BEFORE THE NEW YORK STATE SENATE
STANDING COMMITTEE ON MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES

PUBLIC HEARING

TO SOLICIT INFORMATION ON
POST-TRAUMATIC STRESS DISORDER (PTSD)
IN VETERANS RETURNING FROM COMBAT

Legislative Office Building
Hearing Room B - 2nd Floor
Albany, New York

February 29, 2012
10:00 a.m. to 1:00 p.m.

PRESIDING:

Senator Roy J. McDonald
Chair

SENATE MEMBERS PRESENT:

Senator Shirley L. Huntley (RM)

Senator Lee M. Zeldin

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SENATOR MCDONALD: Okay, folks, I'd like to take this opportunity to thank you for being here.

We're starting a program, to gather information and all kinds of public input in reference to a very serious topic, and that's, post-traumatic stress, its relationship to the returning men and women in our military who are coming back to New York State, the relationship it has to suicide, and so many other sad things that have impacted these men and women who are serving.

It's not just in this war, but in previous wars, and, what we can do to help them out. And we're trying to gather that information, so we can learn from it, so we can turn around and help these folks.

We have this hearing. This hearing will go to approximately 12:30.

We have several very prestigious speakers; some people who have encountered these problems, some professionals that deal with these problems.

And our objective is, here, to learn from that.

This will be the first public hearing. We will be doing public hearings in other parts of the state, on this topic.

I am Roy McDonald, the senator who is the Chairman of the Mental Health and Disabilities Community -- Committee. Excuse me.

I am also a Vietnam Army veteran. And I'm exceptionally proud to --

[Applause.]

SENATOR MCDONALD: Thank you.

I'm especially proud to introduce a new young senator, Lee Zeldin, from Long Island, who not only is a very bright, intelligent young man, but he's also a very courageous man. He is an Iraqi War veteran.

[Applause.]

SENATOR MCDONALD: At this time, I would like to turn it over to Senator Zeldin, who will lead us in the Pledge of Allegiance, and also talk about our first speaker.

And the flag is, right here.

SENATOR ZELDIN: If everybody could stand.

(All recite, as follows:)

"I pledge allegiance to the flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all."

SENATOR ZELDIN: If you don't mind, remain

standing for a brief moment of silence, and now would be a most important time to say a silent prayer to yourself, for all those that we've lost for post-traumatic stress disorder as a result of their service to our country.

(Moment of silence is held.)

SENATOR ZELDIN: Thank you. Please be seated.

Well, thank you, Senator McDonald.

It's been a pleasure to serve as a member of the Mental Health Committee since I joined the State Senate last year.

It's also been an honor to serve in the military. I still serve in the Army Reserves.

And, going back to my time on active duty, it was one of the saddest -- one of the saddest experiences, to have someone that you know, who deployed, maybe multiple times, they come home with the mental wounds of war. And, despite the fact that they survive a deployment, unfortunately, those mental wounds end up claiming their life afterwards.

When I returned home in 2008, I had the opportunity to meet our first speaker.

His name is Christopher Delaney.

And told me a story of PFC Joseph Dwyer.

And as you see in front of you this famous picture of PFC Dwyer, there was a picture in "Time" magazine. All of you have seen this picture. And he was -- he was almost, you know, a poster child of everything right of what we were doing overseas.

He returned home with those mental wounds I just discussed.

He had a wife, a young daughter. And, unfortunately, PTSD ended up contributing to the loss of his life after a very heroic deployment and service to our country.

I wanted to work on some type of a program with, you know, Senator McDonald, and my colleagues here in the Senate and the Assembly, for us to address post-traumatic stress disorder.

And, last January, when we were forming a panel in the 3rd Senate District, to help develop a legislative solution, someone that I was close with, named John Patrick Jennings, unfortunately, lost his life. And our panel went from being a Veterans' Advisory Panel to the John Patrick Jennings' Veterans' Advisory Panel.

This is something that doesn't get enough attention in the media, throughout our state, and throughout our country. There are veterans that are

deployed now that will return home with these mental wounds.

There are -- there are veterans from wars past.

Maybe we called it something different in World War II or Korea or Vietnam, but, in our ranks, there are members of multiple generations of people that served our country that have post-traumatic stress disorder today.

Our state and our country is not recognizing this problem to the full extent as it needs to. It's not addressing this problem to the full extent that it needs to.

And Senator McDonald and I are not looking to have a hearing, so that, for one morning, for 2 1/2 hours in Albany, we discuss this issue, and we move on.

This is a start.

And we are going to fight as hard as we possibly can to make sure that there are results, so that New York State, and other states around this country, do more to help with the diagnosis and treatment of post-traumatic stress disorder.

I definitely say, thank you, to all of you that traveled so far to be here, especially our

speakers.

It means so very much.

And, at this time, it's my honor to introduce our first speaker, Mr. Christopher Delaney.

CHRISTOPHER DELANEY: Good morning.

My name is Christopher Delaney.

I am an Iraqi Freedom veteran, 2009 to 2010; a VF Post 7279 member; and founder of "HeroArmyPFCJosephDwyer."

I am currently the president of 9-1-1 Veterans, a small grassroots not-for-profit, dedicated to helping our Long Island veterans who fall on difficult -- who fall on difficult financial times through no fault of their own.

I'm joined here today with Brian Dwyer, brother of Private First Class Joseph Dwyer.

I was invited here today to testify on issues regarding veterans with post-traumatic stress disorder.

I would like to thank Senator Roy McDonald and Senator Lee Zeldin for giving us this opportunity to shed light on a disease which is plaguing our returning combat troops.

Born into a family of police officers, Joe Dwyer enlisted in the United States Army

two days after the September 11 attacks. Joe was assigned to the Third Squadron, 7th Cavalry Regiment, Third Infantry Division, a scout unit described as "the tip of the tip of the spear."

In March of 2003, Operation Iraqi Freedom began. As the first line of attack, Joe's unit pushed powerfully through Iraq, securing river crossings for the forces racing behind them to take the Iraqi capital during the initial surge.

Out of the 21 days to get to Baghdad, only 4 lacked any combat.

On 25 March, 2003, "Army Times" photographer, Warren Zinn, focused his camera on combat medic Private First Class Joseph Dwyer as he whisked an injured Iraqi boy to safety.

To those who saw the photograph on the cover of the "USA Today" and "News Day", it symbolized everything that was right about America.

One reader even wrote into the paper to say that, "The photo explains, as no words ever could, why so many Americans support this war."

This writer also thanked the soldier for being the American many of us aspire to become.

PFC Dwyer was hailed a hero, but the Joe I knew never understood the big to-do. Joe would

later say, "What you don't see in the picture is the brave men who had my left and right flank. They were protecting me. My rifle was slung."

Joe would return home to a hero's welcome.

Things people do not know about Joe, was he was a kind, loving person who embraced life and had a great sense of humor.

They also do not know that Joe volunteered for this deployment because a fellow soldier, who was also a medic, was supposed to go, was a single mother. Joe insisted she stay home to take care of her child, convincing her he would be okay.

Joe also told his parents and siblings he was based in Kuwait, far from the battle, to put them at ease.

When this picture emerged on the front page of "News Day", with making mom proud, it did make Joe's mom proud, but it also brought a sense of fear to the entire Dwyer family.

Joe returned to the States, to his beautiful wife, Matina, only a shell of who he once was. Joe displayed all visible signs of PTSD.

He was diagnosed by the V.A., and yet we failed him and his family.

We failed Joe and the Dwyer family, as a

community, a state, and a nation. We leave them to bear the toll of the invisible wounds of war.

Joe's story started as a heroic tale, as an American who wanted to bring the fight to our enemies so that we can live in peace here.

He served his country with honor. He returned home a hero, and then his story turns into tragedy.

Now our mission is to turn Joe's story around yet again.

Joe never wanted this attention, but accepted it by saying, "If this photo can help a fellow soldier from going through what I am going through, well, I guess, then, it's worth it.

PFC Joseph "Doc" Dwyer, or as his family knew him, "Joe," passed away from the side effects of PTSD in June of 2008. Joe is survived by his wife, Matina; daughter, Meagan; parents, and five siblings.

We owe it to them to make this right; to make a change on how we care for all our returning service members.

I'm not here to talk you to about post-traumatic stress disorder, or, "PTSD." Others here will discuss that. But I do want to address

our neglect to our service members.

PTSD has been recorded as early as 480 BC, all the way to our current conflicts.

PTSD has been called: Nostalgia; survivor's guilt; anxiety disorder; battle fatigue; combat fatigue; combat neurosis; shell-shock; and, Post-Vietnam Syndrome -- just to name a few.

In 1980, the Psychiatric Association added the definition of "post-traumatic stress disorder" to their third edition of "The Diagnostic and Statistical Manual of Mental Health Disorders," the bible of psychiatry.

Most recently, PTSD has been redefined, yet again, to "post-traumatic stress injury."

The first organized military system for psychological treatment of combat fatigue occurred during the Russo-Japanese War of 1904 to 1906, when physicians were placed close to the front in order to perform evaluations of traumatized soldiers.

This was known as "forward treatment." This treatment was expanded upon and used effectively during World War I.

At the beginning of World War II, we changed to a pre-enlistment screening that was a complete failure, and psychiatrists were no longer assigned

to combat divisions during the war.

As a result, many of the successful forward treatments of World War I were forgotten. Psychological casualties were 2.5 times greater during World War II than the previous conflicts.

The American military had still not corrected its deficiencies in treating PTSD when the Korean War began in 1950. Initial PTSD rates were three times higher than in World War II.

This trend continued for the next 62 years, and continues now.

I am telling you this because, today, here, we have an opportunity to make a real change in the way we treat our service members. We need to make the real changes, not just introduce a catchy new phrase.

We are not here to point fingers and place blame. We are here to change Joe's story back to a heroic tale; to let this iconic photo of Joe serve as a symbol, a reminder to all of us, to do what is right for the brave men and women who defend freedom and liberty.

We've noted 13 points that we feel can make a significant difference in how PTSD is perceived and treated.

First: We must you address the stigma of PTSD.

We firmly believe that Joe never intended to end his life. Although his actions resulted in his death, it was clear to those that knew him, he was only seeking a few moments of peace from the battlefield he never left.

Joe's dying words, as he clasped a police officer's hands, were, "I don't want to die. I have a family, I have a daughter."

On Joe's death certificate, it states:

"Cause of Death: Suicide, due to the side effects of post-traumatic stress disorder."

We need to classify to what truly is the result of an invisible combat-related injury.

We need to establish a system where everyone returning from combat gets some form of support.

Secondly: We need to stop overmedicating.

We suggest, instead of giving our service members a cocktail of medications, we use other alternate methods of treatment and therapies.

Also, authorization of medications used by outside doctors that the V.A. does not cover.

During the demobilization process, upon returning home, you are immediately given a

six question psychological screening test.

As all service members know, their answers can delay their homecoming. Many answer these questions falsely so they can get home to their loved ones faster, and not fear the stigma associated with PTSD.

We suggest, give a one-on-one physical and psychological evaluation, anywhere from one to three months after their deployment, as it sometimes takes this long for PTSD to set in.

Fourth: When entering the military, we all go through a military-entrance processing station. To us, this is known as "MEPS."

Here, they conduct a full physical, and will not accept you unless you are 100 percent; yet, we discharge our service members who are not 100 percent, and return them to society and their families.

We suggest that we do not discharge service members who are at risk and not 100 percent.

Fifth: The number of veterans who are not enrolled in the V.A. system is staggering.

We suggest, before a member can be discharged from the military, they're required to enroll in the V.A. system.

Sixth: The proper funding for the V.A.

The annual funding of the V.A. is a national disgrace. Make Veterans Administration funding mandatory.

Our seventh point is: The reduction in tour length, and decrease the number of combat tours.

This applies to National Guard, as well as Reserve units.

Our eighth point is: Force the Department of Defense to follow its own regulations, that no PTSD-diagnosed troops should be redeployed into a combat zone.

Ninth is: To educate family members of the signs and symptoms of PTSD.

Tenth is: To improve and streamline the V.A. claim process.

Just as you do not want to sit and fill out redundant forms at your doctor's office, veterans who have health-care needs do not have the time or the energy to devote to lengthy and redundant form process.

Most certainly, they do not have the time to wait months for a decision on their claim.

Number 11: We suggest training combat veterans as social workers, or in some supporting

role.

Combat veterans share a bond. And although devoted and dedicated, a civilian social worker who never spent time away from their family in a combat zone may only understand so much, and the veteran might not feel comfortable speaking about his or her experiences.

Our twelfth point is: To keep them with their units, the units they share a bond with, until they are ready to integrate to post-combat military life or life after the military.

Our final point concerns the decompression time.

Decompression time should be mandatory.

During our country's earlier wars, our service members had time to decompress on a long sail home, aboard a ship with their brothers-in-arms.

Today, you go from Baghdad to your front door in less than 24 hours.

We suggest starting the demobilization process in places like Kuwait or Germany. Keep the unit together in an area that is considered friendly, to give the unit time to decompress.

Whether by suicide, accident, or enemy fire,

individuals who die while deployed are included in war's casualty count.

Future memorials will include their names. The nation they served will acknowledge their sacrifice, and their bravery.

Stateside deaths, however, are not included in official casualty counts, even if it clearly stems from their military service.

The exact number of home-front deaths that take place following combat deployment is unknown because the Defense Department does not collect that information.

I challenge anyone to find a memorial of a soldier who passed away from the side effects of PTSD.

With Senator Zeldin's help in 2008, we honored Joe Dwyer, by renaming the street he grew up on.

Joe ultimately died on a battlefield, but his family has not been given that honor. Instead, they are left picking up the pieces of a grieving family.

This is how we treat the brave men and women who answer our country's calling.

We need to put our political issues of these wars aside when it comes to how we take care of our

service men and women.

To this day, the military still denies a relationship between PTSD and deaths away from the battlefield.

We could try to look the other way and pretend there is no problem, but we cannot ignore the human suffering that arises from the personal tragedies of domestic violence, homicide, and suicide that emerge as our returning soldiers attempt to reintegrate back into society.

I challenge all of you to do what is right: To make the necessary changes so we don't lose any more heroes in our own backyard. To show the nation how we, here in New York, take care of our veterans.

Let them follow our lead.

Change Joe's story back to a heroic tale.

I came across a quote not long ago. I would just like to take this opportunity to share it with you.

"You can always tell how a government feels about its people by looking at the way it treats its soldiers."

Thank you for your time.

And if you have any concerns about the issues raised here today, I would be very happy to address

them with you.

SENATOR ZELDIN: Thank you, Chris.

First, I just want to recognize Senator Huntley, who is here; is also the ranking member on Senator McDonald's Mental Health Committee.

Senator Huntley.

SENATOR MCDONALD: Senator Huntley has been very active in mental health issues for years now, on this Committee, and we thank her for her service.

And she's also very sensitive to the veterans, having been a big supporter for many, many years.

So the comments that you've made are very important.

I appreciate the written documentation because, especially, the details, that I'm sure you went into great thought, and the emotional issues, that are very illustrative of so many of these men and women.

And what a wonderful example, you know, this gentleman was for the rest of the people.

And, hopefully, in his name, we can move forward in doing some of these things, and hearing from real people like yourself.

I was going to ask you a question, "In your own words, what would you tell the family, and the friends, of the veterans returning home?" -- but you pretty much answered it, in this wonderful, precise, concisive [sic] document.

So, I thank you.

CHRISTOPHER DELANEY: Thank you, sir.

SENATOR MCDONALD: You did a splendid job.

It's not going be easy for us to put all this together, but you made it a little bit easier by going into details.

SENATOR ZELDIN: Well, the one specific question, Chris, that I wanted discuss, and ask you about, was the concept of doing a peer-to-peer mentorship program in the state.

One of the things that I have observed, really, on the street, is, you meet someone with post-traumatic stress disorder, and, they're on their own. They're with their, maybe, family, or friends, but, maybe those friends aren't combat veterans. Maybe they don't suffer from post-traumatic stress disorder.

And, one of the things that I wish we'd see more of, in our state, and our country, would be a mechanism, so that when you return to civilian life,

you would have access to like-minded individuals that are going through what you've been through, so you know that you're not alone.

And, if you wouldn't mind just commenting on the concept of some type of a peer-to-peer mentorship program.

CHRISTOPHER DELANEY: In a lot of the dealings that we have on Long Island, and working with our veterans, we're sort of in the trenches.

We deal with these guys when they fall on hard times. And a lot of times, when they fall on hard times, and -- it's not just the current conflict that we deal with. You know, we help every veteran on Long Island. And, we deal with a lot of the Vietnam veterans as well.

But it seems like to be the one thing that the veterans that are going through, they're suffering from post-traumatic stress disorder, which leads to an array of different problems, such as, homelessness, them being arrested for drugs, and domestic violence, and sometimes other crimes, that are related with the side effects of the disease that they're trying to battle.

When we actually can sit down and talk with these guys, there's that level of sense of comfort,

because they know that we're not judging them. That there's things that we've done, whether it be my civilian job of working with the Suffolk County Sheriff's Office, or through the military, we've seen the same type of things.

And, they know that we're not going judge them on their actions that they had to take, to return home.

War isn't pretty.

We all sit down and we watch the, you know, movies and the cinema, and Arnold Schwarzeneggers of the world, and these big-movie action stars, and, they make it like this glorifying thing.

But in the actuality of it, when you see what the destruction of a .50-caliber weapon does; or the weapon of a smart bomb, and what it does to the area; and the people who get hit -- just like the injured Iraqi child that Joe was bringing to safety, he got hit with shrapnel -- it's, you're now seeing a part of war that, you know, when you're done playing your video game, you can turn off, and you walk away, and there's nothing wrong.

So, it's the guys that see these things, that are lucky enough to return home without a missing limb, or that visible wound or that visible scar

that you and I can both see, these guys are left in a shell to deal with it on their own.

And the military says: Oh, you know, let's let these guys come forward.

But, we don't give them that opportunity to come forward, because, when they do, there's a stigma associated with it.

So when they run into us on the street and we're in our regular clothes, and they see a veteran speaking to a veteran, they kind of try to get -- they want to work with us. They end up showing up at our events, because they feel a sense of comfort, of being, I guess, back in that cohesive unit again. Sort of like the unit that they shared a foxhole with, or, you know, some of the experiences with.

So, the peer-to-peer is very important.

I don't want to rule out and say that professional help also isn't important.

But that's why I said, maybe get that combat veteran as part of the support role, in the social-worker aspect. To have that professional aspect of it, of someone who's trained in a professional field; but, then, also bringing that real-life experience, of somebody who can say, "You know, hey, come with me brother into this other room

a minute. Cry on my shoulder for a minute. You know, I'll embrace you."

I mean, my son, who is 6 years old, came up to me the other day, and he goes, "Dad, I want to shake your hand like you shake your friends' hands."

And he shook my hand, and he hugged me.

And I guess that's the bond that we share; is, you know, we hug each other, because there's that brotherhood, that relationship.

And that might be one of the links that makes it easier for these guys to come out and talk about their experiences, and know that they can come to us and say: Hey, you know, I use drugs because I need to get that moment of peace.

And they know I'm not going to say: Oh, well, you know, what? You're using, I don't want nothing to do with you.

That's not -- that's not how it is.

We're going to be there to get through that problem, and then hopefully get you through the rest of your problems.

SENATOR MCDONALD: Here's a question for you, Chris: While you're talking, you're talking about the mentoring program, I was thinking about our own state, and how we're structured.

Obviously, Veterans Affairs is a national, you know, division of Veterans Affairs' program that the federal government runs.

I think each state tries to help that federal program by being hands-on.

In our own state, each county has a veterans' coordinator.

And, we have a piece of legislation that Senator Chuck Fuschillo, another State Senator from Long Island, had proposed, that would fund educational programs, to help deal with these type of people.

It's almost like localizing it. If we can get down to the county level, and each county has their own -- you know, I believe in grassroots. Sometimes you get so far ahead of yourself, at a state or a federal level.

And, we're not a small state. We're a very large state of about 19 1/2 million people.

And what we're trying to do, is to bring these types of services down to the personal level, as opposed to just another mass number.

You know, and maybe that's something we should explore with our county and our state, you know, veterans' director and our county veterans, is

putting these programs together at a local level.

And then, when these returnees come in, almost like have a caseworker, that we have some sort of training, that we coordinate through our county director of Veterans Affairs and our State official in charge of Veterans Affairs.

So, if you've lived in a county, and -- say, Erie County, you would be dealing with the Erie County people. And, in this area, they would be -- add a little background, a little bit of training from us, what to work with. And then coordinate with the Veterans Administration people, if it's more serious, but we're localizing it.

So, the phone call's not coming from somebody from another state, or, you know, or -- and in this big state, another part of the state, but, it's Erie County- or Columbia County-oriented, or Brooklyn-oriented, so they can, not only deal with a peer group, but a neighbor at the same time, that could help them directly.

It's a very interesting premise.

CHRISTOPHER DELANEY: It's very interesting.

And I actually agree with you 100 percent on that, because I'm not-for-profit. 9-1-1 Veterans is a small grassroots not-for-profit, started in a

police-academy classroom, and started out raising $8,000, of passing of a can; to, now, where we're raising over $200,000 of it.

And, I never once solicited the county, the government, or the state. We do everything through private donations.

And, we take care of our veterans in our backyard. And something, like: Oh, well, you won't take care of this veteran?

It's not that I don't like the veteran that's in New Jersey, or maybe in Manhattan. It's that we know that we want to dedicate our time to the guys in our backyard, and let people who will take the role model of how we treat our veterans, and go further.

Besides the fact, the way our not-for-profit's set up, is, the money that we receive in from our donors, now actually stays in our communities.

So, we're helping a veteran who might be waiting on that service-connected disability, for PTSD, or for a visible wound of war. We might pay his mortgage, which now, in turn, helps the community that we're involved with.

So I agree that, keeping it close, keeping it

personal, is the way to go.

And I know, on Senator Zeldin's Advisory Board, there will be a speaker today talking about the -- I believe, the mentor-to-mentor peer counseling that they want to set up on Long Island.

SENATOR MCDONALD: That, you know --

Senator Huntley, do you have any thoughts?

SENATOR HUNTLEY: In my district, I have, on my staff, someone who is director of Veterans Affairs, a gentleman by the name of Lester Muse, who also has a Purple Heart, and who's been very involved, for years, in my community.

So, we set up an advisory board for veterans. We visit them on a regular basis.

In fact, the past two weeks, I have spent most of my downtime in my district at the veterans -- St. Albans Veterans' Hospital, where I did a very huge clothing drive. Also, Valentine's Day, because so many veterans have no one.

So I am there on a regular basis.

And I think my part with veterans is, it hits home with the family, because I come from a family of veterans. My dad, my husband, my two sons, all served their country. And not because they had

nothing else to do. Because they felt it was their duty to do so.

So I'm very proud of what they will have done.

And that's why I work so hard, because I understand.

I understand the stress, the families.

I also understand, when veterans apply for money, how the government drags its feet.

You know, we don't do enough.

We don't do enough on the federal level.

We don't do enough on the state level.

In fact, I think we're doing more now, since Senator McDonald, and, Zeldin, who I'm also sure, was in the service.

Am I right? You are a vet?

SENATOR ZELDIN: (Senator nods head.)

SENATOR HUNTLEY: Okay.

-- and I think that's why, now, we're doing something like this.

You know?

And, whatever I can do, along with them, working together, trying to make life better for our veterans, we need to do that.

Because this country wastes a lot of money on

nonsense, when we can be helping people who need it.

Okay?

SENATOR MCDONALD: As you can see, folks, you got some strong support here.

Now you got to help us, all of you, in all the other public hearings that we do go to, pointing us in the right direction, so we can do something.

But this is the beginning. Okay?

We'll be talking to you a lot, obviously.

You have your own senator, who's very committed to this.

So, we want to thank you for your presentation.

We're trying to keep a schedule.

And, if you can stay a while, we have just such wonderful people here, gonna be talking.

Good for you folks to network with, and get to know.

Thank you so much.

CHRISTOPHER DELANEY: Thank you, Senator.

I appreciate it.

Thanks, everyone.

SENATOR MCDONALD: We have now, an amazing guest, that we're so grateful to make the trip up from New York City.

He's the director of Trauma & PTSD Program at Columbia University's College of Physicians and Surgeons, one of our great universities that is in this state, in the city of New York, who have led, in so many different health-care areas, so many different programs and services all over the place.

We're grateful to your university, and to you, Dr. --

And help me with your the name.

-- Dr. Yuval Neria?

DR. YUVAL NERIA: Neria.

SENATOR MCDONALD: Thank you for being here.

Thank you for choosing to take your day to come up to Albany. And --

DR. YUVAL NERIA: Thank you.

Thank you, Dr. -- Senator McDonald, Senator Zeldin, and Senator Huntley, for conducting this hearing. It's really timely.

My name is Dr. Yuval Neria.

I am the director of Trauma and PTSD at the New York State's Academy Institute, and professor of clinical psychology at the Department of Psychiatry and Epidemiology at Columbia University.

I have worked with war veterans, as a clinician and a researcher, for more than 20 years,

in treatment, and in research.

I also had some combat experience. Prior to my academic and professional career, I served as a commander of an armored company in the 1973 Yom Kippur War between Israel and Egypt.

I was injured, and awarded the Medal of Valor, the highest medal awarded in Israel.

So what is the problem?

Recent and ongoing conflicts in the Middle East have brought the psychological and societal consequences of war to the forefront.

Apart from the devastating loss of life, and physical wounds sustained in the tour of duty, a significant number of returning service members, upward of 26 percent, suffer from mental-health problems, of which post-traumatic stress disorder, "PTSD," is the most prevalent.

What is it, "PTSD"?

In order to be diagnosed with PTSD, an individual must meet several specific criteria.

First: Requires a traumatic event to have occurred; a traumatic event involved in experiencing, witnessing, or being confronted with an event that involves actual or threatened death, serious injury, or threat to the physical integrity

of self or others.

Furthermore, the individual's response to the event must include intense fear, helplessness, or horror.

The second criterion requires a constant reexperiencing of the traumatic event, including but not limited to, recollections, nightmares, reliving the event in one's mind, psychological distress, and reactivity associated with exposure to the event.

The third criterion includes the avoidance of trauma-associated stimuli and numbing of general responsiveness.

Criterion D includes perpetually increased arousal, resulting in insomnia, irritability, and frequent anger bursts, difficulty concentrator, hypervigilance, and exaggerated stutter response.

The duration of the aforementioned disturbances must be longer than one month, and must result in clinically significant distress or impairment.

How prevalent PTSD is?

Among Iraq and Afghanistan veterans, rates of psychological and neurological injuries are high, and rising.

According to a similar 2008 Rand study,

nearly 20 percent of Iraq and Afghanistan veterans screened positive for PTSD or depression.

Troops in Iraq and Afghanistan are also exhibiting neurological injuries. Traumatic brain injury, or, "TBI," has become the signature wound of the Iraq war.

According to the Rand study, about 19 percent of troops served reported probable TBI during deployment.

These milder injuries are quite complicated and difficult to identify, and they are not easily distinguished from PTSD.

Importantly, combat-related mental health problems are not limited to PTSD.

Rates of marital stress, substance abuse, and suicide, as we heard, are all increasing.

Suicide behavior is a critical problem among war veterans.

During the wars in Iraq and Afghanistan, the U.S. Army suicide rate has increased, from 12.4 per 100,000 in 2003, to 18.1 per 100,000 in 2008.

Depression and PTSD increase the risk of suicidal ideation, which is very highly correlated with suicide attempts.

What about risk factors?

In the United States, the prevalence rates of PTSD have been found to be significantly higher in minority veterans, across different studies, and different conflicts.

Yet, and importantly, studies focusing on the current conflicts in Iraq and Afghanistan, however, found no effect of race, ethnicity, on PTSD rates among those military populations.

It is possible that the elevated PTSD rates among minorities during the earlier wars, such as Vietnam War, were influenced, at least in part, by the widespread racial tensions that minority groups had to endure at the time.

Importantly, among combat veterans, most studies reported no gender effects, contrary to civilian studies that found women to have double the risk of PTSD as compared to men.

Level of exposure, severity of exposure, are considered to be the most meaningful and enduring factors in PTSD.

In studies where comparisons were made between service members deployed to Iraq and Afghanistan, or other locations, those deployed to Iraq consistently present with higher PTSD rates.

Of the service members deployed to Iraq,

93 to 97 percent reported shooting or directing fire at the enemy;

About 90 to 95 percent reported being attacked or ambushed;

And, more than 94 percent reported seeing dead bodies or human remains.

Of those deployed to Afghanistan, only 27, 58, and 39 percent reported such combat experiences, respectively.

How about treatment?

Although screening for mental-health problems, as we heard before, is conducted right after deployment, and is gradually becoming the norm in the U.S. military, and effective state-of-the-art treatment options are available, there is still considerable reluctance among military personnel to seek professional care for mental-health problems, unfortunately.

Of all the military-service members who screened positive for mental-health disorder, less than a half expressed interest in receiving professional help.

Service members who's positive screen for a mental-health disorder are also twice as likely to be concerned about stigmatization, and other

barriers to mental-health care.

Even when service members do initiate treatment, only a third receive minimally adequate care.

What are the availability of treatments to date?

For psychotherapy, exposure therapy is considered to be one of the most effective treatments for PTSD, and clinical practice guidelines consistently recommend it as the first diagnosing of treatment.

In the 2007, the Institute of Medicine Committee conducted a detailed assessment of evidence for available treatments of PTSD.

They found substantial number of randomized controlled trial studies, comparing exposure therapies to usual care or wait-list control, and a substantial majority of which demonstrated significant improvement of PTSD symptoms or loss of diagnosis in groups who received exposure therapy.

The committee judged the over-quality of evidence to be moderate to high, and conducted that exposure therapy is an effective treatment for PTSD.

Pharmacotherapy: Selective serotonin re-uptaking inhibitors, "SSRIs," are a class

anti-depressant that is currently the most extensively studied pharmacological treatment for PTSD; yet, efficacy of SSRIs are less robust as compared to exposure therapy, suggesting that we currently don't have a powerful enough medication for PTSD.

What are the barriers for mental-health care?

A number of bills have been documented among war veterans, including, fears of losing performance edge or self-control, expectation of scorn or negative career impact, shaming messages, myths and lack of knowledge, feeling undeserving, and logistical constraints and unavailability of care.

Much more efforts are needed to address these barriers.

For instance: Initiative to legitimatize acute care and early intervention might help to reduce the barriers of shame and guilt.

Policymakers should address logistical constraints and access to care by increasing the number of availability of programs of war veterans.

So how to enhance mental-health care for war veterans?

Currently, most of the mental-health treatment for Iraq and Afghanistan war veterans is

provided in V.A. settings; yet, many war veterans with mental-health problems may be reluctant to enroll in V.A. programs.

For many, especially personnel of the National Guard and Army Reserve, the V.A. may not be the first choice.

Given the scope of mental-health problems among returning military personnel, more mental-health services for veterans should be developed.

An evidence-based treatment for veterans should be provided in multiple and diverse settings.

Moreover, previous studies have documented the mental-health problems among children and spouses of war veterans; yet, family members of military personnel are not currently eligible for -- fully, for mental-health care in the V.A. settings.

Ignoring the needs of these populations is unfortunate.

Treatment programs for veterans coming back from the war should address the needs of family members, and social support is critical for the recovery process.

In addition, efforts to address the problem of stigma, and other barriers to care-seeking,

should involve outreach, psychoeducation, and new developed approaches to mental-health delivery.

In summary: Developing sustainable effective treatment program for war veterans is a major, major challenge.

Research has shown that war veterans, both males and females, have a very good capacity to be benefited from trauma-focused evidence-based mental-health treatment when the treatment is provided by well-trained, sensitive, and devoted clinicians.

It is our hope that lessons from previous wars, such as the importance of early intervention, the need to address barriers to cares, and the role of family members in post-deployment adjustment of war veterans, will guide public-health efforts to develop quality programs of new generation of war veterans coming back from the war, anticipating to receive safe and effective care for their mental-health problems.

Thank you.

SENATOR MCDONALD: Thank you, Doctor.

I was informed that a recent study by the Marine Corps suggests that feelings of guilt over moral dilemmas, including survivor's guilt faced in

combat, are a leading cause of PTSD.

You, more or less, verified that in your documentation.

DR. YUVAL NERIA: Yes. I mean --

SENATOR MCDONALD: We talked about early intervention, and what's causing it.

The early intervention, you mentioned the National Guard and the reservists.

It's not always the easiest, especially if you're in upstate New York, the V.A. hospitals, say, like down in New York City, where you can take a subway ride and you can get there quickly.

They're spread out.

They do a good job, but they're spread out.

What thoughts do you have on that?

DR. YUVAL NERIA: Well, I have a number of thoughts on that.

First of all, I think that the reluctance on the V.A. is a major limitation for effective widespread access to mental-health care, especially in rural areas; but, not only, also in the cities.

Access is a problem, but also stigma is a problem.

Going to the V.A. for post-traumatic stress disorder shouldn't be a psychiatric issue. It

should be a normal care access.

You know, so, we should normalize care given to war veterans.

We should, in order to combat stigma and shame and guilt, the only way to do that is to create, you know, a variety of services, on campuses and universities.

I would recommend, you know, developing a number of center of excellences, as done in -- for other needs.

I mean, the community is large and diverse, and channeling everybody to the V.A. seems to be, certainly, I can understand it.

I think that's a major limitation for effective and mental-health delivery, especially, because, you know, the -- the source for evidence-based treatment is not really coming from the V.A.

The V.A. is educated by research programs, such as, our research program at Columbia, or NYU, or Mount Sinai.

And, the V.A. -- until the V.A., incorporating fully, you know, the knowledge about treatment, it takes time and too much effort.

So I would say, let's open it up, let's make

it more diverse, and let's have the veterans have more choices than the V.A.

SENATOR ZELDIN: Doctor, thank you.

The fact that Columbia University has a PTSD program, it's something, that, it would be great if it was replicated in every university and every hospital across the country.

I'm starting to see with, law schools, are starting to do veterans' programs.

And, it's just great that you even have the program that you're directing.

And, thank you for being here.

The last speaker, I asked a question with regards to a particular problem that I have observed; that individuals just don't seem to have access to others in their communities that share -- are going through the same experience that they are with PTSD.

I'm just wondering what your thoughts are on the idea of developing some kind of a peer-to-peer program, where we can connect individuals who suffer post-traumatic stress disorder, just so they know they're not alone.

Maybe you can bring another perspective from the medical side?

CHRISTOPHER DELANEY: Right.

I like the idea a lot.

In fact, I like ideas that involve informal social support, and, to traumatized populations.

Could be disaster survivors, after 9/11, or war veterans coming back from deployment.

It's a great idea.

And it should run in parallel to professional evidence-based mental-health care, so you have a system in which, for example, peer-based programs have the capacity and the knowledge to refer somebody who is at need, to a close-by mental-health service program.

So you have -- and you have graduates of treatment programs in those specialist centers, coming back to the community and being benefited by the availability of peer-based programs.

So, I think it's a great idea.

It's not either/or. It should be conducted in parallel, and should be really tailored and coordinated in a nice way.

So, I think, overall, it's a great idea.

SENATOR ZELDIN: My only other question I actually have -- I can take up a couple of hours asking you questions -- but, for the sake of today,

we, as a state, have more of an influence in the say, with regards to interaction with our National Guard unit.

When they're on Title 32 status, they belong to the State. But the --

DR. YUVAL NERIA: Right.

SENATOR ZELDIN: -- when they're mobilized and deployed, as well as the active duty and the reserve components, when they're on Title 10 status, it's really something that, hopefully, Congress can do, and the Pentagon can do, a better job addressing.

But, what can we do, as far as -- you're a doctor; you're at Columbia University. You have looked into post-traumatic stress disorder, I'm sure, just so far beyond the norm.

Meanwhile, the best source of how to identify the service member with the symptoms of post-traumatic stress disorder is at the unit.

It is a specialist sergeant. You know, it's the platoon leader. The company commander or first sergeant.

And many of them, you know, they're not doctors. They don't have the experience and the depth of knowledge that you do.

So, what's the best way that we could be doing a better job to prepare those leaders to help with the diagnosis and treatment of post-traumatic stress disorder?

DR. YUVAL NERIA: Right.

And two comments on that.

I think that, overall, there is a nice progression. I think there is more consciousness.

And I think, army personnel, military personnel, overall, is very much educated about post-traumatic stress disorder, about the effect of exposure.

So I think, overall, there's recent progress.

The problem is, really, reacting in a timely manner to a distress of a fellow soldier, or fellow veteran; and, who will do that.

And I agree with you that, friends, and platoon commanders, and sergeants, are those who will be the first to notice that there is a deterioration of mood. That there is some issues; somebody's closed, somebody doesn't feel right.

And then, you know, if -- if barriers of stigma and shames are removed, you know, there should be a quick referral to a mental-health specialist.

The problem with Reserve and V.A., especially National Guard units, is that they don't have the -- they're under-resourced, in terms of medical personnel.

You know, Reserve are a little bit better, but I think National Guards suffer from, kind of, unavailability of mental and medical personnel.

This should be discussed, and considered. And I think, perhaps, you know, our discussion today can kind of facilitate that.

It is very -- availability is really the name of the game: Availability of peer-based program, availability of mental-health professionals, availability of friends, availability of a spouse, that noted something is not all right.

And this is only way, really, to intervene, and to intervene on time.

And it's a process.

And it's a process of education.

SENATOR ZELDIN: Well, it's a -- definitely an interesting challenge to pass your knowledge down to the average person.

You're very informed in your testimony.

Thank you for being here, Doctor.

DR. YUVAL NERIA: Thank you.

SENATOR ZELDIN: Senator Huntley.

SENATOR HUNTLEY: Yes, Doctor, what type of outreach do you use for your program?

For instance: A veteran who lives in the south Bronx, east New York, I mean, how do they know about your program?

DR. YUVAL NERIA: Right.

So, I can talk a little bit about my Trauma and PTSD program at Columbia.

We are located as the medical campus of Columbia University.

We have a big trauma program that is funded by the National Institute of Mental Health, primarily.

You know, a little bit by -- a little bit by private foundations.

We have never received, for example, funding from the State, but we are funded to do research.

Now, our research programs are about treatment.

We are testing new treatments. We are pushing the envelope, really to understand better why some people react to treatment, and others don't react to treatment.

We are, pretty much, successful in bringing

in civilian population with PTSD.

We are not successful, unfortunately, of bringing in war veterans with PTSD.

And, believe me, we are doing our best.

You know, we are going to the Bronx. We are going to -- we are going Harlem. We are going to downtown New York.

We have -- there is a certain reluctance of veterans with PTSD to seek civilian help. And, the availability is there.

There is no-cost treatment available for them, and there is -- still, there is a gap in access, that we should do everything in order to bridge it, actually.

SENATOR HUNTLEY: Now -- okay, now, with your research, does that include people of color also?

DR. YUVAL NERIA: Oh, yeah. Yeah, yeah, yeah.

We are doing very well with minority populations. At least half of our patients are Hispanics and Blacks.

And, actually, we are obliged to make our patient samples as representative as possible. And we are working very hard on that.

SENATOR HUNTLEY: What are the numbers, in

terms of male and female, that --

DR. YUVAL NERIA: About 60/40 percent.

60 percent females, and 40 percent males.

SENATOR HUNTLEY: Thanks.

DR. YUVAL NERIA: So, a slight elevations for females.

SENATOR ZELDIN: Thank you so much, Doctor.

DR. YUVAL NERIA: Sure.

Thank you.

(Senator Huntley leaves the hearing room.)

SENATOR ZELDIN: At this time, I would like to call Mr. John Javis.

John is the director of the Veterans Health Alliance of Long Island.

Mr. Javis, thank you.

At this point, for the sake of time, and all of our speakers know, we're going to try to cover everyone within a 5-minute time frame.

I'll keep --

JOHN A. JAVIS: Of course.

SENATOR ZELDIN: -- the big challenge for you are the -- becomes the questions from us, because you're probably all better at sticking to 5-minute timelines than we are.

But, thank you for being here.

JOHN A. JAVIS: Okay, I'll make it brief. I'll cut it down.

So, I'm here to advocate for peer support as a valuable tool to help veterans deal with post-traumatic stress disorder.

In 2011, the New York State Health Foundation and the Rand Corporation released a study of New York State veterans from Iraq and Afghanistan, that showed that 22 percent of those veterans met the criteria for PTSD or depression.

Unfortunately, only about one-third of those individuals actually sought help for their condition.

One major reason cited for not seeking help, was that veterans had no one to encourage them or assist them navigating what can be a very complex system of care.

Those of us who have served in the military know the importance of the buddy system.

It is known by various names, such as, "your Ranger buddy," "your battle buddy" or "your wingman."

Buddies are responsible for keeping each other safe.

In a combat zone, it might mean providing covering fire for your buddy.

After deployment, it might mean driving your buddy home after he's had one too many drinks at the bar, or bringing to him see the chaplain if he's talking about suicide.

A few years ago, the U.S. Army developed a concept called "Battle Mind," to help soldiers and family members deal with issue of deployment and reintegration.

The "B" in "Battle Mind" stood for "buddies." It reminded veterans to have friends, or buddies, when they returned home to civilian life.

What was happening to these individuals, felt that could only trust the buddies they served in combat with, and would not share their feelings with their spouses, family members, or anyone else, for that matter.

It was these suppressed feelings that led some to suicide.

Battle Mind taught veterans that buddies who would care for each other were also necessary in civilian life.

In the civilian mental-health context, the New York State Office of Mental Health encourages

the use of peer specialists, and highlights the role of them.

A "peer specialist" is an individual that is a current or former user over mental-health services. They are open about disclosing this, and they share the secrets of their recovery, in an effort to help others.

The roots of mental-health peer support actually come from AA and other 12-step support groups.

In the mental-health world, peer support is not meant to replace traditional mental-health services. It is intended to come complement other services.

People who may not want to partake in traditional services, because of stigma, might be inclined to try peer support.

At a later time, peer support leaders may be able to encourage the individual to seek traditional services if appropriate.

A model of veteran-specific peer support already exists, called "Vet to Vet," that was started by a Vietnam veteran by the name of Mo Armstrong.

Moe Armstrong was a medical corpsman in

Vietnam, and has written extensively about his battles with trauma and substance abuse after the war.

Complete manuals about starting Vet to Vet groups are available online from the "Vet to Vet" website.

I feel that this model can be easily brought to New York State.

At the MHA in Nassau County, we are in the process of starting a pilot of peer support, in both group and individual sessions, in collaboration with the Mental Health Association of New York State, using a grant from the Bristol-Myers Squibb Foundation.

I would urge that the Office of Mental Health be provided with funds to put out an RFP for non-profits to hire one full-time veterans' peer specialist in each of the five OMH regions.

These individuals would be responsible for outreaching and engaging veterans in their area, for leading peer-support groups, providing individual peer support, and developing volunteer leaders who could run their own peer-support groups, again, much in the manner of AA.

The estimated cost for this would be about

$400,000.

In conclusion: After the media coverage of the Walter Reed and V.A. scandals in 2007 brought nationwide attention to the poor treatment given to veterans, people, like myself, have been advocating that New York State have a comprehensive mental-health policy in regards to veterans.

And, to date, we have not seen any new funding or new initiatives in this regard.

During the same period, we have seen massive regulatory changes in the mental-health system, such as, PROS, clinic reform, and health homes.

These new initiatives are designed to save money.

Would it make sense, then, for some of these savings to be reinvested to assist veterans with mental-health concerns?

Our veterans are paying the price for inactivity.

There's a little secret out there that won't show up in any statistics or research study.

There is a pool of veterans from Iraq and Afghanistan who have dropped off the radar.

They live at home with their parents and relatives. They're not going to the V.A., they

don't go to work, they don't go to school.

They spend their days in isolation, using substances, and playing on-line video war games.

Some have concurrent drug and alcohol problems, PTSD, and traumatic brain injuries.

Many of them have caring families who desperately want, and encourage them to get help.

We feel that peer-support encouragement from a fellow veteran who has been there might be the method to assist these individuals to reengage in our community.

Thank you.

SENATOR ZELDIN: Mr. Javis, first, as a senator on Long Island, I just want to say, thank you, because I see your activity around the Island, and your interest, just in helping veterans. And that's really something to be applauded.

Thank you for traveling up here from Long Island, for this, and speaking specifically about the peer-to-peer mentorship concept.

And the idea of the -- you know, the proposal, I guess, with regards to OMH, which we'll look more closely at.

Senator Huntley had a question before she left, which has been a topic of conversation between

us, and the Veterans' Advisory Panel out in Suffolk.

It was a question of, you know, she has constituents in her Senate District. And, here we have a director of, you know, PTSD for Columbia University.

And one of, I think, the challenges that face mental-health providers, maybe you could speak to it on Long Island, is, making sure that everyone knows where these services are available.

So, if maybe you can speak to your experience there, and how we might be able to be helpful.

JOHN A. JAVIS: I think we need two approaches.

You know, one is a high-tech approach; one is a low-tech approach.

You know, and so we know, that, for many younger veterans, the Internet is probably the way to go.

You know, they're all computer-savvy. They grew up on the Internet. And, so, you know, some kind of a website, or some kind of an interactive web page, would be, you know, the way to attract those folks.

However, if you're an older veteran, you know, a veteran who's struggling, bordering on

homelessness, you're not going have a wireless router or a smartphone or, you know, a laptop computer. That, you need the low-tech approach.

That's the peer-support person that, kind of, boots on the ground, would be identified as the person who would be able to do that outreach engagement. You know, visit people in the community.

I think you need both approaches: both a high-tech approach, as well as a low-tech, "boots on the ground," approach.

SENATOR ZELDIN: Thank you.

SENATOR MCDONALD: I'm sorry. I had to step out for a moment, to talk to some people, and I missed part of your dialogue.

I'm sure we're going to be talking, though, individually.

I too want to thank you for what you've done, what you're doing, and what you hope to do in the future in this area.

The one common thing that I've been hearing since we started picking into this topic, is a mentoring program; whether it's vet to vet, or buddy to buddy -- whatever -- wingman, I see the different terminologies.

It seems to be a logical way to do that; to have somebody caring, but also to have somebody who has some basic knowledge that we help provide, whether it's on a regional basis; or, if it's -- you know, if you're in the metropolitan New York City area, delivering services and people, it's a little bit easier than if you're in the upstate New York area, where you go from a small urban area to a rural area, quite quickly.

And some of these folks don't have that kind of transportation capacity, or knowledge. And you start talking along miles, to get from one place to another.

JOHN A. JAVIS: Well, again, I think a thought there: Again, if you had one person, if they could develop volunteers in little areas --

SENATOR MCDONALD: Volunteers. And, of course, I go by the county concept in upstate, which provides so many well-needed services.

But it is the general premise, in speaking generally, is that's an amazing way to go; to enlist this corps of volunteers, get them trained, working for, you know, a full-time professionals, our county veterans' directors and coordinators, along with the State.

We don't want to duplicate what the federal government's doing. We want to help the federal government deliver the services.

And if they can't get to everywhere as quickly, the State's already got, you know, veterans on the ground, if you will, in the county.

And, certainly, in every county in the state, there's a variety of veterans who live there.

So, I mean, this is an issue that's not going away.

Too often, people think these wars end, and the official ending of the -- what was it, the Iraq War, December 15th, or something, of last year?

I mean, it doesn't end on December 15th for the soldiers, the men and women who served there, and their family structure.

And a parade is nice, and the yellow ribbons are nice, but these folks are looking at hard-core issues; whether it be, jobs, education, housing, health care, mental-health care.

And not just for them. We've got family structures.

And, you know, the one thing that amazed me, from the difference between the military, when I was in the Vietnam Era, to the military today: When I

went to Vietnam, young guys, don't have that family structure yet. Don't have, in many cases, they were, you know, full-time military people.

Today, they're older people, with, you know, a family structure, children, commitment to their community, jobs that are needed, and all the emotional baggage that goes along with this.

And, so, you know, if we're sending them off to fight for us, we have to take care of them when we come back.

And we start with the emotional problems.

Thank you for your time.

JOHN A. JAVIS: Thank you.

SENATOR MCDONALD: Next, we're honored to have with us, Dr. Charles Kennedy, clinical director of PTSD Treatment Program at the U.S. Department of Veterans Affairs, right here in our own local Albany Stratton V.A. Hospital, which, I think, if you're a local person, like myself, you know very well.

They treated my father who was a World War II veteran, as well as me, and my uncles and relatives who actually spent much time in there.

And with you, Dr. Kennedy, would you introduce your guest.

PETER POTTER: Peter Potter. I'm the public affairs director.

SENATOR MCDONALD: Peter Potter, is public affairs director.

First off, we thank you for coming. It's a shorter distance, but I know you've got a busy schedule.

DR. CHARLES KENNEDY: Senator McDonald and Senator Zeldin, thank you very much for inviting us to come share with you our experience serving our veterans, and, to seek your partnership in helping us care for what is a huge number of folks that deserve our help: our veterans; but, most especially, their families, as well as our veterans.

And if we help their families, we, in turn, will be helping them.

They'll help a veteran access treatment, and overcome stigma, the kind of things that we've heard from the previous speakers. Mr. Delaney, Dr. Neria, Mr. Javis, all highlight very, very important issues and obstacles to our veterans accessing treatment.

Approximately 3 million people have now served in Iraq and Afghanistan.

Of that 3 million, 1.75 million have

completed their military service.

Of those completing military service, 48 percent are presenting to the V.A. with problems, with post-traumatic stress disorder, major depression, and substance-abuse problems.

Many of these people are isolated. And in that isolation, they are in danger of taking their own lives.

We need everybody we can access, to reach out to the folks that are isolated, because it is the isolation and the avoidance that is potentially lethal.

All the previous speakers noted how difficult it is to come to the V.A.

Imagine, if you will, what it's like to say: Geez, I've got something wrong with me. It's unmanly, this thing that I have wrong with me. And then I got to go into the V.A., to seek services.

And, in our case, if you push the number "10" in the elevator, everybody on the elevator knows you're going to the mental-health floor.

So, you're revealed, especially if you're sensitized to this.

We are especially struggling to help connect with the youngest cohort, those from 19 to 26.

They'll come, and they'll go.

They'll come, and they'll go.

So, as Dr. Neria said, we don't need to have enclaves of treatment. We need to push treatment out into the community, onto our college campuses, into our community colleges, and out into the areas, up to the border, for us.

And we are making efforts to do that, but we need all of the help we can get to do it.

We have 11 community-based outpatient clinics, from the Canadian border, down to Dutchess County.

We have, in the PTSD program, 5 of the 11 of us have telemental health equipment.

And much to my surprise, this is a wonderful way to reach people in Plattsburg, and out in Utica.

There are issues that one -- the clinician needs to be concerned with, to ensure safety, but at the same time, we're able to offer psychotherapy, based on the empirically supported treatments, to people as far away as Plattsburg.

So, we're making some headway, that way.

Soon to come out of our research at the Stratton V.A., which is actually one of the homes of the PTSD diagnosis, Dr. Larry Kolb, a

psychiatrist, was instrumental, in the '70s, in bringing to the attention of the mental-health community, the fact that there was this thing, which we were then to call "post-traumatic stress disorder," which had been deleted from the "Diagnostic Manual" in 1952.

So, when Vietnam veterans returned from Vietnam, when Korean War veterans returned from Korea, there was no diagnosis to describe what was happening to them, and to suggest what the treatments might be.

So, it was not until the late '70s, and Dr. Kolb and others' work, that led us to have this "post-traumatic stress disorder" diagnosis.

I also want to add, and tell you about the local situation.

I've been with the PTSD program for 24 years now.

When I started, there were two of us.

When I started, we couldn't get anybody to show up and come for treatment.

In 2000/2001, that fiscal year, we had 194 combat-veteran participants.

In 2004/2005, we had 253 combat-veteran participants.

In -- from April of 2010 to April of 2011, we had 716 participants.

I had predicted for this year that we would exceed 900. I'm afraid we're going to reach 1,000 this year, of folks that we'll be treating in the PTSD program here.

Interestingly, about 51 percent of those that are presenting for treatment at the Stratton V.A., are Iraqi and Afghani veterans.

Fully, 43 percent of brand new referrals, first-time people seeking treatment, are Vietnam veterans coming in for the first time. As they hit retirement age, as they lose a spouse, as they have physical problems, their PTSD comes back full-blown after they've led successful lives.

I guess what I'm trying to say is, we need all the help we can get from everybody we can get it from, who are knowledgable and caring about the issues of veterans.

Let me say one other thing: Many folks have commented on how important, for those in need, to be -- have connection with veterans.

And that's very true.

I remember, as a young psychologist, a combat veteran saying to me, "You young buck, what are you

doing? How can you help me? You have not been to war."

And, of course, I would have to say, "No, I have not."

And there seemed a real face validity to their criticism, and I felt at a loss to be helpful, because of my lack of experience in the military.

But over the years, the veterans that I've worked with taught me some things that were very special.

One: My ignorance was a valuable tool, because, not only were the veterans presenting for treatment right, I didn't understand what it was like to be in the terror and horror of combat, but they didn't understand what was happening to them.

They did not have words to explain these things, where, they were trying to talk to their wife or to their son, and they would have such a powerful, vivid, intrusive experience, of back in Vietnam, or over in Iraq, or in Afghanistan, that they would not be able to concentrate on the remarks being made to them by a loved one.

And they would feign, that everything was okay, and that they were doing just fine.

And on and on, these intrusions would come.

And, in order to avoid embarrassing themselves, they isolated in the basement, playing the video game, or abusing marijuana, or something like that.

So, I learned to, with a genuine authentic ignorance, help them find the words to tell me, as best they could, what was going on for them.

And, in that way, they began to understand themselves, and be able to communicate, not with just other veterans, but with people they cared about; and reconnect, and reinvest, in the civilian world, as well as have that special connection and bond to their fellow veterans.

I'll conclude my remarks with that, and take any questions that you have.

SENATOR ZELDIN: If -- right now, as we're here, one of the beauties of Facebook and the Internet, that people are watching this exchange.

So, if there's anyone out there that wants to get help from their V.A., if you wouldn't mind just sharing some information of where they can go.

DR. CHARLES KENNEDY: Well, absolutely.

Simply call the "626-5000" number, at the V.A., and get routed to the PTSD program. Or, to immediate help, up in the mental-health clinic, if

that's the case.

There is a Veterans' Suicide-Prevention Hotline.

I don't have that.

Do you have that with you now, Peter?

PETER POTTER: I don't have the hotline.

But, if you go to our website, and that's, AlbanyVA.com;

We also have our Facebook page, which is "VAalbany," simply;

And, you can connect, for any of that information, for the suicide hotline, for enrolling for veteran services, both for benefits and health care.

SENATOR ZELDIN: We have a veterans' crisis-line phone number here, for the V.A., of 1-800-273-8255.

Apparently, press "1," and you'll get --

PETER POTTER: That's to talk, yeah.

SENATOR ZELDIN: -- get some help.

Thank you very much for being here.

Senator McDonald.

SENATOR MCDONALD: Yeah, we were talking with some of the previous speakers, and the difficulty in a state like New York.

You would think the difficulty would be, that some of the public officials would say, in this day and age, the hard economic times, we don't want to do anything.

That's not a difficulty. It's just the opposite.

The difficulty of us, now, is we're united to do something, and we're willing to do what has to be done, but we want to capture the bureaucracy of everything.

This is a very large physical state.

If you're talking to somebody from Indiana, they think everybody lives between 150th Street and the Bowery in New York City. Them don't realize it's such a big and wonderful state.

And some of the state is more metropolitan, or congested, in a sense, where the population lives, and you can deliver services much easier.

As you go beyond Poughkeepsie, and you start spreading out into our great state, and you folks know it firsthand, because Albany Medical, or V.A. Hospital, services more than just the people, say, in the city of Albany or Albany County.

It's a great capital region that goes up to the Canadian border, to the New England, and goes

quite a bit west.

And the issue is, is that a lot of these folks are in the rural areas, and getting the word to them.

And, you start out, in your first statement, saying, "partnership."

And that's what we're looking for.

We're not looking for any kind of a criticisms or adversarial relationships, you know, saying: We don't think that you're doing what you're supposed to.

It's a tough issue.

It's come a long way since the Korean War or the Vietnam War, and we want to be sure that we capture that, okay, that good feeling of the public, and the public officials.

So, put some thoughts on to us, as, how do we communicate?

It certainly is important, when you have 1-800 numbers, and things like that. But I'm into, sometimes I think people want to see one face looking at another face, and talking to a human being, and expressing, that only -- only you can do that, individually, the emotions, the problems that they have, that they don't want to share over the

phone. They want to sit there, and they want to have that kind of emotional attachment.

And, we have been -- talked about partnerships, and we're talking about mentoring programs, and working with our counties, and the State Division of Veterans Affairs, and you folks, the Veterans Administration.

So, I don't know if there's any kind of special programs that you see throughout the country, that you might have in a smaller state, or any state, that might be applicable, that we customize.

We're open to any suggestions that you might have, and what your organization is doing in, Texas or Minnesota, or whatever, because we're going to review it, and anything that makes your life easier, delivering that soldier, and their family structure, to professional help.

DR. CHARLES KENNEDY: In Arizona, there's a Dr. Michael Marks, who is a psychologist -- clinical psychologist, Vietnam veteran. He is the chief of psychology and the PTSD team leader.

He and a colleague have put together a program at the University of Arizona, called "Scholars in Camo."

SENATOR ZELDIN: What was that? "Scholars in," what, now?

DR. CHARLES KENNEDY: Excuse me?

SENATOR MCDONALD: "Scholars in"...?

DR. CHARLES KENNEDY: "Scholars in Camo."

SENATOR MCDONALD: Oh, okay.

DR. CHARLES KENNEDY: In, like, "camouflage."

SENATOR MCDONALD: Yeah. Yep, yep.

DR. CHARLES KENNEDY: It is a cohort program, in which they bring veterans into the university, together. They have three or four courses that all of the veterans take together.

And they have increased the successful completion of the bachelor's degree, from what was 3 or 4 percent in some returning veterans with PTSD, up to, 90, 95 percent.

This is the kind of resilience, non-mental-health-stigmatizing approach that we should try to find ways to do everywhere.

At our community colleges, at our state universities, at Columbia -- everywhere we can -- we should try to identify, and invite, our veterans to form a community. And then, to help them in that community, within the context of the university, to succeed.

SENATOR MCDONALD: I think that's the new words that we're going to talk about: Mentor programs and partnerships, and partnerships with education.

Whatever we can do.

And we're very grateful of your time here, and what you've done.

I know your hospital, because of so many of my relatives being there, and they were always treated well.

Thank you.

SENATOR ZELDIN: Thank you.

DR. CHARLES KENNEDY: Thank you for the opportunity.

SENATOR ZELDIN: Our next speaker is Mr. Andrew Roberts.

Mr. Roberts is the director of the Office of Military & Veterans' Services, North Shore - LIJ Health System.

While Mr. Roberts comes up, just some additional information that we have.

There's a website at: VeteransCrisisLine.net.

This also belongs to the U.S. Department of Veterans Affairs.

"VeteransCrisisLine.net."

You can also text to 838255, to receive free, confidential support, 24 hours a day, 7 days a week, 365 days a year.

Although, I guess this year would be 366 days a year.

And, Mr. Roberts, with that, thank you for being here.

SENATOR MCDONALD: Mr. Roberts, before you start, first off, I want to thank you. You have a very impressive resume. A West Point graduate.

We're honored that you're here.

We're trying to keep on schedule, to get everybody to talk. So, we're trying -- sometimes, people like me and Lee like to talk.

And, you're an Iraqi War veteran as well.

Thank you.

And thank you for being the director of Military & Veterans' Affairs Liaison Services for the North Shore - Long Island Jewish Medical School -- Center. Excuse me.

Thank you.

ANDREW ROBERTS: Thank you very much.

Thank you both for your service, as well.

So, I'm Andrew Roberts. I'm a West Point graduate, and a former Army captain.

I served in Iraq from 2003 to 2004, and was in command of a unit of about 90 American soldiers.

When I was putting my testimony together, I was originally going to talk about a few incidents that I actually had, where I was engaged with -- by the enemy, but I realized it really wouldn't accurately reflect the majority of the time that I spent in Iraq.

The reality is, that most of time that I was there, I was on the ground, working with my soldiers and the Iraqi people, to help them to build their fledgling democracy.

I admit, I was constantly aware that I could be attacked, and greatly concerned for my safety and the safety of the men that I was responsible for.

And actually feel that I had fairly positive experiences over there; and, yet, I was still intensely impacted by my experiences.

I've been working with veterans now for over five years. And, I can say that, based on my own experiences, compared to many others that I've seen, my troubles were probably on a scale of about 3 out of 10.

And I'm going to talk a little bit about some of any experiences. And, I'd like you to think

about how my -- you know, someone going through what I went through, and how that could impact somebody's family.

When I came from home from Iraq, I left the Army and moved to California.

I used to drive to work, scan the hilltops, looking for the silhouettes of enemy heads that I was always looking for when I was in Iraq.

I occasionally wondered if the vehicles that I was driving next to had weapons in them.

I had a very high startle response.

Once, my girlfriend at the time stepped on some bubble wrap in the living room.

And, I didn't realize what had happened, and it sounded as though she had crept up behind me and fired an M-16 right behind my back.

To say that it startled me is an extreme understatement.

A startled response caused by combat deployment, triggered by an unexpected noise, is an awful, uncontrollable visceral reaction that shoots through your entire body.

I saw an animal get electrocuted on TV one time, and its physical reaction to the high voltage is similar to how I felt inside of my skin when that

happened to me.

I don't have kids, and I didn't at that time either, but, I can only imagine how my actions might have impacted them if they had to experience somebody that was going through that.

I felt very alone when I was back in America.

I felt like I was in a country that no longer understood me, and that I no longer understood.

I remember standing in an airport one time, and feeling as though everybody in that airport was together, and I was alone.

I hated my job, and I was unhappy with the relationship that I was in.

So, there was a lot of stress in my life at that time, but I realize now, that the majority of it was directly related to Iraq. It just didn't seem that way at the time.

I never had a nightmare or a flashback. And, as it's been referred to a number of times here, although I had some bad days in Iraq, I really wasn't involved in the combat that I grew up watching on TV, and that I had seen on the movies.

So, really, in my own mind, I never connected what I was experiencing when I came home, with my experiences in Iraq or my service in Iraq.

I felt normal, and that's how I felt in Iraq for a long time. And, it felt normal to me to feel the way that I was.

The one thing I was aware of, was that I was unhappy.

I felt as though my job was meaningless. And compared to life-or-death decisions that were being made on a regular basis in Iraq, it's just how I felt.

I ended up quitting my job, moved back east.

For six months, I was unemployed, and lived with my parents. I was 30 years old, West Point graduate, and unemployed.

I was a miserable person.

I eventually got a job and moved to New York City, but it was three years after I came home before I finally got help.

Although my startle response had been reduced, basically, to nothing, I was still very angry. And nothing really felt better than to get extremely angry and upset about things that were going on in my life.

My dad even mentioned at the time, "Maybe this has something to do with Iraq"; which is, now, it's very obvious that it had everything to

do with my service in Iraq. But at the time, again, I still just wasn't making that connection.

I went through a period of time, trying to figure out, over a weekend, of whether or not I was actually going to seek help.

And what inspired me to get help, was that I wanted to serve other veterans. I wanted to be an advocate.

And I knew that the first question that any other veteran was going to say to me, if I asked them to get help, was going to be, "Well, did you go?"

And I knew I'd have no credibility if the answer was no to that.

So, I did; I seeked -- I sought therapy, and it gave me a chance to -- what I describe as: Gave me a chance to step outside of myself, and see how I was actually behaving.

I believe it's very hard to do this without a professional, trained, and evidence-based therapies. And that's exactly what I needed to do in order to learn from my experiences, and to understand why I was still suffering.

I feel that I have come out of therapy stronger than I was before.

And I think it is worth mentioning, that I didn't go to the V.A. for help, although, I've worked with many people from the V.A., and admire and respect many of them.

It's, just, I didn't feel, at that time, that that was something that was for me. I didn't want to bump into anybody that might know me.

And, I just want to let you know, that that's how I found my therapist, was on a website for people looking for therapy in New York City, which I then sort of realized, also, that almost everybody in New York City is getting some type of therapy.

[Laughter.]

ANDREW ROBERTS: So, it wasn't as big of a deal as I thought, but it was extremely hard for me to ask for help.

And I even asked myself, at one point, if I was mentally ill.

And, that is that stigma that is so heavy -- weighs so heavily.

And I'm a person that would have believed, or recommended somebody else go for therapy. I just didn't think that I needed it.

And it was very challenging for me to go.

So, I went five years ago.

I had a family that enabled me to get back on my feet, and I've become an advocate for veterans.

I worked for the Iraq and Afghanistan Veterans of America;

I was formerly a deputy director for the New York State Division of Veterans Affairs, here;

And now I'm the director of the Office of Military & Veterans' Liaison Services for North Shore - LIJ Health System, and part of my role, is administrator of the Rosen Family Wellness Center.

And I just want to briefly discuss this example of behavioral health as a potential community partner.

But working for the Rosen Center, we treat law enforcement, military veterans.

Senator Zeldin came to visit us about a couple of months ago.

But, I realized how much PTSD can impact a family, which we haven't heard a lot about that today, but it really can.

We've treated parents of family members, dealing with their children that are suffering.

We've dealt with the brother of a veteran -- or, correction, the -- yeah, the brother of a

veteran who lost his leg in Iraq, and the child was emotionally impacted by the experience.

We've dealt with wives that are nearly crippled with anxiety, due to the deployment of a loved one.

And, of course, we've treated many veterans, and other military members.

And we view ourselves as a supplement to V.A. care. And we're proud to be able to provide services that the V.A. just isn't really designed to provide.

And, we'll also be opening Unified Behavioral Health Center, for military veterans and their families, in Bay Shore, New York. And this is going to be a collaboration with the V.A., where, North Shore - LIJ, and staff from the V.A., will be operating, side by side, under one roof. And, we'll be able to treat the families; the V.A. will be able of treat the veterans.

Both of these organizations are providing care at no cost.

And I think these are examples of public and non-profit partnerships that are critical to care for the veteran and his or her family.

Now, from my experience, I know that is very

hard to ask for help. But, I also believe that you could be, basically, handing out $100 bills at your organization, and, if it doesn't get -- the word doesn't get out to the right veteran, they're not going to come.

It goes against everything that our service sort of trains us to do, to ask for help, but, it's also not fair to just look at one organization, like the V.A., or the Department of the Defense, to handle all of these issues.

And I believe, you were talking about it earlier, this concept of working with communities. And I think that's critical, because, sometimes veterans just aren't even aware that there could be a service right in their backyard. They wouldn't even know to look.

I don't think I would have known to look in my county for help, when I got back.

I haven't worked with the State.

I see it as a tremendous resource, and it is right there in the community.

And I just want to encourage that.

I think we can all do more to serve those who serve us.

Communities are usually aware of these small

local resources, sort of like the Rosen Center that exists.

There should be a net of services, to catch any veteran that comes home from war, to ensure that they and their family are aware of them, and how to go about accessing them.

It's challenging to gets veterans to come in for treatment, post-operational stress conditions, but, it's a critical step. And, the sooner they get treatment, the faster they can get back on their feet.

I'll take any questions.

SENATOR ZELDIN: Just one comment, is: Going forward, any ideas that you have, where we can be helpful, Senator McDonald's office, my office.

There are -- many of our colleagues have served. As Senator Huntley mentioned, you know, that have loved ones who have served.

And we do have a speaker, later on, to testify from the family perspective.

You know, our first speaker, Chris Delaney, you know, talking about his best friend, and brought up PFC Joseph Dwyer's brother.

And, we definitely realize the impact on the family.

We're looking forward to soliciting more testimony.

And, for that sake, I'll just turn it over to Senator McDonald at this point.

SENATOR MCDONALD: Andrew, we really liked that concept of the partnership with the Veterans' Hospital administration down there.

We're probably following up on that.

ANDREW ROBERTS: Okay.

SENATOR MCDONALD: It's a great illustration to do, as we go across the state, getting as many organizations working together, including, in many cases, for instance, the county I live in, in Saratoga County, mental-health services for the county is actually located in the local hospital.

So, we're partners in so many other things, and this would -- we got to continue to explore this partnership, and deliver that service.

And I thank you for your service.

Thank you.

SENATOR ZELDIN: Thank you for your service as well.

ANDREW ROBERTS: Thank you both, very much.

SENATOR MCDONALD: Next we have a wonderful guest, senior director of Veteran Services,

Samaritan Village, Inc., Ms. Carol Davidson.

Hello.

CAROL DAVIDSON: Thank you.

Good morning.

SENATOR ZELDIN: And for all the speakers that will be testifying, if we don't end up asking as many questions as we'd want to, please, just understand that it's for the respect of the other. witnesses to follow, to make sure we get everyone in.

CAROL DAVIDSON: Good morning, Senator McDonald, Senator Zeldin.

Thank you both for your service, and, welcome home.

Thank you very much for inviting me to participate in this meaningful dialogue about the psychological, emotional, and spiritual impact of combat service on our military-service members; and the ways in which we, as a community, can assist our veterans in homecoming, healing, and successful reintegration.

It is my privilege today to represent the president of Samaritan Village, Tino Hernandez.

And, it is my hope that I can contribute to the discussion, from the perspective of a dedicated

community-based agency that has been providing specialized programs and services to veterans for the past 15 years.

There are well in excess of 1 million veterans living in New York State. And, there are, currently, as many as 10,000 veterans coming home from active duty to New York every year.

Veterans are a diverse group of men and women who embody the richness of American culture.

They personify the spirit of patriotic service, leadership, courage, and sacrifice.

They are resourceful, resilient, and motivated.

The warrior ethos that they live by is based on core commitments: To place the mission first, to persevere against all odds, and to take care of one another at all costs.

These service members and veterans are real-life heros.

Sometimes we forget that they're also real-life human beings whose lives are changed forever as a result of their experiences.

The wounds of battle are not always visible, but the impact of trauma, grief, guilt, and horror can be as debilitating as any other catastrophic

injury.

The writer Paul Fossil described post-traumatic stress disorder, when he said, that he joined the Army to fight the war for its duration, but, discovered that he would have to fight it every day and night for the rest of his life.

The Committee's interest in this compelling issue, and willingness to create a forum for public education, discourse, and collaboration, will benefit, both, our veterans, community, and our provider network.

If I may, I'd like to begin my comments by just telling you a little bit about Samaritan Village, and our work with veterans.

Samaritan Village is a non-profit social-service provider in New York State, with a history of 50 years, and a thriving continuum of services.

The current roster of services includes, both, outpatient and intensive residential programs for chemical-dependency treatment, shelter and transitional housing programs for the homeless, health and mental-health services, vocational rehabilitation for our program participants, and an

active senior center.

Our facilities are located throughout New York City and in Ulster County, and serve over 3,000 clients annually.

The treatment programs are licensed by the New York State Office of Alcoholism and Substance Abuse Services.

We administer three residential facilities for military veterans who is have substance-abuse disorders, and the spectrum of life problems that are associated to chemical dependency, including specialized services for the treatment of trauma and PTSD.

Our programs include a 48-bed --

I see a typo to there.

-- 48-bed residential program for male veterans in Manhattan; a 50-bed program for male veterans in Queens; and, 25-bed residential program for women veterans in Ulster County, which I'm very proud to say is the first program of its kind in New York State, funded by OASAS.

In 2011, Samaritan Village was awarded a grant, for the first time, directly from the U.S. Department of Veterans Affairs, to develop a Supportive Services for Veterans' Families program,

which is designed to assist homeless veterans and their families who may be at risk for homelessness.

Samaritan Village began to develop treatment services for veterans over 20 years ago, when the clinical staff identified a subculture of Vietnam veterans within the existing treatment programs.

Those veterans often had histories of previous treatment failure, and had been unable to stay sober for any significant period of time.

Most of the treatment options that were available during that era focused exclusively on, either, of the substance abuse problem or the PTSD.

Samaritan Village developed an integrated clinical model for simultaneous treatment of substance abuse and co-occurring mental-health disorders, including PTSD.

Our first veterans' program opened its doors in 1996, and we have continued to work diligently since that time on creating a clinical culture that honors veterans, builds on their inherent strengths, and offers pathways to personal healing, that are grounded in trauma-informed care, mutual self-help, and evidence-based clinical practice.

Samaritan Village veterans range in age, from their mid-20s, up into their late 60s, and include

both combat and peacetime veterans who represent every era.

We have begun to see an influx of Operation Iraqi Freedom and Operation Enduring Freedom veterans over the past few years, and we certainly anticipate that we'll see many more in the years ahead.

In 2011, the Rand Corporation prepared a "Needs Assessment of New York State Veterans" report for the New York State Health Foundation.

The highlights of the report indicate, that, while about 20 percent of combat veterans screened positive for symptoms of PTSD, less than half had received any mental-health services in the prior year.

In addition to combat-related trauma, veterans may also develop PTSD in response to incidents of military sexual trauma, which occur with a alarming frequency.

The U.S. Department of Labor - Women's Bureau released a recent report, that estimates a range of 20 to 48 percent of women in the military experience some form of direct sexual assault.

I will not attempt to address these issues in any real depth within the scope of my comments

today, but, I will summarize a few key points that reflect my experience of working with veterans at Samaritan Village.

Less than 1 percent of Americans have borne the full burden of military service in the wars in Iraq and Afghanistan.

The nature of guerrilla warfare, shifting mission objectives, multiple deployments, and the particularly harsh conditions faced by our current service members create conditions that are likely to result in high rates of PTSD and other mental-health problems among this generation of veterans.

No one returns from war unchanged, and no one hates war more than the warriors who have lived it.

A PEW Research Center report cites that 98 percent of post-9/11 veterans are proud to have served, but 51 percent describe that readjustment has been difficult; and, fully, 49 percent admitted that they had some degree of post-traumatic stress reaction.

PTSD is a disorder of both memory and meaning.

Service members can withstand enormous amounts of adversity and trauma, but, they're prone to derive meanings from their experience that

involve irrational self-blame, that erodes character and self-esteem, and engenders self-destructive behaviors.

Readjustment problems, including PTSD, create a cascade of consequences that may include, addiction, health problems, marital and family problems, vocational dysfunction, loss of housing, criminal-justice involvement, and, in the worst case scenario, suicide.

Some of the barriers to effective service delivery for our veterans include their own reluctance to seek help, because, they perceive it as a sign of weakness, or they fear being stigmatized, they have concerns about taking medications, and, have various challenges and doubts about accessibility to competent care.

The U.S. Department of Veterans Affairs needs significant support from community-based providers to deal with the numbers of combat veterans who are on their way home in next few years.

Providers need training to develop necessary clinical competencies.

The course curriculum for most mental-health professionals does not include any content about military-cultural competence, trauma-informed care,

or evidence-based practice for PTSD.

Effective treatment for PTSD includes the use of evidence-based practices, like prolonged exposure therapy, eye-movement desensitization and reprocessing, cognitive-processing therapy, et cetera, that is delivered within a context of respect for military service, and provides an opportunity for the veteran to connect with a support network of his or her peers.

Finally, it is the moral, social, and practical imperative for American society to mobilize all necessary resources across multiple systems, systems to assist our OIF, OEF, OND, veterans, as well as veterans of all eras.

The responsibility for war, and its aftermath, is rightfully shared by a whole culture.

In closing: I would like to reference a young OIF veteran named Billy, who talked about the difference between, coming back, and, coming home.

It's perfectly normal for human beings to have profound emotional responses to horrific war-time experiences.

Our warriors possess incredible resources that they will utilize to benefit society, if only we'd work together to assist in their healing, and

help them to rediscover a sense of meaning and purpose, and a place in the community as rightfully honored veterans.

Thank you for allowing me to share my observations.

SENATOR MCDONALD: Carol, we think highly of your organization.

CAROL DAVIDSON: Thank you.

SENATOR MCDONALD: We would like to know more about it.

You mentioned something about, down in Ulster County --

CAROL DAVIDSON: Yes.

SENATOR MCDONALD: -- you have a new facility.

I think I would like to visit some of those things.

We're moving our schedule along because we want to make sure that we get everybody in.

CAROL DAVIDSON: Okay.

SENATOR MCDONALD: Okay?

But you're going be hearing from us.

And, first off, I want to thank you for what you've done so far for these folks.

CAROL DAVIDSON: Thank you very much.

SENATOR MCDONALD: It's obvious that non-profit organizations have a role in what we're doing here. And they've already established some, you know, really great programs.

CAROL DAVIDSON: If I could add just one point that hasn't been mentioned yet?

And, you know, again among kind of unspeakable things, that, there are some incredible war heroes/veterans of these conflicts, and all eras, who, for one reason or another, and including reasons that may be associated to PTSD, end up with bad discharge status that disqualifies them from, you know, accessing services at the V.A.

And, so, it's --

SENATOR MCDONALD: Well, we're going to be --

CAROL DAVIDSON: -- another reason --

SENATOR MCDONALD: -- these are things -- we do have limitations, and the federal government does supercede us, but we certainly are going to try to personalize the New York State veterans, so we know them as a person, not a number.

CAROL DAVIDSON: Thank you very much.

SENATOR MCDONALD: Thank you.

Next we have another wonderful guest, Ms. Karin Moran, who is director of policy,

National Association of Social Workers in New York State, which already sees a great deal of emotional trauma on regular basis.

We are trying to keep, Karin, a schedule, so, please help us out.

Now, we do know some of the stuff you do, and we do know that there's an overlap.

KARIN MORAN: Yes.

SENATOR MCDONALD: So --

KARIN MORAN: Thank you.

SENATOR MCDONALD: -- and you don't have to read the whole thing.

Highlight, if you will, some of the areas that you feel that haven't been covered, that you are unique in.

KARIN MORAN: Okay.

Thank you, Chairman McDonald, and Senator Zeldin.

My name, as you mentioned, is Karin Moran, and I am the director of policy for the New York State Chapter of the National Association of Social Workers.

As such, I have spent a considerable amount of time, over the course of the last several years, working on veterans' issues; specifically, the

preparedness of the mental-health workforce in relation to meeting the needs of returning service members and their families.

I would like to thank you for providing this opportunity to address a critical area of concern regarding veterans and the care available to them.

As you are acutely aware, the state of New York, and the country at large, are facing formidable challenges in serving the mental-health needs of our veterans returning from active duty in Iraq and Afghanistan.

Since 2001, 2.6 million American service members have deployed to the combat theaters of Iraq and Afghanistan.

It is estimated that New York alone, has, to date, assigned over 85,000 troops to Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn, many of whom have been assigned to multiple deployments.

With each deployment, our service members encounter extreme strains on their physical and mental health, which, in many cases, has resulted in unprecedented rates of health and mental-health problems, most notably, post-traumatic stress disorder and traumatic brain injuries.

Equally alarming are the numerous reports that I have -- that have identified PTSD and TBI as risk factors of suicide.

And, reportedly, individuals with traumatic brain injury are 1 1/2 times more likely than a healthy individual to complete suicide.

Other risk factors include, PTSD, depression, chronic pain deployment to combat, and substance abuse.

As evidenced by a number of reports, including a landmark study in "The Journal of American Medical Association," post-traumatic stress disorder rates are, reportedly, as high as 24 1/2 percent for National Guard and Reserve troops serving in Iraq.

In addition to high rates of PTSD, providers in the mental-health community have reported increased cases of TBIs sustained in Iraq and Afghanistan theaters of combat, due in large part to the use of improvised explosive devices.

Also disturbing is the rate at which TBI has been misdiagnosed as PTSD.

Numerous reports have told the stories of soldiers returning from Iraq and Afghanistan with brain trauma, but because visible head wounds and

symptoms -- because there are no visible head wounds, symptoms, such as memory loss and confusion, are often mistaken as indicators of PTSD.

In addition, the Department of Defense Task Force on Veterans' Mental Health has reported elevated rates of major depression and substance abuse, while post-deployment health reassessment data show that, up to 38 percent of soldiers, and 31 percent of Marines, are suffering from negative psychological symptoms.

Hence as service members return to New York, they and their family members are often in need of expert mental health-care; yet, there continues to be a short supply of mental-health professionals who are adequately trained in veteran-specific mental-health issues.

In addition, providers need to be well versed in the unique context of mental health within the military culture.

The recent Rand Corporation needs health -- "Needs Assessment of New York State Veterans," released January 2011, confirms such, as they all clear for increasing the number of providers trained in the provision of evidence-based treatment.

In response to such an identified workforce

issue, NASW partnered with the New York State Psychiatric Association and the Medical Society of the State of New York, each of whom have representatives here today, in the development and the facilitation of the Veterans' Mental-Health Training Initiative, a multi-year comprehensive training project focused on increasing the number of community mental-health professionals knowledgeable about the assessment and treatment of mental-health issues specific to veterans and their families.

One of the initiatives was funded through a legislative grant, and delivered in five separate locations throughout the state.

In addition, the New York State Office of Mental Health utilized the model to train their workforce, cumulatively resulting in over 1,000 mental-health providers statewide.

While this is indeed a tremendous feat, and even far exceeded our initial expectations, the number of returning veterans, and the derth of mental-health professionals specifically trained to meet the needs of continued -- to meet their needs, continue to be documented in study after study, such as the Rand "Needs Assessment," the Department of Defense's Task Force on Veterans' Mental Health, and

many others.

Building upon the success of year one, we moved forward with two year of the project funded through a grant by the New York Health Foundation, expanding the project to reach -- to include higher levels of clinical skill-building, in addition to PTSD and TBI introductory curriculum.

This project is currently underway, and to date, we have completed 1 of 4 training institutes for 150 mental-health participants.

With an eye toward the future; and, yet, additional identification of needs surfacing, we, again, work in partnership with the New York State Psychiatric Association, The Medical Society of the State of New York, to expand the breadth and scope of the project, to include training -- a training track specific to primary-care physicians.

As evidenced in recent reports by the Veterans Administration, "The Journal of American Osteopathic Association," the Department of Defense and Division of Psychiatry, and Behavioral Sciences at Walter Reed Army Institute, just to name a few, public-health authorities anticipate that many returning soldiers will initially consult their primary-care physicians regarding health problems;

however, the diagnosis of PTSD is often missed in primary-care settings.

NASW and its partner organizations believe our veterans deserve access to a comprehensive system of care, one that is staffed with the most highly qualified individuals, and as such, we are dedicated to our role in assuring that New York's health and mental-health workforce continue to lead the nation in preparedness to meet the needs of our veterans.

It is with this in mind that we thank you, Senator McDonald, and Senator Zeldin, in addition to numerous other members of your House, with a special note of appreciation to Senator Fuschillo, who's initiative you referenced earlier, and, Senator McDonald, for being such avid champions, both past and present, of our initiative, as well as inviting us to speak today, about our work, our ongoing efforts, to promote continuation of this final project.

Thank you.

SENATOR MCDONALD: Thank you.

It would seem, as we've been talking to the various groups, that one what major role for New York State could be the coordination of all of

the different services, so we can cut that bureaucracy.

The social workers, and I had experienced at a local county level, as a member of a county legislature in Saratoga County, are there, in many sad situations. And some of time, these sad situations overlap.

Your organization, and your membership, can be very helpful, helping us to identify, when they're talking to some of these folks that have, you know, financial problems.

And we all know, social services, more than finance, it's a -- dysfunctional families, and things of that nature, as well, that gets highlighted, that we could become -- have them also become part of our team, where they're able to help us, and say: There's a dysfunctional situation, and it happens to involve a military family.

For them to be on the alert, and, more so now as these men and women come back.

So, the challenge for you folks is to help us out.

And our challenge is to get this bureaucracy manageable, so we can get it down to that individual level: the name, not the number, of the person.

KARIN MORAN: Absolutely.

And it was actually the field that started contacting us, five years ago, which was part of the impetus of this project, because, we had social workers calling us, whether it be from county mental-hygiene offices --

SENATOR MCDONALD: Right.

KARIN MORAN: -- or, in a private practice somewhere, that said: We have a freshman combat veteran sitting across from us, and we have no specific training in how to meet these needs.

SENATOR MCDONALD: That's what Senator Fuschillo's bill calls for.

And that's what Lee and myself, and the rest of us, are going to be pushing this year.

Thank you so much.

KARIN MORAN: Thank you.

SENATOR ZELDIN: Thank you.

SENATOR MCDONALD: Next we have, as our guest, Jonathan Gradess, who's executive director of the New York State Defenders Association.

Another sad reality about returning veterans, and PTSD, and these type of issues, is some of these folks, not only have the emotional problems that you get from serving in combat, in the military,

economic problems, but, you know, family problems, but they also have legal problems.

And, there's no justification for breaking laws and doing criminal activity, but there's certainly an understanding that some of these men and women are under undue pressure.

And for us to highlight them before they do that, where they help them, so they don't do anything worse than, you know, the original crime they're arrested for.

And, Jonathan is the executive director of Defenders Association, which I believe is all of the county defenders in the 62 counties that make up New York State.

Jonathan, we are working on a time issue --

JONATHAN E. GRADESS: I understand.

SENATOR MCDONALD: -- but I know you talk fast.

JONATHAN E. GRADESS: I've been editing as quickly as I could.

I want to tell you a story about a soldier, who was driving in the North Country, down the middle of the road at night, followed by an unmarked police car, who comes to a stop sign, and quickly turns around it, without stopping. There's a

6-pack, or a 24-pack of beer on the front seat, and a shotgun.

And a confrontation that occurs in a case like that, with shots fired, results in a charge of attempted murder of a police officer.

What I'm here to talk to you about, is how to translate that experience when I happens, if it happens, into a defense for combat veterans who are suffering from the experience of combat, and bring it home with them.

And I want to share with you the background of that story, but I want, first, to say one thing:

What I'm going to talk about is, in no way, applies to every veteran. And it's important, for your listening audience, and for everyone, to appreciate that.

But, there is a small segment of people, growing segment of people, who, suffering from TBI and post-traumatic stress disorder, from suicide risks, and from depression, from alcohol and drug addiction, from the things that attach like barnacles in service to their lives.

That class of people can find themselves in the criminal justice system, and it's that class of people that we're seeking to talk about.

The history of this, for me, is, in part, personal, and somewhat longstanding.

43 years ago, I worked in the criminal courts of the City of New York, and I watched the class of combat veterans from Vietnam who found themselves enmeshed in the criminal justice system, poorly treated, in my opinion, by the lawyers who represented them; not so much because they -- I think there was a cognitive dissidence.

It was before the findings of PTSD. It was back in the late '60s and early '70s. It was a decade before we recognized the defense, but the mitigating circumstances that could have been used in those cases were often missed.

And we now have a gigantic cohort of Vietnam veterans in the State prison system. It's our largest, our Vietnam-Era veterans.

So as we approach the Iraq and Afghanistan War, the Defenders Association, having had that experience personally, we wanted to be ahead of the wave of Iraq and Afghanistan returnees.

We had also handled the very first PTSD defense in this state, in 1980. And it was -- or assisted with it, I should say. It was handled by Steve Wax, who's now the federal defender for

Portland, Oregon.

That client is still serving time in prison. That defense was not easily recognized at the time.

And, today, we have a system in which the public defense lawyers who represent poor people in the 62 counties of this state, are radically underfinanced, are without investigative support, have very little access to experts.

And, so, you could imagine a veteran who does not want to reveal and disclose their situation, coming in contact with a defense lawyer who does not have the time to explore that situation. You can imagine how those people can be wrongly propelled into the state's criminal justice system if we don't do something to interdict that.

About five years ago, we received a small planning grant, to try and do some planning around that, for public defense services. We wanted to set up a military and veterans' defense unit.

We ended up really spending more time learning how much we didn't know; and being in touch with some of the witnesses who were here today, and some of those issues, learning about the barriers, learning about the unreliable identifications, learning about the real institutional resistance to

reporting.

And, some of that data, which in my written testimony, I'm not going read it again, is absolutely flabbergasting, when you put up that against non-reporting, non-disclosure concerns, stigma, up against lawyers who are not trained to look for, find, and defend in these cases, you have a real calamity about to occur in our state.

And that's really what I'd like us to address, is, as we talk about "providers," we mean lawyers who will represent clients, who have been combat veterans, who have a story that needs to be told to juries, who have issues that need to be presented to prosecutors, who need to be diverted from the system, who need to have the kind of care and concern that every client should have, but, particularly, people who -- many of whom, have had inculcated in them, specifically because of their combat experience, issues, which, if translated into criminal behavior, are very hard to explain.

They seem incongruous.

You heard a witness earlier today, who I want to talk to, who said: Driving along the Long Island Expressway, or wherever in Long Island, looking for silhouettes; or, responding to bubble wrap;

Or, the reason you turn past the stop signs, is because that's habitual behavior, after not stopping at corners;

That, I think, Senator, is something that happens in combat. And, it's happened in Iraq.

Those kinds of things need to be explained.

But, if you have a client who is unemployed, or homeless, on drugs and alcohol, and in denial about that, or maybe not in touch with it, it's a very real task.

So we're hopeful, that, together, we can work to help continue the training of defense lawyers, and develop some of the issues that we think could help solve these problems.

SENATOR MCDONALD: I have a question right now, and then I'm going to give it to my colleague.

JONATHAN E. GRADESS: Yes.

SENATOR MCDONALD: That would be an excellent proposal that your organization can make us in a more detailed fashion.

JONATHAN E. GRADESS: We would love to do that.

SENATOR MCDONALD: We have veterans' courts, as you know.

JONATHAN E. GRADESS: Right.

SENATOR MCDONALD: They're popping up in different locations, that are special courts for returning veterans.

And, you know, the training might be something, that we might be able to go to the local bar associations. Each county has a bar association. New York State has a bar association. And if I'm correct, they're are required to do a certain amount of, you know, charity-type work, if you will.

But, we have somebody sitting right next to me, who's not only a combat veteran of Iraq, but also an attorney.

Do you have any thoughts on that, Lee?

SENATOR ZELDIN: Well, my question actually was: When you're talking about, to be able to explain this story to the jury, are you focusing primarily on the liability end of the case, or are you talking about mitigation during sentencing?

JONATHAN E. GRADESS: Well, I'm talking about, in criminal, I think there's three classes of cases that we're interested in.

The veterans courts are a good example, and I'm glad you raised it.

There are four of them operating now, and

there's about thirteen in the hopper, for this state.

We actually have a little bit of concern that -- that not all focus should be on those courts because they are dealing with lesser cases, important cases.

They're working well. The mentoring process is excellent.

We're talking, in part, about very serious cases which go wrong, which are going to be charged as felonies, that are going to be brought into court and prosecuted, in which defense lawyers are going to need to have an entire array and repertoire of understanding of these cases, of understanding of what the combat situation was of a then-defendant combat and military record, they're going to need to have access to experts and diagnostic treatment, and to be able to explain the circumstances in mitigation, to prosecutors, to juries, as to why lesser punishments, or even acquittals, should occur.

Very complicated, but it has an analogue in mitigation work that is done every day in very serious cases.

But it is a problem in New York, because

people are so underfunded and so overwhelmed, that it isn't going to come naturally unless we intervene to make it happen.

SENATOR ZELDIN: Yeah, I would absolutely agree on the -- you know, the mitigation point, that someone's service to our country, and the mental wounds that they bring home, and how that contributes to the act that they committed.

While there may be a need for a guilty verdict, and to hold them responsible for what happened, maybe it should be considered, in certain cases, as far as mitigation.

So, I would agree with that.

SENATOR MCDONALD: You know an enlightened legal system of what we've got here, and it's been said several times: You send men and women off to war. You think you send them off individually, you don't, because they have some kind of -- hopefully, some kind of friendship and family structure behind them. So that means they're going to war with them.

And when they come back, the war isn't over on a particular time or a date or a year, for them.

And they're going to be -- you know, it's a different world on the other side of the world, when you're in combat. And they're going to have to

adjust to that.

Now, we don't justify any crimes. It's America; you pay the price.

But we have to turn around and recognize that these men and women have got to be defended, with the understanding that they came from a place --

JONATHAN E. GRADESS: And the --

SENATOR MCDONALD: -- that was barbaric.

JONATHAN E. GRADESS: -- I think there needs be an understanding for all of us, on the difference between, accountability for behavior, and, the nature of what then happens, to send someone, for example to prison, who's in a state already of hypervigilance, where that hypervigilance is going to be increased in prison, and they're going to learn survival skills there that are like combat; but, then, come home, break up their family to do so.

When, in Minnesota and California, we already have statutory schemes, which we'd also like to share with you, that are diverting veterans for this reason.

So we'll --

SENATOR MCDONALD: I see this, though, we'll work together --

JONATHAN E. GRADESS: Great.

SENATOR MCDONALD: -- but, please get us back, with some detailed comments --

JONATHAN E. GRADESS: We'd be happy to do that.

SENATOR MCDONALD: -- on what the training would be.

JONATHAN E. GRADESS: Very happy to be --

SENATOR MCDONALD: Much like the -- and who are the non-profits that we could utilize, such as the bar associations, and things of that nature.

Thank you.

JONATHAN E. GRADESS: Thank you very much.

SENATOR MCDONALD: Next we have, Command Sergeant Major Gary Flaherty.

And we have been talking about county veterans, county veterans' directors, and the State program.

And, Gary is the director for the Columbia County Veterans' Service Office.

And we're lucky to catch him in, because he's a gentleman that spends less time in the office, and more time going out to see the men and women, and their families, that need him.

Thank you, Gary.

SENATOR ZELDIN: And, Senator McDonald, and Mr. Flaherty, if you wouldn't mind, Mr. Ronayne, Tom Ronayne, is here.

Would you mind just coming up, as well?

Tom is the director of the Veteran Services' Office for Suffolk County, who has been advising -- advising me and my office as well.

SENATOR MCDONALD: Fine.

And we have a third one, but we'll get to him, from Saratoga.

This is, what in the Army we called, "the ground troops." The grunts, they see the real things.

Thank you.

And your name again, sir?

THOMAS RONAYNE: Thomas Ronayne.

SENATOR MCDONALD: Nice to meet you, sir.

Thank you.

We'll start with Gary, then we'll go over to Thomas.

COMMAND SGT. MJR. GARY FLAHERTY: Senators, thank you for the opportunity for me to appear before you today.

I gave a lot of papers, the background information, so I'm -- with your permission, I'd

like to go off script, and tell you about the successes we've had in Columbia County.

When I went down and took over the director of Veterans' Services at Columbia County, the office was more of a walk-in. If you needed veteran services, and you walked in and asked for them, and, they did what they could for you.

I turned all that around, and started an outreach program. And, my outreach program includes doing mail-outs to veterans.

I get a list out of Washington once a year, that has every veteran who was discharged during that year, and I send them a already letter, welcoming them home. And, also, giving my cell phone, my home phone, my e-mail, asking them, if they need services, to call me.

I do not spend very much time in my office. I make house calls, day and night.

We've been very successful in linking our services with the V.A. services.

And, in particular, with post-traumatic stress syndrome, TBI, for all areas of the wars.

I spent my time in Vietnam, and suffered many, many years with post-traumatic stress syndrome myself.

And I thank God, and I thank the Albany V.A., or I probably would not be setting before you today.

We've also started a program, as directed by the -- Judge Teresi (ph.) in Albany, and called the "Veterans' Justice Outreach Program."

And, we coordinate with a coordinator at the V.A. We work with all of our legal people at the V.A. -- at the county level: the district attorney, the sheriff's department. The -- Judge Nichols oversees the program.

Most places, they have a drug court; which we have a drug court. And they put us into the drug-court program.

However, we're in the process of working a model, where it would -- we would have a separate time that Judge Nichols would hear the cases of only combat veterans, or veterans, who have committed non-violent crimes.

This past year, we've been successful, that we were able to keep eight veterans out of prison, and get them into treatment.

Judge Nichols, instead of sentencing them back to jail, he'll direct them to work with me, to get into mental or physical health, as needed.

Oftentimes, I'll get a call from the

sheriff's department, that they picked up somebody. And when I go to visit the veteran at the sheriff's department, they ask me two things:

"Did you ever serve in a war zone?"

And, "Did you have any effects after being in combat?"

And, once you establish that role, they immediately open up to you.

And, I've had 24 people this year, and in every case, it's become more of a friendship, mentoring program, than it has, "go get help."

And our -- the other part of our outreach program is, we brought all the department heads together in Columbia County.

And, our chairman directed that they, on their intake form, they change it, to ask the first question, "Did you ever serve in the military?" rather than, "Are you a veteran?" -- because, a lot of people who previously were in the Reserves or National Guard don't consider themselves veterans.

And, when they ask that question --

SENATOR ZELDIN: That's changed.

COMMAND SGT. MJR. GARY FLAHERTY: Pardon me?

SENATOR ZELDIN: That's changed.

COMMAND SGT. MJR. GARY FLAHERTY: That's

changed, yes, correct.

But when they -- if they answer "yes," then they're to be directed to our office for help from us, from a veteran standpoint, rather than social services, or Office of the Aging, or whatever.

SENATOR MCDONALD: Let me ask you a question, Gary.

We were talking about partnerships.

And I think you, and your colleague sitting next to you from Nassau County, and your colleague from Saratoga County who will be speaking in a little bit, getting this one-on-one mentoring program --

Some of these non-profits already have it. We heard hospitals, and different groups.

-- it really is important, in upstate especially.

You're a small county of about 60,000 people. And if we can do that, in using Senator Fuschillo's bill as a springboard to getting a little training money, it would seem to me that this is tailor-made, especially in upstate, for our county governments.

Would you agree with that?

COMMAND SGT. MJR. GARY FLAHERTY: I totally

agree.

And I feel that, you know, as we would say in the military, "If you don't have the boots on the ground," you know --

SENATOR MCDONALD: Right. It's easy to talk to all the agencies in a small county. It's tougher, obviously, Nassau County's bigger than some states, obviously, in population.

COMMAND SGT. MJR. GARY FLAHERTY: But we were able to train 13 mentors, and besides myself. And I oversee all of them. And if I get veterans -- and some of them are females. If I get a veteran that I want to refer to another mentor, then I have the veterans --

SENATOR MCDONALD: Well, I think you bring up a good point.

COMMAND SGT. MJR. GARY FLAHERTY: -- trained, standing by.

SENATOR MCDONALD: With so many female veterans, it's important that we recruit mentors for females too, whoever they're comfortable with.

COMMAND SGT. MJR. GARY FLAHERTY: But I -- I would -- in the interest of time, I would tell you, that our program has been so successful, that the judge in Greene County calls on me to come to his

court.

I've now been called to court, down in Ulster County, to help veterans down there.

And, last night, as an example, I -- we did have one veteran this year end up, before they called me, and he had already made an arrangement, or a deal, with the DA, and a public defender, that he would take 1 1/3 to 3 years' probation.

But after I talked to the judge, the judge wrote a letter, saying, give him an early parole hearing.

And I received a call from him last night, and he already has it, after a month and a half, and will be getting out in -- the 2nd of July.

And, he called me back a half hour later, and said: I've been talking to the officer in charge of our block, which is all veterans. There's 60 veterans in that block. And he wants to know if you'll come out to the prison near Rochester, and present your program to us.

SENATOR MCDONALD: You have such a good program, I'm going to personally visit you. It's so close to the capitol.

And I'm so grateful that you're here, and I'm grateful for your service.

COMMAND SGT. MJR. GARY FLAHERTY: Thank you.

SENATOR ZELDIN: Thank you, Gary, for your service as well.

And, Senator McDonald, just by way of introduction, Tom Ronayne, last name spelled R-O-N-A-Y-N-E, has been running the Veterans' Service Office in my home county of Suffolk for a few years, and has served our community very well.

And something to offer up to the Committee is -- is a program called -- it's called the "Baghdad to Brentwood in 24 hours" program.

And I represent the Brentwood community, which, the program involves Suffolk County police officers, who, before going from -- before getting their firearm back, and going right back to the street on a patrol, they go back to the academy for retraining and screening.

And if -- Mr. Ronayne, if you wouldn't mind giving us the abbreviated 2-minute version of the program, and any additional thought, for sake of time, though.

I appreciate the last-minute invitation.

THOMAS RONAYNE: Before you do, George Basher, I just want to -- I didn't have a

chance to just recognize him.

He's the former director of Veterans Affairs for New York State.

Thank you for being here. We're going to be talking to you later, to get your input.

GEORGE BASHER: Yes, sir. Thank you.

SENATOR MCDONALD: Thank you, George.

I'm sorry, sir.

SENATOR ZELDIN: Thank you, Mr. Ronayne.

THOMAS RONAYNE: Thank you, Senator.

The program that Senator Zeldin refers to, we affectionately refer to it, in Suffolk County, as "Baghdad to Brentwood in 24 hours."

And --

SENATOR MCDONALD: Doesn't sound like a train I want to be on.

COMMAND SGT. MJR. GARY FLAHERTY: Well, much --

SENATOR MCDONALD: Or, maybe on, but going the other direction.

THOMAS RONAYNE: Much to the credit of the leadership in the Suffolk County Police Department, they recognized, a number of years ago, that the issue of police officers, who, in many instances, were National Guard members, were returning from

their military duty.

Upon arrival home, they could, effectively, immediately report for duty; pick up their ID card, pick up their weapon, and return to patrol.

It was recognized that maybe this wasn't the best way of approaching the issue.

And what they did was, they designed a program, wherein, when the police officers return from combat duty, before returning to regular patrol assignments, they would go back to the police academy, which makes a great deal of sense, not only for the issue of the delay in returning the weapon, but, allowing them to be retrained in issues of all that may have occurred during their absence, and so forth.

But as a part of their retraining, they would also be invited to participate in a psychological screening.

One of the components that I find most beneficial in this program, is that it is not intended only for the police officer. The psychological evaluation, the counseling, and the ability to come in and speak with the individuals involved, extends to that police officer's family as well.

And we all know, and we've heard excellent testimony here this morning, that the family members, the loved ones, those closest to these veterans, are, very often, the first ones to recognize that these issues may exist at all. Certainly, far sooner than, in many of our cases, ourselves.

SENATOR MCDONALD: This is an excellent illustration of what we can do.

One of the problems you have, is, when some of these -- if you're in the police department, and you're coming back to Suffolk County, people are gonna know who you are, and they're going to have some background.

We get people discharged in our communities, we didn't even know they lived in our communities. Some of these communities are bigger, and maybe their family members moved. And, all of a sudden, and we can't -- freedom of information, okay, won't get you that material from the federal government. They're protecting their privacy.

So it's a never-ending issue, how do you get somebody who doesn't have that network?

And, certainly, every police department I've ever seen has a network of discipline and

responsibility and affection for their colleagues.

How do we get these people, coming out?

Because we're not going to get a list, generally speaking, from the federal government.

Or -- and I think that's -- that's the never-ending issue of your jobs, is, they come -- if somebody says, go see you, okay, then your jobs become more relevant, not less relevant, okay, as they war returnees come back.

COMMAND SGT. MJR. GARY FLAHERTY: There is a computer base that I found in Washington, that provides the name and address, last address known, of every veteran, on an annual basis, that is coming out of the service.

And that's what I use as -- for my outreach program.

SENATOR MCDONALD: Okay.

THOMAS RONAYNE: We also subscribe to it. It is referred to as the "RONA List." The, R-O-N-A, List.

It is available to governmental agencies. And it, essentially, is a list of those service members separated from service during the previous year.

It is something that is only released to

governmental agencies, and a few others. It is done by request.

It's extremely helpful. It's a wonderful resource. But we have found that the return rate, the information is not always already current.

SENATOR MCDONALD: Sure.

SENATOR ZELDIN: I want to personally thank both of you for your military service.

And I think this illustrates the need, going forward, for us to communicate with all of the Veterans' Service Offices of all of the counties of the state, because we allow diverse ideas of how to connect to different levels of government to help our returning veterans.

So, thank you for being here.

SENATOR MCDONALD: I think you guys are the infrastructure that we need to reach out to the grassroots, and we just have to put all the pieces together.

Thank you, each of you.

SENATOR ZELDIN: Thank you.

COMMAND SGT. MJR. GARY FLAHERTY: Well, I look at it, as you know, command sergeant majors took care of their troops.

Now I feel it's my obligation to take care of

our veterans.

SENATOR MCDONALD: Thank you.

THOMAS RONAYNE: Thank you for this opportunity, and Suffolk County is never more than a phone call away if we could be of service.

SENATOR MCDONALD: I appreciate it.

Thank you.

Next we have, Mr. John Richter, director of Mental Health Association - New York State.

And I would also appreciate, it's not that we're trying to get you through fast, but, we tried to get as many people, and we would love talking to them, but we have to keep on our schedule.

JOHN RICHTER: Understood, Senators.

SENATOR MCDONALD: That's all right.

And we're grateful for what you do.

JOHN RICHTER: Thank you for introducing me. I don't need to do that job now.

And thank you both, Senators, for your service in the military, and, particularly for calling attention to this -- the particular issue that you chose to focus your attention, I think is so important here, because, what we've been learning, I think, and seeing today, is that PTSD, although there's a lot that can be said about

causality, it seems to be the culprit in so many different issues and problems that veterans and families struggle with.

So, zeroing in on that, I particularly --

SENATOR MCDONALD: Yeah, you don't have to read the whole document --

JOHN RICHTER: I'm not gong to.

SENATOR MCDONALD: -- but if you can hit that, you know, what to do, and how -- you can help us.

JOHN RICHTER: Sure, I'll cut right to the chase, in terms of where we come at this from.

We're looking at untreated PTSD and under-treated PTSD, in particular, and the disconnects for why that occurs;

And, then, how military families, as been alluded to already, can play an important role in overcoming some of the barriers that exist.

So, with that said, I will get right to the focus.

You've heard already, a lot about the other comorbid things that go along with PTSD, that what it -- the havoc that it wreaks on families and communities when it's unchecked, when it's untreated.

We've talked about -- you've heard about, you know, the incidence of PTSD. You've heard about, that anywhere from a third to a half, as far as we know, of cases of PTSD go untreated.

That that untreated PTSD is costly to society, costly to families. It takes its toll on the family, in marriages, in substance abuse, and other mental illnesses that can occur as well, not only in the veteran, but also in family members.

So, you know, we're -- we want to focus in on the clear disconnect between the illness and the treatment; and that's where we come at this from, and, how do we overcome some of the barriers.

A lot of those have been discussed today.

Stigma is a big barrier.

We all face that in trying to -- with mental-health services.

Veterans, I believe, have probably a more intense, perhaps, stigma, that owes itself to military culture, and other norms, and things like that, but, nonetheless, they're stepping into a situation, where, when they do come home, that their -- that stigma is a big issue that keeps them from getting treatment.

Fears of negative career implications, for

how they answer on some of the screens that are already in place, it can be a problem that keeps them from it.

And, finally, the difficulty navigating barriers to service, that we all have to negotiate when we decide we need help.

Okay?

SENATOR MCDONALD: Right. Yep.

JOHN RICHTER: So, there's those things.

Overcoming those, even if we have the most advanced and sophisticated treatment system you can imagine, that unless -- for the people who don't overcome these barriers, it's kind of meaningless.

So, to focus on mitigating some of the damage that occurs when PTSD goes untreated, the approach that we've taken, is to work with families while -- while the military folks are still deployed, when they've been deployed, when they come -- and when they come home, to give them tools, to equip them with everything, from recognizing some of the signs and symptoms of PTSD, where to get help, how to get help, but, perhaps, more important, how to stay engaged in recovery; how to keep with the program, so to speak, until you've made it through recovery, and the family's got their feet back on the ground

again.

You know, we -- again, we believe that through these trusted relationships, families and friends are the strongest allies in overcoming these barriers.

You know, and I ask you to bear in mind, these things, as we present a particular approach to -- that we've already started in two counties in this state, to address this with military families, to give them the tools that they need, and equip them, for, basically, the battle that they face when their loved ones come home.

And I know that has been alluded to already today enough, and I'll get right to the project.

This project that we've been engaged in with 2 of our MHA affiliates -- we have 31 MHA affiliates, total -- they reach into 54 counties.

And that is, very much, I think directly goes to Senator McDonald's point, about, how we engage folks in their communities.

And because our MHAs have been doing -- providing services in their communities --

SENATOR MCDONALD: We don't want to duplicate.

In fact, we want to do something just the opposite. We want to highlight, and maximize the impact that, already, our mental-health community, because we have an established mental-health system in our counties, in our state.

Now we're just asking them, which is a big ask, and I recognize that, just to help us out, and highlight these possible issues with the PTSD.

And, you know, PTSD, we're talking about the military.

And, we had a gentleman from Suffolk County, it even occurs in police departments and the fire departments.

And, so, you know, we just don't say, we're helping the soldiers. That's highlighted it, because so many are coming back, and so many are having problems with these types of issues.

But on a day-to-day basis, you have other people who are impacted, which is traumatic events in the course of their occupation, like a policeman or a firefighter.

So we're trying to do the right thing.

And, we want to work closer with the

mental-health entities, because we really want to show the public that we need this kind of support in our society.

JOHN RICHTER: And we absolutely do believe --

SENATOR MCDONALD: Yeah, and we're going to have --

JOHN RICHTER: -- that families are a glue. And they're the conduit, we believe, through which we overcome these barriers, and connect people with services.

So, we're doing this in Jefferson County, we're doing it in Nassau County, under a grant through the Bristol-Myers Squibb's foundation.

SENATOR MCDONALD: Sure, yeah.

Jefferson, of course, is the home -- is that the home of, uh --

JOHN RICHTER: National Guard? Or -- oh, Fort Drum Airbase.

SENATOR MCDONALD: Yeah, yeah.

JOHN RICHTER: Fort Drum military base, yes.

SENATOR MCDONALD: So you have got --

JOHN RICHTER: And a disproportionately number of deployments --

SENATOR MCDONALD: Well, I was just going to

say --

JOHN RICHTER: -- as compared to other places of deployment in the country.

SENATOR MCDONALD: -- well, and just a large percentage of the total population is military-oriented.

JOHN RICHTER: Absolutely.

And many of their families live on the base.

SENATOR MCDONALD: What a great learning process for us --

JOHN RICHTER: Absolutely, sir.

And Nassau County, of course, has one of the highest levels of veterans living there, in the state.

So, two counties that make sense to really cut our teeth in this pilot.

What's really important about the pilot, is the specific tools that we try to give to families. And we start work -- again, we start working with them while their loved one is deployed.

And these include, peer supports, and peer groups, these -- that was alluded to earlier, this -- the notion of a mentor.

We include wellness tools, and training for the families themselves.

These are tools that help them to manage their own difficulties that may come up with mental illnesses; PTSD, in particular, in this case.

Advanced directives; trauma-informed care; trauma-recovery tools; and, Safe Talk, which is a suicide-prevention program.

So this is what we're trying to impart on families, you know, to give them some tools, to know what to recognize.

When someone comes home -- the last thing that I think a veteran needs, when they come home to their family, is that their family is just as misinformed about all of these issue as the rest of the population; and, yet, they are -- they have -- they hold the keys to overcoming some of the stigma, and some of the --

SENATOR MCDONALD: Yeah, and it's been that way forever.

JOHN RICHTER: And, so --

SENATOR MCDONALD: John, what we need from you --

JOHN RICHTER: Yes, sir?

SENATOR MCDONALD: -- is to be a part of our team as we put these programs together --

JOHN RICHTER: Absolutely.

SENATOR MCDONALD: -- and working with one of our staff -- Dr. Carpinola [ph.], for instance -- so we can turn around and coordinate, and help those folks at the baseline.

And the baseline is, I'm beginning to see more and more, the grassroots --

And it goes, from the grassroots, right up to the federal government.

-- is, the county governments and their mental health and their veterans and their social services.

And so many of these people have got so much experience already, and such big hearts, and that it could be very helpful.

So, we're going to review your policy, but we're going to get back. And think of that role that your team of members that you have can play with us.

JOHN RICHTER: Yes.

SENATOR MCDONALD: And think of a diagram that we can present to our colleagues in the Assembly and the Senate and the Governor's Office, so we can see, how, instead of working from the top, down, we're working from the bottom, up.

So, my sensitivity, is that, that family,

whatever county, your community, in New York State throughout, they don't feel like they're part of the masses.

JOHN RICHTER: Yes.

SENATOR MCDONALD: They feel that we know their name, it's not a number. And that we're going to talk to them the best way we can.

Now, we know it's not going to be an easy task, and we have a big bureaucracy. But we need a path through that bureaucracy, to the individual family or individual veteran, with the help.

You guys are going to be very critical, because you've already -- you folks have already been trained in this area: the sensitivity, the understanding of it.

And, it might be helpful as we talk to them.

So, we're going to need your help, John.

JOHN RICHTER: Yes, sir.

And we're prepared, and we're right there with you.

SENATOR MCDONALD: Thank you.

JOHN RICHTER: Whatever we learn from this project, we want to share. And we certainly look to, hopefully, replicate it.

SENATOR MCDONALD: You put thoughts on it,

get back to us. As we go around, we've got some other communities we have to do this in.

And I just want to make sure I get through.

There's, some of these people, we tried to put the ones that traveled the farthest away, up front.

JOHN RICHTER: Understood, sir.

Thank you, both, Senators.

SENATOR ZELDIN: Thank you.

SENATOR MCDONALD: Thank you, John.

Okay, Roger Ambrose;

And, Kathleen Manasio [sic], Rensselaer County person, just as we...

KATHERIN MACIOL: Yes, sir.

SENATOR MCDONALD: Roger is director of Jefferson County Community Services;

And, Katherine is the commissioner of Rensselaer County Department of Mental Health.

I want to thank you both for being here.

I want to thank you for what you're doing.

We just talked to your colleague John, head of the Mental Health Association - New York State.

And, you can see where we're going.

KATHERIN MACIOL: Yes.

SENATOR MCDONALD: You had a lot of patience,

sitting through some of the dialogue.

KATHERIN MACIOL: Yes, sir.

SENATOR MCDONALD: We're looking for partners; we're looking to extend that helping hand to these young -- not so young. Men and women of all ages who are our veterans, and their families.

KATHERIN MACIOL: Great.

SENATOR MCDONALD: Roger.

KATHERIN MACIOL: Well, thank you.

ROGER AMBROSE: Thank you, Senator.

KATHERIN MACIOL: I'll begin.

First of all, I'd like to say, that, I'm also here as a daughter of a World War II veteran.

And my father, John Maciol, was a Marine Infantry, and he was stationed in the Philippines during World War II.

And, my father is watching this, and he says to you, sir, "Semper Fi."

Good morning, Senator McDonald, Senator Zeldin, other esteemed members of the Senate.

And I'd like to thank you for having us here on, behalf of the Conference of Mental Hygiene Directors.

One of the challenges in writing this

testimony today, I think, actually speaks to the larger system, and -- larger problem meeting the needs of veterans at the local level, as I hear you talking a lot about.

That has been some of the systems set up for veterans and returning service members that have not been effectively integrated with or channeled through counties.

For example: While counties contract State-aid dollars for mental health, substance abuse and developmentally disabled service providers, there is little or no involvement of the directing of funds or programmatic development for veterans-specific services.

While the Veterans Administration has moved -- been moving at break-neck speed to increase capacity in services in their systems, we do not have the corresponding growth and planning for veterans taking place in our local systems.

That is something that we would like to see changed.

We do not mean to say that veterans cannot or should not be served in existing county systems; but, rather, that these existing systems need to be enhanced in their ability to meet some of the unique

needs of our veterans, and incorporated in the larger statewide, and even national, planning process for meeting the needs of our veterans in the future.

I'm now going to turn the microphone over to my colleague, to get into some more detail on the challenges he sees every day in Jefferson County.

ROGER AMBROSE: Good morning, Senator.

As you mentioned, Jefferson County is the home of Fort Drum, which is an incredibly large military Army base, and houses about 19,000 troops.

We also have the privilege of having most of those families living in our community, but that does present us with challenges as well.

In terms of veterans and PTSD, many of the newly discharged veterans stay in our community, and they face a lot of challenges as they're reintegrating into our system, including, housing, which is usually the very first issue they face. And not all servicemen plan for the financial needs, to provide housing for themselves as they're discharged.

Also, employment issues are a challenge.

In our county, going back to the housing issue just for a moment, housing is incredibly

expensive, and rare. There's just not enough housing.

We have buildings going up all the time, but, to try to meet the demand is a challenge.

And, also, providing employment.

Those are two factors that we know are protective factors for people with PTSD, as well as other mental-health issues.

So those are issues that we really want to be able to provide adequate coverage of.

And, our systems, I have to say, on the mental-health side of things, are overwhelmed at times.

The deployment schedules of our troops makes it very difficult to keep up with what kinds of capacity needs we're going to have, from time to time. So, we're consistently challenged.

And we work very closely with the Department of Defense. We work with the V.A., and the V.A. Center in our community. They're all very helpful, they're all very cooperative, but it's still a challenge, on the private sector -- or, the public sector, excuse me, to meet the needs, not just for the service member, but also the families.

The Mental Health Association project that

was just mentioned, we had a -- I'm on that advisory board for Jefferson County. And it does reach out to families, which, a lot of times, are -- is going to be our access to the individual who may be actually suffering post-traumatic stress disorder, or experience a TBI while in combat.

That's what's going to bring them into the system, so that project is very valuable to us.

I think -- I tried to summarize here, so that I wouldn't take up too much time.

We do have 19,000 troops. And in the spring of this year, we expect most of those 19,000 troops to be home, for the first time, all at one time, which means their family members are going to be there as well.

So, anything that we can do. We certainly want to partner with the state organizations, as well as our community organizations, do their very best to work together, to try and make sure that we're meeting all the mental needs of our community, as well as those of our military population.

It can be a challenge.

And, then, also working with the V.A., the vet centers, and, you know, making sure that we're not overlapping services, but making sure that we're

not missing anything as well.

So --

KATHERIN MACIOL: In addition to what Roger had to say, there's two key areas that I'd like to leave you with, and those are: our service capacity, and our program expertise.

Now, in 2010, and it was through your office, Senator, that there was a study done in Rensselaer County, and, they looked at families and veterans in Rensselaer County.

And, about 30 percent of those interviewed in these focus groups identified mental health as a primary need in access to mental-health services.

The issue of -- that Roger mentions, are definitely not unique to Jefferson County.

Veterans have a -- should have a choice where they want to receive their services. However, our local mental-hygiene systems do not always have the appropriate training materials for their staff, and the demands on clinicians, at this point, the productivity levels are very high.

And we're very reliant on insurance payments for our reimbursement to keep on functioning.

As you know, the major insurance reimbursement for those in the military, at least

for the first five years upon discharge, is TRICARE insurance.

TRICARE is for active duty also.

And, the rate paid by TRICARE does not cover the rate that it costs to deliver that service.

The other issue is, that TRICARE is -- has very high criteria for who though will reimburses.

For example: Most clinics have licensed mental-health professionals; however, they have to meet a certain level of licensure that is not often -- it's very expensive, number one, and they're in very high demand.

So, in order to be reimbursed for those, we have to have those licensed professionals on staff.

We run a mental-health clinic in Rensselaer County.

I pulled the statistics on TRICARE for recipients in our county, and these are families and children. And we found that we were not paid for half of the services through TRICARE.

And when we were reimbursed, it was about $50 per session, which is less from the Medicaid going rate.

So, that is a big issue for us.

And, that they also do not license clinics

overall. They license individuals.

Many insurance companies will license you as a clinic. So, when someone comes in, they can pick the clinician they'd like to have.

We have to assign a clinician, who might not always be available to service that family.

So, it really limits the range of services that the military -- the veterans, active military, but most, also, of their family members, their children.

So, I guess I'd just like to say, that, you know, on behalf of the conference -- my colleagues at the conference, to thank you, to thank all of our veterans, for your service.

And, I really, we really, look forward to working with you, and bringing those services to the local level.

SENATOR MCDONALD: Well, I appreciate that.

We're going to have very serious objectives, and you're going to be a major part of it.

So you got to talk to me, not now, but in a white-paper type of thing, a memo, about the details of the training that you need, and about the financing. You know, where do we get to pay the bills?

Will it be the federal government, or the State? -- since, obviously, we can't pass on undue expenditures to the local county governments. At this point in time, they can't afford them.

Okay?

It's not reasonable.

So, if you could highlight that, for the organi- -- you know, the people you represent, and, you know, with the gentleman who was just sitting here earlier, John, that could be very helpful.

Think of this as a program that's going to be a macro program, starting with the feds.

Now, obviously, most counties are not like Jefferson, where you have a gigantic military base that has a variety of program services and employees.

Most of them are going to be, you know, not that closely associated to active duty, but more associated to actual veterans.

So put some thought on that.

And if you have any statistics, Roger, on what you're seeing, overall, when these troops come in, like, P -- you know, post-traumatic stress, and some of other issues, criminal issues, things of that nature, and, we'd be interested in seeing those

statistics.

That might not be able to illustrate it for everybody, but it certainly is something that we -- all of those numbers are educating in the long term.

Now, if you work with your association organizations, maybe in a month or so, if you guys come into Albany, for whatever --

I'm talking about, across the state, and I know they do, on regular basis.

-- we'd like to start talking to these people.

And this is -- we're putting a team together. We're putting our other military operation together, and people are going to have particular roles.

And you guys are going to have a major role, along with the county veterans' coordinators, and the State Division of Veteran Affairs, and, of course, the federal government, and the individual military operations, and such.

ROGER AMBROSE: We'll do that for you.

SENATOR MCDONALD: Thank you.

KATHERIN MACIOL: Thank you.

ROGER AMBROSE: We'd love to have you come up to Fort Drum sometime.

SENATOR MCDONALD: Well, actually, let me

tell you a true story.

About five or six years ago, Joseph Taluto, the two-star general who was the head of the 42nd Infantry Division, invited me up, and they were getting sent to Iraq.

Now, I was in Vietnam, in an air-mobile Infantry unit. And when I got out of there, I said I never want to see helicopters and rifles -- I don't like jumping out of helicopters -- ever again.

One of my staff person, at the time, was a retired Army colonel, who spent a couple tours in Vietnam, and we went out there. And it was quite a -- you know, an observation, on my part.

I'm much older now; a father, grandfather.

And all these young men and women, and they're getting ready to ship out to Iraq.

And I asked the general, who I think very highly of, I said, "What can I do for you? I feel frustrated. As an old soldier, what can I -- how I can help out?"

And he said: He had lots of issues.

The biggest issue, of course, was going to Iraq in about two weeks, with all of his people.

But the other issues were, that he felt the most significant thing that I could help him out in,

is with the emotional problems of the family structure and the soldiers, and all the...

I was thinking in terms of something else, but it was the emotional problems.

And the first thing I thought: What a great general this man is, to care that much about his troops, and their own personal lives;

And, the second thing is: That we got to do something about this issue.

So help us to fulfill his requests.

ROGER AMBROSE: Thank you.

SENATOR ZELDIN: Thank you.

KATHERIN MACIOL: Thank you, Senators.

SENATOR MCDONALD: I'm proud to now introduce my director of Veterans Affairs for Saratoga County Veterans' Service, Andrew Davis, who is also an Army, Iraqi War veteran.

Andrew, thank you.

ANDREW DAVIS: Thank you, Senator, for having me today.

I'm here, as not only a client and patient at the V.A., but also a three-time combat veteran, having served in both Afghanistan and Iraq as an Army Ranger.

I've been the Veterans' director in

Saratoga County for two years. Been a congressional staffer. And, I've seen these issues, from the federal level, down to the local level, and I appreciate the chance to be here.

You have my testimony; you have some details I think are important.

I'm going to just gloss over a couple important items, and save time for you.

The issues we're looking at here, with this population, are ever-changing.

We have a more geographically dispersed and mobile veterans' population, a more married veterans' population, and a population that needs to be served in their local communities.

We, as citizens, sent our veterans to war.

We need to bring them home from war.

It's not a V.A. program or government program; it's a community program, and it's what you're speaking to.

I challenge the folks, like you, to look at a program that I would like to call "Veteran-Friendly Communities."

And that's a program, where we can go out to the individual communities, train every interested party, on a "no wrong door" referral process, for

veterans to gets the care they're entitled to receive.

I want to give you an example of what we're looking at in Saratoga County, where we have the Saratoga Veterans' Resource Initiative.

We have, in Saratoga County, 16,870 veterans, as of September of 2011. And we serve, in my office, about 7,000 of those veterans.

The State serves an additional 3,000, and a remaining 7,000 seek no services whatsoever.

My office accounts for 41 1/2 percent.

Of that 41 1/2 percent, of the total population, we've done 237 claims for post-traumatic stress disorder since 1994, which translates into about 3.3 percent of the population filing those types of claims.

That does not mean, how many folks have PTSD.

That means, how many folks have pursued it, officially, with the V.A.

That is in line with what the V.A. will tell you they can track.

And we can only track what's been officially diagnosed, not what's been surveyed.

Across the board, 2.3 million veterans. About 740,000 in this country seek care with the

V.A.

So, we have a big gap in who's entitled to things, and who gets it; and the county and the local community is what starts that process.

Veterans who attempt get to care, at any level, encounter a group of systems and bureaucracies, that, by all appearances, are several cars, on separate roads, driving towards the same destination.

That system has to stop.

It needs to be, no matter what door you walk in, you end up getting the same care, and the same referral, no matter where you go.

By all appearances, V.A. realizes this, but is not staffed to do proper outreach, and depends upon the folks in the grassroots, like us, and like you.

So, to close: I believe, we, as veterans' advocates, serve an important role in this process.

And, all told, we, as a nation, and state, must stand committed to ensuring that the sustainable, quality supportive services exist in our communities.

V.A. can lead this charge, but lacks geographical dispersement [sic] and resources, and,

many times, we can fill that gap.

The V.A. can't be blamed solely or be solely responsible for integrating our veterans fully into our communities.

We, as citizens, sent our young men and women to war, and we need to bring them back from war.

We need to continue to break the stigma of asking for help, for what can be summed up as a normal reaction to an abnormal situation; or, PTSD, in my opinion.

However, we need to do it carefully, by acknowledging fact-based figures that do not harm a population that is already finding it difficult to gain meaningful employment and assimilate back into society.

We cannot continue to only stress the harmful and negative effects of war, or we will have the potential of causing great harm to those who are not affected by these disorders.

There's no better example of that, Senator, than your generation of Vietnam veterans who came home to a country much less supportive than this one is now, and now lead our great institutions, like the New York State Senate, Fortune 500 companies, and other political bodies.

So I thank you again for this Committee's time.

I know we're getting to the end, it's snowing outside, but I wanted to make sure we get the point across.

We in Saratoga County are ready to do the local things you're asking. We're already trying to do it.

I just need some help in training some of the other agencies out there.

SENATOR MCDONALD: Andrew, you're very succinct, and I appreciate it.

I also appreciate it as a citizen of Saratoga County, and a veteran, what you do for us.

The training's gonna come.

And I like your attitude, to take anybody who wants to help.

We'll train those volunteers, people who care.

And, fellow veterans talking to each other, that seems to be the vet-on-vet, whatever terminology, in incorporating every entity that we can to become a partnership.

And that will spill over. People have become more aware of mental-illness problems with veterans

and post-traumatic stress disorder.

They'll also become more aware that human beings are not, all, always going on 100 percent. Sometimes some of our family members and friends need some assistance.

And it may not be post-traumatic stress, it may not be veterans, but we're here to serve all the people in New York State, and to highlight the mental health is a legitimate concern.

And not only, we'll help those people, but in case there's any kind of sad reactions, incidents, hurtful situations, we'll try to eliminate that.

And we don't want just people walking down the street, with no hope, and their family structure falling apart, ripped apart, by it all.

Going to be a lot of work. I know you're up for the task.

I appreciate it.

We've had three great county directors here today: one from Suffolk County, one from Columbia County, and yourself.

And I know the rest, some we asked couldn't be here, but the rest of them had the heart.

All of a sudden, the mental-health services of our counties, the Veterans' Services of our

counties, just to look at two, the spotlight's going to shine on you folks.

You've become very important to us, and I'm grateful that you're here.

Thank you.

ANDREW DAVIS: Thank you, Senator.

SENATOR ZELDIN: Thank you for your service.

SENATOR MCDONALD: Our next speaker --

SENATOR ZELDIN: Actually, Senator McDonald, if I can steal your thunder on this one --

SENATOR MCDONALD: Okay.

SENATOR ZELDIN: -- Hatty Baldwin is someone that has been very special for our Veterans' Advisory Panel down in Suffolk County.

She's coming up with L.W. Murphy, who's been the chairman of our Veterans' Advisory Panel.

Earlier in my introduction, I spoke of John Patrick Jennings, who passed away, and we named our panel in honor of. And when John passed away, Hatty was John's fiancee.

Obviously, a very different and important perspective that Hatty can share with us this morning, as a loved one.

SENATOR MCDONALD: And we apologize for rushing you along, but we've got snow, which is

unusual in Albany at this time of the year, this year.

But it finally caught up with us, and I got a lot of folks that got to get to other meetings.

Thank you so much.

HATTY BALDWIN: Well, I will skip everything about everything that everyone else has spoken about.

I'll just tell my story, and John's story.

When I met him, initially, he was a law-school graduate. He looked like he was doing great.

He did tell me that he had PTSD, and that he was in treatment.

And, as a nursing student, I thought: Well, that's fine. I can -- we can fix this.

And, he continued to go on, and he did very well. He made a lot of friends.

He was a very charming guy.

Senator Zeldin knows him.

You know, he did, and he -- there was a disconnect between what he needed and what he was able to find. He couldn't find the services that he needed.

The V.A., he got care from them, but it

wasn't enough. He needed more, and we didn't know where to find it. We didn't know where to look, we didn't know where to start.

He started to go downhill the last year of his life.

And, finally, at the time of his death, he was on over a dozen medications. All prescribed, nothing recreational. Just what he needed to get through the day.

And he -- when I came home from work, he was unresponsive, and not breathing. And --

SENATOR ZELDIN: Hatty, Senator McDonald, and anyone else who's here, one of -- maybe the best point that I can -- I can provide the entire day, while we do this hearing, and beyond, was, I had spoken to a newspaper reporter. I won't mention what newspaper, but I spoke to a newspaper reporter while John was alive, because he was doing a story on post-traumatic stress disorder.

And I shared John's story, and it was very interesting. And the newspaper reporter met with John, for hours. Took pages and pages worth of notes, but never wrote a story, because it wasn't sexy enough for a print.

And then John passed away.

And he revisited all of his notes, and the phone conversation, and the meeting, and now he had a story.

There was no story to tell while John was alive and suffering of post-traumatic stress disorder, but there was when he had passed away.

And, I think that, maybe our mission up here -- and we all have the mission that we're sharing, but I feel, as part of my mission, here in the State Legislature, is making sure that the stories of John Jennings are told before that person passes away, not after it's too late.

HATTY BALDWIN: Yeah, the -- one of the things that was the hardest about going to the committee, was, after all of the time of going back and forth to the V.A., and admissions, and everything else, when I went to the committee, the first time, I was handed a stack of paper.

And on that stack -- in that stack of paper was all of the resources that I didn't know about, and all of things we could have --

SENATOR MCDONALD: Well, that is the problem we've got: It's a shotgun approach, as opposed to a rightful approach.

And, even though we can't bring the gentleman

back, what we can do is, in the future, try to, you know, bring it down to the personal level; that we're dealing with human beings, okay, and try to have a support network that people in that community, not necessarily the State Capital, or the federal capital, or the big city that's closest, whatever that community is, that we'll have that awareness, that we can turn around, and try our best to get him to somebody that can help him, and somebody that cares.

And the constant thing we have to say, as Lee alluded to, they didn't want to talk about post-stress. They talk about, you know, it wasn't hip enough, till somebody dies.

Well, we're not going to wait for that moment. Okay?

And just out of the frustrations of my own life, it was very difficult watching people that I served in the military with, in a war that lost almost 60,000 soldiers. You know, Airmen, Marines, Navy.

That's a whole bunch of people.

That's more than we lost in World War I, in Vietnam, and nobody really cared.

Unless you had a good family structure at

home -- a mother, a father, which is unique today, by the way, extended family, siblings, the whole -- nobody cared.

Well, I think America's changed dramatically since then. I think the American public does care, and we have their blessings to go out and do something.

So, I think we have to take advantage of that.

So, you guys become more important.

But in the memory of your friend, and as a friend of the veteran, as the way that you were described, they have -- we have not forgotten, and we will go forward.

This will not be an issue that's Republican or Democrat. It's not New York State; upstate, downstate. It's not the southern part of the country, the northern part of the country.

Because, all those soldiers you read about dying over there, they're from all of over America: All different colors, all different backgrounds.

So, thank you.

We're not going stop now. We just started.

SENATOR ZELDIN: And, thank you, L.W., who is a fellow Vietnam vet.

L.W. MURPHY: Yes.

SENATOR ZELDIN: Very active with the Patriot Guard Riders, and a lot of veterans' causes, Disabled American Legion.

Gary Vertichio, who's here from the Disabled American Legion as well.

And, for being a very close friend of John's, as well as I know that you were.

L.W. MURPHY: I'm going to give you a 10-second reply.

John was a very close friend, and I was devastated when he passed.

But, the reward is, that when this committee was put together, this panel was put together, and I asked the Senator to let me chair it, I have seen an enormous amount of increased involvement and interest in PTSD. Resources that could choke a horse.

SENATOR MCDONALD: we got to public behind us --

L.W. MURPHY: If the goal is to put it all together, and make it all work, I'd be gratified till the day I die.

SENATOR MCDONALD: They you, both.

SENATOR ZELDIN: Thank you, L.W.

And, thank you, Hatty.

SENATOR MCDONALD: Thank you, Hatty.

Our next guest is, Mr. Dennis O'Donnell, founder, Warrior Project member, of the Patriot Guard Riders, which has received a lot of attention, and we're grateful for it.

They have some of those folks up here, if I'm correct.

DENNIS O'DONNELL: Outstanding.

SENATOR MCDONALD: We have our own chapter.

And when they say "Patriot Guard Riders," they mean just that: they guard.

Dennis, please understand that we're --

DENNIS O'DONNELL: Absolutely.

Thank you for the introduction.

Thank you for the invitation.

Aside from my pride in volunteering with Wounded Warrior Project, Patriot Guard Riders "Ride to Recovery," I'm proudest of being a parent of an active-duty United States Army Infantryman, Specialist Sean O'Donnell.

I'm here, largely as a parent, to describe, briefly, my frustration, and my activity; my frustration with the inability to help my son, and his brothers, upon returning from combat.

Sean came home from Iraq, after nine months, and was demonstrating all of the typical signs of post-traumatic stress.

He is with the Florida National Guard. I was here. And, as is with most of our -- most parents, our children are just beyond our reach when they come home from war.

They're adults now, and you respect the fact that they're warriors, so, you give them their space.

However, I was frustrated by the inability of finding non-military, non-governmental resources to direct him, for help with his PTSD.

Born out of that, and through my volunteer work with the Wounded Warrior Project, and the Patriot Guard -- I'm sorry -- and, "Ride to Recovery," I do physical programs with them.

We put warriors on bicycles, and take them on long-distance trips.

But, by "warriors," I mean injured warriors: amputees, PTSD victims, and the like.

So I began to ask them: What do you need? What are you lacking, and, what would you like? What could you use?

And to a man, for two years, every single one

of them have told me the same thing: The professional help is wonderful, but we need time with our brothers. They're the only ones who will understand, and to whom we can speak about what we've been through.

The healing occurs during those sessions. I've witnessed it myself on the cycling events.

I've gotten my son involved with Wounded Warrior Project, and he's breaking out of his shell.

So, I believe it's a balance of government resources, mental-health resources, military resources, and, non-affiliated grassroots organizations.

And from that frustration of not being able to direct him, I created my own program.

It is designed, and is being implemented. It is based on the organization, the meeting format, of Alcoholics Anonymous, of which I'm a member.

It seems to suit the format -- the anonymity, the privacy, the mentorship -- that we've all been speaking about all day long.

So, I'm using that as a basis.

I was introduced to Alcoholics Anonymous through the good people of New York State, 17 years

ago, when I needed help.

I'm calling today on the State to take the lead, in encouraging -- in taking the issue of PTSD as an illness, as an ailment, and increasing public awareness of it, and professional awareness of it;

To remove the stigma that's attached to it, as the State did, through the Department of Health, with alcoholism, and HIV infection.

It was successful then, it can be successful now.

It will help draw -- I believe it will help draw those warriors who have been -- who slipped through the cracks at demobilization, who have not yet found themselves in a precinct, a courtroom, or a hospital, based on their PTSD behaviors, and perhaps draw them out of the shadows of the living rooms and the basements that have been alluded to; that, living in isolation and fear of being discovered, and thought less of, or weak as a warrior.

I believe, if we remove the stigma, with the State taking the lead, and the various agencies that are presented here, professionals and the like, in partnership with grassroot organizations that provide a safe haven, a safe place, an anonymous

place, for these warriors to go, and partner, and be with their brothers, share their experience, strength, and hope, especially the Vietnam veterans, who have found a way to survive all these decades.

I look at among -- at my Warriors' Circle program is just one of many organizations, grassroots organizations, non-professional, around the state that would benefit from, and could use the professional support and leadership of the peer-to-peer mentor trainees that I've heard spoken of in various counties and situations.

I look for that partnership to occur.

So I'm asking for that.

I'm asking for the State to take the leadership role in increasing public awareness.

Training, on the law-enforcement level, I've heard it mentioned in one county, and one instance, where, when a -- when called to a domestic-violence situating, or other situation, that the warrior was questioned: Are you a veteran? Have you seen military service?

And then redirect, accordingly, and away from the criminal justice system.

I don't want to take much more time, but I wanted to add something that I haven't heard

mentioned yet: You're looking for ideas.

I mentioned that I work with Wounded Warrior Project "Soldier Ride," and another group called "Ride to Recovery."

Okay?

It's cycling. It's a physical challenge for, both, physically and mentally and spiritually challenged warriors and veterans.

I implore you to look into, and include, them in your conversation.

The benefits that I have observed, and that been documented, from physical challenges, and the comrade -- camaraderie that comes from getting out there on the open road, or doing a physical challenge, with their brothers-in-arms, is enormous, and they should be part of the conversation.

It's not just about mental health. As we all knowing, mental and physical health go hand in hand.

So, I would suggest that we do that.

In closing: I would like to thank, again, the State of New York for their leadership.

You gentlemen, for taking the lead here.

And, I'll do everything I can to help.

SENATOR MCDONALD: I'm going to call you on that, Dennis.

Lee's going to work with you down in Long Island, and all of these non-profit groups, we're going to learn.

And instead of trying to duplicate them, we're going to make them part of our teams.

Because, you know, most of what I've seen with these non-profit groups, they start out with somebody who cares a great deal. And then they realize they're up against a big issue, and we're going to be there to help them out with the big issues.

SENATOR ZELDIN: Couldn't agree more.

SENATOR MCDONALD: And tell your son, thank you.

Thank him for his service.

DENNIS O'DONNELL: Thank you all.

SENATOR MCDONALD: We care.

SENATOR ZELDIN: Thank you, Dennis.

SENATOR MCDONALD: I want to thank everybody for being patient, and I want to invite our final guest, a local attorney, Joel Abelove, who is an Iraqi War veteran.

He might be an Afghanistan War veteran as

well.

And, we thank him for his service.

And, he came in a little later, but we're looking for all of the good folks who are attorneys, because there was a nice presentation earlier about defense.

Joel, we're fighting the snow and the time and other meetings. We've been here since about quarter of ten.

We're so grateful that you spent the time.

JOEL ABELOVE: I understand.

And, thank you for having me, Senator, and inviting me, Senator Zeldin, I appreciate the opportunity to come and address your Committee.

I know I'm going last, and people are looking to probably get out of here, and beat the weather.

And I appreciate your patience, and bearing with me.

As you said, my name is Joel Abelove. I'm an Afghanistan War veteran. I did not serve in Iraq.

And I would like to share with you some of my experiences.

I am an attorney, with nearly 17 years of experience as a prosecutor. I consider myself fairly educated.

I've got degrees in, history, and political science. I'm married with two wonderful children. I've got an extensive family support system.

And I'm currently in my 17th year of service with the New York Army National Guard.

I spent 8 years as an enlisted soldier in the Military Police Corps, and then I rejoined the Guard after 9/11, as an officer in the Judge Advocate General's Corps.

In January of 2008, I mobilized with the 27th Infantry Brigade Combat Team, and deployed to Kabul, Afghanistan, as part of Task Force Phoenix.

And, I have PTSD.

It's one thing to know what PTSD is, and what symptoms are generally associated with it.

It is quite another to experience those symptoms yourself.

I need not delve into the clinical aspects of PTSD, as I'm sure other individuals who have spoken with this Committee are eminently more qualified than I to do so.

Rather, I would like to share my experiences and my perspective on how I came to have PTSD, its effects on me and my family, and how I'm dealing with it.

Prior to my tour in Afghanistan, I had never served in combat. And like many others new to the experience, I had own expectations of what to expect.

I had spoken with those who had gone before me, I had attended countless briefings, and undergone months of pre-deployment training.

I learned how to spot and react to IEDs; how to perform first-aid on an open chest wound; how to interact with local population, given their particular customs.

I read books and manuals, to prepare for my job, and I made a list of important phone numbers for my wife.

I spend time with my young children, and hope for the best.

But, it wasn't enough to avoid PTSD.

Even with all the training, nothing prepares you for the unexpected.

Nothing prepared me for my boss, Lieutenant Colonel Jim Wiley, committing suicide during our tour.

I didn't anticipate having to disarm one of our own enlisted soldiers who, overwhelmed by stress, sought out a superior, intent on causing him

harm.

I wasn't prepared for the seemingly endless memorial services held on our base for the dozens of service members killed in action.

Each service included a short biography of the soldier or Marine, his military experience, and his family left behind.

Each time, it concluded with a salute, and then immediately back to work.

We were losing multiple men at once, so that, one day, the chaplain's assistant came into my office, asking whether anyone had an extra pair of boots that could be used for the ceremonies.

I gladly gave up an extra pair or mine, and watched as my boots repeatedly appeared beneath the rifle and helmet of our fallen comrades.

After redeploying, I hadn't given those boots another thought. But months after returning home, I found the motivation to unpack my duffle bag.

Suddenly, I pulled out a pair of brand new boots, and a pair of blank dog tags spilled out, with a clank on the concrete basement floor in my house.

I felt like I had been hit in the chest with a sledgehammer.

I immediately knew their significance, and suddenly a wave of emotions flooded my head.

This was, as I was to learn, called "a trigger."

For Reservists and National Guardsmen, the challenges of returning home and reintegrating into society presents unique challenges.

One day, you're spending every minute with your fellow warriors, eating together, working together, going on patrols and convoys together;

And the next day, you're home, and you don't see them much at all.

You're back to your family and friends, none of whom can be expected to understand what you've been through.

And after two weeks of being home, I went right back to my civilian job, where I suspect I appeared to resemble a zombie for a number of months.

One day, I'm scanning traffic for suicide bombers, and the next, I'm waiting for an elevator in the Corning Tower.

When I came home, everything was different, because I was different.

I looked at the world differently. I looked

at people differently.

I didn't care about things that used to concern me.

Having endured 120 degree heat in full battle gear, it's hard to listen to people complain about the weather.

Having seen injured soldiers anxious to get back to their units to perform their mission, I scowled at civilians who contemplated calling out sick because they had a stuffy nose.

I learned that the behaviors that worked for me overseas, that kept me alert and alive, worked against me here at home: hypervigilance, distrust of those around me, skepticism, and emotional separation from the human condition.

I longed for a return to a world that I knew, where my feelings and behaviors seemed to fit.

After about 25 hours of travel, that took us home through Kurdistan, Ireland, through Maine, we landed at Fort Bragg, North Carolina, to undergo our four-day demobilization.

The briefings and paperwork came fast and furious, and most of us just wanted to be done with it, and get back to our waiting families. But, we listened to a representative of the V.A. at

Fort Bragg.

I don't recall anybody from the New York State Division of Veteran Affairs, or my county Veterans' Agency being there, or contacting me to let me know how they could help.

Since the civilian workers on post couldn't work late, I ended up spending Christmas Eve at Fort Bragg, which had completely emptied out for the holiday.

I finished my out-processing the next day.

After a flight to Syracuse, and a 3-hour bus ride back to Latham, I was finally home.

But while my body was home, my mind wasn't where I wanted it to be.

The dreams, the hypervigilance, the anxiety, the anger, the stress of readjusting to a life that kept going while I was gone, quickly became a problem.

My wife and family immediately noticed how I had changed, but, I was lucky, because I noticed it too.

Fortunately, for me, I have a great support system of family and friends. I availed myself of the V.A.'s resources.

It helps, but it hasn't been easy.

And aside from the personal challenges of dealing with PTSD, I believe there still exists institutional and bureaucratic impediments to helping service members who suffer from it.

First, and foremost, PTSD is, figuratively, still a four-letter word.

It carries with it a stigma that discourages those who have it from seeking help.

This is especially true in military culture which necessarily cultivates the warrior ethos: A warrior is strong, unaffected by battle, and immune to the inhumanity of war.

Conversely, PTSD is a sign of weakness, to be denied and stuffed away in the deepest recesses of one's mind where it cannot affect the warrior's ability to fight on.

The problem with this tragedy is, that while one can discipline one's self to compartmentalize these thoughts and feelings, they do not go away.

They fester like an infection that is ignored, becoming ever more malignant, until eventually overwhelming their host and causing an inability to function normally.

Still, many veterans will try to suppress their symptoms because of their belief that society

finds them distasteful; and, because, to admit one has a problem, is to admit that which is most distasteful to a warrior: weakness.

But before we were warriors, we were human beings.

Veterans need to be encouraged, from all circles, to seek help.

They need to know that PTSD is a normal response to abnormal circumstances;

They need to be informed of every resource available to help them, from every federal, state, and local agency;

And, they need to know, that without that help, they will have difficulty continuing the mission.

There are numerous individuals who have dedicated their professional lives to helping veterans who suffer from PTSD.

I believe that, as legislators, it is your responsibility to ensure that they have the staffing, the training, and the resources to accomplish their mission.

Without them, we, as warriors, cannot accomplish ours.

I appreciate you bearing with me, gentlemen.

I just sort of wrote that from the heart because it's how I feel about my own personal situation.

I know everybody's experiences are different.

I appreciate your service to our country.

And, certainly, I greatly appreciate your willingness to utilize this Committee, and its resources, to help those veterans who need the help that we desperately need.

It's my hope, that all these efforts, and I've heard from many of the speakers today, there are certainly enough people who want to get the job done.

And I feel as though, all it takes is the resources, because we have the will.

SENATOR MCDONALD: Joel, your presentation was outstanding.

JOEL ABELOVE: Thank you, sir.

SENATOR MCDONALD: And we're grateful for your service.

And, you and myself and Senator Zeldin, and so many people here, are military people.

Sometimes, when you speak up, they get you to volunteer, whether you like it or not.

We're volunteering you to help us out.

You're a local person that lives, literally, across the river from here.

JOEL ABELOVE: Yes, sir.

SENATOR MCDONALD: So this is something -- and I know you have to make a living, and all that kind of stuff, but this is something that you, obviously, have your heart in the right place.

And, like Senator Zeldin, you're a young veteran that -- a recent veteran.

So, we're going to come back and utilize that heart, and that brain, to help out these veterans today.

JOEL ABELOVE: I hope so, sir. I look forward to it.

SENATOR ZELDIN: I think, not only your testimony is a fitting way to end this hearing, but your last couple of sentences were a fitting way to end the hearing.

You're saying that you believe, that, as legislators, it's our responsibility to ensure that there's a staffing and training, resources, to accomplish this mission. And without them, the warriors cannot accomplish it.

So, I think that it's really the duty.

There are 212 legislators here in Albany, and

a governor. It is our duty, to do what we can to help.

And, thank you, as well, for your service.

JOEL ABELOVE: Thank you, sir.

SENATOR ZELDIN: I want to say, thank you, to everyone that traveled from Suffolk County.

Suffolk County is actually the home of the single highest population of veterans in the entire state of New York.

We're very proud of our veterans.

And, I'm very honored, and proud, of the fact that so many traveled so far to be here.

For all of you watching at home, that last public service announcement, if anyone ever needs any help, the phone number is: 1-800-273-8255. Press "1."

Maybe you're calling for yourself, a loved one, a business associate.

There's a website for the V.A., at: VeteransCrisisLine.net.

You can also text it to: 838255.

We're here, not only to help you, individually, but, to figure out what we can do as a state, to finally address post-traumatic stress disorder.

So, thank you, everybody, for your participation.

SENATOR MCDONALD: Thank each and every one of you.

Drive carefully. It's snowing out.

Help your neighbors.

There's nothing better than to help your neighbors.

Thank you.

[Applause.]

(Whereupon, at approximately 1:20 p.m., the public hearing, held before the New York State Senate Standing Committee on Mental Health and Developmental Disabilities, concluded.)

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