the southeastern region of Pennsylvania.

Strikingly successful around the country in reducing crime, saving money and repairing lives, the Veterans Court has had a great impact in trying to reduce the veterans that are showing up

with drug and psychiatric problems coming through the system. Most of the crimes of which they are accused are non-violent in nature. It offers defendants a chance to stay out of jail to avoid more serious charges in an effort to entering addiction or a mental health treatment program and taking other steps to right their lives. It enlists other veterans as volunteers, mentors, to help overcome participants' resistance in treatment and point them in the right direction.

We have had preliminary conversations with Philadelphia's Homeless Advocacy Project, which is also interested in the concept and supports further discussion of its initiative. In light of the progressive stance Philadelphia and City Council is taking in regard to veterans, we see great possibilities that might be a viable asset.

That piece of my testimony regards a Veterans Court that is

currently being held in various parts of the country, but the court in Buffalo, the Veterans Court in Buffalo, has made a major impact in bringing homeless veterans and less fortunate veterans into the courts to try to get them into the court system voluntarily, to try to help them address their needs of substance abuse or other related issues they may have, with the opportunity of taking them out of the jail system or the criminal justice system.

I'm pretty close to closing here.

I would like to address my final remarks basically to the representatives that are here from the Senate Veteran Affairs and Preparedness Committee. I'd like to thank Senator Baker and Senator LeAnna Washington for attending today, and I would like to address my next comments and my concerns to those members.

As you have heard, we have

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secured over $35 million in federal grants in discretionary funds and brought them into the Commonwealth of Pennsylvania. The Commonwealth, however, does not provide matching grants or funding to support the myriad of services that we provide to homeless, disabled, elderly and less fortunate veterans. We need your help and support.

Senate Bill 66, I'm deeply concerned with that bill. This bill authorized this year $1.7 million for this fiscal year to provide services to our Commonwealth's veterans. I honor the Governor and applaud him and the Senate and House committees and those elected officials that granted these funds. My concern is that the agencies such as ours, the PVMSC, and across the State that effectively and efficiently provided critically needed services are not entitled to apply. We requested information on a grant application and we were advised that, one, you must be a

member of the Veterans War Council in Harrisburg or, two, you must be a veteran membership organization; three, in program year, only designated veterans service organizations such as the American Legion, the VFW, the AMVETS and the DAV were eligible to apply; and, fourth, other commission member organizations could apply and the Department of Veteran and Military Affairs would determine eligibility.

It's important to mention two facts. One, that only 10 to 15 percent of our nation's veteran population are members of veteran service organizations, such as those mentioned above. And, two, by state law, non-member veteran service organizations are not entitled to become members of the Pennsylvania Commission.

I feel the Senate Veteran Affairs Committee should look at making the necessary changes to the law to allow the Commonwealth's Veteran Commission to be more inclusive and, therefore, assist

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bringing the Commission into the new millennium by breaking the stranglehold that a few veteran groups have on the entire veteran population in the State. Whether a veteran is a member of a service organization or not should not be or have any bearing on the services he or she receives, because every veteran has paid the price.

Changing Senate Bill 915, House Bill 66 will allow effective service providers, both membership and non-membership organizations, the opportunity to secure necessary funds to meet the critical needs of our Commonwealth's veteran population. In doing so, the Commonwealth will not only recognize significant contribution of agencies such as ours and others, but realize we are a strategic partner in coordinating effective and efficient services across the State.

This can be evidenced by the fact, and as previously stated, during

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the last fiscal year alone 4,180 veterans made 31,554 visits to our Center. Not to be lost is the fact that 214 veterans of those that we have seen are from the current war of terrorism in Iraq and Afghanistan.

Certainly one can see that the contribution that a small non-profit agency provides to the City and State cannot be denied. The shortchanged non-profits in the grant process by eliminating them from eligibility, assessing dollars set aside to service veterans is unjust and negates recognition of the work that is done by them. It is for this reason that we strongly urge you that you look in reconsideration of Senate Bill 915.

I would like to at this point thank the Governor, State Senator Tartaglione and Senator Stack and Councilman Jim Kenney for helping us over the last several years via the DCED grant program. They helped us secure -- the

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Center critically needed funding during the serious financial crisis.

I would also like to present several questions that both affect the City of Philadelphia and the Commonwealth of Pennsylvania.

What would happen if the Multi-Service Center disappears or closes its doors, number one? What will happen to the $10 to $13 million in economic stimulus brought to the City through employment by jobs that we find for veterans that we serve? How will the City and the Commonwealth of Pennsylvania make up the loss of economic advantage of the $3 million a year in funding that we bring to the City through grants and fundraising? And how will the City of Philadelphia and the Commonwealth of Pennsylvania provide for 200 additional veterans homeless on the streets daily? And, lastly, how will the City of Philadelphia's already overburdened health and social service providers deal

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with the additional 900 homeless veterans annual that we provide housing for?

I would like to thank you for all of your insight on recognizing the need to having this hearing and the opportunity to provide this testimony. I am prepared to answer any questions you may have, and I brought with me to help me do that Patricia Palmer, the Director of Client Services and our financial officer; Marsha Four, Director of Homeless Services; and Sandra Miller, Coordinator of our 95-bed transitional housing program.

Finally, I would like to thank you for hanging in there and listening to my testimony, but I've been waiting to do this for a couple of years, and we feel that when we get the opportunity, we have to tell you as much as we can about the services that we provide to the City and the veterans in Southeastern Pennsylvania.

Thank you.

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COUNCILWOMAN TASCO: Thank you very much.

Questions?

Senator Baker.

SENATOR BAKER: Gentlemen, thank you very much for your testimony, and I certainly appreciate the insight and the various perspectives that you're offering.

I do have a number of questions for Mr. Lowry, but I know across the spectrum, you've all talked about the homelessness issue and that being your number one priority. How do you see the integration of the State and the local efforts on the homelessness? You mentioned a number of grants that you've received from the Continuum of Care, from HHS and others. What other partnerships are you exploring in terms of that currently?

MR. LOWRY: Well, as a small non-profit, I think that it's been known that there is a role in our veteran

service community for non-profits. The problem that we run into is that we are what they consider soft money programs. And we have been fighting for 28 years to try to keep this program open and we started with primarily Vietnam vets. Now we're 28 years later servicing veterans from the Iraq and Afghanistan era. And basically we've tried to establish partnerships with all of our elected officials. We have basically reached out to corporations throughout the Commonwealth, throughout the nation, throughout the region to try to find funding sources. We are very proactive.

SENATOR BAKER: Mr. Lowry, maybe you could take a moment, as someone who is not familiar with your program or the operation, can you just describe a little bit for my benefit what your operating budget is, how many people you employ, just a brief synopsis, because I'm not familiar with what you do.

MR. LOWRY: We have been

basically identified in this region as the place that elected officials and others send veterans when they don't know what to do with them. And basically we have a full- and part-time population of employees of 55 people. We run three homeless programs. The two I mentioned in Coatesville and the one in Old City, Philadelphia. And we do employment training. We teach computers. We teach computer repair. We do job placement. We place on the average 500 veterans a year in jobs.

We see approximately 75 homeless people that walk into our center off the street. And we're in a partnership with Mr. Citron and the Philadelphia VA Medical Center, as well as Coatesville VA on a number of programs.

They have really been the -- as was mentioned in the resolution that led to these hearings, the VA Medical Center in Philadelphia does an outstanding job,

and if for some reason they do not receive the funding that is necessary for them to continue to do the things they do and provide the funding for us through various grants and support mechanisms, these 900 veterans or so that are probably in the Philadelphia population would go unserved.

We have a budget this year of $3.5 million. A small grant of $164,000 comes from the Pennsylvania Department of Labor and Industry. That's the only funding that we get from the Commonwealth of Pennsylvania.

We have made probably the last four Governors and most elected officials in the Commonwealth aware of the serious homeless problems that exist in Philadelphia and the southeastern region of Pennsylvania, but there are no funding dollars available at all.

So what upsets us with Bill No. 66, for example, is the fact that when the State passes some kind of funding

appropriations, they cut programs like us completely out of the funding scenario.

SENATOR BAKER: Well, I'd be happy to address that specifically with you, because I was the author of Act 66, and that was the number one recommendation of the War Veterans Council. It is not a new effort, not a new approach. It is taking the existing service officer program, the accredited program, and supporting the work of that and creating our outreach effort. It was intended for that purpose. It was not intended for other non-profits.

But you're raising certainly good points. I'd be interested in knowing more about how you're accredited in terms of doing that type of outreach, whether or not you've approached any of the American Legions or the VFWs or the others to partner with you in your organization or in your location. Because one of the things we found in terms of outreach, much of Pennsylvania

doesn't get the kind of services, and our bill was intended to expand that outreach, not just to Philadelphia and Pittsburgh, but to look at other parts of the Commonwealth.

So you're offering an insight and a perspective that is new and not something that was brought out when we had hearings on the bill previously, so I would certainly welcome hearing additional information about whether or not you might want to partner with them.

MR. LOWRY: Sure. Yeah. I understand about the Pennsylvania Veterans War Council, and my comments are not meant to offend anyone. However, I would ask that maybe City Council could share a resolution that was passed back in 2005 that revised our Commission, the Veterans Advisory Commission in the City of Philadelphia, that was unanimously supported by City Council, and what it did was, it brought our Advisory Council into the new millennium. And basically

the reason it was done was, the legislation that was written to establish this Commission was established back in 1947, '48, '49, and what applied to the veteran population then doesn't apply to the veteran population in 2008.

There were a number of organizations, the Big 3 or Big 4, as they're known in the Commonwealth, because they seem to get all the attention, but basically back in 1949 after World War II and previous to Korea, those veterans were the ones that needed the help. Now it's Vietnam veterans, it's veterans of the Persian Gulf and the Iraqi veterans that need help.

So I think that it would be very important for the State Senate and the State House Veteran Affairs Committee to look at -- looking at the structure, looking at being more inclusive to bring veterans, veteran organizations and non-membership organizations into that organization, so that -- as I said, only

10 to 15 percent of our nation and State's veterans are members of those organizations. So it's almost like taxation without representation.

SENATOR BAKER: Well, there's no prerequisite in the bill that requires a person to be a part of the American Legion in order to be served by a VSO from the American Legion. So I think it might be helpful if we connected you with some of those groups currently, because it is in statute. It would require a statutory change, and in the interim, we might find a nice partnership with your organization and some of those who are doing that work.

So I'd be happy to make that connection for you, and I certainly appreciate your comments about that and would welcome the chance to continue working with you.

MR. LOWRY: Well, we appreciate that.

SENATOR BAKER: Thank you.

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COUNCILWOMAN TASCO:

Councilwoman Brown.

COUNCILWOMAN BROWN: Thank you very, very much.

Good afternoon, gentlemen.

Hello?

MR. LOWRY: Hello.

COUNCILWOMAN BROWN: Get that on the record.

Let me first commend the authors of the resolution. In the eight years I've been here, this is the first time where I have heard a full-blown flush, comprehensive discussion about the status of veterans, and some might say this is long overdue. So thank you for providing the testimony and seizing the moment to get as much as you can on the record.

I do have a couple of questions. If you had to ID another municipality or municipalities that do it well when it comes to servicing this community in terms of best practices,

where would you look in the country?

MR. LOWRY: Well, my experience is that Boston, New York City, a number of towns out in -- it seems like the people from the West Coast, because they have an extremely large veteran population, always get a big piece of the pie, so to speak, when there are grant proposals available.

In Pennsylvania, the only other program that is similar to our program is the Vietnam Veteran Leadership Program in Westmoreland County. They are a very similar program to ours. They do a hands-on service program, whereas a number of other programs around the Commonwealth, such as what are known as Veterans Outreach and Assistance Centers, are not able to do hands-on. They can do referral services and so on and so forth.

COUNCILWOMAN BROWN: But they can't provide, for lack of a better word, wrap-around services to veterans?

MR. LOWRY: Exactly.

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COUNCILWOMAN BROWN: So what are the programmatic features in Boston or New York City that make them standouts when it comes to best practices?

MR. LOWRY: Well, our experience being around for, like I say, 28 years, we're a member of the National Association of Concerned Veterans in Washington, DC. That is an umbrella group that has identified and represented us in our efforts to continue to find necessary legislation to meet the needs of veterans around the country, and basically we participate in a number of various workshops, seminars and things of that nature. And those two programs on the East Coast that I mentioned, both through Boston and New York, have been outstanding in their approach and their ability to secure the funding from both their states and their metropolitan areas to provide what is known as a continuum of care.

The Continuum of Care project

or concept is our goal, and it should be the goal of any program. I know the VA Medical Centers actually support that effort, which is to take a veteran, you identify the needs, problems and concerns they have, and you work through that continuum of care, whether it's the emergency needs of shelter, food, clothing, medical care, mental health services, and then once you get that established, working them into employment training services and ultimately into a job.

COUNCILWOMAN BROWN: So that they can become self-reliant.

MR. LOWRY: Help them break the cycle of homelessness.

COUNCILWOMAN BROWN: That term is very popular in other disciplines as well, so I'm very, very familiar with it.

MR. CITRON: May I speak?

COUNCILWOMAN BROWN: Please. I'm sorry.

MR. CITRON: On the question

about best practices, I've worked at a lot of VAs around the country, and between 1999-2004, I was in Chicago, and we had an excellent program, a partnership between the federal VA and Catholic Charities, and we put together a transitional residence, a residential treatment program, a community-based outpatient clinic, all at the same location, and as Ed was describing, consolidating services to allow for one-stop shopping.

COUNCILWOMAN BROWN: Sure.

MR. CITRON: Chicago has a very good model, and that was partnering with the Jesse Brown VA Medical Center.

COUNCILWOMAN BROWN: The one-stop shopping approach works for anyone who is in a dire situation, because when you're confronted with dealing with the sometimes runaround of bureaucracies, it just demoralizes you even more.

On the funding piece, you said

that most of your money is soft money. Is that what I heard in your testimony?

MR. LOWRY: Yes.

COUNCILWOMAN BROWN: And so talk that through. You say the Pennsylvania Department of -- I have here L&I. That's not right.

MR. LOWRY: Labor and Industry. L&I, right.

COUNCILWOMAN BROWN: Provide the bulk of your dollars?

MR. LOWRY: No. They provide very little. Out of a $3.5 million budget, they provide approximately $164,000.

COUNCILWOMAN BROWN: So those others dollars come from what sources?

MR. LOWRY: Our primary source of funding to meet the needs of the homeless that we shelter and take care of is coming from the VA -- the Department of Veterans Affairs.

COUNCILWOMAN BROWN: I see.

MR. LOWRY: Through which is

what is known as the Grant and Per Diem Program. We have 125 beds, for example, at Coatesville VA. And this might give you a better idea of how we survive: We get about $28 a day for every veteran that we have in a bed at our facility, and that has to include feeding them three meals a day. Their medical, behavioral health and pharmaceutical needs are met on site at Coatesville by -- as outpatients on site. So the VA actually takes care of their medical care while they're with us primarily, and we provide the employment and training services to try to get them into jobs.

All of our people are pretty much working, about 95 percent, and both in the men's and women's shelter is basically -- that's how we survive. We get a per diem for housing them.

Now, our program that we have in Philadelphia at our, what we call, The Perimeter, we go out with our vans and we pick up the homeless off the streets in

Philadelphia. We go to a number of shelters throughout Philadelphia, and we also give them tokens and transportation to get into the Center. When they come into the Center, we provide them with breakfast. We have a place for them to get a shower. We have washers and dryers for them to do their clothing. We provide lunch, and then through the partnership that we have with Mr. Citron's center or organization, they provide crisis intervention programs, a program to help them find out about benefits and entitlement. And the way we survive in that program, for every veteran that signs in in the morning and stays for an hour, we get $3.30.

COUNCILWOMAN BROWN: From?

MR. LOWRY: From the Department of Veteran Affairs, the federal VA. And the problem with that is that if a veteran comes in and signs in and stays three hours and he eats breakfast and lunch and he gets a shower and does his

clothing, when he leaves, we may -- our staff, we do case management and we provide other services, so our staff could be working for another three, four hours that day alone in trying to meet their needs in terms of sheltering and other services that they may need.

So that's -- our primary funding is from the Department of Veteran Affairs, the national office. We have a contract with the U.S. Department of Labor through the Veterans Employment and Training Service, which is a $300,000 grant to provide employment training services for the homeless veterans that we have.

We also are very proactive, as I said, in raising funds. We do a Doo-Wop Festival, which raises us about $75,000 a year.

COUNCILWOMAN BROWN: That's pretty impressive fundraising.

MR. LOWRY: We do a Radiothon with John DeBella, which is another form.

So we do a number of events. We're not afraid to raise money, but we feel that a contribution from the Commonwealth and from the City would be great.

COUNCILWOMAN BROWN: One last question. To the gentleman to your left -- please forgive me for not knowing your name. So if you had to offer a recommendation or two or three to this Committee that's looking to see how we can get systems to work better for this community, what would they be?

MR. CITRON: I don't know that I can offer a recommendation. I can -- let me speak to what I see are some real needs that we have in Philadelphia to better serve our veterans.

From my perspective, there are a number of areas, and I think homelessness is one area. And I would validate what you've heard from Ed, is that we need -- while we're doing a lot to help the homeless and there are more

programs coming online, I think we need to do more. That's one area.

Another area that the federal VA -- our institution would like to do more in is create another clinic, more clinics in the City of Philadelphia, to make primary care and mental health services more accessible to our veterans. It can take quite a while for a veteran to get from Northeast Philadelphia to our medical center.

We have a guideline in the VA. We like to get 90 percent of the veterans within 30 minutes of a veterans hospital, and while I haven't been in Philadelphia that long, I know what it's like to be stuck on the Schuylkill, and it can take a lot longer than 30 minutes to get to the medical center. So we'd like to open up another clinic.

Earlier this year I asked my authorities if we could create an annex within Philadelphia, and we were given the authority to do that. So we're

presently looking for a new location, and we would greatly appreciate partnering with the City Health Department. If we can collaborate with the City on finding a clinic and providing more services to veterans, we'd like to do that.

Another thing we'd like to do with the City Health Department, I know the City provides a lot of healthcare services to the general population. Well, can we screen that population to determine if some of those people are veterans? And if they are, let the federal dollars help serve those veterans and let the City and State dollars be directed to those other needy persons.

COUNCILWOMAN BROWN: All of those are very, very helpful, and in concurring with Chairwoman Tasco's recommendation that in some instances, there's no need to create an entirely new infrastructure, but take some existing, already established entities and work smarter and having veterans rent a part

of that infrastructure, because dollars just aren't there for stand-alone entities anymore.

My final question, where you have homeless men and women veterans, you also have homeless children. So in your wrap-around services, is there some consideration or what are the considerations for reaching down deep enough to capture the children that are caught in that cycle?

MR. CITRON: That's been a tough problem. There's a new program that we've seen this year. It's a partnership between the federal VA and Housing and Urban Development, HUD. It's a HUD VASH voucher to provide permanent housing to homeless veterans while the VA is providing veterans with case management and supportive services to promote and maintain recovery and housing.

Now, I do have some experts from my staff here, if you'd like to hear

more about that.

COUNCILWOMAN BROWN: Okay.

Thank you, gentlemen.

COUNCILWOMAN TASCO: Let me just -- have you had any contact with the Philadelphia Department of Health?

MR. CITRON: Some of my staff have worked with them. I have not directly yet. I'd like to do that.

COUNCILWOMAN TASCO: But do you have a dialogue going? We have a wonderful Commissioner. I'm certainly sure he might be interested in having that discussion with you, because probably some of the veterans are going to the City centers to receive services and the City is probably picking up the cost, where you could probably pick up the cost.

MR. CITRON: That's right.

COUNCILWOMAN TASCO: So we're going to make sure that that collaboration comes together. The Commissioner might be listening. But

that will certainly be very helpful to us, and any other way that we can collaborate to provide services. Our Department of Behavioral Health, we provide mental services to citizens of Philadelphia, how many of them are veterans, and then what services are we providing and what services should you be providing.

MR. CITRON: In that area, I think our Behavioral Health staff and Social Work staff work very closely together already. We have very good relationships between our workers in that area. But if we can more formalize it and continue the dialogue and explore innovative ways that we can collaborate, we'd be happy to do that.

COUNCILWOMAN TASCO: You may not be able to answer this question, because this may be a more broader policy issue that exists on the federal level, but we all hear the news and we hear the stories about some of the veterans and

their inability to get services that they should have and that the departments are not talking to each other. They may not know what benefits they have over here. They can't get medical services over here.

Are those stories, are they -- are the numbers small or do you see maybe the lack of coordination in services to the returning veterans or existing veterans not being as collaborative as they could be?

MR. CITRON: We're an enormous system. At the Philadelphia VA Medical Center, each day we will see between 1,500 and 2,000 veterans in one day. Does everything go right all the time? No. There are things we need to improve on. And we appreciate the feedback we get from veterans so that we can improve.

On the other hand, to try to put it in perspective, we do a formal survey of veterans, inpatients, outpatients. We do it several times a

year to get feedback. And we look at these patient satisfaction surveys, which are very similar to what's being done in the private sector, and I'm proud to tell you that for nine years in a row, patient satisfaction by veterans for the VA system is higher than patient satisfaction for the private sector.

So I'm not saying that we can't improve and that we don't have problems. In fact, in these surveys of our patients, I will tell you the Philadelphia VA's number one problem, the complaint from patients, is parking and traffic, getting to our facility, and once they get there, we don't have enough parking. We're trying to address that issue, but there are other issues, and we truly want to listen to our veterans and what they're telling us so that we can improve.

COUNCILWOMAN TASCO: Any other questions?

SENATOR WASHINGTON: I have

one.

COUNCILWOMAN TASCO:

Councilwoman -- Senator Washington.

SENATOR WASHINGTON: Thank you, Councilwoman.

I guess my question, Councilwoman Blondell Reynolds Brown sort of talked about some of the issues I was concerned about, one of which is homelessness. But the second issue is mental health, and I didn't hear you say -- though I heard you say there were many facilities for various things, whether it's resources, be able to come in and take a bath and all that. Do you have a specific location like you have for drug and alcohol for mental health, and where is it?

MR. CITRON: At the Philadelphia VA we have a substantial mental health program, including inpatient care. We have a substance abuse treatment program. We have programs, individual and group therapy,

for post-traumatic stress disorder. We have a mental health intensive case management program for veterans who may be suffering from a major mental illness, such as schizophrenia or bipolar disorder.

We also have this great research program in mental health, and we try to transfer the very latest and most current thinking in mental health treatments to our practitioners.

I'd also like to point out too that this past fiscal year, we saw a tremendous increase in the federal VA healthcare budget. And at the Philadelphia VA, we hired over 150 new -- we created over 150 new positions, and a substantial number of those positions, I think over a third, were in the mental health area, so that we could offer more services and programs for the homeless and for the populations I just described. So we are doing a lot more.

SENATOR WASHINGTON: So let me

ask you this: With these programs, are they co-ed? Are they male and female? What is it? Because I know that one of the things about drug and alcohol and treatment particularly is that sometimes they can't do it together, and so I'd like to know whether or not there's a male program and a female program. Because a lot of times -- I know that there's a large number of women who are veterans who have many issues that are not addressed like the men's issues are being addressed.

MR. CITRON: Well, first, we have a women's health clinic at the Philadelphia --

SENATOR WASHINGTON: A women's health clinic?

MR. CITRON: A women's health clinic. And it provides a number of services, including mental health counseling.

Now, in the other areas, such as substance abuse, I don't believe that

we separate out the women for their program, but we do have specially trained counselors to help the women veterans, whether it's substance abuse or intensive case management and so forth.

SENATOR WASHINGTON: Well, being a former drug and alcohol program developer and implementing and working in that field for many years, I would just suggest that it might be to the advantage of the women and the men that you separate it. And just do a model to see whether or not that seems to be a little bit more successful for you.

MR. CITRON: Very good. Thank you, Councilwoman.

SENATOR WASHINGTON: Senator.

COUNCILWOMAN TASCO: I demoted her a little bit.

Listen, we have to move on. We have a number of people who are here to testify, and since the issue of homelessness has come up so much, we're going to call on Dainette Mintz from the

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Office of Supportive Housing to come forward, and we have Mayor Bob McMahon from Media, who would like to testify, because he's on a clock. He has to go back to his business at City Hall in Media, and ask him to come forth and just briefly -- he has some comments to follow up on some of the discussion we have going on now.

So you're the Mayor?

MAYOR McMAHON: I'll be brief and to the point.

COUNCILWOMAN TASCO: All right. Come right up.

And if you gentlemen would like to stay, please do so, because some issues may come up, we might want to call you back. We do not plan to be here all day.

(Witnesses approached witness table.)

MAYOR McMAHON: One of my associates is going to follow on my comments, if that's okay.

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COUNCILWOMAN TASCO: Is Dr. Jo Benoit here?

DR. BENOIT: Yes.

COUNCILWOMAN TASCO: And Odilio Munoz?

(No response.)

(Witnesses approached witness table.

COUNCILWOMAN TASCO: Good afternoon. Ms. Mintz, why don't we let the Mayor testify, and then we'll come back to you, because I'm certainly sure your testimony is -- the answers are going to be -- the questions will be more in-depth, a little longer.

MAYOR McMAHON: Yours is much more important. Mine is brief and to the point.

COUNCILWOMAN TASCO: Well, you're just as important, too.

MAYOR McMAHON: My name is Bob McMahon. I'm Chairman of the Pennsylvania Veterans Museum and also the Mayor of Media. Joanne Shultsy is the

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Executive Director of the Museum. Bud Hendrick, who is behind me, is 90 years old, witnessed the surrender of the Japanese from the Pasadena in 1945, as did Ed Buffman, another co-founder of the Museum. Ed witnessed the surrender on the Missouri.

I'm going to make some points. I'm just going to give you my background so I try to get a little bit of credibility.

I served in Vietnam, was an infantry platoon leader in 1968. Then I lived in three villages throughout Vietnam as the head of the advisory group. Currently, I chair three non-profits, including the Pennsylvania Veterans Museum and two others that are all veterans oriented, helping veterans and teaching veterans, mainly education.

I belong to three service groups: the American Legion, the VFW and the Vietnam Veterans of America.

Our Museum currently teaches

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over 3,800 schools throughout the country, including over 300 in Pennsylvania. They teach them the values of the Tuskegee airmen. They teach them what it is to be a veteran, teaches them history, including 16 schools in Philadelphia, all junior ROTC schools. I'm hoping that we're their primary source of learning in the history of our country.

We have between 1.1 and 1.2 million veterans in Pennsylvania. Two years ago Bob Casey, who was Treasurer at that point, Auditor General Jack Wagner and myself did a tour of six locations throughout Pennsylvania to find out what veterans are thinking about. There was one issue, one overriding issue to veterans, and that was the care of those coming home. That's what they care about.

Most of them -- many of the veterans that are involved in these organizations now in leadership are

Vietnam veterans, and they know it was horrible then and it's worse now. Times have changed. When I came home, I was fine. Well, my friends would tell you I had problems, but I don't remember any. But a lot of other people did, and thank God, someone like Ed Lowry and Marsha Four came forward to help them solve those problems.

And from what I understand at the service organizations -- and they're very well meaning -- they're not your answer. Your answers are in the Multi-Service Center. People like that that have on-the-ground experience and know what is going on I think are the people that you should be listening to.

And this is going to keep happening. We had many more veterans back in Vietnam, but right now you're going to see more and more little wars. We are now training -- we have troops in over 140 countries, not just Afghanistan and Iraq right now. And they're going to

be coming home with different problems. So we've got to prepare for them. They need education. They need to know what jobs are available to them. They need -- and, again, I have been involved -- Ed, what is it, going back to 1990 that we've been involved, and Marsha? Back to 1990. And if you go to the service groups -- I just don't think that they have the capacity to do that.

I work with the War Council in Harrisburg. Again, well meaning, but they're not the answer.

As a veterans museum, we think we're going to continue to grow as a resource. We're a non-profit. We certainly have gotten the attention throughout the country with our educational films on the Tuskegee airmen and others, and right now we are producing the first ever Women in the Military for schools. And, again, this will go into more than 3,000 schools during Women's History Month.

But while filming this film -- and it's going to go from the Revolutionary War through today -- we are learning more and more about the trials and tribulations of women in the military. And this is going to be presented to students. They're going to learn the history of women in the military and they're also going to have lesson plans for each of the teachers, where they will learn about what women did in the military, but we're also going to show the downsides too, the effects. We're not just going to show all the positives of women. We're going to show what suffering they did before and how it is a whole different world today.

So I just wanted to add that.

Joanne, I don't know if I covered everything that -- you're directing this whole thing, but did I miss anything?

MS. SHULTSY: No. You pretty much covered it.

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MAYOR McMAHON: Okay.

So I just wanted to be direct with you. If you have any questions for me, I'd be happy to answer them.

We're going to have to leave because we have to get back to Media. But I just wanted to present my point of view. But, again, I couldn't have higher admiration for the work that Ed and Marsha have done, so I wanted to emphasize that.

COUNCILWOMAN TASCO: Thank you very much, and we thank you for taking time to come out this afternoon to have that discussion, and we hear you.

What is your advocacy on the federal level relative to the -- because it seems to be really the first place of responsibility for helping our returning veterans.

MAYOR McMAHON: I've made it known to the VA, I've always been disappointed in the Administrations, including this one, and Congress, that

they just don't go far enough. They just don't really -- unless it's popular, they don't do it.

When the VA had their problems, their serious national problems with the care, I'm guessing it was about a year ago, they brought attention to a problem that needed attention a long time ago.

I think people on the ground need to be able to be heard by Congress. They need to pay attention to them and allocate their federal dollars. So you're not going to have people wanting to go in the military as there's more publicity about us not treating those that are coming home correctly. So our problems are only going to get worse unless those serious problems are addressed.

COUNCILWOMAN TASCO: Thank you very much. We appreciate it. Thank you so much for coming down.

MAYOR McMAHON: I told you I would be brief.

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COUNCILWOMAN TASCO:

Dr. Benoit, would you come over with Ms. Dainette Mintz, because these issues tend to flow together. And we thank you, Dainette, for coming in -- Ms. Mintz. I'm sorry. I don't want to be too informal.

Good afternoon. Would you identify yourself for the record and please --

MS. MINTZ: My name is Dainette Mintz.

COUNCILWOMAN TASCO: Is your mike on? You have a soft voice, so you have to speak up.

MS. MINTZ: I'd like to thank you for the opportunity to present testimony before the distinguished State legislators and City Council, with a special thanks to Councilwoman Tasco for convening this hearing about the needs of veterans.

As the Director of the Office of Supportive Housing for the City of

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Philadelphia, our mission is to plan for and assist individuals and families who are experiencing homelessness in moving toward independent living and self-sufficiency.

Our major departmental responsibilities include coordination of Philadelphia's Ten-Year Plan to End Homelessness. In 2005, Philadelphia joined the 300 cities or jurisdictions around the country that have developed a ten-year plan to guide efforts to address homelessness. In May of this year, the Nutter Administration recalibrated the Philadelphia plan to provide a total of 700 new housing opportunities for homeless individuals and families in this fiscal year alone. These new opportunities augment the City's existing inventory of emergency housing, shelters, transitional housing and permanent housing programs, comprising more than 6,500 beds or housing units.

We also oversee the planning,

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data collection and submission of the City's annual HUD-funded Homeless Continuum of Care application. More than 25 million a year is competitively awarded to the City to support existing, transitional and permanent housing programs for individuals and families, and to create new housing opportunities.

OSH has and is grateful for the partnership and high-quality programming of our veteran-serving organizational partners. Included is the Philadelphia Veterans Multi-Service and Education Center, Impact Services Corporation, the Homeless Advocacy Project, Fresh Start Foundation and Project H.O.M.E.

According to the 2007 American Community Survey conducted by the U.S. Census Bureau, at that time there was over 88,000 veterans living in Philadelphia alone. I would guess that that number has increased since that's a very old census number, but it was the most recent number that we were able to

get our hands on in a quick-turn around.

Each year, HUD requires that we take a point-in-time count of homeless individuals in our system. This year's count occurred last January 30th of 2008. On that date, there were 70 veterans who were living on the streets of Philadelphia who were chronically homeless. Additionally, there were 275 adult veterans residing in transitional and emergency housing, or about nine percent of our total transitional and emergency housing population. Today, there are 100 individuals in emergency housing who report that they are veterans.

This does not include many of the permanent housing projects that we have funded through the Continuum of Care with the partners that we've identified previously. What we concentrate on are the number of people who are living on our streets and are coming into our shelter system. Typically the folks who

are living in our permanent housing are more stabilized and we don't have as great a turnover.

The issue is that for the folks who are on the streets or coming into emergency housing or transitional is having a long-term placement for them, and that is where the challenge is. We do not have a sufficient amount of permanent housing, and on a daily basis, we are confronted with having very, very limited capacity in emergency housing and transitional housing. That's across the board. But specifically if we're talking about having a focus on homeless veterans, I think what you have heard prior to my testimony is the overwhelming need and the expectation of an increase in that.

The needs of homeless veterans: Project CHALENG has conducted an annual survey of both local VA staff and community participants on the current perceptions of homeless veterans' needs.

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In the 2007 survey, long-term, permanent housing was rated as the top need for veterans experiencing homelessness in Philadelphia.

So just to give an example, what that means is for the number of veterans who are going to The Perimeter program, availing themselves of their day program, if they do not have a permanent housing plan, if they are availing themselves of those services while they're living in short-term housing, the primary issue that can undermine any stability on the service end is not having stable housing of a long-term nature.

So while we have always pushed trying to have the entire continuum available to address all of the various needs, certainly we have found, through experience with this population and many others, that the provision of permanent housing is the one primary stabilizing force that allows folks to get the full

benefit of all the other services that they are receiving.

The Office of Supportive Housing seeks to increase permanent housing options for all homeless individuals and families, including veterans, through the annual McKinney competition. For the past two years, OSH has identified veterans as a priority funding group for this competitive application process. Last year, HUD awarded funding for a new project, providing ten additional housing units for single male veterans.

In addition, OSH is pleased that HUD and the Veterans Affairs have made available 105 housing choice vouchers for homeless veterans through the Veterans Affairs Shared Housing Initiative, known as VASH, and strongly support our friends at the VA Medical Center in Philadelphia as they begin to move veterans from homelessness to housed.

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I appreciate the opportunity to testify before you today and would be happy to answer any questions you may have.

COUNCILWOMAN TASCO: Thank you very much.

MS. MINTZ: Thank you.

SENATOR BAKER: I had a question. I appreciate your testimony. On the Continuum of Care, how long do you monitor the veteran once you find housing placement for them? Is there a time frame that you --

MS. MINTZ: Sure.

SENATOR BAKER: -- keep track of them?

MS. MINTZ: Yes.

SENATOR BAKER: How do you know they're taken care of?

MS. MINTZ: Under the McKinney Continuum of Care, the grant awards is usually of a three-year nature, and we are required to provide annual performance reports. The structure that

we have in place is that the City is the applicant. If the project is awarded funding, my office contracts with the non-profit provider. We work with them in terms of the submission of the annual progress report, which we then review and then pass that on to HUD.

So we're in the position to be able to document what's being provided, how folks are faring in those programs, whether they have identified goals and objectives that folks are either meeting and stabilizing or is there not.

Once that initial three-year period has been completed, the groups then are able to get annual continuation funding, and at that point, they are in a direct funding relationship with the HUD office. They still have to provide an annual performance report. And that is, I think, one of the beneficial natures of the Continuum of Care, is that it does require an annual performance report in which they're looking at not only the

number of people who are still housed, but what are the services you are providing, what are you seeing as trends, what are the reasons why if you set a goal of someone of 80 percent of your population moving from step one to step two and only four percent did, what were the reasons for that, is there some particular behavioral health issue or some other issue that's impeding their ability to do that, and what is the recommendation to address that. So those performance reports are very helpful.

SENATOR BAKER: Can you tell me who serves on the Continuum of Care Advisory Committee that helps you evaluate that and to monitor that?

MS. MINTZ: Sure. The Continuum has a Strategic Planning Committee, and we have, in addition to the HUD-prescribed desire to see it formulated, we have always worked very hard to ensure that we had a wide range of private sector representation. So we

have a Strategic Planning Committee that is made up of about 25 organizations or non-profit groups represented. They include family providers, single housing providers, service providers, church organizations, local United Way, veterans organizations. And we typically work very hard to ensure that we have an over-balance of the private sector versus the public sector, and my office chairs or oversees the formation, but we also work very hard to bring in private sector chairs to sort of oversee the whole process. And so we typically will have only about three public sector organizations represented on the group and really try to have more of a private sector input process, because we also use that to identify our priorities on an annual basis.

SENATOR BAKER: And you heard much of the testimony today, a special concern about female homeless veterans in the community. Is that something you'll

take back to the Advisory Committee and formulate a strategic plan? How will you address that concern?

MS. MINTZ: We can do that. Typically what we do is, when we hear the identification of a need, on an annual basis in preparation for the federal competition, we will query and utilize the Strategic Planning Committee to help identify our priorities. As I indicated in my testimony, over the last couple of years we identified veterans as a priority population. What that means is that we then issue a competitive request for proposals. These are where we're asking for projects to address those populations. We can always augment that with having the consensus of the Strategic Planning Committee that perhaps we want to tailor that to say more for female veterans than for others.

Part of our requirement is that, one, we have documentation to back up that, and we depend on the partners

that I identified to justify that that's a real need. And then, two, we're dependent on those organizations responding to the competitive RFP to propose projects for those populations. And we work with them very hard then to try to ensure that they have an open and competitive process to compete amongst all the other needs within the homeless realm, and also that they are able to identify for us that, one, they have the expertise to work with that population, and, two, they have the ability to provide the funding that would match the federal dollars that would be made available, they can leverage other dollars, they can bring in-kind services to the table, they can utilize the Veterans Affairs and all of its affiliates to be able to provide the services.

Typically, when we are looking at housing of the veteran population, one of the things that we recognize is that

the role that we can play is helping in identifying the bricks and mortar dollars, because typically if you're a veteran, they do have the ability to utilize the federal VA system to address the service needs, but for us, it's always a very small pie that we're trying to cut out dollars for every population, every subpopulation. And so we have recognized, however, the importance of veterans, and that's why we've continued to make it a priority annually.

SENATOR BAKER: Thank you.

COUNCILWOMAN TASCO: Thank you very much.

Any other questions?

(No response.)

COUNCILWOMAN TASCO: Thank you so much. We appreciate it.

MS. MINTZ: You're welcome.

COUNCILWOMAN TASCO: We have Dr. Benoit. Then we're going to have Judge Patrick Dugan. Would you please come forward, please. Dan Dougherty and

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Ernie Landers from the County of American Legion.

Dr. Althea Hankins, is she here, from the ACES Museum?

DR. HANKINS: Yes.

COUNCILWOMAN TASCO: Why don't you all come on. Because our Senator is going to have to get back to the mountains, to the country. And we'll just proceed with this.

(Witnesses approached witness table.)

COUNCILWOMAN TASCO: Is Odilio Munoz here?

(No response.)

COUNCILWOMAN TASCO: What about Paul Drinkard?

(No response.)

COUNCILWOMAN TASCO: Daniel Slavin?

MR. SLAVIN: Yes.

COUNCILWOMAN TASCO: Are you Mr. Slavin?

MR. SLAVIN: Yes.

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COUNCILWOMAN TASCO: Good. You all just sit right here so we can just move right on through this hearing, because we don't want to lose our Senator.

Is Dan Dougherty and Ernie Landers -- I called them. And Dr. Althea Hankins, you're here.

Let's proceed. Why don't we begin with the young lady. I asked her to come up. And then we'll just go through. So we appreciate your coming, and thank you for your testimony. Would you please identify yourself for the record and proceed.

DR. BENOIT: First of all, my name is Jo Benoit. I'm a psychologist and CEO for Transition Phase III. We're trauma specific, in Philadelphia. I want to thank you very much for allowing me to come and share some of our information with you, and we hope that this will enlighten you even more.

One of the things that I would

like to mention that I've heard before -- and I've heard it quite a bit here -- was that we're talking about homelessness, and with our particular facility -- we're a clinic, 501(c)(3) -- our emphasis is on the prevention of homelessness, not homelessness per se. We have a very innovative program and model that we use. As far as women, men and children, we use what we call the TREM Model, which is trauma, recovery, empowerment model. That's to help the people to go out and to enable them to be more empowered in the community. That's one aspect that we do have that most do not have.

The second thing that we have is, we use what we call more of an individualized approach with everyone. We do not have a one-shoe-fits-all. So it depends on the situation as to how we really approach that.

There's been something that I've often wondered about as a psychologist that's often been

overlooked, and that's if a person, say, a veteran, he did come -- he or she did come from a dysfunctional family before they entered the military, they come back into civilian life, what do we do? We work with the whole family, because we feel that working with one person will not satisfy or do the effective treatment that is required. So we work with the person that's in the military, the spouse or the significant other and the children.

With the TREM groups we have this empowerment group for women, we have it for men, and we have it for adolescents. They are separate. And there's one thing that we also address is this: We have an extensive aggressive outreach program. When you have a person that has been, quote, given the diagnosis of post-traumatic stress or substance abuse, they in turn miss more therapy sessions than any other mental health illness or whatever you want to --

diagnosis. We don't say illness. We call it diagnosis. So what we know is, we are aware of that.

We have two psychiatrists, three psychologists, three social workers, and our medical officer, he was a medical naval officer. So he enjoys working with the people that we're talking about.

The other thing that I was very concerned about -- and I've heard a lot of it today -- is that there is something and it was introduced by Richard Burr, North Carolina, and it's called the Veterans Mental Health Treatment First Act. I went to Washington last week again to find out more about that, and, in essence, what it's saying is this: The Department of Veterans Affairs lacks the proper focus to deliver what we would like for them to deliver. Not that they don't have the tools, but the focus. So what I proposed to Senator Burr and his staff was that we would concentrate more

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on an inclusive healthcare in our community. So we would be working with the veterans constantly.

We receive our funding from TRICARE, CHAMPUS and the NHM. That is provided through the Pentagon. So they pay for the services that we provide. So we are not asking for any outside funding.

The only thing that we do have a problem with -- and we've had veterans to call -- is that they have no means of transportation, a lot of them. They do not have transportation. We decided we would approach the foundations in this area for that particular thing. They tend to think it's a military problem as opposed to the general population problem. So we're working very hard on trying to resolve that.

And as you probably know, back in 2006 -- and this was just an example of a 22-year-old -- 23-year-old veteran that was suicidal. He kept on saying how

he needed to go to Coatesville, but he did not have transportation, and he ended up committing suicide.

We do not want that to happen. We work very, very closely with the people that we are involved with. We feel, like everyone else in this room, that we deserve to give them the best quality care. And our surroundings, our physicians, our clinicians, all of them, that's the way that we go about it. They're dedicated, committed.

The other thing that we have is, we're multi-cultural, multi-lingual and intergenerational. So we hope to take care of any of those that take place.

I did approach the VA, and they said they would get back with me, because they are -- if they have an overspill, so to speak, they can farm some of that out in the community. They're aware of us. They've asked for all the information, and we're more than willing to help.

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We are -- being a woman and having been exposed to some of the things with the veterans, the women particularly, I still have a problem with them having been homeless. If the mental health aspect is addressed, which is the issue, and having worked with the homeless in Philadelphia, if that's addressed, I really believe we can alleviate a lot of the homelessness. And the way it's happening so far is that we're trying to work fragmented, one area and the other. We believe in working with the whole person. We believe in a resource-coordinated to follow that person from the time they enter the clinic, for six months after they leave the clinic, having also to provide -- and that's one of the things I do -- is a career developer. So we help them with identifying what career that they are very much interested in.

So, like I said, I really appreciate being here, and I do think

that we need to look at the Veterans Mental Health Treatment First Act. He's proposing it again this coming 2009. And one of the things -- I don't know if you know too much about the Treatment Act. One of the things they mentioned to me last week was this, that when our veterans come home, before they receive any type of compensation, they go for four, five months without anything. With the Treatment Act, what they're saying is -- and it has not been passed. What they are proposing is, initially, right away, 30 days after they're discharged or have been diagnosed, they would give them $1,500. Three months later they will receive another amount, a total amount of $11,000 if they go for treatment, if they go for mental health treatment.

They're trying to say -- and I agree with this part -- that there are veterans that want to be productive. They do not want a label of post-traumatic stress or some other type

of disability. We will encourage them and we will support them so that we will not enable them to be disabled, and that's the whole premise of this. And it's left up to each person's interpretation. But I was very interested, and I felt that I really wanted them to explain to me what was going on.

COUNCILWOMAN TASCO: Thank you very much.

DR. BENOIT: You're welcome.

JUDGE DUGAN: Madam Chair, Senators, Council folks that may be listening in their office --

COUNCILWOMAN TASCO: And I keep forgetting to announce that Councilwoman Brown is here.

JUDGE DUGAN: -- thank you so much for having this hearing. I mean, veterans and advocates for veterans need this, need to talk to elected officials to let them know what's going on. Plus, to bring all these veterans groups

together in a room, there's a few folks that have already testified that I have ran and I grabbed their card, like the Mayor with getting into the schools. So as you were saying, some of these things are already started that others can build upon.

But my background here: Back in 2003 when I was working in City Council, I reenlisted back in the military. I had been a grunt back in the '80s. And since 2003, I went to Iraq in 2004, Afghanistan in '06 and '07. I'm currently a Captain in the military, U.S. Army Reserves, with the 82nd Airborne Association, the American Legion, the Korean War Memorial, the Veterans Advisory Commission. So I get to see yesterday's warriors, today's warriors, and I've been downrange with these young kids that are doing wonderful things for our nation and are put in harm's way every day.

The veterans, when you become a

service member, you're basically given a blank check with your life to the nation, and you're saying, I'm giving you my life, now, government, do what it is you want. So far the U.S. government has cashed that check 4,749 times in Iraq and Afghanistan, not to mention the thousands of times that it's been cashed by Philadelphians that are on the wall down on Penns Landing for the Vietnam, the Korean War and, my goodness, the World War II.

I believe -- did Councilwoman Donna Reed, did she say earlier today that her brother was lost in Vietnam?

COUNCILWOMAN TASCO: Yes.

JUDGE DUGAN: Well, my condolences to her. This affects everybody. But that's what veterans do. They say, Here is my life, and if the government wants to take it, take it.

Now, in my testimony -- and I'll go through it rather quickly -- I just put four young folks on there:

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Rodney Jones, Carl Johnson, Gennaro Pellegrini, who was a police officer, and Sergeant Michael Egan, four Philadelphians who went off to war and didn't come home. They're dead. They're not coming home. They gave the ultimate sacrifice.

So while the healthcare, et cetera, some of the other things that I think we should be doing, in Bucks County and Harrisburg they have what's called Hometown Hero banners. They put them up there, you walk down the street. And in my testimony there's a photo of it, where you see the hometown hero up on the banner as you walk down the street. That is something I would love to see in Philadelphia, with all our heros. We're starting to do it now with the police and firemen, which is great. We're putting the plaque outs. But just to see these banners out would be fantastic for the other veterans and the families to see that we have not forgotten those who have

given the ultimate sacrifice.

The other group that is doing wonderful work is called the Comfort House. It's across the street from the VA. It's kind of the Fisher House for veterans. If you're receiving chemotherapy or care for your heart, you can go stay in this house, and it's much less cost to stay there than at the VA Hospital. You get a little bit of home. So the veterans go there. That is something that I would urge, whether the Commonwealth or the City could contribute to the Comfort House. And I'm not talking millions of dollars. A couple thousand dollars goes a long way, because they operate on a very tight budget, and a lot of it is through volunteerism. So if anybody is out there listening, they want to volunteer, I say, Please go to the Comfort House. If you could help with their funds, they do wonderful things for us.

If you want to volunteer and

meet new veterans, go to the USO. You can meet these young men and women that are coming back every day from Iraq and Afghanistan and other countries. Please, I urge people to do that.

Veterans events: Veterans Day is coming up. When you go down November 11th -- and it's usually the same people there, the usual suspects. At 10:00 a.m. we have the City's event at the Eternal Flame for the American Revolution. How many people know that we have that? Not many, and it's sparsely attended.

At 11:00, we go to the Korean Memorial. At 12:00 noon, we go to the Vietnam Memorial. And it's all the same people that go along. I urge folks to please come and attend to show your appreciation to those veterans and to remember those who are up on that wall. It's something that -- are tangible things that we can continue to help heal veterans as they come back and get back into the system, because as the Vietnam

veterans and the Korean veterans can testify, they have been forgotten. I can tell you for our era, much less so, and it's due to the hard work of the previous veterans, who thank us for our service. So to them, it's a shout out, for them passing on the torch to say don't forget. But I'm asking people that they also come to these events.

I put something in here about tourism. We have some of the finest monuments and memorials in the world, right down on Penns Landing. They are not on any tourist brochures in the City. You could find out where the Liberty Bell is, the Constitution Center, et cetera, but there's nothing on there about the Vietnam or the Korean Memorial. And they are world class. There's magazines that talk about it, and you never see it. It's a way to bring dollars into this city.

The 82nd Airborne Association, the 2nd Infantry Division, they would

hold their conventions here if they knew what we had, if we just promoted it.

The veterans in school, that's what I wanted to talk about. The Mayor talked about it.

Women in the military. I'm old school. I was in the infantry back in the '80s, paratrooper infantryman, and women weren't with us when we went out into training, et cetera. In Iraq and Afghanistan, that has changed tremendously. On the front lines they are with us. And I'm here to testify to all those old salts out there that say women don't belong. No human being belongs there, but women are performing at a very high level. When I would take out convoys and put people on those convoys, I had no hesitation whatsoever to put some women on there and put them in key positions as machine gunners, as drivers, and I would be in that vehicle, and they were in those key positions with my life at stake. And I'll tell you

what, there were some women who I chose to put on there a lot quicker than some of the men I served with.

There was a young lady who was supposed to testify today. I was so looking forward to meeting her, because I saw her story a little bit.

I'm here to tell you that women, unfortunately, are facing the horrors of war that men have faced for centuries. And, yes, some women have been exposed to it in the past, but today in huge numbers, in huge numbers.

I was only in Iraq for a couple weeks and our sister battalion, a 19-year-old kid from Michigan was driving a Humvee and we were -- her vehicle was hit with it an IED. She was decapitated, a 19-year-old woman.

That's what's going on. So when we talk about the strains on what's going on in people's heads, I'm saying that we do need to gear up for PTSD for women.

PTSD, I can tell you that the war that we're fighting over there today, I was only there for eight months in Iraq and I was not there as a grunt, I was there as a civil affairs guy. I was teaching democracy and stuff like that. So what I was exposed to was things like 24/7 stress of waters coming in, ambushes going to and from, which was much less than what the grunts are doing, the field artillery men, the infantrymen, the MPs out there kicking in doors every single day.

I went over there as a mature man, and the effect that it had on me, I mean, I'll admit here in public that there were times where I hit the ground from loud noises those first couple months that I came home.

These kids that are going over there as 18, 19, 20 years old, their brains are not fully developed. What they're going to come back after multiple deployments, male and female, we need to

gear up big-time for them. And we can't cut the funding for the Vietnam and the Korean guys to do it. So I'm asking you to please don't do that on behalf -- don't rob Peter to pay Paul, which is what we seem to always do.

The last issue I'd like to address is the Veterans Office that's right over here. They're doing fantastic work. Ed Lowry's group is doing fantastic work, but we do need easier access to this office up here. The veterans need to be able to come in an entrance on the storefront. If we could, outside somewhere, downstairs on the first floor. If that can be done, that would be fabulous.

Again, I'm sorry I went so long. Thank you so much for your time. And, Senators, if I may, condolences to you for the loss of Senator Rhoades. What a wonderful man. I got to work with him on a few issues previously, and he went out of his way to do as much as he

could for me and some other folks. Condolences on your loss. He's a great man.

Thank you.

COUNCILWOMAN TASCO: Thank you. Thank you so much. We appreciate it.

Mr. Drinkard. Are you Mr. Drinkard?

MR. DOUGHERTY: Dan Dougherty, ma'am.

COUNCILWOMAN TASCO: Dan Dougherty. I'm sorry. Go ahead.

MR. DOUGHERTY: Thank you, Councilwoman --

COUNCILWOMAN TASCO: Excuse me.

Those who have testified, please feel free to leave the table. And we'll call the other gentlemen up. If you'd like to stay just a few minutes in case someone has any questions. But I think they're really listening to the testimony now.

Mr. Slavin, you want to come up. And we have Ms. Santos and

Ms. Mungin.

MR. DOUGHERTY: Thank you, Councilwoman Tasco, Chair of this particular Committee on Veterans Affairs. To our distinguished guests from the Senate and to all the members of City Council who are listening, my name is Dan Dougherty. I'm a Vietnam era veteran. I have been in the American Legion for over 23 years, and I'm also a post service officer, and I service the veterans.

Our Mayor from Media made a statement, and sometimes you have to say -- take offense to it, but I always look at the bright side of it, and that's the viewpoint that it gave people, saying that Senate Bill 915 discriminated against other groups of people. And, again, I'd like to thank our Senator Baker to address that issue, which it did not. Senate Bill 915 did something for this assembly that hasn't been done in 50 years, and that was to get the service officers into the community where they

are needed.

The American Legion is the only organization that has a national service officer in Washington that is handling the needs of the veterans as they're coming back. This was granted to us by the Department of Veterans Affairs, as well as through the Department of Defense. And these men and women who come back have specific needs and necessities.

And now I can go into my statement. Thank you.

We have all heard about the issues of homelessness in the City of Philadelphia. The issue has really been -- is somewhere between an estimate of three to four thousand veterans. Unfortunately, they're not accounted for.

The Pennsylvania American Legion Homeless Homes Incorporated, which is a non-profit corporation, was started 18 years ago to address this issue with the purchase of homes throughout the

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state to assist these veterans with the transition back to mainstream of society. But many veterans today are still on the streets throughout our state and particularly in the City of Philadelphia.

How will you and our organization identify these homeless veterans? These veterans are men, women and women with children, who do not count because their numbers are not in any census that is taken every ten years. Therefore, a better system needs to be adopted.

When our current active duty members return from Iraq and Afghanistan, what will happen to them when they will need care?

To the current date, we've had over 8,000 troops who have sustained serious injuries. These injuries include TBI, traumatic brain injury; SCI, spinal cord injury; amputations; the effects of PTSD and injuries that occur, because in the regions throughout Iraq and

Afghanistan, there are what we call insects, mites, fleas that transmit to the troops and goes into their blood.

In 1990-'91 when the first Gulf War was declared and then finally came to its completed mission, the VA could not identify what was wrong with these veterans, so they called them the Gulf War Syndrome. To this day they have not been able to diagnose these men and women.

And if we think about it, when we are affected over time -- and time is our enemy. To a veteran, the time is our enemy, because 25, 30 years later, we have seen what has happened with Agent Orange. We have seen what has happened to what is known as the atomic radiation that occurred during World War II, that occurred even after World War II. So we have to look into the future.

The troops' first option is the military, but many of these veterans have not received the proper disposition to

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the backlog of the medical evaluation boards and the physical evaluation boards, which are courts. Their treatment and rehabilitation is under the Department of Defense. Once the troops have received their discharges, the VA continues their treatment and transition to civilian life. Now the question: What happens to these veterans if their families, friends are not able to care for their kins or other veterans?

How can we measure or place numbers on these veterans if they end up on the street to excel the current issue of homelessness? Would a study answer the question? If this isn't answered, we need to begin now, not next year or a year later.

The homeless in Philadelphia will continue to grow, and the current estimates could exceed three to four times those numbers within the next three to five years, because we have one unidentified veteran that nobody has

spoken about today, and those are the veterans who live underground and are not identified. They are in the tunnels below the City of Philadelphia, throughout the City, those veterans who live in boxes out along Interstate 95. Are they accounted for?

At this time, I do wish to applaud our General Assembly for passing Senate Bill 915 so that our organization and many service organizations can apply and receive these benefits for these returning soldiers. You have identified the problem, but that problem has meant to the State of Pennsylvania in dollars the benefits that these veterans will receive from the Department of Veterans Affairs. We need to continue this funding, and the numbers could give us an answer in solving this homeless issue.

I wish to say thank you to all the members, our Chair, Councilwoman Tasco, to allow the Philadelphia County Council of the American Legion to present

their testimony on behalf of the veterans of Philadelphia County Council and also the great Commonwealth of Pennsylvania.

Thank you.

COUNCILWOMAN TASCO: Thank you. Thank you very much. Thank you so much for coming, in case you have to leave. I mean, you can stay, but thank you for coming.

MR. DOUGHERTY: We thank you very much, and I also --

COUNCILWOMAN TASCO: I'm really learning a lot today because --

MR. DOUGHERTY: And if I may take a point of privilege, ma'am. I also would like to acknowledge that my constituent representation is here from the Senate. I am a former resident of Philadelphia. I moved into Montgomery County in the little town of Roslyn, and we do have a home office, a district office, for our State Senator. And, again, thank you, Madam --

SENATOR WASHINGTON: You're

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welcome.

MR. DOUGHERTY: -- Senator Washington.

COUNCILWOMAN TASCO: Thank you very much.

I think I had Mr. Slavin and then you, young lady.

DR. HANKINS: Dr. Hankins.

COUNCILWOMAN TASCO: Mr. Slavin.

MR. SLAVIN: Dan Slavin from Fresh Start.

COUNCILWOMAN TASCO: Slavin. I'm sorry.

MR. SLAVIN: Slavin, yes. I left my voice at the ball park, so this will be brief.

I'm here on behalf of Fresh Start Foundation. I am the Vice-President and Program Development Coordinator. And what I'd like to state is basically our relationship with the Veterans Administration and the --

COUNCILWOMAN TASCO: Could you

tell us what Fresh Start is first.

MR. SLAVIN: Fresh Start is a drug and alcohol recovery housing program. We've been in the City since 1989. And in 1998, VA had contacted us, and we developed a working relationship with the VA at that point. We have two locations specifically designated for homeless, drug and alcohol addicted veterans.

In 2006, we were approached by the Veterans Administration and asked if we would write a narrative for a block grant in the Coatesville area. In 2007, we were awarded that grant to open up a 60-bed facility on the veterans campus medical center in Coatesville, Building 10. It was immediately filled to capacity, which is 60 beds, and we were looking for more.

The things that the Veterans Administration that do provide our people that are there is very, very supportive, the physical needs, the mental needs,

dietary functions, and also they have a program called CWT, which is a work therapy program, that enables our people when they are -- our residents when they graduate, they already have a system of work habits, and Fresh Start instills behavior modification. And what we found is that the military people can really adapt due to their prior service records. They really adapt to a structured environment such as Fresh Start.

There are residents that stay between nine months and a year through Fresh Start, and their counseling with the available VA services have come up with a much lower rate of recidivism as far as their addiction goes. So we're finding that a year is an ideal number for someone to stay and re-acclimate themselves into society.

It's a holistic approach that we deal with. We try to deal with every aspect of recovery in our buildings and facilities, and it's a very safe and

secure environment that we place in our facilities in the City and Coatesville, of course.

Like I said, I was going to be brief, and that's pretty much it. If you have any questions for me, I'd be glad to answer them, but I'll leave you with this: Our Founder and beliefs of our CEO, Bonnie Walls, is that we are our brother's keeper, and the people in this room have proven it time and time again, not just with Fresh Start, but everyone in this room.

Thank you.

COUNCILWOMAN TASCO: Thank you. How many facilities do you have in Philadelphia?

MR. SLAVIN: Philadelphia we have two facilities specifically for veterans. We have overall ten facilities that we deal with, the Office of Addiction Services.

COUNCILWOMAN TASCO: Are they large facilities or they service a small

population?

MR. SLAVIN: We have small populations, and each unit is between 15 and 18 residents.

COUNCILWOMAN TASCO: Thank you very much. Nice to know you're there. Thank you.

MR. SLAVIN: Thank you.

DR. HANKINS: Hi. I'm Dr. Hankins. I'd like to show you some pictures. I own the ACES Museum. This is actually the historic site that we found this little piece of piano. It was a USO for black soldiers called Parker Hall, and this is us. We've restored it. Okay? We call the museum ACES because they used to call black people spades. So we said if you had to be a spade, you were an ace.

Our veterans are honored all of the time. The whole Museum is dedicated to both them and the children in our community, and we'd like to thank Donna Reed Miller. Hopefully she's watching,

because she's one of the people keeping us open.

It is very important -- I am a medical doctor. I'm also a fellow of the American College of Physicians. I got that from presenting original research in China. I have multiple letters behind my name.

But the number one cause of death in juvenile prisons is suicide. I am in the trenches on Germantown and Price, and I have personally signed for more kids than I'd like to say to keep them out of jail.

We are using the Educational Enhancement Program and the honor of our veterans to offset the drug culture, and it is working. It is working so well at our museum that the Youth Study Center, the juvenile jail of Philadelphia, asked us to come and do a pilot program. We were so successful there, one of the inmates took time on his way to adult prison to write us a letter, Where this

education been at? I learned about the gastroenterology tract, and if I had this, I wouldn't have been on the streets.

We also were called in to do a pilot program for a transitional program between a youth who was coming out of juvenile detention, and the only other place he was going to go was adult jail. We were successful there as well.

Unfortunately, we're not getting funded. Most of this is in-kind and a lot of work coming from me personally as a medical doctor, who is totally dedicated to the children and the veterans in our area.

When we discovered the third floor, we said, What are we going to do with this? Are we just going to make it Parker Hall? Well, that's very important. And we have preserved it. We are a member of the Germantown Historical Society. We're a member of Historical Germantown Preserves. But it was more

important than just preserving the Negro soldiers, was to create ACES. So we honor black and all minority World War II veterans. So we have exhibits for women, Hispanics, Native Americans, including the Japanese, and a vision named after my son that died prematurely for the visually impaired so that the kids can learn about handicaps.

So what we do with the Educational Enhancement Program is, we start with a scientific background, we mix it with social, and we give them didactic skills to elevate all eight levels of intelligence. We call it a college prep readiness and violence prevention program. The idea is, it's a lot of money put into kids once they're in trouble. In fact, I was just reading yesterday appropriations for this. I'm a religious woman, so I took it as a sign. The Governor of New Jersey said it takes $8,000 to educate somebody, but $35,000 to keep them in prison as kids.

So our position is that if we could do anything, everything, whatever we can do to get some of that money so that this program that is working gets a pilot across the City.

The other thing is that because of what we were doing with the veterans, we have a probably bimonthly open house program, but we have ongoing veterans programs all the time.

We came to the attention of the National Association of Black Veterans. The National Association of Black Veterans has an office in ACES, free of charge of course, but, unfortunately, our Commander, Brother Luke, died. We were going to disband the National Association of Black Veterans, but instead, the head of the National Association of Black Veterans said for to go to Seattle, Washington two weekends ago, and at Seattle, they passed a resolution that the ACES Museum of Philadelphia, Pennsylvania will be the official

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archiving site for all of the veterans of World War II.

Now, that would be a disgrace and a shame if the official archiving site is torn down.

We have three reasons why you should support us. Number one, this is a historic site. Please come visit us. Some people say they can feel the ghosts. I personally do. And the reason why I do is because my father was a World War II veteran that served four tours of duty and he was only supposed to serve two. He said he served four tours of duty because he was a Muslim, and back then being a Muslim was a big problem. He was married to a Christian, and they were married 58 years and died within months of each other. And one of the things they taught us is that love is an action verb. If people don't know you love them, then you don't.

So this ACES is a labor of love, but it's a point where what's love

got to do with it. We've got to have some financial support in order to continue.

The other thing, by giving the children positive role models -- and we take from pre-K all the way to advanced placement, because there are very few places for advanced placement for minority kids. In fact, when they come, they get very angry at me, because they say, Oh, well, Dr. Hankins, you have me doing this little silly stuff. Not at all. It's intelligence building. So, therefore, we have proven that we can prepare these kids for college prep and that the program works, not only for the kids in the neighborhood, but in the juvenile jail and also in our pilot prevention program.

And, finally, by archiving the veterans' histories correctly -- and when I say "correctly," we have been invited to the Eisenhower reenactment since 2004. We were the first black group to go

there. And we have just recently been invited to the Cumberland World War II reenactment in Maryland. Actually, we're going down there next week. Maryland Chamber of Commerce is going to actually pay our way.

But when I went up to the Army -- the new multi-million dollar Army Historical Library that is in Carlisle, Pennsylvania, they had no representation of Dr. Charles Drew, who invented blood plasma. They say the races for the 80 salvage rate during World War II is because of sulfur drugs. That is not true. Charles Drew invented blood plasma, the preservation of it, as well as the type and cross-matching of the blood cells that allowed for the preservation of the American soldiers in World War II. He felt so much discrimination that he moved to Britain, and then he came back and taught at Howard. That is not represented.

The Tuskegee airmen are not

represented. The six Triple Aces are not represented. The Triple Nickels are not represented, et cetera, et cetera, et cetera.

If our children do not learn about the real heroes, they will continue to worship this drug crap, which is the reason for 75 percent of them sitting in jail.

And in conclusion, I will say as a fellow of the American College of Physicians, that we have to prevent disease. It is infinitely better to catch it in its infancy than to treat it after it's full blown. Once a child is in the juvenile justice system, that is full-blown social disease. We can prevent it by having our real heroes, these wonderful people.

I never understood why my father used to bring us out to Veterans Day. It's like they did everything. They put you in the stockade for making (unintelligible). Why are you proud of

this country? Until I traveled overseas. When I traveled overseas and I was in China and they could not recognize me as a physician, it just wasn't mentally possible -- and they were very nice, actually, but the point is, the opportunity is what he told me is what I'm going to end with you and the veterans today. He said, United States has problems. In fact, my mother and father met at a race rally in 1940s. But its Constitution says all men are created equal. And if you go in Saudi Arabia right now, you can't drive if you're a woman.

So what we're saying is, the Constitution of the United States says all men are created equal. Our children are starting on a lower playing field, because they are being taught at the age of 11, I got a case, like it's something to be proud of. They need to see doctors in their communities, lawyers in their communities, and they need to walk into

that ACES Museum, and they need to feel the spirit of the people that did not come home.

And we should also recognize that in World War II, 100 percent of the female veterans were volunteers, and they went overseas to support their men. And we have World War II veterans on our committee, and I will say in their name, including the name of Daisy Myers, who was our "Rosie the Riveter," that we have a publisher about her, that I met this frail white woman in Washington, DC, who came to the World War II Memorial by herself. She's fooling around, and so the Dr. Hankins puppet says, Well, Ms. Myers, why are you here? Her husband died a week before, but she had the courage to go there, just like she had the courage to be "Rosie the Riveter."

And we need to know about these real courageous people, because our kids need it, we need it and, as he said, the veterans need it.

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Thank you.

COUNCILWOMAN TASCO: Thank you very much.

Any questions?

(No response.)

COUNCILWOMAN TASCO: Thank you very much for your testimony.

Okay. Ms. Santos and Ms. Marsena Mungin.

Is there anyone else here to testify on this resolution?

(No response.)

COUNCILWOMAN TASCO: Thank you.

You will be our last witnesses. And could you summarize this?

MS. SANTOS: I was told I had three to four minutes, and this after 15 years is basically my summary. I hope I can probably try to condense it as much more as I can. But I will read it very quickly and leave out as much as has been gone over already, which was much of the statistics and the data.

COUNCILWOMAN TASCO: Well, what

we really want to focus on is how -- the philosophical discussion has taken place. What is it the action we need to take to help the veterans and the women. I mean, you're preaching to the choir. For the record, what are some of the issues that women are facing in the military and what can be done.

MS. SANTOS: Well, I am a veteran of the Persian Gulf War. I'm actually speaking of my own experience, so I can tell you my own experience firsthand. As an advocate, I can speak to you from observation and my association of other veteran women, which is the reality of what's happening concerning particularly minorities that I'm associated with with veterans and as my organization has attempted to reach out to more veterans who need services at the Philadelphia Veterans Hospital. I can speak for those experiences, which I think are crucial for this particular part of the dialogue for moving forward.

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If I may proceed.

COUNCILWOMAN TASCO: Sure.

MS. SANTOS: Thank you. I thank you all for this opportunity. Particularly thanks to Councilwoman Tasco and Mr. Howard for this opportunity.

My name is Cathy Santos and I am a Persian Gulf War veteran, an advocate and a victim of military sexual assault, which has resulted in many inadequate and many unpleasant experiences regarding my health and care since transitioning from active duty to Philadelphia, my home of military record in 1992 when I was discharged from serving my first tour of duty in the United States Army. It is with great pleasure to share what has been a long journey and through much effort to have these issues addressed in these halls.

I would like to preface my statement by providing a brief introduction and an attempt to evoke some thought on the following questions:

Number one, why members of the Armed Forces who have endured some of the most heightened levels of physical fitness training and mental and intellectual challenges and why once discharged, that many transitioning veterans are suddenly functioning at minimal capacities as well as in unfortunate situations such as homelessness, drugs, alcohol and now increasingly more now incarceration.

Why the Veterans Administration although qualifies and certifies those who desire to represent claims outside of the VA system oppose the kinds of advocacy and oversight that would provide transparency that would lead to the highest level and equal healthcare to all veterans and opposes other than VA-represented assistance to the veterans community.

We are in the 21st century where we can no longer put our heads in the sand and ignore, deny or refuse to believe the capabilities of our

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government or those in power. Innovative and cutting-edge technology, as well as advanced research has enabled us in many disciplines and professions to provide unorthodox and, in many cases, unethical studies and experiments using the human body and, in particular, those within the minority or disadvantaged communities. Veterans healthcare and the treatment of veterans have been issues for many years.

In 1993, along with Marsena Mungin, I had the opportunity to address women veterans healthcare to the Veterans Administration in Washington, DC, where I believe that changes and improvements have resulted. However, much more work needs to be done.

I also provided statements in February 2007 to members of Philadelphia City Council, which I believe opened the dialogue on such crucial areas as veterans healthcare, particularly with respect to those who served in Iraq and Afghanistan.

At that time, I believe that Philadelphia was extremely slow in responding to this crucial issue and that unnecessary suffering has occurred in the lives of many who had served in those combat arenas. I also believe that there is a disparity of healthcare amongst the veterans community associated with the various wars and combat theatres that an individual may have served disproportionately, creating an imbalance and ultimately an inequality in providing the needed healthcare to the veterans of Philadelphia.

The military and veterans community is a culture that is unfamiliar to most civilians, as well as the language and the experiences of many of those who choose to join the Armed Forces. Economics, education and intrigue are just a few of the reasons that an individual may join the Armed Forces. However, I believe that the commitment to serve one's country is a

patriotism that cannot be measured when a war occurs, and that decision has become an obligation that puts you in harm's way.

This is not a club, a social outlet or a means to an end, but the reality of war is the inevitable circumstance that may result once you take the oath, establishing a contract with the United States government where you are committed to being a soldier 24 hours a day, losing all your civilian rights. And to reverse the decision is not an easy task, and entering into such an agreement should not be taken lightly and one should be fully informed when doing so.

Since 9/11, one of the greatest dichotomies misunderstood by civilians is the distinction between the ranks and branches of service. Besides the different branches, OEF, the Operation Enduring Freedom, OIF, Operation Iraqi Freedom, reveals the greatest distinction

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of reserve and active duty and, most importantly, the field and level of training required for each job and any special arrangements, agreements made with the recruiter for enlistment bonuses or other special deals that one may assume when signing their contract. Veterans healthcare, along with other benefits, such as your GI bill, education benefits, are common to veterans. However, the OIF and OEF conflicts have influenced changes and, in this process, affected the healthcare of many discharged military.

The OIF, OEF theatres have brought to the attention many concerns, and healthcare is probably the most important for the following reasons: There is a complexity in defining and diagnosing healthcare that would minimize many complications relative to healthcare as it relates to pre-existing and post service conditions. These factors become a key issue for providing services, many

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of which result from past administrations, inept staff and, in some cases, ignoring or denying the problems over time within the veterans healthcare system.

It is reported that there is a backlog of over 300,000, and that there is no system in place to address this overwhelming amount of individuals, who many have died waiting to get benefits they deserve. There is also what I call a weeding out process where deserving and eligible veterans needing healthcare are being denied, refused or ignored for services from the Philadelphia veterans facility. Shredding of documents, manipulating information and undocumenting is reported to be the most recent concerns to cover up or deny individuals quality and equal healthcare in the Philadelphia Veterans Hospital.

Minorities disproportionately are victims of this flawed and unprepared system, and healthcare specifically is

just the tip of the iceberg. The rating system that determines the level and extent of healthcare met with other specificities and criteria is also flawed and is discriminant in its present implementation. Specific treatment methodologies that are in place, which is based on one's race or ethnicity and related research strategies and studies, raises the question as to the quality of life determined by the medical professionals at the Philadelphia veterans facility and the University of Pennsylvania for all veterans to receive quality and equal treatment.

My recommendation, and in conclusion, it is implied by City and State-level government professionals that veterans are a federal issue. We must not allow our government at any level to avoid the responsibility of responding to the needs of their constituents who just happen to be veterans. The increasing population and associated social concerns

of the veteran community becomes a crucial part of our society, and government and the elected officials must take responsibility.

The routine federal reference to the VA system clouds the reality when servicing residents of a particular community. City, State and federal government officials, as public servants, are responsible for the residents in their respective area of service. Moreover, I believe they should be responsible for implementing a centralized monitoring and maintenance system for ensuring that fairness and equality is provided to the veterans community to include their healthcare. Service organizations, the VFWs, American Legions, so on, in every county should be held accountable for the existence to provide after care and assistance to veterans in conjunction with the VA medical facility in which they have registered for care. These efforts would

aid in relieving city governments of the financial burdens associated with providing healthcare and services to veterans who are on drugs and in many other unfortunate circumstances, such as incarceration and homelessness, that create a financial burden, who are victims of inequality and an unjust VA healthcare system who, because of its limited resources and abilities, weed out many of these individuals.

Concerning outreach, I believe that historically the Philadelphia VA has been selective in providing the outreach that would benefit many veterans. The Philadelphia Veterans Hospital has hosted annual and other events providing resources and information that is crucial for the veterans community. However, the invitation to attend these events are limited to staff and a few veterans and rarely, if ever, to the surrounding community.

Further, Stand Down, an annual

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event that allows many veterans to receive and become involved in the activities that demonstrate an intent to address these needs, is insufficient for providing the follow-up care and needed resources leading to wholeness on this three-day gathering.

Eleanor Dezzi, who has hosted a veterans radio talk program, has been extremely instrumental in providing information and resources, as well as allowing professionals to share the needed resources on her program.

I believe that the grassroots or other service organizations have been limited in their efforts to provide outreach and networking for many reasons. These outreach mediums continue to meet with much opposition from the Veterans Administration. There is a great deal of disrespect and disregard from the Veterans Administration in the past by not responding to calls from interested parties or providing information when

asked, even by elected officials.

Recently, there was a new appointment to the Public Affairs Department, Don Warman, who believes that the VA is new and improved and has increased its outreach and abilities to provide resources to more veterans by annexing their services to the neighborhood clinics in Camden and other areas of the City, but until these efforts reach all veterans of Philadelphia, this will not be enough.

Funding at the federal level didn't trickle down to Philadelphia in the recent allocation of the $36 million of VA funds back in September. Fewer than $200,000 came into the Pennsylvania VA organizations. There needs to be more advocacy and lobbying at the state and federal levels for additional dollars for the outreach and distribution of information, support and networking in the City of Philadelphia without the specified classification of "charted VA

organizations."

Fifteen years since my testimony before the House Veterans Affairs subcommittee, women veterans of Philadelphia have achieved some progress. We continue to reach for equality amongst gender and racial barriers within the VA system. My position is and continues to be one of advocacy, because I realized when I was discharged from active duty and instructed to register at my home of record Veterans Administration Hospital, there was no one immediately available to address my concerns. I have had to experience many difficult and some life-threatening obstacles while a patient at the Philadelphia veterans facility recently. During this time, I, through the advocacy and hard work of the National Alliance of Women Veterans, I believe that there has been some major changes and, in my belief, precluded many young women from experiencing the complexities associated with

transitioning from active duty or their military experience as I did.

It was through the efforts of the National Alliance of Women Veterans that it is realized the necessity to providing additional resources at the grassroots level. I believe that the mission is being accomplished to provide a nexus between those who are transitioning from military service and those government facilities and services without the interference or stipulations outlined at present by the VA system.

My final comments are that we should stop applauding mediocrity. We must demonstrate humankind that transcends gender and race and political affiliation.

The veteran community, unlike any other, has paid in some cases the ultimate price for the freedom of our country and has never had the opportunity to ask to whom will benefit or to what color or gender, political affiliation,

religion. By those who died, I would imagine, if they could ask, who would they choose. It is unfair to say that the veterans community doesn't have some prejudices and some major concerns within. However, we must work together to provide the services to all veterans that they need and so greatly deserve.

Again, I say thank you, and I hope I was able to bring it in a little bit. And I'm hoping that this is just the beginning of future dialogue that will open up opportunities for different organizations, such as Fresh Start and Dr. Benoit, and the different non-veteran groups and professionals to get some funding so that they can reach into the communities for these veterans that are cut off from the mainstream source of getting those services available to them.

Thank you very much.

COUNCILWOMAN TASCO: Thank you very much.

MS. MUNGIN-IKPE: My name is

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Marsena Mungin-Ikpe and I am a veterans' advocate and I am also a disabled veteran.

I've been -- just to cut it short, I've been doing this for over 20 years, and it makes me very sad to my heart that when I go on the national level speaking about women veterans issues and about veterans issues, I cannot say that I'm received in my own hometown. And it's really shocking to me that there's a lot of services available out there, but nobody is talking to each other. One of the things that we need is, we need an interagency committee where we're bringing to the table all of the agencies involved so that they can be educated, because a lot of this is a lack of education, because a lot of people don't know what the VA does. A lot of people, they just figure, well, if you were in the military, then let the VA handle it. But the fact is that I'm a disabled veteran, mother of three, and it

was real hard, it was very hard, because the services that I needed was not available. But I had a support network.

I have a problem, and I believe that I suffer from PTSD. I had to lay off of things for a while, because this -- it just -- it burns you up that here you put on the uniform to serve your country and then you come back to where you grew up and you're not respected. But I demand respect. No one disrespects me and gets away with it. Because I like to do the electronic thing, I'll send an e-mail.

And some of the recommendations that I really think that needs to happen is that we need to do more communication on the federal, state and city. Everybody needs to start talking to each other. And the thing that really is disturbing me is that the veterans that are coming home now that are disabled are in lots of trouble, because people think that, well -- the VA only takes care of

the veteran. The VA does not take care of that family. And as a mother, I have children. They didn't help me with my children. The only thing they could help me with is my medical needs that I need. But no one was there to help me to deal with how I can function and how I can keep a roof over my children's head.

But we have to start talking to each other. It's time out for saying, well, this person is at fault, that person is at fault. We need to stop that, because the veterans that are coming home now are coming home much younger. So there are a lot of hotheads, and there's going to be an increase in violence on our streets if we do not act now to do something. Something is better than nothing.

I've done a lot of work up in Boston, and we really need to take a trip to Boston and we need to see -- if you just go and visit and see how the non-profit, the City, the State, how

they're working together. I'm not saying that it's a perfect marriage, but what I'm saying is that they're talking. And we're not talking to each other, and we need to develop -- we have the University of Pennsylvania that does research, but we're not giving the right people the funding that they need, because like the Veterans Multi-Purpose Center, they're stretched past their limit. There's people that are doing good work, but they're not recognized. They're not getting that support, and after a while, you get burned out.

And we need to set up some kind of way to track veterans in the prison system, the homeless and the public health, because a lot of them that use these services, the reason why they don't want to be bothered with the VA is that when they go and they get a bad taste in their mouth, they're not going back. So it's a duplication of dollars.

And there are -- every branch

of the government has monies allotted for services for veterans. The City of Philadelphia has not applied for them. The City can apply -- there are things that the City and State can apply for. This is money that's already been allocated. And the thing that -- the question that I ask all the time is that, why.

I'm on the Congressional Black Caucus Veterans Brain Trust, and everybody is always laughing at me. Well, what are y'all doing down there in Pennsylvania? And it really -- it hurts when they are poking fun at me, because it's like, Well, why are you here, why are you -- why do you continue to do this?

I continue to do it because I have a heart. My father is a veteran. I have a daughter that's a veteran. So this is not just something that, you know, I just want to do. I have no choice in the matter. I'm speaking for

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all veterans that can't speak for themselves.

We have to get something in place, and we need to stop -- if you don't know what's going on, you need to go and ask questions. You need to do research. You need to find out.

I'm a teacher, so everything to me is about education. We need to educate ourselves on the causes and effects of war, the causes and effects of PTSD, the causes and effects of rape and trauma, because these are the issues that we're dealing with. And if I didn't have a good support network, I would be one of those homeless veterans with my children out on the street.

But we need to right now begin to heal ourselves, and we need to start dealing with these issues and start talking to each other and start understanding that, no, this is not just the federal government's problem, it's the State's problem, it's the City's

problem, it's the County's problem. Everyone has to work together in order for this to work.

Thank you.

COUNCILWOMAN TASCO: Thank you very much.

Certainly we have heard a lot of testimony today and have come up -- heard some good recommendations. I'm not fully educated enough about the whole veterans issue, but in terms of the City going after money from the federal government I think, that it's matching money, and the City's mission and responsibility for what its Charter mandates are are a little different than the issue of the federal government.

I mean, we heard you. We will get more information and just kind of think of some of the recommendations that both of you have made.

Ms. Santos, you made a lot of charges, I guess. You made a lot of statements about what is, what isn't,

without giving any specific examples, which I think you need to do, because if you make a statement about what isn't or what has happened, it would be very helpful if we have some examples of what you're talking about.

MS. SANTOS: Absolutely. I would appreciate that opportunity. It has been my premise to be as diplomatic about what I've experienced at the Philadelphia VA for the past 15 years at least.

COUNCILWOMAN TASCO: Well, that's fine, but it doesn't help if the people don't know what you're talking about.

MS. SANTOS: Absolutely. First off, my experience transitioning was, I was a victim of military sexual assault. At that time, there was no sexual assault trauma or any attention dealt with that at the Philadelphia VA. It was actually the testimony provided by Marsena Mungin and I in 1993 that kind of opened up that

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dialogue. I believe that maybe some other people that were present at that time. I'm not aware.

But back in 1993 during testimony in Washington, DC to the Oversight Committee, we had thought when we talked to the subcommittee and went into the offices down in Washington, DC -- because this is what we did. We lobbied for women veterans 20 years ago, 18 years ago. Marsena much longer than I, because she was the one that introduced me, because she was the only person I had to go to when I came out of the military. There was no one there for me.

COUNCILWOMAN TASCO: Well, let me just say this: You have your local congressional offices here who could be very helpful in trying to continue with your lobbying effort.

I want to recognize Councilwoman Blackwell is here.

Do you have comments or

something you want to make?

COUNCILWOMAN BLACKWELL: Yes.

COUNCILWOMAN TASCO: So I'm not going -- we're not going to go through this again, but for me, a lay person, with all the information you presented in your testimony, I have no idea what you're talking about.

MS. SANTOS: Well, I would like to say that I have written letters for the past 15 years at every level of government, but it --

COUNCILWOMAN TASCO: It doesn't matter unless you give examples of what you're talking about.

MS. SANTOS: Well, some of the treatment methodologies I experienced until I found out in 2005 was that they were trying to erase my memory. They were using human --

COUNCILWOMAN TASCO: Thank you very much. We'll further that later.

Let me recognize Councilwoman Blackwell.

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COUNCILWOMAN BLACKWELL: Thank you.

Certainly thank you, Madam Chairwoman. We wanted to thank you and the Senators, the folks who have come.

COUNCILWOMAN TASCO: This is Senator Lisa Baker.

You haven't met Councilwoman Blackwell.

COUNCILWOMAN BLACKWELL: Thank you. And obviously Senator LeAnna Washington and all those who have come from the State to deal with this important issue and dealing with the homeless population to a great degree. It is true, there is a great overlap.

Those who are in Philadelphia, we know who they are. We don't necessarily have them listed specifically as vets. We have them listed as homeless people. It's a big issue. Just last week, we visited Impact Services, and they're doing a lot to construct housing and to deal with the veteran population.

And in our state, we're first in a lot of ways in terms of war participation of our population.

So we've been trying to work with this community, as all of you who are involved know. We already have three hospitals in this country that will deal with vets coming home just with problems with their limbs, missing limbs, who need rehab and all of that. It's a real, real big issue.

I heard Operation Stand Down mentioned, and it is a three-day weekend. Obviously it should be ongoing all the time, but Operation Stand Down is doing what it can and continuing to beg to try to do more.

I tell certainly Ed Speller and I tell the Chairman, Edgar Howard, and I've talked to the President and I've talked to the Mayor about veterans having their own office here, their own space. Obviously being part of the big office, 494, it's better than not having an

office, but we need our own space. We have veterans here in every place that need an office to go in to try to get help in every way, the same as anybody else who needs services, and they need their own space.

So we are committed to trying to do what we can. We're focusing on this population. In our city we're planning housing just for vets. We have housing up on Allegheny Avenue, a lot of services there for them.

And I, again, wanted to thank you for bringing this Committee in and focusing attention on this very, very, very important issue, and we stand ready to work with you in any way we can.

COUNCILWOMAN TASCO: Thank you, Councilwoman Blackwell. And certainly you've been a leader in working with the homeless and housing for disadvantaged people, and we appreciate your leadership and support.

COUNCILWOMAN BLACKWELL: Thank

you.

COUNCILWOMAN TASCO: Thank you all very much for coming.

This meeting will stand in recess to the call of the Chair. We want to thank Senator Lisa Baker for coming down from the mountains. We hope she'll have a safe trip home. But we really appreciate her commitment to this issue of veterans and their care, and I'm glad to get to know you.

SENATOR BAKER: Thank you.

COUNCILWOMAN TASCO: And we'll be working with you in the future.

And our State Senator, LeAnna Washington, you're always on target, and we thank you very much for being here.

SENATOR WASHINGTON: Thank you.

(Committee on Public Health and Human Services adjourned at 4:10 p.m.)

CERTIFICATE

I HEREBY CERTIFY that the proceedings, evidence and objections are contained fully and accurately in the stenographic notes taken by me upon the foregoing matter on October 30, 2008, and that this is a true and correct transcript of same.

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MICHELE L. MURPHY

RPR-Notary Public

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