



County of Schenectady

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Good morning members of the Committee,

My name is Sean Tuckey and I am the Community Health Liaison with the Office of Community Services in Schenectady County. I would like to thank the Assembly Standing Committees on Mental Health, Alcoholism and Drug Abuse, and Veterans Affairs for the opportunity to testify here today and for taking the time to examine the critical challenges facing veterans with co-occurring mental health and substance abuse issues.

During World War II, 12 percent of Americans were committed to serve in our armed forces by either desire or draft. Currently, in an all volunteer military, less one percent of Americans have served in our Iraq or Afghanistan. Many of the veterans that make up this one percent have served multiple deploymentsⁱ, essentially demanding an astonishing sacrifice from a precious and over-extended few. We need look no further than Ft. Drum in Jefferson County to find the most deployed brigade in the Armyⁱⁱ. This hi-tempo deployment cycle has had a magnifying effect on the healthcare needs of our veterans.

Thanks to **extraordinary** efforts on the part of our military's medical professionals, advances in equipment and body armor have greatly reduced the number of wounded service members who have succumb to battle field injuries to around eight percentⁱⁱⁱ.

As our enemies try to neutralize our vast superiority the nature of warfare during the Global War on Terrorism has adapted to a more Asymmetrical nature. During the World War II Battle of Okinawa, over 49,000 American servicemembers were wounded and over 12,000 were killed in action^{iv}. This was just one of the battles during the Pacific Campaign lasting only from April though July of 1945, yest the number of casualties is three times the number of service members killed in action during the entire Global War on Terrorism^v

These factors have resulted in more veterans returning home from combat with injuries and reintegrating to our communities than at any point in recent history

Today, the veterans most at risk in our communities are those with multiple co-morbid issues particularly those with psychological injuries^{vi} like Post Traumatic Stress Disorder or Depression, brain injuries, and substance abuse. The 2004 National Survey on Drug Use and Health found male veterans were at increased risk of co-occurring disorders than non veterans^{vii} with young male veterans at the highest risk.

While the vast majority of veterans who have returned from combat are able to reintegrate into their communities, there is a significant number of veterans struggling with co-occurring

disorders who have become involved in our criminal justice systems. Instances are varied from a veteran driving erratically post deployment because of conditioning developed in Iraq to more severe acts due to cognitive limitations secondary to an undiagnosed Traumatic Brain Injury.

These limitations can make it particularly difficult for a veteran with co-occurring disorders to manage the intricacies of a complex and sometimes fragmented health and benefits systems.

I raise these facts because while the vast majority of veterans who have returned from combat are able to reintegrate into their communities, there are a number of veterans who struggle with co-occurring disorders and become involved in our criminal justice systems’.

The past six years have yielded a trend in the number of veterans becoming involved with criminal justice system. The template in many of these cases is the same; veterans recently discharged, unconnected to treatment, with undiagnosed injuries which leads to abusing drugs and alcohol and eventually to the justice system.

I recall meeting with an Army veteran in the mental health unit of our county jail who completed 2 tours in Iraq. She was referred to me by Corrections staff after sharing some of her “dark” poetry with the officers.

As a Combat Veteran of Iraq, I can tell you that sending that young woman back to her jail cell was one of my most negative experiences during my eight years of service in the Marines. This young woman was not a danger to herself, she was merely chronicling her experiences in Iraq. I believe that she deserved a more appropriate response from her community and from her country; the behaviors that led her in jail could be traced back to her military service.

In my opinion, the best approach is a series of layered interventions at the local, county and state level, which will be needed to, whenever appropriate, divert veterans from the legal system and into services^{viii}. Research has shown this sequential approach to be effective in reducing the prevalence of persons with mental illness in the criminal justice systems’. Current data from the Department of Justice (2004) estimates one in four incarcerated veterans are a combat veteran^{ix}. This number of combat veterans will likely increase without interventions designed to divert veterans from the legal system and into services. Examples can be found in the Erie County Veterans’ Court and California’s Alternative Sentencing for Veterans Act.

For the past year, I have served as a member of a committee comprised of concerned county mental health officials, through the New York State Conference of Local Mental Hygiene Directors. This committee has been exploring ideas on how the state can better provide support and services for returning veterans and their families, and sharing ideas with the Governors’ Council on Returning Veterans and their Families. Across New York State, the awareness of the need for better coordination from all levels of governments has grown; no level of government can afford to assume that the other levels will take care of the needs of our veterans. It has been an honor to me to witness the Collaboration between the different layers of government, however we are not at a point where we can rest on our laurels.

With so much being done to address the “Invisible Wounds”^x of the Global War on Terrorism, this is sub-population needing a comprehensive effort. At a time when we are continually talking about economic stability and national security, diverting this highly skilled, resilient group of New Yorkers away from our penal system is sound investment in New York. Veterans of the Global War on Terrorism have life experiences that can not be taught in any classroom and leadership skills that cannot be replicated in any other business setting. It is crucial that we make every effort to assist them in reintegrating to society. The affects of combat on the psyche have been known since the Peloponnesian War^{xi}, really it is only the instruemnts we use to wage war that have changed.

Again, I would like to thank you for the oppportunity to testify today and for the attention and support to of the Veteran’s of New York State.

Respectfully Submitted,



Sean Tuckey, MA, CASAC
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ⁱ http://www.marinecorpstimes.com/news/2009/12/military_deployments_121809w/

ⁱⁱ Veterans for America (2008) *Ft. Drum: A Great Burden, Inadequate Assistance*

ⁱⁱⁱ Sammons & Batten (2008) *Psychological Services for Returning Veterans and Their Families: Evolving Conceptualizations of the Sequale of War Zone Experiences*. Journal of Clinical Psychology. 921-927

^{iv} <http://www.okinawa.usmc.mil/About%20Okinawa/History%20Page.html>

^v <http://iava.org/>

^{vi} Shay, J. (2002) *Odysseus In America; Combat Trauma and the Trials of Homecoming*. New York: Scribner

^{vii} Office of Applied Studies. (2004). *NSDUH Report: Male Veterans with co-Occurring Serious Mental Illness and a Substance Use Disorder*. Rockville, MD: Substance Abuse and Mental Health Services Administration

^{viii} Munetz, M., & Griffin, P., (2006) *Use of the Sequential Intercept Model as an Approach to Decriminalization of People With Serious Mental Illness*. Psychiatric Services. 544-549.

^{ix} Bureau of Justice Statistics (2007). *Veterans in State and Federal Prisons, 2004*. Washington DC: U.S. Department of Justice

^x Tanielian, T., Jaycox, L., Schell, T., Marshall, G., Burnham, M., Eibner, C., Karney, B., Meridith, L., Ringel, J., & Vaiana, M. (2008). *Invisiable Wounds of War; Summary and Recommendations for Addressing Psychological and Cognitive Injuries*. RAND Corporation Center for Military Health Policy Research. Santa Monica, Ca

^{xi} Hanson, V.D. (2003). *Ripples of Battle; How the Wars of the Past still determine how we fight, how we live, and how we think*. New York: Anchor Books