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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON VETERANS

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HELD AT: 250 Broadway-8th Fl. Hearing Rm. 1

B E F O R E: Frank Morano
Chairperson

COUNCIL MEMBERS:
Carmen N. De La Rosa
James F. Gennaro
Vickie Paladino
Phil Wong

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

Yesenia Mata
Commissioner of NYC Department of Veterans Services

Nicole Orlando
Chief of Staff at NYC Department of Veterans Services

Noah Bray
Executive Director at NYC Department of Veterans Services

Donee Smalls
Associate Commissioner at NYC Department of Veterans Services

Bryan Ellicott-Cook
SAGE

Emilia Cobbs
New York Health Foundation

Coco Culhane
Veterans Advocacy Project

Joe Bello
New York Metro Vets

Timothy Pena
Veterans Justice Project

SERGEANT AT ARMS: Good morning and welcome to today's New York City Council hearing from the Committee on Veteran Affairs. At this time, I'd like to remind everyone to please silence their electronic devices, and at no point is anyone to approach the dais. If you would like to sign up for public testimony and have not done so already, feel free to sign a slip located outside in the hallway with the Sergeant-at-Arms. Chair, we're ready to begin.

CHAIRPERSON MORANO: [gavel] Good morning. I am Councilman Frank Morano. I have the pleasure and honor of chairing the Veterans Committee of the New York City Council. I want to thank everybody who's joining us here in person. I want to thank everybody who's watching via Zoom. I want to thank everybody that's watching on cable television when there's nothing else on. But I really want to thank everybody for tuning in, however they're tuning in, for such an important topic. And today our oversight hearing is on programs and services for LGBTQ+ veterans. When I first took over this committee, I mentioned that to me, veterans issues were the one issue that should be, and ideally would be, totally nonpartisan.

Conservatives love talking about veterans' issues because it deals with patriotism, defending the country, all sorts of things that traditionally conservatives are all about. A lot of progressives love focusing on veterans issues because it gives them an opportunity to talk about healthcare and housing and all sorts of things that progressives are all about on a regular basis. And to me, the thing that I love most about this committee is we have members on both sides of the political spectrum, and we are all rowing in the same direction to deliver for New Yorkers and especially for the veterans that have served us. Nowhere is that more noticeable than in terms of the issues that are uniquely facing LGBT+ veterans. As our committee has researched, and as we'll get into, LGBT veterans have a higher incidence of PTSD. LGBT veterans have higher incidence of being victimized by sexual assault and a number of other things that even after the ending of Don't Ask, Don't Tell continue to permeate throughout the veterans community. And this committee, which has some very dedicated council members on it, is not going to just sit by and accept that as the new status quo. So what I'm hoping we can get at in today's hearing is a

playbook, is a playbook for legislative action, a playbook for public awareness, and a way that we can fix what is a very real problem. I do want to mention two things that are particularly important given the circumstances and given our history. First, I want to give a big congratulations to retired Sergeant First Class Dominic Pepe from Woodhaven for his induction into the New York State Veterans Hall of Fame. Not long ago, I did not even know there was a New York State Veterans Hall of Fame, and to me, Dominic Pepe is exactly the type of person that this hearing is focused on today, and I'm glad to see that he's been recognized on a statewide basis. I also want to take a moment to speak about the legacy of a Staten Islander who lives in my district, and there's a street named for him six minutes from my office and 10 minutes from where I grew up, and that is James Jimmy Zappalorti, a gay Vietnam War veteran who was murdered because of his sexual orientation. His murder was the first officially designated hate crime in the borough of Staten Island, and his plight inspired activism that led to the passage of the New York State Hate Crimes Act of the year 2000, which was signed by Governor Pataki, which allowed harsher

penalties for crimes motivated by bias against race, religion, sexual orientation, etc. And Zappalorti's murder did more than just cause grief. His legacy united communities. It sparked a level of activism that really hadn't been seen before certainly in the Staten Island South Shore community, certainly in the LGBT community, and certainly in the military veteran community. There was the Zappalorti Society, which was founded in 1992, and the Pride Center of Staten Island, which was founded in 2013, and all about providing lasting support and services to Staten Island's LGBTQ+ community. Let me say a word or two and an observation or two about our LGBTQ+ veterans. Between 1980 and 1993, over 19,000 LGBTQ+ service members were discharged, many with other than honorable statuses. And under Don't Ask, Don't Tell, more than 13,000 were denied benefits, recognition, and dignity. And you think about that, these people are just in need of the GI Bill. These people are just as much in need of healthcare, of housing, and to think that they were denied anything that should be rightly given to a veteran who has risked their lives in the service of our country, it's abominable. And these policies forced veterans to lose

healthcare, education, and retirement benefits while at the same time enduring discrimination, harassment, and trauma in service to their country. Even today, inequities persist with about 1,000 transgender service members discharged after the 2025 ban on their service– 2025. As a result of these policies, as well as wider discrimination and violence against LGBTQ+ individuals, LGBTQ+ veterans face higher rates of mental health challenges, suicide, PTSD, and chronic illness. They're also significantly more likely to experience military sexual trauma and assault, further compounding a lot of these health issues. At the same time, we have a real problem with data. There are major gaps in the data. Nearly 89 percent of VA records lack gender identity information, making LGBTQ+ veterans largely invisible in official counts. National estimates suggest there are around 1 million LGBTQ+ veterans, while in New York State there may be around 70,000. Most of them believed to be concentrated in New York City, although, as I indicated, because of the lack of data, we don't know exactly for sure. Together, these realities underscore the importance of ensuring LGBTQ+ veterans are seen, recognized for their

service to the country, supported, and connected to comprehensive affirming health care and services that they've earned. In addition to our oversight topic today, we're going to be hearing two very important pieces of legislation. We're going to be hearing Intro number 914, which is sponsored by me, which is a great bill, as you might expect, which would require a study and recommendations on the feasibility and implementing a pilot program to provide reconsolidation of traumatic memories therapy for veterans. Let me say a word on this bill. Unlike any other bill that I've introduced, this didn't come from an idea that I had or that a constituent brought to me or that I researched. This bill was introduced by the prior Chair of the Veterans Committee, Bob Holden, and even though it had been passed by the Veterans Committee in the last City Council, it never got to be voted on by the Council as a whole. So what I'm hoping to get at today is exactly what this particular type of therapy would do. I know it's been controversial in some quarters, and what New York City could do to explore this as a viable therapy for dealing with PTSD. If this bill needs to be amended to better reflect the realities of how New York City

would handle this, I'm all about amending it. Even though this is my bill, this is not a bill that I have necessarily a rooting interest seeing in its current form. I am all about changing it or adapting it or expanding it based on the testimony we're going to hear from the administration and hopefully the public. The other legislation we're hearing today is another very important piece of legislation introduced by— which is Intro Number 928, sponsored by Minority Leader David Carr, which would amend the Administrative Code of the City of New York in relation to establishing an LGBTQ liaison within the Department of Veterans Services. For those of you that are unfamiliar with Minority Leader Carr, he's the best council member this body has and certainly the best Staten Island has. I would love for the Minority Leader to speak on his bill.

COUNCIL MEMBER CARR: Thank you, Chair. I appreciate the pan of praise, but I have to start by thanking you and commending you for your leadership of this committee since the start of the term. You've shown in these last six months an energy, enthusiasm, and determination to improve the lot of the New York City veteran community that I think is not only

commendable, but it's necessary. I think that we always have to have a focus on those who served, many of whom served in combat, many of whom served and came back after traumatic experiences or physically traumatic injuries. These people were willing to give their lives for our nation, and the least we could do is support them now that they're home in their pursuit of jobs, in their pursuit of housing, in their pursuit of justice in some cases, in pursuit of a life of happiness that they more than earned with their service. So thank you, Chair, for all of your advocacy on behalf of this wonderful community. I also want to thank Commissioner Mata for being here today. We had a productive conversation last week about the Staten Island veteran community, and I think the New York City community at large, and I look forward to continuing to work with you and your team, and I appreciate you being here to give feedback on these pieces of legislation. This September will mark 15 years since Congress repealed the infamous Don't Ask, Don't Tell policy, which was supposed to allow LGBTQ Americans to serve in the military as long as they did not openly disclose their sexual orientation. Intended as a so-called

compromise, which was in order to end discrimination against gay and lesbian and bisexual individuals in the military, in many ways it did quite the opposite, forcing people who are willing to give their lives to serve their country an opportunity to go back into the closet, sadly. And by some estimates, between World War II and DADT's repeal in 2011, the military discharged as many as 114,000 service members on the basis of their actual or perceived sexual orientation. And I think the lesson of that period before DADT, the period in which it was in place, and then of course the period since its repeal— I think the lesson of each of those points in time is that everyone should be allowed to serve openly in our nation's military regardless of their sexual orientation or their gender identity. If you were willing to put your life on the line for the United States of America, that is a commendable thing. It shows the inherent bravery and character of who you are. That's what speaks to the kind of person that those individuals are who want to serve in that way, and they should all be given the opportunity to do so freely and openly and genuinely as who they are. The military continues in all cases to issue service

members a characterization of service upon their discharge or discharge status, and most service members receive an honorable discharge status, which entitles each of them to their VA benefits. But those who were discharged under DADT received a less than honorable discharge, such as a general discharge under honorable conditions, an other than honorable discharge, a bad conduct discharge, or even in some cases a dishonorable discharge. As a result, they could not access some of the essential benefits awarded to those who have served our country, such as the GI education benefits, VA health benefits, burials in a VA national cemetery, and many, many more. When Congress repealed DADT in 2011, the military established a process for veterans discharged under the policy to remove justifications related to their sexual orientation from their paperwork and upgrade their discharge status to honorable. Yet that process shamefully placed the burden on individual service members to correct their records after many of them had endured years of discrimination due to discharging dating back years and decades in some cases. To complete this procedure, veterans must assemble a variety of old

records. In most cases, the help of an attorney is required, and typically wait 18 months or more for the board that decides these discharge status changes to upgrade those petitions with their respective military branch of service. If they exhaust their administrative remedies, veterans must file an appeal in court, for which they must seek the help of a lawyer, often at great cost. It is unclear how many thousands of New York veterans are still impacted and still have not received the benefits they are due because they were discharged under Don't Ask, Don't Tell. Four years ago, this council unanimously passed legislation authored by former Council Member and LGBTQIA Caucus Plus Chair Danny Dromm to help correct this historic injustice. Local Law 4 of 2022 extended city veteran benefits to those who were discharged because they were LGBTQ and required the city's Department of Veterans Services to offer discharge upgrade assistance to help obtain federal benefits. The legislation I've introduced and being heard today, Intro 928, will help fully realize the goals of Local Law 4, establishing an LGBTQ liaison within the Department of Veterans Services specifically tasked with conducting outreach to LGBTQ veterans,

coordinating the department's assistance with discharge characterization upgrades, and connecting these veterans with programs and services offered by DVS and other relevant agencies. I understand this will largely, hopefully, codify existing practice, but I think there are some practices and policies that are so good they absolutely need to be enshrined into law. It will also require the department to issue an annual report related to assistance for LGBT veterans, which will hopefully and finally give us some idea of how many veterans still suffer from the effects of the shameful legacy of DADT. I think the Chair was quite right. We have a data problem with respect to our veteran community. I know the Commissioner knows this well, and we need to do more to get veterans to self-identify both within the LGBTQI+ cohort and beyond. Because if we're going to start adequately serving the veteran community, particularly with the swath of benefits that we have to offer, we need to make sure that they are able and feel comfortable to come forward. And that means really engaging in a mission of finding them over the next several years. So I appreciate the Chair hearing

this bill, and I look forward to hearing testimony from the administration.

CHAIRPERSON MORANO: Thank you, Minority Leader Carr. Well said. I want to acknowledge my colleagues on the committee who are here today. I want to begin by mentioning Councilmember Carmen De La Rosa. Thank you very much for being here, and I'll note that while we may come from different boroughs, different political parties, and probably different world views, I can't think of somebody that has been more effective as a council member. And when I joined this body, she was one of the first people that I sought out to learn from about how to do this job well. And I don't mind telling you that several of the ideas that she gave me not only as Chair of this committee, but just as a council member in general, have been very stellar. So on a personal note, thank you very much, Council Member. I also want to acknowledge a man who is really distinguishing himself as one of only two council members that stayed for every minute of the marathon Finance Committee hearing last week, and the only one that wasn't the Chair. And so far, this perfect attendance record of his remains intact, which is a neat trick

when there are two committees going on at the same time. I also had the privilege of visiting his district on Friday, and the jury's still out of whose district has better bagels, his or mine. But that is the Co-chair of the Common Sense Caucus of Queens, Phil Wong. Council Member Wong, thank you. Alright, now before I conclude, I'd also like to thank the committee staff. A lot of people said after Alejandro left the committee staff, we were going to go downhill. We showed him we're just getting started. I want to thank our Legislative Counsel, Hannah Kohn [sp?]. I want to thank our Policy Analyst, Mahnoor Butt [sp?]. I want to thank our Financial Analyst, Margaret Barnsley. I want to thank our Community Associate, Sebastian Neme [sp?], Data Analyst Colby Porter, Mohamed Shedeed [sp?], and Legislative Policy analyst Kyla Dash for their hard work in preparing for this hearing. I'd also like to thank my staff for their work as we continue to serve our constituents and the city as a whole, particularly my Chief of Staff Frank Rapacciuolo [sp?] and our Legislative Counsel Pat Russo [sp?]. I look forward to today's hearing and to strengthening support for LGBTQ+ veterans throughout New York City. We have four very

energetic, very dynamic representatives of DVS to offer their insight on both the legislation we're hearing today and the oversight topic that we're looking into. So I'd like to turn it over to our Committee Counsel to administer the oath to witnesses from the administration.

COMMITTEE COUNSEL: Please raise your right hand. Do you affirm to tell the truth, the whole truth, and nothing but the truth in your testimony before this committee and to respond honestly to council members' questions? Thank you. As a reminder to all our witnesses, please state your name prior to the testimony for the record.

CHAIRPERSON MORANO: Thank you, Commissioner. You may begin.

COMMISSIONER MATA: Good morning, Chair Morano and members of the Committee on Veterans and Council Member Carr. My name is Yesenia Mata and I am the Commissioner of the New York City Department of Veterans Services. Thank you for the opportunity to testify today regarding support and services for LGBTQ+ veterans in New York City. Chair Morano and members of the committee, thank you for your continued partnership and commitment to the veteran

community. We look forward to continuing to work alongside all of you to connect with and serve veterans across the five boroughs. I would like to acknowledge an important nuance regarding today's hearing. The language used throughout city administrative code and reporting requirements specifically references LGBTQ+ populations. While we recognize and support the full diversity of New York City's communities, including intersex and asexual individuals, our testimony today aligns with the terminology currently established within the city's legislative framework. As someone who continues to serve as a Captain in the United States Army Reserve, I understand that military service is not a singular experience. Our veterans come from every borough, neighborhood, and background. They represent every race, ethnicity, religion, gender identity, and sexual orientation. Every program, service, and resource offered by the Department of Veterans Services is available to all veterans. Today's hearing is not about creating a separate service. It is about ensuring LGBTQ+ veterans know they are welcome, that they belong, and that DVS is here to support them. I would also like to briefly address

the legislation before the committee today. Regarding Introduction 914A, the Department appreciates the intent of expanding access to effective mental health treatments for veterans. We support the overall goals of the legislation and look forward to continuing discussions with the council regarding amendments necessary to ensure the proposal is operationally feasible and aligned with agency responsibilities. Regarding Introduction 928, the department fully supports the legislation and its goal of strengthening engagement with LGBTQ+ veterans. DVS has already designated two LGBTQ liaisons within the department: Donna Perrott, an Army veteran as the LGBTQ Liaison since 2024, and Michael Lopez, also an Army veteran, now serves as our LGBTQ+ Claims and Benefits Liaison. New York City is home to one of the largest LGBTQ+ veteran populations in the nation. Nationally, an estimated 1.9 million LGBTQ+ adults and veterans serve, including approximately 37,000 transgender veterans. LGBTQ+ veterans are also most likely to have served during the post-9/11 era than the veteran population overall. Many LGBTQ+ veterans have faced unique challenges through their military services and transition to civilian life, including

discrimination, housing instability, barriers to healthcare, and social isolation. For some, these challenges were compounded by policies such as Don't Ask, Don't Tell and restrictions on transgender military service. Between 2000 and 2014, approximately 1,300 transgender individuals were discharged from the military because of their gender identity. While significant progress has been made, barriers remain. Many are not immediately visible and can include shame, hesitation, or fear of seeking support. Nationally, 36 percent of LGBTQ+ veterans report avoiding VA services due to perceived bias. No veteran should ever feel that their identity diminishes their service or affects their ability to access the benefits and support they have earned. The city has taken important steps to better support LGBTQ+ communities, including through the Mayor's Office of LGBTQ+IA Affairs. DVS is currently exploring the creation of a certificate of eligibility for LGBTQ+ veterans, which would help discharged LGBTQ+ veterans access certain city benefits and services available to veterans. One area where DVS has been particularly proud to support LGBTQ+ veterans is through our Discharge Upgrade and

Legal Services program, known as DUALS. During fiscal year 2026, 38 LGBTQ+ veterans sought legal assistance through the program, many navigating the lasting impact of discriminatory discharge practices. We are grateful for our partnerships with the Veteran Advocacy Project, and the New York Legal Assistance Group, whose expertise has helped veterans pursue discharge upgrades and access earned benefits. While many cases remain pending due to the complexity of the review process, these cases underscore the continued need for targeted outreach, legal support, and culturally competent services. We also recognize the importance of community partnerships. Organizations such as SAGEVets and the Stonewall Veterans Association provide trusted spaces, social connection, and culturally competent support for the LGBTQ+ veterans. These partnerships are critical to reaching veterans who may not otherwise engage with traditional systems. Thank you again for the opportunity to testify today. We look forward to continuing our work with the Council, community organizations, and LGBTQ+ veterans to ensure that every veteran in New York City feels welcome,

supported, and empowered. I'm happy to answer any questions.

CHAIRPERSON MORANO: Thank you, Commissioner. Happy birthday.

COMMISSIONER MATA: Thank you.

CHAIRPERSON MORANO: And you should know that Ms. Orlando, who is seated at the table beside you, she also happened to be at the Vietnam veteran event on Friday with Council Member Wong and I, and she was and is just a terrific spokesperson for your agency and really represents you well. I have a number of questions. Say a word to the public and to my colleagues that are good enough to participate in today's hearing. I have the unique distinction of being on eight City Council committees, so I have had the opportunity to watch every variety of Chair holding hearings. And there are two things that I think both the public and the council members find somewhat challenging and frustrating, to be honest, which is the Chair will spend 20, 30, 40 minutes asking questions of whoever's testifying before them, and all these other council members who all have busy schedules, they don't get to ask any questions. And in many cases, the Chair just doesn't want the person

to ask their question. I mean, I'm speculating, but the bottom line is it's frustrating. The other thing that's frustrating is, is you get two, three minutes to ask a question. The administration will try to give a comprehensive, lengthy answer, and your time's up. No time for an appropriate follow-up question. So I'll just say to my colleagues that are good enough to be here and participate in today's hearing, I'm going to ask a couple of questions, then turn it over to you guys. Ask questions. You've got five minutes, but if you need more than five minutes, take more than five minutes. If there's an appropriate follow-up question, ask it. Ask it. We're not going to kick anybody out and grab the hook after five minutes. But trust me, I have plenty of questions on my own. Let me begin, Commissioner, with your testimony regarding the LGBTQ+ liaisons. How many veterans— you indicated that there's already two LGBTQ+ liaisons. How many veterans have interacted with each liaison over the last 12 months?

COMMISSIONER MATA: Thank you for the question. At DVS, we necessarily don't ask the gender identity question. At DVS, when a Veteran comes in, we ask for the type of service that— services that

they need. As for DVS, we want to make sure that it does create a welcoming space for every individual to feel comfortable at DVS. Oftentimes, the individual, him or herself decides to disclose the type of service that they need or the type of gender identity that they would like to identify as. However, at DVS, we don't actually ask that question directly. However, with the gender liaison that we do have in place since 2024, that specific liaison has provided support to individuals by helping them connect with partners that can go further on providing the services that they need. But most recently, we added a second LGBTQ+ liaison, and the goal is to work closely with the LGBTQ+ committee and the LGBTQIA+ Mayor's Office to see how can we do better at DVS to provide support to the LGBTQIA+ community. And I'll let Nicole further elaborate on that.

CHIEF OF STAFF ORLANDO: Our current LGBTQ+ liaison, Donna, she has also attended different community events in the past as well. So in addition to just being one-on-one on the client side of it, she's also participating in the community and different events that pop up specifically relating to

LGBTQ+ issues as well. And we can follow up with the listing.

CHAIRPERSON MORANO: And how do we measure the effectiveness of those existing liaisons?

COMMISSIONER MATA: At the moment, that's what we are working at at DVS. I am really looking forward to working with Council Member Carr, with the LGBTQ+ Committee, and the Mayor's Office LGBTQIA+ Office, and also with various other nonprofits to help us understand how can we measure that success. Again, the census or the VA don't have that data questionnaire or intake that can help us establish where, like, the accurate number of LGBTQIA veterans. And that, from my end, that's appalling. So for DVS this year, what we're trying to do is to ensure that we can actually have a better intake process of not just understanding the- let's just say, the veteran status, but also gender identity. Also, what is your background? Are you a For example, Latino, but what type of Latino background? What type of— in general, we want to really understand where veterans, where they are coming from and the need that they really— that they're in need. So when I do— when you— to

answer that question is that we're working better on our intake process.

CHAIRPERSON MORANO: If DVS already has two designated liaisons, what operational changes would Intro 928, Minority Leader Carr's bill, actually create? What would be different?

COMMISSIONER MATA: Well, first of all, I want to thank Council Member Carr for that intro because it really pushes an agency even further to provide that support to LGBTQ+ veterans. Even though we had one liaison, now we have two. And having the second liaison, at first when it came to DVS, we were focused primarily on the upgrade discharge, which Nicole my colleague will elaborate further, but now with the second liaison, we will go even further on upgrading our intake process. Again, the VA or the census itself doesn't ask that question about LGBTQ+, so the goal is through this second liaison to work in conjunction with Council Member Carr and the LGBTQ+ Committee and the LGBTQIA+ Mayor's Office to ensure that we can together develop an intake process where individuals feel comfortable of disclosing that information.

CHIEF OF STAFF ORLANDO: Also operationally, what would change is the reporting requirements on this because currently the only we report on Local Law 4, which is in regards to discharge upgrades, but we know and we respect that this community reaches out to us separate of just discharge upgrades. So by being able to take what our liaisons are doing and translate it into data and into reporting, that gives us a better picture of what the needs of the community are in addition to discharge upgrades. We're really looking forward to implementing that piece of it.

CHAIRPERSON MORANO: Do you— are you able to tell us how many outreach events specifically targeted LGBTQ+ veterans and were conducted by these liaisons either last year or the last fiscal year?

COMMISSIONER MATA: So I'm going to pass this question to Nicole. So as more recently, I am taking a closer look at the type of events that we have been doing across all five boroughs. What's different this time around is that we are being very intentional as to if we go to a specific borough, what type of service are we- who are we teaming up with, why are we teaming up with them, and the type

of services that the individual, the veteran will get if they decide to go to this specific nonprofit. So I just want to discuss what we're doing internally right now. Internally, I am updating our partners that we have. Even our partners have to go through an intake process. Soon we'll need to go through an intake process again if we're going to be partnering up with individuals. I want to make sure that- with nonprofits, we want to make sure that veterans themselves do get the support that they need when they do go to these great partners that we have.

CHIEF OF STAFF ORLANDO: In the last fiscal year, we had three events that were specifically targeted for LGBTQ+ veterans. But then every month there is a Veterans Mental Health Coalition meeting that includes topics on LGBTQ+ support.

CHAIRPERSON MORANO: Council Member Wong? Please. See, you didn't expect me to go to you so quickly.

COUNCIL MEMBER WONG: Okay, thank you. Thank you, Chair. I'm concerned about your data collection regarding LGBTQ veterans populations. Yes, you have been doing outreach, but have you

encountered veterans that may be reluctant to identify themselves as LGBTQ+ due to past discrimination, or they feel uncomfortable seeking service? How do you handle cases like that?

COMMISSIONER MATA: Absolutely. Veterans themselves have a hard time to self-identify to begin with. And that is why as DVS, we do want to do a campaign collectively again with the support of various other nonprofits. But even further, right, when it comes to, LGBTQ+ veterans, that is another layer of work that we have to do. A campaign awareness against this requires to have individuals that are directly impacted to help us lead this campaign. But we understand that when it does come to data, that DVS doesn't have that specific data in hand, and we do hope that with this second liaison that we can again create this intake process that can— that we can work collaboratively with various other nonprofits to do this. What we do have is the data of the DUALS upgrade discharge that supports the veterans that were discharged due to their gender identity, and I'll let Nicole elaborate on that.

COUNCIL MEMBER WONG: But I want to back— I'm reading your statement. You're saying that

you're going to explore the creation of a certificate of eligibility of LGBTQ veterans. So how— what is your approach? If you have problems identifying them, then how do you find these LGBTQ veterans and give them the certificate of eligibility?

CHIEF OF STAFF ORLANDO: Yeah, so to speak a little bit more on the certificate, so what we've been noticing is that on the state level and a city level, there are veterans who are discharged due to their status as LGBTQ, whether that was under Don't Ask, Don't Tell, the trans ban, or anything else. And for us, what we're seeing is that there's a lot of fear in applying for benefits due to the fear that you have to show your DD-214 that says you were discharged under Don't Ask, Don't Tell or whatever it may be. So for us, what we're acting as is that safe space for them to come to us and say, I've served my country, show us their paperwork in a trusted space with our LGBT+ liaison, who will then be able to verify their service create a certificate that then can be given to different city agencies to verify that service so that they don't actually have to provide their DD-214 that says what they were discharged for, while they may be in the process of

upgrading or whatever that may be, but still verifies their military service. So for us, we don't want someone's fear of having to show their discharge be a barrier to getting a benefit. So that's why we want to be those that provide that certificate that won't say anything on it. It will just verify their service.

COUNCIL MEMBER WONG: Okay. Veterans, like, visit health clinics, like the ones in Flushing Avenue. Have you— is there any outreach have you done with them to identify these veterans that require, like, health services? Can you talk about that?

COMMISSIONER MATA: I'm going shortly going to pass this question to Danni [sp?] and Noah, but at DVS, part of the claims team, when someone does come to DVS, oftentimes veterans go through the claims process first as they are in need, whether different types of benefits. And when they do disclose that they need any sort of healthcare support, we do connect them to the VA, but also we do connect them to NYC Health + Hospitals, Pride Health Centers, and Northwell, as they provide LGBTQIA+ fertility services. Again, this is if the individual does disclose that they need LGBTQIA+ services.

However, I'm going to now pass it on to Donnay [sp?] that can— to Noah that can further elaborate on the claims portion when it comes to the healthcare component.

EXECUTIVE DIRECTOR BRAY: Thanks, Commissioner. I'm Noah Bray. I'm the Executive Director of the Support Services for DVS. Yeah, so I think that conversation that you mentioned, the difficulty just getting them to disclose a veteran status, it does go further to disclose anything, even like a name and an address. So I think it's a testament to the claims agents is just to create that rapport and make that veteran comfortable just having a conversation. And with that comes everything else, like any kind of medical conditions or anything that has to do with that claim that we're going to file. So that's where we get that information. Once we develop that relationship, it allows us to connect them to whatever benefits or whatever partnerships that we have. And that's where that magic happens. So that's where we overcome that hurdle.

CHAIRPERSON MORANO: Please feel free to continue.

COUNCIL MEMBER WONG: Yeah, just to follow up. Like, we have Queens Vet Center right at the border of my district that I see veterans go there all the time requesting medical services. So I am just wondering that the outreach that you have done, say, with them or other Vet Centers that you may be able to identify or help them identify LGBT veterans, that's an issue that's always in my mind when every time I drive past them, like, is DVS outreaching to these veterans? Because they go there a lot.

EXECUTIVE DIRECTOR BRAY: Right. We do find that partnership with that Vet Center, as well as all the other Vet Centers the VAs. Those are part of our regular circuit that we try to send our claims agents to. So we do have usually a liaison for each one of those entities. So, but it does happen organically. We leave nobody out for partnership opportunities. So whether it's a Vet Center or a nonprofit, we try to send our claims agents out as part of the outreach, and we've had some pretty good success so far.

COMMISSIONER MATA: And I just wanted to add to that, one of the unique aspects at DVS is that

when it comes to claims and housing, one of the major needs for veterans, it is led by veterans themselves. Noah is a Coast Guard veteran, and Donee Small is also an Army vet. So it also provides us that extra cultural competency, per se, to be able to provide that support to veterans.

COUNCIL MEMBER WONG: Alright, so do you need assistance in reaching out to like nonprofits that work with LGBT individuals and then work with them to identify veterans? Is that something you are currently doing, or you might need help in connecting to these nonprofits?

COMMISSIONER MATA: Yes, absolutely. We welcome any support. I, myself, as– my background as an organizer myself, I— that is one of the major components that we are issuing at DVS, providing training to the staff as well. And it's just not training about services, but training when it comes to how do you organize with the LGBTQ+ community. But in general, when it comes to LGBTQ+ support, it keeps evolving as time goes. So that is one of the major components that we are making sure that the staff knows how to work with the LGBTQ+ community, but also how do we revamp our partnerships that we have? As I

said before, I am revamping the list that we have that would entail an intake for each of our partners to see what type of services that they provide. But as always, we want to make sure that we have LGBTQ+ veterans on the table so they could help us organize and be able to reach out to individuals in different boroughs. We'll love to work with your office as well.

COUNCIL MEMBER WONG: Thank you. I'll– I'm– I have maybe round two questions, but please.

CHAIRPERSON MORANO: Thank you, Council Member.

COUNCIL MEMBER WONG: Thank you, Chair.

CHAIRPERSON MORANO: Alright, just going back to your testimony for a moment, and then I have a couple of other things following up on Council Member Wong's questions. You stated that 38 LGBTQ+ veterans sought assistance through the discharge upgrade program in fiscal year 26. Of those 38 veterans, how many cases remain pending?

CHIEF OF STAFF ORLANDO: Thank you for the question, Chair. So, yes, in fiscal year 26, we have had 38 LGBTQ+ veterans work with our partners, whether that be at VAP or NYLAG, for discharge

upgrades. Currently, what we are seeing is that there are about 20 that are still pending. That for us can mean a range of things, whether information is still being gathered, whether it's further along in the process, but that is something we can follow up more on the intricacies with.

CHAIRPERSON MORANO: Do we know at this point how many resulted in successful discharge upgrades?

CHIEF OF STAFF ORLANDO: Yes. So in the last fiscal— I think in the last two fiscal years, we have seen eight discharge upgrades. How many veterans— maybe the answer is the same— regained VA benefits as a result of that?

CHIEF OF STAFF ORLANDO: That would be a little bit different just because there's the difference between a discharge upgrade being totally changed versus the VA characterization of upgrade, which means that you're still then entitled to VA benefits even if your discharge hasn't fully been updated.

CHAIRPERSON MORANO: For my edification, how long does the average discharge upgrade case take?

CHIEF OF STAFF ORLANDO: It could take from one to three years. And there's a little bit of a delay, whether that be in the actual courts themselves, in information gathering, sometimes in clients falling off and then getting re-engaged, but about one to three years.

CHAIRPERSON MORANO: What do you think the biggest barriers are to obtaining upgrades?

CHIEF OF STAFF ORLANDO: I think that it has to do with the information gathering, where there's records all over the place. In some cases, some agencies are less reluctant to give out this information that is needed. If someone has been stationed at different areas across the country, it's coordinating with those. We even see this on the— for a disability claim, issues with getting those health records. So it's about getting everything in the same place, as well as recognizing there's a lot of trauma and mental health support that is needed when dealing with these cases.

CHAIRPERSON MORANO: How many potentially eligible veterans do you believe might remain unaware of the program?

CHIEF OF STAFF ORLANDO: Yeah, you want to take it?

COMMISSIONER MATA: The program itself- so I- at DVS, we do want to do a campaign awareness of the services, one that we provide, but also what the DUALS program is. Oftentimes, if you are a veteran or have served in the military, you understand the- I would like to say, the language, right? Like, however, oftentimes when it comes to family members of those that serve, they don't realize that this is a type of service that exists even for their veteran themselves. So at DVS, we do have to do a better campaign awareness to showcase, one, the services that we provide, but also when it comes to the DUALS program. But even at that, the DUALS program itself, there's only— it does take time. As Nicole mentioned, it takes one to three years to do this type of support, and we would like support from this council to highlight the work that DVS is doing, that highlight the work when it comes to the DUALS program.

CHIEF OF STAFF ORLANDO: I think in addition to that as well is that there's also people who file for discharge upgrades separate of just a

reason being whether it's Don't Ask, Don't Tell or whatever that may be. What we do anticipate for though is an increase as more people are being affected by the trans ban and we're seeing that being more prevalent. So that's something we're actively tracking with our partners at VAP and NYLAG to ensure we're doing more targeted messaging for those affected by that ban as well.

CHAIRPERSON MORANO: One thing that caught our ear was the certificate of eligibility because it was new, at least to me. What exactly would this certificate do?

CHIEF OF STAFF ORLANDO: Yeah, so this certificate would be able to— there's about four different city benefits that are executed on a city level that someone needs to provide their DD-214 for. So they may still be able to receive the benefit even though they are dishonorably discharged, but there's a lot of shame in presenting that when you do have, you know, you're a dishonorable discharge for under Don't Ask, Don't Tell. So what we're doing on the city level is for those benefits where that DD-214 needs to be presented, instead of them having to present that DD-214, they would present the

certificate that would be given out by our agency where information about service would be verified from our agency so that they don't need to provide that to the different city agencies.

CHAIRPERSON MORANO: Do you know which four benefits that that would unlock?

CHIEF OF STAFF ORLANDO: Yeah, so that would unlock different residency points for civil service exams through DCAS. There's NYSTRS pension buyback. There's Department of Finance for tax benefits. And I believe there's two different types for Department of Finance.

CHAIRPERSON MORANO: The- do we think this would require legislation, or is that something that the agency could do on their own?

CHIEF OF STAFF ORLANDO: So this is something that's actually in our charter to be able to do. So this is something that we are now acting out from the charter. This is also something that is required by the state to do, and they execute it as a letter. So we'll be executing it as a certificate along with the letter.

CHAIRPERSON MORANO: How would eligibility be determined?

CHIEF OF STAFF ORLANDO: Yeah, so the individual cases would go to our LGBTQ+ claims liaison who would take account of all the different service paperwork, who will even be able to verify the DD-214, who has experience dealing with cases like these as well as being military culturally competent, and then they will be executing the certificate.

CHAIRPERSON MORANO: And is this being developed specifically for LGBTQ+ veterans or for LGBTQ+ New Yorkers generally?

CHIEF OF STAFF ORLANDO: This is specifically for LGBTQ+ veterans.

CHAIRPERSON MORANO: Do you guys have a timeline that you envision for implementation?

CHIEF OF STAFF ORLANDO: Yeah, so this is something that we're in active conversations with the Mayor's Office of LGBTQ+IA Affairs, as well as we have now identified the benefits and are connecting with the agencies who will be receiving these certificates. So we are hoping by mid-next year to be able to actually execute, probably before, but we want to ensure that we're having the correct

conversation so that there's no barriers in using this.

CHAIRPERSON MORANO: You brought up, Ms. Orlando, Local Law 4. Local Law 4, for people that may not know, requires DVS to assist LGBTQ+ veterans seeking discharge characterization upgrades. Specifically, how has DVS implemented this law?

CHIEF OF STAFF ORLANDO: Thank you for the question. So we maintain very strong partnerships with VAP and with NYLAG to ensure that the veterans that we're referring over that may come to our office are getting correct— connected appropriately in a timely fashion, are getting access to that support, as well as for us making sure that we're continuing to promote the services, to your point, for people that may not know that that is an option, as well as we're looking to explore in the future how we can do more outreach and engagement directly with the contractors to ensure that people are aware of the services.

CHAIRPERSON MORANO: Local— in terms of some of the trends that we've seen with Local Law 4 of 2022, after comparing data from all available reports on Local Law 4, we see that between fiscal

year 2022 and 2025, among male, female, and non-binary veterans, veterans identifying as male contacted DVS most frequently for discharge upgrade assistance. Is there a reason male veterans contacted DVS at a higher rate rather than the rest of the population?

COMMISSIONER MATA: Again, it goes back to self-identification. The first hearing that you did, which we are so grateful, was on women veterans.

CHAIRPERSON MORANO: Well, and I'm grateful as a woman veteran yourself for your participation in that.

COMMISSIONER MATA: When it comes to that, we have—

CHAIRPERSON MORANO: [interposing] along with Ms. Smalls, obviously.

COMMISSIONER MATA: I do want to also highlight that Ms. Smalls was also inducted in the Hall of Fame.

CHAIRPERSON MORANO: Oh.

COMMISSIONER MATA: Yes.

CHAIRPERSON MORANO: Congratulations.

ASSISTANT COMMISSIONER SMALLS: Thank you.

CHAIRPERSON MORANO: Thank you.

COMMISSIONER MATA: But I think it's like, for example, the perfect example here, right? We need to make sure that we can bring that awareness that there's women veterans that serve, that we have different types of backgrounds. And I think it goes back to the LGBTQ+ component. We need to do a better campaign awareness of that there's LGBTQ+ veterans that are currently serving and that they do a magnificent job. So again, it goes back to the campaign awareness, and women are serving at a higher rate as well. And we need to highlight those ones, too.

CHAIRPERSON MORANO: The report also shows that veterans from the Navy contacted DVS for discharge upgrade assistance at a higher rate than any other branch of the military. Is there a reason for this trend?

CHIEF OF STAFF ORLANDO: While we don't know exactly the reason why that may be, we do think that it does have to do with outreach and with the groups that are being targeted in a lot of this outreach, and that is our hypothesis right now, but we're looking forward to seeing how different tactics would affect that number.

CHAIRPERSON MORANO: I noticed you guys wore Navy white in tribute to the high participation rates of naval veterans. I wore Coast Guard Blue, in recognition of Noah's service and Miss Orlando's service with the Auxiliary Coast Guard. In fiscal year 25, the number of veterans seeking discharge upgrades drastically increased among all genders and military branches. What changed? Are you seeing a similar trend this year?

CHIEF OF STAFF ORLANDO: Currently for fiscal year 26, we did not see a similar trend. What we do see is that there's still that increasing need compared to fiscal year 22 where we only had two people. So for us, we think that what contributed to that spike was different outreach efforts, awareness of the services, stronger partnerships that we are having with our legal service providers. And as we are continuing to build that capacity as well, we anticipate that for that to increase. We also believe that in this landscape that we're in with the trans ban being introduced in January of 2025, there's a lot of stigma and a lot of discourse going on in the community where people may be more than not likely to actually identify and to actually come out for those

benefits and supports. So we do think the federal landscape has some effect on that as well.

COMMISSIONER MATA: And that's why we wanted to highlight the important need of— and I think goes back to what you mentioned about how many people know about the DUALS discharge program that is in place at the moment, because that will also give that support system that they need, but also feel welcome and feel that, hey, there's support here for us. So that is something that we do want to do better and highlight that program that we have in place.

CHAIRPERSON MORANO: I noticed you alluded to the trans ban earlier. Have you observed a difference in the number of veterans who were discharged pre and post the repeal of Don't Ask, Don't Tell seeking discharge characterization upgrades?

CHIEF OF STAFF ORLANDO: This is something that we have been seeing anecdotally, so we are still working on what those exact numbers look like. But we have had veterans come to us because of the trans ban, and we're working on seeing what support we can provide. In some cases, it may necessarily not just be the discharge upgrade and other issues that have

came up. But this is something that we are actively tracking, as we think on the Don't Ask, Don't Tell side, we're monitoring the lifelong effects of that, even from when someone gets their discharge upgrade. But we're anticipating and preparing for more of those that will be engaging with us because of the trans ban.

CHAIRPERSON MORANO: Council Member Wong?

COUNCIL MEMBER WONG: Yes, thank you, Chair. Alright, I want to go back because I'm a little confused over here. So, you have between 2000 and 2014, approximately 1,300 transgender individuals are discharged from the military because of their gender identity. So that's because it's a direct result of Don't Ask, Don't Tell, right? Or this is- this is because of something else? And I think my question is, you have to go back to them and saying that you are eligible for benefits, is that right? And how are you going to relay that message? Because it seemed to me that they got discharged because of their gender identity, and now you want to go back and say, oh, we want you to come forward because of your gender identity. You're allowed these benefits. It seems to be a message that they don't even want

to— well, though they want to understand. Please talk about it.

CHIEF OF STAFF ORLANDO: Yeah, so in regards to transgender individuals who were discharged for that prior to Don't Ask, Don't Tell, that is something that we are seeing is happening even more now with— there's directly a trans ban. So currently right now, if you have a diagnosis of gender dysphoria, you are unable to serve in the military and you will be discharged. So for us, what we're trying to see is that there are certain city benefits, even if you may not be eligible for federal benefits, and I'll pass over to Noah to speak a little bit more, but that you are here in New York City able to be eligible for the benefits that you have served, and we can provide that documentation to show that.

EXECUTIVE DIRECTOR BRAY: Thank you for that. Yes, it's another layer that we have to deal with to find those veterans. Like you said, now we have to go back and, and let them know, like, you are eligible for more benefits than you think. And, you know, for the veteran community it's tough just to find them to say, hey, you're eligible for just the

general- the most general benefits. But it is just a little step further. It's a little bit harder to find them, those that were discharged unnecessarily, and say, please come back to the- you know, back into the fold. We want to help you. We want to help you get your discharge changed or get you eligible for benefits. So it goes back to that outreach component. So just starting that conversation about just benefits in general. And then we, from there, then we get to the- ideally those discharge upgrade cases.

COUNCIL MEMBER WONG: Thank you. Thank you. I have a follow-up. Oh, you have a— okay. Yeah. For surviving spouses of LGBTQ veterans, are they eligible for benefits? And how are you going to outreach to this particular population? Please talk about it.

EXECUTIVE DIRECTOR BRAY: Sure. Thank you for that question. We do have two claims benefits that we are creating like a subject matter expert in that realm, in the surviving spouse realm. So that would fall under their purview. So it's a similar thing where we send them out into the communities or with the nonprofit organizations that tend to have a higher population of potential surviving spouses. And

then from the beginnings of those conversations, it's very similar in that once we have that general benefit conversation, it will lead— again, that's the magic, and it speaks to the claims agent's abilities to be able to connect with those veterans or the surviving spouses to get them to those benefits.

COUNCIL MEMBER WONG: But do they— are they eligible for the same benefits as other surviving spouses, or is it totally different?

EXECUTIVE DIRECTOR BRAY: Typically, yes. Yes. But every nuance, everything's individualistic depending on sometimes as much as like age of the veteran or when they died, things like that. But typically, yes.

CHIEF OF STAFF ORLANDO: And if I could just jump in?

COUNCIL MEMBER WONG: Sure.

CHIEF OF STAFF ORLANDO: Right now, our agency is currently not aware of any surviving spouses that were denied benefits.

COUNCIL MEMBER WONG: Okay. Alright. Thank you. It— you do need to provide marriage-type relationships to prove that you're a surviving

spouse, because a lot of these relationships, there may not even be paperwork that may back this up.

EXECUTIVE DIRECTOR BRAY: Yeah, that's correct. And that's what goes back into the factors of like on the individual case, because there's so many things that are involved with like the length of time they live together or the age of, let's say, if you're looking for education benefits for the children. A lot of it's very case-specific.

COUNCIL MEMBER WONG: Okay. Okay. Thank you. Thank you, Chair.

CHAIRPERSON MORANO: Thank you, Council Member. I want to go back to data collection because I think it's clear based on what everybody said that the data collection gap is the biggest blind spot for how to best serve the LGBTQ+ veteran community. How many veterans served by DVS self-identify as LGBTQ+?

CHIEF OF STAFF ORLANDO: So that is not something that we include in our intake for that self-identification question. That's what we're exploring on updating, but currently we do not take that information.

CHAIRPERSON MORANO: Does DVS have a target for increasing engagement with LGBTQ+ veterans?

COMMISSIONER MATA: Absolutely. I- as Nicole mentioned, that is something that DVS in the past has not collected. Again, is to what we— the type of environment DVS wants to create or is creating is to ensure that veterans feel welcome in our— at DVS and that they get the support that they need. Again, veterans come from different— for different types of services. However, as the new Commissioner, I understand the importance of data, the importance of understanding the veteran holistically other than just a veteran or only just to keep in- only just put them- put the veteran in one box of just thinking of them as military. We understand that they come from different backgrounds. Even, for example, we belong to different boroughs. And even I prefer getting my services- or as a Staten Islander, I also am a bit different than people that are in Brooklyn, in Queens or Bronx, right? It's just based on the location that you live in. So at DVS, I do want to do an intake process or intake documentation where we not only understand that

they're veterans, but that we know, like, for example, what's their type of gender identity, also their background. It's learning about the veteran holistically. However, if we are going to do an intake and provide that question, I do want to ensure that it comes from advocates themselves and that we have them at the table and that they tell us how the question should be in the intake. So it's going to take— I do want to ensure that we can have the LGBTQ+ veterans at the table so they could help us understand how can the LGBTQ+ veteran community better self-identify.

CHAIRPERSON MORANO: This might be self-evident based on what both of you just said, but what data does DVS wish that it had right now but currently doesn't collect? Is it the self-identification question, or is it something else?

CHIEF OF STAFF ORLANDO: I think if we're speaking also more generally, I think the demographic data would be super helpful because we know that there's so many services along the city that can be helpful that may not be veteran-specific but can be used by a veteran. I think also, just speaking more

in general, for me, something that has been a data point that would be super helpful— and this is totally separate than this— is the unemployment rate for veterans in New York City. That has been a data point that is impossible for anyone to find. BLS does not even hold that data. It's only on a state level. That would be key for a lot of connections to these different services.

COMMISSIONER MATA: And I know that we are currently working with other agencies when it comes to Local Law 37 to ensure that the questionnaire about veterans is inputted in their application process, because then with that, it will help us understand where veterans are going to get the services that they need, but also what types of services they're requesting the most. And Nicole can elaborate the efforts and the wins that we are having on ensuring that agencies can join us on that.

CHIEF OF STAFF ORLANDO: So, specifically for Local Authority 7, and thank you, Chair, for collaborating with us on this, we have made some recommendations in terms of the language to better reflect what our report would need to capture. So we're just finalizing with our friends over at City

Hall, and then we'll be sending back over just for further conversations, as well as we're currently working with the larger agencies to ensure that this is something that will be doable and making sure that they are able to provide this data in a timely manner, as well we're working to execute those MOUs so that we are able to have a better way to ensure we're getting this data and that it's coming in a timely fashion.

CHAIRPERSON MORANO: One of the things I struggle with as a Council Member, as Chair of this committee, as somebody that plays a leading role in some other entities within the City Council, is wondering what the best way to reach people is and whether my outreach efforts are successful. Sometimes it's easy to see if you see 9,000 people commenting on a social media post. It's reaching somebody, but there's all sorts of people that aren't on social media. How does DVS know whether outreach efforts are succeeding, whatever the outreach efforts are, whether they're related to LGBTQ+ veterans or some other veteran cohort?

COMMISSIONER MATA: We are seeing at DVS, for example, from last year to this year,

specifically from February and on that there has been an increase on data in the sense of who we are outreaching, how we have referred individuals. However, what we are trying to do is upgrade our systems when it does come to, for example, if we are referring individuals at DVS, we are upgrading that system. What does it mean once that individual is referred? What was the outcome with that specific individual? In a sense, we also want to have like a case management system in place to be able to support the veteran in the long term, not just a one try. I'll let Nicole elaborate further on that too.

CHIEF OF STAFF ORLANDO: I think to your point, it's easy to see more in the numbers, right? If people are subscribing to the newsletter or we're getting views on social media, I think for us what that has been translating to is more people being engaged with us. So in our series of roundtables, we're seeing more engagement directly from advocates. In our VAB meetings, we're seeing the highest number of participants than we've seen. So I think for us, it's leveraging and really playing around with social media and with our newsletter, because that has been translating to more people showing up.

COMMISSIONER MATA: And also with the partnerships that we are doing, again, they're very intentional, the partnerships and the events that we are doing at DVS. For example, we're doing an event, we need to understand why we're doing that event, what- how many people we have outreached at that event, how many people attended that event, how many people did the intake process. For example, I'm developing that intake form that I want to- but again, I want to work with various other veteran groups so they could help us finalize that intake form. But also is like once they're referred again, like we're following- we're making sure that there's- that there's a follow-through with that referral. But what we are seeing is that a lot of the partnerships have already existed at DVS, it's that we just needed to revamp those partnerships.

CHAIRPERSON MORANO: Speaking of partnerships, I know you alluded to a few of them, including the Veteran Advocacy Project and the Stonewall Veterans Association. Which partnerships generate the highest number of referrals?

CHIEF OF STAFF ORLANDO: In terms for LGBTQ+ veterans specifically, or partnerships in general?

CHAIRPERSON MORANO: Yes. Well, I mean, I'll take both.

CHIEF OF STAFF ORLANDO: Yeah, I think for LGBTQ+ veterans in general, SAGE has been a primary referral source for us as they participate in our mental health roundtables, in our Veteran Mental Health Coalition meetings, as well as at different outreach events that we have in the community. So I would say SAGE is our primary. And then for partnerships in general, working very closely with our federal partners, make a lot of referrals over to the VA, but as well as to our partners at different city agencies, whether that be the Office to End Gender-Based Violence or Department of Finance for anything taxation related. So right now, what we're working on is like Commissioner said, being more intentional about where we are sending people over, more specifically locally. So targeting some of those smaller groups.

CHAIRPERSON MORANO: Obviously, I know at least a few of us are from Staten Island. Are there

boroughs where partnership networks are stronger than others? Obviously, the— you alluded to the cultural differences of being a veteran and seeking assistance or seeking programs in a place like Staten Island versus Brooklyn or Queens.

COMMISSIONER MATA: Well, we are— we do know Staten Island is a veteran-friendly borough and does provide a welcoming atmosphere to many veterans. What we are seeing is that every borough is unique and does provide— like, the services are there. There's so many services available, one to veterans, but also many nonprofits that perhaps feel that because they're not veteran designated that they should not support veterans per se or may not have the cultural competency. So again, every borough does provide that support and services to— that can provide that support and services to veterans. However, I do want to bring it back to DVS that we do need to do a better job on reaching out to those nonprofits that perhaps have never been involved with veterans but can, and further highlight the services that are available to veterans in each borough. So that's going to be an ongoing effort. But again, when it comes to being a welcoming borough for veterans, I

do know that Staten Island is one of them. But we— our goal is to do better, provide better services to veterans by showing them what— and what if they go to, for example, Brooklyn or Queens, like what kind of service there is available for them there, and in general every borough.

CHAIRPERSON MORANO: Sure. I have a few questions. Please, did you want to add something?

CHIEF OF STAFF ORLANDO: Yeah, if I just can add to that, I think we've also been super intentional about our staff because we know at the end of the day it's those who are in the boroughs who are going to be able to forge those relationships. When I started as an intern six years ago, I was the only one in the office from Staten Island. So we're really excited to see that that has been growing as well as we have many different staff members from now showing every single borough. So that's something that we've been really empowering too, to our staff members to be able to represent their borough and really have those connections locally.

CHAIRPERSON MORANO: We're taking over the city. That’s it.

COMMISSIONER MATA: And I'm going to have Donee and Noah elaborate also what they're doing in each borough and their staff in each borough is doing.

ASSOCIATE COMMISSIONER SMALLS: Morning, Chair. Donee Smalls, Associate Commissioner for the Department of Veterans Services. So the housing team- and Hall of Famer. The housing team go out to all boroughs, their boroughs- Queens and the Bronx, are very strong. Both borough presidents are very strong on the veteran housing aspect and veteran issues across the board. I wanted to point that out, but it's a lot of— Manhattan is getting there. It's getting there as far as like the support that's needed. Council Member Yusef Salaam, I've worked with him to help self-identify veterans in his district, which I live in. So I'm in very close partnership with him and his staff to help identify veterans in the Manhattan area as well. Noah?

EXECUTIVE DIRECTOR BRAY: Thank you for that.

CHAIRPERSON MORANO: Hall of Fame status, please, Noah?

EXECUTIVE DIRECTOR BRAY: What's that?

CHAIRPERSON MORANO: Hall of Fame status?

EXECUTIVE DIRECTOR BRAY: Pending. aspiring.

CHAIRPERSON MORANO: Gotcha. Alright.

EXECUTIVE DIRECTOR BRAY: We— I have to say, the Vallone Initiative has been great for us, too. When you talk about referrals and just partnerships in general because they are, as you know, everywhere in all the boroughs and all the nooks and crannies with us. So they've been a fantastic partner for us. Also, the library community has been amazing and very, like, open arms with programs and things like that and partnership opportunities. But really, yeah, Vallone, the VFW, the American Legion, they've been amazing for us as far as the claims side goes.

CHAIRPERSON MORANO: I have a couple of questions related to mental health and healthcare in general, including the bill that I'm- that we're hearing today that I've introduced. Commissioner, your testimony referenced discrimination, social isolation, military sexual trauma, and mental health challenges. Are there trauma treatment needs that are

unique to LGBTQ+ veterans that aren't being adequately addressed by existing programs?

CHIEF OF STAFF ORLANDO: Yes. So we believe that there are different challenges that are unique to this community that are not being addressed by the services available by the VA, especially given some of the policies that have came out. We are in close conversation specifically with the Staten Island Pride Center about the different therapies that are available that are non-traditional in the sense that this may not be something that the VA is actively promoting, that they're able to leverage even, you know, even though it's not veteran-specific, they're able to utilize it. So those are conversations that we have started in regards to different treatments that may be available that maybe the VA isn't providing.

CHAIRPERSON MORANO: Have you encountered veterans who might benefit from additional evidence-based therapies such as reconsolidation of traumatic memories?

CHIEF OF STAFF ORLANDO: We believe that there are veterans that can benefit from this. However, in regards to this bill, since we are not a

healthcare provider, we believe that the pilot study would be non-feasible for us as a city agency. But we are supportive of any benefits that can help our veteran community.

CHAIRPERSON MORANO: Is there an agency that might better be suited?

CHIEF OF STAFF ORLANDO: We believe that collaboration with Health + Hospitals could be key for this.

CHAIRPERSON MORANO: When DVS makes referrals for veterans with PTSD, does the agency differentiate between PTSD treatment focused on combat-related trauma and trauma related to military training or anything else?

CHIEF OF STAFF ORLANDO: It really depends on the severity of the case, because if it depends on where someone is in that crisis, because at the end of the day we want to just get them that support. But then when we're thinking about if someone needs that sustained support or is looking for more long-term solutions, that is something that programs are evaluated based on what the eligibility criteria would be to make the best determination of

what would be able to help the veteran. I'm going to pass over to Noah.

EXECUTIVE DIRECTOR BRAY: Sure. So as it relates to claims, that would come out of the conversation depending on if they disclose like a PTSD situation. Claims goes a certain way, but then it also opens up the conversation about which partner we would connect them to that maybe specializes in whatever that they went through, whether that's a VA or a Vet Center or just one of our mental health partners. So again, it's very individualistic, but we— the conversation from the claims agent helps connect them to that specific partner.

CHAIRPERSON MORANO: Since you guys alluded to Health + Hospitals a minute ago, Does DVS coordinate with the Department of Health and Mental Hygiene or Health + Hospitals to connect LGBTQ+ veterans with healthcare services? And assuming the answer to that is yes, what does that collaboration actually look like?

CHIEF OF STAFF ORLANDO: Yeah, so we are working very closely with both Health + Hospitals and Department of Health on this issue, as there are Pride Health Centers in each of the boroughs except

Staten Island where we are connecting our veteran community over to in a more local- in a local way.

CHAIRPERSON MORANO: Are there particular health disparities among LGBTQ+ veterans that DVS believes require additional attention?

CHIEF OF STAFF ORLANDO: In addition to what the data shows us about there being an increase in chronic illness that is faced by LGBTQ+ veterans, and in our conversations with the Pride Center as well. We see that there's definitely that need for HIV and STD testing that may not be as readily accessible by some of the larger organizations. So we believe that programs that focus on this is something that we are working to build out more of those partnerships for, so there's direct connection.

CHAIRPERSON MORANO: Given the high rates of military sexual trauma that I alluded to earlier, that's been reported among LGBTQ+ veterans, what efforts has DVS undertaken to ensure survivors are connected to trauma-informed services?

EXECUTIVE DIRECTOR BRAY: Oh, sure. Just- that goes back again to just having those conversations. So especially with their— with our claims agents, making sure they get the training that

they need to kind of identify certain, I would say, like a trigger word, which may, you know, lead them down a different conversation. So depending on what they— what they're speaking about and that rapport that they build, It's— we've built a bench as an agency with a lot of different health, mental health partners. And with each, I don't want to say flavor, but each one has a specialization that can deal with a certain, I would say, like an incident in a different way. So through those conversations, it really allows us to kind of put that Veteran– connect that Veteran to that very specific mental health partner.

CHIEF OF STAFF ORLANDO: I also do want to highlight that we work very closely with the VA MST coordinators. So there's a coordinator in each VA facility. As well as we work very closely with the Mayor's Office to End Gender-Based Violence. And we just want to highlight that that is not a service that is just available to women veterans, but to all veterans.

CHAIRPERSON MORANO: I was a bit surprised in my preparation for this hearing when the committee pointed out to me that post-Don't Ask, Don't Tell

LGBTQ+ veterans are dealing with similarly high rates of PTSD, social isolation, and that whole basket of maladies as their pre-Don't Ask, Don't Tell predecessors. And as we dug deeper into this, apparently part of the reason was there are some cultural issues that linger in the military and maybe even in the veteran community. What is DVS doing to reduce stigma about seeking care for survivors of military sexual trauma, including victims of military sexual trauma who are LGBTQ+ and victims who are men?

COMMISSIONER MATA: At DVS, what we are doing differently is creating awareness of what veterans go through. Veterans go through many— have gone through many hardships, very different. At DVS, if you look at our social medias, you are seeing us opening up conversations that normally would not be happening. And when it comes to the LGBTQ+, what we want to do is create that awareness of the services, one, that we provide, but also to let the LGBTQ+ Veterans know that DVS is a welcoming agency for them to be able to reach out to, but also for- that they know that they're going to be getting the support that they need. But most importantly is just humanizing the, the veteran. Oftentimes, like, people

feel that veterans don't need help because I- you know, in their mindset they think that they're strong. And veterans are strong. We're strong, but we're also human, right? So our goal is to really humanize veterans themselves and also to, again, let them know that it's okay to seek help. It's okay to say that you are not okay. That is what we are doing at DVS, highlight the— I mean, to create that awareness, but also do it throughout various other agencies as well to create that partnership. Because I think oftentimes other agencies may feel that because they're not veteran-designated per se, that they're not supporting veterans, when in reality- Again, that's why we asked for that question to be added, because they are also supporting in their own way veterans in various other services.

CHIEF OF STAFF ORLANDO: And I think also in addition to that, and Commissioner alluded to it as well, but working with the non-traditional partners in a way that, you know, it's putting the services out there, it's letting them know that there's a space, but not also not being overly like, this is something that you have to sign up for, this is something that you should be doing. I know my

favorite groups at events are the vet dogs and the service animals, because I think that that's a way where, you know, it brings everyone together. And I think if we can just make sure that they know that we're here, and it may not be now that they're reaching out for services, but the fact that they can down the line, that's what's important.

CHAIRPERSON MORANO: A couple of questions before we wrap up related to your coordination with other agencies. Which city agencies does DVS most frequently coordinate with regarding services for LGBTQ+ veterans, and what form does that coordination generally take?

CHIEF OF STAFF ORLANDO: Yeah, I think that is a— specifically for LGBTQ+ veterans, we definitely see more connection with the Mayor's Office to End Gender-Based Violence when we're thinking about those cases for military sexual trauma, and that usually comes from a warm handoff from our staff members right over to the office. I think more in general what we're seeing is that LGBTQ+ veterans, in addition to just discharge upgrades and some benefits there, they're still reaching out to access housing services or claim

support or just other services that veterans are reaching out for. So that's increased coordination with DHS, with DSS. And I know that Donee could probably speak a little bit more to those referrals.

ASSOCIATE COMMISSIONER SMALLS: Yes. I work closely with the Mayor's Office to End Gender-based Violence. I have a line of communication. So if any veteran is coming in and they express any type of assault, or once they feel— I always tell my team to create a safe space, hear what the veteran is not saying so that they can understand what they're really going through. And once they hear like certain keywords and they express, you know, privately things that have happened, you know, we kind of elaborate and let them know, like, we're also veterans. I'm a veteran. A lot of times my staff come and get me if they have certain situations they need, you know, further help with. And I just let them know, like, hey, I'm a veteran as well. I've experienced different things in the military just like you. I'm no different. Just because I'm on this side of the table doesn't mean that I can't allow— I can't— I don't understand what you're going through. So it's just about giving a

person a safe space. Once they get that safe space, I let them know that I want to help as much as I can. I want to be able to get you the help that you need. So I'm able to call, you know, the wonderful staff over at the Mayor's Office to End Gender-based Violence, to get them that help and security that they need.

COMMISSIONER MATA: And to further elaborate on the partnerships or relationships that we have with other agencies- at DVS, we understand that there's an increasing aging population of veterans, and also when it comes to disabilities as well. So what we are doing is creating those strong partnerships with the Department of Aging and Disability. It just so happens that Commissioner for Disability, as well as from Staten Island. So we are working very closely with both Commissioners to ensure that both— that we can support veterans holistically.

CHAIRPERSON MORANO: Taking over the city. That's it. And we may soon have a flag if the hearing in the next room goes well. Are there any federal or state policy changes that DVS is monitoring that could affect LGBTQ+ veterans, I guess, with the

exception of the certificate of eligibility, which we've already covered?

CHIEF OF STAFF ORLANDO: Yeah. So the trans ban remains something that we're continuing to monitor as different guidelines coming out for different times of discharge and what qualifications may allow someone to stay in temporarily. So that is something that we're actively monitoring. We're also actively monitoring the abortion ban in VA hospitals. So that's something else that we're tracking. And then more in general, less specific on LGBTQ+ issues, is in the Take Care of America's Veterans Act. There's some proposed legislation that would cut sleep apnea and tinnitus benefits over a period of 10 years. That is something that we are actively tracking as well, which there's many veterans in the community who would be affected by that.

CHAIRPERSON MORANO: Let me— I'll end with this. I mean, part of the reason that we chose this specific topic is because it's Pride Month, and I'd love to come back a year from now and see how we've done, the committee, me as a council member, the council as a body, you guys as an agency. Of all the challenges that are facing LGBTQ+ veterans in New

York City today, which one, in your opinion, is the most urgent, and what specific action should the City Council take to address it?

CHIEF OF STAFF ORLANDO: I think for us, discharge upgrades and access to those services are the most primary focus. I think also the providers that provide these services are definitely— there's the question about funding and sustained funding. So that is something that we view as more urgent as we understand that this issue can only primarily be dealt with by lawyers, and that is something that we are really tracking to ensure that if we do see that influx, which we hope, of more people reaching out for their benefits, there's that support that will meet them.

COMMISSIONER MATA: And what we hope to do is to have, again, better systems in place to ensure that veterans, one, not only self-identify, but also LGBTQ+ veterans can self-identify. I really look forward to having further conversations with Council Member Carr. We came up with various ideas. We would like also— one part of the idea is to hold meetings with LGBTQ+ veterans so we can work together on– if the census itself doesn't ask the LGBTQ+

questionnaire, then how can we do it collectively for LGBTQ+ veterans? But so they can get the support that they need. So we are, again, we are exploring what data collection might– may look like for LGBTQ+ veterans, but in general for all veterans to ensure that holistically they're fully supported. So I do hope as well, one year from now, DVS does have better data systems in place so we can, again– I could just come in here and say, this is how many LGBTQ+ LGBTQ+ veterans we served, and this is how many veterans, LGBTQ+ veterans, are in New York City. So I do hope a year from now we are in a better place.

CHAIRPERSON MORANO: Council Member Wong?

COUNCIL MEMBER WONG: Just a final question. How often do you meet with the federal veteran services officers in, say, Houston Street? And what— yeah?

EXECUTIVE DIRECTOR BRAY: On the federal level, I see them at almost every outreach event that we go to. They're very good. Their outreach component is great. So I liaise with them on an almost daily basis. House and Street, I visit at least every two weeks to talk to my partners.

COUNCIL MEMBER WONG: Okay, thank you. Thank you, Chair.

CHAIRPERSON MORANO: Well, thank you, all four of you, not only for your testimony today but for your energy and advocacy on behalf of New York veterans. And as someone that gets to work pretty closely with with all of you and your agency. Thank you for your partnership and for your nonpartisan approach to helping New York City's veteran community. Appreciate it very much.

CHIEF OF STAFF ORLANDO: Thank you.

COMMISSIONER MATA: Thank you, Councilmember. Alright, now we are going to open the hearing for public testimony, and I'll remind members of the public that this is a formal government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times. And the witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table. Further, members of the public may not present audio or video recordings as testimony, but may submit transcripts of such recordings to the Sergeant-at-Arms for inclusion in the hearing record.

If you wish to speak at today's hearing and you haven't already done so, please fill out an appearance card— look like this— with the Sergeant-at-arms and wait to be recognized. When recognized, you will have three minutes to speak on today's hearing topic, programs and services for LGBTQ+ veterans. We'll hear all in-person testimony first and then turn to testimony on Zoom. If you have a written statement or additional written testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant-at-Arms. And I can assure you that not only does the committee staff read all that testimony and review it as we shape future hearing topics and future legislative topics, but I read it also. Feel free to submit it as you like. Alright, I will now call the first panel. Very, very pleased to welcome yet another Staten Islander, We're taking over. Brian Ellicott-Cook, he's with SAGE. Want to welcome Emilia Cobbs with the New York Health Foundation, and a fan favorite, Coco Culhane of the Veteran Advocacy Project. Please come on down. Alright, Brian, please begin when you're ready.

BRIAN ELLICOTT-COOK: Probably the only council member who's ever said my last name

correctly. Good morning, Chair Morano, members of the Committee on Veterans. My name is Brian Ellicott-Cook, and I serve as the director of government relations at SAGE, the nation's largest and oldest organization dedicated to improving the lives of LGBTQ+ older adults. I am also a proud member of a Marine and FDNY family, and my connection to this work is deeply personal, and previously led SAGE Vets, our program serving LGBTQ+ veterans, and it remains one of the highlights and most meaningful parts of my career. SAGE strongly supports Intro 914, previously by Chair Holden. It needs some work and amendments, and I'm happy to talk to you about that more, but I want to save my testimony for the subject at hand. And we very much support Intro 928 from Councilmember Carr to establish an LGBTQ+ liaison in the Department of Veterans Services, both critical steps towards visibility and equitable support. At SAGE, we serve LGBTQ+ veterans age 50 and older across New York City. Over the past year alone, we have hosted 118 programs with more than 4,000 attendees, demonstrating not just participation but consistent engagement for veterans seeking connection and support. But the real impact is in the lives

behind these numbers, and I'm going to read a couple testimonies of those veterans. One veteran, JL, a 57-year-old Navy veteran, came to us experiencing trauma and discrimination during his service. Through our program, he found both practical support, like helping navigating discharge upgrades, and creative writing group where he was safely able to process his experiences. He shared that for the first time, he has had a space where he can fully express himself both as a veteran and an LGBTQ+ person. Another person known as Mr. I is a 78-year-old Army veteran living with Parkinson's. He came to us facing harassment in his housing. We supported him in securing safe housing, sustainably— stabilizing his situation. Through our nutrition and wellness program, he was able to better manage his health, and he is consistently telling us how important it is to be in a space where he feels respected And Mr. L, an 84-year-old veteran, came to us during a period of profound grief after losing his partner. Through our weekly support groups and community outings, he has found connection again, describing the experience as grounding, restorative during one of the most difficult times of his life. These stories are— show

what's possible when LGBTQ+ veterans are met with consistency, dignity, and culturally responsive care. We are proud of what SAGEVets has built, but more importantly, we are proud of the veterans we continue to show up for and support one another and rebuild the community. There's a lot more data in my longer testimony, but I appreciate your time.

CHAIRPERSON MORANO: Thank you, Brian. Well done. Emilia, if I can call you Amelia. I hope you don't mind the first name.

EMILIA COBBS: No problem. Good morning. My name is Emilia Cobbs, Policy and Research Associate at the New York Health Foundation, committed to improving the health of all New Yorkers, including our city's roughly 120,000 veterans. Thank you, Chairperson Morano and members of the committee, for the opportunity to testify today. Over the years, we have had the opportunity to partner closely with city agencies and stakeholders to ensure New York's veterans receive high-quality culturally competent care and support, including LGBTQ+ veterans. Our research has found that data collection across veteran populations is often incomplete and inconsistent, including for queer veterans and

veterans with multiple identities. Veterans of this community experience worse mental health outcomes, partially due to chronic exposure to discrimination, social exclusion, and barriers to care. These barriers lead to increased suicide risk, and the national suicide rate among queer veterans is more than twice that of the overall veteran population. New York City has been a leader in care for the queer community. The city's DVS has developed multiple programs supporting queer veterans, including an LGBT veteran liaison and VetConnect NYC, which connects veterans to needed resources. Nationally, the VA has become a national leader in healthcare and cultural competency for queer veterans over the past decade. However, recent federal policy changes have created an unsafe environment for veterans in the queer community. Reports indicate that supports and therapies for queer veterans within some VA facilities have been reduced. And just two weeks ago on June 12th, the VA ordered all facilities to end gender identity-based initiatives and remove LGBTQ+ designations from medical coordinator networks. And as you know, the Military Family Clinic at NYU Langone will be closing this September. This program

provides free mental health care, and its closure will impact queer veterans access to care. We have specific recommendations listed in our testimony, but broadly, we urge the city to close critical data gaps, expand veteran identification and screening in non-VA settings, strengthen outreach and engagement, and strengthen peer support programming. And we're happy to discuss more about how to support queer veterans in New York City. In addition, we have forthcoming reports on suicides and deaths of despair in New York City, which we were happy to share prior to publication. Thank you for your time.

CHAIRPERSON MORANO: I'd love to take a look at those reports prior to publication. Just a quick question, and I appreciate all the work that went into your testimony, and I'm certainly eager to use the New York Health Foundation as a partner and a resource going forward. You focused on a lot of the things that we spoke about today, the gap in data, other things of that nature. Is there anything that you think that we haven't touched upon today that would better help the LGBT community get access to healthcare and healthcare-related services that they're not currently getting? Anything we're missing

as a committee or based on the folks that have testified so far?

EMILIA COBBS: I would say that I think we've really touched on so many important topics for queer veterans. I think it's just the idea that the city continues to be a safe environment and that queer veterans remain a priority population. And if there are any more specific ideas, I would love to get back to you with conversations with my colleagues.

CHAIRPERSON MORANO: Please. Please. Thank you very much. Miss Culhane, hello.

COCO CULHANE: Hi, I'm Coco Culhane, Director of Veteran Advocacy Project. We provide free legal services to veterans with mental health conditions. Just to touch on the bill, we are in support and are very happy to hear that there are already so many programs for LGBTQIA+ veterans at DVS. One thing I just wanted to note is that there's a state Restoration of Honor Act, and it excludes veterans who have punitive discharges. And that we see— sorry, we see older vets who are charged under a sodomy statute or who were persecuted for their sexual orientation but under, you know, the guise of

misconduct. And so some of them do have these bad conduct discharges, and New York State says no, that's proper. And I think that's reinjuring. At the city level, we include those individuals, and I think that's terrific, and encourage and support anything else that DVS is doing. Also just wanted to note that right now transgender individuals, there's a court injunction, so they're not being discharged. They're not allowed to enlist, but it's up in the air what will happen. And then we just wanted to note The population that we primarily work with has a suicide rate that's three times that of other veterans. And from what I've been told, three of the largest programs, one of them being NYU, are closed or closing. And so the mental health care needs are just astounding, and alarm bells I think should be going off. But it's against that backdrop that VAP strongly opposes Intro 914. For any number of reasons, which I'll just go through a few, of the very small amount of research that's been done, almost all of it has been conducted by its inventor, its creator, Dr. Burke. There was an analysis done of the four studies, and it said that their documentation suggested bias. They didn't assess symptoms beyond

two weeks. There were insufficient data to draw any conclusions. The one study that was not led by Dr. Burke compares veterans who received RTM to veterans on a waitlist with no treatment, so not exactly a control group. And DOD and VA have both cited to a lack of evidence. Last summer there was a piece in The Atlantic magazine about this. When the journalist asked Dr. Burke why so many academics say that— point to his studies being of such poor quality, he didn't dispute it. He said, in order to attract the interest, support, and funding from prestigious universities and laboratories and researchers. So I think instead they've attracted some people at City Council. From just going back over the years, my understanding is that these referrals were being made and training was facilitated pre-pandemic under the leadership of Brigadier General Sutton. And, you know, in a 2023 hearing, she came with Dr. Bourque [sp?], a client, and Ed Schulman, and they had— can I just finish? They had over an hour to present, really sell RTM to the council. And one of the things that was said, that there was a 90 percent success rate. But if you look again at any of the peer-reviewed- any of the academic reviews and critiques of this,

you know, it's one— I'll just quote, RTM patients were only people who received— were compared to people receiving no treatment at all. Any form of treatment would be better than nothing. That's unsurprising in this context. Even 90 percent improvement doesn't mean much. Then at a 2024 hearing former Chair Holden, you know, characterized that training was being done and RTM was sort of sweeping the nation, and that there were doctors in every community, that this was an accepted thing and it was great. If you go and look on their website, there are 297 providers in the United States and only seven of them are doctors. That's just going on their own data. And, you know, I think that it's important for us to look at who is pushing these things. Who- you know, in 2022, the American Legion of New York gave a $100,000 grant to study RTM, and it was given to a nonprofit, which I don't have right in front of me, but, the nonprofit turns out is run by Dr. Bourke. So you're having someone whose trademark therapy is, you know, is a for-profit entity within— I mean, it's confusing structure. There's a nonprofit and a for-profit. And then last year, my understanding, if you look at Schedule C, $50,000 was given to

Operation Warrior Shield to do a study, to provide treatment and do a study. So where are the results? Why don't we look at that before, you know, moving forward with anything else? And I'll leave it there.

CHAIRPERSON MORANO: I really appreciate your testimony, and I think you might have missed my remarks at the beginning of the hearing, is even though I'm introducing this bill, I don't necessarily have a dog in the fight. I'm really just reintroducing a bill that the prior Chair put in, and I, you know, I have no interest in pushing forward with forcing a treatment to be better recognized in New York City if it's not effective. That being said, the bill itself, it is a pilot program and a study that leads to a pilot program. What's wrong with that, right? Why wouldn't that just give us more data? And if it turns out to be— and I'm not saying it is— but if it turns out to be something concocted by a charlatan looking to make money, then we know, okay, it stops there and potentially helps other cities or other state or federal agencies in as they consider RTM in the future. What's wrong with a pilot program and a study that leads to a pilot program?

COCO CULHANE: Yeah, I would just say one, we're already doing it, right? I mean, there's something undergoing right now with City Council money. But number two, when we have programs that have, you know, evidence-backed scientific data of their efficacy that are shutting their doors and there's such huge need, why would we then go fund something that no academic institution seems willing to fund? And I am not- you know, I've talked about RTM a few times in testimony and I'm not a doctor. I'm not a mental healthcare provider. So this is just based on the logic of research we've looked at and just being concerned about our clients' needs.

CHAIRPERSON MORANO: Got it.

COCO CULHANE: And not an attack, just a deep concern given the various ties and the lack of data.

CHAIRPERSON MORANO: Are there other treatments that aren't currently being prioritized in New York City that would be more effective than RTM? And what do you think those might be?

COCO CULHANE: So again, I don't want to— I'm not qualified, right?

CHAIRPERSON MORANO: Right, I understand.

COCO CULHANE: But I mean, usual CBT, I know prolonged exposure is controversial, but there are various methods and different programs prioritized one over the other. And so we just refer out and let veterans choose what they- you know, and speak with their providers about what's going to work best for them.

CHAIRPERSON MORANO: Alright, Dr. Culhane, thank you very much. Joking for the record. Thank you very, very much. Let me welcome up to the witness table, both Joe Bello of New York Metro Vets and Timothy Peña of the Veterans Justice Project. And as they make their way up here— thank you, all three of you. As they make their way up here, I'll just note, and I'm sure this will upset a lot of people, that, I am really appreciative of not only Mr. Bello and Mr. Peña coming to just about every Veterans Committee hearing and preparing to offer testimony, but being so vocal in advocating for the veterans community, including when that vocalism might be critical of things that the committee is doing. And I would much rather be criticized by folks that have the best interests of veterans at heart and are putting in so much time, effort, and work in trying to improve the

plight of veterans than get praise from people that don't do anything. With that, Mr. Bello, take it away.

JOE BELLO: Okay, thank you. Chair Morano, members of the veterans community, thank you for our opportunity to testify at today's oversight hearing on support and programs. Let me begin by saying I do not intend to offer testimony regarding the specific needs, experience, or challenges facing LGBTQ veterans. I am not the most qualified person to speak on those issues, and I would actually defer to members of the community and organizations with expertise in the area, such as Brian Ellicott-Cook. I will focus my testimony on Intros 914 and 928 and explain my concern with both bills. Starting with Intro 914, my concern is not whether RTM or RT- you know, whether RTM is a good treatment or a bad treatment. I think Coco kind of expressed that. My concern is why the city, and specifically the Department of Veterans Services, is being asked to evaluate a specific medical modality. DVS is not a healthcare agency, a research institution, or a medical regulator. Its mission is to connect veterans with benefits, services, and support. Evaluating

medical treatments falls outside of that mission. RTM has its issues, but there are also many other emerging therapies. The Department of Veterans Affairs is currently conducting and supporting research into a variety of treatments for PTSD and other serious mental health conditions, including MDMA-assisted therapy for PTSD and alcohol use disorder. If the city conducts a feasibility study on RTM today, what is the rationale for not studying other emerging therapies tomorrow? Where do we draw the line? That is why I believe this bill opens a Pandora's box. Once the city begins evaluating individual treatment modalities, it will inevitably face requests to evaluate others as well. Former Commissioner Hendon raised similar concerns during the hearings that Coco and I were at last year regarding the prior version of this legislation. He noted both the financial and operational challenges involved and stated that the Department of Health's longstanding position is that the city does not validate specific healthcare modalities. I believe that remains the correct approach. The city should focus on connecting veterans to available care, not determining which therapies deserve special

recognition. With regards to Intro 928, as former Council Member Paul Vallone often said, we, the city, cannot legislate everything. DVS has a responsibility to serve all veterans. If there are gaps in outreach and access to services for LGBTQ veterans at DVS, as was said today, those gaps should be identified and addressed. However, I'm not convinced that creating a statutory liaison position is the answer. For years, advocates including myself have requested a dedicated Veterans Advisory Board liaison within DVS, yet that legislation and proposal never moved forward. Why is the liaison for one specific segment of the veterans community now being placed in the administrative code? This proposal also raises broader questions. If we create legislatively mandated liaisons for LGBTQ veterans, will future councils be asked to create liaisons for women veterans, African-American veterans, Hispanic veterans, Asian-American veterans, disabled veterans, or other groups within the veteran community? So my question listening to that testimony was, what else does Donna do before— besides being the liaison at DVS? What's her primary job? The bill also leaves important practical questions unanswered. Would this require a new hire, or would these

responsibilities be assigned to an existing employee? As I was saying, what exactly would this liaison do that DVS is not already expected to do? How would success be measured? Veterans come to DVS first and foremost as veterans. The department should focus on increasing the intake, better intake, and remain on ensuring that all veterans have equal access to benefits, services, and support without creating additional bureaucratic structures or precedents that may prove difficult to sustain in the future. Finally, I would encourage this committee to look beyond proposals carried over from the prior council and focus on broader policy initiatives that would improve how DVS serves veterans and their families throughout New York City? Thank you.

CHAIRPERSON MORANO: First, Mr. Bello, thank you for your testimony. I'll note that we are looking at other things too, including inspired by a lot of the work that you do and have done in your newsletter and a lot of your observations. I totally understand where you're coming from on Intro 914. A quick question on Intro 928. So you noted that DVS, and this was covered when I spoke with the Commissioner, already has two LGBTQ+ liaisons and

questioned whether that function should be codified. If a future administration eliminated those positions tomorrow, what mechanism would exist to ensure that LGBTQ+ veterans continue to have a designated point of contact and advocate within agency?

JOE BELLO: Well, I think this goes back to the first question. So they have two LGBTQ liaisons. My understanding from what I heard, one is outreach, one is claims. So my question would be, where is that on DVS's website? First and foremost, I think. Yeah, I mean, maybe it's there. I don't know. But I think that this goes back to what I said in my testimony. If we're doing— if a veteran comes to DVS as a veteran and it's within the intake and within the conversation that is identified as LGBTQ, do they not have somebody that's— that they have there that's an additional— that would— I mean, if that's an additional duty, that's fine. But I just think that if we're going to codify something into another position, then that opens it up to like- you know, I'm a disabled veteran.

CHAIRPERSON MORANO: Sure.

JOE BELLO: Where's my liaison? You know, I just think that they— again, the way I see it and

the way it's said to me through my conversations with veterans, anybody who goes to DVS comes in as a veteran or family member.

CHAIRPERSON MORANO: Yeah. Noted. Thank you very much. It is on the website, by the way, from what I could tell.

JOE BELLO: Good.

CHAIRPERSON MORANO: Mr. Peña, thank you. Take it away.

TIMOTHY PENA: Good morning, Chairman Morano, members of the committee. My name is Timothy Peña. I'm a disabled United States veteran, founder of Veterans Justice Project. I speak today as a veteran who experienced homelessness, as a person living with HIV, and as someone concerned about the growing barriers preventing vulnerable LGBTQ+ veterans from seeking help. I, in part, left the military as a 20-year-old because I was being sexually molested. I often hear questions about why so many veterans fail to self-identify or refuse services. My experience tells me the answer is simple: we're afraid. When I arrived in New York, I spent five months at a Borden Avenue veterans residence. During that time, I interacted with more

than a dozen caseworkers across the VA, HUD-VASH, HASA, DHS, and the Department of Veterans Services, and other agencies. Yet despite all those resources, I frequently felt alone, confused, and fearful. As a veteran living with HIV, every conversation involving housing meant disclosing sensitive medical information. Veterans seeking HASA support housing vouchers are afforded very little privacy in a congregate setting such as Borden Avenue. Everyone knows everyone else's business. Rumors spread quickly, and veterans are left wondering whether the next person who learns something about them will use it against them. I consider myself heterosexual, yet merely being HIV positive creates opportunities for people to make assumptions and then act upon those prejudices. Stigma still exists. Those fears are not theoretical. Just two months ago, another veteran told me that the only reason I have an apartment is because I have AIDS. It's an ignorant statement, dehumanizing, and absolutely not true, but that's the world that I'm stuck in. It has erased years of struggle and suggested that housing was somehow handed to me because of an illness. Fear of disclosure also affects Healthcare. Veterans may

avoid seeking treatment through the VA or asking questions about available programs because they fear someone in the shelter will find out. Many veterans are either not properly informed about services or simply too afraid to ask questions because they perceive staff as apathetic or doubt whether they will be protected.

CHAIRPERSON MORANO: Continue.

TIMOTHY PENA: During my five months at Borden Avenue, I lost 24 pounds. I witnessed assaults, overdoses, veterans sleeping outside because they feared for their safety. I saw visible injuries on residents and environment— in an environment that I believed was harmful to recovery and mental health. Subsequent records have shown approximately 1,365 emergency calls to Borden Avenue between August 24th— August 2024 and December 2025. In that 16 months involving assaults, emotionally disturbed persons, injuries, unconscious individuals, and suspected overdoses. These are not the conditions that vulnerable veterans should be forced to endure while they are also trying to deal with things like I have. At the same time, reductions in LGBTQ+ related programs and protections within the Department of

Veterans Affairs send a troubling message to veterans already reluctant to come forward. Symbolism matters. If veterans do not believe they will be treated with dignity, they simply stop asking for help. I have felt attacked by this committee when a council member once told me to go back to Phoenix. I have watched the Veterans Advisory Board repeatedly minimize the concerns of homeless veterans. I have experienced what I believe to be open disdain from Department of Veterans Services after raising concerns about the safety and welfare of the veterans back in 2022 when I first arrived. This still continues today. Yet I remain optimistic because I know New York City itself is better than that. I feel safe in my neighborhood and throughout this city. What concerns me are not New Yorkers. It is whether the institutions charged with protecting LGBTQ veterans are truly listening to those most at risk. I don't believe they are. If we are serious about reducing veteran homelessness, preventing suicide, then we must recognize that privacy, dignity, trust, and accountability are every bit as important as housing. No veteran should have to choose between seeking treatment and protecting themselves from these stigmas. No veteran should have

to fear violence because of a medical condition or because of their orientation. And no veteran should have to suffer in silence because they no longer trust the institutions created to serve them. Thank you.

CHAIRPERSON MORANO: Thank you, Mr. Peña. And I'll note that I've never told you to go back to Phoenix, and I am glad you're a New Yorker, and I value your perspective in these hearings very much. Thank you for being here. Alright, thank you to everybody who came here to share their thoughts and experiences today. If there's anyone in the room who wishes to speak but hasn't yet had the opportunity to do so, just raise your hand and fill out an appearance card with the Sergeant-at-Arms at the back of the room. And we actually have nobody on Zoom at the moment, right? So if there's anyone else present in the room who has not had the opportunity to do so but wishes to, just raise your hand and let us know. Seeing no hands, I'd like to note again that members of the public can submit written testimony to testimony@council.nyc.gov within 72 hours of this hearing. And I'll just note to all the veterans advocates watching either in-person or online or on

television that, you know, we had five members of the public come testify today, including three people that are at every hearing that we do, and I'm grateful for their participation. This really is such an important issue, and I'd love to hear from either folks in the LGBT community or in the veteran community about what I, as chair of this committee, can do to have a broader outreach effort and get more people participating, because I guarantee you there are more than five New Yorkers who could have offered substantive feedback based on the administration's testimony today and substantive legislative suggestions, not only for the legislation that we're hearing today, but for future legislation concerning LGBTQ veterans. So to everybody watching, and I know a lot of people do watch these hearings, email me, morano@council.nyc.gov, and tell me what you think I could be doing to— I would love to have this hearing go on for five hours and fight with the Chair of the next committee because we're not done yet hearing everybody's solutions. If we're hearing again and again from the same three or four veteran advocates, it's really difficult to move the ball forward for all of New York's veterans community. And I've talked

about before that unfortunately, while we have a couple of people that are military spouses serving in the City Council and a couple of people that are children of veterans serving in the City Council, there is not a single member of the current New York City Council that is a military veteran themselves. And I only mention that because there's a huge perspective that is not being heard. And the only way we can fill that gap and fill that void in lacking a veteran perspective is if this witness table is filled with people like Mr. Peña and Mr. Bello and Ms. Culhane and make sure that we're hearing what the needs of the veterans community are. So I would ask everybody in the veterans community, please help us spread the word about these hearings. We have a lot of very important hearings coming up that I hope is going to do very substantive work on mental health-related issues, on small business-related issues specifically affecting veterans. And we want to hear from you sincerely. It's not me reading a pro forma speech. They've stopped scripting stuff for me because I go off script so much. So, let us know what we can do to reach out to your communities better. So to conclude, I'm grateful to everyone that attended

today's hearing. Very, very grateful as well for the work of the committee staff, and grateful, but not at all surprised, that Council Member Wong has stayed for every minute of this hearing. And with that, this hearing is now adjourned.

[gavel]

C E R T I F I C A T E

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

Date July 29, 2026