

Testimony of James Hendon
Commissioner for the New York City
Department of Veterans' Services (DVS)
New York City Council Committee on Veterans
Topic: Veterans Committee Oversight Hearing -
Promising Therapies for Veterans' Mental & Emotional Health
June 18th, 2024, 1:00 PM

Introduction

Good afternoon, Chair Holden, committee members, and advocates. My name is James Hendon. I serve as Commissioner of the New York City Department of Veterans' Services (DVS). I sincerely thank you for taking the time to hold this hearing on Promising Therapies for Veterans' emotional and mental health. I am joined today by Dr. Lauren D'Mello, Executive Director of Mental Health and Jason Loughran, Senior Advisor for Intergovernmental Affairs.

Background

Veterans are some of the toughest individuals I know. They selflessly serve our country and embody the virtues of self-sacrifice and holding oneself to a higher standard. Despite all that US Military Service Members—past and present—and their families have sacrificed for us, sadly, seeking help for physical ailments and, particularly, mental health is still something that holds a stigma, especially within Military and Veteran communities. Here at DVS, we are trying to remove that stigma.

DVS passionately serves Veterans in the same way that they have served our country, and we strive to provide a spectrum of services and resources to meet the physical and mental needs of

the diverse cohort of selfless individuals who decided to sign the dotted line and serve this nation. Health isn't something that involves any one facet. Health is an overlapping system of complex social, environmental, socio-economic, and individual networks that span a gauntlet of issues ranging from housing insecurity and unemployment to a lack of support networks and social isolation. We work on these issues daily to help alleviate and solve them.

Since our last hearing on mental health, we have continued to work on and make progress advancing the slew of programs and partnerships that have proved so critical in improving not only mental health, but the life outcomes of Veterans across New York City. A big part of this progress is our commitment to providing direct services. From the start of fiscal year 2024 to the present, we have completed 92 Patient Health Questionnaires and 93 Generalized Anxiety Disorder Questionnaires. These optional assessments allow us to assess and refer Veterans to mental health services wherever they are in their mental health journeys. The stigma that exists surrounding mental health sometimes prevents Veterans from seeking related services. We have created a system whereby we can provide much-needed mental health support even without labeling it as such. Whether our Veterans are seeking help with their benefits or assistance with employment, education, heritage-building activities, or housing, DVS has the functionality to serve our constituents at any stage of the process.

Our ability to provide tailor-made referrals maximizes the value we, as a department, bring to the table. By leveraging our relationships with partners, we can punch above our weight class and provide maximum value to Veteran and Military families. Our Partnerships with New York Presbyterian and Black Veterans for Social Justice are two such examples.

New York Presbyterian offers two Military and Family Wellness Clinics to connect Service Members with high-quality, evidence-based mental health needs. They operate two clinics, one

at Columbia University Medical Center and another at Weill Cornell Medical Center.

Meanwhile, Black Veterans for Social Justice (BVSJ)'s Suicide Prevention Program is funded through the federal government's Staff Sergeant Parker Gordon Fox Suicide Prevention Program. The Fox Suicide Prevention Program enables the VA—here locally through BVSJ—to provide community-based resources to Veterans with the aims of preventing Veteran suicide and fostering related community and stakeholder outreach.

Among so many other things, it is also important to highlight the Reconsolidation of Traumatic Memories Protocol—commonly called the RTM Protocol. This clinically proven effort reprograms the neurological connection between the brain and specific traumatic memories. It requires no drugs and is a game changer in the treatment of Post-Traumatic Stress Disorder.

In the sphere of mental health, we strive to partner with Veteran supportive entities, leaders, and organizations in order to facilitate delivery of the most effective and highest quality services we are capable of in the course of our operations. The following are some of those activities:

- **Veterans Mental Health Coalition**—The Veterans Mental Health Coalition is a group of mental health researchers, advocates, clinicians, and organizations that meet monthly to discuss pressing concerns and evidence-based practices within the world of Veterans mental health. DVS staff proctor and attend these meetings, during which, we learn about new developments and programs through which we might be able to forge partnerships that can be of value to the broader Veteran community.
- **Mission: VetCheck** – Mission: VetCheck was launched in May of 2020. This buddy check wellness call program assists Veterans on various topics, including food insecurity, housing assistance, mental health, and more. Thus far during the current fiscal year, 14,976 calls have been made to Veterans with a 50% answer rate. Approximately two

thousand Mission:VetCheck calls resulted in requests for DVS services. These check-in calls proved crucial in getting many Veterans the help they needed, with our agency providing a vital link between Veterans and a multitude of services.

- **Military Family Advocacy Program** - The Military Family Advocacy Pilot Program—which has just concluded its inaugural school year (2023-2024 was its pilot year on Staten Island)—enabled 55 Richmond County-based NYC Public Schools to participate. Those schools identified more than 200 Veteran and Military families within the borough. The 55 schools, each of which designated one staff or faculty volunteer (a Military Family Advocate) were able to create and deepen relationships supporting Military and Veteran families, nurturing the families diverse and unique needs.
- **Joseph P. Dwyer Pilot Program** - One out of four NYC-based active duty Service Members, Reservists, National Guardsmen, and Veterans say they are lonely three or more days per week. Only one-third of lonely respondents feel that they have someone they can approach when in need. The PFC Joseph P. Dwyer Peer Support Program is a flagship effort funded by New York State which advances peer-to-peer support for Veterans who struggle with PTSD and other mental health challenges. Veterans have tremendous potential that often requires a little bit of support to untap. We believe in the efficacy of community driven programs; that was the guiding philosophy behind our launch of the Dwyer Pilot Program. Dwyer has existed in other counties since 2012; after its most recent expansion, DVS became a formal Dwyer Program funding recipient during calendar year 2023. We wanted to show the capabilities of the Dwyer Program by piloting its expansion in New York City in a hyper-local way. That pilot initiative has proven to be a success. During the course of the pilot (which occurred during this past

fiscal year), we provided funding towards four different organizations in order for them to create dedicated blocks of time for Veterans and their families to participate in classes and activities while being surrounded by other Veteran community members. The success of the program, along with the operational and logistical experience we gained through running the program at a smaller scale, will prove invaluable when DVS executes the Dwyer Program at scale starting in fiscal year 2025.

- **Joseph P. Dwyer Launch** – As the pilot program draws closer to its end, we stand ready to take the next step towards the full-scale implementation of the Dwyer program. During implementation, DVS will seek Requests for Proposals (RFPs) from for-profit and nonprofit organizations that support the mission of increasing social engagement and connectivity for US Military Veterans and their families. We have created a robust methodology for vendor selection, ensuring that we only partner with the very best candidates committed to our goals of reinforcing health-seeking behaviors in our Veteran population. Further, we are partnering with a multitude of organizations to expand access to various modality-focused services offered to the Veteran community. Currently, these include somatic, animal-assisted, expressive, educational, culinary, and community-oriented programs.

One of the most important things any person, including a Veteran, can do to combat social isolation is to get out of one's shell, step outside of their comfort zone, and join the community. One of the most underrated aspects of creating and maintaining a positive mental health environment is our connection to one another. That said, we promote many modalities of care to New York City's Veteran populace. We aim to peak our Veterans' vast and varied interests and create more of these "third places" that are so sorely needed

today. These broad and diverse activities are all part of the wider program to provide mental health services to a population that traditionally shies away from such a critical segment of one's health outcome. While people, especially Veterans, might be reluctant to seek traditional forms of mental health treatment, by shifting our emphasis to an activity-focused and community-driven approach, we can expand the number of Veterans who engage and benefit from these offerings.

- **Data Sharing and Crisis Intercept Mapping** – DVS maintains more than 120,000 active records and continues to expand this number. Data sharing is a crucial component in measuring and recording the tangible effects that DVS programs have on our Veteran constituency.
- **GetCovered NYC Vet** - We partnered with the Mayor's Public Engagement Unit to help Veterans obtain health coverage through the GetCovered program, the New York State of Health, and the VA and Tricare systems. Too often, Veterans fall through the cracks of our healthcare system, and healthcare enrollment is known as a notoriously confusing process. This program establishes one-on-one support with a CoveredNYCVet specialist who can assist Veterans and their families as they choose the right healthcare options for them—all factoring in civilian and non-civilian healthcare eligibility in line with the benefits that they and their families have earned.

Call to Action

We extend our gratitude to the City Council for enacting crucial legislative measures that aim to match Veterans and their families with mental health resources. The City Council Mental Health Roadmap Legislation, a dynamic plan that acknowledges evidence-based solutions to enhance mental health outcomes, is instrumental in enabling DVS to concentrate on bolstering prevention

services, particularly at the community level. It also plays a significant role in raising public awareness about available programs and improving interagency coordination to ensure a seamless continuum of care.

1. Intro 1237: Collection of Demographic Data – The COVID-19 pandemic has underscored the criticality of Data Sharing in customizing support for our Veteran communities. By enshrining the transmission of vital information into law, DVS will be empowered to optimize the efficacy of our data collection efforts, thereby enhancing our ability to serve our community more effectively.

2. Intro 1239: Community Outreach on Mental Health Resources—The availability of mental health resources hinges on effective outreach and engagement infrastructure. Intro 1239 highlights this infrastructure need by empowering VetConnectNYC to continue working towards its goal of connecting Veterans and their families with city, state, federal, and nonprofit organizations.

3. Intro 1241: Reporting on Mental Health Services – Continuing with the theme of Data Collection, Intro 1241 ensures that the reporting of information from agencies that provide mental health services is collected and aggregated to maximize transparency. This information is reported in the form of an annual report. The data collected here is part of our broader efforts aimed at collecting and utilizing data to identify and fill gaps in the current mental healthcare infrastructure.

Conclusion

We are grateful for the opportunity given to us today to testify on the topic of Mental Health. We are happy to answer any questions the Committee might have in light of the information that we have presented here today.

More information about DVS' mental health offerings and programs can be found at www.nyc.gov/vetmentalhealth. Any Veteran and Military family members who are seeking mental health (or other) services remotely may contact DVS through our VetConnect NYC platform, which can be visited at www.nyc.gov/vetconnect. The telephone number for DVS is 212-416-5250. Our email address is connect@veterans.nyc.gov. Our agency's social media handle is @nycveterans.

Lastly, to all who are here physically and remotely: if you or a loved one is experiencing thoughts of suicide and are in immediate crisis, then please call the Suicide and Crisis Lifeline at 988. Members of the Military and Veteran community can reach the Veterans Crisis Line by dialing 988, then pressing 1.

Thank you.



JUMAANE D. WILLIAMS

**TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY COUNCIL COMMITTEE ON VETERANS**

Good morning,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. I thank Chair Holden and the members of the Committee on Veterans for holding this hearing today.

According to the U.S. Census Bureau, in 2021, New York City was home to 144,558 veterans.¹ With the help of federal funding, homelessness for our aging veterans, many of whom served in the Vietnam War, has decreased by 83% since 2012, the largest decrease of homeless veterans in the nation according to a recent report by the New York State Comptroller's office.² This progress was in large part due to the efforts carried out in our very city. In 2022, as Commissioner Hendon testified before this committee for the FY24 executive budget hearing, there were a total of 482 homeless veterans in NYC, a decrease of 202 from the previous year.³

To ensure that these efforts continue strong, I want to voice my support for Chair Holden's [Reso 440](#) which calls on Congress to pass H.R. 7703, the Fair Access to Co-ops for Veterans Act of 2024. This bill would amend title 38 of the United States Code to improve Department of Veterans Affairs loan guarantees for the purchase of residential cooperative housing units, making it easier for veterans coming home to become homeowners in their communities.

Just as strides have been made in addressing veteran homelessness, however, there is still much progress to be made in addressing the health and mental health needs of our veterans. The New York City Department of Veterans' Services connects our city's veterans to a variety of resources and services, all tailored to meet the needs of veterans who face heightened suicide rates, increased drug and alcohol abuse, and PTSD stemming from traumatic events experienced while in the military, including violent combat and sexual assault. Despite our best efforts to support these individuals, data suggests that some veterans are unlikely to immediately access the resources and services available to them, if they're even aware of them. In 2022, more than half of veterans experiencing mental illness did not receive treatment in the previous year, and more

¹ <https://www.census.gov/quickfacts/fact/table/newyorkcitynewyork/VET605221#VET605221>

²

<https://spectrumlocalnews.com/nys/central-ny/politics/2023/11/08/comptroller--ny-veteran-homelessness-down-83--in-12-years>

³



JUMAANE D. WILLIAMS

than 90 percent of those with substance use disorder did not receive treatment.⁴ This is simply unacceptable.

We must not only increase outreach and public education on available resources but furthermore, we must invest and expand the current infrastructure to better assist our veterans. NYC's Department of Veteran Services is one of the smallest agencies we have with an FY24 budget of only \$5 million. While it is imperative that we maximize the agency's efforts, we should also enable and equip our local elected officials, community board offices and other social service agencies to assist veterans seeking services. Thank you.

⁴ <https://www.samhsa.gov/blog/supporting-behavioral-health-needs-our-nations-veterans>



**Council before the NYC Council Committee on Veterans
Oversight: Veterans' Mental and Emotional Health
June 18, 2024**

Introduction and Thanks: My name is Catherine Trapani, and I am the Assistant Vice President for Public Policy for Volunteers of America-Greater New York (VOA-GNY). We are the local affiliate of the national organization, Volunteers of America, Inc. (VOA). I would like to thank Chair Holden and members of the Committee for the opportunity to submit testimony for this hearing.

About Us: VOA-GNY is an anti-poverty organization that aims to end homelessness in Greater New York through housing, health and wealth building services. We are one of the region's largest human service providers, impacting more than 12,000 adults and children annually through 70+ programs in New York City, Northern New Jersey, and Westchester. We are also an active nonprofit developer of supportive and affordable housing, with a robust portfolio permanent supportive housing, affordable and senior housing properties—with more in the pipeline.

The following testimony will focus on the programmatic needs of our veteran residents receiving case management and social work support at VOA supportive housing.

Background:

Volunteers of America has provided direct services to veterans since World War I. VOA-GNY carries on this legacy by offering a continuum of care to support New York City's veterans who are homeless or at risk of becoming homelessness, serving 750 veterans every year. In addition to providing acute crisis intervention, counseling, financial assistance and housing placement services to veterans in the community, we are one of the largest providers of supportive housing for veterans in New York City, Northern New Jersey, and Westchester County.

Our Supportive Services for Veteran Families (SSVF) community-based outreach program identifies low-income veteran households and connects them with a range of supportive services to promote housing stability and prevent homelessness.

Our HUD-VASH Permanent Supportive Housing provides veterans coming out of the New York City Shelter system with the option to live within our single room occupancy (SRO) residences, as well as services that support independent living in the community.

We currently operate two permanent housing residences offering a comprehensive array of case management services for veterans with significant medical and behavioral needs. Our Commonwealth Residence in the Bronx and East 119th Street Veterans Residence in Manhattan center around sensitivity to the complex struggles of veterans. Our staff coordinate medical care – including mental health and substance use disorder treatment and offer onsite case management and support services. These

facilities are city owned, making it difficult to secure financing and permission to update the buildings as we would like. The vacancy rate is higher than our other supportive housing residences due to the SRO style and aging infrastructure; these buildings can be less attractive to tenants who prefer more modern accommodations. We have had success filling vacancies more rapidly via our Street to Home pilot program which places eligible homeless adults directly into housing from the street or subways, but we have not received DSS's permission to expand this pilot to our 119th Street Veteran's Residence. Through our work with DVS we can sometimes skirt complex referral procedures to rapidly place veterans into housing but, VOA-GNY could make better use of these facilities were we afforded the opportunity to renovate them and, expand the use of "housing first" programs like street to home to streamline access to housing for all eligible New Yorkers who are currently living unsheltered.

Recreational and Clinical Programming:

Social isolation is a prominent challenge for the mental health and wellness of our clients. In addition to offering case management and social work support, we staunchly believe in the value of promoting joy through recreation programming. By hosting holiday dinners, finding ways to celebrate milestones, and providing music therapy and other community events, we have found that nothing brings our residents together more than the opportunity to break bread and share a meal with one another.

While HRA and DOHMH funding is indispensable in supplying our buildings with case management and operations staff, the service dollars in these supportive housing contracts do not cover wellness and recreational programs. First-generation supportive housing is funded at lower levels than newer programs making retaining critical support staff difficult due to a lack of funding for competitive, living wage-level salaries. As such, our recreational services are implemented by leveraging support from council discretionary dollars, corporate partners, private donors and federal grants.

One recent success driven by corporate dollars was a social event at the Commonwealth Residence where our social services team hosted a summer kickoff barbeque. Residents and volunteers enjoyed a meal together, played games and swapped stories about their service in the military. Keeping people engaged and feeling good creates opportunities for building trust and community, leading to more meaningful engagement with our program. We thank the Council for your continued attention and support of these efforts.

Currently, a federal grant allows us to augment the clinical supervision and supports provided by our central staff by deploying social workers who connect our supportive housing tenants with mental health care and assistance in navigating community care options for therapeutic services and medication management. We have also been able to enrich our veterans' programs and connect our clients to economic opportunities that enhance their wellness thanks to endeavors like the Council's generous Job Readiness and Employment Support for Veterans Initiative.

While cobbling together disparate funding sources to provide the necessary enrichment of our veterans programs is not ideal given the additional fundraising and administrative expenses involved in doing so, we strongly believe these supplemental funds are necessary to ensure the wellness of the veterans in our care. We therefore request the Council's continued support for the Veterans Community Development and Job Placement for Veterans Initiatives, which would enable us to hire a full-time Veterans Workforce Development Coordinator to build meaningful partnerships with training programs,

colleges, and employers, and develop individual and group workshops focused on wealth building and entrepreneurship for our clients.

Medical Care and Coordination:

In cases where the needs of our most acutely ill residents exceed our onsite programming, the social service teams at our sites find Assertive Community Treatment (ACT) teams to be an excellent resource. When residents with mental illness and a history of hospitalizations or violence struggle to make decisions about their care, they are issued Assisted Outpatient Treatment (AOT) orders, including court-supervised treatment plans to ensure participation in the community-based services appropriate to their needs.

However, our social service teams have identified several challenges with accessing ACT teams and coordinating care for those most in need, including those with AOT orders.

First, while the services provided by ACT teams can effectively complement our onsite social services maintaining the stability of those with acute mental health challenges, limited capacity has impeded our sites' access. We need more ACT teams to support our veterans, as settling for taxing waitlists poses critical challenges to obtaining necessary care.

Next, despite court supervision being assigned to AOT treatment plans, follow up for such orders is severely lacking. When a client disengages from their care and does not adhere to AOT, it is extremely difficult to reactivate teams and prompt follow ups. We strongly encourage the Council to examine how follow up care is or is not provided, particularly considering capacity constraints within these AOT follow up processes.

Finally, in the event that our tenants decompensate and are hospitalized, our staff experience that their analysis on clients' needs for regaining stability is rarely considered in the formation of treatment and discharge decisions. Despite our staff's expertise and intimate knowledge of each resident's needs, hospitals are often quick to discharge patients without referral to robust community care, or even fail to admit them after an acute episode, leaving our clients without adequate support.

We ask the Council to consider the operational needs of the supporting housing and services for our veterans with medical and/or behavioral needs through continued support for recreational services, and that the Council advocate for coordination with ACT teams and hospitals with deference to our residences' onsite staff clinical judgement to promote client adherence to treatment plans thus promoting accountability so no one falls through the cracks.

Legislation:

We support **Res. 440**, which would expand the U.S. Department of Veterans Affairs Home Loan Guaranty program to allow the purchase of residential cooperative housing units by eligible veterans and their households, granting veterans access to a critical share of New York City's homeownership market. As this resolution would unlock opportunities to create wealth for veterans returning from service and facilitate a smooth transition to productive civilian life, we acknowledge and applaud the Council's efforts to promote home ownership and wealth benefits for our veterans.

Closing:

We are grateful for the opportunity to walk through some of the challenges associated with supporting the mental health of our clients in supportive housing and look forward to working with the Council and Administration to improve the experience of veterans in our care. Thank you for the opportunity to submit testimony. Should you have any questions, I can be reached at ctrapani@voa-gny.org.

Respectfully submitted by Catherine Trapani, Assistant Vice President of Public Policy, Volunteers of America-Greater New York



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TESTIMONY

New York City Council Committee on Veterans
Oversight - Promising Therapies for Veterans' Mental and Emotional Health
Tuesday, June 18th 2024

Submitted by:
Bryan J. Ellicott-Cook
Program Manager – SAGEVets

Good Afternoon Chairperson Holden & Members of the Committee on Veterans

My name is Bryan J. Ellicott-Cook, my pronouns are He/They, and I am the Program Manager of SAGEVets. I am here today to express my strong support for both New York City Council Resolution 440 & 441. I specifically want to spoke on Res 0441 which designates March 29 annually as Vietnam Veterans Day in the City of New York.

This resolution is a vital recognition of the bravery, sacrifice, and dedication of the Americans who served in the Vietnam War, as well as the ongoing commitment of their families and caregivers.

The Vietnam War was a challenging and often controversial conflict that saw over 2.7 million Americans serve. These veterans, and all who served our country during this period, displayed immense courage and resilience in the face of adversity. Their contributions deserve to be honored and remembered.

Vietnam Veterans often face significant challenges in accessing services at the Department of Veterans Affairs (VA), stemming from the profound stigma and inadequate recognition they would encounter upon returning home. Unlike veterans of other conflicts, many Vietnam Veterans were met with widespread public disdain and indifference, which not only affected their reintegration into society but also the allocation of resources and support systems meant for their care. This negative

reception contributed to persistent neglect in addressing their unique health and psychological needs. As a result, many Vietnam Veterans struggle with bureaucratic barriers and insufficient outreach from the VA, exacerbating issues such as PTSD, exposure to Agent Orange, and other service-related conditions. The compounded effect of societal rejection and systemic shortcomings within the VA has left numerous Vietnam Veterans without the crucial services they deserve.

By designating March 29 as Vietnam Veterans Day, we acknowledge not only their service but also the unique struggles they faced upon returning home, and even some of the struggles they face today.

Many Vietnam veterans did not receive the recognition or support they deserved when they returned to the United States. They were often met with indifference or even hostility, which compounded the difficulties of transitioning back to civilian life. Despite these challenges, many Vietnam veterans continued to serve their communities in profound ways.

One notable example of their enduring commitment is the work many returning from the war, including those who were part of the LGBTQ+ community, did in addressing another significant crisis—the HIV/AIDS epidemic. During the 1980s and 1990s, a time of immense fear and misunderstanding surrounding HIV/AIDS, Vietnam veterans were among those who stood up to care for and support individuals affected by the crisis. Their experiences in the military had taught them the importance of solidarity and compassion, and they applied these lessons to their work with people living with HIV/AIDS, including their partners, friends, and lovers.

Vietnam veterans have also been instrumental in advocating for LGBTQ+ rights. For example, Leonard Matlovich, a decorated Vietnam War veteran, famously came out as gay in the 1970s to challenge the military's ban on LGBTQ+ service members. His courage in standing up for his rights paved the way for greater acceptance and equality within the armed forces and beyond.

Furthermore, programs like SAGEVets support LGBTQ+ veterans as they navigate the complexities of aging. SAGEVets helps ensure that LGBTQ+ veterans receive the benefits they have earned and the respect they deserve, providing critical support for a community that often faces discrimination and isolation.

Designating March 29 as Vietnam Veterans Day in New York City is not just a symbolic gesture; it is a meaningful acknowledgment of the ongoing contributions of Vietnam veterans to our society. It is a reminder of the bravery and sacrifice they exhibited during the war and the compassion and dedication they have shown in the years since.

In conclusion, I urge the City Council to pass Resolution 0441. Let us honor the Vietnam veterans who served our country with valor and continue to serve our communities with unwavering commitment. By recognizing their past and present contributions, we affirm our gratitude and respect for their enduring legacy.

Thank you.

Bryan J Ellicott-Cook

SAGEVets Program Manager

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6/18/24

Community Healthcare Network Testimony
For Committee on Veterans

June 18th, 2024

Thank you all for the opportunity to provide testimony. My name is Erin Verrier and I am the Manager of Policy and External Affairs at 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 over 50,000 individuals annually, CHN welcomes patients of all ages, regardless of their ability to pay.

While our services are many, I'm here today to speak about the work we do for Veterans. CHN's Military Health and Wellness Program provides a comprehensive array of services to Veterans and their families, from on-site mental health care to primary care services. Each program participant is screened and assessed for mental health needs by a licensed clinical social worker and can, as needed, receive referrals to CHN's behavioral health team. Accordingly, participants can access behavioral health services like individual and family counseling, psychiatry, and medication management, and be connected to other services like legal support, medical care, dental services, and more. As of today, our program has met its goal of 100 military assessments for the current contract year.

The Military Health and Wellness Program is particularly unique in its collaboration with the Veterans Advocacy Project (VAP) which provides legal support services, assistance with public benefits, VA claims, discharge upgrade applications, housing, and other civil legal issues. The VAP works with CHN staff to ensure continuity of care and provides training for staff on cultural competency when working with Veterans and understanding their legal needs.

In all, we greatly appreciate the support we receive from City Council for our program and look for this funding to continue. It is an honor to serve our Veteran population, and I appreciate your consideration.



NEW YORK OUTDOOR RX COALITION

COMMITTEE ON VETERANS

Hon. Robert Holden, *Chair*

June 18, 2024

Oversight: Promising Therapies for Veterans' Mental and Emotional Health

Testimony by:

Joe Hunt

Director – New York Outdoor Rx Coalition

FOR MORE INFORMATION:

Contact: Joe Hunt at: JoeHunt@OutdoorRxCoalition.org or call 917-613-5093,
Or, visit our website at <https://www.outdoorrxcollection.org/>

Thank you, Chairman Holden, and members of the Committee on Veterans, for the opportunity to offer testimony regarding *Promising Therapies for Veterans' Mental and Emotional Health*.

My name is Joe Hunt, I am a U.S. Army Vietnam Veteran and I currently serve as Director of the New York Outdoor Rx Coalition.

I am here today to highlight the vital role of the New York Outdoor Rx Coalition in improving access to the healing power of nature for our service members, veterans, and their families.

The Outdoor Rx Coalition is the result of four years of collaborative work from Sierra Club's Military Outdoors and the NYS Department Services. It is dedicated to improving access to outdoor activities for veterans and recognizing that nature offers a unique and effective pathway to mental and physical healing. The coalition brings together over 150 unique organizations across 54 of New York's 62 counties, providing veterans with a wide array of opportunities to engage with nature in ways that promote their overall well-being.

As Committee knows, transitioning from military service to civilian life is often fraught with challenges. Veterans may carry the invisible scars of their service, including traumatic brain injury, post-traumatic stress, and military sexual trauma. These injuries can be as debilitating as physical wounds, complicating their adjustment to civilian life. For veterans who are Black, Indigenous, and People of Color (BIPOC), systemic racism further exacerbates these difficulties.

Research supports the positive impact of outdoor experiences on health and emotional well-being. Spending time in nature has been shown to:

- Alleviate symptoms of depression and post-traumatic stress,
- Increase personal growth, and
- Foster a positive attitude towards seeking professional help.

Outdoor recreation provides a lower barrier to entry compared to clinical treatments by reducing stigma and offering a variety of activities that resonate with veterans, particularly those who need help but fear the stigma associated with traditional clinical treatment.

Whether through structured programs or informal family outings, nature helps veterans heal from service-related trauma, enhancing their social functions and outlook on life.

On April 1st of this year, New York State expanded the Lifetime Liberty Pass Program, affording Veterans and Gold Star Families free access to New York State Parks, campgrounds, day-use areas, historic sites, and recreation areas. This expansion marks a significant milestone in increasing access to the healing powers of New York's public lands and waters to support the emotional and physical well-being of our veteran communities.

Despite these benefits, many New York City veterans face barriers to accessing nature, such as distance, lack of transportation, and unfamiliarity with outdoor activities. New York City is home to roughly 16% of New York State's veteran population. These barriers inhibit efforts to make nature more accessible to them.

I feel like I'm preaching to the choir. One third of the programs the Committee on Veterans has cited as "promising therapies" are outdoor programs. We urge the Committee to continue to support initiatives that increase access to outdoor therapy for veterans by investing in transportation, outreach, and education, to ensure that more New York City veterans benefit from the healing power of nature.

Thank you for your time and attention. We are available at the Council's convenience to assist in its efforts to support the emotional well-being of New York City's Veteran community.

Testimony Before the New York
City Council Committee on Veterans Affairs
The New York State Preemption Doctrine from
Article IX of the New York State Constitution

The Preemption Doctrine states that **A local law is unenforceable if it prohibits what a State statute explicitly allows, or if the State statute prohibits what the local law explicitly allows.**

Preemption occurs in one of two ways; *first*, when a local government adopts a law that directly conflicts with a State statute; and second, when a local government legislates in a field for which the State legislature has assumed full regulatory responsibility.

Conflict preemption represents an outright conflict or “head-on collision” between a local law and State statute.

But even in the absence of an outright conflict, a local law is preempted if the State Legislature “has evidenced its intent to occupy the field.” **Field preemption occurs when “a local law regulating the same subject matter as a state law is deemed inconsistent with the State’s transcendent interest,** whether or not the terms of the local law actually conflict with a State-wide statute.”

Why does this matter to NYC’s veteran vendors? As you may have guessed, I am about to identify a local law that is preempted by state law.

New York State Law GBL §35 says that no city law shall prevent or interfere with the vending of a disabled veteran.

Additionally, NYS GBL §35-a says that no disabled-veteran vendors shall be restricted in any way in any area if that restriction does not appear in NYS GBL §35-a.

Nevertheless, in 2011 the City Council enacted a regulation that does exactly that, it prevents and interferes with the disabled veteran vending. Specifically, it removes disabled vets from all city streets and forces them to work restricted to sidewalks surrounding parks.

That directly conflicts with New York State statute in a field where for which the State legislature has assume full regulatory responsibility.

24 RCNY 6-13 is a health department regulation that has a head- on collision with both 35 and 35a. It is precisely the type of placement restriction which the NYS legislature told the city it could not enforce against veterans.

This City regulation, stripped away from disabled veterans any chance of ever getting a Full-Term Citywide Mobile Vending Permit.

We should all be outraged at the city for penalizing disabled veterans for their service. But legally, speaking this law is null and void and unenforceable because it violates several constitutional rights.

Not because of the fact that disabled-veterans are a protected class, which we are, but because there are 3,100 Full-term Citywide Permits which allow the permittee to vend throughout the city but less than 15 of the permittee are disabled-veterans. This is the definition of discrimination and violates every aspect of the equal protection clause.

Additionally, the US Supreme Court has ruled that a license is a property interest. Every time the NY City reduces a veteran's vending privileges with a law or with planters, or bollards and sidewalk furniture, it is an illegal taking of property under the 5th and 14th Amendment.

In conclusion, the city's regulations that encroach on a disabled veterans vending privileges are unenforceable. They are preempted by the State Preemption Doctrine and they are superseded by the protections in the 4th, 5th and 14th Amendments of the Constitution.

I am certain that over the last 20 years 100's possible 1,000's of disabled veterans have been driven out of the street vending and have a valid 42 USC 1983 claim against the city of New York.

To everyone on the Veterans committee and at the NYC Department of Veterans Services please do not forget your purpose - Put Veterans First.

Armando Crescenzi

Put Veterans First, Ltd.



Frederick C Gasior

61 Marbourne Road Bethpage, NY 11714

Chapter126nyc@gmail.com 516-769-6847

Ladies, Gentlemen, Council members, Distinguished Representatives and
Guests:

My name is Fred Gasior I am a Vietnam Veteran, President of Vietnam Veterans of America Chapter 126 Manhattan, NY, and President of VVA 126 foundation NYC. In the sixties and early seventies men and women, residence of NY City, and other cities answered the call of their country to fight in Vietnam, to preserve freedom and Democracy. They signed up, others were drafted, they served, they fought, and 1,714 New Yorkers gave their last breath of life and over 58,476 died nationally. Many others returned home with seen and unseen wounds. They received neither their country's glory, nor their country, or city's compassion. Veterans left the war, but the war never left the veterans memories. Months, years, decades went by, and an internal time bomb, an unseen wound, ticked away and until one day it goes off and the Veteran's life is changed.

Post traumatic stress, PTSD affects every Veteran in unusual ways. War is an unhealthy, traumatic event that stretches the mental capacities and sanity of all.

The insanity of wars, the traumatic experiences of war has multiplied the ranks of those with these unseen wounds since Vietnam. Veterans of all decades need help to readjust and reset their mental emotions, memories, to feel safe in their environment and lead productive lives.

The city of New York has opened its arms to the world's migrant population. Millions of dollars are being spent addressing this national crisis.

But what has been done to help our citizens, NYC residents, our brother, and sisters (America's Veterans)? Their Mental health and their well-being!

Veterans suffer in silence many turn to drugs, alcohol, violence other addictions and homelessness, some just give up. Will we abandon the warriors that protected us, but welcomed all others into our city?

Americas Veterans, for decades, have stood and protected the ramparts of Freedom across the world. Many wars, Many conflicts Many casualties.

Freedom, Democracy, Liberty, and Justice is what the few, our Veterans, have defended and preserved, for the many. They have since 1776 and I am sure future Veterans will do the same.

Freedom, FREEDOM is not free, the cost of freedom is extremely high. That cost is buried in cemeteries across the globe.

What will the city of New York do to help the few, the brave Americas Warrior Veterans

The city must help, answer the calls of our veterans, our citizens. Men and women, Veterans, of all decades need help to readjust to cope mentally with the scars of war.

The Department of Defense, Department of Veterans Affairs, has stated that twenty-two veterans PER DAY take their lives. SUICIDE BY VETERANS IS A NATIONAL EPIDEMIC! The pain mentally overcomes the rationality of reason for some Veterans.

SUICIDE, SUICIDE IS A PERMANENT SOLUTION TO WHAT MAY BE A TEMPORAY CURABLE PROBLEM.

Help STOP VIETERNS SUICIDE by supporting organizations that offer hope and support.

TM (transcendental meditation) RTM (Reconsolidation of Traumatic Memories) Homeward Bound Adirondacks Retreats, Alliance 180 (Equine therapy) transformative horse experiences. These are a few nondrug programs, therapies that should be supported,

In closing I am asking this City council for help, to fund organizations that offer programs, assistance, and **non-drug therapies to our veterans.**

Vietnam Veterans of America chapter 126 Manhattan, VVA126 foundation NYC, Operation Warrior Shield, Help for the Warriors and more. Funding is needed to address this CITY AND THE NATIONAL MENTAL HEALTH CRISIS.

THANK YOU

Fredrick Gasior

Veteran Programming and Health and wellness Interventions

Hello, my name is Gus Stavroulakis.

As a Navy Veteran and currently serving as a Medic in the National Guard, I bring a personal dedication to the cause of veterans' well-being. My background in public health programming has been building initiatives that support and enhance the lives of our veterans, a mission I have been wholeheartedly committed to since separating from the Navy.

My current role in research at NYU is not just about preventing opioid overdoses, it's about addressing a critical issue that requires multiple layers of attention. What sets my work apart is its foundation in community-based interventions, ensuring that the needs of Veterans and their voices are not just heard, but are at the heart of every project I am a part of.

Veterans encounter various barriers that can impede their access to necessary resources and support. Some key challenges include:

1. **The Idea of a Deserving Veteran**

- This can lead to certain veterans being overlooked or undervalued based on their service history, discharge status, or other factors. Such misconceptions can create barriers to accessing benefits, support services, and public empathy. Which impacts the second point.
- Gatekeeping within veteran services can prevent veterans from accessing the help they need. Complex eligibility criteria, extensive paperwork, and bureaucratic processes can be daunting and discouraging. This gatekeeping can lead to veterans not receiving timely or appropriate assistance.
- Insufficient funding for veteran programs is a significant barrier. Limited financial resources can restrict the availability and quality of services such as healthcare, housing, education, and mental health support. Underfunded programs struggle to meet the growing and diverse needs of the veteran population.
- Funding issues limit the opportunity for new and revolutionary programs to reach veterans.

Veteran Programming and Health and wellness Interventions

Addressing these barriers requires a concerted effort to change societal perceptions, streamline access to services, secure adequate funding, and develop programs that meet veterans' needs holistically and compassionately.

Community-based interventions effectively address veterans' complex needs by leveraging the strengths and resources within communities to create sustainable, impactful change. These interventions address various health and social issues simultaneously. By integrating healthcare, mental health support, social services, education, and employment assistance, these interventions can provide comprehensive support tailored to veterans' unique needs. By customizing programs to meet the specific needs of individual veterans, considering their backgrounds, experiences, and personal circumstances, this personalization increases the effectiveness of interventions.

Locating services within the community makes them more accessible to veterans, reducing barriers related to transportation and lack of awareness. This accessibility is crucial for timely and effective support. Community-based programs help build and strengthen social networks, providing veterans with essential peer support. These networks can offer emotional support, practical assistance, and a sense of belonging, vital for mental health and well-being.

Building a third place for veterans to separate from home and workplace, where people can gather, relax, and engage in meaningful interactions. Examples include community centers, coffee shops, parks, and libraries. Veterans often face social isolation after leaving the military. Third places provide a neutral, welcoming environment where veterans can connect with others, share experiences, and build new relationships. These spaces foster a sense of community and belonging. Regular social interaction in third places can alleviate loneliness and isolation, which are common among veterans. These interactions contribute to improved mental health and overall well-being. Supporting the development of informal support networks that provide practical help, such as job leads, housing information, and advice on navigating civilian systems. These networks are crucial for veterans' successful transition to civilian life.

Community-based interventions are essential for addressing the multifaceted needs of veterans. By providing holistic, personalized care and fostering strong social support networks, these interventions can significantly enhance the well-being and integration of veterans into

Veteran Programming and Health and wellness Interventions

civilian life. By leveraging community resources and fostering social connections, community-based interventions create a supportive ecosystem that empowers veterans and promotes long-term positive outcomes. These programs can look like many things, such as community gardens, fitness organizations/gyms, and the American Legion.

Community collaborations must be at the forefront of everyone's mind. Pooling resources such as funding, expertise, facilities, and volunteers. Shared resources can enhance program reach and effectiveness while reducing individual burdens. Conduct a comprehensive mapping of existing services and resources available to veterans in the community. Identify areas where services overlap and where there are gaps. It can help build strategic partnerships with organizations that can fill identified gaps.

Building partnerships is essential for creating and sustaining effective community-based interventions for veterans. By working together, pooling resources, and addressing gaps in services, communities can develop comprehensive support systems that meet the diverse needs of veterans. Through collective effort, continuous engagement, and strategic collaboration, these programs can significantly enhance the well-being and integration of veterans into civilian life.

**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 Koo Lee

Address: [Redacted] Flushing NY

I represent: _____ 11358

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

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

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Date: _____

(PLEASE PRINT)

Name: Jason Loughran

Address: DVS

I represent: DVS

Address: 1 Centre St, NY, NY

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Armando Coresenzi

Address: [Redacted] Bx 111

I represent: Veteran Vendors

Address: Put Veterans First

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Lauren DiMello

Address: 1 Centre St

I represent: NYC DVC

Address: 1 Centre St NY NY 10007

**THE COUNCIL
THE CITY OF NEW YORK**

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

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Date: _____

(PLEASE PRINT)

Name: Abdel Jamil

Address: _____

I represent: _____

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Gus STAVROULAKIS

Address: [REDACTED] BRONX NY

I represent: my self

Address: _____

◆ 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: _____

(PLEASE PRINT)

Name: RABAH BELKEB112

Address: _____

I represent: Disabled Veterans Vendors

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: 6/18/24

(PLEASE PRINT)

Name: Victoria Jonas

Address: one park Avenue

I represent: Military Family Center, MV Langue

Address: one park Avenue

**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: 6/18/2024

(PLEASE PRINT)

Name: FREDERICK GASIOR

Address: _____

I represent: Vietnam Veterans of America - Chapter 126 MANHATTAN

Address: -23rd Street Medical Center

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: _____

(PLEASE PRINT)

Name: SUDHIR GADH, MD CDR

Address: 1240 Park Ave 3A USN

I represent: Gadh Foundation + Third Element

Address: Same

**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: Joseph Hunt

Address: _____

I represent: N/Outdoor Rx coalition

Address: 413 Main St. Beacon, NY

**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: 6/18/24

(PLEASE PRINT)

Name: Dr Merca Nelson

Address: _____

I represent: Self/Merca's city of wholeness

Address: Same as Above

**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: Walter Wells

Address: Disabled Veterans Vendors

I represent: _____

Address: _____

▶ 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: _____

(PLEASE PRINT)

Name: Catherine Trapani

Address: _____

I represent: Volunteers of America, Greater NY

Address: _____

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