



Testimony of Loree Sutton, M.D., Brigadier General, U.S. Army, Retired

Commissioner of the Mayor's Office of Veterans' Affairs

Before the New York City Council Committee on Veterans concerning

**Int. No. 793 - In Relation to Creating a Taskforce to Study Veterans
in the Criminal Justice System**

1:00pm, Friday, September 18, 2015

14th Floor Committee Room, 250 Broadway New York, NY

Good afternoon, Chairman Ulrich and the members of the Committee on Veterans. My name is Loree Sutton, and I proudly serve as Commissioner of the Mayor's Office of Veterans' Affairs. I appreciate your leadership and look forward to sharing my perspective about today's topic: Introduction No. 793 - In Relation to Creating a Taskforce to Study Veterans in the Criminal Justice System. I am joined today by Trish Marsik, Executive Director of the Mayor's Task Force on Behavioral Health and the Criminal Justice System, at the Mayor's Office of Criminal Justice.

Let me start out by thanking the Mayor, the Speaker, Chairman Ulrich, committee members and veteran advocates and service organizations for your enduring support and confidence during this past year. I am extraordinarily grateful for the combined investment in veterans granting the budget authority to increase MOVA's capacity, including veteran outreach specialists and veteran peer coordinators.

Regarding the topic of today's hearing, I would also like to recognize my colleagues at the Mayor's Office of Criminal Justice (MOCJ); Department of Correction (DOC); Department of Health and Mental Hygiene (DOHMH); Department of Probation (DOP); New York Police Department (NYPD); and Criminal Justice Agency (CJA) for their expertise and engagement with respect to this important topic. Working together with community leaders, we are committed to achieving equity and justice for all veterans and their families.

Following the completion of the Behavioral Health and Criminal Justice System Task Force Report published in December 2014, MOVA has been privileged to work with MOCJ Director Elizabeth Glazer, Trish Marsik, and their team responsible for implementing the report

recommendations; I serve on the Task Force Executive Committee as well as the Action Plan Working Group on Veteran-related Recommendations.

Over 125 representatives from all parts of the criminal justice systems continue to convene quarterly to review the work of the Task Force's Action Plan to date, to trouble-shoot challenges and to plan for the next steps in this process. The work groups includes judges, advocates, service providers, defense attorneys, people with lived experience in the system, DAs, family members and staff from relevant City agencies such as police, corrections, health, etc. Their guidance has been pivotal in the success of these initiatives and the relationships built through this process a further means for its support.

Veterans stand to benefit a great deal from the work of the Behavioral Health Task Force. We know that involvement with the criminal justice system for veterans is often related to service-connected and underlying mental health and substance abuse issues. These issues may stem from or have been exacerbated by experiences in uniform, which of course can include being wounded, ill or injured, whether or not an individual is engaged in or exposed to combat operations.

A brief review of the work of the Behavioral Health Task Force will provide an understanding of the work the City has already undertaken to address the underlying challenges, particularly mental health and co-occurring substance abuse issues, faced by veterans in the context of the criminal justice system.

In June 2014, Mayor Bill de Blasio called on government and community leaders in public health and public safety to chart a path forward. The Task Force on Behavioral Health and the Criminal Justice System rigorously mapped the gaps in our current systems and developed targeted solutions that look not only at individual points in the system, but at how the system as whole operates. To address these urgent issues, the Administration engaged the best minds and methods in determining what needed to be done and deploying solutions without delay.

This \$130 million, four-year investment – with \$40 million contribution in asset forfeiture funds from the District Attorney of New York – is a key component of Mayor de Blasio's commitment to reduce unnecessary arrests and incarceration, direct criminal justice resources to where they will have the greatest public safety impact, and make our City's criminal justice system more fair. Although much research and experience informed the task force recommendations, the Mayor set a clear and simple standard to guide immediate and ongoing actions: what is effective to improve public health and public safety? Both are essential ingredients to success.

This administration's historic effort to reduce the growing number of inmates with mental health and substance abuse problems in New York City's jails addresses every stage of the criminal justice process — from events leading up to an arrest, to arrest and disposition, to jail, to release, to re-integration of individuals into the community. Applying a systems perspective, the task force committed its efforts to break the revolving door of arrest, incarceration and release that has trapped many troubled individuals in the system.

The changes put in place by the Task Force fit within the evidence-based, system-wide approach taken by the de Blasio administration when working to prevent crime and increase fairness. As Elizabeth Glazer, Director of the Mayor's Office of Criminal Justice and task force co-chairwoman stated: "I think this is what criminal justice looks like in the 21st century. Preventing crime is about more than the police and more than about prosecutors and defense lawyers and courts."

In New York, the portion of individuals with mental illness held in the city's jails has increased to nearly 40 percent in recent years, even as the overall jail population has shrunk.

The task force report identified more than 400 people who had been jailed at least 18 times in the last five years, accounting for over 10,000 jail admissions during that period. These individuals speak to the importance of addressing mental health in our criminal justice system: 67 percent of these inmates experienced "a mental health need"; 21 percent were severely mentally ill, meaning they suffered from diseases like schizophrenia or bipolar disorder; and 99 percent were diagnosed with a substance use disorder.

The task force recommendations include a plan to improve mental-health screening before arraignment, which has been implemented this year. With additional staff and updated screening protocols, mental health screenings are now more efficient, and better equipped to identify opportunities to divert low-risk individuals away from jail and to connect individuals to care. These modifications will improve health outcomes for defendants with mental health problems in jail and will connect those diverted to out-of-jail health services where appropriate.

Other actions in progress include new training approaches for police officers working with individuals suffering from mental illness; development of community-based drop-off centers; expansion of supervised pretrial programs for low-level offenders who might otherwise fail to make bail; enhanced community services for an additional 4,100 inmates with serious mental illnesses who are being discharged from jail, including transportation to a residence or shelter; and referrals for mental health treatment.

The Behavioral Health Task Force has also implemented changes to better address the needs of veterans in the criminal justice system. Specifically, it has directed the Criminal Justice Agency, which currently screens for veteran status before arraignment, to include more direct questions on veteran status. The question about military service on the CJA interview form was also changed to be more inclusive of all service components, including Active, National Guard and the Reserves.

If a veteran is identified through this process, a notification is sent to a designated borough liaison from Veteran Affairs (VA). The VA then coordinates access to appropriate services, including housing, and case management support. Veterans may also be diverted from the regular criminal courts into Veteran Treatment Courts as a result of this screening process.

In order to enable these connections to services, CJA has signed into action data agreements with the VA to release the names of criminal justice-involved veterans in Kings, New York, Richmond, Bronx, and Queens Counties to the Veterans Administration. To date, CJA has

reported 630 arrests to the Bronx VA and 136 arrests to NYC Harbor VA since those respective agreements went into effect in July.

Per the February 25, 2015 City Council hearing on Veteran Treatment Courts, New York City currently has working Veteran Treatment Courts in three of the five boroughs, with plans in progress to stand up programs in Staten Island and Manhattan. MOVA strongly supports these actions, knowing that Veteran Treatment Courts have assisted countless servicemen and women struggling with the psychological, physical and spiritual sequelae of deployment experience to turn their lives around and continue their ethos of service as leaders within their home communities.

The aim of these courts, working in conjunction with Department of Veterans' Affairs healthcare networks, Veterans Justice Outreach Specialists, the Veterans Benefits Administration, State Departments of Veterans Affairs, peer veteran mentors and veterans service and family support community organizations, is to address these underlying issues and connect veterans to the services and support they need. It requires a systems perspective to understand and leverage the complex relationships among individuals and organizations with widely differing roles, professional specialties, agency and community affiliations as well as levels of government working in cooperation to achieve better outcomes in serving those who have served us.

The Veterans Treatment Courts strike a balance between upholding the rule of law and providing treatment services for these men and women to whom society remains indebted. In short, these programs save lives.

Moving to the legislation on today's agenda, I applaud Chairman Ulrich for your leadership on addressing issues facing veterans in the criminal justice system. This timely proposal seeks to apply a systems lens to better understand the needs of veterans in the criminal justice system, including coordinated access to housing, employment, legal and health services. We support a robust collaboration between MOVA, the relevant criminal justice agencies and veterans themselves to identify new ways to address veteran needs that prevent entry into the criminal justice system whenever possible; provide access to needed services for those involved in the criminal justice system; and assist in successfully transitioning formerly incarcerated veterans to their home communities.

Because these issues are of great importance to this administration and the work done by the Behavioral Health Task Force has focused on issues that disproportionately affect veterans, we believe that it makes sense to leverage the Behavioral Health Task Force to identify best practices, assess the effectiveness of existing approaches and determine data collection needs related to veterans in the criminal justice system. We do not believe that the creation of an additional task force would help us accomplish our shared goals.

We do believe that MOVA, in partnership with MOCJ, can take advantage of the existing collaboration amongst the necessary participants, including the criminal justice agencies and behavioral health experts, to co-lead an effort that will address many of the important questions raised in the bill as well as help to assess what data collection efforts might be both feasible and actionable. The data collection outlined in the bill speaks to the importance of information

sharing in this effort, but it does pose significant operational and fiscal concerns that we want to discuss further with you in the Council and those in the advocate community.

It is essential that we continue to study best practices from around the country to identify strategies for enhancing the work of the Behavioral Health Task Force and Veterans Courts — national best practices that we may not already be implementing in New York City as well as the information and city-wide collaboration needed to support these practices. The Behavioral Health Task Force will continue to look at best practices as they relate to Veterans and focus on the issues that most strongly affect veterans as we continue this important work. We agree with the goals of this bill, and appreciate the Council’s diligence in assisting veterans in the criminal justice system.

We welcome the opportunity to collaborate with the Council and our colleagues in the criminal justice agencies regarding New York City’s approach in improving the lives of its veterans and their families.

In closing, let me just take a moment to reflect upon the importance of the transformative changes underway at MOVA. MOVA is in the midst of onboarding our veteran outreach specialists to extend our reach and presence within all five boroughs; we are also delighted to welcome our new veteran peer coordinators, whose shared military experience ideally equips them to effectively engage homeless veterans; act as a resource and guide to navigating agencies and systems; help participants maintaining individual health and wellbeing; and sustain positive gains in achieving their life goals within the context of a supportive community. We will be reaching out to our NYC veterans’ community to enlist all who would like to volunteer their time and talent to serving our fellow veterans and their families. There is no greater privilege.

As the MOVA Commissioner, I am excited to participate in this historic endeavor, representing the needs of veterans and their families and applying resilience-informed approaches that empower communities and individuals across the system, moving the front line of intervention from the clinic to the community. Although much has been done, our most critical work lies yet ahead. No challenge is too great – working together, let’s keep after it!

Thanks again for your leadership and for this opportunity to testify on this important topic today. At this time, I look forward to your comments and questions. Thank you very much.



**BROOKLYN
DEFENDER
SERVICES**

TESTIMONY OF:

**Cameron Mease – Criminal Defense Practice
*BROOKLYN DEFENDER SERVICES***

Presented before

The New York City Council Committee on Veterans

Public Hearing on Int. 793

In relation to creating a taskforce to study veterans in the criminal justice system.

September 18, 2015

My name is Cameron Mease and I am a trial attorney with Brooklyn Defender Services (BDS). Our organization provides innovative, multi-disciplinary, and client-centered criminal defense, family defense, immigration, civil legal services, social work support and advocacy to more than 40,000 indigent Brooklyn residents every year. I thank the New York City Council Committee on Veterans, and in particular Chair Eric Ulrich, for the opportunity to testify in support of Intro 793 to create a taskforce to study veterans in the criminal justice system.

BDS is fortunate to have the support of the City Council, as well as other elected officials and the Office of Court Administration, to supplement the services we provide as the public defense office in Brooklyn for people who have been arrested, those who are facing child welfare allegations, and those who are facing deportation. We have developed a model of specialization to best represent certain types of clients, including those with mental illness, adolescents, human trafficking victims, and veterans. Through specialized units of the office we provide extensive wrap-around services that meet the needs of these traditionally under-served clients in a comprehensive way.

I have been a criminal defense attorney at BDS for four years, representing clients facing misdemeanor and felony charges. When BDS's Executive Director, Lisa Schreibersdorf, asked me to create a new, specialized unit for veterans, I took on this role as a challenge, but also as an honor. My own grandfathers were combat veterans and shared (and didn't share) with me many

of their experiences serving our country. My own personal history, specialized trainings, and my experience getting to know and representing dozens of men and women who honorably served our country give me a unique perspective on veterans involved with the criminal justice system. I hope that my comments are helpful to the Council.

As you may know, veterans are arrested at a greater frequency than non-veterans. Many of the veteran clients I see in my practice have mental health and/or addiction issues that were caused by active duty. The most prevalent and pernicious diagnoses involve Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). Individuals with such diagnoses often suffer from depression, impulsivity, and a lack of self-control, leading to situations and behaviors that result in an arrest. Such individuals frequently turn to chemical substances to cope with the symptoms of their conditions, which can lead to allegations of drug possession or charges related to actions committed while under the influence of drugs or alcohol. The criminal justice system in general, and our jails and prisons in particular, are neither designed nor equipped to address their needs. I appreciate that Intro 793 stipulates that the taskforce study veterans' entry into the criminal justice system with an emphasis on how to limit their involvement with the system altogether and help those who are criminal-justice involved transition out of it. I also appreciate that the proposed task force would include at least one representative of an organization providing legal representation to veterans, though this provision should be narrowed to specify that the member be affiliated with a *criminal defense* organization that serves veterans. My colleagues and I on the defense bar have a unique understanding of how the system treats—and mistreats—our clients.

Ample research, as well as BDS's direct experience, has demonstrated that people with mental illness do not fare well in jails or prisons. Veterans with PTSD or TBI experience severe trauma due to the fact that the jail environment is likely to trigger their symptoms and greatly exacerbate their mental health. Anybody in our jails and prisons with mental illness is very likely to be subjected to the torture of solitary confinement for behaviors—the vast majority non-violent—related to their conditions. It is our strong belief that special consideration of veterans' experiences must be integrated into any court proceedings, in order to preclude, or at least minimize, their incarceration.

While veterans' service, trauma and acute health needs might be unique, the facets of the criminal justice system that oppress them are not. Despite certain recent reforms, our City, State, and Country continue to rely on over-policing and mass incarceration in lieu of effective policies and programs to address mental illness, poverty, addiction, homelessness, immigration, and widespread invidious discrimination. These issues disproportionately impact New York's veteran communities. For example, the ongoing war on drugs continues to ensnare large numbers of veterans. (Of course, there is significant overlap between veterans and communities of color in New York City.) Many of our clients return from service with unmet mental and physical health needs, and the resulting pain and anguish often leads to illicit drug use. As with other populations, law enforcement intervention and incarceration are among the most expensive and least effective approaches to veterans' use of drugs. The same can be true with other offenses; incarceration and criminal records destabilize our veteran clients and their families and communities.

Prior to Arrest

For our clients with mental health issues, the disruption of treatment and the path to possible decompensation begins at the moment police respond to the scene. This is why we believe that diversion is an essential starting point for reforms. BDS believes that the greatest good can be achieved by deciding not to arrest individuals with mental illness if there is another safe and viable alternative, particularly for low level offenses. In New York City today, when a 911 call comes in requesting emergency assistance for what is commonly referred to as “Emotionally Disturbed Person,” or EDP, the options of the first responder teams, which are typically comprised entirely of police, are very limited. These first response teams should be expanded to include social workers and/or mental health clinicians trained to conduct critical assessments during moments of crisis. Additionally, the police should be better trained to interact with potentially mentally ill people and their families in a manner that de-escalates the situation. Linkages to treatment and hospitals or other service referrals should be the first steps before a consideration of further involvement by the criminal justice system. Mayor Bill de Blasio’s NYC Safe plan might help to make that a reality, but implementation will be challenging if we continue to overuse the police to respond to community needs. If people are identified as having a mental illness, calling in community-based services, not the legal system, is the best first option whenever possible. The impact of incarceration on public health cannot be overstated; being locked up negatively affects family and community ties, employment, housing options, treatment access, and the experience of incarceration often leads to new trauma.

From Arrest to Arraignment

Generally, when our clients are arrested, they spend about 20 hours at the precinct and at Central Booking before they are arraigned by the court. This is true of veterans and non-veterans alike. During this time, most of our clients have not received any of the medication they were taking in the community. Many clients with health needs are treated dismissively by police officers. Only those people with what are deemed critical health care needs typically have a chance to gain access to hospital care. In an attempt to gain more information about this process, our office filed a Freedom of Information Act request with both the FDNY (which provides Emergency Medical Services screening at bookings) and the NYPD nearly a year ago with no response. In October 2014, a client of ours, Jasmine Lawrence, 22, died in police custody because of a failure to provide medical care.

Our experience is that police officers are generally unwilling to give any of our clients any medication while they are in custody immediately after arrest. There are hundreds of stories about family members at the precinct begging the officers to give their loved one blood pressure or asthma medicine to get them through the next 24 hours with little success. Last year, an elderly female client of ours died right after her arraignment because she was not provided with diabetes medicine during her stay in custody even though her sister came to the precinct with the insulin. In 2013, Kyam Livingston died in Brooklyn Central Booking after being denied needed medical care by officers who watched her perish rather than call an ambulance. Ms. Livingston was told by officers at Central Booking that they would intentionally delay her arraignment, and that they would “lose her papers” if she continued to make requests for a doctor.

Like Ms. Livingston, our clients who ask to see a doctor or go to the hospital are discouraged and even threatened by officers, resulting in few seeking treatment during this time. These practices are unacceptable on their face and result in serious harm (and even death) on a shockingly regular basis. For people with a mental illness, this unwillingness to meet the medical needs of arrested people results in significant decompensation. We recommend that the Committee review local police department policies and practices at the time of arrest and until the arresting officer turns over custody of the individual. Certainly, any person who needs medication should be able to receive this medical treatment regardless of whether they have been arrested.

Bail

Issues such as homelessness, substance abuse, and serious mental health issues can leave veterans more likely to have bail set and thus be incarcerated due to poverty. It is very common for clients who have been identified as suffering from serious mental illness at arraignment who are charged with low-level, non-violent offenses to be detained and sent to City jails. Once in pre-trial detention, their options are severely curtailed: They can either endure the hell of Rikers Island for months or years while they fight the charges or, as happens with approximately 95% of cases, accept a plea deal that involves an admission of guilt, whether or not that is true. Studies show that plea deals and other case dispositions are far worse for those in pre-trial detention compared to those who can fight their cases while at liberty.¹ I deeply appreciate that the Council has sought to address this issue, though it is unclear whether the proposals currently in development will help our clients who are charged with Veterans Treatment Court-eligible offenses.

In most cases, our clients should be released pending trial. Otherwise, judges should impose the least onerous form of bail—beginning with an unsecured appearance bond—that is required to secure a defendant’s return to court, and show cause on the record for the use of any form other than unsecured sureties. In addition, Assistant District Attorneys should be required to submit unique written motions requesting bail conditions and explaining the reasons for the request. Lastly, courts should have to reconsider bail at the end of every week of a defendant’s incarceration and consider her inability to pay as a “change of circumstance” that warrants a bail reduction or a conversion to a less onerous form. Ultimately, New York should live up to the American ideal of presumed innocence and end pre-trial detention for all but the most serious cases. Bail reform is one critical step to making that a reality.

Inside the Jails

On February 15, 2014, Jerome Murdough, a homeless former Marine, baked to death in a 101-degree cell on Rikers Island. As the Daily News later reported, his “only crime was trying to stay warm outdoors on a cold night.” He had been arrested for trespassing after being caught in a public housing stairwell. Murdough was reportedly taking anti-psychotic medication with which exposure to heat was contraindicated when he was left alone to die. Jails were never designed to

¹ Ram Subramanian et al., *Incarceration's Front Door: The Misuse of Jails in America* (VERA 2015)

protect the people locked inside, and the culture among DOC staff does not prioritize their health needs. This is no less true for veterans than it is for other incarcerated people. In this case, City investigators found that the officer who was supposed to be making rounds on the floor had falsified her logbook entries, as video showed that she had skipped her tours.

Our social workers and jail services coordinator are able to advocate for our clients who are not receiving adequate care under the supervision of DOHMH in Rikers, but not every incarcerated person has this kind of support. The result is the now frequent horror stories in the media about health care neglect. Our social work team makes hundreds of referrals to DOHMH personnel each year, after being alerted by clients of serious medical needs. These include people whose methadone treatment is interrupted causing painful withdrawals, interruptions to medication regimens due to facility transfers, failure by medical staff to take suicidal ideations and depression seriously, medical staff at Rikers Island informing clients that they need treatment at a hospital and not providing for that transportation, and long delays or lapses in filling orders for glasses or hearing aids. Most of our female clients are concerned about the abysmal OB/GYN care. While our referrals to DOHMH typically provoke a speedy response, on several occasions in the past year alone we have had to make four or more contacts with DOHMH to secure treatment for a serious condition such as asthma, seizures or diabetes. Pressure by outside advocates to ensure basic healthcare should not be the procedure relied upon by medical staff to meet the needs of their patients, many of whom lack any supportive structure on the outside.

Contrary to the reports of DOHMH, many of our clients report that they do not promptly receive a mental health evaluation or medications once committed to City custody. In addition, there is not an appropriate range of mental health care options for people who are noticed to have needs by medical staff. Medication remains the only “treatment” for nearly all of our clients in City jails irrespective of mental health needs that require other interventions. Our clients report that they rarely receive the opportunity for group or individualized therapy, dual-diagnosis therapy, or treatment from specialists in trauma, post-traumatic stress, sexual violence, adolescence, family or other discrete fields, even though such modalities are considered part of, not supplemental to, medically appropriate treatment. One client summed it up like this recently: “Once a month someone renews my pills and asks me if I want to kill myself.”

There are inherent problems with the provision of medication, as well, which significantly impact incarcerated veterans with mental illness. Medication should only be prescribed by a psychiatrist who spends adequate time with a patient. In our experience, this is not the typical procedure at Rikers Island. Not only are there not enough psychiatrists, the quality of doctors who work there is low. They are limited in what they will prescribe, keeping to low-cost medications that are not necessarily what the client was previously taking on the outside and which may not be medically appropriate. When they do get medication, most clients report disruption from their regimen at some point during their incarceration in city custody. This occurs for a variety of reasons, starting with delay or denial in the first instance. Once on medication, clients report failure by staff to renew medications, difficulty getting medications due to escort restrictions or facility lockdowns, transfer between facilities, and housing restrictions. Many medications must be given consistently to work. Any break can have drastic consequences, such as rapid decompensation, which then results in a cycle of infractions and punitive segregation. Pain medication is frequently withheld by medical staff who accuse our clients of drug-seeking rather than having a reasonable health need.

Confidential treatment space is extremely limited in DOC facilities; many mental health visits are performed at cell-front or in dorms within earshot of other patients or DOC staff. In punitive segregation units these interviews are done through a small slot in a closed cell door through which a clinician and patient must actually yell to each other in order to communicate. Information significant to mental health treatment is at times withheld by our clients as a means of self-protection. Something as routine as discussing the side-effects of a particular medication, such as drowsiness, can create a safety risk if overheard, as corrections officers and other incarcerated people can target those who are vulnerable and potentially unable to defend themselves.

DOC personnel are often part of the failure to deliver quality care. A lack of escorts is frequently given as an excuse for why an incarcerated individual might not get timely care. There is widespread brutality in the jails. Guards frequently assault and otherwise attack our clients, and then threaten them to “hold it down,” which means not seeking medical attention. People have been beaten by correction officers following suicide attempts. In at least one recent case, medical staff did not properly document or treat a person who had had his teeth knocked out, in an apparent attempt to downplay or obfuscate the conditions of brutality.

It is clear that the amount of money being spent to essentially exacerbate the problems of sick, poor New Yorkers, including those who have served our country, should be re-directed into community treatment options to address the health needs of these very same people.

Veterans Courts

The only systemic response to the needs of veterans in New York’s criminal justice system is the recent proliferation of Veterans Treatment Courts, which are currently operating in Brooklyn, Queens, the Bronx, and certain other Judicial Districts outside the City. Brooklyn’s Veterans Treatment Court for felonies opened in 2009 and has been expanding its services and incorporating more and more veterans into its eligible pool of participants ever since. Additionally, I have been working with a judge, the Kings County District Attorney and program coordinators on the creation of the Brooklyn Misdemeanor Veterans Treatment Court, which will open later this month. Data from the Criminal Justice Agency shows that the vast majority of veterans who get arrested face these lower-level charges. In the course of my representation of veterans accused of criminal acts, I often pursue admission to the Brooklyn Veterans Treatment Court. In my experience, the Veterans Treatment Court is far more likely to provide critical avenues for healing and recovery to individuals who deserve, for their selfless service to our great nation, just, non-jail, evidence-based treatment interventions. All that said, veterans courts only hear cases on certain charges and, more consequentially, District Attorneys, who effectively serve as gatekeepers, keep the majority of eligible cases in traditional courts.

Based on my experience, the specialized focus of Veterans Courts is critical to reducing the long-term collateral consequences of a conviction, such as limited employment and educational options, loss of housing, deportation and loss of familial relationships. The targeted intervention of the Veterans Court also increases the likelihood of successful reintegration of veterans into community life, improves my clients’ long-term treatment options, increases treatment compliance once the case is completed and reduces the chances of re-arrest.

Generally, the actors in Brooklyn Veterans Court—the judges, the Assistant District Attorneys and the public defenders—have an enhanced appreciation for the plight of our veteran clients. An Assistant District Attorney with the level of discretion necessary to authoritatively assess cases has been assigned to this task for a number of years and has developed a greater understanding for the unique considerations that go into such an assessment. One of the two judges adjudicating these cases is a veteran himself. Both judges endeavor to exercise great compassion and empathy in adjudicating cases. This is displayed in all of the protocols of the court, including the communication between judge and veteran-offender. For clients who may feel disillusioned or even betrayed by a government system that they once risked their lives to protect, this last piece is essential. When the judge sitting on the bench thanks my client for his or her service to our country during a first appearance in the court, my client immediately stands up straighter and listens more attentively. BDS strongly believes that the success of any treatment court requires that all personnel, from the judge, to the prosecutor, defense attorneys, court officers and service providers, have a shared mission: the creation of a meaningful diversion plan for clients and the facilitation of their success in its completion.

One of the essential functions of the Brooklyn Veterans Treatment Court is that it is a hub of resources for our veteran clients. These community-based services are really at the core of the solution for our clients and help them build ongoing relationships with the staff and judges in the treatment court. Following the example of other Veterans Courts, including the highly-successful Buffalo court, our veteran clients in the court are assigned a veteran-mentor. These mentors are drawn from a community of veterans, some of whom were previously incarcerated themselves. They are all volunteers and they help guide our clients through their treatment. These mentors are immediately able to connect with my clients due to their similar prior experience. The fact that such mentors are made available to my clients also signals to them that the court is invested in their success. This fact alone motivates many clients to direct their interest and energies into helping themselves. Utilizing community resources further widens the network of people that veterans can go to when they feel they need support, even after their cases have concluded. Community mentors are also uniquely well-positioned to engage a veteran client who might otherwise withhold information or be unwilling to seek assistance due to pride or misperceived notions about what they are experiencing.

Reentry

Veterans leaving correctional facilities, inpatient psychiatric facilities and other court-imposed placements have access to more reentry support services than their non-veteran peers, but the discharge planning varies from facility to facility and many eligible veterans do not receive help. For example, many honorably discharged veterans can apply to the Department of Veterans Affairs to recommence their benefits, but navigating such an immense Federal bureaucracy alone can be difficult, if not impossible, yet that is often what they are left to do. I understand and appreciate that the Council is considering legislation to require people entering New York City jails to receive Connections, the New York Public Library's reentry guide, which includes information for veterans. I also appreciate that the Council recently passed legislation to "ban the box" on job applications. Certainly, the City could do more. But many of the problems that reentering veterans encounter, like those that all reentering individuals encounter, are inherent to the disruption and destabilization caused by incarceration and involvement in the

criminal justice system. Disruptions in health care, including mental health care, can have permanently debilitating effects. Injuries sustained at the hands of corrections officers or other incarcerated people can have permanently debilitating effects. People living in affordable and/or supportive housing for veterans can permanently lose their beds or units while incarcerated, possibly leaving them homeless and at greater risk for committing future crimes. In New York, most criminal convictions cannot be sealed, and thus function as a permanent disability. In fact, given the ease and relatively low cost of obtaining arrest and conviction records from online for-profit databases, even “sealed” cases can leave a permanent stain. As a rule of thumb, people transitioning out of the criminal justice system must navigate the same challenges they faced upon entering it, such as unstable housing, unemployment, and mental illness, though now they must do so saddled with additional burdens and possible disconnections from their support networks.

Conclusion

The drawdown of deployments in our conflicts abroad means the return of many more veterans to New York City. These men and women are coming home from combat situations without the benefit of adequate transition time or programming to help them cope with the enormous adjustment they must make. Many of these individuals have had multiple deployments and are not even aware of the toll that the experiences had on them. Coming home, there is always a chance that they will commit an act that is not really in their nature, but that is rather a result of the stresses they are under or the ways in which they cope with such stress—namely drugs or alcohol. This is why it is more important than ever to expand the use of Veterans Courts and, more generally, to end the over-criminalization and mass incarceration that has torn apart vulnerable New Yorkers, including veterans, and underserved communities in our City for far too long.

The taskforce proposed in Intro 793 should explore all of these issues and more. As a preliminary step, BDS suggests that Council Members and taskforce members visit Rikers Island to see the “mental observation unit” where Jerome Murdough was left to bake to death. We also suggest that you track the path from Murdough’s experiences as a homeless veteran, and his successes and failures in obtaining help from City social services, to his arrest for trespassing and eventual death in DOC custody. You should also visit the Restricted Housing Units—punitive segregation cells for people with mental illness, a form of solitary confinement—at Rikers to observe what happens to veterans and others with mental illness who infract. BDS is ready and willing to join any interested individuals in this investigation and we can share the experiences of our clients to help provide context.

I am grateful for your time and for this opportunity to speak on a topic that has provided the most meaningful experience of my professional career. I hope that you will do all that is in your power to secure effective treatment, rather than counterproductive incarceration and collateral consequences, to help all of the brave New Yorkers who served this country and who deserve compassion, kindness, mercy and our gratitude.

NYC Veterans Alliance
www.nycveteransalliance.org

Testimony by Kristen L. Rouse
Founding Director, NYC Veterans Alliance

Hearing on Int. 793:
Creating a Task Force to Study Veterans in the Criminal Justice System

NYC Council Committee on Veterans
Honorable Eric Ulrich, Chair

September 18, 2015

My name is Kristen L. Rouse, and I am speaking on behalf of the **NYC Veterans Alliance**. I am a veteran of the United States Army, I served three tours of duty in Afghanistan, and I have lived in Brooklyn since leaving active duty in 2007.

The NYC Veterans Alliance testified in February in support of establishing a Veterans Treatment Court in Manhattan and, more broadly, the need to ensure that all veterans across the City experience the same measure of justice and access to treatment, no matter which borough. In the final results of the survey of the NYC veterans community we conducted last spring, of the 412 respondents to our question about how important it was to establish a Veterans Treatment Court in Manhattan—398 respondents, nearly 97% of those who answered the question, said that it was important to them, 86% identifying this as either “essential” or “very important.” Yet as of today, still only Queens, Brooklyn, and the Bronx have functional Veterans Treatment Courts. NYC veterans have been assured that government will establish veterans courts in Staten Island and Manhattan—but today we’re still waiting. On behalf of our community, we respectfully request that the Veterans Committee please provide following my testimony an update on what circumstances are delaying the opening of Veterans Treatment Courts in these two boroughs.

Veterans Treatment Courts are a vital step toward ensuring veterans involved in the criminal justice system have access to the services and support they’ve earned and that can help get them back on the right track. But this is also just one piece of a much larger and complex criminal justice system that can and must work better for veterans. This is why we strongly support Introduction 793 and urge that this Committee and the Council pass it as soon as possible, and that the Mayor sign it into law without delay.

The Task Force Report mandated by this piece of legislation has the potential to produce comprehensive and meaningful data to guide NYC in its understanding and treatment of veterans in the criminal justice system. Having this report posted on the City’s website will further allow organizations serving NYC veterans to better understand and tailor services and resources based on what we hope will be thoroughly researched and accurate data.

Particular emphasis must be on studying and reporting on the needs and resources available to support veterans released from incarceration, helping them to yet again reintegrate into their homes and neighborhoods. Coming home from deployment or active service is challenging the first time, and a veteran coming home from a period of incarceration faces even greater challenges. It is especially important to have wrap-around services and support to ensure

these veterans returning from incarceration have the opportunity to find safe and reasonable housing, adequate health and dental care, a decent way to earn a living, and ways to regain a sense of purpose and community in their lives. Successful reintegration is key to ensuring these veterans remain on the right track and do not re-enter the criminal justice system.

Another point of significance should be reporting on incarcerated veterans and their loss of VA benefits because of the degree of crime committed or the duration of their incarceration. Incarcerated veterans may avoid disclosing their veteran status because of the loss of VA payments to them or their family members, and the Task Force Report should include the impacts of this loss of income on the incarcerated veterans' households, as well as their ability to reintegrate back home successfully upon release. The Report should also include the loss of access to VA healthcare while incarcerated and impacts that may have on veterans. The intersection of veterans involved in the criminal justice system and the VA's Veterans Justice Outreach (VJO) program should be included in the study, and assess whether more VJO coordinators are needed to assist veterans at Rikers and other detention facilities across the five boroughs.

In closing, we voice our strong support for any effort the city can make to collect the most thoroughly researched and most accurate data possible on NYC's veterans. Veterans involved in the criminal justice system are those who have lost their personal battles to reintegrate back home following their military service—or, rather, those who we as a city and as a society have most grievously failed to welcome back home. It is essential that we strive to understand and calibrate our government and community resources for these individuals as accurately and as equitably as possible so we do not fail them yet again. For these reasons, we strongly urge the immediate passage of Introduction 793 into law.

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

**STATEMENT OF JOSEPH A. BELLO
NY METROVETS**

BEFORE

THE NEW YORK CITY COUNCIL VETERANS COMMITTEE

RE: Intro. 793

September 18, 2015

Chairman Ulrich, members of the Veterans committee, thank you for giving me the opportunity to speak today. I come before you to voice my support of Intro. 793, the creation of a Veterans Legal Task Force.

As was stated back in May, there are thousands of veterans who get tangled up in the criminal justice system in New York City and unfortunately there is a disparity in how veterans are treated based upon what borough they live in or where they happen to be arrested.

This bill would require the city to convene agency officials, as well as the veterans community to study why veterans enter the criminal justice system and to recommend ways to limit their interactions with it. It would also examine how the courts are operating and what each one is doing differently, which would help to streamline what each does within their respective veterans treatment courts.

As chairman Ulrich stated in May: "Certain claims are able to be heard in the Bronx but can't be heard in Brooklyn. Certain services are not available. If you get pulled over in Queens, you're going to go to Veterans Treatment Court in Queens, but if you commit the same crime in Manhattan you're going to go through the same system as everybody else and you're not going to get the services that are tailored to help veterans."

This is our current problem and we all saw this play out last year with the death of Jerome Murdough, a Marine Corps veteran who was found dead inside his cell on Rikers Island eight days after he was arrested for trespassing in the stairwell of a city housing project to escape the cold. Had Manhattan had a Veterans Court, this tragedy could have been averted.

Therefore, I once again voice my support for Intro 793 and look forward to seeing this Intro. move forward, the Task Force created and the results. I once again thank the CM Ulrich, the committee and Councilman Lancman for their leadership. I and am ready for any questions that you may have. Thank you.

jb

URBAN
JUSTICE
CENTER

**VETERAN
ADVOCACY
PROJECT**

THE COUNCIL OF THE CITY OF NEW YORK

COMMITTEE ON VETERANS

Eric A. Ulrich, Chair

Int. No. 793

Creating a taskforce to study veterans in the criminal justice system

Testimony by Charlotte Heyrman
Intake Advocate, Veteran Advocacy Project
Urban Justice Center

September 18, 2015

Good afternoon members of the Committee on Veterans. My name is Charlotte Heyrman and I am the intake advocate of the Veteran Advocacy Project at the Urban Justice Center. VAP provides free legal services to low-income veterans with a focus on those living with PTS, substance use issues, and traumatic brain injury. I am testifying with Coco Culhane, Director of the Veteran Advocacy Project. Thank you for the opportunity to speak today.

I would like to express my support for Initiative No. 793, calling for the creation of a taskforce to study veterans' interactions with the criminal justice system. Every day at the Veteran Advocacy Project, we see the negative impacts of the criminal justice system in the lives of our clients, and we look forward to the recommendations the task force will present towards lessening these effects. That being said, there is much that can be done for veterans to prevent their initial involvement in the criminal justice system by connecting veterans with benefits they are uniquely entitled to, including access to discharge upgrades.

In my work at the Veteran Advocacy Project, I witness the threat the criminal justice system poses in the lives of many of my clients, especially when they are unable to access the benefits they need. In a meeting last week, a veteran showed me photos of the room in a three quarter house he shares with two others. The images on his small phone screen showed three beds squeezed into a narrow room. Socks hung from a makeshift clothesline, a bookshelf sagged and bent under the weight of belongings, and a television perched on the edge of a dresser. My client pointed out his bunk, the lower one. Around it he had hung sheets by tucking them under his bunkmate's mattress and a microwave in the corner. "Why are those hung up?" I asked him.

“Because of my roommate,” he told me, “He yells and tries to pick fights with me at night, and I worry what I could do if I let him get to me.” He had tried to build a wall.

As a city, we should not be in this situation. We should not relegate our city’s veterans into conditions where someone has to build a fort to protect themselves from an outburst of annoyance, frustration, or anger that could lead to their entrance into the criminal justice system. Through more proactive counseling efforts, better housing initiatives, and timely benefits, this scene can be avoided.

I cannot count how many times I have sat across the table from someone who served in the armed forces and have been asked “Is my service not enough?” It could be a veteran with a less than honorably discharge due to substance use or a mental health diagnosis, or a peacetime veteran of the National Guard. By failing to recognize the service of all veterans, despite service era, discharge status, or period of service, we are all culpable in the answer to that question. This taskforce has the opportunity to study the consequences of these rejections. And the role they play in making a veteran more likely to make mistakes that may involve them in the criminal justice system.

Every week, thick letters arrive in my mailbox from prisons upstate, from Fort Leavenworth, from Rikers. Almost all of them ask what services are available to formerly incarcerated veterans when they return to the city. This taskforce has the ability to answer this question by identifying the existing resources in New York, programs that could assist incarcerated veterans to return, reenter, and succeed in our city. We must acknowledge that the impact of the criminal justice system does not end the day a veteran boards a bus departing from Marcy, Bedford Hills, or Collins Correctional Facility.

We applaud the potential this initiative presents and encourage the taskforce to study what keeps veterans out of the criminal justice system completely and programs that assist formerly incarcerated rejoin and rebuild their lives in this great city.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 793 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: JOE BELLO

Address: _____

I represent: METRO VETS

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

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Date: Sept 18 2015

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Name: WILLIAM SIEGFRIED

Address: _____

I represent: PROJECT RENEWAL

Address: 200 VANICK NYC

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Name: Fay Gaddis Mascioli

Address: 145 W. 79th St. NY, 10024

I represent: The Soldiers Project

Address: Same as above

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Name: CHARLOTTE HEYEMAN

Address: 40 Pector St. 9th Floor

I represent: Veteran Advocacy Project at

Address: Urban Justice Center.

**THE COUNCIL
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Name: CAMERON MEASE

Address: _____

I represent: Brooklyn Defender Services

Address: 177 Livingston St Brooklyn 11201

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Name: TRISH MARSIK

Address: 1 CENTRE ST.

I represent: NYC MAYOR'S OFFICE

Address: _____

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Name: Miguel A. Davis - Davis

Address: 2138 Wallace Ave #562, Bx 10462

I represent: Blind & Veterans and Veterans

Address: Involved w/ Justice System

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in favor in opposition

Date: 9/18/2015

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Name: Commissioner Korie Sutton

Address: 1 Centre Street

I represent: Mayor's Office of Veterans Affairs

Address: 1 Centre Str, NY, NY 10007

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**THE COUNCIL
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Appearance Card

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Date: 18 SEP 2015

(PLEASE PRINT)

Name: Kristen Rouse

Address: 182 Franklin St 2E Brooklyn 11222

I represent: NYC Veterans Alliance

Address: Po Box 532 New York NY 10159

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**THE COUNCIL
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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Cameron Meuse

Address: _____

I represent: Brooklyn Defender Services

Address: _____

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