

Testimony of James Hendon

Commissioner, NYC Department of Veterans' Services (DVS)

New York City Council Committee on Veterans

Topic: Implementing Recommendations from the Veterans Advisory Board

Monday, September 22, 2025 – 1:00 PM

INTRODUCTION

Good afternoon, Chair Holden, members of the Veterans Committee, members of the City Council, and members of New York City's veteran community who are joining us today.

My name is James Hendon, and I have the privilege of serving as Commissioner of the New York City Department of Veterans' Services. I am joined by Nicole Orlando, our agency's Deputy Chief of Staff.

Thank you for convening this hearing on **Implementing Recommendations from the Veterans Advisory Board (VAB)**. At its core, today's discussion is about translating the lived experience of New Yorkers who served into policy that works at street level—policy we can fund, measure, and sustain.

As defined in the New York City Charter, Chapter 75, Section 3103, the Veterans Advisory Board consists of thirteen veteran community members, seven of whom are appointed by the Mayor, six by the Speaker of the City Council. They represent every borough and reflect the diversity of service in our city. Their charge is simple and essential: keep the lines of communication open, identify what is working, and name what must change.

In 2024, the board held five public meetings – one in each borough. This year they have held four meetings thus far. I invite everyone to participate in the board's final session of the year, to be held on Wednesday, October 29th at 6 pm in Brooklyn, either in person or online. Details about the meeting (as it approaches) can be found online at nyc.gov/vetboard.

Before responding to the board's recommendations, we would like to first offer sustains and improves on the execution of the Veterans Advisory Board itself, including DVS' role in VAB activities.

SUSTAINS

- We appreciate that the board now focuses each its meetings on 1-2 of DVS' charter mandated areas. Our charter-mandated areas are: healthcare, housing, benefits, culture, education, and employment. Culture – which consists of Veteran community recognitions, activities, and events – undergirds all meetings; it is mentioned in the background regularly. That said, the five annual meetings perform a deep dive into healthcare, housing, benefits, education, and employment. We are grateful to the VAB for this innovation.
- The evolution of having the NYC Veterans Advisory Board dually serve as the Community Veterans Engagement Board for the City of New York was a watershed – for reasons to be discussed later in this testimony.
- Public meetings are handled in a way that is efficient and professional while affording attendees the opportunity to present their viewpoints and feel seen, respected, and heard.
- The VAB's advocacy has increased the mediums through which meeting notifications are posted. Notifications that, years ago, were only made via email to the veteran community and to veteran community leaders are now made via email, social media, newsletter, digital flyers (distributed by DVS and the board), and they are posted on the DVS website – among other places.
- The board is nearing 100% strength. Currently, a prospective Mayoral appointee is undergoing vetting – to fill a recently vacated seat. Once filled, the board will be at 100% strength for the first time in more than five years. This a testament to the appointments' units from the Mayor and Speaker's Offices. It is important to give credit where credit is due.

IMPROVES

- We believe the way the VAB lays out its recommendations should evolve. Recommendations should be displayed in a manner where it is easy for policymakers to view exactly which recommendations are addressed to them. Suggestions should be broken out as city, state, federal – then broken down further within those tranches as executive, legislative, and judicial. Doing this will attract more policymakers to read and act on the document.
- We, DVS, commit to increase the entities we spread the word to when promoting Veterans Advisory Board meetings. We will inform not just Veteran Service Organizations (as we currently do), but all Community Benefits Organizations, all New York City elected officials, all community boards and all community education councils.
- We need to establish mechanisms for codifying DVS-VAB agreements and Veterans Advisory Board by-laws such that they carry over as City Council Administrations change, Mayoral Administrations change, and / or the Veterans Advisory Board membership changes. Day to day operating norms must be instituted in a manner where the norm is enforced and respected without needing to be codified into law.
- Moving forward, DVS commits to publishing a response to the Veterans Advisory Board report within ninety days after the report is published. The VAB report – which is traditionally published in the spring – is a point in time snapshot of issues raised during the calendar year before. As a way of closing the loop, our response will provide an update on where things stand and clarify any topics that need to be clarified – such that these items, too, are part of the public record. It must be said: DVS will not publish a rebuttal to the VAB report; we will publish what is effectively an update and a response. In addition to largely appearing in this testimony, our response to the board's 2024 report will be posted online no later than ninety days from today.
- A meta issue that transcends the VAB, but effects the VAB, is a need for increased attendance. Roughly 20-30 veteran community members attend each of the board's public meetings (all of which are hybrid) at this time. Among other things, increased attendance directly ties to challenges with veteran self-identification. In a city where, according to FY 23 VA data, only

24.1% of veterans self-identify, increasing New York City's self-identification rate could have the effect of tripling attendance at VAB meetings. Increased attendance equates to broader diversity of ideas, enhanced influence in multiple spaces, and greater synergy amongst meeting attendees. In general, VAB attendance – which, like all veteran gatherings, is largely influenced by self-identification – is the key to the veteran community having a stronger voice.

DVS RESPONSE TO 2024 VETERANS ADVISORY BOARD REPORT

Each year, the Veterans Advisory Board distills community input into recommendations for the Mayor and City Council, recommendations for DVS, and recommendations for legislation and programs. What follows is our response—where we agree, where we have acted, and where we commit to continued work – to the board's recommendations from their latest (2024) report. For the record: the 2024 Veterans Advisory Board Report – and all VAB reports dating back to 2002, can be found online at nyc.gov/vetboard.

RECOMMENDATIONS TO THE MAYOR AND CITY COUNCIL

Processing of the Private First Class Joseph P. Dwyer Veterans' Support Program Grants

The board rightly noted delays in 2024 related to approval and reimbursement for the Dwyer Program. The cause was a process error that routed funding through the NYC Department of Health and Mental Hygiene rather than directly to the Department of Veterans' Services. In response to FY 25 process delays, FY 26 Dwyer funding – and Dwyer monies moving forward – are recognized by the Mayor's Office of Management and Budget as belonging to DVS at the start of each fiscal year. For future years, we are working with state partners to establish a direct state-to-DVS flow of funding. The objective is straightforward: reliable, timely support for peer-led mental health programming without administrative drag. An update: during this fiscal year (FY 26), 31 NYC Dwyer Projects are in operation. Details can be found at nyc.gov/vetdwyer.

Appointment Terms to the Veterans Advisory Board

The board recommends that every new appointment carry a full three-year term, including appointments to fill a vacancy. We support this change. We also support a review to ensure balanced representation across all boroughs and stand ready to assist the Mayor and the Council.

Attendance at Public Sessions

To strengthen accountability and continuity, the board recommends members attend at least three out of the five public sessions each year, with mandatory in-person attendance in the borough they represent. DVS agrees this is a practical standard that will improve consistency, participation, and trust. We must say: correcting this issue hails back to the broader governance challenge mentioned in the “improves” section of this testimony. Working together, all impacted parties can accomplish this objective. We need to be thoughtful.

Encouraging Veteran Engagement in the Political Process

The board urges collaboration to recruit veterans to community boards and to expand participation in civic life at all levels of government. Our department will continue to share opportunities through our channels. We welcome Council partnership to elevate these pathways. To be clear: DVS can assist and inform veterans about participating in non-political activities such as joining one’s community board, attending public hearings, and volunteering. The websites nyc.gov/vetcommunityboard, nyc.gov/vetvolunteer, and ourveterans.nyc offer examples of how we promote community and civic engagement opportunities. That said, the NYC Department of Veterans’ Services cannot engage in political activity, hard stop.

Increased Funding for the Department of Veterans’ Services

The board correctly noted that our department is the smallest in city government by headcount and budget. We are grateful to the Mayor and City Council for approving an FY 26 adopted budget that increased our agency’s headcount from 39 people (in the FY 25 adopted budget) to

49 in FY 26. This represents a 25.6% expansion. This is more than a number; it is capacity to execute, sustain, and scale. Past adopted budgets for DVS can be found online at nyc.gov/vetreports.

Reaching Older Veterans

More than half of New York City's veteran population is older (per 2023 ACS data, 70.7% of New York City Veterans are age 55 or older, 50.5% are 65 or older, and 31.8% are 75 or older). That being said, digital outreach alone is not sufficient. Aligning with Chair Holden's suggestion, our department mailed 52,000 postcards to Veteran households earlier this year. Within the first week, we received more than 400 phone calls. Our agency is committed to a holistic, life-cycle approach in supporting service members. In practice, this means continuing to engage with Veterans younger than 55 to keep them informed, connected, and active in the programs and services available to them. We will continue to blend traditional and digital outreach so that every veteran can connect with DVS.

Evaluation and Documentation of Programming

The board called for dedicated funding to evaluate and document programs, including claims assistance and intake. Our department currently reports through the City Council Scorecard effort, New York City Council hearings, the Office of Management and Budget, the Office of Equal Employment Opportunity, the Mayor's Office of Operations (in service of the Preliminary Mayor's Management report and the Mayor's Management Report), the New York City Comptroller, and we submit performance data in compliance with local laws including, but not limited to: Local Law 23 of 2015, Local Law 30 of 2017, Local Law 215 of 2018, Local Law 44 of 2019, Local Law 4 of 2022, Local Law 37 of 2024, Local Law 38 of 2024, and Local Law 39 of 2024). Data that we report can be found at nyc.gov/vetreports. Additionally, our upgraded **VetConnectNYC** platform improves outcome tracking, two-way messaging between

veterans and staff, and automated reminders for follow-up. This strengthens accountability and service continuity. The website for VetConnectNYC is nyc.gov/vetconnect.

Increase Veteran Vendors' Inclusion on the Street Vendor Advisory Board

The board again recommends a formal veteran seat on the Street Vendor Advisory Board. Our department supports **Intro 686 of 2024**, which is supported by all of the council's veterans committee members. If approved, then Intro 686 would add a veteran seat to the Street Vendor Advisory Board and ensure that entrepreneurs who served have a voice in policy that affects their livelihoods. Agency liaisons for veteran street vendors are listed at nyc.gov/vetvendors.

Funding and Resources for Student Veterans

The board recommends an equal level of support for student veterans attending CUNY – across the CUNY system. The board also recommends that innovative housing solutions be offered to student veterans.

Specific to CUNY: starting last fiscal year (FY 25), DVS executed what will become annual transfers of funds from our department to the CUNY Office of Veterans (COVA). Among other things, resources from DVS will empower COVA to better streamline the City University of New York's delivery of services to student veterans CUNY-wide. Information for student veterans can be found at nyc.gov/vetstudents.

With regard to housing, recent updates that positively impact student veterans (and all veterans) are: 1) for Housing Connect, DVS and the VA can now sign to verify a veteran's service-connected disability determination for hearing, vision, and mobility impairments when an eligible, service-disabled veteran applies for a disability set-aside unit; and 2) there now exists a 10% veterans preference within the Housing Connect lottery. Veterans can visit nyc.gov/vethousing to learn more.

Veteran Treatment Courts

The board recommended that Veteran Treatment Courts (VTC's) -- which each have their own standard operating procedures and leadership structures within each borough -- serve all veterans regardless of discharge status, adopt a uniform set of procedures and policies, and receive cultural competency training through the VA's Veteran Justice Program. The board also recommended that nonprofits which recruit, train, and support Veteran Treatment Court mentors be properly funded.

The Veteran Treatment Court system is run by New York State -- through the judiciary arm of each of its counties (the New York State Unified Court System). County District Attorneys have influence on the system as well -- within their respective counties. The local VTC system is not run by the City of New York.

Nevertheless, given constraints on what we at the City level can do to change Veteran Treatment Courts, areas where DVS has sought to add value are: 1) working with the New York City Criminal Justice Agency to better-identify veterans who encounter the criminal justice system (this ties back to veteran identification), and 2) funding a local nonprofit that supports Veteran Treatment Court mentors, United Veteran Mentors, Inc.

I want to note that Herbert Sweat, Founder of United Veteran Mentors -- a longtime veteran community leader and decorated Vietnam War Veteran (Herb testified at this committee's hearing about Veteran Treatment Courts in December of 2022) passed away this month at the age of 76. Our prayers are with him and his family.

RECOMMENDATIONS TO THE DEPARTMENT OF VETERANS' SERVICES

Codifying Responsibilities Between the Department and the Veterans Advisory Board

The board proposes clarifying roles, expectations, and procedures--covering board expansion, timely updates to our website, term standards, meeting locations and technology, and formally

recognizing the board as New York City's **Community Veterans Engagement Board (CVEB)**.

We support these recommendations and this framework. Further, local designation would align New York City with federal engagement models and deepen intergovernmental collaboration.

Establishing the NYC Veterans Advisory Board as the Community Veterans Engagement Board for New York City is critical for three reasons: 1) it ensures that VAB meetings are always held on VA facilities (this enhances turnout), 2) New York City's Veteran community is strategically more visible, and hence more influential, in the eyes of the VA regionally & nationally, and 3) the CVEB offers a formal venue through which Veteran Benefits Administration, Veterans Health Administration, and National Cemetery Administration officials can respond to local community complaints. Representatives from each of arm of the VA – VHA, VBA, and NCA -- must attend CVEB gatherings.

It is also important for the Veterans Advisory Board to serve as our local Community Veterans Engagement Board because the existing CVEB for New York City, the Metropolitan NYC Veterans Community Veterans Engagement Board, has not met in more than five years.

Providing Personnel Support for the Veterans Advisory Board

The board recommends a dedicated staff position within our department to support board administration. We will continue to facilitate meetings, hybrid broadcasting, and communications using existing personnel; however, we cannot support a dedicated staff line at this time. We stand ready to facilitate the board securing one or more VA Work Studies (paid interns) to support the board's work.

Documented Tracking on Progress from Previous Recommendations

The board seeks detailed metrics on claims submissions, approvals, and the financial impact of federal compensation and pension benefits. We support the spirit of this recommendation.

Today, producing such reports requires manual data pulls from the United States Department of

Veterans Affairs' Veterans Benefits Management System and long-term modeling of annual increases in VA disability compensation rates—workload we cannot sustain without added staff. Should staffing permit, for example through the future addition of an administrative assistant to the claims team, we could implement regularized reporting based on queries of the VA's system.

Discretionary Contracting Capability at the Department

Since February 2023, our department has had authority to approve veteran-focused discretionary contracts of twenty thousand dollars or less. The board requests a detailed review. We are amenable to a process review and could coordinate with oversight entities to assess program value and performance.

During fiscal years 2024 and 2025, we managed no more than five small dollar council discretionary awards per year as a pilot effort. Starting in FY 26, DVS will manage all veteran-focused council discretionary projects valued at \$20,000 or less. Past being prologue, this will amount to DVS managing approximately 20 to 30 discretionary awards per year. DVS is also one of the inaugural agencies participating in the Mayor and City Council's Discretionary Grant Program (DGP). DGP accelerates payments for a selection of small-scale discretionary funding awards and streamlines the City's discretionary funding process.

LEGISLATION AND PROGRAM RECOMMENDATIONS

Establish a Preference for Contracting with Veteran-Owned Businesses

I want to start with the title of this section itself ("Establish a Preference for Contracting with Veteran-Owned Businesses"). New York City's procurement rules – particularly matters that involve set asides and discretionary spending levels – are dictated by New York State. That being said, this administration supports state legislation which, if passed, would increase the discretionary spending limit for New York State-certified Service-Disabled Veteran Owned

Businesses that are certified as Emerging Business Enterprises by the City of New York. During the 2025 legislative term, this legislation was introduced as S8233 in the Senate (it passed in the Senate) and A8783 in the Assembly (it did not pass in the Assembly).

Now to the VAB's sub-points:

The Veterans Advisory Board supports **Intro number 685 of 2024**. This intro enables Veteran Owned Businesses to identify as such when registering to do business with the City of New York. An aside: the City's Payee Information Portal already allows veteran owned firms to self-identify. Separately, the intro codifies what DVS currently calls the Veteran Business Leadership Association (or VBLA). The VBLA facilitates technical assistance, mentorship opportunities, networking, and certification support for Veteran and Veteran Spouse entrepreneurs. Information can be found at nyc.gov/vetbusiness. The VBLA also maintains a map of New York City's Veteran Owned Businesses, which can be found at nyc.gov/vetbizmap. Our department supports Intro 685.

Supporting Veteran Vendors

Two complementary measures merit support:

– **Introduction number 686 of 2024** adds the Commissioner of the Department of Veterans' Services (or designee) to the Street Vendor Advisory Board and increases Speaker appointments to include a representative of the veteran community.

– **Introduction number 687 of 2024** waives the two-hundred-dollar annual commissary permit fee for mobile food unit commissaries that reserve space for veteran vendors.

Both proposals lower barriers and signal veteran inclusion in a competitive market. Our department supports both.

Property Tax Exemption for Cold War Veterans

The board underscores that New York City remains an outlier – compared to other tax jurisdictions in New York – in not adopting the Cold War Veterans Property Tax Exemption. Our department supports **Intro 740 of 2024**, which would establish this exemption locally, bring the city into parity with statewide norms, and provide meaningful relief to a generation that served through decades of vigilance.

CONCLUSION

The Veterans Advisory Board exists to ensure that policy is informed by lived experience. Its recommendations are grounded in neighborhood conversations and the everyday realities of our Veterans and military families.

Across today's testimony, several themes emerge:

- **Continuity and clarity**—terms, attendance, and codified roles make advisory bodies stronger.
- **Capacity and coordination**—headcount growth, direct funding flows for the Dwyer program, and VetConnectNYC improve service delivery and accountability.
- **Representation and access**—a designated seat for veteran vendors, fee relief, preference for veteran-owned businesses, and a Cold War property tax exemption turn recognition into results.

Our department appreciates the board's partnership and the support of the City Council and Mayor as we continue this work together. We may not be able to adopt every recommendation in full today; however, we can honor the intent behind each one: to make New York City a place where veterans can **live, learn, and work**. In a word, a place where the veteran community can **thrive**.

A reminder that the NYC Department of Veterans' Services can be reached online at nyc.gov/vets, via telephone at 212-416-5250, email at connect@veterans.nyc.gov, and through social media using the handle [@nycveterans](https://twitter.com/nycveterans).

Thank you for the opportunity to testify. I look forward to your questions.

Oversight Hearing on the Veterans Advisory Board 2024 Recommendations:
VNS Health Testimony
September 17, 2025

Good afternoon, Chair Holden, members of the Committee on Veterans, and members of the Veterans Advisory Board. My name is Satish Dhanna, and I am the Veterans Program Supervisor at VNS Health, one of the nation's largest nonprofit home and community-based health care organizations. I am also a Medically Retired U.S Army Veteran. Thank you for the opportunity to testify today.

Who We Are and Our Commitment to Veterans

For more than 130 years, VNS Health has helped New Yorkers live, age, and heal where they feel most comfortable — in their homes and communities. As the largest nonprofit home and community-based healthcare organization in New York, we provide high-quality services to more than 70,000 New Yorkers each day, including thousands of veterans and their families. Specifically, we are the largest hospice and home health provider to veterans in New York City. In FY2025 alone, our VNS Health Veterans Program supports over 1,100 veterans and their families.

Our commitment to veterans is rooted in respect for their service and recognition of their unique needs. Through our **Veterans Program**, founded in 2015, VNS Health connects patients to VA benefits, community services, and healthcare. This work is made possible by funding from the City Council in FY2024, which allows us to:

- Assist Veterans in accessing VA benefits and community resources
- Provide annual educational sessions with physicians, nurses, social workers, spiritual care counselors, and home health aides on the special needs of Veteran patients, including recognition of PTSD and other mental health issues, and the various service-connected health conditions that are prevalent among the Veteran community due to military service
- Bridge the transition into the community from inpatient facility settings
- Increase community and legislative awareness on the needs of this population

Alignment with the Veterans Advisory Board 2024 Recommendations

Today, there are approximately **140,000 veterans living in New York City**, and more than 70% are age 55 or older. This community has complex needs that require complex approaches – and we are aligned with the recommendations of the Veterans Advisory Board that support this population.

We commend the Veterans Advisory Board for the 2024 End-of-Year Report. VNS Health supports its priorities and recognizes how they intersect with our mission:

- **Codifying Roles and Responsibilities of DVS and the VAB:** We agree that clarity of roles ensures stronger collaboration and accountability. As a longstanding partner

of DVS, we support efforts that improve transparency, communication, and alignment across agencies.

- **Providing Personnel Support for the VAB:** VNS Health understands the value of consistent administrative support. We echo the Board's call for sustainable staffing so the VAB can operate effectively and continue amplifying veterans' voices.
- **Tracking Progress on Claims Assistance:** Many veterans we serve face barriers in accessing VA benefits. We strongly support metrics-driven evaluation of the claims program to ensure timely, efficient outcomes that can deliver meaningful financial impact for veterans and their families.
- **Ensuring Timely Discretionary Contracting:** As a nonprofit partner, we know firsthand the importance of predictable, transparent contracting processes. We share the VAB's interest in validating and streamlining discretionary funding so that community-based organizations can serve veterans without interruption.
- **Veteran-Owned Business Preference:** We support the establishment of city contracting preferences for veteran-owned businesses, similar to existing MWBE programs. Economic opportunity and stability are essential components of health and wellbeing for veterans.
- **Supporting Veteran Vendors:** We recognize that entrepreneurship is a pathway for many veterans. Training, financing support, and fair access to vending opportunities would strengthen financial independence and community integration.
- **Property Tax Relief for Cold War Veterans:** Many of the veterans we serve are aging on fixed incomes. Property tax exemptions would help them remain in their homes and communities, preserving stability and dignity.

Conclusion

VNS Health is proud to stand with New York City's veterans. We thank the Veterans Advisory Board for its recommendations, and we thank the Council for your continued leadership and partnership on veterans' issues. We remain committed to working together to ensure that all who served receive the care, dignity, and respect they have earned.

Thank you for the opportunity to testify today. I am happy to answer any questions.

Spoken Testimony

Good afternoon, Chair Holden, members of the Committee on Veterans, and members of the Veterans Advisory Board. My name is Satish Dhanna, and I am the Veterans Program Supervisor at VNS Health and a Medically Retired U.S Army Veteran. Thank you for the opportunity to testify today.

For more than 130 years, VNS Health has helped New Yorkers live, age, and heal where they feel most comfortable — in their homes and communities. As the largest nonprofit home and community-based healthcare provider in New York, we serve more than 70,000 New Yorkers each day, including thousands of veterans and their families. Specifically, we are the largest hospice and home health provider to veterans in New York City.

Founded in 2015, the VNS Health Veterans Program connects patients to VA benefits, community services, and healthcare. We want to thank the City Council for the discretionary funds that allow us to assist veterans in accessing resources, educate clinicians on the unique needs of veterans, bridge transitions back into the community, and raise awareness of the issues facing this population. In fiscal year 2025, we served over 1,100 veterans and their families.

We strongly support the recommendations in the Veterans Advisory Board's 2024 report. In particular, we endorse efforts to:

- Clarify roles and responsibilities between the Department of Veterans Services and the Veterans Advisory Board;
- Provide consistent staffing support for the Veterans Advisory Board;
- Track progress on claims assistance so veterans can access the benefits they've earned;
- Streamline distribution of discretionary funds for community providers.
- Expand opportunities for veteran-owned businesses and vendors; and
- Provide property tax relief for Cold War veterans.

These recommendations reflect the realities we see every day: veterans face complex health needs, barriers to care, and economic challenges that directly impact their wellbeing.

VNS Health is proud to stand with New York City's veterans, and we remain committed to working with the Council, DVS, and the Veterans Advisory Board to ensure that all who served receive the care, dignity, and respect they deserve.

Thank you.



NEW YORK HEALTH FOUNDATION: *Improving the state of New York's health*

Testimony of Derek Coy

Senior Program Officer, Veterans' Health

New York Health Foundation

Submitted to the New York City Council Committee on Veterans

Oversight - Implementing Recommendations from the Veterans Advisory Board

September 22, 2025

Good morning, Chair Holden and members of the Committee. My name is Derek Coy, and I am testifying on behalf of the New York Health Foundation (NYHealth). NYHealth is a private, independent, statewide foundation dedicated to improving the health of all New Yorkers—including the more than 133,000 or so veterans who call New York City home. I am also a proud veteran, having served as a Sergeant in the United States Marine Corps.

At NYHealth, we have a long-standing commitment to improving health and mental health outcomes for veterans. Our work includes data-driven initiatives to assess the needs of City and State veteran populations, expand access to and improve the quality of Veterans Treatment Courts (VTCs), and support student veterans. We have partnered with the New York City Department of Veterans' Services (NYC DVS) and several veteran-focused community organizations, including Mission: VetCheck, Black Veterans for Social Justice, and Team Rubicon to help expand access to services for veterans in the City.

We appreciate the opportunity to provide testimony on implementing recommendations from the New York City Veterans Advisory Board.

We support many of the Board's recommendations. In particular, we applaud recommendations that promote programs and services connecting veterans to the benefits for which they are eligible, as well as to health and mental health services, housing, education, and other critical supports such as peer-to-peer networks.

A Focus on Suicide Prevention is Needed

We strongly encourage the Board and the Council to expand the recommendations and adopt an explicit focus on veteran suicide prevention. Our analysis of recent data shows

that New York City veterans die by suicide at twice the rate of their civilian counterparts.¹ Other research indicates that certain subgroups, including justice-involved and recently transitioned veterans, are at even higher risk.

Below, we offer several considerations and recommendations, drawn from NYHealth’s expertise and experience in veteran suicide prevention.

Strengthen the Dwyer Veterans Peer Support Program

The report from the Veterans Advisory Board highlights NYC’s recent expansion of the **Joseph P. Dwyer Peer Support Program (Dwyer program)** and we agree with its recommendation to improve processing of these grants. NYHealth has supported expanding peer support programs statewide, particularly the Dwyer Program. As the report notes, the Dwyer program reduces isolation and connects veterans to services through a variety of approaches, making it a powerful tool for promoting mental health and preventing suicide. The program is ripe for more robust evaluation to support further expansion and replication of the program throughout the City.

Expand Data Collection and Evaluation

Robust program evaluation and data collection are needed to understand what is working, and where more resources are needed. We support the Board’s recommendation to use increased funding to NYC DVS to expand evaluation and documentation of programming.

Over the past decade, NYHealth has funded and partnered with many organizations to evaluate the needs of New York veterans and veteran-serving organizations. For example, in 2019, NYHealth supported the Institute for Veterans and Military Families (IVMF) at Syracuse University to conduct a 50-state analysis of each state’s veteran agencies. This work demonstrated that New York State’s Department of Veterans’ Services, and by extension NYC DVS, is underfunded compared to peer states. New York State also spends less per veteran than almost every other state.²

When evaluating programs, such research must include **key measures such as veteran suicide rates**. For example, the City’s Bureau of Vital Statistic could make available relevant local data to help government and nonprofit organizations improve service delivery. Future research efforts should also disaggregate data by race, ethnicity, age and borough to better inform tailored

¹ NYHealth, “Navigating the Crisis: Deaths of Despair and Suicide Among New York City Veterans”, 2024. Accessed September 2025. Available at <https://nyhealthfoundation.org/resource/nyc-deaths-of-despair-suicide/#background>

² Syracuse University, Institute for Veterans and Military Families, “A Strategic Roadmap to Enhance the Role and Impact of the New York State Division of Veterans’ Services”, 2019. Accessed September 2025. Available at: <https://nyhealthfoundation.org/wp-content/uploads/2019/07/IVMF-strategic-roadmap-to-enhance-the-role-and-impact-of-ny-state-dvs.pdf>

programs and address disparities in veteran outcomes.

Ensure Veterans Treatment Courts are Inclusive

Justice-involved veterans are twice as likely to attempt suicide compared to veterans who have not encountered the criminal justice system.³ VTCs are a proven intervention to reduce that risk, in part due to their robust peer support program component.

VTCs are specialized courts that provide justice-involved veterans with access to mental health care, substance use treatment, and peer mentorship, rather than punitive measures alone. NYHealth has been involved in advocacy to build and expand VTCs since their creation in 2008, and spearheaded efforts to support policy change that created universal access statewide in 2021.

We support the report's recommendation for inclusive eligibility policies that allow all veterans, regardless of discharge status, to access these programs. To strengthen VTCs further, we recommend:

- Expanding training for peer mentors in cultural competency and suicide prevention;
- Sharing best practices across courts; and
- Exploring compensation models to sustain peer mentors.

Support Student Veterans During a Critical Transition Period

Transitioning from military to civilian life can be a particularly vulnerable period. Research shows that the first year after separation, sometimes referred to as the “deadly gap”, carries the highest risk of suicide among younger veterans.⁴ Because of their time in service, student veterans are typically older, more likely to have jobs off-campus, and more likely to be parents than students with no military history. These responsibilities, combined with higher rates of psychological symptoms and difficulty navigating academia, can create real barriers. Stigma, limited access to culturally competent care, and confusion around U.S. Department of Veterans Affairs (VA) benefits only compound these challenges.

³ Holliday, R., Forster, J. E., Desai, A., Miller, C., Monteith, L. L., Schneiderman, A. I., & Hoffmire, C. A. (2021). Association of lifetime homelessness and justice involvement with psychiatric symptoms, suicidal ideation, and suicide attempt among post-9/11 veterans. *Journal of Psychiatric Research*, 144, 455–461. <https://doi.org/10.1016/j.jpsychires.2021.11.007>

⁴ Sokol, Y., Gromatsky, M., Edwards, E. R., Greene, A. L., Geraci, J. C., Harris, R. E., Goodman, M. (2021). The deadly gap: Understanding suicide among veterans transitioning out of the military. *Journal of Psychiatry Research*. <https://doi.org/10.1016/j.psychres.2021.113875>.

Suicidal ideation is also significantly higher among student veterans compared with civilian students.⁵ And younger veterans (18–34) have the highest rates of suicide among all veteran age groups.⁶ Providing comprehensive support, culturally competent care on campus and in communities, along with peer support, is essential for their academic, professional, and personal success.

As someone personally supported by the GI Bill®, I understand the life-changing potential when the right programs and supports are in place. The Board’s report outlines important recommendations, and we recommend additional efforts to address suicide prevention among students, including:

- Stronger calls to action focused on preventing veteran suicide;
- Targeted interventions for high-risk groups, including justice-involved veterans and those transitioning from service;
- More accurate and timely capture and dissemination of local veteran suicide information; and
- Implementing proven screening tools in more locations that veterans frequent, e.g. the Columbia Screening Protocol.

Conclusion

Thank you again for the opportunity to testify. NYHealth is committed to supporting the City’s efforts to improve services for veterans, which must include suicide prevention focused efforts.

We encourage the Council to regard us as a resource and partner as these efforts continue. You can learn about our veterans’ health work and more by visiting our website, www.nyhealthfoundation.org. If you have any questions or would like to discuss further, please reach out to me at coy@nyhealthfoundation.org. Together, we can ensure that New York City veterans receive the support, care, and opportunities they need to thrive.

⁵ Lake, K.N., Ferber, L., Kilby, D.J., Mourtada, H., Pushpanadh, S., and Verdeli, H (2022). Qualitative Study Examining Perceived Stigma and Barriers to Mental Health Care Among Student Veterans. *Journal of Veterans Studies*, 8(3), pp. 239–252. DOI: <http://doi.org/10.21061/jvs.v8i3.379>.

⁶ NYHealth, Data Snapshot: Veteran Suicide in New York State (2022 Update). (2022). New York Health Foundation. Accessed September 2025. Available at: <https://nyhealthfoundation.org/resource/data-snapshot-veteran-suicide-in-new-york-state-2022/>

Community Healthcare Network Testimony
For Committee on Veterans

January 22nd, 2025

Thank you for the opportunity to provide written testimony. My name is Erin Verrier and I serve as Director of Government and External Affairs for Community Healthcare Network, otherwise known as CHN. CHN is a federally qualified health center with 14 sites citywide that provide critical primary care and social services for patients in underserved communities. Reaching well over 50,000 patients annually, CHN welcomes individuals of all ages, regardless of their ability to pay.

While our services are many, I would like to highlight the work we do for Veterans, particularly for their mental health. CHN's Military Family Wellness Program connects active and former service members to health and social services. Each participant is screened and assessed for mental health needs, including Post Traumatic Stress Disorder, by a licensed clinical social worker and can receive referrals for services like individual and family counseling, psychiatry, and medication management, as well as medical care, dental services, and other social services, including legal support services provided by our program partner, the Veterans Advocacy Project (VAP).

With the Veterans Advocacy Project, our program participants can receive assistance for public benefits, VA claims, discharge upgrade applications, housing support, and other civil legal issues. The Veterans Advocacy Project works closely with CHN staff to ensure continuity of care and provides CHN staff training on cultural competency when working with Veterans and understanding their legal needs.

To speak to our program's impact, in one example, a 44-year-old Army veteran was referred to our program to address his mental health concerns and housing instability. A CHN social worker provided a mental health assessment, identified the need for a higher level of care, and helped him schedule an initial intake appointment at the VA for treatment. The social worker also referred the patient to the Veterans Advocacy Project for assistance with rental arrears. The patient is now attending regular talk therapy and psychiatric appointments at the VA, while receiving legal representation for his housing concerns.

In another example, a 33-year-old U.S. Navy veteran and single mother of two was referred to our program given her childcare and employment concerns. With CHN, she learned how to apply for a childcare voucher, and how to contact the Veteran Center for employment assistance. The patient is now approved for childcare vouchers and is working closely with the Veteran Center to attend career events and build relations with future employers.

CHN is proud and honored to work with our Veteran community and greatly appreciates City Council's support for our program. We are committed to its continuation. Thank you.

**TESTIMONY OF JOSEPH BELLO
NY METROVETS**

BEFORE

**THE NEW YORK CITY COUNCIL
COMMITTEE ON VETERANS**

Oversight - Implementing Recommendations from the Veterans Advisory Board.

September 22, 2025

Chairman Holden, members of the Veterans Committee, thank you for the opportunity to testify at today's oversight hearing on implementing recommendations from the city's Veterans Advisory Board (VAB).

I offer my testimony as a former VAB member and Secretary, drawing on my experience writing the annual report and witnessing firsthand the persistent challenges to their implementation.

The VAB plays a unique role in New York City government. Established by local law, the Board advises city leadership, including the Commissioner of the Department of Veterans' Services (DVS), on policies and practices that impact veterans and their families.

As you know, VAB members are veterans themselves or are deeply connected to the veteran community. The board's recommendations are developed through engagement with the community and a desire to offer meaningful solutions.

However, despite numerous recommendations over the years, many go unimplemented. The root cause of this is structural. These recommendations often go unacted upon not because of their lack of merit, but because the city's systems are simply not equipped to act on them effectively.

It's important to note that while the VAB is empowered to make recommendations, especially to the Commissioner, there is no requirement that those recommendations be acted upon. Additionally, in recent years, the VAB's annual report, which is due at the beginning of January, has become increasingly delayed, sometimes by several months, which hinders action.

These gaps in structure and accountability directly contribute to the continued lack of follow-through on the VAB's recommendations.

During my time on the Board, we repeatedly saw recommendations to the administration that were either ignored or took years to be acted upon. For example, at a City Council hearing on civic engagement in September 2024, the Commissioner highlighted several initiatives, such as managing small-dollar contracts, expanding the VAB, and holding a vendor summit, that had been recommended by the VAB for years before they were finally implemented.

Additionally, while the VAB is at times referenced in agency decisions, the record does not always support that narrative. At the same September 2024 hearing, the Commissioner testified that feedback from the VAB "fueled" changes to the current VetConnect system. However, a review of multiple annual reports shows no formal recommendation from the VAB to transition VetConnect from the UniteUs platform to Combined Arms.

From my experience, I've seen clearly how the lack of a coordinated, accountable, and adequately resourced implementation process undermines the Board's mission. This breakdown occurs at every level: executive follow-through, legislative responsiveness, and operational execution.

First, regarding the Mayor's Office: Many recommendations requiring executive-level action have received little to no follow-up. During my time on the VAB, once the annual report was

submitted, there was virtually no communication or follow-up from the Commissioner, the Deputy Mayor, or even a senior advisor.

In effect, the annual report was submitted and disappeared into the void. Programs like the Joseph P. Dwyer Peer Support Program were delayed by administrative bottlenecks that could have been resolved with higher-level coordination. Without leadership from the Mayor's Office to prioritize veterans' policy, recommendations are left to languish.

Second, the City Council plays a critical legislative role, but progress on many of the Board's policy recommendations has been slow. Proposals like extending property tax exemptions to Cold War-era veterans or establishing procurement preferences for veteran-owned businesses have been introduced, but most remain in committee or are reintroduced in subsequent legislative sessions without progress.

This is compounded by the lack of a process through which the Council or someone from the Speaker's Office can communicate with the Board about their recommendations. The result is a disconnect: A recommendation is submitted, but there is no way to know whether it's been reviewed, rejected, shelved, or simply forgotten. This lack of feedback is more than an inconvenience; it's a failure of oversight and transparency.

Third, DVS, as the Council's report card showed, is staffed by dedicated individuals who work under real constraints and continue to face challenges in execution and transparency. During my years on the Board, we lacked stable administrative support, with meeting logistics, communications, and follow-up tasks often falling to interns or rotating staff.

This makes it difficult to maintain consistency and long-term planning. There were also times when it was unclear who within the agency was responsible for responding to the Board of its recommendations, particularly those involving technology, partnerships, or policy.

These ongoing issues create a frustrating cycle. The VAB identifies issues and submits solutions and recommendations in its annual report. But without budget authority, legislative mandate, or executive enforcement, most of these recommendations fade into the background, forcing the VAB to submit them again in the next annual report.

What's most concerning is that this is not a matter of apathy. I believe there is widespread support for veterans across city government. But without systems of accountability, timelines, and real follow-up mechanisms, that support is ultimately undermined.

New York City created the VAB to elevate the voices of veterans and their families. But if no one is required to listen, and no one is assigned to act, then that voice is silenced by design.

I respectfully offer the following:

To the administration, I urge a renewed and active commitment to veterans' policy, including appointing board members who are genuinely invested in the work of the VAB. This should also include acknowledging receipt of the report, along with having the Commissioner create a

summary of the VAB's recommendations for the Deputy Mayor, issuing executive orders where appropriate, ensuring that DVS has the authority to collaborate across agencies, and guaranteeing that the department is properly funded to fulfill its mission.

To the City Council, besides also appointing veterans genuinely invested in the work of the VAB; I urge more consistent legislative engagement with the Board's proposals. I recommend creating a formal process, perhaps through this committee or by law, to track and update the status of VAB recommendations prior to the board's next annual report.

I also urge the Council to consider legislation that formalizes DVS' relationship with the VAB, including formally designating someone in the agency to serve as the official liaison.

In conclusion, let me emphasize that this testimony is not about assigning blame. It's about consideration for creating a better structure, as well as a strategic plan for both the short and long term, focused on communication and follow-through so that the board has the tools, access, and support to fulfill its mission.

Thank you, Councilmembers, for your time and continued dedication to New York City's veteran community. I welcome any questions you may have.

Introduction of Dr. Mecca Nelson

- Gold Star Spouse of Sgt. Mario Nelson, killed in combat in Iraq on October 1, 2006 during Operation Iraqi Freedom.
- Member of the Veterans Advisory Board, advocating for veterans and military families.
- Ambassador for Tunnel to Towers Foundation.
- Ambassador for the Institute for Veterans and Military Families (IVMF).
- Founder & CEO of the Humble Haitian Warrior Organization, created to honor the legacy of Sgt. Mario Nelson and support military families.
- CEO of Mecca City of Wholeness, delivering mental health and trauma-informed care, mindfulness, and wellness programs to the District Attorney's Office, Department of Education, NYPD, and other organizations.
- Dedicated to guiding and bringing awareness to Gold Star, White Star, and Silver Star demographics, ensuring their sacrifices are honored and their voices uplifted.

City Council Veteran Advisory Board

Testimony of Dr. Mecca Nelson

Concerns for Veterans, Military Families, Gold Star, White Star, and Silver Star Families

TSA Pre-Check & Gold Star Families

- Gold Star spouses and families should not be required to go through TAPS for TSA Pre-Check verification.
- TAPS is not a government entity, yet it has been placed in a gatekeeping role for TSA Pre-Check.
- Gold Star families already have official documentation that should be accepted (Military ID, DD-1300, DD-2648).
- TSA only needs to review these documents — not keep or upload them.
- Families are facing delays, frustration, and unnecessary obstacles because of TAPS involvement.
- Request: TSA should directly accept official DoD documents instead of requiring families to go through TAPS.

Recognition of Gold Star, White Star, and Silver Star Families

- These families carry the deepest burdens of military service — loss, sacrifice, and long-term grief.
- They deserve equal recognition alongside veterans.
- Proposal: Establish an official day of recognition in New York City for Gold Star, White Star, and Silver Star families.
- Move beyond symbolic gestures — host community events, breakfasts, or luncheons to celebrate and honor them.
- Awareness gap: Many families do not even know they fall into these categories (especially White Star and Silver Star).
- My organization has been providing education, resources, and awareness around these demographics — but more needs to be done publicly.

Military Families & Business/Employment Equity

- Military families (Gold Star, White Star, Silver Star) who own businesses should have the ability to apply for service-connected disability certifications.
- Veterans have this opportunity, but their families who sacrificed alongside them are left out.

- Employment & application processes must include families of veterans.
- Proposal: Add a section for surviving spouses, children, or families of veterans with clear breakdowns (spouse, widow, Gold Star, White Star, or Silver Star).
- This change would help families feel seen, welcomed, and included in veteran-related opportunities.
- Example: After advocacy, Chase Business Program now includes Gold Star families — this needs to be implemented statewide and nationally.

Discounts & Community Support

- Many businesses only give discounts to active-duty service members.
- This excludes spouses, parents, children, and widows who live with the true cost of service and sacrifice.
- Request: Expand discount and support programs to all military-connected families, not just active duty.

Veteran Mental Health & Workplace Understanding

- Veterans continue to struggle with PTSD, mental health challenges, and suicidal thoughts.
- Families carry the weight of this sacrifice long after service ends.
- Employers often lack understanding of the unique struggles veterans face in the workplace.
- Example: A Navy veteran's daughter shared how her coworker (a veteran) was in crisis — showing the urgent need for workplace education and preparedness.
- Request: Expand employer education, resources, and training to better support veterans in the workplace.

Memorialization & Public Honor

- Recently delivered a keynote speech at Wayne County Veterans Memorial Park in Indiana for the unveiling of the 9/11 & Global War on Terrorism Wall.
- This wall honors all who died from September 11, 2001, through today's ongoing conflicts — including my husband, killed in Iraq on October 1, 2006.
- Many New Yorkers are honored on this wall.
- Proposal: Bring this memorial wall to New York so families here can visit, honor, and heal.
- Cost information for bringing the wall is available and should be reviewed by the city for support.

Education & Cultural Competency Programs

- There is a critical need to educate organizations, leaders, and communities on how to engage with Gold Star, White Star, and Silver Star families.
- These families have unique cultures, triggers, and needs that are often misunderstood.

- I have been building a competency program to train people on how to respectfully communicate with and support these families.
- Request: City partnership and assistance in implementing this program across New York — because real understanding leads to real support.

September 20, 2025

Dear Dr. Nelson,

It was such a pleasure speaking with you today about my experience with an Army veteran, Sam, who suffered a mental health crisis.

I had the privilege of working alongside Sam for more than two years in the IT Department, where he served as a network administrator. Because of our close working relationship, we often talked. During one of these conversations, he shared that he was an Army veteran who had served in Afghanistan and was living with PTSD. I was honored that he felt comfortable confiding in me. He also told me that he was under the care of a doctor at the VA Hospital in Manhattan.

At work, Sam was generally upbeat and professional. He took pride in his appearance and accomplishments, including authoring books on cybersecurity. He was clearly intelligent and talented. About a year and a half into our time working together, however, I noticed a change. Sam became more withdrawn, his appearance suffered, and his job performance declined. I also began noticing unusual behavior, such as frequent use of a spray bottle and ducking under his desk. After observing this for some time, I finally asked him to meet privately in a conference room. It was then that he admitted he was falling into depression and attempting suicide by inhaling duster used for cleaning computers.

I immediately contacted our manager and HR to alert them that Sam was in crisis. At first, their response focused on his declining performance and possible termination, but I made it clear that what we were witnessing was a mental health emergency. That shifted their perspective, and I assured them I would take steps to help him.

I then called the Suicide Prevention Hotline, who advised me to either reach out to the VA directly or contact Sam's doctors and his sister with his permission. While Sam provided phone numbers, reaching his doctor was difficult, and the VA initially refused to speak with me since I wasn't family. Only after Sam authorized it directly would they engage. Eventually, I was instructed to bring him to the VA Emergency Room on 23rd Street. With the help of another co-worker, I escorted Sam to the hospital, where he was admitted for treatment.

Although this account may read quickly, the reality was an exhausting, hours-long process. This was also my very first experience helping someone through such a crisis, and it opened my eyes to how difficult it can be to navigate the system. I was struck by how many barriers stood in the way of getting immediate help for Sam, and I remember wishing the process had been more straightforward and supportive—especially for someone already in such a vulnerable state.

Sam eventually took a leave of absence but returned to work two months later. Unfortunately, his employment was soon terminated. I stayed in touch with him briefly through social media,

but he eventually stopped responding. To this day, I think of him often and wonder how he is doing.

As the daughter of a Navy veteran who served as a radioman aboard the USS Forrestal, I grew up with a deep respect for those who serve. My father carried immense pride in his service, and I can only imagine the courage it took for Sam to admit he was in distress. My experience with him showed me both the resilience of our veterans and the urgent need to make access to mental health resources less complicated, more compassionate, and more effective. No one in crisis should face unnecessary obstacles when reaching out for help.

Thank you again for taking the time to listen to this story today.

Sincerely,
Ronelle Prickett

Federal Lawsuit Targets NYC Dept. of Homeless Services, Institute for Community Living, and Former Manhattan VA Homeless Services Director Over Veteran Care Failures

By Timothy Pena
September 10, 2025

Borden Avenue veterans' program accused of violating federal law, denying services, and retaliating against veterans who speak out.



Veterans at Borden Avenue pick through clothing donated by a Staten Island church group. Veterans report donations intended for veterans are being pilfered by shelter staff.

 New York, NY-A federal lawsuit has been filed against **New York City's Department of Homeless Services (DHS)**, the **Institute for Community Living (ICL)**, and former **Manhattan VA Homeless Services Director Karen Fuller**, accusing them of unsafe shelter conditions, misuse of federal funds, and unlawful retaliation against veterans.

The case centers on the **Borden Avenue Veterans Residence (BAVR)** in Queens, the only federally funded **Grant & Per Diem (GPD) program** available to homeless veterans in New York City. The lawsuit claims the facility was mismanaged in violation of federal law, leaving veterans in degrading conditions instead of the recovery-oriented housing required by law.

Alleged Violations

According to the complaint, DHS and ICL operated BAVR under a **MICA (Mentally Ill, Chemically Addicted) shelter model** that tolerated drug use, violence, and untreated mental illness. This approach, it argues, contradicted **Public Law 109-461** and **38 CFR § 61**, which require federally funded veterans' housing to be safe, sober, and supportive.

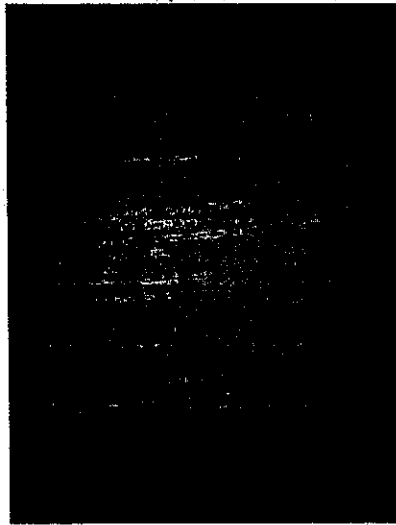
The lawsuit lists several failures:

- **Lack of transportation to VA medical and mental health appointments.**
- **Nutritional neglect**, falling below federal standards.
- **Unsafe facilities** without required sinks and toilets.
- **Overcrowded conditions** that denied veterans privacy and dignity.

Shifting Blame

Pena attacks the city's definition of "success," describing it as putting a veteran in a room with five doors, demanding they pick the right one, and then faulting them for choosing wrong. It argues that the system **deliberately sets veterans up for failure**, shifting responsibility away from mismanagement and onto those the program is supposed to serve.

Unlawful Barriers to Entry



One of the most serious charges is that DHS and ICL required veterans to have a mental health or substance-use diagnosis to enroll in the GPD program. The lawsuit emphasizes that **federal law does not require such a condition**—eligibility is based solely on being a VA-eligible veteran experiencing homelessness. By imposing this barrier, the defendants allegedly excluded veterans who did not fit a "MICA profile," denying them housing and services funded by the VA.

Retaliation and Conflict of Interest

The filing further accuses Fuller of silencing dissent. After plaintiff Timothy Pena, a member of the NYC Veterans Task Force, sent a private email to fellow members describing a veteran and his combat canine being "kicked out" of BAVR, transferred to another shelter, and forced to sleep on the floor while 4th of July fireworks were going off overhead, Fuller allegedly responded by drafting an unlawful "Code of Conduct" to muzzle him.

That email, Pena notes, came only after months of appeals to task force members for assistance went unanswered. Fuller, who had personally brought Pena onto the task force as co-chair, then used her authority to restrict his speech. The complaint describes this as retaliation, a violation of the **First Amendment** and the **Americans with Disabilities Act (ADA)**, and a profound conflict of interest.

Broader Failures

The lawsuit also faults DHS and ICL for failing to provide **community engagement opportunities**, such as housing processing, workshops, and activities designed to help veterans reintegrate. These programs are required under federal guidelines but allegedly absent at BAVR.

Call for Accountability

The filing cites violations of federal statutes, the ADA, and constitutional protections, and calls the defendants' actions **systemic mismanagement and misuse of federal funds**. It demands that New York City stop accepting federal dollars while placing veterans in unsafe conditions.

ROBERT EUGENE POLES

LAST FOUR: [REDACTED]

DOB: 18 FEB 1955

U.S. MILITARY VETERANS ADVOCATE

VETERANS SERVICE ORGANIZATIONS ADVOCATE

HOMELESSNESS/LOW INCOME HOUSING ADVOCATE

ANTI-SUBSTANCE ABUSE AND ANTI-ADDICTION ADVOCATE

CITIZENSHIP: USA

AGE : 70.5

MILITARY STATUS: TWO HONORABLE DISCHARGES

BRANCH OF SERVICE: U.S. ARMY

POLITICAL AFFILIATION: NONPARTISAN

VETERANS SERVICE ORGANIZATIONS: (MEMBERSHIP)

AMERICAN LEGION

AMVETS

DAV

VIETNAM VETERANS OF AMERICA

VFW AUXILIARY

TUNNEL TO TOWERS FOUNDATION

NATIONAL COALITION
FOR HOMELESS VETERANS

HOMES FOR OUR TROOPS

WITH HONOR.ORG

WE FACE THE FIGHT.ORG

ADVOCACY ORGANIZATIONS:

DEMOCRACY FORWARD
(AFFILIATE)

NATIONAL LOW INCOME
HOUSING COALITION
(MEMBER)

**NATIONAL ALLIANCE TO
END HOMELESSNESS
(AFFILIATE)**

**NATIONAL ALLIANCE TO END
HOMELESSNESS CHILDREN AND YOUTH
(MEMBER)**

VOCATIONS:

RESEARCH

ANALYSIS

COMMUNICATIONS/PUBLIC SPEAKING/PRESENTATIONS

PHOTOGRAPHY/VIDEOGRAPHY

CONTACT INFORMATION:

P.O.B. 66808

WASHINGTON, D.C. 20035

PHONE: [REDACTED]

EMAIL: robertpoles5551@gmail.com

PROPOSAL ONE

911:

- THE MOST SIGNIFICANT INFAMOUS EVENT IN NYC
- THE IMPRESSIVE EXAMPLE OF THE COMPETENCIES AND SPIRIT OF NYC IN RE:
 - EMERGENCIES RESPONSE SYSTEMS
 - CULTURAL AND SOCIETAL VALUES (REBUILDING)

T2T:

- CULTURAL AND SOCIETAL VALUES
- MILITARY AND FIRST RESPONDERS SUPPORT

PROPOSAL TWO

- COMPLAINTS OF DECLINE IN QUALITY AND QUANTITY OF BAVR SERVICES AND OPERATIONS
- PERCEPTION OF DISCRIMINATORY EFFECT OF NYC PRACTICES IN RESIDENTIAL SERVICES AND OPERATIONS: (MALE VETERANS IN COMPARISON TO FEMALE VETERANS)
 - BAVR BEING A RESIDENCE DEDICATED TO MALE VETERANS ONLY
 - FAILURE TO PROVIDE DEDICATED RESIDENCE TO FEMALE VETERANS

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 09/22/2025

(PLEASE PRINT)

Name: SATISH DHANNA

Address: [REDACTED] EAST 89th ST

I represent: NY HEALTH UNDERANS PROGRAM

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: JOE BELLO

Address: MYSELF (NYMETROVETS)

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 9/22/25

(PLEASE PRINT)

Name: Derek Cox

Address: 1385 Broadway

I represent: NYHealth

Address: 1385 Broadway

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 9/22

(PLEASE PRINT)

Name: JAMEL HENDON

Address: _____

I represent: DVS

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 9/22

(PLEASE PRINT)

Name: NICOLE ORLANDO

Address: _____

I represent: DVS

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: 9/22/25

(PLEASE PRINT)

Name: DR Mecca Nelson

Address: 350 Quincey St

I represent: VAB / Humble Fashion Warrior Inc

Address: Goldstar Remitties White Star Blyden

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Timothy Pena

Address: 257 W. 29th St.

I represent: Veterans Justice Project

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Gene DeFrancis

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

☒ in favor ☐ in opposition

Date: 22 Jan 2025

(PLEASE PRINT)

Name: Robert E. Riley

Address: 130 West 11th St. S.C. 20135

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms