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**VETERAN
ADVOCACY
PROJECT**

THE COUNCIL OF THE CITY OF NEW YORK

COMMITTEE ON VETERANS
Eric A. Ulrich, Chair

**Resolution 0159-2014
Suicide Prevention for Veterans**

Testimony by Coco Culhane, Esq.
Director, Veteran Advocacy Project
Urban Justice Center

April 24, 2014

Good afternoon members of the Committee on Veterans. My name is Coco Culhane and I am the director of the Veteran Advocacy Project at the Urban Justice Center. We provide free legal services to low-income veterans with a focus on those living with Post-Traumatic Stress, substance abuse problems, and traumatic brain injury. Thank you for the invitation to testify about supporting veterans with mental health issues.

Each time I appear before this committee I try to come up with new ways to express how urgently New York needs to reach out to veterans. Last year I read a veteran's letter to his Congressman, pleading for help just months before he killed himself. Little has changed in the last several years. So I was very happy to hear the Speaker announce yesterday that the Council will ask the administration for \$1 million for mental health, employment, and other services for veterans. This is a solid start.

The Senate bill that this resolution supports is also a good start. But it is only that. The bill calls for a wide range of reforms that are ambitious, and yet other sections fall short of meaningful change.¹ One of the largest challenges addressed by this bill is the discharge review process. It is crucial to understand what is at stake with a discharge. Servicemembers are given one of five discharge statuses that will determine eligibility for benefits and health care. For veterans cut off from federal resources, **local** treatment and assistance are all they have. Even if this bill is passed, and future veterans benefit from some extra consideration before the boards, hundreds if not thousands of veterans in New York will not receive the care they need unless, as a community, we fill the void. Because less than honorable discharges, also known as "bad paper," deprive veterans of critical resources they need to heal, they put wounded veterans in particular at risk for suicide. Veterans with "bad paper" are not only deprived of benefits and treatment, they often live with profound shame.

Getting relief from a Discharge Review Board or Board for Correction of Military Records is extremely difficult.² Veteran Service Organizations usually help veterans with the paperwork and that is about all this marginalized population gets. The boards operate with little light shed on their process or reasoning. The Veteran Advocacy Project is one of the few not-for-profit legal organizations in the country providing representation for these boards. We have partnered with bar associations, firms, and forensic programs at hospitals to ensure that veterans get rigorous

¹ The pilot in Section Six of S. 2182 aims to get psychiatrists into over 1,000 empty positions in VAs around the country. Yet it will only take on *ten people* for loan repayment in exchange for their VHA service. This will be a valuable model, but will not make a dent in the wait times most veterans face in trying to seek mental health care.

² *Veterans Clinic Settles Federal Lawsuit on Behalf of Vietnam Veteran*, Yale L. Sch. (Nov. 4, 2013). "'Since 2003, of approximately 145 applications for upgrades of other-than-honorable discharges submitted by Vietnam veterans claiming PTSD, the ABCMR has approved two—a 1.4 percent approval rate,' a significantly lower rate than the 46% of all discharge upgrade applications granted by the ABCMR."

legal arguments and expert testimony from forensic psychiatrists to back them up in their attempt to regain benefits, treatment, and dignity.

Since 9/11, over 30,000 servicemembers have been discharged due to alleged personality or adjustment disorders.³ It is no secret that there are big savings for the government when some is labeled with a personality disorder instead of Post-Traumatic Stress or “PTSD”. If a servicemember has a personality disorder, disability compensation does not have to be provided.

Perhaps worse is when servicemembers are discharged for misconduct that is actually a result of their injuries. The true prevalence of traumatic brain injury is still unknown, not just because of the complexity of the brain, but because dedicated men and women “shake it off” and get back to work after road side bombs, car accidents, or worse. Stigma also keeps them from reporting symptoms of PTSD. Vietnam Veterans didn’t have a clinical diagnosis to point to, but the same patterns emerged in the war’s aftermath, and we still have not learned from that. Even with ample reporting on misdiagnoses for servicemembers with mental health problems, there is a disconnect between mental health and conduct.⁴ The acronym “PTSD” has become a catchall for any negative emotion or action tied to a veteran. This further isolates veterans suffering from mental health problems. Trying to say that the misconduct was due to PTSD becomes even more difficult, and these veterans suffer alone.

Since 2006, more than 76,000 servicemembers have been given bad discharges for misconduct. In the Army, the 25 percent increase in misconduct discharges mirrors the rise of wounded soldiers.⁵ The military is now downsizing and processing someone out with an administrative

³ As of 2007, the Army had discharged 28,000 soldiers since the beginning of the invasion of Iraq, 20 percent more soldiers for misconduct and 40 percent more soldiers for personality disorder than the same period before the invasion of Iraq. Daniel Zwerdling, “Army Dismissals for Mental health, Misconduct Rise,” National Public Radio (Nov. 15, 2007). After the exposure of this practice, the Department of Defense amended its policy and began requiring review of each case to ensure PTSD or TBI was not the underlying cause. The annual number of personality disorder cases dropped by 75 percent. Anne Flaherty, “Hundreds of PTSD Soldiers Likely Misdiagnosed,” Associated Press (Aug. 13, 2010). Only 260 soldiers were discharged for personality disorder in 2009. *Id.* At the same time, the number of PTSD cases increased dramatically, with more than 14,000 soldiers diagnosed with PTSD by 2008—twice as many as two years before. Unfortunately, many veterans were discharged before the DoD policy change that very likely would have discovered their PTSD.

⁴ See, e.g., Anne Flaherty, “Hundreds of PTSD Soldiers Likely Misdiagnosed,” Associated Press (Aug. 13, 2010); Corinne Reilly, “A Life Shattered,” Virginia-Pilot (July 12, 2010); Joshua Kors, “Disposable Soldiers,” The Nation (Apr. 8, 2010); Amanda Carpenter, “Military Misconduct May be Sign of PTSD,” The Washington Times (Jan. 12, 2010); Kelly Kennedy, “PTSD Victim Booted for ‘Misconduct’,” Army Times (Jan. 7, 2009); Daniel Zwerdling, “Army Dismissals for Mental health, Misconduct Rise,” National Public Radio (Nov. 15, 2007); John Hoellwarth, “Medical Officer Links Misconduct and PTSD,” Marine Corps Times (June 23, 2007).

⁵ Dave Philips, “Other Than Honorable,” Colorado Springs Gazette (May 19, 2013).

discharge is easy, even though that jeopardizes not only their benefits and mental health treatment, but future employment as well. Imagine if, at the age of 22 or 23, under extreme stress and anxiety, you did something that amounted to maybe a misdemeanor, but it followed you for life. That is what a bad discharge does—every prospective employer will see that status. For the 30,000 with a personality disorder stated as the narrative reason for separation, they may as well be branded. These men and women face the same, if not larger, mental health challenges and risks as other veterans. They also carry the shame and anger from being cast aside after they were willing to give their lives for their country. All of the mental health professionals here today will tell you that community is key to suicide prevention. These veterans often have none.

In the VBA's New York regional office there are still nearly 10,000 veterans waiting claims decisions as of last week.⁶ But there are thousands of others who cannot even apply. Who is providing them with counseling? Who is helping them hold down a job while seeking treatment? For the 60 percent of veterans who do not use the VA system by choice and for the thousands of veterans with bad discharges who cannot use the VA system, access to mental health care is the responsibility of everyone here today. Our organization sends veterans with bad papers to private programs like Head Strong and NYU's Military Family Clinic. But a many new initiatives only serve Post-9/11 veterans. As the rate of suicide skyrockets among Vietnam Veterans, this is a second slap in the face for them.

There is a lot of talk about who amongst veterans is committing suicide and why. Unfortunately the media focus seems to be related to p.r. or trying to debunk the idea that the problem is really that bad, instead of how best to stop the epidemic. In New York City, our population of veterans tend is mostly older generations, but we also have over 100 higher education campuses and endless opportunities for young, returning veterans. As the military shrinks, the younger population of vets will surely balloon. The suicide rate among student veterans is double that of other students.⁷ What is CUNY doing to address that? Is anyone even counting the suicide of veterans with bad papers—since they don't legally count as veterans? What public health initiatives are in place to reach the older veterans killing themselves in isolation? My point is that we need to be ready for *any* veteran who needs help in our city. In the end, they are all New Yorkers, no matter their age or status, and that makes us responsible.

⁶ Database on the VA's "Monday Morning Reports," available at: <http://www.vba.va.gov/REPORTS/mmwr/index.asp>; *see also*, Center for Investigative Reporting, "Waiting for Help," Shane Shifflett, *available at*: <http://cironline.org/reports/map-where-veterans-backlog-worst-3792>.

⁷ Moni Basu, "Why Suicide Rate Among Veterans May Be More Than 22 a Day," CNN (November 14, 2013). Sara Lipka, "Half of Student Veterans Have Contemplated Suicide, Study Shows," The Chronicle of Higher Education (August 4, 2011), citing a study by National Center for Veterans' Studies at the University of Utah and by Student Veterans of America.

Finally, we must do more to let them know about the services available to them. We must do more to let them know that we are even paying attention. It is terrific when a new program opens its doors to veterans, but how do they know the program is there? There are so many resources but a complete lack of communication about them. Throwing money at MOVA and asking them to provide services that already exist is not going to solve the problem. It's not going to stop any suicides.

As the committee moves forward on funding any initiatives for veterans, I hope that there will be an inventory of the vast resources of this city so that we can find the gaps in services. Then, connecting people to assistance is imperative. New York needs to communicate to all veterans that their care is a priority.

Thank you for the opportunity to speak today.

The Veterans Mental Health Action Committee

of the **Veterans Mental Health Coalition of NYC**

**Hearing on Res. No. 159 - Resolution Calling Upon the United States Congress
to Pass, and the President of the United States to Sign S.2182,
The Suicide Prevention for American Veterans Act**

Honorable Eric Ulrich
The Committee on Veterans

Testimony by Scott Thompson, LMHC
Director, Veterans Mental Health Coalition of New York City

April 24, 2014

The Veterans Mental Health Action Committee

The Veterans Mental Health Coalition of NYC

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www.facebook.com/vmhcnyc | www.mha-nyc.org/vmhc

A project of the Mental Health Association of NYC and NAMI-NYC Metro

The Veterans Mental Health Action Committee of New York City

Good afternoon Chair Ulrich and members of the Committee, thank you for your leadership on addressing the needs of NYC veterans, particularly by calling for a significant increase in funding for veteran services in the FY 2015 budget. It is notable and deeply appreciated. Thank you also for this opportunity to provide testimony in support of The Suicide Prevention for American Veterans Act. My name is Scott Thompson and I am the Director of the Veterans Mental Health Coalition (VMHC) of New York City. I am also a veteran and former Army Chaplain and know from my work with veterans the direct and troubling impact that war has on the human psyche. The Coalition, which has over 1,000 diverse members was co-founded by the Mental Health Association of New York City (MHA-NYC) and NAMI-NYC Metro and promotes the mental health and well-being of New York City service members, veterans, and their families through education, information, collaboration, and promotion of a comprehensive array of services. VMHC has established a subcommittee on promoting needed policy reforms called the Veterans' Mental Health Action Committee, on whose behalf I am speaking today.

We count among our city's residents about 200,000 veterans, most of who have served prior to the wars in Iraq and Afghanistan. Veterans suffer from tragically high rates of mental health and substance use disorders. Among returning veterans in NYS, more than half return to civilian life with psychological injuries. On an average day, 22 veterans of our nation's armed forces take their own lives, most of whom (70 percent) are over the age of 50. That amounts to over 8,000 veterans per year – an unacceptable and deeply disturbing statistic. With all the knowledge and resources dedicated to preventing suicide in this country, we ought to be able to do far better in substantially decreasing these numbers. That's why The City Council's attention to suicide among military veterans is so critically important.

The Veterans Mental Health Action Committee of New York City

To its credit, the VA has developed a number of programs to reduce the risk of suicide, and has been adding to its service capacity over the past few years. The Mental Health Association of New York City partners with SAMHSA and the VA to administer the Veterans Crisis Line, which connects veterans in crisis and their families and friends all across the country with qualified responders through a confidential toll-free hotline (1-800-273-8255) as well as online chat and text. Since its launch in 2007, the Veterans Crisis Line has answered more than 1 million calls and made more than 35,000 life-saving rescues. In 2009, the Veterans Crisis Line added an anonymous online chat service, and in 2011, a text-messaging service that has responded to over 18,000 text messages.

While the VA has made significant strides in improving mental health treatment options, there is need for additional resources at all levels of government. That is why the Veterans Mental Health Action Committee is pleased to support The Suicide Prevention for American Veterans Act, which addresses some of the continued gaps in care in a number of key areas. The Act extends the time to receive mental health treatment from five to 15 years. However, it is important to note that this proposed revision will not apply to older veterans who have the highest suicide rates. Additionally, the bill seeks to improve the quality of mental health providers, calls for an annual review of programming, streamlines VA and DoD prescribing practices and more. While the bill will improve much needed care within the VA, which plays a critical role in providing treatment and support for veterans, we know that less than 50% of military veterans use the Federal VA for health or mental health care. In fact, the VA estimates that only one in five veterans who commit suicide were enrolled in VA health care services. According to the RAND study of NYS returning veterans, 46% of veterans with a mental health need in NYS stated that they would prefer to receive services outside the VA system. Veterans

The Veterans Mental Health Action Committee of New York City

are reluctant to seek care at the VA for many reasons – perceived lack of confidentiality, having to deal with a complex bureaucracy, stigma associated with acknowledging the need for help and having to travel long distances to reach a VA facility. Consequently, many veterans prefer to turn to local civilian based providers when they need health, mental health or chemical dependency services, if they seek care at all. Therefore, the responsibility to improve access to, and quality of, local services lies with the state and the localities. But all too often veterans return to local communities and providers that are not prepared to respond to their unique needs and experiences.

Despite the increase of military personnel returning with mental health needs and the increase in support, funding has not kept pace with the significant level of need. It will take capital—both monetary and political—to ensure fewer veterans go untreated. The Veterans Mental Health Action Committee of New York City urges the NYC Council to fund a Veterans Mental Health Initiative to address the high rates of suicide among veterans and provide greater access to critically needed support services. While we understand NYC’s fiscal constraints, we urge the Council to sponsor a \$500,000 Veterans Mental Health Initiative in New York City to address the high rates of suicide among veterans and provide greater access to critically needed support services. We propose that the Initiative include targeted and non-traditional outreach to identify veterans in need and engage them in care, training for civilian based providers and community gatekeepers on cultural understanding of veterans and their unique experiences, and enhanced capacity for providers to deliver trauma informed treatment.

We are requesting a modest investment of just \$500,000 to fund this initiative. We believe this initiative would be a wise investment for the city, as well as the fulfillment of a debt we owe to the people who have risked their lives and wellbeing on our behalf and to the family

The Veterans Mental Health Action Committee of New York City

members that bear the burden of caring for those who have served their country selflessly and often at great personal cost. For them, for the City of New York and for ourselves, let this be our service to them.

We thank you for the opportunity to speak today and for consideration of this important initiative. Please feel free to call on us at any time for background information about veteran's mental health or for help in developing strategies to overcome the barriers to providing good services to our brave veterans and their families.

To: New York City Council Committee on Veterans
From: Military Families Speak Out
Date: April 24, 2014
Re: Resolution No. 159

Res. No. 159 - *Resolution calling upon the United States Congress to pass, and the President of the United States to sign S.2182, the Suicide Prevention for American Veterans Act, legislation expanding and improving care provided to veterans and service members with mental health disorders or are at risk for suicide.* Military Families Speak Out supports Resolution No. 159 of the New York City Council as stated above. The statement below is from the mother of a veteran who committed suicide who served in the War in Iraq, Mrs. Joyce Lucey.

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

“Jeffrey was activated in January, 2003 and deployed that same month and waited in Kuwait. Then the day after his 22nd birthday, the War began. During his brief time there, Jeffrey's world which had formed during his twenty two years of his previous life exploded and shattered. All which he had been taught was rendered totally senseless and had been replaced by the drive which is common to all violence - to survive in a world totally foreign and chaotic. Yet Jeffrey would never be the same young man who left to serve his country. Jeffrey returned and when it was noted that he was struggling , he pleaded with us not to discuss the situation with the system for fear of being stigmatized by the very system in which he served - for seeking help was perceived as weakness which could not be tolerated. When we and a private therapist were able to convince him to go for help, the help was not to be there. The system failed him and all became worse.

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

“This should have never happened - not to us - not to anyone in this nation but it happens to 22 veterans per day ... a veteran every 65 minutes according to 2010 statistics.

“Please stand with our veterans. Please stand with our military families. Please stand with your constituents and their families. It is too late for us but not for your children and your grandchildren. Please stand up for that which is right.

Kevin & Joyce Lucey, the proud parents of Cpl. Jeffrey Michael Lucey, a 23 year old USMC reservist forever young. succumbed to the Hidden Wounds of War 03/18/81 -----
06/22/04

Statement of MFSO Metro NYC Chapter: “Right here in this neighborhood, Pfc Danny Chen, died, after either committing suicide or being murdered by his fellow soldiers in Afghanistan. He was racially taunted and humiliated and physically abused. Higher command could have stepped in and stopped it. Considering NYC has almost one million Asian Americans, the NY City Council has a responsibility representing these Americans to support any Law that the government can pass to increase services to soldiers and veterans to end military suicide.”

Respectfully Submitted,

MFSO



Military Families Speak Out

NEWSLETTER

Collateral Damage

ZERO TROOPS AFGHANISTAN!!

UPDATE

2014 Issues of Peace & War DEMONSTRATE

When: March 27, 2014, 10:30 a.m.

Where: 780 Third Avenue

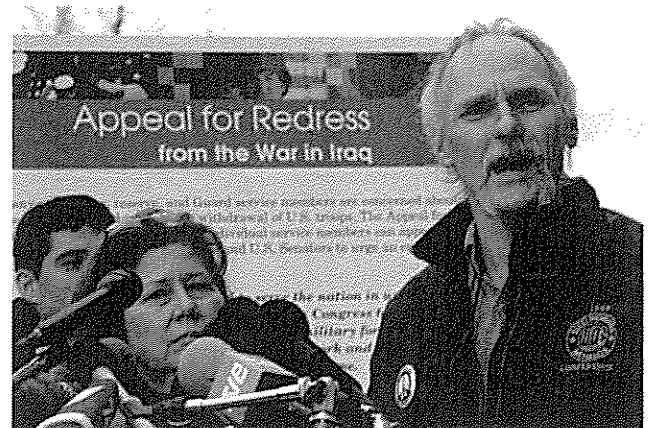
Who: Senators Gillibrand and
Schumer

Support the **SEXUAL ABUSE, RAPE
ACT**

Last year, the Department of Defense estimated that there were 26,000 instances of rape, sexual assault, and unwanted sexual contact in the US Military. That's an average of 71 per day. It's time to start holding perpetrators accountable. Tell Congress to pass the Military Justice Improvement Act by signing this petition. We support the Military Justice Improvement Act ... because no person deserves to be treated so inhumanely. And so should you. Take action now. Sign the petition. In Solidarity, Matt, Maggie, Joyce, and Julia See:
IVAW.org complete@mfso.org

TOTAL WITHDRAWAL WHEN?

• DO YOU WANT U.S. TROOPS AND CONTRACTORS COMPLETELY OUT OF AFGHANISTAN BEFORE OR IN 2014? It costs \$1million to keep 1 soldier in Afghanistan for 1 year. • Please contact Secretary of State John Kerry and President Obama. Tell them: All troops and contractors out of Afghanistan by the end of 2014. contact@johnkerry.com. President Obama - 202-456-1111. • Then forward this to at least 10 people



Charley Richardson

you know.

• **Washington DC MARCH 26,
UFPJ & Other groups: Lasting
Effects of War in Iraq at Friends
Meeting House, 6 PM, 2111 Florida
Ave NW**

IMPORTANT ANNOUNCEMENT

Re Military Families Speak Out,

The former Military Families Speak Out, the non-profit organization that was set up in 2002 to oppose the war in Iraq, and later opposed the war in Afghanistan, has closed its offices and bank account and the not-for-profit status is ended. Now, MFSO members are continuing the group on a volunteer, charity basis. We are concerned about the troops left in Afghanistan. We oppose the agreement of Presidents Obama and Karzai that extends the stay of Military troops of the US until 2024. The first campaign of the new MFSO is to support the ZERO TROOPS AFGHANISTAN petition of Peace Action. Please log onto the Peace Action website and sign the



petition to BRING THE TROOPS HOME in 2014, not 2024. If you want to be part of or help this rebuilt Military Families Speak Out group, please send your name, e-mail, city and state, and phone number to mfso-oc@earthlink.net to sign up. Anyone who wants to send in a contribution is welcome. Look for more actions of the campaign on the website: mfso.org

Recent/Upcoming Events:

- **New Theatre Work by Kevin Augustine Collective** was produced at THEATRE DIXON PLACE, 161A CHRISTIE STREET
- **Brooklyn For Peace: 3/31-What's at stake in the middle east? 6:30 PM Lafayette-Presbyterian Church, 85 S. Oxford, Ft. Greene;**
- **4/12: "Give Peace a Chance" Rally & March-Brooklyn Public Library, 11 AM; 4/21: Whistleblowers & Surveillance: The Commons, 7 PM**
- **Manhattan Peace Action Forum @ Goddard Riverside, 88th St & Columbus Ave, Mon, 7:00 p.m., April 14, 2014: Speaker: Ruth Benn**
- **Citywide NYC No Tax for War Demo, IRS on 44 St-US Post Office on 33 St/8 Ave.**

Death Came Too Soon:

On his 5th deployment, and scheduled to come home in two weeks; The Pentagon said Sgt. First Class William K. Lacey from the Florida Panhandle died Saturday when his unit was attacked by rocket propelled grenades in Nangarhar Province, Afghanistan.

"He was brave beyond brave," said his father, John Lacey."He was out there in the middle of nowhere, in hell, and he kept doing it over and over and over ... I'm just so proud of him

NOAM CHOMSKY LETTER:

Dear Friend,

In 2004, 6 U.S. military veterans returned from Iraq and announced to the world that they would no longer participate in an illegal, aggressive war in the Middle East, and pledged to encourage others to do the same. Since then, nearly 2,000 veterans and service-members have followed in their stead.

The so-called War on Terror continues to spread aggressively and covertly. But the path these veterans and service-members have chosen

provides a glimmer of hope for a better future.

Join me in this season of giving and support Iraq Veterans Against the War by making a financial contribution.

There is still so much work to be done.

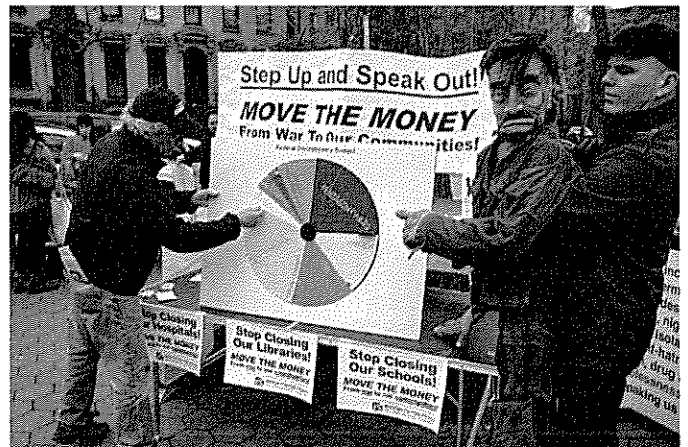
As I write this, the Obama administration is attempting to extend the war in Afghanistan - the longest in US history - for another 10 years. Afghan civilians and U.S. veterans are suffering continual injuries of the mind, body, and heart.

Moreover, the war in Iraq is not over for Iraqi civilians and U.S. veterans who continue to struggle with various forms of trauma and injury; for veterans and Iraqis who suffer the effects of environmental poisoning due to certain U.S. munitions and burn pits of hazardous material; and for a growing generation of orphans and people displaced by war.

This year, IVAW came together with the Organization for Women's Freedom in Iraq and the Federation of Unions and Workers Councils in Iraq in a campaign to hold the U.S. government accountable for human rights violations committed against Iraqis, Afghans, and U.S. veterans and service-members.

Your gift will allow Iraq Veterans Against the War to continue to demand justice until all parties are heard and accountability is won. Take a stand against U.S aggression abroad. Support those who are directly impacted by war as they demand accountability and the right to heal. Join me. Contribute to a movement to end U.S. militarism at home and abroad.

DEMONSTRATE ON TAX DAY



**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 0159-2014
 in favor in opposition

Date: 4/28/14

(PLEASE PRINT)
Name: John Rowan
Address: 8840 Levedon Ave NY NY 11379
I represent: Vietnam Veterans of America
Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)
Name: Coco Culhane
Address: 123 William St.
I represent: Urban Justice - Veteran Advocacy
Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JOHN MACKOUGALE

Address: 302 CDW, NYC, NY APT 2B

I represent: M.F.S.O.

Address: M.F.S.O.

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 159
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: SCOTT THOMPSON

Address: 50 BROADWAY

I represent: VETERANS MENTAL HEALTH COALITION

Address: 50 BROADWAY NYC

Please complete this card and return to the Sergeant-at-Arms