

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON VETERANS

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HELD AT: Committee Room - City Hall

B E F O R E: Eric A. Ulrich
Chairperson

COUNCIL MEMBERS:
Fernando Cabrera
Andrew Cohen
Alan N. Maisel
Paul A. Vallone

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

Loree Sutton
Commissioner of Mayor's Office of Veterans
Affairs

Anthony Pike
Iraq and Afghanistan Veterans of America

Jason Hansman
Veteran Mental Health Coalition

Kristen Rouse
NYC Veterans Alliance

Edward Schloeman
David Lynch Foundation

Leanelle Haminog [sp?]
Military Families Speak Out

Maria Steinkamp
NYU Langone Medical Center

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2 CHAIRPERSON ULRICH: Okay. [gavel] Good
3 afternoon ladies and gentleman. My name is Eric
4 Ulrich. I am the Chairman of the Veterans Committee
5 on the City Council. Today, we've been joined by all
6 the members of the committee, Fernando Cabrera of the
7 Bronx, Alan Maisel of Brooklyn, Paul Vallone of
8 Queens, and Andrew Cohen also of the Bronx. As our
9 men and women return home from military service, many
10 bear the scars of war both seen and unseen. Post-
11 Traumatic Stress Disorder, more commonly referred to
12 as PTSD, can occur in individuals after they have
13 been through a traumatic event, such as exposure to
14 combat. According the Veterans Administration,
15 between 11 and 20 percent of veterans who served in
16 Iraq and Afghanistan will experience some form of
17 PTSD in a given year. Furthermore, about 12 percent
18 of Gulf War and 30 percent of Vietnam Veterans have
19 had some form of PTSD. In New York City alone, it's
20 been estimated that more than 2,000 post-9/11
21 veterans suffer from PTSD. Unless it is adequately
22 treated, PTSD can have far reaching and tragically
23 sometimes even fatal consequences. PTSD impacts an
24 individual's health, his or her financial and
25 professional circumstances and relationships that

1 they struggle to foster with loved ones. However, it
2 is only recently that our country has had a
3 meaningful dialogue about these unseen injuries, the
4 psychological effects of combat that fundamentally
5 transform the lives' of service members who are just
6 trying to transition into post-military life. It is
7 crucial that our society be well-informed about PTSD
8 to be able to help our veterans recognize symptoms
9 and seek and obtain the care that they need so that
10 they can overcome the misinformation and the stigma
11 that so often surrounds this issue. Therefore,
12 today, the committee will be considering a resolution
13 I've introduced with Council Member Cohen, Proposed
14 Intro 747A, which would declare this and every June
15 in the City of New York as PTSD Awareness Month.
16 This will be an important step in increasing the
17 public's awareness around PTSD and a way for us to
18 help New York City's veterans get the support and the
19 care that they need. I want to thank my good friend
20 and colleague, Council Member Cohen, for cosponsoring
21 this resolution with me; he is the Chair of the
22 Mental Health Committee, and for all of his work on
23 mental health issues not only around veterans but
24 around all people in our city. I'd also like to
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2 thank the Committee staff, Eric Bernstien [sp?] our
3 Committee Counsel, Committee Policy Analyst Kevin
4 Ryan and John Russell our Financial Analyst, and of
5 course, I want to thank the Commissioner of the
6 Mayor's Office of Veterans Affairs, Doctor Loree
7 Sutton, for being with us today. The Commissioner is
8 as many people know, a leading expert and advocate on
9 this particular issue and has devoted many years of
10 her life to assisting veterans with mental health
11 challenges. We look forward to hearing her testimony
12 as well as the testimony from advocates and members
13 of the public, and before we begin I will ask the
14 Committee Counsel to administer the oath.

15 COMMITTEE COUNSEL: Can you raise your
16 right hand, Commissioner? Do you affirm to tell the
17 truth, the whole truth and nothing but the truth in
18 your testimony before this committee and to respond
19 honestly to Council Member questions?

20 COMMISSIONER SUTTON: I do. Good
21 afternoon, Chairman Ulrich and the members of the
22 Committee on Veterans. My name is Loree Sutton and I
23 remain honored as always to serve as the Commissioner
24 of the Mayor's Office of Veterans Affairs. Thank you
25 for the opportunity to meet with you and address

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2 today's important topic of recognizing this and every
3 June as Post-Traumatic Stress Disorder Awareness
4 Month in New York City. Mr. Chairman, thank you so
5 much for your leadership. I was proud to stand
6 beside you on June 10 in front of City Hall joined by
7 members of the veterans' community and leaders of our
8 myriad and invaluable veteran's service
9 organizations, mental health professionals dedicated
10 to PTSD prevention, treatment and recovery, and
11 concerned citizens. Council Member Cohen, Chairman
12 of the Committee on Mental Health, thank you so much
13 for your leadership as well in coming forward to
14 cosponsor this important resolution. Working in
15 partnership there is so much that we can do together.
16 Focusing our efforts on today's topic as well as the
17 entire range of issues affecting the health and well-
18 being of New York City veterans and their families.
19 We are blessed to live, lead and serve in the world's
20 greatest city, united by the conviction held dear
21 that our enduring advocacy on behalf of veterans must
22 be worthy of their service and sacrifice. During my
23 nearly 30 years of Army service as a physician and
24 psychiatrist, my duties included combat and peace
25 keeping deployments, faculty appointment at the

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2 Uniformed Services University of the Hill Sciences,
3 and Whitehouse Fellowship at the Office of National
4 Drug Control Policy, as well as hospital command
5 tours at Fort Belvoir and Foot Hood, the nation's
6 largest power projection platform. Selected to serve
7 as the Command Surgeon for the Multi-national Force
8 in Iraq during the 2007 surge, my assignment was
9 diverted to Washington D.C. upon nomination for
10 promotion to Brigadier General following exposure of
11 the tragic shortfalls in caring for wounded, ill and
12 injured troops at Walter Reed Hospital. This period
13 of turbulence and public outrage lead to the
14 necessary resources, political will and civilian and
15 military leadership at all levels to fix the facility
16 and leadership breakdowns and to address the unseen
17 wounds of war, psychological, spiritual, moral, and
18 physical whose profound impact was becoming
19 increasingly apparent. Responsible for leading the
20 Department of Defense with respect to designing,
21 implementing and directing the congressionally
22 mandated Defense Centers of Excellence for
23 psychological health and traumatic brain injury, our
24 team developed a center of centers concept
25 establishing standards of care for over 2.3 million

1 service members, whether at home stationed or while
2 deployed integrating four existing treatment,
3 training and research centers, which included the
4 Deployment Health Clinical Center, the Center for
5 Psychological Health, Defense Veteran's Brain Injury
6 Center, and the Center for the Study of Traumatic
7 Stress. We also formed two new centers, the Center
8 for Tele-Health and Technology and the National
9 Intrepid Center of Excellence, which has become the
10 global standard for integrative health with respect
11 to brain injuries and the unseen wounds of war. The
12 DECO foundational framework, resilience, recovery and
13 reintegration guided our strategy to cultivate a
14 different kind of healing culture, one that is
15 characterized by investments in community based
16 peers, self-regulation skills training, sustainable
17 holistic programs and public/private partnerships as
18 well as technology, clinical therapies, medications,
19 and biomarkers. Indeed, it has been my incredible
20 privilege over these many years leading to the past
21 nine months of service as your Commissioner for the
22 Mayor's Office of Veterans Affairs to witness the
23 strengths and struggles and work on the behalf of
24 countless brave women and men returning from
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1 battlefields down range to face what for many of us
2 is the toughest battle of all, returning home. As
3 veterans we have experienced a level of closeness,
4 cooperation and teamwork that we miss desperately
5 when we leave the service. Our journey to wholeness
6 starts with the experience of renewed purpose,
7 passion and meaning that is grounded in the social
8 support of peers, family and community. These are
9 timeless truths: Isolation kills. Community heals.
10 The Mayor and this Administration are committed to
11 tackling these issues head-on and ensuring that
12 veterans are connected to quality care, services and
13 resources. The Executive Budget includes
14 approximately 150 million dollars across more than a
15 dozen agencies for programs and services that benefit
16 veterans and their families. When dealing with PTSD
17 and other psychological injuries, social support is
18 vital and can mean the difference between recovery
19 and growth versus despair and isolation.
20 Approximately 70 to 80 percent of soldiers, even
21 those who endure the most stressful ordeals of war,
22 becoming wounded, ill or injured, killing or
23 witnessing the death of an enemy soldier, or toughest
24 of all, having a friend die will experience post-

1 traumatic stress, yet eventually recover their
2 ability to function as a contributing member of
3 society, retooling their capacities for continued
4 service to others, especially our veteran sisters and
5 brothers. Despite the painful aftermath of
6 experiencing the horrors of war, many will also find
7 a path through their suffering to experience what is
8 known as post-traumatic growth, enhanced compassion
9 and empathy for others, deeper faith and commitment
10 to service, gratitude for being alive, or a
11 heightened sense of purpose to name a few examples as
12 a positive dimension of their experiences however
13 harrowing. We know that war changes everyone. Our
14 challenge is to intervene early through a continuum
15 of intervention, starting with conducting community
16 outreach and peer and family education to peer skills
17 training and counselling programs offered by vet
18 centers and other community based organizations to
19 clinical treatment programs and other essential
20 services such as housing, employment, benefits
21 eligibility, legal services, disability claims,
22 financial counselling, and education. While PTS and
23 PTSD can pose daunting challenges, it is by no means
24 the only issue facing veterans as they transition
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1 from military service and begin the journey of
2 reintegration. We must also be aware that many
3 veterans are wary of the attention directed towards
4 PTSD and the psychological burdens of war carried too
5 often in isolation by less than one percent of our
6 nation, the service members and families who bear
7 this load on our behalf. Veterans frequently
8 describe a disturbing sense of alienation, for
9 example, when perspective employers demonstrate fear
10 and prejudice regarding PTSD upon learning of their
11 military background during a job interview or at the
12 school PTA meeting when a teacher or fellow parent
13 asks the dreaded question, "So how many people did
14 you kill?" Or as a veteran recently divulged to me,
15 he was rejected for employment because he sought
16 mental health treatment following return from combat
17 and was automatically disqualified from further
18 consideration. Making matters even worse, this
19 veteran, a former infantry squad leader who had lost
20 one of his soldiers to suicide, he had assured his
21 team that seeking mental health treatment to deal
22 with the loss of their buddy would not harm their
23 future career prospects. Just take a moment to
24 imagine the guilt and moral injury sustained by this
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2 veteran's experience. Unfortunately, stigma remains
3 a toxic and debilitating hazard that we must
4 relentlessly work in partnership to overcome.
5 Together, we face a pressing challenge to
6 communicate, coordinate and connect veteran's needs
7 with care services and resources throughout the
8 city's' agencies as well a community based
9 organizations and service providers within the five
10 boroughs. Our vast city agency resources combined
11 with robust community partnerships are the key
12 elements required to effectively meet the needs and
13 promote the strengths of our city's veterans. VA
14 services remain essential for many of our veterans.
15 As the 2011 New York State Needs Assessment performed
16 by the Rand [sic] Corporation reminds us, however,
17 roughly half of veterans in New York preferred to
18 access their healthcare from community based
19 resources, whether due to convenience, eligibility,
20 access or other preference. Thus, it is critical to
21 sustain our emphasis upon connecting veterans and
22 their families with coordinated care, services and
23 resources that best fit their needs, which often
24 includes a combination of private, not for profit and
25 philanthropic resources in addition to Federal, State

1 and City services. Recognizing the prevalence and
2 impact of trauma, weather related to combat, motor
3 vehicle accidents, punitive segregation commonly
4 known as solitary confinement, sexual assault or
5 other life threatening experiences, this
6 Administration under Mayor de Blasio's leadership is
7 committed to ensuring timely and affordable access to
8 effective mental health treatment services and other
9 community resources. Far too many individuals and
10 families continue to struggle with PTSD and the
11 stigma related to this condition. Today's proposed
12 resolution brings us one step closer towards helping
13 these courageous New Yorkers access the help they
14 need to reclaim lives of purpose, dignity and service
15 to others. We must share these truths with our
16 veteran brothers and sisters. PTSD and the unseen
17 wounds of war are real. Treatment works. The most
18 effective intervention starts early with peers,
19 families and communities. And finally, reaching out
20 is an act of real strength and courage. Our MOVA
21 team lives these truths every single day in engaging
22 with veterans whether through walk-ins, phone and
23 email contacts, community outreach events, or
24 correspondence messages. MOVA's constituent services
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2 experts, Ms. Letitia Russaw as our Military Community
3 Liaison and Ms. Inez Addon [sp?] as our Director of
4 Human Services are renowned for their tireless work
5 on behalf of veterans and their loved ones. In
6 addition to their individuals' professional expertise
7 and organizational contacts throughout the New York
8 City veterans' community, their reach spans across
9 over 70 city agencies throughout the Veteran Agency
10 Liaison Network. Many veteran request for assistance
11 involved complex issues clustered around basic
12 survival needs, food, shelter, safety, and employment
13 often complicated by mental health and substance use
14 disorders, troubled relationships and limited social
15 support. MOVA becomes a refuge, a place where
16 veterans know they will always find a smiling face, a
17 listening ear, a helping hand and a resourceful
18 network. Although most of MOVA's caseload concerns
19 housing, employment, benefits, crisis intervention,
20 and education requests, we do assist veterans who seek
21 mental health treatment. For the roughly 50 percent
22 of veterans who are ineligible or unwilling to seek
23 VA services, MOVA assists veterans in accessing city
24 mental health resources and services via the Life Net
25 Counselors, accessible through 311 who are trained to

1 assess needs and connect individuals and families
2 with the city's vast network of approximately 1,000
3 mental health service providers and community based
4 organizations. For example, the Department of Health
5 and Mental Hygiene invests nearly four million
6 dollars annually in supportive housing for those with
7 mental illness and/or substance use disorders.
8 Providers focused on serving veterans and their
9 families include the Jericho Project, Volunteers of
10 America and Services for the Underserved. Also, HHC
11 public hospitals and community health centers in
12 every borough offer a wide array of mental health
13 services, including inpatient, outpatient, partial
14 hospital, community treatment, and blended case
15 management services to help with depression, anxiety,
16 post-traumatic stress disorder and other serious
17 conditions such as psychosis, bipolar disorder and
18 schizophrenia. These programs serve a large number
19 of veterans and their families, but are also open to
20 and serve all New Yorkers. Many additional services
21 complement the city's significant investment in
22 veteran mental health. The City invests more than 57
23 million dollars a year in veteran targeted housing
24 programs through NYCHA, HPD and DHS. The City will be
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2 augmenting its efforts to end veteran homelessness
3 this year by adding clinical and peer coordinator
4 staff at DHS to better coordinate with MOVA. And to
5 support veteran employment, Small Business Services
6 invests over one million dollars a year in workplace
7 employment mentoring and entrepreneurial networking.
8 In sum, New York City invests over 150 million
9 dollars annually to improve the health and wellbeing
10 of its veteran's community. Through connecting
11 veterans and their families with the entire range of
12 city programs as well as other public, private and
13 not for profit resources, MOVA remains committed to
14 do whatever it takes to improve the lives of New York
15 City veterans and their families. New York City is
16 uniquely positioned to lead the nation in this
17 endeavor. While much has been done, much work
18 remains. Many veterans are thriving. Many are also
19 struggling and remain reluctant to reach out for
20 help. For example, recent research documenting
21 increased rates of suicide among all veterans demand
22 our urgent attention and focused action. Further,
23 women veterans and LGBTQ veterans, many of whom
24 struggle with complex PTSD, are dying by suicide at
25 staggeringly high rates compared with their civilian

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2 age-matched [sic] peers. Over the coming months,
3 MOVA looks forward to continuing to deepen and
4 strengthen our relationships with our agency partners
5 and City Hall to connect veterans and their families
6 to the services they need. Our continued partnership
7 with the First Lady will play a key role in these
8 efforts. Further, we look forward to working with
9 you, the City Council and the advocate's community,
10 to ensure that our veterans and their families
11 receive the care they deserve and have earned. In
12 closing, let us redouble our efforts to understand
13 the prevalence and impact of PTSD, and enlightened
14 with this awareness with knowledge, seek to create
15 and sustain a community of communities in New York
16 City, the largest city in the nation, a community of
17 communities in which none of us is truly alone. May
18 all of us as New Yorkers with veterans leading the
19 way commit ourselves to serving those in need and in
20 so doing healing ourselves and strengthening our
21 society as a whole. This is the work of our
22 generation and is truly worthy of our city's enduring
23 legacy of bold imagination, heroic action and global
24 impact. This simply is no greater privilege. I
25 thank you for your continued leadership and

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2 collaborative teamwork in bringing awareness to PTSD
3 and other critical issues concerning New York City
4 veterans and their families. At this time, I welcome
5 your thoughts, questions and concerns. Thank you,
6 Mr. Chairman.

7 CHAIRPERSON ULRICH: Commissioner, thank
8 you as always for that powerful testimony. I know
9 this is an issue in particular that you have devoted
10 your life to, and it is important to you not just
11 professionally but personally, so I want to thank you
12 for that. I also want to thank, as you mentioned, we
13 did have a press conference on the steps last week,
14 which we were thrilled to have you with us, along
15 with some of the mental health providers in the city,
16 as well as the Iraq and Afghanistan Veterans of
17 America. I know that they're here to testify as
18 well. They helped get some veterans to raise
19 awareness about this issue and they're playing an
20 important role on a lot of veteran's issues that
21 we're doing here in the city. I'm going to turn it
22 over first to the lead co-sponsor on the bill,
23 Council Member Cohen, who's the Chair of our Mental
24 Health Committee on the Council.

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2 COUNCIL MEMBER COHEN: Thank you, Chair.
3 Thank you, General, for your testimony. Is there--
4 does the agency keep data on the contacts that they
5 had with veterans who report either suffering from
6 PTSD or symptomatic?

7 COMMISSIONER SUTTON: You know, that's--
8 we've identified that as truly a challenge across
9 city government, because there's, as it stands right
10 now, there's no standard question for identifying
11 veterans and their families, and so the Office of
12 Management and Budget has worked with the individual
13 agencies to identify veterans and their families who
14 have been served in those different agencies, but
15 when it comes to actually identifying by diagnosis,
16 by veteran, by family member, we know that that's a
17 challenge that lies ahead. So, for example, in the
18 work that we've been doing with the behavioral health
19 taskforce action plan we've worked with both the
20 Mayor's Office of Criminal Justice, with the
21 Department of Corrections as well as with the VA, the
22 Veterans Justice Advocates, and have identified two
23 questions that we think will actually suit this
24 purpose of identifying veterans across the city
25 agencies. Those two questions are this: Have you

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2 ever served in the US Armed Forces, National Guard or
3 Reserves? That's the first question. The second
4 question: Has your spouse, partner or other family
5 member living in your household ever served in the US
6 Armed Forces, National Guard or Reserves? So we think
7 that those two questions, we're still doing some
8 focus group testing, but we think that those two
9 questions will stand the test of time or something
10 very close to that so that we can then take the next
11 step and really be able to with much more granularity
12 be able to identify veterans and their families who
13 are seeking services and be able to connect them to
14 the right services.

15 COUNCIL MEMBER COHEN: I'm not even asking
16 though about citywide. In your own agency, are you
17 able to document when people contact MOVA? Are you
18 able to--is there any data on people who you are
19 contacting regarding PTSD or symptoms?

20 COMMISSIONER SUTTON: As I mentioned in
21 my testimony, in terms of MOVA, we are most
22 frequently contacted for a range of concerns.
23 Occasionally, it will be for mental health and more
24 particularly, you know, even more rarely for PTSD, in
25 which case we make the referrals, but that's not

1 something that veterans commonly come to MOVA for.
2 They generally will find their way to either the VA
3 services or other community based services, but
4 certainly we stand ready to assist any veterans who
5 come forward. It just hasn't, in the records that we
6 have of folks who have come and continue to come to
7 us on a daily basis, that's not been a major issue
8 that veterans have identified.

10 COUNCIL MEMBER COHEN: In your testimony
11 you refer to crisis intervention. How does the
12 agencies define crisis intervention then?

13 COMMISSIONER SUTTON: So these would be
14 for situations that require immediate action. For
15 example, I'm thinking now of a veteran who on a
16 Friday afternoon, this was the middle of winter.
17 Con-Ed was going to turn off his electricity and he
18 had a young baby, and so it required immediate
19 intervention. There are other issues pertaining to,
20 for example, rent evictions, you know, landlord
21 disputes. Those are the kinds of things that are
22 very common. I remember another situation we had a
23 few months ago where, you know, a veteran from out of
24 town was driving and his vehicle became disabled and
25 he had his family there. They had gone to a memorial

1 service for his grandfather and there had been bullet
2 holes--he got caught in the cross-fire in the Bronx
3 of a situation, and knew to call MOVA, and we were
4 able to get that, you know, settled out. We work
5 with veterans on a daily basis on a whole host. I
6 mean, you just never know what's going to come across
7 the email, the phone call, the walk-in. We had a
8 veteran just three or four weeks ago who came in, was
9 on terminal leave from Germany, sleeping on a couch
10 in Queens, and said, you know, "I just need help. I
11 don't where to go. I'm going to be out of the Army in
12 just a few weeks, and can you help me?" Well, you
13 know, we reached out and that veteran right now is
14 well on the way to getting his life back on track. He
15 had left his family in Germany, waiting until he got
16 things set up. His family is now coming over to
17 reach him. Just last week when we had a veteran's
18 business expo over in Brooklyn. We partnered with
19 Small Business Services in support of the work that
20 Scott Davidson and Justin Constantine had been doing
21 with quarterly business expos. Well, there was a
22 veteran there who had found out that the city was
23 going to be at this expo and specifically came to the
24 expo so that he could seek help, and we were able to
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1 work with him and get him linked in to the Department
2 of Homeless Services. So there are just any number.
3 Property tax exemptions, that's another big one that
4 comes forward. We were just talking earlier today
5 before the testimony started about veteran vending
6 licenses. I mean, there are just all kinds of things
7 that our team at MOVA we're able to reach across city
8 government to be able to connect folks with
9 resources. Interestingly enough, as you mentioned to
10 begin with, you know, veterans do not commonly come
11 to MOVA, you know, stating up front that they have
12 issues, mental health issues or PTSD. We're very
13 aware that many times it may be an underlying issue,
14 and at times we'll reach out offer to connect them
15 and, you know, just make sure that we're there to
16 sustain the relationship. That's one thing we've
17 really, really noticed, you know, over the months and
18 certainly before, well before, I arrived is that
19 trust. Trust is such a critical issue. It's in the
20 relationship. We know that, you know, as important
21 as technology is, having that trusting relationship,
22 being able to sit down with a veteran, his or her
23 family member, to deal with any number of sensitive
24 issues really requires some time. It requires an
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1 investment that we're really, you know, so privileged
2 to be there when folks need us.

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4 COUNCIL MEMBER COHEN: I want to give my
5 colleagues a chance, but I just have one more for
6 this round. You mentioned referrals to Life Net.
7 Does Life Net have--are there people who work the
8 Life Net line who are specifically trained in
9 veteran's issues, or is it just generic mental health
10 issues?

11 COMMISSIONER SUTTON: Yeah, no, the Life
12 Net line at this point does not have folks who are
13 specifically trained in veterans issues, but that's
14 something I think we had mentioned maybe at the last
15 hearing that we're working with 311 right now to
16 further develop the veteran-specific nature of
17 services and expertise awareness that folks can
18 access when they call they city number or call
19 directly to Life Line, but I've--I'll have to tell
20 you that I've spent quite a bit of time these last
21 few weeks sort of as a mystery shopper accessing the
22 different services and 311 and Life Net, and I'll say
23 that I've been very, very impressed with the quality
24 of in the case of Life Net their mental health
25 professionals and their counselors and their

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2 resourcefulness in, you know, pointing out and
3 directing and being very empathic as well as
4 resourceful and responsive I would say as well to my
5 queries. So, I would also say on the 311 front,
6 since we last spoke about this issue, I had a chance
7 to link up with senior VA leaders from the central
8 office in DC. We had just really a comprehensive
9 briefing on the 311 system, and I must say that I
10 knew it was a good system before. I had no idea just
11 how capable this system is, and we are now following
12 up with the folks who run the 311 system to really
13 see what are the next steps in terms of, you know,
14 ensuring that our veterans and their families as they
15 call feel welcomed, feel like this service is for
16 them as well.

17 COUNCIL MEMBER COHEN: Thank you, General.

18 CHAIRPERSON ULRICH: Thank you, Council
19 Member Cohen, and you know, I had an idea while you
20 were just answering some of Cohen's questions. When
21 you call 311 you normally hear the commercials in
22 between. Sometimes when you're put on hold you'll
23 hear the public service announcements from various
24 Commissioners about fire safety or building safety
25 from the Buildings Commissioner. I think that you

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2 should record one for the month of June regarding
3 PTSD and getting access so that that's one of the
4 public service announcements that New Yorkers hear.
5 It doesn't cost the city anything, but the Mayor's
6 Office should obviously give you 30 seconds to give a
7 quick schpeel [sic] about the services that are
8 available currently for veterans and help promote
9 that and get the word out there.

10 COMMISSIONER SUTTON: Absolutely. No,
11 that's a great idea, Mr. Chairman. You know, we're
12 really excited about the opportunities that lie ahead
13 for us to get much more involved in outreach and
14 communications. We're working, for example, with HRA
15 right now. They've got a campaign to reach out to
16 New Yorkers to encourage them to register for SNAP,
17 nutritional benefits, and so we're working on a
18 veteran specific component of that campaign, and I
19 think your idea about the public service
20 announcements here on the line for PTSD month is a
21 great one.

22 CHAIRPERSON ULRICH: Even if it were just
23 to be for the remainder of the month I think--
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2 COMMISSIONER SUTTON: [interposing] With
3 today's resolution, anything's possible, Mr.
4 Chairman. I think it's a great idea.

5 CHAIRPERSON ULRICH: And social media too.
6 We really need to do--we all need to do a much better
7 job of utilizing Facebook and Twitter and LinkedIn to
8 provide information for people about services that
9 are available, not only that the city provides and
10 offers, but also outstanding quality mental health
11 services that direct providers are already giving.
12 The NYU Langone Center comes to mind.

13 COMMISSIONER SUTTON: Absolutely.

14 CHAIRPERSON ULRICH: I know that I think
15 Columbia Presbyterian also has--

16 COMMISSIONER SUTTON: [interposing] There
17 are many, many resources in the city. we are just
18 really in an abundance of resources, and the really
19 the burning challenge becomes that of, yes, first you
20 have to know what the resources are and that our team
21 continues to, you know, reach out and connect and add
22 to our network daily, but then you have to be able to
23 coordinate that care and that connection and make
24 sure that you've got the right balance of hi-tech,
25 hi-touch and that the door is always opened, because

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2 we know that, you know, there are times when if the
3 relationship of trust has not yet been developed to
4 the extent that a veteran is ready to cross that line
5 and get whatever care it is that he or she needs, the
6 important thing is maintaining that relationship and
7 keeping that door open.

8 CHAIRPERSON ULRICH: I think MOVA can
9 really play a critical role in that area, especially
10 for veterans who suffer from some form of mental
11 health disorder. They might have at some point in
12 their life had an unsatisfactory encounter with the
13 VA for instance, and maybe they don't want to go to
14 the VA for counseling, but maybe MOVA on their
15 website or somewhere can advertise the very robust
16 and reputable clinics where they can get help, where
17 there are veteran-specific mental health counseling
18 service available like Columbia and NYU and other
19 places that are not only sponsored or run by the VA,
20 because again, you know, you and I both know that
21 unfortunately a lot of veterans have had--not the
22 majority, but there are many veterans who have a
23 negative disposition towards the VA, and we don't
24 want that to prevent them in any way from getting
25

1
2 healthcare that they need. So, that's where MOVA can
3 play the independent really critical role.

4 COMMISSIONER SUTTON: Absolutely. You
5 know, Mr. Chairman, you mentioned social media. I
6 think that's such an important tool and it's one that
7 certainly we're working to develop recognizing its
8 power. I would just want to take a moment and say
9 that, you know, as our nation is recognizing by the
10 day, there's an underbelly to social media, and I
11 would just ask our veterans community in all of our
12 communications, but particularly with social media,
13 that we ensure that we're dealing with the facts.
14 There's a very disturbing tweet that went out this
15 morning about the VAB meeting, stating that the Mayor
16 has cancelled it for June. It is not true. Those
17 are not the facts, and it's very damaging to our
18 community here in New York City and beyond to be
19 spreading those kinds of absolute--they're just
20 wrong. Those kinds of assertions that are just
21 wrong. So, I would just ask for all of us. As I
22 said, you asked me, I think it was at the last
23 hearing or the hearing before, you asked me if I had
24 a message for the advocates, and I said then and I'll
25 repeat it now, I've been very grateful for our

1
2 advocate community here in New York City. I applaud
3 the energy, the time, the dedication, the commitment,
4 and the concern. Over these last two months though
5 there have been some lines crossed. As I said then,
6 I said let's all respect each other's right to have a
7 different opinion, but let us commit to working from
8 the same set of facts, and if any of us has a
9 question about what is factual and what is not, we at
10 MOVA stand ready to offer that information. So,
11 please, please, let us commit to keep our community
12 together, to keep this vibrant energy, this
13 commitment, this advocacy, and let not our advocacy
14 cross the line into oppositional obstinacy and worse.

15 CHAIRPERSON ULRICH: I wanted to go back
16 to some of the PTSD research. We had some questions
17 that Eric Burnstein had prepared regarding the
18 differentiation between female veterans and male
19 veterans seeking care. Does the city have any data
20 from any of the folks at HHC or even from the people
21 that just happen to call MOVA? Is there a higher
22 number or greater number of female veterans seeking
23 mental health care as opposed to male, their male
24 counterparts? I don't know the breakdown in terms of
25 the population of New York, so maybe it's not the

1 right way to ask the question, but I'm just curious,
2 and you would know better than anybody through your
3 work in the field. Are we meeting the needs of
4 female veterans in particular who require a different
5 type of approach sometimes or a different type of
6 counselling than perhaps the male? Because some of
7 their PTSD might be related to sexual trauma or
8 things that, you know, Kirsten Gillibran [sp?] was
9 talking about in her bill, which I know you were
10 active with. So, I mean, is that going to be a part
11 of, you know, is that going to be part of our
12 outreach and our efforts during the PTSD Awareness
13 month is educating the public, but also I guess
14 constituencies within the veterans community know
15 that they help that they need is available to them
16 too.

18 COMMISSIONER SUTTON: Absolutely, and
19 that's why I mentioned my testimony in particular.
20 Although, you know, veterans of all eras and ages are
21 facing increased rates of suicide, we know that now
22 from the emerging research, not only from the last
23 few years but from the last few weeks. And in
24 particular women veterans, LGBTQ veterans just this
25 month for example, in both Pride Month and now PTSD

1 Awareness Month you can believe that we are
2 absolutely engaging with LGBTQ groups across the
3 community looking to deepen and to broaden those
4 partnerships as well as working with groups who are
5 particularly focused on the needs of women veterans.
6 We know that as women veterans we are the highest
7 subset of the veteran population that is increasing
8 in homelessness. We're not seeing that here in New
9 York. Those are national numbers, and we are
10 watching that very closely, but we also know that as
11 women veterans we're often less apt to identify as
12 veterans. Many of us have had experiences over the
13 course of our careers, whether it be with having had
14 small children or families on deployment. People
15 mean well, but there's never been a male veteran on
16 earth who when he has gone down range to fight on
17 behalf of all of our freedoms, no one has ever said
18 to that male veteran, "What? You're going to put
19 your country, your career ahead of your family?"
20 Every woman veteran who goes down range leaving a
21 family behind carries that burden herself and hears
22 it all too often. We also know, you mentioned
23 military sexual trauma--huge, huge issue. And you
24 talk about complex PTSD. You're down range. You've

1
2 got the enemy outside the wire, and you, you know,
3 our veterans will talk to us about how it is to feel
4 that they have more to fear from their family inside
5 the wire than the enemy outside the wire. Now, it's
6 important also, Mr. Chairman, to recognize that this
7 is not just a woman's issue. It's important it is
8 for such a large percentage of women. It's a lesser
9 percentage for men in the military, but because of
10 the large numbers, actually, it's about the same
11 number, and the issues that make it difficult for men
12 to come forward and seek help when they have been
13 sexually molested and sexually assaulted are just
14 absolutely enormous. And so we have to, I think, we
15 have to know that there's much, much work to be done
16 in these important areas, and we're committed to
17 working together with you and the council and our
18 entire city. We really do believe that New York City
19 is a special place. It's a place where we can
20 uniquely do things that just aren't possible
21 elsewhere, and by so doing hopefully we will be able
22 to not only do good for folks here, but to accelerate
23 and catalyze what can be done to help so many more
24 around the country as well. That's our commitment,
25 Mr. Chairman. We're leaders here in New York. We're

1
2 bold. We're heroic. We have global impact. That's in
3 our DNA as New Yorkers, so let's keep after it.

4 CHAIRPERSON ULRICH: And I'm glad you
5 pointed out June is Pride month as well. June is big
6 enough and inclusive enough to [00:45:34] to also be
7 PTSD Awareness Month. I don't want to take away from
8 Pride Month or any other designation. June is a big
9 enough month to have all those things going on
10 simultaneously. Does any of the Council Members,
11 Vallone, have any questions or anything that you want
12 to say? No? Commissioner, as always, thank you so
13 much for your testimony and for being here today.

14 COMMISSIONER SUTTON: Thank you, Mr.
15 Chairman.

16 CHAIRPERSON ULRICH: Thank you. Thank
17 you. The next panel will consist of Mr. Anthony
18 Pike, representing Iraq and Afghanistan Veterans of
19 America, Jason Hansman, today representing--I guess
20 wearing a different hat--Veteran Mental Health
21 Coalition, and Kristen Rouse from New York City
22 Veterans Alliance. On the following panel, we only
23 have two people who have signed up, so if there's
24 anyone else who wants to speak, please see the
25 Sergeant at arms so that you may testify in the next

1
2 panel, and we'll call the three up, the first three
3 up now. Thank you. And as soon as you're situated,
4 I'll ask our Committee Counsel, Eric Bernstein, to
5 administer the oath.

6 COMMITTEE COUNSEL: Can you raise your
7 right hand, please? Do you affirm to tell the truth,
8 the whole truth and nothing but the truth in your
9 testimony before this committee and to respond
10 honestly to Council Member questions?

11 CHAIRPERSON ULRICH: Why don't we start
12 with ladies first? Kristen on the left and we'll
13 work our way down. Thank you.

14 KRISTEN ROUSE: Thank you, Chairman
15 Ulrich and committee members for the opportunity to
16 speak today. My name is Kristen Rouse and I
17 represent the New York City Veterans Alliance. I'm a
18 veteran of the United States Army, and I served three
19 tours in Afghanistan. I've experienced first-hand
20 how military deployments can be life-changing and how
21 multiple deployments in a short span of years
22 magnifies these effects even further. I found that
23 traumatic stress is a constant part of the deployed
24 environment. There is the persistent threat of enemy
25 attacks, whether on foot patrol, in a convoy, during

1
2 air travel by helicopter or C130, or even when
3 sitting at a desk or sleeping in a bunk at a large
4 base. We all have stories of friends and colleagues
5 who are lost or injured during the course of our one
6 or many deployments. It was our duty to be
7 continuously vigilant and many of us survived violent
8 life-threatening events. While it is impossible to
9 summarize the very different and very complex
10 experiences of the countless troops who have served
11 in our nation's wars, we can identify a common factor
12 in the return and readjustment of a large number of
13 troops the process of down ramping from this
14 escalated vigilance, resuming our normal lives and
15 relative safety, and moving forward from the
16 traumatic experiences of war. I'm not a clinician,
17 but I can say as a veteran and as an advocate who
18 works alongside veterans of many generations that
19 this down-ramping and resuming of normal life can
20 itself be a year's long or even life long process.
21 It can be isolating. It can be desperate and
22 debilitating. It can make us feel sometimes like we
23 want to quit, to quit on things that are important to
24 us like our jobs, our school, our work, our career
25 trajectory, our relationships, maybe even our lives.

1
2 None of this can make this readjustment and deal with
3 post-traumatic stress by ourselves. It takes peer
4 support, the support of those who love us and the
5 understanding of our community and our government on
6 whose behalf we went to war in the first place. We
7 fully support resolution 747A to recognize this month
8 as Post-Traumatic Stress Disorder Awareness Month not
9 just nationally, but here in our home city. Post-
10 Traumatic Stress Disorder is the name we may give to
11 a broad range of complex intertwined systems that
12 individuals may experience after trauma, and many of
13 us see it as less a disorder than a normal response
14 to abnormally violent or horrific experiences. We
15 applaud the efforts of the many organizations and
16 individuals in this room who work each day to let
17 those struggling with post-traumatic stress know that
18 they are not alone and to offer strategies, treatment
19 and meaningful activities, community support, and
20 opportunities for continued service that allow
21 veterans to move forward with fulfilling and
22 productive lives. But right now, too many veterans
23 are still in crisis. Twenty-two veterans each day in
24 this country take their own lives, and the vast
25 majority of them are veterans of older generations.

1
2 These were the veterans who came home to a country
3 who didn't understand their experiences and a
4 government that either couldn't or wouldn't provide
5 the resources they needed and deserved after their
6 service. These older generations did the hard work
7 of giving PTSD a name and building many of the
8 resources we have today, yet still far too many
9 veterans were lost along the way, and many continue
10 to struggle in isolation, devoid of the support they
11 never received when they came home and feeling
12 abandoned yet again by government and nonprofit
13 resources that are directly only at a new generation
14 of veterans. We cannot forget the veterans who came
15 before us, and we must include them in all new
16 programs, services and resources for veterans. It is
17 the solemn responsibility of government officials
18 both nationally and locally to lead the way not just
19 on bringing awareness to the struggles of veterans
20 suffering from PTSD, but more importantly, in taking
21 action to find the veterans who are still suffering
22 in isolation, bring them into a network of resources
23 where they can find treatment, community, assistance
24 with rebuilding their lives, and a renewed sense of
25 purpose. We need action with a clear, coherent plan

1
2 and appropriate funding to provide outreach and
3 connect veterans regardless of area of service or
4 discharge status with the network of local resources
5 that goes beyond the limitations of those offered by
6 the VA. We need action that coordinates and leverages
7 local organizations, strategies and solutions to
8 serve our fellow New Yorkers in the ways that only
9 New Yorkers can provide. When given the right
10 resources, veterans of every generation are fully
11 capable of transforming their wartime experiences
12 into what many call post-traumatic growth.
13 Statistics show that when we have a sense of purpose
14 we go on to serve our communities as highly motivated
15 leaders and engage members and participants in public
16 service, business, nonprofits, the arts, and any
17 number of other areas vital to the success of our
18 city and our nation. It is absolutely vital to send
19 the clear message as this resolution does that
20 veterans can't quit no matter how long ago they
21 served and that they aren't alone in their struggle.
22 We strongly endorse this resolution and call for it
23 to be followed by concrete action, resourcing and
24 funding from the whole of New York City government to
25 help all veterans who are still struggling. On

1
2 behalf of the New York City Veterans Alliance, I
3 thank you for this opportunity to speak today.
4 Pending your questions, this concludes my testimony.

5 CHAIRPERSON ULRICH: Thank you. We'll
6 hold questions until the panels are completed. I'll
7 ask the Sergeant at Arms to put the clock on for four
8 minutes for each speaker. If you need to go a little
9 longer, that's fine too. We just want to give you a
10 general idea of how long we want you to speak, but
11 thank you very much. Mr. Hansman?

12 JASON HANSMAN: Good afternoon, Chairman
13 Ulrich and members of the committee. Thank you for
14 having us today to testify on this important hearing
15 on making June Post-Traumatic Stress Disorder
16 Awareness Month in New York City. My name is Jason
17 Hansman. I serve as the Chair of the New York City
18 Veterans Mental Health Coalition's Political Action
19 Committee. I'm also an Iraq war veteran having served
20 in Mosul back in 2004 to 2005 and a graduate student
21 at NYU. The coalition which has over 1,000 diverse
22 members was co-founded by the Mental Health
23 Association of New York and NAMI [sic] New York City
24 Metro, and provides the mental health and wellbeing
25 of New York City service members, veterans and their

1 families through education, information,
2 collaboration, and promotion of a comprehensive array
3 of services. VMHC as it is acronymed has an
4 established subcommittee on promoting needed policy
5 reforms called the Veterans Mental Health Action
6 Committee. I'm testifying today on behalf of that
7 committee. We count amongst our New York City
8 residents over 230,000 military veterans, and as more
9 service members transition back to civilian life,
10 this number will increase by the thousands and
11 require additional resources in both dollars and
12 staffing to fit the need. A range of coordinated
13 services from all levels of government, the private
14 sector and local civilian-base providers is required
15 for veterans and their families to successfully
16 transition and thrive in their communities. We know
17 from the ground-breaking 2008 Rand Study that nearly
18 20 percent of returning veterans suffer from PTSD.
19 These numbers hold for New York City, which we expect
20 that they do, we would have nearly 50,000 veterans in
21 New York City that suffer from PTSD. That's roughly
22 the capacity of Yankee Stadium. Given the nature of
23 our coalition, this is a topic of great importance to
24 us. We have a number of great mental health
25

1 providers in the city ranging from the Department of
2 Veterans Affairs, the Head Strong Project and the NYU
3 Military Family Clinics which are represented on our
4 coalition. Resolving to make June PTSD Awareness
5 Month would bring much needed awareness to the issue
6 inside of New York City much as it has at the
7 national level. One of our policy priorities this
8 year, which we have attached to our written
9 testimony, is to work with the city to establish a
10 citywide awareness campaign to combat stigma, and
11 this resolution is a great step forward in making
12 this happen. Our coalition has been on the front
13 lines working to combat the often overwhelming stigma
14 that surrounds mental health issues and especially
15 PTSD. We have worked to address these issues within
16 our educational series, especially which have taken
17 on issues as diverse as women in the military to the
18 civilian military divide, all with the intent of de-
19 stigmatizing the issues that veterans face. We also
20 worked last June to put together a public PTSD
21 awareness event just a couple blocks south of here,
22 With Honor for All. This event not only brought
23 together New Yorkers, but also representatives from
24 city government, the military, and Medal of Honor
25

1
2 recipient, Staff Sergeant Tye Carter [sp?]. We are
3 incredibly lucky in New York City to have not only a
4 Commissioner of Veterans Affairs that has the
5 knowledge and passion for mental health issues, but
6 also a First Lady who has taken on the enormous
7 responsibility to make mental health accessible for
8 every New Yorker. We are encouraged to hear that the
9 Commissioner's working with the First Lady to
10 integrate veterans into this road map, and given the
11 Commissioner's wealth of knowledge and experience
12 treating PTSD there's no doubt that New York City
13 will become a national leader in veteran health--in
14 mental health efforts for veterans. We look forward
15 to continuing our work with this committee, the de
16 Blasio Administration to help make June PTSD
17 Awareness Month and to ensure that we are doing all
18 that we can every month for those veterans who are
19 suffering from mental health issues. Thank you.

20 CHAIRPERSON ULRICH: Thank you, Jason.
21 Mr. Pike?

22 ANTHONY PIKE: Chairman Ulrich, esteemed
23 members of the committee, my name is Anthony Pike, an
24 Iraq War veteran and field director at Iraq and
25 Afghanistan Veterans of America. On behalf of Iraq

1
2 and Afghanistan Veterans of America's 400,000
3 members, 10,000 of whom reside in New York City, I
4 would like to extend our gratitude for the
5 opportunity to share our thoughts on recognizing this
6 and every June as Post-Traumatic Stress Disorder
7 Awareness Month in New York City. Before I begin my
8 testimony, I would like to thank Chairman Ulrich,
9 Commissioner Sutton and other key partners in the
10 veteran community for their leadership in bringing
11 this issue to the forefront. Last week I stood on
12 the steps of City Hall with many of the people in
13 this room to highlight the importance of raising
14 awareness of PTSD. I come before you again today
15 equally as resolute on this topic and urge this
16 committee to adopt the proposed resolution. New York
17 City is in a unique position to become a municipal
18 leader on veteran's issues. It is crucial that the
19 City Council and the Mayor take substantial action to
20 implement benefits and services for veterans around
21 employment, education and healthcare. These three
22 priority areas directly impact the lives of our
23 members, the growing body of veterans from the post
24 9/11 wars. This is why IAVA supports the City
25 Council bill introduced by Councilman Ulrich to

1
2 establish a Department of Veterans Affairs within the
3 New York City Government. The establishment of a
4 dedicated, fully funded Department would also make
5 our city a leader in addressing PTSD and combating
6 veteran suicide. PTSD has long impacted veterans
7 from all wars, but with well over 2.8 million
8 veterans from Iraq and Afghanistan Wars, PTSD has
9 become a massive public health issue that no American
10 or New Yorker can ignore. An estimated 20 percent of
11 Iraq and Afghanistan veterans are diagnosed with PTSD
12 or depression, and most civilians are unaware that 22
13 veterans take their own lives each day. These
14 numbers highlight how critical it is that we have
15 integrated systems at the City, State and Federal
16 level to seamlessly connect our veterans to support
17 both in moments of crisis and as they transition back
18 to their lives stateside. Mental health care access
19 and suicide prevention are key priorities for IAVA.
20 While it important to avoid stereotyping all
21 veterans, today's resolution emphasizes the need for
22 those who are suffering to receive support. IAVA
23 works to connect vets to the help they need when and
24 where they need through our rapid response referral
25 program. Our team of trained case managers connect

1 veterans to a range of services as they make that
2 transition from the military to their civilian lives.
3 And for those who are suffering from the hidden scars
4 of wars, we let them know they are not alone.
5 Stepping forward to seek mental health carries a sign
6 of strength, and also one of the most effective ways
7 to reduce the risk of suicide. This is why it's
8 critical for services to be swift in responding to
9 veterans when they do come forward. All too often,
10 veterans tell us stories of disjointed services, of
11 moments when they ask for help only to be met with
12 red tape and confusion in care. One of our veterans
13 from New York who recently came to us in crisis told
14 us of her frustration and hopelessness in trying to
15 access the care she needed when she was not taken
16 seriously. We were able to connect her with the
17 Veterans Crisis Line and to someone there who
18 understood and was able to help. Since connecting
19 her to the support, she has been going to counseling
20 weekly and reports learning new coping skills in
21 managing her PTSD. While IAVA works to connect
22 returning service members with support, we are also
23 tireless advocates on the policy front. In February,
24 we were at the Whitehouse as President Obama signed
25

1
2 into law a bill named after a friend of mine, the
3 Clay Hunt Suicide Prevention for American Veterans
4 Act. This historic bill will save countless lives by
5 improving access to quality mental health care with
6 proactive efforts to implement the Clay Hunt Act and
7 to continue emphasizing holistic long term approach
8 to mental health at the city level, we can ensure
9 veterans no longer slip through the cracks of our
10 existing services. Thank you again to Council Member
11 Ulrich for your tireless efforts on behalf of our
12 veterans, and we look forward to continuing to work
13 with this committee to ensure our veterans suffering
14 from PTSD and depression know they are not alone. I
15 thank your committee for their time and welcome any
16 questions.

17 CHAIRPERSON ULRICH: I want to thank you,
18 Mr. Pike, and your organization for helping us get
19 the word out about the press conference that was very
20 helpful, and we appreciate not only your
21 participation but I know, Kristen, you were there and
22 all the veteran service organizations and volunteer
23 groups who showed up. It is about working together
24 to raise awareness about his issue which faces a lot
25 of veterans not only here in New York City but

1
2 throughout the county. I know that Council Member
3 Vallone had some remarks he wanted to make before we
4 invite up the next panel.

5 COUNCIL MEMBER VALLONE: I wanted to echo
6 the Chairman's remarks and personally thank the three
7 of you and the groups that always come. Couldn't be
8 more proud to be on the Veterans Committee, and every
9 time we have our hearings, you teach us each time
10 what it truly means to serve. So thank you for that,
11 and we will always advocate for you. And Madam
12 Commissioner, thank you for your remarks. I proudly
13 support this resolution.

14 CHAIRPERSON ULRICH: Okay. I think that's
15 going to wrap for this panel. We want to get to the
16 next one. I want to thank you for your testimony.
17 Thank you for being here today as always. The next
18 panel will consist of Retired Master Sergeant Edward
19 Schloeman from the David Lynch Foundation, Operation
20 Warrior Wellness, and Lionel Haminapa [sp?] from
21 Military Families Speak Out, and--please, yeah. You
22 may testify, just fill out a--if you may, if you can
23 just fill out a quick slip and we'll be happy to have
24 you testify. Okay, we'll have the Committee Counsel
25 administer the oath, and the third member of the

1
2 panel is--you got to put the microphone on. Can't
3 hear you.

4 MARIA STEINKAMP: Sorry, Doctor Maria
5 Steinkamp from NYU Langone Medical Center.

6 CHAIRPERSON ULRICH: Okay, you're here in
7 lieu of Doctor Spray [sp?]?

8 MARIA STEINKAMP: That's correct.

9 CHAIRPERSON ULRICH: Okay. Thank you.

10 COMMITTEE COUNSEL: Can you raise your
11 right hand, please? Do you affirm to tell the truth,
12 the whole truth and nothing but the truth in your
13 testimony before this committee and to respond
14 honestly to Council Member questions?

15 EDWARD SCHLOEMAN: I do.

16 CHAIRPERSON ULRICH: We'll start from the
17 right and work our way down. Last time we did it
18 left to right, so. Doctor, thank you for being here.

19 MARIA STEINKAMP: Chairman Ulrich and
20 members of the committee, thank you for inviting
21 testimony from our organization today at the New York
22 City Committee on Veterans. I am Doctor Maria
23 Steinkamp. I'm a Research Assistant Professor and
24 Clinical Psychologist at the Steven and Alexandra Co-
25 ed Military Family Clinic at NYU Langone Medical

1 Center, and I'm here today to provide testimony on
2 behalf of the leadership and staff of the Military
3 Family Clinic in support of the proposed resolution
4 747A declaring June as PTSD Awareness Month in New
5 York City. The Steven and Alexandra Co-Ed Military
6 Family Clinic at NYU was founded to provide high
7 quality mental health treatment accessible to
8 veterans, active duty service members and their
9 families. The clinic is committed to removing any
10 barriers to treatment and welcomes all military
11 personnel regardless of their discharge status, time
12 of service and deployment experience. Since
13 inception in July 2012 we have served over 500
14 veterans and their family members, approximately a
15 quarter of who suffer from PTSD. We believe that it
16 is very important that New York City highlight the
17 impact of PTSD by declaring June PTSD Awareness Month
18 in New York City. Affording this designation would
19 lead to increased education for the public including
20 those who suffer from PTSD and their families. It
21 would also allow greater awareness regarding the
22 disorder, its symptoms, its prevalence, and the
23 treatments available. Increased public awareness of
24 PTSD would also be an important step towards
25

1 decreasing the stigma associated with diagnosis.

2 Additionally, we believe that it would lead to an

3 increased sense of community around PTSD leading to

4 greater support for those impacted by this

5 debilitating disorder. Thank you for the opportunity

6 to present our testimony on this important issue.

7
8 CHAIRPERSON ULRICH: Okay, thank you.

9 Next?

10 LEANELLE HAMINOG: Working? Hi, my name

11 is Leanelle [sp?] Haminog [sp?]. I'm a member of

12 Military Families Speak Out. Thank you for the

13 opportunity, Chair Ulrich and member of the committee

14 and also the Commissioner, to support the Resolution

15 747A recognizing this and every June as Post-

16 Traumatic Stress Disorder Awareness Month in New York

17 City. MFSO is a national charity originally formed

18 as a nonprofit by families of soldiers who served

19 after 9/11 who opposed the wars in Iraq and

20 Afghanistan with the slogans, "Bring the troops home

21 now, and take care of them when they get here."

22 Resolution 747A would be the first of a long series

23 of steps New York City can take to reciprocate the

24 veterans for the consequences of their service. PTSD

25 is treatable and can diminish. And I've talked to a

1 lot of veterans and their families and seen
2 improvements in veterans when they were doing things
3 for other veterans and their families helped them.
4 At that time there was very little help from the
5 communities. Leading to a safer and happier
6 community for all of us. The cost of PTSD now, there
7 are today many veterans in jail who if they had
8 received the proper care when they got back would not
9 be costing the tax payers money for their upkeep and
10 would be leading productive lives. There are several
11 states that are ahead of New York in terms of
12 counseling and treatment for veterans with PTSD.
13 Treatment should be more accessible in local
14 community health centers. A New York City team led
15 by a combat veteran officer, and luckily we have a
16 General here who has that kind of experience with
17 counseling by trained counselors who are veterans as
18 in the successful Chicago program. PTSD untreated
19 leads to substance abuse, divorce, suicide, death by
20 cop, destruction of the nuclear family, suffering of
21 children, eviction from the family home, jail, and
22 many other affects that are expensive, sometimes
23 dangerous to the community at large. So, neglect and
24 denial do not work. There is a veteran in Colorado
25

1
2 today, a decorated war hero, who was given 27 years
3 because he shot a pistol in the air at a party. If
4 it were recognized that he was suffering from PTSD he
5 could have been given treatment and perhaps not be
6 spending the rest of his life in jail.

7 Confidentiality: Veterans may be justifiably afraid
8 to admit that they have PTSD in order to keep their
9 jobs. For example, if you are a security guard and
10 admit you have PTSD may get fired, or if you are
11 pilot and get chest pains near an airplane you may be
12 fired. Other ways of dealing with PTSD that are not
13 inadequate such as coun--instead of counseling there
14 are group meetings giving anti-anxiety medications
15 that do not work and sometimes cause suicide. One
16 veteran from the 101st Airborne had flashbacks, was
17 put on medications that did not work, and stopped
18 taking meds, and said he just had to accept his
19 condition and live with it the rest of his life.

20 What kind of life is that? Will that person be able
21 to form close relationships? Thirdly, if you admit
22 you have PTSD, they probably will not hire you if you
23 apply for a job because they'll be afraid of unknown
24 consequences. For this reason, any community
25 treatment record should have physician patient

1 confidentiality by law. This does not always work.
2
3 As we know in New York City, when tens of thousands
4 of teenagers who supposedly had confidential records
5 and were thrown away after six months. These records
6 were revealed. They were put in the daily news or
7 something like that, open to public inspection. So,
8 I believe that's the left over time from the prior
9 speaker.

10 CHAIRPERSON ULRICH: You can finish up if
11 you'd like.

12 LEANELLE HAMINOG: Yeah. It would be
13 important to try to guarantee confidentiality to
14 protect those who are willing to pay the ultimate
15 price to protect our country. I'd just like to say
16 one more thing, which is that this country has a lot
17 of problems right now. If we were able to access the
18 strength of character and public and teamwork and
19 inner resources of the veterans that we save in this
20 way, we would have a much better country and a much
21 better future as a country.

22 CHAIRPERSON ULRICH: Thank you so much.
23 Thank you for your testimony. And Ed, you are the
24 last person to testify.

1
2 EDWARD SCHLOEMAN: Well, thank you very
3 much. Good afternoon and thank you all for the
4 opportunity to discuss our foundation and the need
5 for connecting New York City veterans with the
6 benefits of our program. I am Chief Master Sergeant
7 Retired Ed Schloeman, Marine Vietnam veteran and the
8 National Chairman of the David Lynch Foundation's
9 Operation Warrior Wellness. The product that we
10 provide is a simple data-driven non-religious
11 modality which has been shown to rapidly and
12 profoundly reduce symptoms of post-traumatic stress
13 and depression. It is called transcendental
14 meditation or TM. TM is a form of meditation taught
15 by a qualified teacher and is practiced twice a day.
16 It allows the active thinking mind to settle inward
17 to experience a naturally silent peaceful level of
18 awareness during which the brain function with
19 greater coherence and the body enjoys profound rest.
20 Why the urgency to have New York City veterans be
21 aware of this service? Because we know there is an
22 epidemic of mental health injuries among our
23 veterans. 2014, Department of Defense reports that
24 434 active duty reserve National Guardsmen took their
25 lives due to a break down in their mental health, and

1 we just heard every 65 minutes a veteran commits
2 suicide, and I have been involved for five years with
3 suicide and I haven't heard that number change up or
4 down. It's always every 65 minutes a veteran. Most
5 of them now are becoming older and they're not just
6 the Iraq/Afghanistan veterans. It is estimated that
7 20 to 30 percent of all veterans suffers from some
8 form of post-traumatic stress. That means that in
9 New York City we have anywhere from 45,000 to 67,500
10 of our veterans at risk. Key findings from studies
11 of transcendental meditation on veterans suffering
12 from PTS include 45 percent decrease of symptoms, 50
13 percent reduction of symptoms of depression, 35
14 percent decrease in insomnia, 30 percent improvement
15 in satisfaction with a quality of life, dramatic
16 reduction in substance abuse and alcoholism. Some of
17 our New York City partners you will know, Jericho
18 Foundation, the Head Strong Project, the Wounded
19 Warrior Project, Fountain House, Cornell, Family
20 Justice System, Vietnam Veterans of American Chapter
21 126, Rikers Island Prison, John Jay College, NYU,
22 Veterans Lifeline, and numerous other ones that we
23 have been able to convince that there is a modality
24 that saves lives. The City Council has questioned
25

1
2 the ability of MOVA to handle our veteran's needs due
3 to MOVA's budget. Here is a way to make a positive
4 effort and to assist MOVA with the City Council of
5 support of New York Citywide initiative and provide
6 the resources of MOVA to help control this epidemic,
7 or these resources can be allocated to my 501C3
8 foundation, or the any of the above mentioned groups
9 that we are currently working with. There are 18
10 steps in which an epidemic experts use to help
11 prevent the damage of an epidemic. I shall mention
12 just a few of them which appear to be very logical in
13 my request. They include to encourage behavioral
14 change before an epidemic can take hold and cause
15 more damage. Government departments must coordinate
16 to stop the epidemic, rethink training for community
17 health workers, allocate funding for training on risk
18 management and methods of control, and connect local
19 initiatives to make communities more resilient. And
20 that is one of the things that TM does. It makes more
21 resilience amongst our veterans and military. Thank
22 you.

23 CHAIRPERSON ULRICH: Thank you, Sergeant.
24 And Semper Fi. My brother's a Marine. He graduates
25 August 7th in San Diego from boot camp. I haven't

1
2 spoken to him since Mother's Day. I imagine right
3 about now he's doing about 500 pushups. But we might
4 need your help when he's out, so just--

5 EDWARD SCHLOEMAN: That's why we're--

6 CHAIRPERSON ULRICH: [interposing] Put the
7 mic on. Put the mic on.

8 EDWARD SCHLOEMAN: That's why we're in
9 Camp Pendleton training the Marines on resilience
10 training before as well as the 82nd Airborne.

11 CHAIRPERSON ULRICH: We are so proud of
12 him and all the service men and women, not only in
13 the Marines, but the people who serve in our Armed
14 Forces and every branch of our Armed forces. This
15 really is an important issue. We originally had a
16 different topic picked for today's hearing, and we
17 actually calendared it and then realized that we
18 wanted to coincide with the press announcement that
19 we made on the steps of City Hall that in order to
20 draw attention to this, it's one thing to introduce
21 something, it's another thing to actually do
22 something about it and pass it. So, we wanted to pass
23 it. We have to have a hearing on a bill before we
24 can pass it, but we also wanted to hear from the
25 community about what the city can do better to raise

1 awareness about PTSD issues, and that's a question
2 that I'd like to ask the three of you. Feel free to
3 be as honest or as candid as possible. What do you
4 think the city ought to be doing or what can we do
5 better to raise awareness about PTSD help for
6 veterans who suffer from PTSD and also what are we
7 not doing that we should be doing to raise awareness?
8 So what could we do better and what are we not doing?
9 Or what are we doing wrong in your experience from a
10 mental health perspective, from a provider's
11 perspective, from an advocate's perspective and from
12 someone who's offering alternative types of treatment
13 for these types of issues. What are we not doing?
14 What could we do better? What shouldn't we do?
15 These are the things that we want to talk about
16 today.

17
18 EDWARD SCHLOEMAN: well, I'll just give a
19 couple. I do believe that not only our city has a
20 right and a responsibility to veterans, but I also do
21 believe our businesses, our corporations should be
22 behind our city in everything we're doing. We will
23 be bringing a lot of awareness in November with some
24 movie stars that will do fundraising, but I do
25 believe that we need to have a resilience out there,

1
2 work with these organizations, especially the
3 homeless like the Jericho Foundation. There are
4 proven established organizations that we are asking
5 that you set aside money to these organizations for
6 my treatment as well any other treatment that is
7 proven to be of help to veterans.

8 CHAIRPERSON ULRICH: Thank you.

9 LEANELLE HAMINOG: I think, you know, if
10 you have signs up in all the community organizations
11 where thousands of people go and circulate it to all
12 the community leaders, not just people involved in
13 veteran care, but the, you know, like the schools at
14 PTA's, their principals. If they're aware of it,
15 they can let the mothers and fathers know in the
16 community, and there seems to be a lack of follow-up
17 sometimes. I've come across veterans in the street
18 and it's taken me, you know, two dozen phone calls to
19 get somebody there to help them, and so it's just a
20 lot of work to be done and a lot of publicity, and
21 somebody has to be in charge of the publicity and
22 make sure that it's ongoing, because the veteran
23 community by itself does not really publicize itself,
24 and veterans, you know, just tend to talk to each
25

1
2 other. If that remains the case, we're never going
3 to solve the problem.

4 CHAIRPERSON ULRICH: Or not talk to
5 anybody, you know, isolate themselves and not talk to
6 anybody.

7 LEANELLE HAMINOG: Yeah, right. It
8 becomes part of the public knowledge and awareness.
9 I'm sure New Yorkers will be sympathetic.

10 CHAIRPERSON ULRICH: I certainly hope so.
11 Doctor, do you have anything to add?

12 MARIA STEINKAMP: Yes, I'm thinking of
13 the patients that I work with who have PTSD, and I
14 think just in broad strokes, kind of continuing to
15 raise awareness of the programs that are available.
16 You know, often seeing patients who are coming in
17 having suffered from PTSD for many years but not
18 really knowing that there are many non-VA options.
19 So, just continuing to make that clear and known.
20 You know, any kind of sort of efforts in terms of
21 psycho-education regarding what PTSD is. I think
22 people don't even realize they have it or they think
23 there's nothing that can be done about it, or they
24 think that time will take care of it, that they just
25 have to kind of stick it out for a few months, a few

1
2 years, and that it'll go away by itself, and of
3 course we know that in the case of PTSD it does not
4 work that way. It does not resolve naturally. So
5 things along those lines just to make people more
6 aware, and I think because of the stigma around it,
7 targeting family members, targeting wives, parents
8 and so forth in terms of having them encourage, you
9 know, the service member to come in can often be very
10 effective because people, you know, often male
11 service members are reluctant to come in themselves.
12 So, continuing those efforts, I think, are going to
13 be very worthwhile.

14 CHAIRPERSON ULRICH: That's great.
15 Council Member Vallone, anything before we wrap up
16 today's hearing? Well, thank you for your testimony,
17 the three of you, as well as everyone else who
18 testified today. It was a great hearing. I think we
19 learned a lot, and hopefully we can get this passed
20 before the end of June, but I'll leave that to the
21 Committee Counsel. I want to thank the staff of the
22 committee and the folks in the Administration for
23 participating today, and that concludes today's
24 hearing. Thank you.

25 [gavel]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date June 18, 2015