



**Testimony of Alexis Wichowski
Associate Commissioner for the New York City Department of Veterans' Services (DVS)**

**New York City Council Committee on Veterans
14th Floor Committee Room, 250 Broadway
May 21, 2019, 10:00am**

Good morning Chair Deutsch, members of the Committee on Veterans, and bill sponsors Council Member Ampry-Samuel, Council Member Rosenthal, and Council Member Cabrera. My name is Alexis Wichowski and I am proud to serve as Associate Commissioner for Public Affairs at the New York City Department of Veterans' Services (DVS). I am joined today by E. Cecil Henry, General Counsel and Director of Intergovernmental Affairs at DVS.

On behalf of Commissioner Loree Sutton and DVS, we would like to extend our appreciation for the Citywide enthusiasm and support for New York City's upcoming Fleet Week and Memorial Day events. Every day, we see our City wrap its arms closer around our veteran community in a collective effort to become even more military-friendly. We are pleased to be with you here today to discuss the package of proposals before this Committee and advocate on behalf of our City's veterans and their families.

I would now like to address the proposed pre-considered legislation, T2019-4398, which would require the Department of Veterans' Services to make publicly available on its website the report on veterans receiving certain City services, as required by Local Law 23 of 2015.

Local Law 23 of 2015, first introduced by Council Member Paul Vallone, requires the Mayor's Office of Operations to report in writing on (1) the total number of veterans and their spouses who have applied for and been approved for Mitchell-Lama housing; (2) the total number of fee-exempt mobile food vending licenses and food vending permits issued by the Department of Health and Mental Hygiene (DOHMH) to veterans; (3) the number of general vending licenses issued by the Department of Consumer Affairs (DCA) to veterans; (4) the total number of veterans who submitted an application to DCA for a general vending license; (5) the total number of veterans residing in the city who utilized a HUD-VASH voucher; and (6) the total number of applicants for the veterans civil service credit for civil service examinations.

Local Law 23 increases awareness about City services for veterans and their families by requiring that the Office of Operations provide this report to three entities: (1) DVS; (2) the New York City Veterans Advisory Board (VAB), an independent council whose members, appointed by both the City Council and the Mayor, advocate for veterans throughout the five boroughs; and (3) the City Council itself.

The report identified in resolution T2019-4398 is already available to the public through multiple channels enumerated above: DVS shares the report with our partners; the eleven members of the

VAB share the report as they deem appropriate; and we do not know to whom the Council Speaker's Office disseminates the report.

DVS is proud to advance transparency for our constituents through dissemination of this and other relevant reporting about the New York City veterans' population. We will continue to share the report when requested, and hope that the City Council takes similar steps. We're happy to work with the Council to take further steps toward our shared goals.

I would like now to address the resolutions proposed today: 0568-2018, proposed by Council Member Rosenthal, and 0844-2019, proposed by Council Member Cabrera.

Resolution 0568-2018 aligns with DVS's mission to serve all New York City veterans, including traditionally underrecognized populations such as women veterans. Since the inception of our nation, women have served – whether by fighting on the battlefield themselves or by providing essential assistance that made it possible for others to do so. Margaret Corbin exemplifies the spirit of service that will inspire future generations of women to similarly serve their country. It is only fitting that we honor her service and sacrifice -- and indeed, the contributions of all women service members and veterans -- with the renaming of one of our nation's most essential institutions dedicated to veterans' care: the VA.

Resolution 0844-2019 honors the thousands of brave American and Allied soldiers whose courage turned the tide of history 75 years ago this June. In President Dwight D. Eisenhower's letter distributed to the 175,000-member expeditionary force on the eve of the invasion at Normandy, he wrote, "The eyes of the world are upon you. The hopes and prayers of liberty-loving people everywhere march with you." This resolution honors the spirit of those words, ensuring that the eyes of the world remain upon the courageous soldiers who fought in defense of the liberties we hold dear.

In conclusion, DVS applauds the City Council for its leadership in formally recognizing the dignity of our brothers and sisters in service over the course of history. We look forward to the continued partnership of the Council in advocating for veterans and their families in New York City. We thank you again for this opportunity to meet with you today. At this time, I would be happy to address your questions.

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Statement of Vadim Panasyuk
Sr. Veteran Transition Manager, Policy Liaison & VA Benefits Lead
of
Iraq and Afghanistan Veterans Of America
before the
New York City Council Committee on Veterans

May 21, 2018

Chairman Deutsch, Chairwoman Ayala and distinguished members of the Joint Committee, on behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members, I would like to thank you for the opportunity to testify here today. I am a New Yorker, a naturalized citizen and a US Army Iraq veteran. At IAVA, I am a masters-level social worker serving as a Senior Veteran Transition Manager (VTM), VA Benefits Lead, with our Rapid Response Referral Program - or "RRRP" for short.

RRRP is a high-tech, high-touch referral service for veterans and their families with a comprehensive case management component. We assist veterans of all eras, regardless of discharge status, worldwide in confronting significant challenges like unemployment, financial or legal struggles, homelessness, and mental health related issues. To date, RRRP has served over 9,000 veterans and family members nationwide, and over 1,000 in New York City alone, providing critical support and resources to ensure that this city's veteran's needs are effectively met.

Since its beginning, IAVA has fought for and has been successful in advocating for policies that are able to meet the needs of our newest generation of veterans on local, state, and federal levels. Our top 6 Legislative Priorities for 2019 reflect that. Many of the issues we've championed have not been popular in the beginning. Whether it is our stances on Don't Ask Don't Tell, combating the Transban, women's role in the military, medicinal cannabis for vets or updating or changing the VA motto to reflect the fact that this institution honors their service and sacrifices women vets... History has shown we've been on the right side of these issues. We stand by the fact that diversity is a force multiplier for our armed forces and IAVA is proud of its record.

Despite the ever-growing contribution of women to our national defense, the American public still does not understand the extent of their involvement and sacrifice. For years women served on the front lines despite the Pentagon's official ban on women in combat. I've seen it first hand. From machine gunners on HMMWVs helping secure Main Supply Routes (MSR) so vital supplies could get where they were going, to NAVY Explosive Ordnance Disposal (EOD)



Technicians destroying IEDs, weapons caches and blowing hinges off doors during raids; they served where needed and went where the mission demanded. This lack of understanding unfortunately has also reverberated through the various systems of care available to them as veterans and has negatively impacted their post military transition.

The culture at the VA can seem like an equally unwelcoming place to women who are transitioning. The VA motto does not help. It explicitly excludes women and their survivors from its mandate, and it reads as outdated: "To care for him who shall have borne the battle and for his widow, and his orphan." Women veterans are becoming more prominent in American culture. From the growing number of women veterans serving in Congress to the highest leadership positions among the service branches, Veteran Service Organizations, women are stepping up and leading. While more women are joining the military ranks, are filling combat roles at an increasing pace, and assume greater responsibilities in leadership, veteran services for them must stop falling behind that what is available to their male brethren. Everyday women veterans enter into VAs nationwide and are not recognized for their service. Every day, my sisters in arms are looked past in favor of the familiar image of a man serving in uniform. Until this changes, IAVA's work will not be done.

Almost two hundred and fifty years after the first woman veteran received her earned benefits from the U.S. government, women veterans are still fighting for recognition. It is past time for women veterans to be recognized for their service and sacrifice, and renaming the Manhattan VA facility to the Margaret Corbin VA Medical Center is one step forward in a larger campaign for that recognition. We still have a long way to go so that all Americans recognize that veterans come in all shapes, sizes, and genders, but this is a step in the right direction. IAVA fully supports Res. 568 to rename the Manhattan VA facility to the Margaret Corbin VA Medical Center.

Increased reporting and transparency can allow stakeholders to identify underutilized services and work towards solutions to connect veterans with those services. The Int. in front of the Committee today, titled "A Local Law to amend the administrative code of the city of New York, in relation to making public the mayor's office of operations' report on veterans receiving certain city services," would increase transparency and reporting within the Mayor's office and the Department of Veteran Services (DVS). Because this report would focus on a number of critical services for veterans living in NYC, such as the amount of issued HUD-VASH vouchers issued and Mitchell-Lama housing applications, IAVA supports this legislation.

Res. No. 844 would officially recognize the 75th anniversary of D-Day which occurred on June 6th, 1944. D-Day was the largest amphibious assault in history and led to the eventual liberation of Western Europe. According to the US National D-Day Memorial, at least 4,400 American



Statement of Vadim Panasyuk
Before the New York City Council Committee on Veterans & Mental Health
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service members were killed that day. Despite the high number of casualties, the operation was a resounding success and allowed the Allied Forces to establish a beachhead in Europe. IAVA fully supports this Resolution and thanks the Committee for honoring all of the men and women that served during D-Day 75 years ago.

Members of the Committee, thank you again for the opportunity to share IAVA's views on these issues today. I look forward to answering any questions you may have and working with the Committee in the future.



Testimony by the New York Legal Assistance Group
Before the New York City Council Committee on Veterans
Res 0568-2018: Veterans Administration to name its hospital in Manhattan after the
American Revolutionary War heroine Margaret Corbin

May 21, 2019

Chair Deutsch, Council Members, and staff, good morning and thank you for the opportunity to speak about Resolution 0568-2018, regarding the re-naming of the VA Hospital in Manhattan to the Margaret Cochran Corbin Campus of the New York Harbor Health Care System. My name is Samantha Kubek, and I am a Staff Attorney in the LegalHealth Division of the New York Legal Assistance Group (NYLAG), a nonprofit law office dedicated to providing free legal services in civil law matters to low-income New Yorkers. NYLAG serves immigrants, seniors, veterans, the homebound, families facing foreclosure, renters facing eviction, low-income consumers, those in need of government assistance, children in need of special education, domestic violence victims, people with disabilities, patients with chronic illness or disease, low-wage workers, low-income members of the LGBTQ community, Holocaust survivors, as well as others in need of free legal services.

LegalHealth partners with medical professionals to address the nonmedical needs of low-income individuals with serious health problems. This year, our Veterans Initiative will serve nearly 1,000 veterans in U.S. Department of Veterans Affairs (VA) medical centers' behavioral health, geriatrics, and women's health clinics. Working closely with veterans' healthcare providers, these "medical-legal partnership" clinics reduce veteran homelessness by preventing evictions, expanding access to needed veterans' services by upgrading bad paper discharges, and stabilizing incomes for veterans with significant health needs.

As an attorney with LegalHealth, which has legal clinics at 34 hospitals, I staff the nation's first legal clinics for women veterans. The first clinic we opened was at the Manhattan VA, on January 23, 2017. LegalHealth created these clinics after recognizing the growing need of our women veteran clients. Women have served in every United States military conflict since the American Revolution. Women veterans are the fastest growing veteran population, expected to increase at an average rate of about 18,000 women per year for the next 10 years.¹ Women make up approximately 11% of veterans from the Iraq and Afghanistan conflicts.² Women constitute approximately 15% of active duty service members, 20% of new recruits, and 19% of reserves. Over 345,000 women have deployed since September 11, 2001.³

But as more women veterans return to civilian life, many are facing new battles at home. According to the VA, one in four women seen at a VA health facility reports experiencing military sexual trauma (MST) while in service. Women veterans are the fastest growing segment of the homeless veteran population. One in five women veterans of the wars in Iraq and Afghanistan has been diagnosed with post-traumatic stress disorder. One-third of women veterans experience intimate partner violence, an increase from the already astounding number of one in four among civilian women. The rate of suicide is 2.5 times higher among female veterans when compared to civilian adult females.

The VA's motto, a quote from Abraham Lincoln, reads, "To care for *him* who shall have borne the battle, and for *his* widow, and for *his* orphan." Yet women are the fastest growing veteran population, with 2.2 million women veterans representing every branch of the military living nationwide, a number that is expected to double over the next ten years.

¹ https://www.va.gov/vetdata/docs/SpecialReports/Women_Veterans_2015_Final.pdf

² <https://www.womenshealth.va.gov/WOMENSHEALTH/latestinformation/facts.asp>

³ <https://www.womenshealth.va.gov/WOMENSHEALTH/OutreachMaterials/VeteransDay/VeteransDay2017.asp>

A recent study of 1,500 women veterans conducted by Iraq and Afghanistan Veterans of America found that 70% of participants said the services they received from the VA were less than good. Fewer than half of participants believed that VA staff treated women veterans with respect or provided a culture welcoming to women. Numerous participants recounted having their service questioned or belittled by VA staff.

The VA is responding. It recently launched a social media awareness campaign featuring the military and social contributions of women veterans and providing information about how they can access a range of benefits and services. A Women Veterans Call Center has also been created, where female veterans can learn more about services available to them. Yet much more work remains to make women veterans feel acknowledged and respected at the VA.

Nearly one third of my clients are survivors of military sexual trauma. The federal government defines military sexual trauma as “psychological trauma resulting from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty, active duty for training, or inactive duty training.” In 2015, over one million outpatient visits took place at the VA for military sexual trauma-related care.

In 2015, an opinion piece in the *New York Times* discussed the myriad concerns of women veterans at VA hospitals and the lack of equal care they were receiving. A study by Disabled American Veterans published that same year found that only one-third of VA facilities at that time had a gynecologist on staff.⁴ On March 13, 2019, a similar article was published, citing the same concerns and the same sense that at the VA, women’s service was not seen as equal to men’s.

My clinics opened with the goal to provide a space for women veterans that would be uniquely theirs, and in so doing, help to make these veterans feel more comfortable in the VA’s

⁴ Disabled American Veterans, “The Long Journey Home,” <https://www.dav.org/wp-content/uploads/women-veterans-study.pdf>

male-dominated atmosphere. To help this, I moved my clinic from the general outpatient mental health waiting room, where numerous clients told me they felt unwelcome and viewed as a piece of meat, to the women's health clinics, where clients have their own all-women waiting area where they can feel safe.

One client, a veteran who we will call Sarah, first came to NYLAG in 2014 suffering from extreme pschizoffective disorder, anxiety, and post-traumatic stress disorder. She had been out of the Army for almost thirty years. Her mental health diagnoses stemmed from her rape during her time in the military, and though she had tried for decades to get VA service-connected benefits for her trauma, she had been unsuccessful. She had never been able to submit a statement of what happened to her, because she never felt safe enough to disclose her story. For two years, Sarah would come to NYLAG for assistance, but drop her case when it was time to draft her affidavit. She would become unresponsive and disappear. In 2017 when my clinics opened, I met with Sarah in the new clinic space. I explained to her that this clinic was only for women, and that my job was to advocate for her to get her benefits. I worked with Sarah for two years, meeting with her inside the women's clinic and slowly earning her trust. Finally, it came time to write her affidavit. The morning of our meeting, I wasn't sure if she would come in. But sure enough, at the appointed time, Sarah was there waiting for me. Together we drafted her affidavit and finally provided the VA with a clearer picture of what happened to her. This year, Sarah obtained her long overdue benefits, totaling a back pay of over \$16,000 and ongoing monthly payments of \$3,100. Sarah told me that she only stayed because I had made her feel safe. She said that the VA had never seemed safe to her before, but that going in knowing there was a place just for her made her feel better.

I've seen firsthand the ways in which providing a welcoming environment to women veterans can change the extent of our reach. Since 2015, LegalHealth has held "Legal Stand Downs," or Know Your Rights trainings, to veterans at the Manhattan and Bronx VA hospitals concerning

their legal rights and remedies. Historically, these trainings were centered around a given legal area, such as family law or housing law. Typically, approximately sixty veterans would attend each event, yet at most, only one or two women would attend. Shortly before opening the women's legal clinics, we created a new training, specifically for women veterans. We advertised the event as targeted to women veterans, and we planned to address topics commonly of issue to women. On December 12, 2016, we held the first Women Veterans Legal Stand Down, at the Manhattan VA. Thirty-five women attended the event, and many stayed afterwards to comment on how welcome the training was.

I continue to hope that my clinic, and ones that have been created in its model since, will help to create spaces within the VA where women feel as though they belong. But continued work needs to be done to shift the culture at the VA. New York can play a pivotal and highly visible role in leading this shift by renaming the Manhattan VA after Margaret Corbin, the first female veteran to receive a military pension after becoming disabled from injuries sustained in combat in 1776. It will be the first VA hospital to be named after a female veteran and signal the VA's commitment to recognizing the existence and importance of women veterans. This credible signaling will usher in a more inclusive VA culture and will aid in the dismantling of harmful cultural barriers to care.

I appreciate the opportunity to speak to the Council about this issue, and I look forward to engaging in further discussions about assisting our veterans in improving their behavioral health outcomes.

Respectfully submitted,

New York Legal Assistance Group



NYC Veterans Alliance

www.nycveteransalliance.org

www.ourveterans.nyc

Testimony by

Kristen L. Rouse, Founding Director
NYC Veterans Alliance

Committee on Veterans
Hearing on Intro. T2019-4398 and Resolutions on Margaret Corbin and D-Day

May 21, 2019

Good morning, and thank you to Chair Deutsch and the Committee for the opportunity to testify today. My name is Kristen Rouse, and I am a 25-year veteran of the United States Army, with service including three tours of duty in Afghanistan. I present testimony today on behalf of the NYC Veterans Alliance, a member-driven, grassroots policy advocacy and community-building organization that advances veterans and families as civic leaders. I am presenting testimony on behalf of our members who are active stakeholders in our advocacy.

Local Law 23 of 2015 was among the first pieces of legislation we testified strongly in favor of back in 2015, when we were newly formed as the NYC Veterans Alliance. We did so on the basis of an online survey of the NYC veterans community, which reflected strong support for better reporting and accountability of the services being delivered for our city's veterans and families. In recent years, we have brought up the lack of transparency in our city's tracking and reporting of this data. We applaud Council Member Ampry-Samuel in introducing a bill to make this data visible not only within city government, but also to members of the public and our veterans community who have sought information about how our city is serving veterans and families. With veteran homelessness on the rise, and as veterans and their families struggle to find affordable housing, well-paying jobs that value their military service, and the quality of life they deserve—we should be able to see that the city is reporting on and adjusting its delivery of services based on data.

Yet as my organization testified back in 2015, the data called for in Local Law 23 is really only just the start of ensuring NYC government is more responsive to the needs of the veterans community. In the years since, the NYC Veterans Alliance pushed for veteran and military status to be included as a protected category of person in the NYC Human Rights Law, which we proudly accomplished with the support of then-Public Advocate Tish James and then-Council Member Jumaane Williams and this Committee, and enshrined in Local Law 119 of 2017. Yet data on this new protected class of person has not been included in the mandated annual Mayor's Report on Social Indicators and Equity. Our call for data on veterans, servicemembers, and their families to be included in the Mayor's Report received a detailed mention in the 2018 report by the Mayor's Charter Revision Commission, and I bring the issue to this Committee for consideration toward making NYC government more transparent and responsive to the veterans and military community.

Inclusion of data in the Mayor's Report on Social Indicators and Equity on veterans, servicemembers, and families related to affordable housing, employment, business ownership, and other indicators tracked by federal and state agencies, and prioritized in the past by city government, would further inform the policies and programs of city agencies, borough presidents, community boards, and other governmental bodies. It would also have the potential to inform future city planning and land use policy. This reporting would also align the protected

status of veterans and military members with other protected classes of person reported on in the Mayor's Report. As we have seen with Local Law 23 of 2015, it takes the whole of our city government to commit to making veterans, servicemembers, and their families a visible demographic in our city's policymaking and delivery of services. We urge passage of Council Member Ampry-Samuels's bill, and we further urge this Committee to take on meaningful inclusion of data on what our city government is doing for our community.

We further urge this Committee to take action to protect and foster growth of the budget for the NYC Department of Veterans' Services. The Mayor's initial budget proposal reflected a cut of \$63,000. The Mayor's Executive Budget now cuts DVS's budget by \$118,000. On behalf of the members we represent, I state to you that the NYC Veterans Alliance firmly opposes cuts to this young and growing agency. New York City's budget must not be balanced on the backs of veterans and their families—a population that has been under-served for decades by our city's government, and that DVS has only begun to reach out to over these last few years. As we testified in March of this year, there is much to be done to ensure DVS and other city agencies are delivering results for our community. But we cannot afford to take any steps backward in the funding of this agency.

We regret that there is limited time to address all of the legislation on the docket for this hearing. We applaud the forward movement of Council Member Rosenthal's resolution in support of federal legislation to name the Manhattan VA in honor of Revolutionary war hero Margaret Corbin, who was severely injured in combat in Washington Heights, Manhattan, in November 1776. We are grateful for Senator Gillibrand, Senator Schumer, and Representatives Maloney, Espaillat, Velazquez, and Nadler for championing this legislation and reintroducing it in March. I have included with this testimony the white paper on Margaret Corbin and women's access to VA healthcare we produced last fall that precipitated this federal legislation, and I am also including the fact sheet we presented to the NYC Veterans Advisory Board in March to dispel misinformation being spread about my organization's painstaking work to press forward this initiative to make Manhattan the first VA campus system-wide to be named in honor of a woman veteran. This sheet also includes statements of support from advocacy organizations and city and state officials and Members of Congress. We urge this Committee and the full Council to pass this resolution in support of bringing the important legacy of Margaret Corbin to light and recognizing that women have been fighting for our nation since 1776.

We further applaud and urge passage of Council Member Cabrera's worthy recognition of the heroes and historic actions that took place during the D-Day invasion 75 years ago.

On behalf of the NYC Veterans Alliance, I thank you for the opportunity to testify today. Pending your questions, this concludes my testimony.



VA Hospitals ALL New Yorkers Can Be Proud Of

**New York Can Improve Access to VA Healthcare
by Naming Manhattan VA Medical Center for
Revolutionary War Hero Margaret Corbin**

Fall 2018

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About

Prepared by Renee McKain, Policy Fellow
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The NYC Veterans Alliance is a member-driven, grassroots policy advocacy and community-building organization that advances veterans and families as civic leaders in NYC and beyond

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Summary

Fall 2018 Campaign. As part of a focused campaign that advances objectives toward supporting and sustaining **VA Hospitals ALL New Yorkers Can Be Proud Of**, NYC Veterans Alliance proposes legislative action to name the existing facility known as the Manhattan VA Medical Center or the Manhattan Campus of the VA New York Harbor Healthcare System as the "Margaret Corbin VA Medical Center" as the first VA hospital to be named in honor of a woman veteran—thereby signaling a major shift in VA culture locally and nationally to more appropriately recognize and serve women veterans.

Women Veterans Remain Underserved by the VA. VA hospitals nationwide were originally designed to cater mostly to men and the VA healthcare system has been slow to accommodate and meet the unique needs of female veterans. In 2015, Iraq and Afghanistan Veterans of America (IAVA) surveyed 1,500 women veterans, more than half of whom said that VA facilities had a culture unwelcoming to women.¹ Frequent complaints of women veterans include having their veteran status questioned, feeling uncomfortable or even unsafe during inpatient stays, and not having adequate and targeted mental health services. The current VA motto is gendered and excludes women, failing to acknowledge the immense and growing contributions to national security by women veterans. It is time for the VA to modernize its culture to embrace women veterans.

VA Care Reduces Veteran Suicide Rates. Failure to accommodate and welcome a significant and growing sector of the veteran population has potentially dire consequences. The VA reports that 70% veterans who died by suicide have not been in VA health care.² This alarming statistic raises concerns of whether increasing access to care can mitigate these persistently higher suicide rates among veterans. There several notable barriers to VA health care, but none so pervasive as the cultural barriers to care that women veterans face at the VA.

New York Has an Opportunity to Lead. New York can lead this cultural shift by renaming its Manhattan VA Medical Center after Margaret Corbin, the first female veteran to receive a military pension after becoming disabled from injuries sustained in the 1776 Battle of Fort Washington. It will be the first VA hospital to be named after a female veteran and signal the VA's commitment to recognizing the existence and importance of women veterans. This credible signaling will usher in a more inclusive VA culture and will aid in the dismantling of harmful cultural barriers to care.

¹Iraq and Afghanistan veterans of America (IAVA). Fulfill the Promise to Today's Veterans. Retrieved from http://iava.org/wp-content/uploads/2017/03/IAVA_Policy_2017_v8_125bleed.pdf

² Office of Public and Intergovernmental Affairs. (2016, September 01). Retrieved from <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5114>

Veteran Suicide: A Crisis of Accessing VA Care

The most recent VA National Suicide Data Report reveals that inaccessibility to VA care is a lead factor in elevated suicide rates among veterans. Twenty veterans die each day by suicide, only 30% of whom are in VA health care.³ This is especially alarming as VA healthcare utilization by veterans is associated with declining absolute and relative rates of suicide.⁴ As the VA tackles veteran suicides, it is crucial that special attention is given to suicides among women veterans. The majority of veterans are male; however, female veterans have a higher elevated risk of suicide than their male counterparts.⁵ This means that there is an uptick in the rate of suicides among female veterans, which creates an upward trajectory approaching the male veteran suicide rate.⁶ Furthermore, women veterans are almost twice as likely to die by suicide than non-veteran women,⁷ thereby compounding concerns of a growing risk of suicide among women veterans. Additionally, gender-based barriers to care are less but are becoming increasingly crucial to better caring for veterans. Given that improved access to VA care may substantially reduce suicide rates,⁸ it is imperative that gender-based barriers to care be actively addressed to curtail growing risk of suicide among women veterans.

INITIATIVE 1:

Survey on VA Hospitals in NYC: NYC Veterans Alliance is gathering input from veterans, segmented by age, gender, and other demographics, on quality of care and specific topic areas including suicide prevention, women veterans programs, and more. The survey is located at http://www.nycveteransalliance.org/vahospitals_survey

³ Office of Public and Intergovernmental Affairs. (2016, September 01). Retrieved from <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5114>

⁴Hoffmire, C. A., Kemp, J. E., & Bossarte, R. M. (2015, September). Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000-2010. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25930036>

⁵ Id.

⁶ Dolsen, J. (2015, August 12). The Mistreatment Of Female Veterans Is Not Just A Women's Issue. Retrieved from <https://taskandpurpose.com/mistreatment-female-veterans-not-just-womens-issue/>

⁷ Office of Public and Intergovernmental Affairs. (2016, September 01). Retrieved from <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5114>

⁸ Holliday, S. B. (n.d.). Mental Health Care Access and Suicide. Retrieved from <https://www.rand.org/research/gun-policy/analysis/supplementary/mental-health-access-and-suicide.html>

Shortfalls in Women's Access to VA Care

The women veteran population is steadily increasing and warrants earnest attention by the VA to ensure they have adequate access to Veterans Health Administration (VHA) services. Women account for 10% of the United States veteran population⁹ and are projected to increase to 16% by 2040.¹⁰ In 2016, 17% of active duty military officers and 35% of all Post 9/11 military officers are female.¹¹ Despite their growing contributions to national security, the VA reports that female veterans are less likely to use VA benefits than male veterans.¹² This merits closer attention to possible gender-based barriers to VA benefits. In 2015, only 840,000 of the 2 million women veterans used at least one VA benefit.¹³ In addition, only 36% of women veterans are enrolled in the VHA compared to 44% of all veterans.¹⁴ As the women veterans grow in numbers, it is becoming increasingly imperative that the VA intensify efforts to enhance access to care for women veterans. The National Survey of Women veterans, conducted by the VA, revealed a need for gender, age, and culturally appropriate VA services and point to shortfalls in care of women veterans.

Inadequate and untargeted care for women at VA hospitals is well documented and contribute to lower VHA utilization among women veterans. Women veterans describe being viewed as spouses of veterans or civilians when seeking care at the VA.¹⁵ A recent women's health qualitative study also found that women veterans had recurring complaints of feeling unwelcome, unsafe and uncatered to at VA hospitals. Some of the study's participants recounted being catcalled by male veterans at VA medical centers and even more expressed discomfort of being the only woman in the waiting room.¹⁶ These perceptions of being "othered" are intensified for women veterans who have experienced military sexual trauma (MST). Study participants also believed that the VA does not take MST into consideration, with some recounting instances of being unable to lock their hospital room door during inpatient stays and not having women-only mental health group therapy where MST could be openly discussed. Participants also

⁹ United States Department of Labor. Fact Sheet- Women Veterans. (n.d.). Retrieved from <https://www.dol.gov/vets/womenveterans/docs/2015-VETSFactSheetWomensveterans508.pdf>

¹⁰ VA Utilization Profile FY 2016. (2017, November). Retrieved from https://www.va.gov/vetdata/docs/QuickFacts/VA_Utilization_Profile.PDF

¹¹ United States of America Department of Defense. 2016 Demographics Profile of the Military Community. (n.d.). Retrieved from <http://download.militaryonesource.mil/12038/MOS/Reports/2016-Demographics-Report.pdf>

¹² Id.

¹³ Women Veterans Report: The Past, Present and Future of Women Veterans. (2017, February). Retrieved from https://www.va.gov/vetdata/docs/SpecialReports/Women_veterans_2015_Final.pdf

¹⁴ Id.

¹⁵ Dolsen, J. (2015, August 12). The Mistreatment Of Female Veterans Is Not Just A Women's Issue. Retrieved from <https://taskandpurpose.com/mistreatment-female-veterans-not-just-womens-issue/>

¹⁶ Kehle-Forbes, S. M., Harwood, E. M., Spont, M. R., Sayer, N. A., Gerould, H., & Murdoch, M. (2017, May 30). Experiences with VHA care: A qualitative study of U.S. women veterans with self-reported trauma histories. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5450063/>

reported access issues as many VA hospitals had too few private rooms or rooms with female roommates to accommodate women inpatient care stays, forcing women veterans to be diverted to civilian health facilities or delayed inpatient care for non-emergent care. Women health services at VHA facilities leave much to be desired as some women clinics were located basements with unclear signage and not all facilities provided women specific services such as prenatal care, obstetrics, and mammography.¹⁷ These complaints run the gamut of being culturally- to service-related barriers to care and all require attention to improve quality and accessibility of VA healthcare for women veterans.

INITIATIVE 2:

Legislative Support: NYC Veterans Alliance has called on our full NYC Congressional Delegation to co-sponsor and pass the **Deborah Sampson Act** (H.R.2452 / S.681), a bipartisan bill of provisions that would close current gaps in VA services for women veterans.

¹⁷Thorpe, H. (2017, December 21). Opinion | The V.A.'s Woman Problem. Retrieved from <https://www.nytimes.com/2015/08/16/opinion/sunday/the-vas-woman-problem.html>

A Motto of Exclusion: "To Care for Him"

The VA took steps to address the care disparities between men and women veterans but are simultaneously undermining their efforts. The VA clarified the responsibilities of the VA medical facility Directors including but not limited to ensuring staff "[care] for women Veterans with dignity and sensitivity," adequate staffing, space, and equipment for women specific services, and "all aspects of gynecology are available at all facilities." In addition, the VA now ensures that all employees have access to "educational programs addressing recognition of women as Veterans and sensitivity to issues of women Veterans including but not limited to awareness of women's military experiences, awareness of sexual trauma and interpersonal violence."¹⁸ These trainings, however, are not always mandatory and do not directly address the discrimination women feel by fellow male veterans. The VA also recommends that VA medical facilities "represent women Veterans with images throughout the VA medical facility," but fails to address the most visible motif at any VA facility: a gendered and exclusionary motto. The VA motto is framed as referring to only male veterans and their loved ones and is plastered in prominent areas at many VA facilities. Training and imagery are being negated or even nullified by this gendered motto, which is a more visible and memorable representation of who the VA is devoted to caring for, since it is visible to staff and patients alike. Regardless of intent, the motto in its current state reflects a palpable bias, which contributes to both actual and perceived gender discrimination.

As it stands, the VA motto is contributing the gender discrimination women veterans face. The VA's motto reads:

"To care for him who shall have borne the battle and for his widow, and his orphan."

The motto originates from President Lincoln's Second Inaugural Address in 1865, attesting the government's duty to care for injured soldiers and their loved ones.¹⁹ The statement became the VA's motto in 1959 to depict the VA's mission. However, as the proportion women veterans continues to rise, the motto is becoming increasingly unrepresentative of the veteran population in its current gendered state. This gendered language is exclusionary to women veterans and can have health and cultural implications by fueling perceived discrimination. Perceived discrimination is associated with increased participation in unhealthy behaviors such as smoking, as coping

¹⁸VHA Directive 1330.01(2), Healthcare Services for Women ... (2017, February 15). Retrieved from https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=5332

¹⁹The Origin of the VA Motto Lincoln's Second Inaugural Address. (n.d.). Retrieved from <https://www.va.gov/opa/publications/celebrate/vamotto.pdf>

mechanisms and health conditions, including hypertension, self-reported poor health, and breast cancer.²⁰ The wording of the motto is also influencing the VA culture through language, which is one of the most potent mechanisms through which sexism and gender discrimination are "perpetrated and reproduced."²¹ By representing the target population for care as male veterans, women veterans are "othered," regardless of intent. Therefore, the motto's gendered language is not an innocuous depiction of the historic speech, but rather a ubiquitous barrier to care.

Despite the plights of women veterans and evidence proving the ills of gendered language, the VA remains adamant about maintaining the motto in its original form. Curt Cashour, a VA spokesperson, recently stated, "VA is proud of Lincoln's words as a historic tribute to all veterans, including women veterans, whose service and sacrifice inspires us all."²² Even if the VA intends for the motto to be inclusive, at face value the motto does not reflect this. Allison Jaslow, a former U.S. Army captain spearheading the effort to change the VA motto told *Newsweek*, "The motto is not only emblematic of the cultural barriers that women face at the VA, but the resistance to this simple request is indicative of how the agency is utterly out of touch with the changing face of America's veteran population."²³ Beyond being out of touch, the VA's refusal to make the motto gender-neutral reinforces the exclusionary culture by trivializing the impacts of a gendered motto.

INITIATIVE 3:

Petition of the VA: In October 2018, the NYC Veterans Alliance joined Iraq and Afghanistan Veterans of America (IAVA) and Service Women's Action Network (SWAN) in formally petitioning the VA to change its motto through its rulemaking process.

Legislative Support: The NYC Veterans Alliance calls upon our full NYC Congressional to co-sponsor and pass legislation to change the VA motto.

²⁰Pascoe, E. A., & Richman, L. S. (2009, July). Perceived Discrimination and Health: A Meta-Analytic Review. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2747726/>

²¹Menegatti, M., & Rubini, M. (2018, May 16). Gender Bias and Sexism in Language. Retrieved from <http://communication.oxfordre.com/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-470>

²²Wax-Thibodeaux, E. (2018, February 14). VA employees wanted a gender-neutral mission statement. The agency refused. Retrieved from https://www.washingtonpost.com/news/checkpoint/wp/2018/02/14/va-employees-wanted-a-gender-neutral-mission-statement-the-agency-refused/?noredirect=on&utm_term=.e6bb3241e41b

²³LaPorta, J. (2018, October 12). Veteran groups demand the VA change its "outdated and sexist" motto that excludes women veterans. Retrieved from <https://www.newsweek.com/va-donald-trump-veteran-motto-sexist-outdated-1167509>

Margaret Corbin: First in 1776 and First in VA Healthcare

In light of federal opposition to move the needle on gender inclusivity within the VA, another change agent is at the local level, through the renaming of the Manhattan Campus of the VA New York Harbor Healthcare System. By appointing the Manhattan Campus to be named the Margaret Corbin VA Medical Center, New York can lead the efforts to transform the VA into a more inclusive agency. The VA explains that VA facilities all over the country bear the names of Americans who made significant contributions to their country.²⁴ Yet none of the 1,243 VA health care facilities are named after women veterans. This sends a clear message that the contributions of women veterans or military affiliated women are not noteworthy enough for such recognition. New York can champion the recognition of women veterans by having the first VA hospital to ever be named after a woman veteran, signaling a clear and highly visible commitment to meeting the needs of women veterans. This name change is not a mere superficial act, but rather a mechanism by which the culture of the VA can begin to reflect its intent to care for all of those who borne the battle, their surviving spouses, and their orphans.

There is no more fitting choice for naming the Manhattan VA and the first VA medical center named for a woman veteran than Margaret Corbin. On November 16, 1776, Corbin stood by her husband in the Battle of Fort Washington in Washington Heights, Manhattan, then quickly took over as cannoneer against the British when he fell in battle.²⁵ She was touted by witnesses as having excellent aim and manning the last cannon fired in the battle. Corbin was eventually hit by enemy fire, sustaining severe injuries that rendered her left arm unusable for the rest of her life. The British won this battle and Corbin became a prisoner of war, but was later released.²⁶ After making a partial recovery, Corbin joined the Invalid Regiment at West Point, where she cared for her fellow wounded soldiers. On July 6, 1779 the Continental Congress awarded Corbin a military pension for her service.²⁷ As a female veteran who fought valiantly, sustained a lifelong battle-induced disability, and received a military pension, she epitomizes the care VA provides for those who borne the battle. Given that these valiant events all took place in Manhattan, Corbin is also a geographically suitable choice for the name change of the Manhattan campus. New York can commemorate Corbin's heroism and foster the

²⁴Behind the Names Part 1. (n.d.). Retrieved from https://www.va.gov/opa/publications/docs/behind_the_names.pdf

²⁵ Margaret Cochran Corbin. (n.d.). National Women's History Museum. Retrieved from <https://www.womenshistory.org/education-resources/biographies/margaret-cochran-corbin>

²⁶ Id.

²⁷ Id.

onset of greater inclusivity at the VA for 12,000 women veterans that currently reside in New York.²⁸

The premise of advocating for this name change is to address access to healthcare. The experiences previously recounted of feeling unrecognized, uncatered to, unsafe, and unheard boils down to cultural misalignment at the VA. These complaints cannot be fixed entirely by updating VA care facilities, expanding services covered, or even women-sensitivity training because it transcends the tangible components of care to the implicit notion of who a veteran is. If there is no clear representation that veterans need not be male, then it provides a breeding ground for implicit biases in health service decisions, facility design, and organizational culture. Healthcare is too crucial to life and well-being to disregard any cultural issues that impede comprehensive care. In light of the recorded uptick in suicide risk among women veterans it is imperative that even the seemingly superficial solutions to addressing barriers to care not be trivialized. New York can effect change by embarking on a top-level visible signal of VA commitment to respecting, valuing, and caring for women veterans. This proposed VA hospital name change can begin the process of evolving the VA culture to be inclusive of all those who have borne the battle.

INITIATIVE 4:

Legislative Support: NYC Veterans Alliance calls on our full NYC Congressional Delegation to co-sponsor and pass legislation naming the Manhattan VA Medical Center as the Margaret Corbin VA Medical Center.

²⁸ Veteran Status: 2012-2016 American Community Survey 5-Year Estimates. (2010, October 05). Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>



Fact Sheet on Initiative to Name Manhattan VA in Honor of Margaret Corbin

Background:

On November 16th, 1776, Margaret Corbin was noted as the first woman to "take a soldier's part" in combat as the last cannoner firing against British and Hessian forces in the Battle of Fort Washington before being severely wounded. She was recognized for her heroic acts and was the first woman paid and pensioned as a soldier and veteran of the U.S. Armed Forces. At a time when women veterans are accessing VA services at lower rates than their male counterparts, and they still face a VA that states its scope of service as caring for "him who shall have borne the battle, his widow, and his orphan," and facilities that often do not fully accommodate their needs--the NYC Veterans Alliance proposed for the Manhattan VA to be named in honor of Margaret Corbin. This would make the Manhattan VA the first VA hospital named for a woman veteran, and signal to women veterans that their service is both recognized and welcomed by the VA.

Timeline of this initiative to date:

- **Late 2017** - Discussion of Margaret Corbin naming with board members, advisors, and staff.
- **January 2018** - Survey sent to members to garner input on policy priorities, discussion of initiative at our monthly "Member Monday" meeting.
- **February 2018** - Further discussion with staff and board, inclusion of initiative in 2018 Action Agenda policy paper.
- **March 2018** - Release of 2018 Action Agenda, including this initiative, on our website; 14 of our members discuss initiative in meetings with 12 different NYC Council offices.
- **March-June 2018** - Communications with Rep. Maloney's office and Sen. Gillibrand's office regarding legislative proposal.
- **October 2018** - Renewed push for initiative, updates and discussion at "Member Monday" meeting with members.
- **November 2018** - Member communication and public event posting on Eventbrite & Facebook and email to 8,000+ community members inviting them to "Ruck March & Press Conference for Margaret Corbin"; release of white paper on Margaret Corbin to community stakeholders and elected officials; march & press conference in Washington Heights, which was covered by NY1 and NPR.
- **February-March 2019** - Further discussions with legislators about reintroduction and passage of bill in 2019.

This initiative is the result of a sustained effort to research, write, communicate, collaborate, and garner political and community support by our 501(c)(4) membership organization. Queries about the activities of our organization may be directed to mike@nycveteransalliance.org.

Statements of Support

"Despite having fought in every single conflict since this nation's founding, women service members have rarely received the same recognition as that of their male counterparts. Renaming the Manhattan VA Medical Center for Margaret Corbin, the first woman to be wounded in combat and receive a veterans pension, is a small yet significant step towards a greater appreciation of the sacrifices that women service members have made to keep our nation safe. I am proud to be introducing this legislation in the Senate, and will continue to fight to make the Department of Veterans Affairs more inclusive for women veterans." -- U.S. Senator Kirsten Gillibrand (D-NY)

"I am thrilled to be introducing legislation in the House of Representatives to rename the Manhattan VA hospital in honor of the great American Revolutionary War heroine Margaret Corbin. The first woman injured fighting for our country and the first to receive a veteran's pension, Margaret embodies the heroism of American soldiers who are wounded in battle, as well as their struggles, often lifelong, resulting from their injuries and their time on the battlefield. It is more than fitting to give Margaret Corbin the honor of being the first woman to have a VA hospital named for her." -- U.S. Congresswoman Carolyn Maloney (NY-12)

"Women have fought for our nation's freedom and independence since 1776," said U.S. Congressman Adriano Espaillat (NY-13). "Some had to disguise themselves as men, while others were forced into the war by circumstances that led them into battle, which was the case of Margaret Corbin. Margaret saw her husband die in the fight and immediately took his post. Today, we honor her brave legacy and service as well as honor all women who have defended our nation proudly as women and as Americans from the beginning of our nation's history to help ensure our freedoms shared today remain equally strong for our future."

"Since our country's founding, women have played an instrumental role in our nation's armed services, yet often without the recognition they deserve. Not only did Margaret Corbin make history as the first woman recognized for fighting in our nation's military, she, like so many other female servicemembers, put her life on the line while defending her country. I am proud to honor Corbin's legacy by supporting the NYC Veterans Alliance and their partners in naming the Manhattan VA, the 'Margaret Corbin VA Medical Center,' as well as making the facility's language more inclusive for female veterans. Today, women make up the fastest growing group of veterans and we must recognize the unique challenges they face and the sacrifices they make in defense of all our liberties." -- U.S. Congresswoman Nydia Velazquez (NY-7)

"Women fight on the front lines for our country but seldom receive the recognition and support they deserve. Renaming the Manhattan VA hospital after Margaret Corbin--the first woman to be injured fighting for our country--is a fitting way to acknowledge the sacrifices our female veterans make each and every day. I applaud the NYC Veterans Alliance for their commitment to inclusivity and for recognizing the distinct challenges that face our female veterans on and off the battlefield." -- New York State Senator Brad Hoylman (27th District)

"From the very birth of our nation, women have been serving this country in countless ways, including in our Armed Forces. Today, women serve in every facet of our military, up to the highest ranks. It's important that their service be fully recognized by the VA, so that women can receive the care they have earned. Renaming the Manhattan VA in recognition of the heroism of Margaret Corbin is a fitting way to say that women are welcome." -- New York State Senator Liz Krueger (28th District)

"The incredible women who serve in our armed forces are so often overlooked in favor of male colleagues and still suffer from the patriarchal influences that permeate every facet of our society. I am proud to support the NYC Veterans Alliance & Allies' work to rename the Manhattan VA the Margaret Corbin VA Medical Center--in honor of not just one incredible soldier, but in honor of all the women who have sacrificed in service of our country." -- New York State Assembly Member Harvey Epstein (District 74)

"All veterans deserve the best care we can give them, but VA services remain underutilized in general, and especially by women veterans," said Manhattan Borough President Gale A. Brewer. "Renaming this hospital for Revolutionary War veteran Margaret Corbin can increase this hospital's visibility in the community and send an important message, that its services are here for women veterans as well as men. If even one more veteran receives care than before, it will be worth it."

"As we conclude Veterans Day week, I am happy to support the NYC Veterans Alliance's call to recognize a growing demographic in their ranks: women," said Councilwoman Carlina Rivera, Chair of the Council's Committee on Hospitals and Co-Chair of the Women's Caucus. "What better way to highlight the growing contributions of women to our nation's military than naming Manhattan's VA Hospital after Revolutionary War hero Margaret Cochran Corbin, a New Yorker and veteran of the Battle of Fort Washington. With our fierce Congressional Delegation leading this

charge, I am confident that this recognition of women's contributions to the U.S. military will soon become a reality, and that its passage means women veterans will feel welcome by the health system that serves them."

"Since the inception of our nation, women have served -- whether by fighting on the battlefield themselves or by providing essential assistance that made it possible for others to do so," said New York City Department of Veterans' Services Commissioner Loree Sutton, MD, Brigadier General, US Army (Ret.). "Margaret Corbin exemplifies the spirit of service that will inspire future generations of women to similarly serve their country. It is only fitting that we honor her service and sacrifice -- and indeed, the contributions of all women service members and veterans -- with the renaming of one of our nation's most essential institutions dedicated to veterans' care: the VA."

"This is a historic day for women veterans and all Americans. Almost two hundred and fifty years after the first woman veteran received her earned benefits from the U.S. government, women veterans, including myself, are still fighting for recognition for a country we've laid our lives on the line for. It is past time for women veterans to be recognized for their service and sacrifice and renaming the Manhattan VA facility to the Margaret Corbin VA Medical Center is one step in a larger campaign for recognition. We still have a long way to go so that all Americans recognize that veterans come in all shapes, sizes, and genders, but this is a step in the right direction," said Melissa Bryant, Chief Policy Officer of Iraq and Afghanistan Veterans of America (IAVA) and Iraq War Veteran.

"While I was Director of the VA's Center for Women Veterans, I regularly heard from fellow women veterans who told me they felt unwelcome and unrecognized at VA facilities. Renaming this hospital after Margaret Corbin would simultaneously honor an inspiring trailblazer and demonstrate to the veterans of today and tomorrow - in a tangible way - that the rich legacy of women in America's military is recognized and respected." -- Kayla Williams, Senior Fellow, Center for a New American Security

"Margaret Corbin challenged the status quo and became the first woman to receive a Soldiers Pension, so who better to be the first woman to have a VA facility named in her honor. For those who dare to be first, from Margaret Corbin to Ann Dunwoody, there is no better place to honor them than the heart of New York City. The Veteran Advocacy Project strongly supports the proposal to name the Manhattan VA medical center after Margaret Corbin as a step in the right direction in the VA's recognition of women who have served." -- Coco Culhane, Director, Veteran Advocacy Project

"Margaret Corbin, the first woman to receive a military pension for wounds and heroics in battle, is an inspired choice to receive the honor of being the first military woman for whom a VA medical facility is named." -- Captain Lory Manning, USN (ret.), Director of Government Operations, Service Women's Action Network

"Women veterans have been serving in this country's military since the Revolutionary War with little recognition for their contributions to the larger cause. Naming the Manhattan VA the Margaret Corbin VA Medical Center is a step in the direction of recognizing the contributions of women veterans and their needs. As the Minority Veterans of America is an organization that serves women veterans, we see the disparities in outcomes in the rising suicide rates and homelessness among our women veterans. In nearly every epidemic facing the veteran community, you will find that women veterans are overrepresented. It's time for that to change and the Margaret Corbin VA Medical Center is a step toward greater recognition." -- Lindsay Church, President, Minority Veterans of America

"Women have been under-recognized for their service to our country since its founding and Margaret Corbin's story is a great illustration of that fact. Renaming one of the nation's largest VA facilities in Corbin's honor is a meaningful step toward women veterans getting the public acknowledgement we've long deserved, but is still sorely lacking across America." -- Allison Jaslow, Iraq War veteran and former Executive Director of Iraq and Afghanistan Veterans of America

"The VA's motto reads, 'To care for him who shall have borne the battle, and for his widow, and for his orphan.' Yet women are the fastest growing veteran population, with 2.2 million women veterans representing every branch of the military. In 2017, the New York Legal Assistance Group opened the nation's first legal clinics to exclusively serve women veterans, held at the Manhattan VA Medical Center. In doing so, NYLAG hoped to help shift the VA's male-dominated atmosphere. A recent Iraq and Afghanistan Veterans of America study of women veterans found that fewer than half believed that VA staff treated women veterans with respect or provided a culture welcoming to women. New York can play an important role in leading this culture shift by renaming the Manhattan VA after Margaret Corbin, the first female veteran to receive a military pension after becoming disabled from injuries sustained in combat in 1776. It will be the first VA hospital in the country to be named after a female veteran and will signal the VA's commitment to recognizing the importance and contributions of women veterans." -- Beth Goldman, Executive Director, New York Legal Assistance Group

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THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: 5/21/19

(PLEASE PRINT)

Name: COCO CULHANE

Address: 40 ROCKY

I represent: VETERAN ADVOCACY

Address: 10 ROCKY 10006

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Appearance Card

I intend to appear and speak on Int. No. T201-438 Res. No. _____

in favor in opposition

Date: 5/21/19

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Name: ERK HENRY

Address: 1 CENTRE ST #2206 NY NY 10007

I represent: DVS

Address: 1 CENTRE ST #2208 NY NY 10007

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I intend to appear and speak on Int. No. T2019-4798 Res. No. _____

in favor in opposition

Date: 5/21/19

(PLEASE PRINT)

Name: ALEXIS WIKHANSKI

Address: 1 CENTRE ST #2208 NY NY 10007

I represent: Dept of Veterans Services

Address: 1 CENTRE ST #2208 NY NY 10007

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. 0568-2018

in favor in opposition

Date: 5/21/19

(PLEASE PRINT)

Name: Samantha Kubek

Address: 7 Hanover Sq, 18th Floor

I represent: New York Legal Assistance Group

Address: _____

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Appearance Card

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

in favor in opposition

Date: May 21, 2019

(PLEASE PRINT)

Name: Kristen Rouse

Address: NYC Veterans Alliance

I represent: 118 W 22nd St 12th Floor NY NY 10011

Address: _____

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Appearance Card

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in favor in opposition

Date: 5/21/19

(PLEASE PRINT)

Name: Vadim Parasjuk

Address: _____

I represent: Iraq & Afghanistan Veterans of

Address: America