

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEES ON MENTAL HEALTH, MENTAL RETARDATION,
ALCOHOLISM, DRUG ABUSE, AND DISABILITY SERVICES AND
VETERANS

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December 5, 2011
Start: 10:17 a.m.
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HELD AT: 250 Broadway - Committee Room
16th Floor
City Hall

B E F O R E:
MATHIEU EUGENE
G. OLIVER KOPPELL
Chairperson

COUNCIL MEMBERS:
Christine C. Quinn
Fernando Cabrera
Gale A. Brewer
Daniel J. Halloran
Jessica S. Lappin
Daniel Dromm
James Sanders, Jr.
Vincent J. Gentile

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

Terrance Holliday
Commissioner
Mayor's Office of Veterans' Affairs

Ines Adan
Human Services Director
Mayor's Office of Veterans' Affairs

Trish Marsik
Assistant Commissioner, Mental Health
Department of Health and Mental Hygiene

Beth Begier
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Dr. Melissa Earle
Director, Professional Social Work Development and
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Touro College

Coco Culhane
Veteran Advocacy Project
Urban Justice Center

Eva Usadi

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2 CHAIRPERSON EUGENE: Good morning.
3 Good morning, everybody, how are you today? Well.
4 Good morning and welcome, again, to this joint
5 meeting of the Committee on Mental Health, Mental
6 Retardation, Alcoholism, Drug Abuse, and
7 Disability Services and the Committee on Veterans'
8 Affairs. My name is Mathieu Eugene and I'm the
9 Chair of the Committee on Veterans.

10 The Committee on Veterans is here
11 today to hear testimony about improving access to
12 mental health services for veterans. This hearing
13 will follow up on issues that were raised at the
14 joint hearing back here on October 11, 2011.

15 A major concern among the advocate
16 community is providing mental health services to
17 veterans in need. Veterans transition into
18 civilian life can face many mental health issues
19 that could lead to suicide. The military
20 operation in Iraq and Afghanistan have exposed
21 service members to high intensity guerrilla
22 warfare, longer deployments, and redeployments.
23 According to the Post-Deployment Health
24 Reassessment Program, which is administered by the
25 Department of Defense, approximately 38 % of

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2 soldiers and 31 % of Marines reported
3 psychological symptoms three to six months after
4 they return. Among members of the National Guard,
5 the figure rises to 49 %. At the same time, in
6 2007 the Department of Defense recognize that,
7 despite the progress [off mic] recognition for
8 mental health need and the development of many new
9 and promising programs for the prevention and
10 treatment, the military health system lacked both
11 fiscal and personal resources to serve the mental
12 health needs of veterans. The United States
13 Department of Veterans Affairs has been working to
14 increase both access to mental health care and
15 outreach services for veterans.

16 Today, we will explore what is
17 being done both to improve access to services and
18 to provide a fuller range of needed services at
19 all level of government, including the City of New
20 York.

21 Let me acknowledge that we have
22 been joined by the Speaker, Christine Quinn--

23 SPEAKER QUINN: Thank you.

24 CHAIRPERSON EUGENE: --thank you
25 very much and welcome.

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SPEAKER QUINN: Thanks, Dr. Eugene.

CHAIRPERSON EUGENE: Now before we go farther, let me call my co-chair Koppell to make his editorial remark.

CHAIRPERSON KOPPELL: Thank you very much, Chair Mathieu Eugene. As introduced, I'm Oliver Koppell, Chairman of the Mental Health Committee--I won't give that long title again. We've had a hearing on suicide and other mental health problems of veterans in New York City several weeks ago and the Commissioner was here and the Speaker was here as well, and we felt that there was more to be learned than we learned at that hearing. And I appreciate very much, Commissioner, your returning today for this follow-up hearing and look forward to hearing from you.

I have a somewhat lengthy opening statement, which I'm not going to read entirely into the record, but I'm going to submit it for the record. Suffice it to say that as Chairman Eugene already indicated, returning veterans have severe mental health problems in significant measure. That's not to say that every veteran has

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2 these problems, but many do. Post-traumatic
3 stress disorder and major depressive disorder are
4 common among veterans, for obvious reasons. It's
5 an extremely stressful situation that they face.

6 In addition, as a result of these
7 conditions, and perhaps for other reasons as well,
8 we have problems of both substance abuse and other
9 co-occurring disorders. So it's very important
10 for us to know that veterans in New York City are
11 being properly cared for with respect to these
12 issues and problems. And we know that those
13 issues and problems do result, in some cases, in
14 suicide and at least nationally. And I gather
15 we're going to hear some good news, I've looked,
16 Commissioner, at your statement briefly as we
17 waited. At least locally apparently we do not
18 have as big a problem as nationally, but
19 nationally, the suicide rate among veterans is
20 substantially higher than in the general
21 population, and that obviously gave us cause for
22 concern. We do know that the primary
23 responsibility for the care and treatment of
24 illness among veterans rests with the Veterans
25 Administration, but many veterans should, and some

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2 do, take advantage of the health resources of our
3 city.

4 So I'm looking forward to hearing
5 the further testimony of the Commissioner. I want
6 to thank the Speaker for coming again, and note
7 that she has many things to do and she has made
8 this a particular priority of hers, and I know
9 that I appreciate it and I'm sure the veterans in
10 New York City appreciate it. Speaker Quinn.

11 SPEAKER QUINN: Thank you. Well--

12 CHAIRPERSON KOPPELL: [Interposing]
13 Oh, before you do that, we're joined by Fernando
14 Cabrera and Gale Brewer, our colleagues on the
15 Council, and I'm sure that other members will
16 join. At least for me, the traffic was horrendous
17 this morning getting here.

18 SPEAKER QUINN: Happy holidays,
19 that's what comes with the [off mic] traffic, but
20 what can you do? But thank you, Dr. Eugene and
21 Chair Koppell, for pulling today's second hearing
22 together. Thank you to the Commissioner, to the
23 experts and advocates and service providers and
24 veterans who have come to testify today, but have
25 also been working with us on a number of different

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issues.

As has been said by the Chairs, we're here to follow up on a recent hearing on the rate of suicide among veterans in New York City, but also to explore the larger issues of what mental health services are being made available to veterans in the five boroughs. Because the truth is, suicide is just the most extreme and most tragic result of a range of mental health issues from post-traumatic stress to clinical depression to a lot of other things we can name. Doing more to connect veterans in need to services is not just a way to prevent suicide, but a way to fight problems like the ones I've mentioned or to fight substance abuse or domestic violence or other issues that veterans, and all of us as New Yorkers, face.

Today, we hope to learn about what services exist in the five boroughs, both those provided by government agencies and by our many great community organizations. More importantly, we'll discuss what the City is doing to ensure that veterans are accessing these services before untreated issues result in tragedies from which

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2 you cannot turn back. And also to talk about what
3 else is needed.

4 In addition to these topics, we'll
5 also be hearing an important resolution today
6 urging Congress to pass legislation that would
7 expand disability compensation to include veterans
8 with mental health conditions related to military
9 sexual trauma. I want to thank Council Member
10 Jessica Lappin for her leadership on this issue,
11 as well as many other members.

12 Sexual trauma is, unfortunately, a
13 growing problem for our service members, or maybe
14 a problem we're just beginning to grow in the
15 reporting area on, and the emotional scars it
16 leaves can be just as traumatic as any others
17 experienced by veterans. It's our duty to support
18 the needs of all those who have suffered in any
19 way in defense of our nation, and it's my hope
20 that by adding the Council's voice to the growing
21 cries of so many Americans for this legislation,
22 we will help spur Congress into action.

23 I just want to again thank Chair
24 Eugene and Chair Koppell and thank everyone for
25 coming to testify today.

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2 And I just want to say, I think,
3 Jerry, is this your last Veterans Committee
4 hearing as a Sergeant-at-Arms?

5 SERGEANT-AT-ARMS: Think so.

6 SPEAKER QUINN: So I just want to
7 thank one of our great long-term Sergeant-at-Arms,
8 Jerry, he'll be retiring soon. And also make
9 note, Brian, is this your last. This is Brian
10 Footer who has been for a period of time now the
11 policy analyst to the Veterans Committee. One of
12 the good things I think we do in the Council is
13 deepen people's commitment to public service.
14 That, tragically, sometimes manifests itself in
15 people thinking they need more education, which
16 Brian thinks he does, but trust me, he's smart
17 enough, but he is getting a Masters in Public
18 Policy from NYU and has gotten the opportunity to
19 be able to go full-time. So, Brian, thank you
20 very much and we wish you the best of luck at NYU.
21 And we won't make them pay property taxes now
22 'cause we're just mad at them for taking you away
23 from us. If I could I would, but...

24 CHAIRPERSON EUGENE: Thank you very
25 much, Speaker Quinn. And I want to thank also

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2 Brian and Barbara for their wonderful work and
3 services, you know, that make this hearing
4 possible this morning.

5 And now we're going to call the
6 first panel. And I want to, before we start, I
7 want to thank also Commissioner Holliday for
8 coming and all the members of the panel, thank you
9 very much for being here. You may start [off
10 mic].

11 TERRANCE HOLLIDAY: Good morning,
12 Speaker Quinn, Chairman Eugene, Chairman Koppell,
13 and members of the Veterans' Committee and the
14 Committee on Mental Health, Mental Retardation,
15 Alcoholism, Drug Abuse, and Disability Services.
16 My name is Terrance Holliday, Commissioner,
17 Mayor's Office of Veterans' Affairs. With me
18 today is Ms. Ines Adan, she's the Human Services
19 Director at MOVA, and previously at the Department
20 of Homeless Services; Trish Marsik, Assistant
21 Commissioner for Mental Health at the Department
22 of Health and Mental Hygiene, and Beth Begier,
23 Assistant Commissioner for the Bureau of Vital
24 Statistics at the Department of Health and Mental
25 Hygiene. I am here to testify today on the issue

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2 of improving access of mental health services for
3 veterans.

4 MOVA was established by Local Law
5 53 in 1987 and advises the Mayor on issues and
6 initiatives impacting the veterans and military
7 community. MOVA works closely with the United
8 States Department of Veterans Affairs, the New
9 York State Division of Veterans' Affairs, city
10 agencies, veterans' organizations, area military
11 commanders, and other stakeholders to assist
12 active service members, veterans, their
13 dependents, and survivors. MOVA is one of only a
14 handful of city-level veterans' offices in the
15 United States. New York City is home to
16 approximately 215,000 veterans involved in
17 conflicts from World War II to present operations
18 in Afghanistan and Iraq. Military members
19 suffering from post-traumatic stress disorder,
20 traumatic brain injury, and military sexual
21 assault will require mental services as they
22 regain their normal lives.

23 Prior to addressing this hearing's
24 scheduled topic, I would want to take the
25 opportunity provide additional information related

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2 to the October 11th hearing that focused on
3 veteran--excuse me--veteran suicide. The positive
4 news is that, unlike reports from around the
5 country, New York City does not appear to be
6 experiencing an epidemic of suicide among its
7 returning veterans. Perhaps that is attributable
8 to the fact that New York City offers a robust
9 array of readily available mental health services
10 to all of its citizens, including veterans who may
11 access city government services, as well as VA
12 services here. In trying to understand the issue
13 of veteran suicide in the city, we consulted with
14 the Chief Medical Examiner and the Bureau of Vital
15 Statistics at the Department of Health and Mental
16 Hygiene.

17 As a means to update what we have
18 already provided the Council, what we found out
19 was that, between 2007 and 2009, citywide, 1 % of
20 the deaths of the general population were
21 classified as suicide. During that same period,
22 one-half of 1 %, .5 % of deaths among veterans was
23 suicide. The proportion of deaths from suicide
24 for veterans is half that seen amongst the general
25 population.

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2 In all, citywide, the Bureau of
3 Vital Statistics reports that there were 22,071
4 veterans who died between 2007 and 2009, with 106
5 of them dying by suicide. In 2007, 30 veterans
6 died by suicide, while in each of 2008 and 2009,
7 38 veterans died by suicide. Of these suicides
8 during this time period, there were 3 veteran
9 suicides among those 24 years of age and under; 5
10 suicides among those between 25 and 34 years of
11 age; 11 suicides among those between 35 and 44
12 years of age; 19 suicides among those veterans
13 between 45 and 54 years of age. The remaining 68
14 suicides were among those veterans who were 54
15 years of age or older. The largest concentration
16 of all veteran suicides, 27 %, was among those who
17 were age 75 or older.

18 MOVA asserts that federal, state,
19 and city government must share the responsibility
20 of ensuring that all veterans are aware of, and
21 have access to, available mental health services.
22 As a constituent services agency, MOVA provides
23 advocacy, referral, and short-term case management
24 services in an effort to ensure that veterans--
25 including those who choose not to access VA

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2 services, are not aware of their VA entitlements,
3 or are ineligible to receive VA benefits--have
4 access to NYC health, mental health and social
5 services. MOVA continuously strives to improve
6 systems that enhance veterans' knowledge and
7 access to all available city services. MOVA
8 welcomes a partnership with the City Council that
9 will produce a targeted campaign to veterans that
10 will increase their awareness of the various
11 services and benefits of which they can avail
12 themselves.

13 The veterans' community is
14 especially unique in that there is a federal
15 agency dedicated to providing benefits and medical
16 services to returning service men and women. VA
17 Vet Centers, hospitals, and clinics are located
18 throughout the five boroughs and are staffed with
19 doctors and other professionals specifically
20 trained to treat ailments, such as Post-Traumatic
21 Stress Syndrome, PTSD, and other health problems
22 associated with military service. Given the
23 specialty of those employed by the VA, these
24 centers are well-equipped with the information and
25 resources necessary to address the specific mental

1 health needs of veterans, while MOVA plays an
2 active role in connecting--excuse me--the New York
3 City veteran community with the VA medical and vet
4 centers. Of course, one challenge veteran
5 organizations face is that many veterans do not
6 always utilize VA services or seek the benefits to
7 which they are entitled. Understanding the
8 conflict between the potential under-utilization
9 of the VA system and the realization that the VA
10 is best suited to treat veteran mental health
11 issues, the Mayor's Office of Veterans' Affairs
12 has established a referral system that assesses
13 benefit eligibility and matches the veteran
14 constituent with the VA and the New York City
15 service that best suits the veteran's individual
16 needs. We do this by establishing a veteran's
17 immediate service needs, military discharge
18 status, and willingness to access VA services to
19 determine whether VA, New York City, or a
20 combination of referral sources would best resolve
21 a veteran's issue. As previously stated, many
22 veterans have misconceptions of their own veteran
23 status and the services the VA provides to
24 eligible veterans. MOVA proactively aims to
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2 educate veterans by providing VA information at
3 every MOVA-sponsored event and hosting various
4 mental health events throughout the year; sharing
5 VA and mental health related issue through our
6 website, Facebook page, and Twitter. MOVA further
7 seeks to connect veterans to VA benefits by
8 providing linkages to partners who can assist
9 veterans to craft military discharge update
10 disputes.

11 MOVA has also implemented the
12 following preventive and educational initiatives
13 as they relate to the mental health care needs of
14 New York City veterans. MOVA partnered with CUNY
15 and launched in June 2011 its first Mental and
16 Medical Healthcare Professionals Development
17 Forum. This forum took place on June 24th at the
18 Borough of Manhattan Community College and covered
19 the topics of Post Traumatic Syndrome and Military
20 Sexual Trauma. The forum enabled medical and
21 mental healthcare professionals to hear
22 professionals from the U.S. Department of
23 Veterans' Affairs discuss these important topics.
24 The forum was attended by 62 participants from
25 several organizations, including the Kings and

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2 Queens Veterans courts and was followed by an in-
3 depth Q & A. The next forum will be held by MOVA
4 at Veterans' Memorial Hall on December 16th and
5 continue the discussion of post-traumatic stress
6 disorder.

7 To address the specific issues of
8 female service members and veterans, MOVA has
9 initiated a Women's Action Group, we'll call it
10 WAG. WAG participants have been selected by MOVA
11 based upon a pre-established relationship with
12 MOVA--

13 SPEAKER QUINN: [Interposing] We're
14 going to work on that acronym, right?

15 TERRANCE HOLLIDAY: That is
16 something that's in work--

17 SPEAKER QUINN: [Interposing] WAG,
18 it's not working for me.

19 TERRANCE HOLLIDAY: No, it's not,
20 it wasn't working for me either. What we wanted
21 to do was that we wanted to make certain that the
22 folks that we had that were working on this were
23 going to put things into action rather--

24 [Crosstalk]

25 TERRANCE HOLLIDAY: Oh, okay, oh,

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okay, no problem.

SPEAKER QUINN: It's a bad acronym.

TERRANCE HOLLIDAY: All right, so
we won't call it WAG, whatever--

[Crosstalk]

TERRANCE HOLLIDAY: --it is, is
entrusted with identifying crucial issues and
solutions that impact civilian readjustment.
Meetings will convene quarterly. The kick-off
meeting is, we tentatively scheduled it, it
scheduled for January 26. The meeting frequency
and topics will be determined by group members.

In the summer of 2012, MOVA will
host its first Healthy Veteran Heroes Fair. The
fair will provide educational material and
resources and basic health screening services,
such as blood pressure and glaucoma testing. MOVA
regularly attends Pre-Deployment Reintegration
Family Readiness Conferences where the
commissioner or staff speaks to the service
members about MOVA and city services available to
veterans. These initiatives will afford MOVA the
opportunity to disseminate city agency information
to veteran service providers and individual

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veterans.

I just met with some deploying National Guardsmen on Saturday so that number is about 1,200 to 1,300 members and family members that we've met with.

MOVA continues to assist veterans who need to access mental and medical healthcare services by providing information and referral services to providers such as the U.S. Department of Veterans Affairs, New York City Department of Health and Mental Hygiene, the Rosen Family Wellness Center for Law Enforcement, Military Personnel and Their Families, and LifeNet to ensure that needed services are provided.

Additionally, if a veteran is ineligible for VA services, MOVA will make the necessary referrals to other city agencies, such as the Health and Hospitals Corporation that provide assistance to all New York City inhabitants regardless of veteran status. MOVA is also a participant in the Veterans Mental Health Coalition of New York City which promotes mental health and well-being to New York City veterans, service members, and their families through

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2 education, information, and the collaboration of
3 an array of mental health services.

4 Similarly, while the VA has the
5 resources and the expertise to best service
6 veterans with mental health issues, the city's
7 public hospital system will also treat individuals
8 who walk through their doors regardless of veteran
9 or health insurance status. If a veteran walks
10 into an HHC facility and asks for mental health
11 care, they will not be turned away even if they
12 are a veteran and the VA can provide them with
13 medical assistance. Likewise, the mental health
14 care provider treating the veteran may make a
15 referral or ask for assistance from the VA if the
16 need arises. While the City understands the
17 federal government's role in providing our
18 nation's veterans with the appropriate mental
19 health care, the City takes a proactive approach
20 through the services HHC provides to ensure that
21 any veteran or member of the military who seeks
22 mental health care receives the treatment to which
23 they are entitled.

24 As experience has shown, the
25 connection between a veteran's service and his or

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2 her mental health, post-traumatic stress disorder
3 or military sexual trauma may surface immediately
4 upon discharge or many years after service.

5 Therefore, the City monitors on a regular basis
6 federal legislation and VA rulemaking procedures
7 for legislative or administrative changes in how
8 the VA administers mental health programs and,
9 when appropriate, submits comments and testimony
10 accordingly.

11 LifeNet is the 24 hours per day, 7
12 days per week, free, confidential help line for
13 New York City residents experiencing a crisis.
14 The hotline, staffed with trained mental health
15 professionals, helps callers find mental health
16 and substance abuse services and has authorized
17 linkages with city hospitals and partners, 23
18 mobile crisis teams, and Emergency Medical
19 Services.

20 MOVA will continue making efforts
21 that self-identifying veterans and those whose
22 military service is ascertained through the intake
23 process receive needed city services and other
24 government referrals.

25 Finally, any caller that contacts

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2 New York City's 311 is referred to the appropriate
3 agency that is responsible for responding to the
4 specific service requested. This includes
5 veterans who contact 311 and convey that they pose
6 immediate danger to themselves. They are directed
7 or transferred immediately to 911. Veterans who
8 request non-life threatening benefits, health, and
9 mental health services assistance are referred to
10 LifeNet, New York City Health and Hospitals
11 Corporation, and MOVA. Any other needs of
12 veterans identified to 311 are referred to MOVA.

13 Thank you for the opportunity to
14 testify, and at this time I'll be happy to take
15 your questions.

16 CHAIRPERSON EUGENE: Thank you very
17 much, Commissioner, thank you for your testimony.
18 Let me say that we have been joined by Council
19 Member Daniel Halloran from Queens. Thank you.
20 [Pause] [Off mic] You have a question? Jessica?

21 [Off mic]

22 CHAIRPERSON EUGENE: And Jessica.

23 FEMALE VOICE: Yes, and--

24 [Crosstalk]

25 CHAIRPERSON EUGENE: And also

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2 Council Member Jessica. Commissioner, I'm going
3 to ask you some few questions and after that I'm
4 going to turn the microphone to my colleague, to
5 the Speaker, and also my colleagues for some
6 questions. My first one, could you tell us, you
7 know, how many veterans have been diagnosed with
8 PTSD? Do you have an idea?

9 TERRANCE HOLLIDAY: No, sir, I
10 don't.

11 CHAIRPERSON EUGENE: Anybody can
12 tell us?

13 TERRANCE HOLLIDAY: Those being
14 treated by the VA, we can find out from them and
15 get back to you, but I don't have that idea.

16 CHAIRPERSON EUGENE: Thank you. In
17 your testimony, you said that in all citywide, in
18 the Bureau of Vital--let me see [off mic]--you
19 gave the number of veterans that died by suicide
20 but this is a follow-up as, you know, of the first
21 question. I don't think that you have the answer
22 also because what I was going to ask you, I was
23 going to ask you how many veterans die, you know,
24 by suicide but have been diagnosed with PTSD? I
25 don't think you have that--

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2 TERRANCE HOLLIDAY: [Interposing] I
3 wouldn't have that answer either.

4 CHAIRPERSON EUGENE: Thank you very
5 much. In your testimony, you said of course, one
6 challenge veterans organizations face is that many
7 veterans do not always utilize the VA services or
8 seek the benefits to which they are entitled.
9 What do you have in place to resolve this
10 situation and to make sure that, you know, the
11 veterans they get access, you know, [off mic] this
12 challenge?

13 TERRANCE HOLLIDAY: We are reaching
14 out to the veterans community in a number of ways.
15 We're using the social media to get out to them to
16 make sure that they understand the VA, they
17 understand what's out there, they understand what
18 those programs are. I am meeting with veterans
19 organizations frequently and I'm getting the word
20 out to them, we're using e-mail systems to get out
21 to the leaders of other veterans organizations to
22 make certain that they're doing that.

23 There's one initiative that we will
24 begin doing sometime in January. The VA has a
25 mobile van that can connect veterans to services

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2 in the VA and I'm making arrangements with the
3 local commanders, particularly the reserve units,
4 to get that mobile van to local units when they
5 train, say, for example, on weekends so that
6 they'll have an opportunity to register with the
7 VA. And I've gotten a favorable response from the
8 Navy, Fort Hamilton--that's active duty and
9 reserve--and also the Marines over at Floyd
10 Bennett Field.

11 There are a couple of other things
12 that we're talking about, but basically it's a
13 question of getting people registered to the VA.
14 There may be other situations where we have people
15 who are eligible for VA benefits but have private
16 insurance and they don't seek medical help or
17 mental help from the VA. So I think it's a lot
18 easier to reach out to the VA to be able to get
19 numbers that they're working with, but you have a
20 lot of disparate numbers. You also have people
21 who aren't going to register, and they may be
22 registered and have no other--they may be
23 registered with the VA, but they won't seek that
24 treatment.

25 So, you know, what we can do is get

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2 them registered and we're going to be very
3 aggressive in doing that in 2012, and we want to
4 get out there with information about those things
5 that we think the VA can help them with.

6 Did you guys have some--

7 CHAIRPERSON EUGENE: [Interposing]

8 Thank you very much. Let me go to your testimony
9 again, you said that MOVA partner with CUNY and
10 launched in June 2011 its first Mental and Medical
11 Health Professional Developer Forum, and also you
12 mentioned that the forum was attended by 62
13 participants from civil organizations, but I think
14 the number is very low. But my question is that
15 if the outreach or what you have in place to reach
16 out to veterans is powerful or efficient enough.
17 How could you explain that, you know, we have
18 250,000 veterans in New York City--

19 TERRANCE HOLLIDAY: Well--sorry--

20 CHAIRPERSON EUGENE: --and we have
21 only 62 participants who attended the forum?

22 TERRANCE HOLLIDAY: Sir, these are
23 mental health providers, these were people who
24 would not norm--we designed it so that these
25 aren't veterans attending this, these are doctors,

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2 these are doctors, mental health providers, where
3 they have an opportunity to speak to one another
4 professionally, the benchmark, if you will.

5 We also had people--we reference
6 the Queens and also the Kings County veterans
7 court. They rely on counseling to assist
8 returning veterans who get into trouble and they
9 use counseling rather than the criminal justice
10 system to help them sort their lives out, so we
11 had the leadership of those two particular courts
12 that were there. So what we tried to do was to
13 sort of set the basis so that there will be
14 conversation between these professionals, so we're
15 going to continue this program and the next one is
16 coming up December 16. But now we Touro College
17 has expressed an interest in hosting one of these
18 for us in 2012 and it looks like Columbia, through
19 their veterans group, may also do the same thing.

20 So that was a first opportunity
21 that we had to get out there and we see that as
22 expanding, where that 62, we hope to keep growing
23 incrementally and we'll do that.

24 CHAIRPERSON EUGENE: So what I
25 think this forum was designed only for providers--

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[Crosstalk]

TERRANCE HOLLIDAY: Mental health--

CHAIRPERSON EUGENE: --provided--

TERRANCE HOLLIDAY: --mental health professionals, right.

CHAIRPERSON EUGENE: --

professionals, but not for the veterans.

TERRANCE HOLLIDAY: No, sir.

CHAIRPERSON EUGENE: Oh, thank you.

TERRANCE HOLLIDAY: This was a situation where we wanted to make certain that people who understood PTSD and what PTSD was all about, and military sexual trauma, what that was all about as well, we had folks there from the VA and they explained the process that--how they reached out to folks and what the training was all about and then that itself, during the Q &A, spurred a further discussion between the panel and everyone else and then it became a benchmarking process. And I think--and where we ran into some success with that, I go to the Queens veterans court, they reached out to the folk--the people that we had from the VA to speak to their stakeholders meeting, I think it was in August,

1
2 August or September. So that sort of spreads the
3 knowledge and the experience a little bit out
4 there, but it was, yes, professional to
5 professional.

6 CHAIRPERSON EUGENE: You also
7 mentioned--I think this is going to be for now my
8 last question--additionally, if a veteran is
9 eligible for VA services, MOVA will make the
10 necessary referrals to other city agencies such as
11 Health and Hospital Corporation. But do you have--
12 -what type of follow up system that you have to
13 ensure that those veterans that you referred to
14 other institutions receive the proper services
15 that they deserve or they are looking for, do you--
16 -

17 [Crosstalk]

18 TERRANCE HOLLIDAY: --that?

19 CHAIRPERSON EUGENE: --follow-up
20 to?

21 INES ADAN: The follow-up really is
22 a handover, since MOVA is not staffed by medical
23 staff or social workers per se, we are not experts
24 as to exactly what the services that that
25 particular veteran needs. However, when we make

1
2 such referrals to other service providers we
3 ensure that there is a hand over with the
4 understanding that the veteran will be receiving
5 the appropriate services provided by that agency.

6 CHAIRPERSON EUGENE: Thank you very
7 much. Let me call to the Speaker, who is going to
8 make--

9 [Crosstalk]

10 SPEAKER QUINN: Thanks, let me just
11 ask one follow up question on the question that
12 Dr. Eugene just answered. So you give the person
13 HHC's number or you have HHC call the person? And
14 do you at least get--I mean, I get that you're not
15 going to get, like, regulate weekly updates on the
16 person, though that might be--I don't know if
17 there was some way to do that within doctor/client
18 confidentiality and maybe there's not, but do you
19 at least get a confirmation from HHC that the
20 contact was made?

21 INES ADAN: Usually, we do both, we
22 give the veteran HHC's--

23 SPEAKER QUINN: Okay.

24 INES ADAN: --information and we
25 also connect with the agency to let them know that

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this veteran with a particular issue will be

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contacting them or--

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SPEAKER QUINN: [Interposing] And

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what percentage of veterans that you referred to

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HHC actually make the contact and engage, at least

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on the first time? I guess you can't track if

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they stay engaged with HHC, but what percentage of

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them--well, A, what percentage of them are being

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referred to HHC for mental health, what percentage

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are being referred for physical health, let's call

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it, and what percentage of them make that first

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contact?

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INES ADAN: I don't know the

15

percentage, but I--

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SPEAKER QUINN: [Interposing] Can

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you get it to me?

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INES ADAN: I could follow up, but

19

I will tell you this--

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SPEAKER QUINN: [Interposing] Well

21

we'll put it in a different question, do you track

22

it?

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INES ADAN: We track the number of

24

veterans that we refer to mental health services.

25

SPEAKER QUINN: No, different

1
2 question. Do you track the number--so well two
3 questions, do you track the number of veterans you
4 refer to HHC?

5 INES ADAN: We track the number of
6 veterans we refer to mental health services--

7 [Crosstalk]

8 SPEAKER QUINN: [Interposing] Okay.
9 Do you break down within that category, do you
10 break down where you sent them for mental health?

11 INES ADAN: Yes, we do.

12 SPEAKER QUINN: Okay. So you would
13 know then if you sent them to HHC versus Fountain
14 House in my district?

15 INES ADAN: Yes, we've had four.

16 SPEAKER QUINN: Okay. Great. And
17 then you just said you follow--if you referred Dr.
18 Eugene to HHC, you both give Dr. Eugene HHC's
19 number and give HHC Dr. Eugene's number, and you
20 said that you follow up with both HHC and Dr.
21 Eugene to confirm that an initial contact was
22 made.

23 INES ADAN: Correct.

24 SPEAKER QUINN: So you must then
25 track what percentage of them actually make the

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contact, right? If you don't have the percentage, you can just send me the raw numbers and I'll do it.

INES ADAN: We track, however, the numbers are so small--

SPEAKER QUINN: [Interposing] But even, you know, anything can be a percentage, so just, you know what, just send me the raw numbers.

INES ADAN: [Interposing] I'll--
[Crosstalk]

INES ADAN: --the information.

SPEAKER QUINN: You know what, just send me the raw numbers.

INES ADAN: Okay.

SPEAKER QUINN: And do you break down, in the non-HHC, do you do that--which is great--contact to make sure the contact is made or do you only do that with HHC 'cause they're also government?

INES ADAN: No, no, depending on what the issue is, we either give the number or we contact the agency to make sure that the veteran has in fact made contact with them or the organizational--

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SPEAKER QUINN: Great.

INES ADAN: --agency made--

SPEAKER QUINN: Okay. So we'd love to see--

[Crosstalk]

INES ADAN: --contact with the veteran.

SPEAKER QUINN: That's terrific, great. Now just go back to HHC for a second 'cause I think we should clarify a point from the last hearing that was incorrect. At the last hearing, HHC said that in their intake process they affirmatively ask someone if they have been a member-- a veteran or a member of the service or if they have served in the military. That is not true. We were told by HHC before the hearing that they didn't do that; at the hearing, the doctor said he did--I don't think he lied or anything, I think he misunderstood the nature of the questions we were asking, he may, for argument's sake, do it in his practice but that is a system corporate wide policy is not the policy. We are working now with the Mayor's office and Al Aviles' office at HHC to get us to do that, but I want us to be

1
2 clear, that is not happening in intake, it's
3 something we want HCC to do and we want all of the
4 city agencies to do, but I just want the record
5 reflect that clearly.

6 Two, I know that in preparation for
7 this hearing--and we appreciate this very much--
8 that MOVA had done a lot of work researching
9 coming to understand how suicides are classified
10 and kept track of in the city, and one of the
11 things that was learned was that the Office of the
12 Chief Medical Examiner doesn't track all suicides
13 in the city, that it can often be done at the
14 funeral taker or the undertaker's office and that
15 it required additional research on your part to
16 get those numbers, which, honestly, I would have
17 assumed OCME would have had them all of them
18 myself, so I think that's a fair misunderstanding.
19 But what system are you putting in place to make
20 it so you can have that ongoing information, both
21 from whatever OCME has and from undertakers and
22 funeral directors, which I guess are the same
23 thing, but whatever?

24 TERRANCE HOLLIDAY: Do--

25 BETH BEGIER: Yeah--

1
2 SPEAKER QUINN: 'Cause that would
3 be a new system that you would just have put in
4 place since you got this information I think--

5 TERRANCE HOLLIDAY: Right.

6 SPEAKER QUINN: --at the end of
7 last week. Just identify yourself for the record,
8 ma'am.

9 BETH BEGIER: Sure, I'm Beth
10 Begier, the Assistant--

11 [Crosstalk]

12 BETH BEGIER: Oh, turn the mic on,
13 okay. I am Beth Begier, the Assistant
14 Commissioner for Vital Statistics from the
15 Department of Health and Mental [pause]. Just to
16 address your question, what the medical examiner
17 does, the medical examiner does have all the
18 suicide deaths, but what they don't have is the
19 veteran status--

20 SPEAKER QUINN: Okay.

21 BETH BEGIER: --of all of those.

22 SPEAKER QUINN: Okay.

23 BETH BEGIER: And so that is
24 collected as secondarily by the funeral director--

25 [Crosstalk]

1
2 SPEAKER QUINN: [Interposing] So,
3 ma'am, I don't mean to interrupt you, but I just
4 want to make--what I want to understand, although--
5 -

6 BETH BEGIER: Yeah.

7 SPEAKER QUINN: --it just [off mic]
8 to understand how the process works. I just want
9 to understand what MOVA is now going to do to make
10 sure they get info, whether it's from you or if
11 not from you, from the funeral directors on every
12 vet suicide in the five boroughs so that we can
13 keep track of it and not have to go back and
14 gather two year's worth of data that we didn't
15 have. So is that going to be done by DOH or is it
16 going to be done by OCME or is it going to be done
17 by MOVA?

18 BETH BEGIER: We do routinely get
19 that information from the funeral directors so all
20 they would have to do is put in--

21 SPEAKER QUINN: Okay.

22 BETH BEGIER: --a data request to
23 us.

24 SPEAKER QUINN: So could you right
25 now, while she's sitting here make the request to

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her?

[Crosstalk]

INES ADAN: It's been made.

SPEAKER QUINN: So well you'll do that quarterly, I assume. And you could provide that information to the Council as well?

BETH BEGIER: Yes.

SPEAKER QUINN: Great, thank you very much. Let me just say a couple of other things and then just ask [off mic]. So in the data--thank you very much--that we received from DOH, OCME, the highest proportion percentage of the veterans who committed suicide were actually older veterans and a lot of what you've said to Dr. Eugene's questions were about using social media and e-mails and things of that nature. So I just wanted to make note--like we've had Geeks on the Go to my father, who's a veteran's house 4,000 times, it ain't happening, the man is not getting on e-mail and he was an electrical engineer, you know what I'm saying? So e-mail for some seniors--well for me too--is challenging, so I just think we need to make note of that in the data and not-- I'm not saying don't do social media, 'cause I

1
2 think that's really the way to go for younger
3 vets, but I think we need to note that part of the
4 data and think about how are we doing senior
5 outreach and whether we should be having a
6 conversation maybe with Lilliam at Barrios-Paoli
7 and the folks at DFTA based--and Jessica Lappin,
8 the Chair of our Aging Committee is here, so I
9 know she would want to be helpful--you know, on
10 that part of the data as well.

11 Speaking of Council Member Lappin,
12 the resolution on the congressional legislation,
13 is that a bill the administration is supporting?

14 TERRANCE HOLLIDAY: I can't comment
15 on that, but I think my notes--

16 SPEAKER QUINN: Why?

17 TERRANCE HOLLIDAY: [Off mic] it's
18 a resolution, I can't comment on resolution--

19 SPEAKER QUINN: [Interposing] Well,
20 no, forget the resolution, hypothetically I'm
21 asking you your position on this piece of
22 legislation, there is no resolution.

23 TERRANCE HOLLIDAY: Well my--the--

24 [Crosstalk]

25 SPEAKER QUINN: [Interposing] The

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Administration has this silly policy they don't testify on any resolutions.

TERRANCE HOLLIDAY: Yeah, but the comments in my notes said that if somebody comes back and they're suffering from military sexual trauma and it's going to occur after they leave or sometime thereafter, they need to be treated, so my--

SPEAKER QUINN: [Interposing] So one could extrapolate from that that this is--well let me ask the question differently. You have a federal office in Washington, which is staffed ably by Michele Goldstein, is this bill on her list of bills that the city supports?

TERRANCE HOLLIDAY: I would not know.

SPEAKER QUINN: Okay. Could you find out?

TERRANCE HOLLIDAY: Mm-hmm.

SPEAKER QUINN: Set aside having a position on the resolution, which is an ongoing sense of irritation.

TERRANCE HOLLIDAY: Okay.

SPEAKER QUINN: Not with you guys,

1 with the Mayor's Office of Legislative Affairs.
2 Do you have a sense of within HHC or DOHMH how
3 much funding there is for groups that are just
4 doing veterans' mental health work or groups that
5 have a particular unit or bureau or whatever you
6 want to call it that does vets' mental health
7 work? Or a specialty therein, you know, however
8 you want to describe it, 'cause sometimes it's
9 more organically just woven into a group but that
10 has an expertise.

11
12 TRISH MARIK: I'm Trish Marsik,
13 I'm the Assistant Commissioner for Mental Health
14 at the City Department of Health and Mental
15 Hygiene. We have roughly about \$4 million
16 dedicated to veteran services alone.

17 SPEAKER QUINN: Just on the mental
18 health side, ma'am?

19 TRISH MARIK: Just on the mental
20 health side.

21 SPEAKER QUINN: Okay.

22 TRISH MARIK: That does not
23 represent the full amount of funding that goes for
24 veteran services since many veterans--

25 [Crosstalk]

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SPEAKER QUINN: [Interposing] From the city or in total in the city? Is four million the total from the city?

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TRISH MARIK: Four million is the total in our budget the--

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SPEAKER QUINN: [Interposing] Okay. And what other agencies have it? City agencies.

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TRISH MARIK: What other city agen--

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SPEAKER QUINN: [Interposing] I guess HHC might.

12

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TRISH MARIK: HHC might have, DHS might have--

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SPEAKER QUINN: Okay. Okay.

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TRISH MARIK: --if I thought harder--

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18

[Crosstalk]

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SPEAKER QUINN: [Interposing] Okay. No, I'm sure, right, right, right, okay.

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TRISH MARIK: And we estimate that roughly our other programs serve about 3.5--their population is made up of 3.5 % veterans, so there's a--

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SPEAKER QUINN: [Interposing] Of

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your general services.

TRISH MARIK: Of our general--

SPEAKER QUINN: Okay.

TRISH MARIK: --services.

SPEAKER QUINN: Okay. And what's the percentage of veterans in just the general population, do you know, Commissioner? In the city of New York, what percentage of New Yorkers are veterans?

TERRANCE HOLLIDAY: Two hundred 15,000 to whatever, I don't know what the percentage is.

SPEAKER QUINN: I was just trying to figure out if 3.5 was, you know, a high number or do you know? Two and a half, so apparently--

TERRANCE HOLLIDAY: Yeah.

SPEAKER QUINN: --let the record reflect that a little birdie told me 2 1/2 % of New Yorkers are veterans and if you're capturing 3 1/2 % in your overall services, those are encouraging--I mean, good numbers there in getting your word out.

TRISH MARIK: The state Office of Mental Health also reports that within their

1
2 license system, which we don't have as much
3 contact with--

4 SPEAKER QUINN: Right.

5 TRISH MARIK: --from a fiscal
6 perspective, that they serve about 4 %.

7 SPEAKER QUINN: Okay. You know
8 what would be great is if we could have you do a
9 follow-up with some of our staff 'cause I think
10 we'd love to understand more of what you're doing
11 both within that 4 million and then in the
12 overall--

13 TRISH MARIK: Sure.

14 SPEAKER QUINN: --as well.

15 TRISH MARIK: Absolutely, be--

16 [Crosstalk]

17 SPEAKER QUINN: Terrific.

18 TRISH MARIK: --to.

19 SPEAKER QUINN: Okay. And then we
20 might also try to do--might be useful outside of a
21 hearing context, 'cause sometimes then you can
22 have more back-and-forth, is maybe do a roundtable
23 with MOVA and DOH and any of the other agencies,
24 which you're right, if we put our mind to it, we'd
25 think of some others, together in a room with the

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2 providers to have a back-and-forth so that--I'm
3 sorry, not the providers, the advocates for
4 veterans so they have a full understanding of what
5 the city has both specific or general.

6 TRISH MARIK: Sure--

7 SPEAKER QUINN: Terrific.

8 TRISH MARIK: --we'd love that,
9 and--

10 SPEAKER QUINN: Great.

11 TRISH MARIK: --as you and I have
12 both participated in the Blackstrom [phonetic]
13 roundtable, I think that's a useful--

14 SPEAKER QUINN: Great.

15 TRISH MARIK: --been a useful
16 forum.

17 SPEAKER QUINN: Terrific, great,
18 yes, exactly, something like that would be
19 fabulous. Thank you.

20 [Pause]

21 CHAIRPERSON EUGENE: Speaker Quinn,
22 thank you, Speaker Quinn, thank you for your time
23 and also your participation to this very important
24 hearing, thank you very much.

25 SPEAKER QUINN: You're welcome.

1
2 CHAIRPERSON EUGENE: Now let me
3 give to Chair Koppell the opportunity to ask some
4 questions.

5 CHAIRPERSON KOPPELL: Thank you
6 very much. I wanted just, I know I asked some
7 questions about this the last time and understand,
8 are you, Commissioner, are you building up some
9 sort of database of veterans in New York City
10 obtaining information where you can from, I guess,
11 federal authorities so that you can communicate
12 directly to veterans?

13 TERRANCE HOLLIDAY: Oh, you're
14 talking about like a general information list?

15 CHAIRPERSON KOPPELL: Well what I
16 was thinking of as you were talking about your
17 efforts is that social media are useful in a
18 general way, I guess, but the most useful use is
19 if you have their e-mail address so--

20 TERRANCE HOLLIDAY: Right.

21 CHAIRPERSON KOPPELL: --if you get
22 the e-mail address of all the veterans or as many
23 veterans as possible, you can communicate on a
24 regular basis through e-mail. Similarly with
25 their regular post office addresses. So I'm

1
2 wondering whether the office is developing a
3 database, I mean, the number of veterans you said
4 is about 200,000, that's not such a huge number
5 for these days in terms of communication. Are you
6 trying to develop a city database that you can
7 communicate with these people directly?

8 TERRANCE HOLLIDAY: Well the
9 database--the electronic database that we have
10 right now are the constituents who call us and
11 need assistance, we have that.

12 CHAIRPERSON KOPPELL: Right.

13 TERRANCE HOLLIDAY: But we do have
14 to develop--we do have to develop something where
15 we can reach out to veterans at large. Now we do--
16 -I understand the difficulties in reaching out to
17 people who are not computer literate, who don't
18 have access to computers, so the stopgap that I am
19 seeing, okay, is that when we get--if we want to
20 send e-mails out to people, we send them out to
21 the leadership of organizations, and within those
22 organizations they will take care of getting
23 information, at least until we're up and running
24 with something else, to those members who are not
25 computer literate. So a combination of me

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2 personally meeting with groups, e-mails going out,
3 there is a PSA that we've done that will be going
4 out in January. So as long as we're getting that
5 information out, we'll do it, but to get things
6 out on a consistent basis, we need to upgrade how
7 we can get it out--get information out to them on
8 a hard mail basis using the lower common
9 denominator of communications.

10 CHAIRPERSON KOPPELL: Now obviously
11 the Department of Defense, the various services
12 have at least some records, they may not update
13 them all that frequently, but they certainly have
14 initial records of where veterans go when they
15 leave the service, right? They probably get an
16 address in many instances, not every one, but in
17 many.

18 TERRANCE HOLLIDAY: Yeah, we've
19 been getting some information where we've
20 requested this information, we get it
21 periodically, I think we underutilize it, you
22 know, I think we underutilize it and that
23 basically comes from the VA. It's my desire to
24 put that all together and develop a mailing list
25 out of it and I think I'll be able to do that--I

1
2 think we'll be able to do that in the upcoming
3 year. It's being underutilized with the
4 information that we have right now.

5 CHAIRPERSON KOPPELL: I mean, is
6 there a privacy issue? I mean, let me ask it
7 directly, if you ask the Department of Defense as
8 the Mayor's Office of Veterans Affairs for the
9 mailing list of all veterans that they know of in
10 the New York City area, what would they say?
11 Would they say we'll give it to you or would they
12 say, no, that's privileged?

13 TERRANCE HOLLIDAY: Okay. There
14 are privacy issues involved in it, there's
15 something called a Return of Names and Addresses
16 and we had given that to the Council as the
17 follow-up that we had. Each request has got to be
18 made individually. The information that each
19 requester gets, once it's approved by the Veterans
20 Administration, can only be used by that requester
21 for the purposes the requester asks for the list.
22 And if you don't use it in that manner, then
23 there's civil and, I believe, criminal penalties
24 for doing that.

25 So the Council does have that, you

1
2 know, apparatus to be able to have your own folks
3 go ahead and make a request for what you need on
4 that. But that would come from the VA and not--

5 [Crosstalk]

6 CHAIRPERSON KOPPELL: But what
7 you're saying is that that's for an individual.

8 TERRANCE HOLLIDAY: Pardon me?

9 CHAIRPERSON KOPPELL: So that's on
10 an individual basis.

11 TERRANCE HOLLIDAY: Yes, sir.

12 CHAIRPERSON KOPPELL: What about if
13 you asked the Department of Veterans' Affairs to
14 send out some sort of communication, they would
15 send it out so they wouldn't have to give the
16 address to the City, is that a conceivable avenue
17 of communication?

18 TERRANCE HOLLIDAY: You said that
19 you--I'm not sure that I'm clear with this, that
20 we would reach out to the Veterans Administration,
21 to--

22 CHAIRPERSON KOPPELL: Right.

23 TERRANCE HOLLIDAY: --reach out to
24 veterans to do what, sir?

25 CHAIRPERSON KOPPELL: No, you had

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2 indicated you can't get a list from the Department
3 of Defense of veterans living in New York City, to
4 the--

5 TERRANCE HOLLIDAY: Right.

6 CHAIRPERSON KOPPELL: --extent they
7 have, you cannot. So what I'm--

8 TERRANCE HOLLIDAY: [Interposing]
9 That request would come from the Veterans
10 Administration not the Department of Defense, I
11 believe.

12 [Crosstalk]

13 CHAIRPERSON KOPPELL: Well then the
14 Veterans' Administration.

15 TERRANCE HOLLIDAY: Right.

16 CHAIRPERSON KOPPELL: They won't
17 give you such a list.

18 TERRANCE HOLLIDAY: There is a list
19 called--the Council has that, I can send it to you
20 also.

21 CHAIRPERSON KOPPELL: What do you
22 mean the Council has it?

23 TERRANCE HOLLIDAY: The follow-up
24 letter that I sent Councilman--

25 CHAIRPERSON KOPPELL: I see, well

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2 I--

3 TERRANCE HOLLIDAY: Greenfield.

4 CHAIRPERSON KOPPELL: Okay.

5 TERRANCE HOLLIDAY: Councilman

6 Greenfield had requested that list and I forwarded
7 that to him.8 CHAIRPERSON KOPPELL: And what is
9 that a list of?10 TERRANCE HOLLIDAY: It's a
11 procedure on how to request a list of veterans
12 from the Veterans' Administration, it is a
13 handbook and a booklet and it tells you how you
14 request, why you request it, and it also gives you
15 the--it tells you why you can't share it and what
16 you can't do with it. So, theoretically, if he
17 wanted to identify veterans within his district,
18 that's his list.19 CHAIRPERSON KOPPELL: But what
20 about you? I hear what you're saying, but could
21 you say I'd like to have the name and address of
22 each veteran who lives in New York City that you
23 have a record of, could you ask for that?24 TERRANCE HOLLIDAY: We're getting a
25 list that gives us some of that information, but I

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cannot share it with you.

CHAIRPERSON KOPPELL: I'm not asking you to share it--

TERRANCE HOLLIDAY: [Interposing] Oh, well then the answer is yes, I do have a list, I have a list that we're going to be working with in 2012 to put together.

CHAIRPERSON KOPPELL: Okay. So it seems to me that if you can get such a list, that the best way to communicate with these veterans would be to send them a letter, either a letter or an e-mail.

TERRANCE HOLLIDAY: Well I don't disagree--

CHAIRPERSON KOPPELL: Well is that something you're contemplating doing?

TERRANCE HOLLIDAY: Yes, sir.

CHAIRPERSON KOPPELL: So in other words, you could send them a letter and you could say, given our issues, if you have any concerns with respect to mental health issues, you can call the following different numbers.

TERRANCE HOLLIDAY: Yeah, we can include that, yeah, absolutely.

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CHAIRPERSON KOPPELL: So is that something that you're planning to do?

TERRANCE HOLLIDAY: In 2012, I want to be able to do that.

CHAIRPERSON KOPPELL: Yeah, because then you could come to us and say, well we've communicated with all the veterans that we can reach and you don't have to do anything all that special to communicate with them. I mean, I get letters all the time from various people trying to sell me things and so on, they get the lists, and that's certainly a source of information for me.

TERRANCE HOLLIDAY: Yes, sir.

CHAIRPERSON KOPPELL: So it seems to me that in terms of outreach, that would be my number one way of reaching people. I'm not opposed to your sending communications to heads of veterans groups and such and expecting them to share that information with their members and so on, but I think that direct communication is what--since we do have your office, we're fortunate in having your office, that's what the office should be doing.

TERRANCE HOLLIDAY: No, and I

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absolutely agree.

CHAIRPERSON KOPPELL: Okay. That's good. Chairman Eugene, I think you have other people to call, thank you.

CHAIRPERSON EUGENE: Yeah, thank you very much, thank you very much, Chairman Koppell. Now let me call Council Member Jessica Lappin, the sponsor of the Resolution number 958.

COUNCIL MEMBER LAPPIN: Thank you very much, Chair Eugene and Chair Koppell, and I wanted to thank the Speaker for putting this on the agenda today, and I just wanted to touch briefly on what the resolution does. You know, I think the goal is to create some equity for women in the military who have suffered as the result of being a victim of sexual trauma--and I say women 'cause less than 1 % of men report having been a victim. And the Speaker alluded to a bill that Congress recently passed that reduces the burden of proof for victims of post-traumatic stress disorder, but unfortunately, sexual trauma wasn't included as part of that legislation.

So to my mind, victims of sexual trauma are continuing to face a higher burden of

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2 proof compared to other combat veterans, and,
3 unfortunately, this is an issue that I think
4 impacts a lot of people in terms of the veterans
5 who've returned from Iraq and Afghanistan.
6 There's an estimate of roughly 15% of women who
7 have reported being the victims of sexual assault
8 and the Pentagon estimates only 10% of these
9 assaults are reported, so the numbers could
10 certainly be higher, and unfortunately, this is
11 not something that's going away, so it's why it's
12 on the agenda today. And I was going to ask, as
13 the Speaker did, but, you know, how do you deal
14 differently with people who contact you who have
15 been the victim of sexual assault in the military?

16 TERRANCE HOLLIDAY: It's a problem,
17 we would deal with them in the same manner in
18 which we would deal with a veteran calling up
19 about PTSD and refer them to the appropriate help.
20 Now I believe that the Veterans Administration
21 understands that a person suffering from MST, it
22 may not surface as soon as they leave the service,
23 it may show up months, years later. And I believe
24 the VA is open--is very much open to the treatment
25 of those military members where that occurs and I

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2 believe they will--I have to--we can double check
3 on this, where the VA restricts itself to those
4 individuals who have a good DD form 214, I believe
5 in the instances of military sexual trauma--and
6 I'll have to confirm this--so long as they served,
7 the VA is treating them. So I have to find--

8 [Crosstalk]

9 COUNCIL MEMBER LAPPIN:

10 [Interposing] Well that would be good to know and
11 obviously they should. I mean, and I think--

12 TERRANCE HOLLIDAY: Yeah.

13 COUNCIL MEMBER LAPPIN: --part of
14 the problem, as far as the federal legislation, is
15 that, just treating them as PTSD victims doesn't
16 work if they're not going to receive compensation
17 for that. And I mean, obviously, it's a separate
18 set of issues, but it would be nice to know how
19 they are being treated, so if you can get that
20 information back to us, that would be helpful.
21 And I've under [off mic] fed and other things. So
22 did you tell the Speaker that we were going to
23 find out what the Mayor's office in Washington's
24 position is this on the bill? We are going to
25 find that out, how did we leave that?

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2 TERRANCE HOLLIDAY: I can reach out
3 to them and they can give you whatever response
4 they need to.

5 COUNCIL MEMBER LAPPIN: That would
6 be great.

7 TERRANCE HOLLIDAY: I can't answer
8 for them.

9 COUNCIL MEMBER LAPPIN: You know,
10 and it's certainly something I hope we will be
11 voting on and supporting both within the Committee
12 and on the Council on a whole. And I did want to
13 mention the Service Women's Action Network, who
14 has done a lot of work on this issue and certainly
15 brought it to my attention. Thank you.

16 CHAIRPERSON EUGENE: Thank you very
17 much, Council Member Lappin. Council Member
18 Brewer, please.

19 COUNCIL MEMBER BREWER: Thank you
20 very much. I want to go back to Council Member
21 Koppell--I'm married to a Vietnam vet and my
22 father is a World War II vet and so I have some
23 knowledge. My question is, would the list that
24 you have--my husband gets information from the VA,
25 a lot of his friends do, and so does my father, so

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2 all of that information could not be--include
3 anything about services that are available. In
4 other words, is there something that you could do
5 with the VA? 'Cause I tell you one thing that the
6 VA does is keep in touch with veterans. And some
7 of them get checks, obviously, if you're a
8 disabled vet--you could have a very mild
9 disability or you could have a more major
10 disability--but every month, a check nontaxable
11 arrives. So my question is, with that kind of
12 constant flow of information, obviously, you
13 cannot have that list, perhaps--I know you
14 explained the process--but couldn't the VA,
15 working with you, put information in there that
16 would be helpful? Now in some cases, it's a
17 direct deposit, but the person at the VA's end
18 still has an address and a name, believe me they
19 do. So how could that be of assistance to you?

20 TERRANCE HOLLIDAY: I really don't
21 know but, you know, I could probably--we could
22 probably speak to them about some type of a New
23 York City insert that they can probably--when
24 they're sending out a check, maybe there's some
25 way we can tell people--

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COUNCIL MEMBER BREWER:

[Interposing] Do you have any sense of how many get checks from the VA of the 215,000 vets in New York City?

TERRANCE HOLLIDAY: No, ma'am, I do not.

COUNCIL MEMBER BREWER: Is that something you could find out from the VA?

TERRANCE HOLLIDAY: Mm-hmm.

COUNCIL MEMBER BREWER: It seems to me that's a good method of communication because people pay attention to what comes from the VA 'cause it might include money.

TERRANCE HOLLIDAY: Okay.

COUNCIL MEMBER BREWER: So and this to me is so obvious. Second question is, the committee that you mentioned in your testimony, the Veterans Mental Health Coalition, what is that of NYC? Who's in charge of that and how long has it existed and do they really focus on mental health?

TERRANCE HOLLIDAY: Yeah, go ahead.

INES ADAN: I'm sorry, I didn't hear the question--

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[Crosstalk]

COUNCIL MEMBER BREWER:

[Interposing] It says here veterans--in your testimony that MOVA is a participant in the Veterans Mental Health Coalition of NYC.

INES ADAN: Yes.

COUNCIL MEMBER BREWER: So who is it, what is it, what do they do?

INES ADAN: It's a coalition of New York City and other providers who--

COUNCIL MEMBER BREWER:

[Interposing] So it's non-profit and agencies?

INES ADAN: And agency that come together to discuss certain issues, mental health issues, and programs and possible, you know, legislation regarding--

[Crosstalk]

COUNCIL MEMBER BREWER:

[Interposing] And they meet, like, monthly or quarterly?

INES ADAN: We meet every other month, I believe.

COUNCIL MEMBER BREWER: Okay. The reason I ask is, it seems to me that's a place

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2 where a lot of these issues could be resolved,
3 right? And how do you do outreach, how do you
4 improve services, do these issues come up at this
5 committee?

6 INES ADAN: It comes up sometimes,
7 but to go back to the Commissioner's and your
8 prior question about having an insert in VA
9 mailings--

10 COUNCIL MEMBER BREWER: Mailings,
11 yeah.

12 INES ADAN: --that's definitely
13 something we have to look at, but also what we
14 were planning, like the Commissioner said prior,
15 was to take the list that we already have and, not
16 only send out city services to, you know, the
17 folks on the list that we have, but also include
18 in that VA services for those who are possibly not
19 in receipt of any kind of--

20 COUNCIL MEMBER BREWER:
21 [Interposing] Well I think any information, vets
22 move around sometimes a lot, you know--

23 INES ADAN: Yes.

24 COUNCIL MEMBER BREWER: --there's a
25 lot of moving around, I'm aware of this community,

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2 but the fact of the matter is, believe me, the vet
3 mailing from U.S., it gets more attention than
4 anything else because people think there might be
5 a check in there.

6 [Crosstalk]

7 INES ADAN: --check, you're
8 absolutely right.

9 COUNCIL MEMBER BREWER: I promise
10 you, I open the mail.

11 FEMALE VOICE: You hope there's a
12 check in there.

13 COUNCIL MEMBER BREWER: I hope
14 there's a check in there. My other question is,
15 what do you do in terms of--you mentioned LifeNet,
16 do you also suggest the Samaritans? And then my
17 other question is, do you know--and maybe this has
18 been asked--how many calls actually come through
19 311? Do you know exactly how many calls regarding
20 veteran affairs come to the 311 line? Is that
21 something that you track or 311 tracks?

22 INES ADAN: Three one one tracks, I
23 have to check here.

24 [Pause]

25 COUNCIL MEMBER BREWER: And the

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2 same thing for LifeNet or Samaritans, that was my
3 other question.

4 [Pause]

5 INES ADAN: I'll have to get back
6 to you on that 'cause I can't find--

7 COUNCIL MEMBER BREWER:

8 [Interposing] All right, but I'd like to know for
9 311 for the committee and also for LifeNet and
10 also for Samaritan, those would be--those are
11 three separate, sometimes overlapping, but not
12 always, materials.

13 And then I want to go back to CUNY
14 for a minute, 'cause--and also the colleges in
15 general. I know you mentioned that you're working
16 with CUNY, I have a lot of respect for the work
17 that CUNY is trying to do with its students. Can
18 you give us an update, if there's anything between
19 now and the last meeting that you've been working
20 on? I know you mentioned in your testimony,
21 Commissioner, regarding services for CUNY
22 students, particularly for mental health.

23 TERRANCE HOLLIDAY: The--

24 COUNCIL MEMBER BREWER: You need
25 the microphone.

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TERRANCE HOLLIDAY: Oh--

[background noise]

TERRANCE HOLLIDAY: --you want talk
to that?

COUNCIL MEMBER BREWER: Okay.

INES ADAN: Well no, I'm sorry,
yeah, just go, I found my place.

COUNCIL MEMBER BREWER: Okay. Go
ahead.

INES ADAN: We've received since
July from November from 311, we received 40 calls
that were referred by 311.

COUNCIL MEMBER BREWER:
[Interposing] That's since the last hearing is
what you're--so in November 2011--

INES ADAN: [Interposing] July--
[Crosstalk]

COUNCIL MEMBER BREWER:
[Interposing] July to November, you got 40 calls.

INES ADAN: We got 40 calls.

COUNCIL MEMBER BREWER: To 311.

INES ADAN: Three one--

COUNCIL MEMBER BREWER: All right,
and you'll check at some point the other two,

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LifeLine and Samaritan.

INES ADAN: LifeNet, mm-hmm.

COUNCIL MEMBER BREWER: Okay. Go ahead about CUNY.

TERRANCE HOLLIDAY: CUNY's got a very active veterans coordinator and a very active program for all of its students and I'd have to get back to you about the services that they have, but one of the things that we were talking about working with them, in 2012, we said about the spring, we were talking about bringing a Health Fair, and what we want to do is to go to a place where we had the highest concentration of vets who probably--who might need that. So we were thinking about finding a CUNY location to do that.

COUNCIL MEMBER BREWER: Okay.

TERRANCE HOLLIDAY: So that's on the drawing board for probably the spring of 2012.

COUNCIL MEMBER BREWER: Okay. And then finally, DHS, Department of Homeless Services, I know you mentioned that they have, perhaps, some mental health funding combined with your 4 million, that would be a place where, obviously, mental health services would be

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2 desperately needed. Do you have any sense of how
3 much--obviously, some of them are in shelters run
4 by veteran groups and otherwise, others not--do
5 you have any sense of how many homeless vets are
6 getting mental health services and et cetera, et
7 cetera, at DHS? Does anybody have a sense of
8 that?

9 TERRANCE HOLLIDAY: No.

10 COUNCIL MEMBER BREWER: And whether
11 it's being helpful and so on?

12 INES ADAN: I don't have that
13 information, I'm sorry.

14 COUNCIL MEMBER BREWER: Okay. Was
15 there anybody who could let the committee know the
16 status of DHS mental health services for veterans?
17 Is there somebody who could get back to the
18 committee with that information?

19 TRISH MARIK: Yeah, we--

20 [Crosstalk]

21 COUNCIL MEMBER BREWER: We did have
22 a tour, thanks to Chair Koppell, of one of the
23 centers, Homeless in Harlem, and it wasn't clear
24 to us as an example that the mental health
25 services, they were the best, to be honest with

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2 you. So I'd just like to know for those veterans--
3 --obviously, it's a captive audience--what are the
4 services and how are they funded and are they
5 being given in an appropriate fashion.

6 TRISH MARIK: We'd be happy to
7 follow up--

8 COUNCIL MEMBER BREWER: All right--

9 TRISH MARIK: --for you.

10 COUNCIL MEMBER BREWER: --thank
11 you, Mr. Chair.

12 CHAIRPERSON EUGENE: Thank you very
13 much. We have been joined by Council Member
14 Daniel Dromm, Council Member Sanders, and also
15 Council Member Gentile.

16 Council Member Halloran.

17 COUNCIL MEMBER HALLORAN: Thank
18 you, Mr. Chair. Good morning. First, let me
19 follow up on some of the excellent questions the
20 Speaker had asked and the directions that she was
21 pointing out. According to the statistics, 92,200
22 of our veterans are between 65 and 84; 22,900 are
23 over 85, so that's over 51 % of the veteran
24 population in the city of New York is above 65.
25 How closely are you working with the HEAP, SCRIE

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2 Section 8, and other programs geared towards
3 providing special services for our older or
4 financially disadvantaged in regards to the issues
5 that they will be facing; and are you doing it in
6 a manner that, as the Speaker pointed out, is
7 appropriate to the area of life that they're in?
8 Social media is not something most people between
9 65 and 80 and above will have either access to,
10 patience for, or contact with.

11 TERRANCE HOLLIDAY: Go ahead.

12 INES ADAN: Like I said before, we
13 plan to do better at reaching out to this
14 demographic. However, we have a very good
15 relationship with DFTA and the majority of the
16 seniors vets that we come in contact with, the
17 issues are not to that scale. However, like I
18 said, with our contact where we have an excellent
19 communication with DFTA to resolve issues,
20 sometimes, you know, they do escalate to a certain
21 degree, but not necessarily of danger to oneself
22 or inability to continue residing alone.

23 COUNCIL MEMBER HALLORAN: Okay.

24 Just in regards to that action, that actually
25 brings up an interesting question. Do you feel

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2 that your small number, relatively speaking, of
3 contacts and referrals within the veterans
4 community is a function of them going to other
5 agencies and having other resources or is it a
6 function of, other than your web presence, nobody
7 knows you're there?

8 INES ADAN: No, I believe that for
9 the most part, like we said, everybody assumes
10 that all veterans are in certain category to need,
11 you know, government assistance. There is a great
12 deal of veterans who have had jobs, who've been
13 working, who have access to, you know, financial
14 resources, and then maybe receive into that.
15 Could, you know, we, you know, reach out to more
16 people? Clearly. We've made that assertion right
17 here and we will work very hard to improve on
18 that.

19 COUNCIL MEMBER HALLORAN: Okay. So
20 let me ask you, given the structure of the budget
21 the Mayor presented to us for your office, with
22 what resources are you going to do these
23 additional reach out operations? Obviously,
24 mailings and production costs money, so looking at
25 your shoestring budget and the fact that 97 % of

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2 it is salaries for five people, can you explain to
3 me, are you coming to this Council and you're
4 going to ask us for more money? Is the Mayor
5 getting it philanthropically? Is he changing item
6 allocations in the Mayor's budget in order to
7 provide you with more resources? Or are you just
8 spinning our wheels here and telling us you're
9 going to do more when you actually economically
10 don't have those resources?

11 TERRANCE HOLLIDAY: Sir, since I
12 took office in January--actually, I was appointed
13 to the position in November and I took office in
14 January--we've reached out to a number of veterans
15 organizations, veterans, personally, e-mail,
16 whenever we've needed any funds to get something
17 taken care of, we've done it, and we've been
18 pretty successful in doing that. So I would say
19 that if a year ago you asked them, did we exist,
20 you'd probably get a shrug of the shoulders, but I
21 think if you go out into your districts and you
22 speak to these veterans organizations, I think a
23 lot of them will say we're there. We're not going
24 to get everybody, we will get a lot more this
25 year, but we're there.

COUNCIL MEMBER HALLORAN:

1 Commissioner, I have no doubt that you are
2 sincerely trying to make an effort, but I will
3 remind you that 30 % of the veterans live in
4 Queens, that borough that I represent, that I am
5 one of the Council Members who funds the Vietnam
6 veterans, that I've served, I did ROTC, I've done
7 that side of the equation, and, to be honest with
8 you, my Jewish war veterans, my American Legion,
9 my veterans of foreign war, my Marine Corps League
10 in my district all have no idea that the City
11 offers any services of substance. Now that may be
12 post-by-post an issue and, if so, again, most
13 posts are not e-mail savvy, my office communicates
14 with all of those aforementioned posts that are in
15 my district via telephone because they don't--
16 their commanders don't, you know, collectively, I
17 think, the average age is about 85 of my post
18 commanders in those, they don't know e-mail and
19 they don't know from e-mail, if they don't get a
20 letter or a phone call, it's not going to happen.
21 And again, you just said that, you know, you've
22 made some changes and when you've needed money,
23 it's been there, can you identify for me--'cause I

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2 went through the budget this year that was
3 presented, I paid particular attention to the
4 veterans--Mayor's Office of Veterans Affairs and
5 what was--can you tell me any expenses you had
6 over \$1,000 that you've gone looking for money, as
7 you just indicated you did, and found it, and tell
8 me what program it was for or event or mailing or
9 whatever it was that you did that exceeded \$1,000
10 in an expenditure that you can identify for this
11 committee?

12 TERRANCE HOLLIDAY: Sir, I'd like
13 to get to the front end of your question and I'll--
14 -

15 [Crosstalk]

16 COUNCIL MEMBER HALLORAN: Sure,
17 sure.

18 TERRANCE HOLLIDAY: --with that. I
19 have made it my point to get out and meet people.
20 I grew up in Jamaica, went to St. John's
21 University, I know it well. We're very active
22 with Chapter 32, the VVA, I attended one of their
23 meetings on a Friday evening about a month ago, I
24 attended a legislative breakfast out in the
25 Rockaways with the American Legion, the VFW. So

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2 are there people who don't know us over the--yeah,
3 there probably are, okay, but I'm saying we're
4 changing that, all right. So we're going ahead
5 and doing it. The major expenses that my office
6 runs into, sir, are the Mayor's breakfast for
7 Veterans Day and normally we find someone to
8 underwrite the cost of that, and then Fleet Week,
9 that's the same thing--I have to double check on
10 that, but they do you--yeah, actually, they do, so
11 somebody underwrites the cost of that.

12 To be very honest with you, we had
13 the events that we have championed don't really
14 cost us anything to do because what we're doing is
15 sharing information. The Professional Mental
16 Health Day cost us about \$200. We brought in a
17 representative from the Department--U.S.
18 Department of Labor to bring people up to speed
19 with USERRA law, all right? Didn't cost us
20 anything. I provided the space at the Veterans
21 Memorial Hall and they just came in and they did
22 it, maybe it's a pot of coffee and a couple of
23 dozen doughnuts. But what we've done is we've
24 shared the information with folks and we've gotten
25 it out to them. Now when we talked about a

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2 mailing, we haven't had a mass mailing since I've
3 been here. We need the list to do that. I'm
4 relying on e-mails, relying on Facebook, but what
5 happens is that the people who are getting the e-
6 mails from us, we're asking them to reach out to
7 the elderly vets who need to have that contact,
8 and we're going to work on that in 2012. So I may
9 need money in 2012, I don't need it now.

10 COUNCIL MEMBER HALLORAN: I am a
11 fiscal conservative and I would never ever say
12 this in a million years--

13 TERRANCE HOLLIDAY: Right.

14 COUNCIL MEMBER HALLORAN: --
15 otherwise, but I hope you come to us and ask us
16 for money.

17 TERRANCE HOLLIDAY: Okay.

18 COUNCIL MEMBER HALLORAN: I am
19 hoping that that budget changes and grows and is
20 positive because I don't believe I can with a
21 straight face say to my veterans who have served
22 their country, that the Mayor's office spends less
23 than half a million dollars on veteran services
24 throughout the entire city of New York. And I
25 think that's regardless of, you know, the

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2 improvements you're working, which I appreciate,
3 it's not enough. And unless we did a mass mailing
4 where we at least at some way, shape, or form
5 addressed all of those 65 plus year olds who don't
6 use social media, I don't think we will have a
7 comprehensive idea of who does need our services
8 and who doesn't. I agree with you, many of our
9 World War II and Korean War veterans who are still
10 alive are financially stable, many of them are,
11 especially in Queens. They're the older
12 homeowners whose kids have now migrated out of the
13 city, generally speaking. But I know that there
14 is a large group post-Korea and pre-Gulf War who
15 sort of fall between the cracks in a lot of
16 instances, and I don't think that e-mails and web
17 links are going to fix getting them connected.
18 And so I'm hopeful that next year we can have a
19 discussion about a growing budget first for things
20 other than...

21 TERRANCE HOLLIDAY: Yeah, that's
22 going to be a challenge for us in 2012, but that's
23 something I've been thinking about and we need to
24 make it happen, and we're going to work diligently
25 to make that happen--a mailing list.

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2 COUNCIL MEMBER HALLORAN: Thank
3 you, Mr. Chair, appreciate it. And I know that
4 the Speaker, when she set up the Warrior Gateway
5 interaction two years ago in 2010, in the mid-2009
6 beginning of 2010, that it was an intention to
7 start sharing data, I hope we are doing that, and
8 that includes mailing data.

9 TERRANCE HOLLIDAY: The City is
10 looking at that, okay, the City is looking at that
11 and discussing it, so I don't know where it is,
12 but I like it too.

13 CHAIRPERSON EUGENE: Thank you very
14 much, Council Member Halloran. Commissioner, as
15 you know, members of armed forces who return home
16 from their deployment and become discharged fill
17 out the Department of Defense Post-Deployment
18 Health Assessment. This assessment serves as a
19 valuable meter for identifying mental health needs
20 of returning service members. Are service members
21 required to complete this form after they are
22 discharged?

23 TERRANCE HOLLIDAY: Sir, I've never
24 heard of that form before, what is it, it's
25 called?

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2 CHAIRPERSON EUGENE: The Department
3 of Defense's Post-Deployment Health Assessment.

4 TERRANCE HOLLIDAY: Post, sir, I'd
5 have to find out--

6 CHAIRPERSON EUGENE: [Interposing]
7 You don't know about it.

8 TERRANCE HOLLIDAY: --I'd have to
9 find out and get back to you.

10 CHAIRPERSON EUGENE: All right.
11 You said that HHC and other city agencies provide
12 services to veterans, mental health services to
13 veterans. Do you receive--the staff from HHC and
14 other city agencies, are they qualified or do they
15 receive training to address the mental health
16 service need of the veterans?

17 [Pause]

18 CHAIRPERSON EUGENE: I know, you
19 know, there are many doctors but, you know, there
20 are specialties also. Those doctors or medical
21 staff at HHC and other city agencies, do they
22 receive training or are they qualified to address
23 the mental health issues of the veterans?

24 TRISH MARIK: I can't speak to the
25 specific trainings that HHC does, and as you folks

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2 probably know, we have over 350 mental health
3 clinics in the city that veterans could have
4 access to. There have been trainings over time
5 for mental health providers who are serving
6 veterans and we have invested a significant amount
7 of time and money into supporting trauma informed
8 care which would cover both PTSD within the
9 veterans community, as well as other communities
10 as well, and that's something that we'd love to
11 keep working with MOVA on going forward.

12 CHAIRPERSON EUGENE: Thank you.

13 You know, in your effort to reach out to veterans,
14 I know you mentioned e-mails and social media, but
15 if you cannot reach them through those ways, do
16 you use the friends, the family members also to
17 try to reach them out?

18 TERRANCE HOLLIDAY: Sir, when I go
19 to these yellow ribbons, I spend a lot of time
20 talking, not just to the deploying reservists or
21 the redeploying reserve--I have them and their
22 family, so I do that as well. But one of the
23 things that we're doing is trying to expand our
24 reach into the veterans service organizations and
25 the--and by reaching into them, this is where they

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2 will contact the more senior or seasoned members
3 of their post and discuss things with them. We
4 have had telephone calls from people that I've met
5 on the street who have had problems, I met a
6 gentleman just about three weeks ago, who was
7 having problems with his house in Springfield
8 Gardens and Ms. Adan had helped him with this with
9 the Justice Center and just this past Friday I met
10 an attorney who was interested, who had visited
11 MOVA and I called him at about 9:30 at night,
12 okay, just to tell him, this is what you need to
13 do. So we need to reach out to the non-e-mail,
14 non-Internet vets more aggressively, okay, but
15 there are so many other things we're doing, okay.
16 So the reaching out to the veteran service
17 organization to say, hey, can you get the more
18 senior members for us, that's more of a Band-Aid
19 until we can get into something more substantial.
20 I don't know if that answered.

21 CHAIRPERSON EUGENE: Thank you very
22 much. You remember that you said that the
23 increase of veterans returning home won't be too
24 large in New York, if my memory is correct. But
25 anyway, the number will increase anyway.

1

2

TERRANCE HOLLIDAY: Well I think it will.

3

4

CHAIRPERSON EUGENE: Will increase anyway.

5

6

TERRANCE HOLLIDAY: Yeah.

7

CHAIRPERSON EUGENE: And if my memory is good is, I think that you mention in your testimony that the challenge for the VA is the lack of personnel [off mic] to address the need, the mental health issues of the veterans. My question is, if the City is ready to address the need of those veterans who will come home from services because there are already so many veterans in need of mental health services and there is already a challenge, challenge of personnel, challenge, you know, of resources. Now what the City has in place to ensure that it could be prepare to address the needs of those veterans who come home?

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21

[Off mic]

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23

TRISH MARSIK: I think that the issue that we're going to face with those veterans who are coming home is more a question of outreach and identification than it is the capacity of our

24

25

1
2 current service system. I think that it's about,
3 as you spoke so eloquently, Council Chair, that
4 the targeting friends and families and helping
5 people to recognize that there are services out
6 there that can be helpful to them. So the
7 outreach I think is the one of the bigger
8 challenges that we face going forward.

9 CHAIRPERSON EUGENE: Yeah, outreach
10 would be wonderful and necessary also, but the
11 problem, the challenge right now is lack of
12 personnel, lack of resources, but how are you
13 going to correct that? To do outreach, you need
14 personnel; to do outreach, you need funding, you
15 need resources. So what do you have in place to
16 correct, you know, to overcome this challenge,
17 which is lack of personnel and lack of resources?
18 Because outreach, to do outreach you need
19 personnel, you need funding, you need resources,
20 but right now this is one of the big challenges:
21 lack of personnel, lack of resources. So what do
22 you have, what the City has in place to overcome
23 this challenge?

24 TRISH MARSIK: Well the mental
25 health service providers are not, as you're

1
2 saying, aligned to do specific outreach to the
3 veterans communities; however, there are a number
4 of new initiatives starting up and we have a very
5 active philanthropic community. So we're hopeful
6 and cautiously confident that we'll be able to
7 address this as we move forward.

8 CHAIRPERSON EUGENE: Thank you very
9 much. Council Member Gentile?

10 COUNCIL MEMBER GENTILE: I'm sorry.
11 Thank you, Mr. Chair. Commissioner, I read
12 through your testimony and I didn't see anything
13 other than one reference to the veterans courts,
14 Kings and Queens County. Is there any connection
15 that you have with those courts to be sure that
16 they are referring people for mental health
17 services? Obviously, those that come before those
18 judges are veterans who probably have a--excuse
19 me--a large percentage of them have those issues.
20 Is there any--do you have any communication with
21 those courts or monitoring those courts in some
22 way to be sure that services available are being
23 utilized by those judges?

24 TERRANCE HOLLIDAY: Sir, I don't
25 monitor them, but I do connect with them. In

1
2 fact, I've attended about three stakeholder
3 meetings with the Queens veterans court in a
4 Supreme Queens, that was Judge Hirsch, and they
5 have a very--they have a very robust program. And
6 in September, as I was going in to attend the
7 stakeholder's meeting I ran into a young man, we
8 had this Suit [phonetic] program, and I recognized
9 his face in the suit from MOVA and he asked me to
10 come to his graduation ceremony, so to speak, at
11 the court. And I sat through a session of the
12 court and there were about ten veterans, okay, who
13 successfully had gone through the various stages
14 of the program to one where they graduated, their
15 records were expunged, they had jobs, they
16 resolved their issues. So by that, I'm assuming
17 that the resources that they needed--whether it
18 was housing, employment, or mental health--they
19 receive that or else the judge doesn't sign off on
20 that. Now I've been to a couple of meetings in
21 Kings County, and in Kings County I've never been
22 in to any of the things in session, but it looks
23 like they're doing pretty much the same thing.
24 But I do have contact, there's a fellow by the
25 name of Joe Mardonia [phonetic] in that court and

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2 Maritsa [phonetic]--and I can't pronounce her last
3 name--in Queens, we exchange e-mails all of the
4 time, another fellow Patrick Clayton [phonetic],
5 who's like, I think, a case manager. I think that
6 they're meeting with a great deal of success.

7 COUNCIL MEMBER GENTILE: So it's
8 your opinion that they're sufficiently meeting the
9 needs of those defendants--

10 TERRANCE HOLLIDAY: Yes.

11 COUNCIL MEMBER GENTILE: --in that
12 court--

13 TERRANCE HOLLIDAY: Yes.

14 COUNCIL MEMBER GENTILE: --who need
15 some type of mental health services.

16 TERRANCE HOLLIDAY: Yeah, the big
17 shortage that we try to help them with is to get
18 veteran mentors because the success is built upon
19 the relationship of the defendant--and I don't
20 know that you call them a defendant in these, I
21 think he is 'cause they're still charged, it's
22 like whatever--but it's a connection between that
23 defendant and the mentor to help them go through
24 certain stages. And what the mentor is supposed
25 to do is supposed to be someone guiding them

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2 through the process and if there is something that
3 the mentor can handle, the mentor does it; if the
4 mentor needs someone in employment or education
5 or, you know, a mental health, they make certain
6 that it's there, but the court oversees them. So
7 I think it's a very successful program. And it's
8 really just in its nascent stages too.

9 COUNCIL MEMBER GENTILE: Great,
10 okay, thank you.

11 TERRANCE HOLLIDAY: Yes, sir.

12 CHAIRPERSON EUGENE: Thank you,
13 Council Member Gentile. And, again, and this is
14 going to be my last one, my last question.

15 TERRANCE HOLLIDAY: For like the
16 fifth time.

17 CHAIRPERSON EUGENE: No, this one
18 is the last one. Commissioner, you know,
19 according to the American Psychiatric Association,
20 veterans should be--number one let me say that we
21 know that PTSD is one of the major and big mental
22 condition that veteran are suffering from and,
23 according to the American Psychiatric Association,
24 veterans should be exposed to traumatic events and
25 persistently re-experience the traumatic event to

1
2 be diagnosed with PTSD. And we know because of
3 the two current conflict--Iraq and Afghanistan--
4 there have been longer deployments and
5 redeployments of veterans with few breaks in
6 between. Is there anything in place to help the
7 veterans, you know, cope with the persistent
8 exposure to trauma in order to prevent or decrease
9 the PTSD condition?

10 TERRANCE HOLLIDAY: Sir, I'm not a
11 clinician so I can't tell you that, okay, but what
12 I would say is that I reached out to the United
13 States Air Force when we were doing the suicide
14 thing, the suicide investigation, and they had a
15 control over their suicides and their year-to-date
16 number was something like 56 and this was end of
17 October, which was--and the suicides had gone
18 down. And there was one added remark that they
19 said less than 10 % of the suicides had anything
20 to do with a deployment, okay. And I guess by
21 deployment, they meant combat deployments. So I
22 think the folks who could really answer that for
23 you are the VA people who are treating these
24 returning servicemen and veterans who are
25 suffering from PTSD and if there's a way that we

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2 can, you know, all go out and visit, you know, a
3 VA center some time and actually meet with some of
4 these folks or even come up to our professional
5 mental health forum, or maybe send a staffer up on
6 the 16th, these--we'll have a couple of people who
7 are treating people like that and they can
8 probably give you a much better answer than this.

9 CHAIRPERSON EUGENE: We know that
10 the treatments are very good and important also
11 when people are suffering from disease, but I do
12 believe, and my colleagues do believe also, in the
13 medicine that the best medicine is prevention, to
14 prevent the disease to happen. But we know that
15 the PTSD is a very, very important and serious
16 disease. I would appreciate it if you can reach
17 out, I don't know, the federal government or the
18 institution and the department in charge of this,
19 what I'm talking about to find out if they have
20 something in place to help the veterans, you know,
21 to treat and, you know, prepare the veterans to
22 face the persistent traumatic even they are facing
23 when they are sent back several times to service.
24 Because this is a very important. If there is
25 nothing in place, I do believe that the federal

1
2 government should try to put something in place
3 because we know that somebody who have been
4 deployed more than one time without any breaks,
5 that's could contribute really to PTSD.

6 TERRANCE HOLLIDAY: Yeah, we had a
7 VA specialist come in, in fact, I'm sure we could
8 get down to your office, they do a lot of things.
9 PTSD is an anxiety disorder and it's really a
10 question of getting the individual, again, from a
11 layman's standpoint, to getting the individual to
12 a point where they can handle the anxiety, you
13 know, and the VA is geared towards doing that.
14 And they have some type of an audio-visual thing
15 that sort of guides them, they guide them along
16 the way and I don't know what the percentage of
17 success is, but it might be worth a trip to see
18 what it's all about. They seem to like it. I
19 forget her last name, but she was really
20 marvelous, and I think she's going to be one of
21 our speakers on December 16th.

22 CHAIRPERSON EUGENE: Thank you very
23 much, Commissioner, and thank you also to all the
24 members of the panel.

25 [Crosstalk]

1
2 CHAIRPERSON EUGENE: I know that
3 you go to many, many events, we, you know, bump
4 each other--

5 TERRANCE HOLLIDAY: Yes, sir.

6 CHAIRPERSON EUGENE: --so I hope
7 that I will see you to know at the next veteran
8 event.

9 TERRANCE HOLLIDAY: Okay, sir.

10 CHAIRPERSON EUGENE: Thank you very
11 much.

12 TERRANCE HOLLIDAY: Thank you.

13 CHAIRPERSON EUGENE: Thank you very
14 much. [Long pause] I'm going to call the members
15 for the next panel, please. Melissa Earle, thank
16 you; Kim Williams; Coco--is that Culhane?

17 FEMALE VOICE: Culhane.

18 CHAIRPERSON EUGENE: Culhane?

19 COCO CULHANE: Yes.

20 CHAIRPERSON EUGENE: Thank you.
21 Eva Usadi. [Long pause] Thank you. [Long pause]
22 Thank you very much. [Long pause] Thank you.

23 [Long pause]

24 CHAIRPERSON KOPPELL: Our general
25 practice is to have a time limit for the initial

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2 statements of witnesses, other than
3 representatives of the City, so I would suggest we
4 have a time limit of five minutes for each
5 witness. That doesn't count time for questions,
6 and if you're near the end, we'll be--since we
7 don't have a huge number of witnesses, we'll be,
8 you know, generous, but we would like to keep your
9 initial statements to about five minutes. Thank
10 you.

11 [Pause]

12 CHAIRPERSON EUGENE: The first
13 speaker may start any time, please. Can you start
14 now?

15 KIM WILLIAMS: Hi, I'm Kim
16 Williams, I've been asked to go first.

17 Chairman Koppell, Chairman Eugene,
18 and members of the Committee, thank you for
19 organizing this important hearing regarding
20 improving access to mental health services for
21 veterans and this opportunity to testify. My name
22 is Kimberly Williams, I am the Director of the
23 Center for Policy, Advocacy, and Education at the
24 Mental Health Association of New York City, MHA-
25 NYC. In 2009, MHA-NYC and NAMI New York City

1
2 Metro co-founded the Veterans Mental Health
3 Coalition of New York City to promote the mental
4 health and well-being of service members,
5 veterans, and their families through education,
6 information sharing, collaboration, and promotion
7 of a comprehensive array of services. Our Project
8 Director is Herb Ruben, he's a World War II
9 veteran. The coalition at this time has over 450
10 members representing a diverse cross section of
11 veterans' service and advocacy organizations;
12 behavioral health, health, and social services
13 providers; and local, state, and government--
14 excuse me, local, state, and federal government
15 officials including representatives from the
16 Mayor's Office of Veterans Affairs and the New
17 York City Department of Health and Mental Hygiene.
18 DOHMH is also providing financial support to the
19 coalition, for which we are grateful. The
20 coalition's policy and advocacy subcommittee, the
21 Veterans' Action Committee of New York City, is on
22 whose behalf I am speaking today.

23 At the City Council's hearing two
24 months ago, we spoke of the great need to address
25 the mental health and chemical dependence problems

1
2 of returning service members, veterans, and their
3 families--a need that will only increase over the
4 next few months as more veterans return from Iraq
5 and Afghanistan.

6 And I just wanted to divert one
7 moment to talk a bit about the statistics because,
8 Council Member Eugene, you had raised the question
9 as to the prevalence of PTSD, and I wanted to note
10 that the New York State Health Foundation had
11 commissioned a report from the RAND Corporation to
12 identify the needs of veterans, particularly of
13 their behavioral health needs. And what they
14 found is that 22 % of New York State veterans have
15 a current probable diagnosis, 34 % have a self-
16 indicated need for treatment--that means more than
17 half of veterans have a mental health need, this
18 is in New York State. And of those veterans, 16 %
19 had a PTSD diagnosis, 16 % had a diagnosis of
20 major depressive disorder, and 10 % had a
21 diagnosis of both.

22 In addition to talking about the
23 need in our testimony two months ago, we also
24 noted that, while the VA continues to face
25 significant challenges in meeting these needs,

1
2 they have made noteworthy strides in improving
3 mental health treatment options, and this includes
4 the recent modification in guidelines for
5 assessing PTSD benefits, which states that
6 veterans suffering from PTSD no longer need to
7 prove that the disorder was caused by a traumatic
8 event they experienced in combat. This policy
9 change has resulted in countless more veterans
10 getting the much needed benefits that they
11 deserve.

12 However, as has been discussed,
13 veterans who suffer from service-related PTSD due
14 to military sexual trauma, MST, continue to be
15 denied their disability benefits because the
16 trauma they experienced does not necessarily lend
17 itself to documentation. Many victims have a
18 difficult time presenting records confirming the
19 traumatic event for reasons such as insufficient
20 record keeping by DOD and underreporting due to
21 fear of retaliation. The VA's current regulations
22 discriminate, they are unfair, and, therefore, we
23 strongly support the City Council's resolution
24 number 958, urging the United States Congress to
25 pass and the President to sign HR 930.

1
2 But even with this vital proposed
3 policy change within the VA system, we must not
4 forget that only a small portion of behavioral
5 health needs of veterans will, or can be, met by
6 the federal VA. Nationally, less than 30 % of
7 veterans use the federal VA for health or mental
8 health care, more would if the VA had more
9 resources and therefore provided greater access,
10 but many veterans prefer to return fully to
11 civilian life and turn to local providers when
12 they need services. States and localities have a
13 responsibility to improve access to, and quality
14 of, local community-based services.

15 That is why we are calling on the
16 New York City Council to fund a Veterans Mental
17 Health Initiative to provide greater access to
18 critically needed support services and to enhance
19 the capabilities of non-VA providers. Because we
20 understand the current fiscal constraints, we are
21 proposing a modest initiative and asking for just
22 \$500,000 to implement it. With nearly 207,000--
23 it's been noted 215,000 veterans in New York City,
24 that's less than 2.50 per veteran. Surely a city
25 that will find millions of dollars that are needed

1
2 for education, health, and social services can
3 find 2.50 for each of the veterans who have served
4 their country so selflessly and often at great
5 personal cost.

6 The proposed initiative could
7 include outreach strategies, which we've noted are
8 so critically important for both veterans and
9 their families to identify and engage veterans at
10 high risk of suicide and/or in need of behavioral
11 health services through non-traditional referral
12 sources and also military culture competency
13 training for providers so they have an
14 understanding about the soldier's way of life as
15 well as their experiences, challenges, and
16 terminology. And I've included an outline of the
17 proposal attached and we hope that you'll champion
18 this initiative. Thank you for the opportunity to
19 testify.

20 CHAIRPERSON EUGENE: Thank you very
21 much. The next speaker, please.

22 DR. MELISSA EARLE: Hi, good
23 morning, Chairman Koppell, Chairman Eugene, and
24 the rest of the committee. Thank you so much for
25 the opportunity to testify. My name is Dr.

1
2 Melissa J. Earle, I'm a Licensed Clinical Social
3 Worker in both New York State and in--excuse me--
4 in California. Currently, I'm the Director of
5 Professional Social Work Development and Online
6 Learning at Touro College; however, I come today
7 in support of the Veterans Council's testimony,
8 which is why I asked her to go first, and here as
9 a licensed--sorry, as a practitioner of over 25
10 years of trauma.

11 So I urge you to--sorry, I'm
12 getting a little nervous. I'm here to support the
13 Resolution 958 to be passed because I think many
14 of the other things about mental health services
15 have been covered. The aftermath of traumatic
16 events is well established, we already have
17 discussed that PTSD, Acute Stress Disorder,
18 depression, anxiety, and panic disorder are very
19 common aftermaths. In a study that I think is
20 also in many of the documents that you have, women
21 service members who are screened for military
22 sexual trauma come home and present all of these
23 in great numbers.

24 One of the things that I don't
25 think that has been discussed yet today and,

1
2 again, as a treatment provider I want to tell you
3 is that, while trauma can make a very significant
4 impact, it also heals. Since trauma is part of an
5 anxiety disorder set of symptoms, it also stems
6 from our ability to manage stress and so just the
7 same way we're able to equalize and a reaction to
8 stress, ultimately, with time, attention, and
9 support, trauma survivors can also not only
10 survive the event, but come to thrive.

11 And so addition to the clinical and
12 ethical responsibilities of providing treatment
13 for our returning veterans, I'm here to tell you
14 from a fiscal point of view, it makes sense to
15 provide trauma and military informed services as
16 people get better, move on, and no longer have to
17 stay stuck in a maze of services as well as their
18 traumatic response.

19 My other goal today is to invite
20 you to join me in a clinical intervention. There
21 are a wide variety of models of trauma treatment
22 stemming from group, individual, yoga; however,
23 every one of them starts from a very specific
24 place, which is called bearing witness. The most
25 important thing a trauma survivor, whether they're

1
2 a veteran or a child, needs is for someone to bear
3 witness to their pain, for someone to listen, to
4 respond, and to react to in a positive fashion,
5 and these people can be family, or social
6 services, or a government. By acknowledging and
7 bearing witness to a trauma survivor's pain, it
8 allows them to externalize what has happened to
9 them, cope with the unimaginable, and begin to
10 accept the fact that they're not to blame for
11 their abuse. I invite you today to act as
12 courageously as our returning vets, bear witness
13 and pass Resolution 958. Thank you very much.

14 CHAIRPERSON EUGENE: Thank you.
15 Thank you very much. Jessica is happy about that,
16 huh?

17 COUNCIL MEMBER LAPPIN: Well I
18 wanted to thank you for coming and testify in
19 support. And are we doing--

20 [Pause]

21 [Off mic]

22 CHAIRPERSON EUGENE: No, not yet.
23 The next speaker, please.

24 COCO CULHANE: Good morning members
25 of the Committee on Veterans and Mental Health,

1
2 Committee on Mental Health. My name is Coco
3 Culhane and I run the Veteran Advocacy Project at
4 the Urban Justice Center. We provide free legal
5 services to low-income veterans and we have a
6 focus on those living with mental illness. Thank
7 you for the invitation to testify about access to
8 mental health treatment.

9 First, I would like to express my
10 support for Resolution 958, urging Congress to
11 pass H.R. 930, a bill that will improve disability
12 compensation procedures for veterans who have
13 suffered from military sexual trauma, or MST. The
14 Department of Defense's own estimate last year was
15 that only 13.5 % of sexual assault survivors
16 actually report an incident. While more than
17 expanding access to PTSD treatment is needed, this
18 bill is a first step in changing the way rape and
19 sexual trauma are addressed.

20 The VA is making improvements to
21 its benefits system by training claims processors
22 about MST and by hiring more women at the request
23 of veterans. Yet a fundamental problem remains:
24 Our military is an environment where sexual
25 violence is not only ignored, but too often

1
2 accepted. It seems absurd then to expect a
3 soldier under these conditions to create a record
4 of an attack so that proof will be available for a
5 claims agent someday. The men and women who have
6 volunteered their lives for us should not be
7 punished because they didn't want to report an
8 incident in a hostile environment; nor should they
9 be re-traumatized by a benefits system that
10 epitomizes systemic failure.

11 Veterans with post-traumatic stress
12 who were approved for services can wait months for
13 even their first appointment with a psychologist.
14 Veterans in the New York area are considered lucky
15 because of the large network of local VA
16 facilities and the excellent social workers and
17 doctors in those facilities. But it is difficult
18 to feel lucky if you can't use those resources.
19 For a service member who has been denied
20 disability compensation, the average wait for an
21 appeal of the decision is four and a half years.
22 This past spring, the 9th Circuit Court held, in a
23 case called Veterans for Common Sense v. Shinseki,
24 that the VA's unchecked incompetence has gone on
25 long enough, and ordered an overhaul of the VA.

1
2 The court declared that the other political
3 branches have so completely and chronically failed
4 to respect veterans' constitutional rights that
5 the judiciary had to step in. The case is being
6 reheard and will likely not result in the massive
7 changes so desperately needed.

8 Today, a combat veteran, even with
9 documentation of trauma, will still wait years for
10 a chance to be heard on their appeal. For that
11 veteran, the legal victory remains symbolic, his
12 personal battle goes on.

13 I first read about this legal fight
14 in 2008, and it was in the pages of the district
15 court's opinion that I learned the suicide rate of
16 veterans is 18 per day. It woke me up to my civic
17 duty to give back to service members. As an
18 attorney, I cannot provide them with mental health
19 treatment they need, I do not have the expertise
20 that many in this room have. I can only offer my
21 assistance in fighting for their legal rights to
22 housing and income, and hope it provides a stable
23 base for them to rebuild their lives. We can all
24 be a part of that recovery, no matter the
25 profession.

1
2 As a community, we can serve
3 veterans who can't walk into the front door of the
4 Manhattan VA or drop by the clinic on Chapel
5 Street in Brooklyn. That includes veterans with
6 bad papers--the dreaded OTH, or Other than
7 Honorable discharge. It includes veterans who are
8 angry and no longer trust the government that sent
9 them to war. And it includes many women who do
10 not feel safe or welcome in a system designed for
11 men. These men and women are my clients.
12 Veterans who are not eligible for VA services must
13 not be ignored. For those who think these
14 veterans are somehow less than deserving, come and
15 tell my client who watched his friend's jaw blow
16 off in Iraq that his substance abuse is other than
17 honorable. Try to explain to my client who went
18 AWOL after being raped by someone in her unit, why
19 she doesn't deserve a HUDVASH housing voucher.
20 Listen to her apologize for the tears rolling down
21 her cheeks after you have told her she may be in a
22 shelter with men. Answer the call from a veteran
23 who can't seem to hold down a job and needs a
24 lawyer for housing court. Tell him he must wait
25 four and a half years for his compensation as

1
2 whispers into the phone that he is a victim of
3 MST. If these sound like conversations you don't
4 want to have, then support H.R. 930, a bill that
5 will make a change to the disability claims
6 process.

7 And, please, do not stop there.
8 New York City must reach out to all veterans.
9 Every day I see the result when service members
10 have been overlooked or shunned by their
11 community. I usually work with them when they
12 have hit a crisis point and their uphill battle is
13 not always winnable by then. We must improve
14 local support services that the VA cannot provide
15 and will not always provide to all veterans. We
16 must take care of everyone who wore a uniform for
17 us no matter their discharge type or their mental
18 health status. I have one more line. This is the
19 kind of society we told these individuals they
20 were fighting for and we can make that a reality
21 by funding local initiatives and helping all who
22 served us. Thank you for the opportunity to
23 speak.

24 CHAIRPERSON EUGENE: Thank you very
25 much. The next speaker, please.

1
2 EVA USADI: Hello, thank you for
3 the hearing. And just for the record, I am in
4 support of the resolution. My name is Eva Usadi
5 and I'm a psychotherapist in private practice in
6 Manhattan, I'm also the daughter of a World War II
7 veteran. I specialize in trauma and have been
8 working with warriors for a long time--active duty
9 military and veterans, as well as first
10 responders, fire and police, and family members,
11 since 9/11. I am also the Founder and Director of
12 a 501(c)(3) public charity called Trauma and
13 Resiliency Resources. We have two active
14 programs: Horses' Hooves and Warriors' Hearts,
15 which is an outpatient equine-assisted
16 psychotherapy program located in Newburg, New
17 York, and Warrior Camp, which is a 7-day intensive
18 residential treatment program, also to be held in
19 Newburg and our pilot Camp is scheduled for
20 February of 2012.

21 Like many programs working with
22 veterans, we are underfunded. Even with Tricare
23 fees, we will still be operating at a deficit.
24 The question is, why is this? Our nation's
25 warriors are among the most deserving of services,

1
2 and yet they tend to be underserved, both while in
3 uniform and after discharge or retirement.

4 National figures are that only 37 %
5 of veterans register with the Veterans'
6 Administration upon discharge, and of those who do
7 enroll for mental health treatment, there are not
8 enough counselors or programs to meet this growing
9 need. In a report recently prepared by the San
10 Francisco VA and the University of California, San
11 Francisco, it was noted that, this is a quote, it
12 takes more than a year for symptoms to appear and
13 diagnosis to be made and the study further showed
14 that most mental health diagnoses were not made in
15 the first year that a veteran entered the VA
16 system, but several years after. It is understood
17 by many veteran groups that this is one of the
18 reasons veterans tend to drop out of treatment.

19 And this is the heart of the
20 problem, it's not correct that it takes more than
21 a year for symptoms to appear or to properly
22 diagnose a patient. When I was at Fort Drum in
23 2007 and 2008, I saw between 30 and 40 clients a
24 week for seven months--all of the soldiers, as
25 well as many of their family members, especially

1
2 the children, met criteria for post-traumatic
3 stress disorder. One hundred percent of the women
4 soldiers had military sexual trauma--100 %.

5 There's one basic reason that this
6 diagnosis is so often missed, which is that the
7 criteria as it currently stands in the DSM IV is
8 inadequate, and efforts to include what some of us
9 refer to as Complex PTSD symptoms are so far
10 unsuccessful. Complex PTSD encompasses trauma of
11 extended duration, repeated traumatic incidents,
12 and those inflicted interpersonally. And in this
13 regard, combat veterans have more in common with
14 survivors of sexual and physical abuse and torture
15 than they do with survivors of single event
16 traumas, like car accidents. However, the most
17 significant difference with combat trauma involves
18 the act of killing another human being--a guilt
19 that must be addressed for a veteran to be able to
20 be part of family and community again.

21 The second is that the Department
22 of Defense and the Veterans' Administration, like
23 many agencies, are still separating PTSD,
24 depression, and anxiety symptoms when, in fact, we
25 know that depression and anxiety are often part of

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2 PTSD symptomatology. If we include figures on
3 depression and anxiety, the number of troops with
4 PTSD will be much higher. And if we factor in the
5 veterans who are so numb that they do not
6 experience intrusive thoughts, and therefore do
7 not meet criteria for PTSD, the numbers will be
8 higher still.

9 So some thoughts on what is
10 necessary to enable more veterans to access
11 services and to get what they need once they do,
12 are, number one, training of clinicians in trauma
13 symptomatology so as to increase uniformity of
14 service and timely diagnosis and treatment; number
15 two, discussion of the most effective evidence-
16 based treatment modalities with this population;
17 number three, outreach to the veteran community
18 that expands types of services available,
19 including community-based programs, such as ours;
20 and number four, funding for innovative programs.

21 Thank you.

22 CHAIRPERSON EUGENE: Thank you very
23 much. Chair Koppell, you want?

24 CHAIRPERSON KOPPELL: No, go ahead.

25 CHAIRPERSON EUGENE: Council Member

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Brewer, please.

COUNCIL MEMBER BREWER: For Ms. Williams and anybody else, what is the most effective outreach do you think? 'Cause obviously, you've been working on this committee for a while, the Assistant Commissioner or Deputy Commissioner for Mental Health indicated that they do have \$4 million, I think that's directly for services and not for outreach, obviously, MHAC's [phonetic] is never probably going to have, but your initiative may help, if there is such a one. But what do you suggest, and anybody else, the most effective outreach is?

CHAIRPERSON EUGENE: [Off mic] question.

KIM WILLIAMS: Well I'll just note something first. Well first, I think that outreach is critically important, we know this because vets are not coming in for service, they're not knocking down the door looking for service either--

[Crosstalk]

COUNCIL MEMBER BREWER:
[Interposing] Yeah, only 40 calls to 311 in the

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last trimester.

KIM WILLIAMS: Right. Got to go out in the community, got to go out in the community and reach them. And in our initiative, you see on the one page, I mean, some of the places that we propose reaching include DMV 'cause they're going to get their license, going to bars, going to barbershops, I mean, these are the places where you're going to find vets. So part of it is going to these places and also training these sort of nontraditional referral sources how to identify when a veteran may be in need and making sure that there is appropriate linkage services.

COUNCIL MEMBER BREWER: Do you think it's also possible to work with the VA on-- and maybe you heard earlier when I was asking that question--do you think it's possible to also do that kind of outreach? In other words, people do respond to the mailings I think.

KIM WILLIAMS: Yeah, and well you're also raising another point that peer-to-peer is very effective. So actually utilizing veterans to do some of this outreach, yeah, absolutely. Certainly want to collaborate with

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the VA and have a good partnership, both with the federal VA, as well as with MOVA through our local coalition.

COUNCIL MEMBER BREWER: And what do you think that the Department of Homeless Services should be doing in this regard also? Do they have enough mental health services for those who are homeless, do you have any sense of that? Those who are in the shelters, obviously, those in the street is a different story.

KIM WILLIAMS: I don't know what they're doing in terms of identifying veterans or providing on all services, this actually raises a really good question--

COUNCIL MEMBER BREWER:
[Interposing] Are they on your council task force--
-

[Crosstalk]

KIM WILLIAMS: [Interposing] I'm going to check, actually, when you raised DHS earlier, I wondered if they were on our list, and if they're not, we're going to reach out to them and put them on our list.

COUNCIL MEMBER BREWER: Thank you.

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KIM WILLIAMS: Yeah.

COUNCIL MEMBER BREWER: Thank you.

EVA USADI: Could I say one--

CHAIRPERSON EUGENE: Chair Koppell.

EVA USADI: --one thing in response to that? I think another point is that there really is a breakdown in communication between the Department of Defense and the VA and so that when people get discharged, the VA has no way of tracking them unless they are actually getting distributed lists of who's discharged and then are willing to distribute those within the community.

COUNCIL MEMBER BREWER: They track them if they get a disability check 'cause that comes from VA.

EVA USADI: Right, but if they don't get a disability check, then they end up getting lost in the community.

COUNCIL MEMBER BREWER: I don't know, I mean, I do know that, I know the vets who get disability checks from World War II and from Korea and from Vietnam and they are easy to track. I don't know about anybody else. Go ahead.

COCO CULHANE: I just want to add

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2 there is a privacy, like a legal issue there in
3 terms of releasing the names, and we as the
4 Veterans Mental Health Coalition has looked into
5 this and we're going to try to get someone to--
6 basically it's someone from Congress has to
7 request the information for a use and then you can
8 use it--

9 [Crosstalk]

10 COUNCIL MEMBER BREWER:

11 [Interposing] But I'm just thinking that you could
12 put something into the mailing, I don't want--

13 COCO CULHANE: Right.

14 COUNCIL MEMBER BREWER: --to have
15 you have the--

16 COCO CULHANE: Right.

17 COUNCIL MEMBER BREWER: --names, I
18 understand that. Believe me, that's one piece of
19 mail that exists, in other words, it goes with
20 your new address.

21 COCO CULHANE: Yeah, and I think
22 just to add to that--

23 COUNCIL MEMBER BREWER:

24 [Interposing] The banks know, the banks know.

25 COCO CULHANE: Right, there are lot

1
2 of homeless veterans though and veteran's whose
3 home of record address does not match--

4 [Crosstalk]

5 COUNCIL MEMBER BREWER:

6 [Interposing] Right, that's why I was asking if
7 you're working with DHS. Thank you.

8 CHAIRPERSON KOPPELL: Thank you.

9 First of all, let me thank all of you for your
10 work in this area and I was particularly affected,
11 not to de minimize anyone else's work, by the
12 comments of Ms. Culhane and her working with
13 veterans. I was not specifically aware of this
14 case, and I'm wondering since 2008, is it your
15 perception that this kind of disgraceful, I don't
16 know, analysis, that the conditions have improved?

17 COCO CULHANE: As far as I know,
18 no. I have to say I work with a lot of social
19 workers in the local VA and they are terrific. So
20 I am in no way bashing the VA; on an
21 administrative level, I am. But it really is not
22 the same problem in New York, the veterans who are
23 having trouble here have the bad discharges. I've
24 never worked with anyone who has a wait;
25 nationally, there are crazy long waits to get an

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appointment.

There is a problem with the appeals process, which does affect veterans in New York City as well. I'm partnered with the New York City Bar Association, they have a veterans project and they exclusively do these disability compensation appeals, and the wait is still, I think, at least four years usually.

CHAIRPERSON KOPPELL: And well I think, you know, I think I would suggest that perhaps the committee ought to at least do some advocacy here, and I would ask, you know, the committee staff to communicate, perhaps with those that you think it would be useful, members of Congress who may be take particularly involved in this. I mean, it's shocking to me--

COCO CULHANE: Yeah.

CHAIRPERSON KOPPELL: --that wait of four years, I mean, there's a wait of four years of people who are in crisis, and to say to them, well, you know, we're not going to follow up. So I would ask the committee and I would like--and I'm sure that Chairman Eugene would join me in corresponding at least with relevant people,

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2 perhaps you can help us to tell us who would be
3 most relevant to communicate with.

4 So you had mentioned that New York
5 may be better. I mean, would you describe New
6 York's services, let's limit it now to service,
7 mental health services as unchecked incompetence?

8 COCO CULHANE: No, I mean, I think
9 that what I was saying is there are--just the VA
10 alone, there are a lot of facilities. I haven't
11 heard of bad wait times, if you are already
12 accepted into the system.

13 CHAIRPERSON KOPPELL: And once you
14 are accepted, is it your sense that appropriate
15 treatment is being provided?

16 COCO CULHANE: That's the sense
17 I've gotten from my clients.

18 CHAIRPERSON KOPPELL: Well I'm glad
19 to hear that. Your testimony was kind of shocking
20 to me in suggesting this very poor assessment by
21 the court that the court would have to intervene
22 in the provision of those services. Well and with
23 respect to the initiative that you asked us to
24 fund, I certainly am supportive of that. Of
25 course, we're not going to look at that until next

1
2 spring. And also, I'm glad that you're here
3 today, I'm sorry the Speaker had left because she
4 wasn't fully aware of the coalition you've put
5 together with hundreds, actually hundreds of
6 groups, and I don't know. Well we'll inform the
7 Speaker's office of the details of this and make
8 sure that she's personally aware.

9 COCO CULHANE: And I'm glad to send
10 her information as well.

11 CHAIRPERSON KOPPELL: Yeah, I
12 think, you know, let me say that, you know, I've
13 served now under the Speaker for quite a number of
14 years and, not that she isn't specifically
15 interested in other matters, she very much is, but
16 she spent more time and attention on this than
17 many other matters so I know she's very interested
18 in pursuing it. But I want to thank you all very
19 much for coming.

20 KIM WILLIAMS: May I just add one
21 other thing that I--

22 CHAIRPERSON KOPPELL: Sure.

23 KIM WILLIAMS: --didn't get a
24 chance to note, and that is that our coalition is
25 putting together a comprehensive resource database

1
2 of all the services that are available to veterans
3 in New York City, including mental health
4 services, and once we're done with that project,
5 we'd be glad to share it with you.

6 CHAIRPERSON KOPPELL: I also would
7 suggest in line with some of the questioning we
8 did of the Commissioner of the Mayor's office,
9 that perhaps the coalition could suggest specific
10 things to the Mayor's office that they ought to be
11 doing and also assist the Mayor's office in
12 obtaining a database.

13 KIM WILLIAMS: Yeah.

14 CHAIRPERSON KOPPELL: I'm, frankly,
15 skeptical that a database could not be put
16 together in this day of data.

17 KIM WILLIAMS: It's something that
18 we're working on.

19 CHAIRPERSON KOPPELL: Very good.

20 KIM WILLIAMS: Yeah.

21 CHAIRPERSON KOPPELL: Very good. I
22 don't know if anybody else? No? Okay. Chairman,
23 I think we're done.

24 CHAIRPERSON EUGENE: Thank you very
25 much, Chair Koppell. Let me just some very quick

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2 questions, I won't be too long. Dr. Usadi? Yes.
3 You mentioned that your organization has several
4 programs and one of them is Warrior Camp, which is
5 seven intensive residential treatment program.
6 Could you tell us a little bit, you know, what you
7 provide through this program during the seven days
8 camp?

9 EVA USADI: Yes, is it on now? Our
10 pilot camp is scheduled for the end of February,
11 but I did a similar camp in Michigan a few years
12 ago, and so the Warrior Camp, the way it's
13 designed is going to be three particular
14 treatments. One is a specific trauma treatment
15 called EMDR, Eye Movement Desensitization and
16 Reprocessing. There's going to be daily yoga,
17 both in the morning for an hour and a half and
18 then before bed to help with sleep and relaxation.
19 And then the new modality we're using is equine
20 assisted psychotherapy, which is a way of using
21 horses in a pen, there's no riding, and it's all
22 about reconnecting and increasing attachment
23 behavior, which is seriously impacted after
24 trauma. So those are the three primary
25 modalities.

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2 We're also going to be doing what's
3 called Right of Passage, which is a narrative
4 healing story workshop, and essentially the idea--
5 and I've done this before with other groups--is to
6 form a very tightly knit community over a period
7 of a week of both civilians--and the initial camp
8 will be active duty military, not veterans--and
9 that will form a tight enough community where
10 there's some healing that can occur during that
11 week. And when I've done this with other groups,
12 most of the individuals who had treatment did not
13 qualify for PTSD diagnosis at the end of the week.
14 We were able to clear their symptoms to the point
15 where they really no longer had PTSD.

16 CHAIRPERSON EUGENE: Thank you very
17 much. And this question is for Ms. Coco Culhane.
18 You mention in your testimony that veterans with
19 post-traumatic stress who were approved for
20 services can wait months for even their first
21 appointment with a psychologist. What do you
22 believe should be done to correct this situation?

23 COCO CULHANE: Well that's actually
24 more on a national scale, which is what that case
25 is about. And so I was saying that actually in

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2 New York, veterans who are eligible are quite
3 lucky. They don't--I have not heard of any waits
4 that long. I'm not an expert on--

5 CHAIRPERSON EUGENE: [Interposing]
6 But not in New York.

7 COCO CULHANE: Not in New York.

8 CHAIRPERSON EUGENE: Okay. Thank
9 you very much. And, Ms. Kimberly Williams, you
10 mentioned that even with a vital proposed policy
11 change within the VA system, we must not forget
12 that only a small portion of the behavioral health
13 needs of veterans will and can be met by the
14 federal VA. Do you have any suggestion, what do
15 you believe, what is it we should do to reach out
16 more and to address the needs of more veterans?

17 KIM WILLIAMS: Well my point there
18 was that a lot of vets aren't using the federal VA
19 and so we need to do more at both a local and a
20 state level to provide resources. The fact is
21 that the veterans are coming back, they're
22 returning to civilian life, and if they're getting
23 treatment at all, they're more likely to go to
24 civilian-based providers. So there's two things
25 that we're proposing through our initiative, one

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2 is outreach just to identify the veterans that are
3 in need, and then two, is to enhance the
4 competency of non-VA providers so that they
5 actually have the skill to deal with the needs of
6 veterans and provide appropriate services.

7 CHAIRPERSON EUGENE: Thank you very
8 much. And the last question is for Ms. Earle.

9 DR. MELISSA EARLE: Hi.

10 CHAIRPERSON EUGENE: Dr. Earle, I'm
11 sorry.

12 DR. MELISSA EARLE: That's okay.

13 CHAIRPERSON EUGENE: Dr. Earle,
14 very sorry about it. You say that you have 25
15 years of practice, and you know and we know that
16 civil soldiers that have been sent several time to
17 service several time and you know that PTSD is
18 related to the persistence of the contact with the
19 traumatic event. What do you think that should be
20 done to prepare the soldiers to face the traumatic
21 event they are facing all the time they are sent
22 over there? Is there anything that can be done to
23 decrease the number of PTSD to--

24 DR. MELISSA EARLE: [Interposing]

25 The answer you, I believe, the DOD about a year

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2 ago, there was an article in the New York Times
3 that they were doing cognitive almost
4 desensitization before they left and saying for
5 the first time the military was acknowledging that
6 war can be painful and war can hurt the soldiers
7 that are there. And in a sense they were
8 inoculating them with stress techniques on how to
9 take care of themselves when they went over there.

10 Part of the definition of trauma is
11 that the unimaginable happens, and so what hurts
12 us to our core is that, you know, something comes
13 along that there is no way in the world we could
14 have possibly have guessed or imagined it, and
15 since we have a need to sort of explain our world
16 as psychological beings, one of the reasons trauma
17 wounds is because we get caught out of the realm
18 of our awareness.

19 I haven't heard any follow up
20 information about how successful the DOD's program
21 was to inoculate soldiers with stress techniques.
22 So I think folks are trying to do the best that
23 they can preventatively, however, I think it's
24 really important for every service--mental health
25 service provider to realize that, when folks, even

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2 in spite of our best efforts, stuff that happens
3 in war usually is something that we even, as smart
4 as everybody is, can't predict and that we have to
5 be prepared to bear witness and help folks heal
6 when they come home.

7 CHAIRPERSON EUGENE: Thank you very
8 much. Thank you very, very much. Is there any
9 more questions?

10 Let me conclude by thanking all of
11 you for your presentation, for your time, for the
12 wonderful job that you are doing on behalf of the
13 veterans. We all agree that the veterans deserve
14 much more than what they are receiving, and I
15 believe this is our responsibility as government,
16 as leaders, as city, as a country to provide to
17 our veterans the best services that they need.
18 Thank you very much. Meeting adjourned.

C E R T I F I C A T E

I, Tammy Wittman, certify 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.

Signature *Tammy Wittman*

Date January 3, 2012