

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON VETERANS

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April 24, 2014
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HELD AT: 250 Broadway-Committee Rm,
16th Floor

B E F O R E: ERIC ULRICH
Chairperson

COUNCIL MEMBERS:

Alan Maisel
Andrew Cohen
Paul Vallone
Fernando Cabrera

A P P E A R A N C E S (CONTINUED)

John Rowan
National President
Vietnam Veterans of America

Coco Culhane
Director
Veteran Advocacy Project
NYC Urban Justice Center

Scott Thompson
Director
NYC Veterans' Mental Health
Coalition

John McDougall
Representative
Military Families Speak Out

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2 CHAIRPERSON ULRICH: Okay, that means a
3 lot, alright. Are we ready, Sergeant-at-Arms?
4 Okay. [gavel] Okay, good afternoon. I am Council
5 Member Eric Ulrich, chair of the Council's
6 Committee on Veterans. For the past two hearings,
7 the committee has explored veterans' employment
8 issues and what policies government can implement
9 to help veterans and returning service members
10 obtain employment. We've had very constructive
11 dialogue and I'm acting on some of those concerns,
12 along with the other committee members, who I'm
13 joined with today, on some of the concerns and
14 proposals that have been raised and the testimony
15 that has been delivered.

16 For today's hearing, the committee will
17 shift gears and focus on another pressing and
18 sensitive topic: mental health. This issue has
19 garnered more attention of late, but the mental
20 health of veterans and returning service members no
21 longer can be relegated to the back burner.
22 According to the Department of Veterans Affairs, an
23 estimated 22 veterans die each day by suicide and
24 many more deal with the complex daily mental health
25 anguish that stay well beyond the years of service.

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2 Today, we're considering a resolution
3 sponsored by our friend and colleague, Council
4 Member Fernando Cabrera of the Bronx in support of
5 Senate Bill 2182, the Suicide Prevention for
6 American Veterans Act, introduced by United States
7 Senator John Walsh of Montana. This bill
8 recognizes the mental health related plights faced
9 by veterans and service members and provides the
10 Department of Defense and the Department of
11 Veterans Affairs with the enhanced tools they need
12 to deal with this extraordinary and multi-faceted
13 issue.

14 I want to acknowledge that we've been
15 joined today by the other members of this committee
16 starting with Councilman Alan Maisel on the far
17 right... that's right. He should... that's true
18 and of Brooklyn. We have Councilman Andy Cohen of
19 the Bronx, Councilman Paul Vallone of Queens and I
20 know that the sponsor of the resolution is in the
21 Education Committee hearing, but he is on his way
22 and that is Councilman Fernando Cabrera, and I want
23 to thank them for joining us and I also want to
24 thank the committee counsel, Kelly [phonetic]
25 Taylor and our policy analyst, Redmond Askins

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[phonetic] for their hard work. I look forward to a productive exchange to hear our panelists' experiences and recommendations on what step the City Council can take to make progress on this front, and I'll turn it over to our first panel now. We'll have them sworn in by the Sergeant-at-Arms. Let's start with John Rowan, Coco Culhane, Scott Thompson and John McDougall. Yeah, we'll put all four of you. Okay, that's fine, yeah.

[Pause]

CHAIRPERSON ULRICH: I'll ask the Sergeant to swear in the panelists. Oh, the committee counsel will do that, that's fine. That's fine.

SERGEANT-AT-ARMS: Okay, everyone raise their right hands.

COMMITTEE COUNSEL: Do you swear to tell the truth in your testimony? 'Kay.

CHAIRPERSON ULRICH: That was easy. Why don't we start with Mr. Rowan from the Vietnam Veterans of America? Just push the button on the microphone and...

JOHN ROWAN: [interposing] Yep.

CHAIRPERSON ULRICH: We'll get started.

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COMMITTEE ON VETERANS 6

JOHN ROWAN: Good afternoon. First of all, I found it impressive that you swore us in. Having served as an investigator with the City Council many years ago, when we kept yelling at the committees to swear people in 'cause we knew we could've put a lot of people in jail for all the things they said at some of these committee hearings, but not these ones.

CHAIRPERSON ULRICH: They should swear in the council members.

JOHN ROWAN: Well...

CHAIRPERSON ULRICH: That we tell the truth and the whole truth.

JOHN ROWAN: Well, I won't tell you about one of the council members we managed to deal with at one point in time, who was no longer a councilman when we were done. Anyway, I want to thank you for holding this hearing. Anything that can highlight the issues regarding people coming home from the military today and some of the things that they're dealing with and this whole suicide prevention thing is so important. I always tell people I knew more people who died after the Vietnam War than in it. I had much many more of my

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2 friends who passed away when they came home. Most
3 of that was due to substance abuse, quite frankly.
4 Mostly due, obviously, to mental health issues
5 from... but they didn't even know it was PTSD in my
6 day. They called it Post-Vietnam Syndrome, as if
7 we were somehow different than anybody who'd come
8 along before. I think the only difference was
9 instead of staying drunk in the Legion Hall, we got
10 high with pot that was readily available in our
11 era.

12 Today, there's obviously a lot of
13 recognition. Thankfully, people actually know what
14 PTSD means and in the public even, which is
15 gratifying I gather, and thankfully, it's people
16 like yourselves that are trying to do something
17 about what do we do with these folks coming home
18 and getting them assistance. This bill in Congress
19 is amongst a number of bills that would be very
20 helpful and there's several provisions in it and
21 I'm not going to take too long with it 'cause I
22 know some of my colleagues here, particularly Coco,
23 will talk about one of them in particular. But the
24 process or the idea of giving more money for
25 rebates on loans; student loans and things to

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2 professional that come on board with the VA is a
3 big key. The VA doesn't do a very good job of
4 that. In the HIS, for example, in the In-House
5 Service of Public Health Services and other
6 agencies do a lot better job. DOD, frankly, does a
7 better job. So we would like to see them you know,
8 VA do that program as well as at least the other
9 federal agencies, so we encourage that. But some
10 of the key things to me start off with this whole
11 issue of reviewing characterizations in terms of
12 discharge, and Coco I know is going to go into that
13 in detail, but that's... that's also... it seems to
14 me, it's amazing, I guess it's been 48 years since
15 I got out of the military or 47 years since I got
16 out of the military and the things we saw then are
17 coming back again. It's like they get recycled
18 somehow. And while people understand PTSD and some
19 other things, the military bureaucracy still
20 functions like the military bureaucracy. So years
21 ago, we had a bad problem with less than honorable
22 discharges and in fact, I was just telling Coco, in
23 '72, Ralph Nader did a study that showed there were
24 half a million "bad paper" discharges issued during
25 the Vietnam Era. Half a million came home with an

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2 albatross around their neck; many of them,
3 unfortunately, people who probably shouldn't have
4 been in the military in the first place. And many
5 of them, the Vietnam vets coming home were dealing
6 with all kinds of mental issues, but unfortunately,
7 still had time left in the military and didn't like
8 dealing with the people they were dealing with back
9 home. So anything we can do about that would be
10 really good.

11 The personality disorder thing is just
12 a total disgrace. I mean the idea that you take
13 somebody in, you accept them and then years later
14 after you abused them basically and sent them off
15 to war to exacerbate anything they might've had
16 wrong with them, you're not going to say I'm sorry,
17 you had a problem. We're going to just kick you
18 out with no benefits and no anything, and that's
19 just an unacceptable process, so the corrections of
20 records and the whole idea is get it done before
21 they get out of the military. I know that... I
22 think that; not in this bill; I think there's a
23 Companion Bill floating around that would mandate a
24 mental health professional on the Performance
25 Evaluation Boards of the Department of Defense,

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2 which is the ones who evaluate people for their
3 discharges for their retirement, their medical
4 retirement and so we support those efforts as well
5 and of course, the whole issue of how much care.
6 We know that the VA's been gearing up
7 significantly, but we don't think it's enough. We
8 think they have to do a lot more with that and they
9 need to hire more staff; they need to train more
10 staff and that's the whole idea of giving people
11 scholarships and giving people programs and
12 fellowships. We have people in the military who
13 have basically jobs like medics and medical
14 assistants or mental health professionals and we
15 can take them when they graduate and come out of
16 the military and resend them to school and try to
17 bring them into the system right away. People like
18 working in the VA if they can get into the VA I
19 believe because I think many of them like working
20 with the veterans. They're an easy group to work
21 with, quite frankly, so that the staff are usually
22 pretty happy with all of that.

23 So the last piece is one that's been an
24 issue, frankly, that we've been working, for
25 example, with Congressman Crowley on, which is the

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2 issue of personal health records. One of the
3 things we were trying to get to ensure that as we
4 go forward in the new world of electronic health
5 records, that the individual health history of a
6 person includes their military service and that
7 they get asked the question, "Did you ever serve in
8 the military?" If you think about it as an
9 occupational medicine rather than just a military
10 service and the fact that your occupation can
11 expose you to lots of things, not the least of
12 which is, by the way, is bombs and bullets. Going
13 back to the Vietnam Era with the Agent Orange and
14 in the present day there's lots of toxic exposures,
15 unfortunately, that are devastating us in the
16 Vietnam Era and having a great impact on the
17 Persian Gulf veterans from '91 and even some of the
18 new veterans from today, so we're very concerned
19 about that. And as for the whole interoperability,
20 we've made a very simple statement, and I made it
21 at a hearing in a Joint House Senate Veterans
22 Affairs Committee hearing back in March. We've
23 done it in letters to Secretary Hagel, who is one
24 of us, and we basically said it's very simple.
25 Stop spending any money in the Department of

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2 Defense on health records. Stop trying to create
3 something that doesn't need to be created. VISTA,
4 which is the VA system, is a pretty darn good
5 system, which when we went to electronic records in
6 the private sector everybody looked at, so we said
7 why create something new and spend billions of
8 dollars and waste money, which is so desperately
9 needed? Take the VA system, pump a few bucks into
10 it to make it upgraded to make it more you know,
11 modern, which it does need a little bit, and just
12 adopt it so then you don't have to worry about
13 interoperability. It would be the same system and
14 the person would just come out of the military,
15 whatever branch they were in, go to the VA and the
16 records would be transferred electronically in
17 seconds.

18 So that's our positions on all of these
19 issues and this bill in particular and we thank the
20 City Council for supporting these kinds of things.
21 We think it's extremely important and I really must
22 highlight the fact that we have a bipartisan panel
23 here 'cause the one thing we... we're the only
24 bipartisan program left in the Congress. I mean
25 it's amazing. I can tell you that Chairman Miller

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2 in the House and Representative Michele [sic], the
3 minority leader, get along extremely well and we're
4 the only thing that gets passed anymore, so we
5 encourage you to keep it up; send us some more
6 things; support some more bills, especially on the
7 Senate side, which seems to be a little crazy over
8 there. Thank you.

9 [Pause]

10 COCO CULHANE: Good afternoon. My name
11 is Coco Culhane and I'm the Director of the Veteran
12 Advocacy Project at the Urban Justice Center. We
13 provide free legal services to veterans with a
14 focus on those living with Post-Traumatic Stress,
15 substance abuse problems and traumatic brain
16 injury. Thank you for the invitation to testify
17 about supporting veterans with mental health
18 issues.

19 Each time I've come here, I try new
20 ways to get people's attention in terms of this
21 issue. Last year, I was here and I read a
22 veteran's letter to his Congressman and pleading
23 for help and he died just months after that.
24 Little has changed, so I was very happy to hear
25 that the Speaker has asked the administration for

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\$1 million towards veterans' services for employment and legal matters.

The Senate bill that this resolution supports is a good start, but it's only a start. The bill calls for a wide range of reforms that are ambitious, yet other sections fall short. One of the biggest challenges addressed by this bill is the discharge review process, as John was talking about. It's crucial to understand what is at stake with the discharge. Service members are given one of five statuses that will determine their eligibility for benefits and health care. For veterans cut off from these federal benefits, local treatment and assistance is all they have. So even if this bill is passed and there are future veterans who benefit from it and from some extra review, there are hundreds, if not thousands, of New Yorkers who need local assistance. Less than honorable discharges, also known as "bad paper," deprive veterans of the critical resources they need to heal. They put wounded veterans, in particular, at risk for suicide. Veterans with "bad paper" are not only deprived of benefits and treatment, they often live with profound shame.

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2 Getting relief from a Discharge Review
3 Board or a Board for Correction of Military Records
4 is extremely difficult. You know, I think the
5 Coast Guard has a one percent approval rate. The
6 Army BCMR I think is at 40 percent and that's...
7 you know, we're hoping to improve that, but they
8 operate with little light shed on their process or
9 reasoning and the Veteran Advocacy Project is one
10 of the few legal organizations in the country
11 providing representation at a systematic level.
12 We've partnered with bar associations, firm and
13 forensic programs at hospitals so that these
14 veterans can get you know, rigorous legal arguments
15 and expert testimony from forensic psychiatrists to
16 back up their attempt to regain their benefits and
17 their dignity and a piece of identity. We need to
18 have these kind of seriously qualified people to
19 stand up to things like the personality disorder
20 labels. Since 9/11, over 30,000 service members
21 have been discharged due to alleged personality or
22 adjustment disorders and it's no secret that this
23 is huge savings for the federal government. If you
24 can you know, label it a personality disorder
25 instead of Post-Traumatic Stress, you save a lot of

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2 money because then you don't have to give them
3 disability compensation.

4 And perhaps worse is... it's a toss-up,
5 is when service members are discharged for
6 misconduct that is likely a result of their
7 injuries. The true prevalence of traumatic brain
8 injury is still unknown, not just because of the
9 complexity of the brain, but because dedicated men
10 and women "shake it off" and get back to work after
11 roadside bombs, car accidents or worse. Stigma
12 also keeps them from reporting the symptoms of
13 PTSD. Vietnam veterans, as John was saying, didn't
14 have a clinical diagnosis to point to, but the same
15 patterns emerged in the war's aftermath and we
16 still haven't learned from that. Even with ample
17 reporting on misdiagnoses for service members with
18 mental health problems, there's a disconnect
19 between mental health and conduct and it seems that
20 the acronym PTSD has become a catchall for any
21 negative emotion or action that's tied to a
22 veteran. This further isolates veterans suffering
23 from mental health problems, and then trying to say
24 that my... you know, my misconduct was due to this
25 mental health wound that I am suffering from

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2 becomes even more difficult and veterans suffer
3 alone.

4 Since 2006, more than 76,000 service
5 members have been given bad discharges for
6 misconduct and a recent FOIA revealed that in the
7 Army at a 25 percent increase in misconduct
8 discharges mirrors exactly the rise in wounded
9 soldiers, so you can't ignore that. And the
10 military downsizing and processing people out, it's
11 a lot easier to do that through an administrative
12 discharge and that jeopardizes service members'
13 benefits for mental health treatment, but also
14 future employment. Imagine, if at the age of 22 or
15 23, under extreme stress and anxiety, you did
16 something that amounted to maybe a misdemeanor, but
17 it followed you for the rest of your life. This is
18 what a bad discharge does. Every prospective
19 employer will see that status. For the 30,000
20 recent alone with a personality disorder stated as
21 the narrative reason for separation, they may as
22 well be branded. You know, they go to the DMV;
23 they go anywhere and that's right on their DD214 or
24 discharge papers or the separation papers, sorry.
25 And these men and women face the same, if not

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2 larger, mental health challenges and risks as other
3 veterans. They also carry shame and anger from
4 being cast aside after they were willing to give
5 their lives for their country. All of these mental
6 health... I expected the room to be packed today,
7 so I had written: all of these mental health
8 professionals here will tell you that community is
9 the key to suicide prevention or one of the keys,
10 and these veterans are often alone.

11 So in the VBA in the New York regional
12 office, as of this past week, there were 9,700 and
13 some veterans waiting on claims and there are
14 thousands of others who can't even apply, so we
15 have to step up. Who's providing them with
16 counseling? Who's helping them hold down a job
17 while seeking treatment? For the 60 percent of
18 veterans who don't use the VA system and for the
19 thousands who can't, access to mental health care
20 is the responsibility of all of us here today. Our
21 organization sends veterans with "bad papers" to
22 private programs like Head Strong and NYU's
23 Military Family Clinic, but many of these new
24 initiatives only serve Post-9/11 veterans and the
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2 rate of suicide skyrocketing among Vietnam
3 veterans, and this a second slap in the face.

4 There's a lot of talk about who amongst
5 veterans is committing suicide and why.

6 Unfortunately, the media focus seems to be related
7 to PR or trying to debunk you know, that the
8 problem really isn't that bad, instead of how do we
9 stop this epidemic; what do we need to do? In New
10 York City, our population of veterans tends to be
11 mostly older veterans, but we have over 100 higher
12 education campuses in the five boroughs alone and
13 as the military shrinks, young service members and
14 young veterans are going to be coming to New York.
15 They're going to be coming to those campuses and
16 you know, one study shows that the suicide rate
17 among student veterans is double that of other
18 students. What is CUNY doing to address that? Is
19 anyone counting the suicides of veterans with "bad
20 papers" since they don't even have to be counted
21 legally as veterans; I mean the same as with the
22 homelessness population? What public health issues
23 are in place to reach older veterans killing
24 themselves in their isolation? And my point with
25 all of these questions is, you know, what are we

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2 doing? We need to be ready to help to serve any
3 veteran who needs help in our city. In the end,
4 they're all New Yorkers, no matter their age or
5 status, and that makes us responsible.

6 And I just want to say finally, we need
7 to do more to let veterans know about services. I
8 really believe that outreach is the key. If a
9 veteran wants to isolate him or herself, they're
10 the best at it and we need to do more to let them
11 know that we're even paying attention. New York is
12 not a military town, but it doesn't mean that we
13 can't show the support for these service members.
14 It's terrific when a new program opens its doors to
15 veterans, but how do they even know the program is
16 there? There are so many resources, but a complete
17 lack of communication about them and you know,
18 throwing money at MOVA and asking them to provide
19 services that already exist is not going to solve
20 anything. You know, there are VSOs doing claims;
21 doing applications; doing a terrific job and they
22 have been for decades. So the focus really needs to
23 examine what's already in New York and what is the
24 need and how do we communicate to veterans out
25 there who need these services; how do we reach

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2 them. So I hope that we can do that and that we
3 find the gaps in services and we fill them and
4 connecting people is imperative and we need to
5 communicate to all veterans that their care is a
6 priority. Thank you for the chance to speak today.

7 CHAIRPERSON ULRICH: Thank you.

8 SCOTT THOMPSON: Good afternoon, Chair
9 Ulrich and Council Member Vallone and the others
10 who are around and Miss Taylor, thank you also.
11 Thanks for your leadership on addressing the needs
12 of New York City veterans and particularly, as each
13 of the previous speakers have mentioned, for the
14 asking for the increase in the funding for veteran
15 services in the 2015 budget and we'll keep our
16 fingers crossed. I want to tell you that it's
17 notable and deeply appreciated by us in the service
18 community. Thanks also for this opportunity to
19 present testimony in support of the Suicide
20 Prevention for American Veterans Act.

21 My name is Scott Thompson. I am the
22 Director of the Veterans' Mental Health Coalition
23 of New York City. I'm also a veteran and a former
24 Army Chaplain and I know from my work with veterans
25 the direct and troubling impact that war has on the

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2 human psyche. The Veterans' Mental Health
3 Coalition, which has over 1,000 organizations and
4 individuals, was co-founded by the Mental Health
5 Association of New York City and the National
6 Alliance on Mental Illness here in New York City
7 and we promote the mental health and well-being of
8 New York City service members, veterans, their
9 families through education, information,
10 collaboration and a promotion of a comprehensive
11 array of services, as Coco had outlined. We've
12 established a subcommittee on promoting needed
13 policy reforms called the Veterans Mental Health
14 Action Committee and it's on whose behalf I am
15 speaking today.

16 She mentioned 200,000 veterans are New
17 York City residents. Most of them have served
18 prior to the wars in Iraq and Afghanistan and we
19 know that they tragically suffer from high rates of
20 mental health and substance abuse disorders. I
21 think the number is higher than 22. Somebody out
22 there in the media edged it forward already and as
23 Coco said, those with "bad papers," those whose
24 suicides are by cop, by drugs, by other means often
25 do not get counted, although I know the VA is

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2 making strides on that. And as John indicated, 70
3 percent of the New York veterans are over the age
4 of 50, so that's over 8,000 veterans a year and
5 that's... for all of us it's unacceptable and a
6 deeply disturbing statistic. So with all of the
7 knowledge and resources dedicated to preventing
8 suicide in this country, we ought to be able to do
9 far better in substantially decreasing these
10 numbers. That's why your attention, as this New
11 York City Council and this Committee on Veterans,
12 is really critical.

13 To its credit, the VA has developed a
14 number of programs to reduce the risk of suicide
15 and I want to really compliment the work that they
16 continue to do. The Mental Health Association or
17 organization we partner with SAMHSA and the VA and
18 we administer the Veterans Crisis Line, which
19 connects veterans in crisis and their families all
20 across this some hundred call centers that we help
21 administer. Since the launch, the Veteran Crisis
22 Line has answered more than a million calls and
23 35,000 life-saving rescues. And in 2009, the
24 Veteran Crisis Line added an anonymous chat service
25 and a text messaging service and we've responded so

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2 far to over 18,000 texts from service members and
3 veterans in crisis.

4 And while the VA's made significant
5 strides in improving mental health treatment
6 options, there is an additional need for resources
7 at all levels of government. We want you to know
8 that New York City Veterans Mental Health Action
9 Committee is very pleased to support the Suicide
10 Prevention American Veterans Act. As I feel like
11 it's a little bit redundant, they extend the time
12 in which service members can make claims from five
13 years to between... up to 15 years. We know that
14 Post-Traumatic Stress is kind of a sleeper. These
15 veterans are very resilient and doing everything
16 they can to manage their own mental health you
17 know, symptoms and oftentimes, that symptomology
18 takes a while, so that's an important addition to
19 this. We want to admit though that this does not
20 apply to older veterans, as John mentioned.
21 Whatever resiliency they had; they were retired;
22 the children have left the nest; there's a lot of
23 space in their psyches and the ghosts and the
24 impact of war continues to present itself and this
25 bill, this Suicide Prevention for American Veterans

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2 Act, does not address by and large this group of
3 veterans.

4 Coco mentioned that less than half...
5 we make the assumption that most veterans get their
6 care in the VA. That's untrue. More than half of
7 veterans do not seek care in the VA at all and if
8 they seek care at all, it's in the local community
9 services here in New York City as well. I would
10 add that there's a lot of still good reasons why
11 veterans don't seek care; still a perceived lack of
12 confidentiality. They've got to deal with a
13 complex bureaucracy, stigma, just... I don't know
14 just capital STIGMA. It is huge for veterans
15 seeking care still and not necessarily in New York
16 City, although if you got to get in Hurricane Sandy
17 from the Bronx to the Brooklyn VA, the inordinate
18 distances and time of travel for veterans to reach
19 care within the VA is just unacceptable. So the
20 responsibility to improve the access of local
21 services lies with us folks, as Coco mentioned
22 here, here in the room.

23 Despite the increase of military
24 personnel returning with mental health needs and
25 the increase in support, it's not kept pace with

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2 the level of need that we're experiencing. So
3 we've got a proposal that we would like to offer
4 and invite the New York City Council and the
5 Veterans Committee to consider. We'd like to have
6 you consider funding and sponsoring a \$500,000
7 Veterans' Mental Health initiative, and we've been
8 at this for a couple years with you folks and
9 appreciate your support. We understand there's New
10 York City financial constraints, but we'd like to
11 urge the Council to sponsor this initiative to
12 address these high rates of suicide among our
13 veterans and provide greater access to the
14 critically support services that they need.

15 We propose that the initiative
16 target... include targeted and non-traditional
17 outreach. I was reading in the paper this morning
18 about the district attorney for the VA is visiting
19 and it said, "NYC Bar," and I thought oh, that's
20 great outreach. Turned out to be the Bar
21 Association, but our outreach efforts are non-
22 traditional to hit things like the Department of
23 Motor Vehicles, churches, bars and other places
24 that veterans find themselves frequenting.

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2 Secondly, we want the initiative, the
3 Veterans' Mental Health initiative to provide
4 further training to civilian providers. It's still
5 astounding that many folks do not understand the
6 unique experiences that veterans have and to equip
7 them with military cultural competency and as John
8 mentioned also, having... we approached the
9 Department of Health and Mental Hygiene to include
10 in their questionnaires, "Have you served in the US
11 Armed Forces?" Just as a beginning to identify
12 folks for their military service.

13 So we think that this investment of
14 \$500,000 is modest and we believe the investment
15 would be a wise investment for our city, as well
16 with the fulfillment of a debt that we owe these
17 folks who have risked their lives and their well-
18 being on our behalf and to say finally, thank you
19 for the opportunity to speak and your consideration
20 of this important initiative.

21 JOHN MCDUGALL: Hello, my name is John
22 McDougall and I'm representing Military Families
23 Speak Out today and I want to thank you very much
24 for your efforts in supporting this resolution.
25 It's... I received a tremendous education today

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2 just listening to you three people, but actually
3 I'm a veteran too, but of the forgotten war, the
4 Korean War Era and my son was in Vietnam... in Iraq
5 in the 19... at the beginning of this century, but
6 I've been requested to come here and to provide you
7 with some remarks made by the mother of a veteran
8 who committed suicide and... her name... actually,
9 he had served in the war in Iraq and her name was
10 Mrs. Joyce Lucey and I'm going to read this to you.

11 "This is about our son. It could be
12 about any child, parent, spouse or sibling who
13 volunteered to serve their nation, be it in
14 Massachusetts, New York or any other state. He was
15 a reservist, joining to help others. When Jeffrey
16 joined in 1999, he joined to serve, but then
17 9/11/2001 happened and the whole world changed.

18 Jeffrey was activated in January 2003
19 and deployed that very same month to Iraq or rather
20 to Kuwait, where he waited for whatever. Then the
21 day after his 22nd birthday, the war began. During
22 his brief time there, Jeffrey's world, which had
23 formed during his 22 years of his previous life,
24 exploded and shattered. All which he had been
25 taught was rendered totally useless and had been

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2 replaced by the drive, which is common to all
3 violence, to survive in a world totally foreign and
4 chaotic. Yet, Jeffrey would never be the same
5 young man who left to serve his country. Jeffrey
6 returned and when it was noted that he was
7 struggling, he pleaded with us not to discuss the
8 situation with the system for fear of being
9 stigmatized by the very system in which he had
10 served and offered his life, for seeking help was
11 perceived as a weakness, which could not be
12 tolerated. When we and a private therapist were
13 able to convince him to go for help, the help was
14 not to be there. The system failed him and all
15 became worse.

16 The night before he died, Jeffrey told
17 a Vet Center employee that no one cared enough to
18 help. He sought solace in his father's lap as they
19 rocked late in the night, just like they did when
20 he was a little boy. The next night, Jeffrey was
21 in his father's lap for the final time, as the
22 father lowered him from the beam.

23 This should never have happened; not to
24 us; not to anyone in this nation, but it happens to
25 22 veterans per day, a veteran every 65 minutes

1 according to 2010 statistics commits suicide.
2 Please stand with our veterans. Please stand with
3 our military families. Please stand with your
4 constituents and their families. It is too late
5 for us, but not for your children and your
6 grandchildren. Please stand up for that which is
7 right." -Kevin and Joyce Lucey, the proud parents
8 of Corporal Jeffrey Michael Lucey, a 23-year old US
9 Marine Corps reservist forever young; the hidden
10 wounds of war, March 18th, 1981 through June the
11 22nd, 2004.
12

13 Then I was asked to read an addendum
14 by... which was provided to me by Lionelle Hamanaka
15 of Military Families Speak Out; some of you know
16 her.

17 "Dear John, if you were to add this
18 sentence about a New York veteran, Danny Chen.
19 Right here in this neighborhood, PFC Danny Chen
20 died after either committing suicide or being
21 murdered by his fellow soldiers in Afghanistan. He
22 was racially taunted and humiliated and physically
23 abused. Higher command could've stepped in and
24 stopped it. Considering New York City has almost
25 one million Asian Americans, the New York Council

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2 has a responsibility representing these Americans
3 to support any law that the government can pass to
4 increase services to soldiers and veterans to end
5 military suicide. And thank you."

6 And I have a couple of handouts here
7 for anyone who may be interested in looking at
8 them.

9 CHAIRPERSON ULRICH: Well, thank you
10 for your very powerful testimony; precisely why
11 we're having this hearing today at the urging and
12 the request of my colleague who's joined us,
13 Fernando Cabrera. As I mentioned earlier, he was
14 at another hearing, but this is a very important
15 topic, which he wanted this committee to discuss
16 and talk about today and I'd asked that he make a
17 few remarks.

18 COUNCIL MEMBER CABRERA: Mr. Chair, I
19 want to thank you help in coming with this
20 resolution. I think it's so important, so and for
21 giving us the opportunity to have a hearing on it
22 and panelists, I thank you for coming. Indeed, I
23 was in another hearing, which is one of my bills,
24 so it's not like I just jumped. I'm trying to do
25 the juggling act, but look, as a licensed mental

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2 health counselor, as someone who has a doctorate in
3 counseling, I really could... this is really... it
4 hits home. It hits home one, because of all the
5 veterans that I have spoken to, who have mental
6 health issues. My own grandfather fought in World
7 War II. He was injured. He... at one point, the
8 doctors said they were going to cut off his arm and
9 he said, "I'm going to kill myself," so this...
10 thankfully, he didn't and thankfully, they didn't
11 cut off his arm and thankfully, he didn't lose his
12 arm. I don't know if you know, he took a chance,
13 but the fact is that we need to do better outreach.
14 We need to help veterans, especially in their
15 transition coming back. As you know, and for those
16 who are watching by live stream right now, we are
17 losing a lot of them and really, if I may call it
18 the acculturation of coming back and having that
19 band of brotherhood; of sisterhood out in the field
20 and to come back to really a different set of
21 purpose driven life, if I may, that we need to do a
22 better job. We really do. It shocks me to this
23 day that there are veterans that still don't even
24 know all the services that we have available. You
25 know, they... at my own church. I'm a pastor of a

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2 church and one of the veterans was telling me, "I
3 got to go to the VA Hospital. I'm having Post-
4 Traumatic." He went to Vietnam; still getting that
5 nightmares and then I told him, "Hey, have you been
6 in contact with MOVA?" And he goes, "What is
7 MOVA?" He wasn't even familiar with what we have
8 to offer here in the city, so we have to do a
9 better job of outreach. I'm very hopeful that this
10 resolution will lend a voice right here from the
11 City Council how high importance this issue of
12 mental health and dealing with suicide because this
13 is one of those things that there is no point on
14 overturn. Once it is done, it is done. You know,
15 we can end the pain that the families... so it's
16 not just losing the soldiers, but the grieving; the
17 loss that the family experienced, having already
18 experienced some kind of grieving and loss while
19 they were away, especially for those who served
20 away, is something that we definitely need to give
21 attention. And Mr. Chair, again, thank you so much
22 and thank you for the panelists.

23 CHAIRPERSON ULRICH: I want to thank
24 Councilman Cabrera again for proposing this
25 resolution. I made it a priority very early on in

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2 the new session of the Council here that even on
3 issues that we cannot have direct control over
4 because of the jurisdiction of the municipality we
5 will take a public stand on those issues because
6 they are important to the people that we represent.
7 So even though we have no control over the bills'
8 passage in Congress, we'll call on Congress to pass
9 them because it is important and will go a long way
10 towards helping those veterans. And I also want to
11 commend again, Councilman Cabrera for doing an
12 outstanding job and publicly acknowledge the
13 courage of our Mayor, Bill de Blasio, for openly
14 discussing the issues that his father, who was a
15 veteran, had with the many issues coming back from
16 the service; substance abuse and the mental anguish
17 that he suffered from that might or may not have
18 been related to his service in the military. So I
19 think that the fact that people are now more
20 willing to even talk about it, not only in this
21 room, but outside of this room is an important step
22 forward, but words are not enough. We need...
23 desperately need more funding and as you suggested,
24 and a very holistic approach; perhaps not even a
25 traditional approach to how we are used to handling

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2 these things. So I'll ask if Council Member
3 Vallone has any questions before we wrap up.

4 COUNCIL MEMBER VALLONE: Thank you, Mr.
5 Chair. I think the great thing with these panels
6 in the hearings is even though we're all on board
7 for this, it opens up the door for future panels,
8 discussion, resolutions, bills and I think Scott,
9 you'd mentioned something that is not amazing to me
10 when you said it's amazingly outstanding that so
11 many folks still don't understand the connection
12 between jobs, civil service and vets and I think
13 for the crash course for myself and many that want
14 to do more there needs to be better outreach there
15 also. So I think in the world of the providers
16 there's this sense that there is a disconnect and
17 we agree and I think now is the new challenge
18 with... we have a new Council, a new Mayor, a new
19 Speaker and in an effort with this bipartisan
20 approach, I think we almost have to start from the
21 beginning. So ideas that may have been done in the
22 past are good ones to re-bring up because we're
23 listening. Ideas to reeducate those who may want
24 to employ and are not quite sure how to go about
25 it. I'm thinking everything should be put back on

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2 the table and I think we will do our best to get
3 that information back out, just as individual
4 council members, as a full council body information
5 that may have been released in the past with a new
6 twist. I think with our individual websites; the
7 Council websites; job fairs. You mentioned, Coco,
8 working with the Bar Association and me as an
9 attorney, I don't quite remember my Queens County
10 Bar reaching out to me on this, so these are just
11 things that are coming like... and I'm just saying
12 that I'm open to anything and we can work on
13 different ways, so maybe we can talk about just
14 before disband some of the things... what do you
15 find is the number one legal issue facing you when
16 you're working with vets?

17 COCO CULHANE: Without a doubt it's
18 housing. I mean I think that's just the nature of
19 New York City and most urban areas. There's you
20 know, a desperate need for affordable housing, but
21 we... I mean it varies. It varies among the
22 generations, but housing is really... you know VA
23 claims and housing are sort of the one constant and
24 in terms of the discharge upgrades, since we
25 announced that we were going to start doing them, I

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2 mean we get calls from Queens and we get calls from
3 Hawaii. I mean there's just no one doing it.

4 COUNCIL MEMBER VALLONE: Huh.

5 COCO CULHANE: So it's... you know now
6 our phone line is just like that's the constant
7 need, but I would say that usually just with
8 average legal services you know, it's child support
9 and housing and there are all these legal service
10 organizations that say that they work on divorce
11 and child support and custody, but they really...
12 and most of veterans are male; most of them are
13 dads, right? They can't get help. Unless you are
14 you know, a victim of domestic violence or there's
15 an issue of neglect or abuse with the children, you
16 literally are not going to get any help, so that's
17 a huge problem in the city.

18 COUNCIL MEMBER VALLONE: Well, again
19 the timing I think is great because with the focus
20 now with the new administration to increase housing
21 abilities, the Chairman and I have been vocal in
22 adding veterans to that and I think that would be
23 key in adding a percentage or an allocation for our
24 vets. While we're talking about increasing housing
25 for an entire city, we can't forget...

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COCO CULHANE: [interposing] Mm-hm.

COUNCIL MEMBER VALLONE: Our vets and I think that'd be an area.

JOHN ROWAN: I'd just like to say something in that regard. Again, everything old is new again, as the old song used to say. Veterans always had preference in housing. City housing was created after the war in World War II for veterans.

CHAIRPERSON ULRICH: You know... do you know, by the way, my great-grandfather, who is a World War II veteran; he's 93-years old May. He lives in the LaGuardia Houses on Staten Island.

JOHN ROWAN: Mm-hm.

CHAIRPERSON ULRICH: He is one of the first tenants to move into that NYCHA building and he's still there. He's still living there.

JOHN ROWAN: Yeah.

CHAIRPERSON ULRICH: On his own and he's...

[crosstalk]

JOHN ROWAN: God bless.

[crosstalk]

CHAIRPERSON ULRICH: Very happy about that.

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2 JOHN ROWAN: No, I mean so the problem
3 is though, however, that preference went away. The
4 other problem was that we had single veterans
5 coming home and they would never let them into
6 public housing period if you were single, so... as
7 a male, by the way. If you were a single woman and
8 you had a couple of kids, that'd be okay. If it
9 was the other way around, they didn't want to talk
10 to you. And so I mean it's funny how we talk about
11 things like that, but going back and letting
12 veterans in again. The veterans were there in the
13 first place. Most of them were created for
14 veterans and were filled up with all the World War
15 II veterans. My wife grew up in Queensbridge
16 Houses. So that the whole... and then I think one
17 of the things that it's interesting in the
18 discussion listening to this. So we're working
19 here with all the DAs and the judges and other
20 things creating Vet Courts; Vet Diversion Courts to
21 deal with veterans coming through the judicial
22 court system and meanwhile, DOD doesn't give them
23 half the same benefit of the doubt of what happened
24 to them, so I mean that's interesting and I have
25 one last comment. They... leave it to the

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2 professionals; they always have to create an
3 acronym. It's LOSS, L O S S, Late Onset Stress
4 Syndrome. They tried to finally figure out what do
5 you say about the Vietnam vets who now get sick and
6 ill and commit suicide and they can't figure out
7 why and the truth is most of them it's because they
8 were workaholics. If you're an alcoholic or a
9 substance abuser, that took a beating of you, but
10 if you were workaholics, and I have a friend of
11 mine who is a... well, now he's a retired
12 sanitation worker. His wife worked in the school
13 system. They both now bounce back and forth
14 between Florida. And he worked like a dog his
15 whole life; worked overtime; put his son through
16 medical school and his son is now a doctor up in
17 Harvard. And that was his focus. The second he
18 stopped working and retired it was the worst thing
19 he ever did 'cause all of the stuff that he had
20 shoved in a closet of all his hard core combat
21 stuff came out to haunt him and now thankfully, we
22 got him help and we got him back into the VA and I
23 got him comp and he got treatment and is doing
24 fine. But unfortunately, there's a lot of people
25 that don't, so...

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COUNCIL MEMBER VALLONE: Now real quick...

JOHN ROWAN: [interposing] It's a very strange system.

COUNCIL MEMBER VALLONE: The personal health record system that you mentioned before and the transfer and the management of the records from... directly to the VA, is that something that's pending now or is that something else that we need?

JOHN ROWAN: What's pending is the crazy DOD wants to spend billions literally to create their own system again. They have a system and it stinks and they need to build a new one and we've been dealing with Secretary Hagel telling him, "Don't do it. Don't spend another nickel. Adopt the VA system," which is a huge system. I mean when you think about the VA, the VA Hospital system...

[crosstalk]

COUNCIL MEMBER VALLONE: Has anyone submitted that now...

[crosstalk]

JOHN ROWAN: Oh, yeah, we...

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[crosstalk]

COUNCIL MEMBER VALLONE: In Congress...

[crosstalk]

JOHNK ROWAN: We sent...

[crosstalk]

COUNCIL MEMBER VALLONE: Where we could support that?

JOHN ROWAN: There's no legislation that I'm aware of, although we have talked to some of the folks on the Hill about that and there is a lot of the... there was some discussion about it with some of the members of the House and the Senate, so hopefully we're going to get somewhere on that.

COUNCIL MEMBER VALLONE: There's something on the city level that worked that way is in Corrections where now we have managed to upgrade the system so that the records go to the general health care provider post...

[crosstalk]

JOHN ROWAN: Right.

[crosstalk]

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COUNCIL MEMBER VALLONE: Rikers and so then it's not lost and that treatment can continue...

JOHN ROWAN: [interposing] Yeah, mm-hm.

COUNCIL MEMBER VALLONE: On a city level that worked.

JOHN ROWAN: Yeah, I mean the VA is the largest health care system in the country by far. I mean it's bigger than any other system you know, cross country and for example, when New Orleans went under the water, the VA Hospital in New Orleans was destroyed. They took everybody in that hospital, moved them to other facilities and there was no problem with continuation of treatment because everything was in the computers. The computer system had all of their records and everything and they had to move the bodies 'cause the records came with them. And so for DOD to insist, it goes back to days when I used to work you know, when I used to watch the PD had to have their own computer system and DoITT had to have their own computer system and everybody had to have their computer system 'cause they had their own IT people and they had their own contractors and they

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had their own everything. And we just got to get them out of that.

COUNCIL MEMBER VALLONE: Thank you.

CHAIRPERSON ULRICH: Thank you, Council Member Vallone. So I think we've discussed this at great length. This will not be the last hearing that we have on this subject, obviously. We touched on a few other issues, one of which we didn't discuss at this hearing, but we did at the previous two was employment. That has a lot to do with the whole holistic approach to helping vets who are returning and vets who have served and have been around a long time and still dealing with mental health issues. So I want to thank you all for coming to City Hall today to testify. This was not a waste of your time. I think we all learned a lot. We have ideas for legislation, which we will pursue; we will share with you, as we always do and we want to see you at future hearings, so thank you again for coming today. Thank you. Thank you very much and the hearing is now adjourned.

[gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.



Date: _____05/07/2014_____