



Yesenia Mata
COMMISSIONER

Testimony Submitted to the New York City Council

Committee on Veterans

Oversight – Support and Programs for LGBTQ+ Veterans

Submitted by: Yesenia Mata, Commissioner NYC Department of Veterans' Services

June 22, 2026

Good Morning Chair Morano and members of the Committee on Veterans.

My name is Yesenia Mata, and I am the Commissioner of the New York City Department of Veterans' Services. Thank you for the opportunity to testify today regarding support and services for LGBTQ+ veterans in New York City.

Chair Morano and members of the Committee, thank you for your continued partnership and commitment to the veteran community. We look forward to continuing to work alongside all of you to connect with and serve veterans across the five boroughs.

I would like to acknowledge an important nuance regarding today's hearing. The language used throughout City administrative code and reporting requirements specifically references LGBTQ+ populations. While we recognize and support the full diversity of New York City's communities, including intersex and asexual individuals, our testimony today aligns with the terminology currently established within the City's legislative framework.

As someone who continues to serve as a Captain in the United States Army Reserve, I understand that military service is not a singular experience. Our veterans come from every borough, neighborhood, and background. They represent every race, ethnicity, religion, gender identity, and sexual orientation.

Every program, service, and resource offered by the Department of Veterans' Services is available to all veterans. Today's hearing is not about creating separate services; it is about ensuring LGBTQ+ veterans know they are welcome, that they belong, and that DVS is here to support them.

I would also like to briefly address the legislation before the Committee today.

Regarding Introduction 914-A, the Department appreciates the intent of expanding access to effective mental health treatments for veterans. We support the overall goals of the legislation and look forward to continuing discussions with the Council regarding amendments necessary to ensure the proposal is operationally feasible and aligned with agency responsibilities.

Regarding Introduction 928, the Department fully supports the legislation and its goal of strengthening engagement with LGBTQ+ veterans. DVS has already designated two LGBTQ+ liaisons within the Department. Donna Perrot, an Army veteran, has served as our LGBTQ+ Liaison since 2024, and Michael Lopez, also an Army veteran, now serves as our LGBTQ+ Claims and Benefits Liaison.

New York City is home to one of the largest LGBTQ+ veteran populations in the nation. Nationally, an estimated 1.09 million LGBTQ+ adults are veterans, including approximately 37,000 transgender

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veterans. LGBTQ+ veterans are also more likely to have served during the post-9/11 era than the veteran population overall.

Many LGBTQ+ veterans have faced unique challenges throughout their military service and transition to civilian life, including discrimination, housing instability, barriers to healthcare, and social isolation. For some, these challenges were compounded by policies such as "Don't Ask, Don't Tell" and restrictions on transgender military service. Between 2000 and 2014, approximately 1,300 transgender individuals were discharged from the military because of their gender identity.

While significant progress has been made, barriers remain. Many are not immediately visible and can include shame, hesitation, or fear of seeking support. Nationally, 36 percent of LGBT veterans report avoiding VA services due to perceived bias. No veteran should ever feel that their identity diminishes their service or affects their ability to access the benefits and support they have earned.

The City has taken important steps to better support LGBTQ+ communities, including through the Mayor's Office of LGBTQIA+ Affairs. DVS is currently exploring the creation of a Certificate of Eligibility for LGBTQ+ veterans, which would help discharged LGBTQ+ veterans access certain City benefits and services available to veterans.

One area where DVS has been particularly proud to support LGBTQ+ veterans is through our Discharge Upgrade and Legal Services Program, known as DUALS. During Fiscal Year 2026, 38 LGBTQ+ veterans sought legal assistance through the program, many navigating the lasting impacts of discriminatory discharge practices.

We are grateful for our partnerships with the Veteran Advocacy Project and the New York Legal Assistance Group, whose expertise has helped veterans pursue discharge upgrades and access earned benefits. While many cases remain pending due to the complexity of the review process, these cases underscore the continued need for targeted outreach, legal support, and culturally competent services.

We also recognize the importance of community partnerships. Organizations such as SAGEVets and the Stonewall Veterans Association provide trusted spaces, social connection, and culturally competent support for LGBTQ+ veterans. These partnerships are critical to reaching veterans who may not otherwise engage with traditional systems.

Thank you again for the opportunity to testify today. We look forward to continuing our work with the Council, community organizations, and LGBTQ+ veterans to ensure that every veteran in New York City feels welcomed, supported, and empowered.

I am happy to answer any questions.

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JUMAANE D. WILLIAMS

**STATEMENT OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY COUNCIL COMMITTEE ON VETERANS
JUNE 22, 2026**

Hello,

My name is Jumaane D. Williams and I am the Public Advocate for the City of New York. I would like to thank Chair Morano and members of the Veterans Committee for holding this hearing and for the opportunity to share testimony.

Veterans issues should never be partisan. Regardless of background or political affiliation we should ensure that they receive the support and benefits that they're owed. While strides have been made to streamline the process in which most veterans receive their benefits, for many LGBTQ+ veterans, that promise has too often gone unfulfilled.

Between World War II and 2011, the United States military had as many as 114,000 veterans discharged under the then "Don't Ask, Don't Tell" (DADT) policy due to their actual or perceived sexual orientation, or perceived gender identity.¹ More often than not, these LGBTQ+ veterans received a less-than-honorable discharge, which by in large automatically disqualified veterans from receiving benefits under the GI Bill such as educational assistance, VA home loans, and health care². Although the federal government has made some strides to remedy this issue, the burden of changing records was placed on the individual rather than the Department of Defense. This requires veterans to compile a variety of old records and obtain attorneys to receive the benefits they should have always had access to for serving. Navigating military review boards to get an Other Than Honorable Discharge Upgraded is often an expensive, lengthy, and emotionally taxing process for these veterans who may already feel conflicted about receiving any government assistance or support.³ It is also important to acknowledge that while the federal government has taken steps forward to remedy this issue, the current administration's ban targeted over a 1,000 transgender service members.⁴

New York City has taken important steps towards addressing these long-standing issues. In 2022, the City Council passed Local Law 4 which allows service members who were discharged from the military solely because of their LGBTQ+ status to access city veteran benefits and discharge upgrade assistance.⁵ This legislation represents a significant acknowledgment of the difficulties

¹ <https://www.impactfund.org/social-justice-blog/dadt-appeal>

² <https://www.justia.com/lgbtq/military-service/veterans-issues/>

³ <https://www.dav.org/learn-more/news/2022/dav-funded-program-helps-veteran-discharged-for-being-gay/>

⁴ <https://www.pbs.org/newshour/politics/up-to-1000-transgender-troops-are-being-separated-from-the-military-in-new-pentagon-order>

⁵ <https://intro.nyc/local-laws/2022>

faced by LGBTQ+ Veterans through decades of discriminatory policies and marks a concerted effort towards ensuring that these veterans and potentially their surviving spouses can access the benefits that they deserve. While there has been some significant and meaningful progress, continued investment, targeted outreach, data collection, and fundamental reforms continue to be necessary to ensure all veterans are fully supported and are able to navigate these complex systems.

I would also like to acknowledge the two bills being heard today. Intro 914-A, introduced by Chair Morano, requires a study and recommendations on the feasibility on implementing a pilot program to provide a Reconsolidation of Traumatic Memories (RTM) Therapy for veterans living with trauma and PTSD⁶ and Intro 928, introduced by Council Member Carr, which would amend the Admin Code for NYC in relation to establishing an LGBTQ+ liaison within the Department of Veterans Services. I look forward to hearing from the administration and from public testimony about these pieces of legislation and how we can better serve LGBTQ+ veterans and ensure they are able to access all resources and benefits available to them.

Thank you.

⁶<https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=8034432&GUID=16521DFD-4FC5-4695-AC25-605F91E66BC8&Options=&Search=>



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

**Testimony of Emilia Cobbs
Policy and Research Associate
New York Health Foundation**

**Submitted to the New York City Council Committee on Veterans
Oversight - Support and Programs for LGBTQ+ Veterans
June 22nd, 2026**

Thank you, Chair Morano and members of the Committee, for the opportunity to testify 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 approximately 120,000 veterans who call New York City home.

For over 15 years, NYHealth has worked to understand and support the health needs of New York's veterans. We do this through grantmaking, policy analysis, advocacy, research, and convenings. Our work has identified service gaps and helped develop innovative community-based programs that meet veterans where they are. Over the years, we have had the opportunity to partner closely with City agencies and partners to ensure New York's veterans receive high-quality, culturally competent care and support.

A persistent challenge in this work is a lack of timely, reliable data on specific veteran populations, including LGBTQ+ veterans. Veterans are often treated as a monolith, obscuring important differences in identity, experience, and need. Through our research partnerships, including work with the Center for a New American Security (CNAS), NYHealth has helped build evidence about veteran subpopulations. That research found that data collection is often incomplete and inconsistent, particularly for LGBTQ+ veterans and veterans with multiple minority identities.

New York has long been a leader in supporting both veterans and LGBTQ+ communities, but effective policymaking requires a clearer understanding of who LGBTQ+ veterans are, where they access care and services, and what barriers they face. Without data on veteran subgroups, disparities in health outcomes, service utilization, housing stability, and social support can remain hidden. Better information will help policymakers, health systems, and community organizations develop responsive programs, connect veterans to affirming care and support, and ensure resources reach those most in need.

What the Data Show: LGBTQ+ Veterans Face Elevated Risks

In 2020, NYHealth-supported research by CNAS found that LGBTQ+ veterans in New York often perceive traditional veterans' service organizations and, at times, the Department of Veterans Affairs (VA), as unwelcoming because of experiences with harassment or

discrimination. These experiences can make veterans less likely to engage in health care, benefits, and social support. The study found that discharge status continues to have a disproportionate impact on veterans who were separated under discriminatory policies such as “Don’t Ask, Don’t Tell (DADT).” Those with less than honorable discharge due to DADT were barred from accessing VA care, among other resources.^{1,2} For example, the CNAS research also found that LGBTQ+ veterans face barriers within traditional homeless shelter systems.³

These findings are consistent with national research showing that LGBTQ+ veterans face elevated risks of discrimination, stigma, victimization, and poor health outcomes compared with their non-LGBTQ+ veteran peers. LGBTQ+ veterans experience higher rates of mental health needs, driven in part by chronic exposure to discrimination, social exclusion, and barriers to care.⁴ These factors can have lasting effects on health and well-being, particularly among transgender and gender nonconforming veterans.⁵

In the worst cases, these barriers contribute to significant suicide risks. The national suicide rate among sexual minority veterans is more than twice that of the overall veteran population.⁶ Within the LGBTQ+ veteran community, risks are not evenly distributed. Research has found high rates among transgender veterans, and studies consistently show elevated rates of suicidal ideation and suicide attempts among bisexual veterans, particularly bisexual women.^{7,8}

¹ Grogan N, Moore E, Peabody B, Seymour M, Williams K. 2020. New York State Minority Veteran Needs Assessment. Center for a New American Security. Commissioned by the New York Health Foundation. Available at: <https://s3.us-east-1.amazonaws.com/files.cnas.org/documents/CNAS-Report-MVS-NY-Assessment-final.pdf>.

² Center for American Progress. LGBTQ+ Military Members and Veterans Face Economic, Housing and Health Insecurity. <https://www.americanprogress.org/article/lgbtq-military-members-and-veterans-face-economic-housing-and-health-insecurities/>, accessed June 2026.

³ Grogan N, Moore E, Peabody B, Seymour M, Williams K. 2020. New York State Minority Veteran Needs Assessment. Center for a New American Security. Commissioned by the New York Health Foundation. Available at: <https://s3.us-east-1.amazonaws.com/files.cnas.org/documents/CNAS-Report-MVS-NY-Assessment-final.pdf>.

⁴ Boyer TL, Youk AO, Haas AP, Brown GR, Shipherd JC, Kauth MR, Jasuja GK, Blosnich JR. Suicide, Homicide, and All-Cause Mortality Among Transgender and Cisgender Patients in the Veterans Health Administration. *LGBT Health*. 2021 Apr;8(3):173-180. doi: 10.1089/lgbt.2020.0235. Epub 2021 Feb 5.

⁵ Harper KL, Blosnich JR, Livingston N, Vogt D, Bernhard PA, Hoffmire CA, Maguen S, Schneiderman A. Trauma exposure, mental health, and mental health treatment among LGBTQ+ veterans and nonveterans. *Psychol Trauma*. 2025 Nov;17(8):1651-1658. doi: 10.1037/tra0001735. Epub 2024 Jun 24.

⁶ Lynch KE, Gatsby E, Viernes B, Schliep KC, Whitcomb BW, Alba PR, DuVall SL, Blosnich JR. Evaluation of Suicide Mortality Among Sexual Minority US Veterans From 2000 to 2017. *JAMA Netw Open*. 2020 Dec 1;3(12):e2031357. doi: 10.1001/jamanetworkopen.2020.31357.

⁷ Kittel JA, Griffith AM, Monteith LL, Hoffmire CA. Suicidal ideation and suicide attempts among lesbian, gay, and bisexual+ women veterans using Department of Veterans Affairs reproductive health care. *Psychol Serv*. 2026 Apr 27;10.1037/ser0001038. doi: 10.1037/ser0001038. Epub ahead of print. PMID: 42043431; PMCID: PMC13266503.

⁸ Lamba S, Frank DA, McCoy JL, Purkayastha S, Leder SM, Russell LE, Gordon JH, Procario GT, Moy EM, Hausmann LRM. Health-Related Social Needs Among LGB+ Veterans. *JAMA Netw Open*. 2025 Oct 1;8(10):e2539986. doi: 10.1001/jamanetworkopen.2025.39986.

New York Has Been a Leader in LGBTQ+ Veteran Support but there is More Work to Be Done

New York City and the VA have invested in improvement and demonstrated that progress is possible. The City's Department of Veteran Services' (DVS) has developed multiple LGBTQ+-specific programs, including a LGBTQ veteran liaison and VetConnectNYC, which helps connect LGBTQ+ veterans to needed resources, including connecting them to discharge upgrade assistance services.⁹

Over the past decade, the VA has also become a national leader in LGBTQ+ health care and cultural competency. Most transgender veterans report respectful treatment and overall satisfaction with their care at the VA, reflecting years of investment in provider training, inclusive policies, and dedicated programming.¹⁰ For example, in New York, the VA also provides support groups for LGBTQ+ veterans in its Manhattan and Brooklyn campuses.¹¹ Programs like these, which provide peer support, are an important mechanism to reach veterans. Veterans consistently report they are more likely to engage when outreach comes from individuals with shared lived experience.

At the same time, barriers remain. In 2020, the U.S. Government Accountability Office found that 89% of veterans' health records lack gender identity data.¹² As a result, health concerns that disproportionately affect LGBTQ+ veterans may go unrecognized or untreated.

Health systems must work to identify LGBTQ+ veterans both within and outside of VA care, as most veterans do not receive all their care through the VA. Many rely on community providers, private-sector care, City hospitals and clinics, behavioral health programs, homeless services, and the justice system, where providers may not be trained on veteran-specific needs. Each of these touchpoints represents an opportunity to identify veterans and connect them to benefits, services, and support that can improve health and well-being. And many LGBTQ+ veterans may not engage with traditional veteran-serving institutions at all. Reaching these individuals requires meeting them in spaces where they already feel welcome and connected.

⁹ New York City Department of Veteran Services. LGBTQ+ Veterans.

<https://www.nyc.gov/site/veterans/services/lgbtq-veterans.page>, accessed June 2026/.

¹⁰ U.S. Department of Veterans Affairs. Study: Majority of transgender Veterans satisfied with VA care.

<https://www.research.va.gov/currents/0917-Majority-of-transgender-Veterans-satisfied-with-VA-care.cfm>, accessed June 2026.

¹¹ One Degree. Join a support group for LGBTQ+ veterans. <https://www.1degree.org/opp/join-a-support-group-for-lgbtq-nyc-department-of-veterans-new-york-ny>, accessed June 2026.

¹² U.S. Government Accountability Office. 2020. VA Health Care: Better Data Needed to Assess the Health Outcomes of Lesbian, Gay, Bisexual, and Transgender Veterans. GAO-21-69. Available at: <https://www.gao.gov/products/gao-21-69>.

Recent Cuts and Closures Should Not Erase Progress

Recent federal policy changes have created new challenges for LGBTQ+ veterans. Reports indicate that LGBTQ+-specific supports and therapies within some VA facilities have been reduced.¹³ On June 12, 2026, the Department of Veterans Affairs ordered all VA facilities to end gender identity-based initiatives and remove LGBTQ+ designations from medical coordinator networks.¹⁴

In New York, New York University Langone's Military Family Clinic will be closing this September. This program provides free mental health care and its closure will impact LGBTQ+ veterans' access to care at these sites. These changes may also create uncertainty among veterans and contribute to perceptions that they are no longer welcome within the system.

These developments are concerning and may make it more difficult to build on the progress that has been made. They underscore the importance of ensuring that LGBTQ+ veterans have multiple pathways to support both inside and outside the VA. As some LGBTQ+ veterans reconsider their engagement with the VA or other veteran-serving institutions in response to these changes, it will become increasingly important to ensure they remain connected to care, benefits, and support through other trusted channels.

Recommendations

To better support LGBTQ+ veterans, we urge the City to consider the following recommendations:

Close critical data gaps. Significant data gaps persist across veteran subpopulations, particularly among LGBTQ+ veterans and those with intersecting identities. These limitations constrain meaningful analysis and hinder effective policymaking:

- Expand the City's disaggregated reporting on veteran health and well-being outcomes, including suicide, homelessness, and behavioral health indicators among LGBTQ+ veterans where data are available.
- Build on recent efforts to improve suicide surveillance by ensuring veteran status, sexual orientation, gender identity, race, ethnicity, and other relevant demographic characteristics are captured and reported whenever feasible.

¹³ U.S. Department of Veterans Affairs. VA to phase out treatment for gender dysphoria. <https://news.va.gov/press-room/va-to-phase-out-treatment-for-gender-dysphoria/>, accessed June 2026.

¹⁴ Advocate. Trump admin eliminates health care programs for LGBTQ+ veterans. <https://www.advocate.com/politics/national/trump-abandons-lgbtq-veterans>, accessed June 2026.

- Identify mechanisms to strengthen mortality review processes, including proposals such as establishing or enhancing a suicide mortality review committee that better examines risk factors among veteran subpopulations.
- Encourage and support the consistent, culturally competent collection of veteran status, sexual orientation, and gender identity data, including the widespread adoption of veteran-status screening across Health + Hospitals facilities, behavioral health programs, homeless services, the justice system, and other health and social service systems.

Expand veteran identification and screening in non-VA settings. Many veterans receive care and services outside the VA—and some LGBTQ+ veterans may increasingly seek support outside traditional veteran-serving institutions:

- Ensure providers are trained to identify military service history and understand the unique health, behavioral health, and social service needs of LGBTQ+ veterans.
- Strengthen referral pathways so veterans identified in non-VA settings can be connected to benefits, housing assistance, behavioral health services, legal support, and peer-support programs when needed.
- Explore opportunities to expand public-private partnerships that support coordinated, affirming, and trauma-informed care for LGBTQ+ veterans.

Strengthen peer-support programming. Peer support remains one of the most effective ways to reduce isolation, build trust, and connect veterans to care:

- Ensure LGBTQ+ veterans are explicitly represented and supported within the Joseph P. Dwyer Veteran Peer Support Program and other veteran peer-support initiatives.
- Support LGBTQ+ cultural competency training for peer-support providers and veteran-serving organizations.
- Recruit and support LGBTQ+ veteran peer leaders who can help engage veterans who may be reluctant to seek services through traditional channels.
- Explore opportunities to develop or expand peer-support networks specifically focused on LGBTQ+ veterans, building connections to behavioral health care, housing resources, benefits counseling, and community support.

Strengthen outreach and engagement. Traditional outreach methods may miss LGBTQ+ veterans who do not self-identify as veterans or who have disengaged from veteran-serving institutions:

- Expand proactive, community-based outreach strategies by partnering with LGBTQ+ community organizations and participating in existing LGBTQ+ community events and networks.
- Utilize digital engagement strategies and targeted communications to reach younger veterans and veterans who may not be connected to traditional veteran-serving organizations.
- Build upon successful outreach models such as Mission: VetCheck, which uses peer-based outreach, wellness check-ins, suicide screenings, and referrals to connect veterans with critical resources.
- Consider ways not only to connect LGBTQ+ veterans to services, but also to meaningfully engage them and center their voices in shaping the policies and programs designed to serve them.

Conclusion

LGBTQ+ veterans have served our country with distinction and deserve access to high-quality, culturally competent care and support. The evidence shows that many face elevated risks related to suicide, homelessness, discrimination, and mental health challenges. By improving data collection, identifying veterans in non-VA settings, modernizing outreach, and strengthening peer support, New York City can continue its tradition of leadership and ensure that LGBTQ+ veterans receive the support they have earned.

At NYHealth, we remain committed to building the evidence base and helping ensure that those who have served receive the care and support they deserve. I hope you will look to the Foundation as a partner and resource for this work.

Thank you for the opportunity to testify, and I look forward to answering any questions.



TESTIMONY BEFORE THE CITY COUNCIL COMMITTEE ON VETERANS

Chair Morano and Honorable Members of the Committee, thank you for the opportunity to provide testimony today. Submitting this testimony is Makedah Salmond, Project Director of the Veterans Assistance Project at the City Bar Justice Center, which is a nonprofit, civil legal aid affiliate of the New York City Bar Association. The Veterans Assistance Project (VAP) provides pro bono legal representation to veterans and their survivors in New York who live at or below the federal poverty level, with a primary focus on disability claims before the U.S. Department of Veterans Affairs (VA). VAP partners with over 60 law firms and corporate legal departments and has trained over 580 pro bono attorneys to provide counsel and representation to veterans and their survivors. In recent years VAP has provided legal assistance to more than 3,000 veterans in New York City and secured approximately \$11.2 million in retroactive veterans disability benefits in addition to more than \$350,000 in ongoing monthly benefits.

Support and Programs for LGBTQ+ Veterans

Since January 2020, the City Bar Justice Center has provided legal services to 84,171 New Yorkers. Among those clients, 77 identified as both veterans and LGBTQ+. These individuals did not necessarily seek assistance related to their LGBTQ+ identity; rather, they came to us for a variety of civil legal matters and self-identified as LGBTQ+ during the intake process. The most common issues they faced involved housing, consumer law, and estate planning.

While the number of LGBTQ+ veterans represented in our client population is relatively small, the data alone cannot explain whether this reflects a limited need for services, a lack of awareness of available resources, or barriers that prevent LGBTQ+ veterans from seeking assistance. As a result, significant questions remain about whether existing programs adequately meet the needs of this population.

To address this gap, the Committee should consider directing and funding a comprehensive study to identify the legal, social, economic, and health-related challenges facing LGBTQ+ veterans in New York City. Such a study would help determine whether current services are accessible, culturally competent, and responsive to the needs of LGBTQ+ veterans.

Additionally, the Committee should designate an LGBTQ+ liaison within the Department of Veterans' Services and establish a centralized resource hub for LGBTQ+ veterans. The liaison would serve as a dedicated point of contact, conduct outreach, connect veterans with available benefits and services, coordinate with service providers, and identify gaps in service delivery. The resource hub would help LGBTQ+ veterans access legal, housing, healthcare, and other supportive services while strengthening the City's ability to respond to their needs.

Pilot Program to Provide Reconsolidation of Traumatic Memories Therapy for Veterans

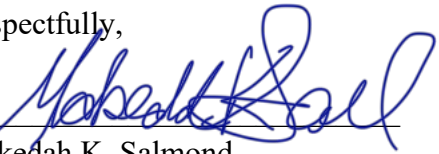
We do not take a position on whether reconsolidation of traumatic memories therapy will benefit or harm veterans. However, we urge the Committee to carefully consider the population this pilot program would serve and evaluate both its potential benefits and risks.

Because this therapy may require veterans to revisit distressing experiences, the Committee should implement strong safeguards that prioritize participant safety, including informed consent, clinical oversight, appropriate therapeutic protocols, and access to follow-up mental health and support services when needed. We respectfully offer this recommendation on the basis of our many years of practice experience working with veterans experiencing a range of vulnerabilities. Specifically, we have seen firsthand how the veterans disability benefits claim process can trigger re-traumatization, and that in turn can make it difficult for our veteran clients to stay engaged in the complex and time-consuming disability claims process. In many instances, we will lose contact with a veteran for a time, or observe other indicia of re-traumatization, and we suspect a similar dynamic could play out with initiatives to introduce veterans to reconsolidation of traumatic memories therapy. For this reason and others, we respectfully urge the Committee, if it is prepared to endorse or support such initiatives, to ensure strong participant safety safeguards are in place, including informed consent, clinical oversight, appropriate therapeutic protocols, and access to follow-up mental health and support services.

Conclusion

On behalf of the City Bar Justice Center's Veterans Assistance Project, thank you to all members of the City Council Committee on Veterans, and your staff members, for supporting initiatives that strengthen services for LGBTQ+ veterans. If we can be of assistance in supporting continued Committee efforts to robustly invest in evidence-based, veteran-centered approaches that address the needs of all veterans, we are happy to be in dialogue and offer assistance where we can.

Respectfully,

By: 

Makedah K. Salmond

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**TESTIMONY OF JOSEPH BELLO
NY METROVETS**

BEFORE

**THE NEW YORK CITY COUNCIL
VETERANS COMMITTEE**

OVERSIGHT: SUPPRORT AND PROGRAMS FOR LGBTQ+ VETERANS

June 22, 2026

Chair Morano, members of the Veterans Committee. Thank you for the opportunity to testify at today's oversight hearing on support and programs for LGBTQ+ veterans.

Let me begin by saying that I do not intend to offer testimony regarding the specific needs, experiences or challenges facing LGBTQ+ veterans. I do not believe I am the most qualified person to speak on those issues and would defer to members of the community and organizations with expertise in this area, such as Bryan Ellicott-Cook of SAGE.

I will focus my testimony on Intros. 914 and 928 and explain my concerns with both bills.

Starting with Intro. 914, my concern is not whether Reconsolidation of Traumatic Memories, or RTM, is a good treatment or a bad treatment.

My concern is why the City, and specifically the Department of Veterans' Services (DVS), is being asked to evaluate a specific medical modality.

DVS is not a healthcare agency, a research institution, or a medical regulator. Its mission is to connect veterans with benefits, services, and support. Evaluating medical treatments falls outside that mission.

RTM may be promising, but so are many other emerging therapies. The federal Department of Veterans Affairs is currently conducting and supporting research into a variety of treatments for PTSD and other serious mental health conditions, including MDMA-assisted therapy for PTSD and alcohol use disorder.

If the City conducts a feasibility study on RTM today, what is the rationale for not studying other emerging therapies tomorrow? Where do we draw the line?

That's why I believe this bill opens a Pandora's box. Once the City begins evaluating individual treatment modalities, it will inevitably face requests to evaluate others as well.

Former Commissioner Hendon raised similar concerns during a hearing last year regarding the prior version of this legislation. He noted the financial and operational challenges involved and stated that the Department of Health's longstanding position is that the City does not validate specific healthcare modalities. I believe that remains the correct approach.

The City should focus on connecting veterans to available care, not determining which therapies deserve special consideration.

With regards to Intro. 928, as former Councilmember Paul Vallone often said, we (the city) cannot legislate everything.

DVS already has a responsibility to serve ALL veterans. If there are gaps in outreach or access to services for LGBTQ+ veterans at DVS, those gaps should be identified and addressed. However, I'm not convinced that creating a statutory liaison position is the answer.

For years, advocates, including myself, have requested a dedicated Veterans Advisory Board liaison within DVS, yet that proposal never moved forward. Why is a liaison for one specific segment of the veteran community now being placed into the Administrative Code?

This proposal also raises broader questions. If we create a legislatively mandated liaison for LGBTQ+ veterans, will future Councils be asked to create liaisons for women veterans, African American veterans, Hispanic veterans, Asian American veterans, disabled veterans, or other groups within the veteran community?

The bill also leaves important practical questions unanswered. Would this require a new hire, or would these responsibilities be assigned to an existing employee? What exactly would this liaison do that DVS is not already expected to do? How would success be measured?

Veterans come to DVS first and foremost as veterans. The Department's focus should remain on ensuring that all veterans have equal access to benefits, services and support without creating additional bureaucratic structures or precedents that may prove difficult to sustain in the future.

Finally, I would encourage this Committee to look beyond proposals carried over from prior Councils and instead focus on broader policy initiatives that improve how DVS serves veterans and their families throughout New York City.

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



Testimony before the New York City Council
Committee on Veterans
June 22, 2026

Robin Kahan Berman, EdM, OTR/L
Vice President of Occupational Therapy
Project Renewal

Project Renewal's mission is to end the cycle of homelessness by empowering individuals and families to renew their lives with health, homes, and jobs.

www.projectrenewal.org

Good morning Chair Morano and members of the Committee on Veterans. Thank you for the opportunity to testify today.

My name is Robin Kahan Berman, and I am the Vice President of Occupational Therapy at Project Renewal. I am an occupational therapist, and I oversee Project Renewal's occupational therapy services across our housing, shelter, and health programs.

For more than 55 years, Project Renewal has provided shelter, housing, health care, behavioral health services, and employment programs to New Yorkers experiencing homelessness. We are grateful to the City Council and this Committee for your continued commitment to veterans, including veterans who are experiencing homelessness, housing instability, trauma, and behavioral health challenges.

Project Renewal supports the Council's interest in studying innovative, evidence-informed approaches that may help veterans living with post-traumatic stress and other psychological conditions. As the City considers new models of care, we urge policymakers to think broadly about what trauma recovery requires in practice.

For many people, including veterans, healing from trauma is not only about reducing symptoms. It is also about rebuilding daily life. Trauma can disrupt routines, relationships, sleep, memory, decision-making, and the ability to feel safe in ordinary environments. Recovery requires support that helps people reconnect to care, manage daily responsibilities, maintain housing, and participate in their communities.

That is where occupational therapy can play an important role.

At Project Renewal, occupational therapy helps people develop and restore the skills they need to live as independently and fully as possible. Our occupational therapists work with clients on self-care, health management, emotional regulation, communication, community participation, and the daily routines that support housing stability and overall well-being.

In calendar year 2025, 2,364 Project Renewal clients across 31 programs participated in occupational therapy services. Through our HOPE program, which stands for Helping Older People Engage, occupational therapists served 129 seniors across two programs and provided more than 7,500 contacts with HOPE clients. More than half of HOPE participants engage with occupational therapy three or more times per month.

Those numbers reflect something important: occupational therapy is not a one-time intervention. For many clients, progress happens through consistent, trusted engagement over time.

As the City studies trauma-focused treatment options for veterans, we encourage the Council, the Department of Veterans' Services, and the Department of Health and Mental Hygiene to consider how any future pilot could connect clinical care with practical supports like occupational therapy.

Veterans should not have to navigate fragmented systems to receive the help they need. The most effective approach will be one that meets veterans where they are and connects mental health treatment to the practical supports that allow people to stabilize and thrive.

Project Renewal is proud to partner with the City Council and the City of New York to support veterans and other New Yorkers who have experienced homelessness, trauma, and disconnection from care.

Thank you for the opportunity to testify.

Testimony

New York City Council Committee on Veterans

Oversight – Support and Programs for LGBTQ+ Veterans & Support of Int. 914

June 22nd 2026

Good morning, Chair Morano and members of the Committee on Veterans. My name is Bryan Ellicott-Cook (they/he), and I serve as the Director of Government Relations at SAGE, the nation's largest and oldest organization dedicated to improving the lives of LGBTQ+ older adults.

My connection to this work is both professional and deeply personal. I am a proud member of a Marine and FDNY family, and that background has shaped my enduring commitment to those who have served. Prior to my current role, I had the honor of serving as Program Manager of SAGEVets, SAGE's initiative supporting LGBTQ+ veterans. It remains one of the most meaningful experiences of my career, and I continue to carry that work forward in my role today advocating to ensure that veterans, particularly those in the LGBTQ+ community, receive the support, dignity, and recognition they deserve.

Since our founding in 1978, SAGE has worked tirelessly to advocate for policies and programs that empower LGBTQ+ elders, ensuring they can age with dignity, security, and support. From leading national advocacy efforts to providing direct services, we have remained at the forefront of combating social isolation, housing insecurity, and healthcare disparities among LGBTQ+ older adults. **I want to start by saying that we support Int. 914 and looking forward to working w/ this committee to make sure LGBTQ+ Veterans are part of that important data within this study. We also support Intro 0928 the establishment of an LGBTQ+ Liaison within DVS and look forward to working alongside that individual to make that annual report a reality and a reflection of LGBTQ+ Veterans across NYC.**

In 2019 SAGE launched SAGEVets SAGEVets serves LGBTQ+ veterans age 50 and older across New York City. Our mission is to reduce isolation, connect veterans to critical resources, and create safe, affirming spaces where they can build community and thrive.

Over the past year, SAGEVets hosted 183 events and programs, resulting in more than 4,077 veteran attendances. These include wellness workshops, social gatherings, peer support groups, benefits of navigation assistance, educational sessions, and community-building activities. These numbers represent consistent engagement from veterans who are actively choosing connection, support, and community.

Over the past year, SAGEVets delivered:

- 183 programs and events
- 4,077 veteran attendances

These numbers reflect sustained engagement, not one-time participation, but veterans returning consistently because the programming is meaningful, accessible, and effective.

A cornerstone of our work is our weekly support group held every Tuesday, which provides a stable, recurring space for veterans to process experiences, build peer relationships, and reduce isolation. For many participants, it is one of the most important touchpoints in their week.

Alongside this, SAGEVets offers a full ecosystem of programming, including:

- Virtual yoga and wellness sessions
- Creative writing workshops
- Nutrition education
- Art wellness programming
- Virtual film screenings and discussion groups
- Financial literacy education
- Cultural and community outings and events
- Health fairs and resource expos

This structure ensures veterans are supported socially, emotionally, physically, and practically.

Ronald Reid, who serves as Program Manager of SAGEVets at SAGE. Ron is also a proud Army veteran whose lived experience deeply informs his work.

Through SAGEVets, Ron leads efforts to serve LGBTQ+ veterans age 50 and older across New York City. The program's mission is centered on reducing isolation, connecting veterans to critical resources, and fostering safe, affirming spaces where they can build community and truly thrive.

Ron often speaks from personal experience as an Army veteran about how essential a sense of belonging is after service. He recognizes that many LGBTQ+ veterans faced discrimination during their time in the military and continue to encounter barriers related to health care, housing, and social isolation as they age. SAGEVets is intentionally designed to address these challenges holistically offering both tangible support and meaningful opportunities for connection.

Ultimately, as Ron would tell it, the true impact of this work is seen in the lives of the veterans themselves the relationships they build, the support they find, and the renewed sense of community they carry forward.

SAGEVets is effective because it integrates:

- consistent weekly support (Tuesday groups)
- creative and expressive programming
- health and wellness education
- practical case management and community connection through events and outings

Veteran Impact Stories - The impact of SAGEVets is best reflected in the lives of the veterans we serve.

JL – Creative Writing, Identity, and Healing

JL is a 57-year-old African American Navy veteran who served from 1987 to 1989. His military experience was marked by trauma, discrimination, and long-term emotional impact, including PTSD and seizure-related health challenges.

Through SAGEVets, JL receives ongoing case management support, including discharge upgrade advocacy and connections to affirming healthcare providers.

Just as importantly, JL participates in our Creative Writing workshops, where he uses storytelling to process his experiences and reflect on identity, survival, and resilience. He has shared that writing has become one of the few spaces where he can safely express himself without judgment.

JL also regularly attends SAGEVets programming and has expressed how much it means to be part of a community where he is understood both as a veteran and as an LGBTQ+ man. That combination of structured support and creative expression has helped him stay engaged and grounded.

Mr. I – Nutrition, Health Stability, and Safe Housing

Mr. I is a 78-year-old white gay Army veteran who served from 1966 to 1969. He lives with Parkinson's disease, chronic pain, hearing impairment, and ongoing mental health needs.

He receives medical and psychiatric care through the VA but came to SAGEVets after experiencing harassment in his assisted living facility and struggling to manage daily stability.

SAGEVets supported him in securing safer housing, stabilizing his finances, and navigating relocation planning.

In addition, Mr. I participate in nutrition programming with our Nutrition classes, where he receives guidance on managing diet-related health concerns and maintaining wellness alongside chronic conditions.

He has shared that these sessions helped him better understand how to care for his body in ways that are realistic and supportive of his medical needs.

Beyond services, he also participates in SAGE programming and consistently describes the environment as welcoming, respectful, and affirming

Mr. L – Support Group, Outings, and Reconnection

Mr. L is an 84-year-old Army veteran who served from 1965 to 1966. He came to SAGEVets during a period of profound grief following the sudden death of his longtime partner.

At that time, he was living in a rehabilitation facility and faced serious barriers related to access to documents, legal authority, and emotional isolation.

SAGEVets responded with immediate case management support, including legal coordination, restoration of essential documents, and advocacy to stabilize his situation.

In addition to this, Mr. L became actively engaged in our weekly Tuesday support group, where he found consistent emotional support and connection with peers navigating similar experiences of loss, aging, and resilience.

He also participates in SAGEVets community outings and cultural events, which have helped him reconnect with the broader world outside his care facility. These experiences have been described by him as grounding and restorative during a deeply difficult period of his life.

Through both structured support and community engagement, Mr. L has regained a sense of dignity, connection, and stability.

We are proud of what SAGEVets has built: 183 programs, 4,077 veteran attendances, and countless moments of connection, healing, and stability. More importantly, we are proud of the veterans themselves, who show up, participate, create, share, and support one another. This work demonstrates that when veterans are met with consistency, respect, and culturally responsive programming, they thrive.

Thank you for your time and for your commitment to supporting LGBTQ+ Veterans and I look forward to any questions you may have.

Bryan Ellicott-Cook

Bellicott@sageusa.org

(929) 458-2095

Homeless Veterans Force Their Way Into the Conversation

Timothy Pena

June 21, 2026

*"Disclaimer: Some content in this article was generated with the assistance of artificial intelligence.

Years of Complaints About Borden Avenue Finally Reach New York City's Veteran Leadership



NEW YORK - For years, Timothy Pena has warned that conditions at the Borden Avenue Veterans Residence in Long Island City were unsustainable. After spending five months in the federally funded Grant and Per Diem (GPD) program in 2022, the service-connected Navy veteran repeatedly raised concerns about violence, open drug activity, deteriorating living conditions, and what he viewed as the failure of New York City's only VA transitional housing program to provide the safe and supportive environment envisioned by federal regulations.

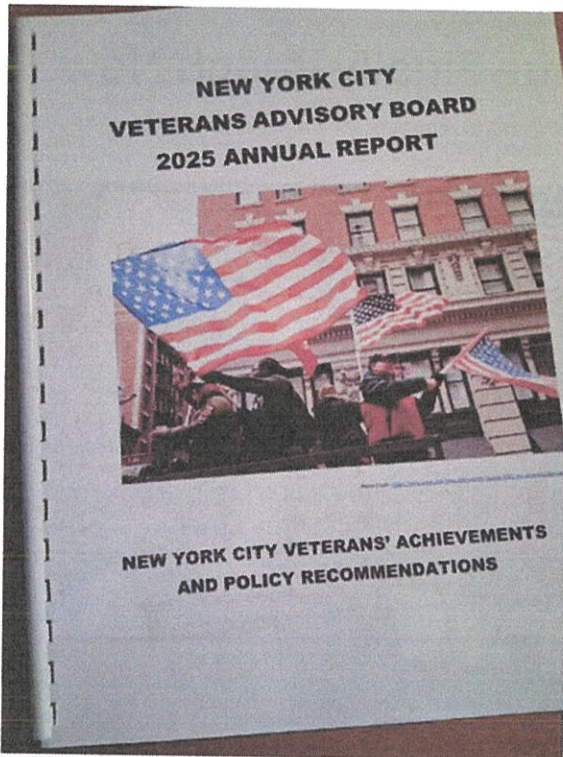
Homeless Veterans Missing From the Report

According to the New York City Veterans Advisory Board's 2025 Annual Report, the Board exists to serve as a link between City Hall, the Department of Veterans' Services (DVS), and the veteran community while providing veterans with a voice to express their concerns.

Yet despite housing being one of the Board's charter priorities, the sixteen-page report contained no section dedicated to homeless veterans and no major recommendations addressing homelessness. Instead, much of the report focused on veteran-owned businesses, student veterans, street vendors, and civic engagement.

Pena contends that the omission was part of a larger pattern in which veterans experiencing homelessness were intentionally excluded from discussions affecting them.

A Familiar Narrative



Pena has long maintained that the concerns of homeless veterans have been marginalized by both the Department of Veterans' Services and the New York City Council Committee on Veterans.

According to Pena, veterans experiencing homelessness were frequently placed at the end of hearing schedules, allowing council members to leave before hearing testimony from those most directly impacted by the issues. He further states that critical meetings with the Department of Veterans' Services were canceled and that repeated requests for engagement went unanswered.

Commissioner Yesenia Mata previously informed the Committee on Veterans that she had participated in approximately one hundred meetings and roundtables with veterans throughout New York City. Pena contends that none of those meetings included homeless veterans or advocates

representing veterans experiencing homelessness and that the Department misrepresented its commitment to listening to veterans while overlooking the population most dependent upon the city's housing system.

The "Cadillac of Shelters"

Pena's criticism of city leadership predates the April 2026 Veterans Advisory Board meeting.

During a previous Veterans Advisory Board meeting, former DVS Housing Director Llamar Wheeler described Borden Avenue as the "Cadillac of shelters." The comments came during a discussion concerning conditions inside the facility and reflected what Pena describes as a disconnect between agency leadership and the experiences of residents.

According to Pena, numerous Veterans Advisory Board members minimized complaints raised by veterans residing at Borden Avenue and downplayed concerns involving violence, drug activity, and deteriorating conditions. Rather than treating the allegations as warning signs requiring immediate attention, Pena argues that several members appeared more interested in defending the status quo than listening to veterans with firsthand experience.

For Pena, the comments symbolized a broader culture in which officials and advisory board members spoke about homeless veterans rather than with them.

Borden Avenue Finally Takes Center Stage

The issue came to a head during the April 29, 2026, Queens meeting of the Veterans Advisory Board.

According to the official minutes, Pena raised concerns regarding violence, drug activity, police activity, empty beds, and overall living conditions at Borden Avenue. Questions were also raised concerning oversight, transparency, and the closure of recreational facilities.

The minutes indicate that several concerns raised during the meeting would be pursued by the Board, including reports of forty to fifty vacant cubicles, the closure of the basketball court, and issues involving the facility kitchen.



The minutes further note that Commissioner Mata intended to hold a roundtable concerning homeless veterans and Borden Avenue before the next Veterans Advisory Board meeting.

Questions About Outreach

Pena states that after speaking with veterans currently residing at Borden Avenue, he has found no indication that residents have been informed of any planned visit or roundtable involving Commissioner Mata.

He further notes that DVS has made no effort to include him in discussions concerning homeless veterans despite his years of advocacy and firsthand experience living within the program.

Pena contends that any future visit by the Commissioner would amount to a political effort designed to control the narrative surrounding DVS's role in what he describes as years of neglect and the silencing of abused veterans while continuing to deny vulnerable veterans both a meaningful voice and access to critical VA resources.

Pressure Forces Recognition

Pena believes it was public pressure, rather than proactive leadership, that finally forced the Department of Veterans' Services and the Veterans Advisory Board to acknowledge the concerns of homeless veterans.

After years of warnings, canceled meetings, and what he describes as systematic exclusion, the April 29 meeting marked one of the first times that issues affecting veterans experiencing homelessness occupied a prominent place in Veterans Advisory Board discussions.

Whether that attention results in meaningful reform remains uncertain. What is clear, according to Pena, is that veterans experiencing homelessness can no longer be excluded from conversations concerning programs and policies that directly affect their lives.

Sources:

- [Veterans Advisory Board Meeting June 17, 2024 \(0:53:00 – 1:10:00\)](#)
- [New York City Veterans Advisory Board 2025 Annual Report](#)
- [New York City Veterans Advisory Board Minutes April 29, 2026](#)
- [The People's Podcast TV, April 29, 2026](#)



Timothy Pena is a service-connected disabled Navy veteran for PTSD and has written about his experiences with mental health, homelessness, and the judicial system. Pena initially visited NYC to collaborate on a documentary for veteran suicide but decided to stay after realizing he would rather be homeless in NYC than dead in Phoenix. He has been writing stories and blogs about his journey from “homeless to homeness” in the NYC Dept of Homeless Services system and possible corruption within DHS, Institute for Community Living, and Veterans Affairs Grant & Per Diem Transitional Program.

Major Categories

Grouping similar call types together produces the following picture:

<u>Category</u>	<u>Calls</u>
Medical/ambulance emergencies	≈705
Mental health (EDP)	≈240
Assaults and fights	≈70
Harassment and threats	≈86
Disputes	≈76
Larceny/theft	≈40
Drug-related incidents	≈50
Calls for help and investigations	≈35
Miscellaneous incidents	≈63

Particularly notable calls included:

- 7 incidents involving an emotionally disturbed person with a weapon
- 7 knife-related disputes
- 6 assaults involving weapons
- 4 bomb threats
- 3 narcotics sales complaints
- 1 firearm complaint
- 1 burglary in progress
- 1 commercial fire
- 1 hazardous gas odor incident
- Multiple overdose and CPR calls

Overall, the data show that the overwhelming majority of the **1,365 calls** involved **medical emergencies, behavioral health crises, violence, threats, disputes, and suspected overdoses**, indicating an unusually high level of emergency activity for a single residential facility.

From: [John Buthorn](#)
To: [Testimony](#)
Cc: [Morano Public](#)
Subject: [EXTERNAL] Written Testimony in Support of Int. 914 – RTM Feasibility Study for Veterans
Date: Saturday, June 20, 2026 3:03:23 PM
Attachments: [Testimony NYC Council 6-20-26.pdf](#)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspected phishing emails with the Phish Alert Button or forward them to [REDACTED] as an attachment.

Chairman Morano and Members of the Veterans Committee,

Please find attached my written testimony regarding Int. 914, which would require a study on the feasibility of a pilot program providing Reconsolidation of Traumatic Memories (RTM) therapy for veterans suffering from trauma.

As a United States Marine Corps veteran, retired NYPD Sergeant, and practicing social worker, I have witnessed firsthand the profound impact trauma can have on service members, veterans, first responders, and their families. I believe this proposal represents a responsible opportunity to evaluate whether it may serve as a beneficial option for veterans who continue to struggle despite existing treatment approaches.

My testimony reflects both my support for continued innovation in veteran care and my belief that any treatment should be carefully studied, monitored, and evaluated for safety and effectiveness before broader implementation.

Thank you for your consideration of this important issue and for your continued commitment to the veterans of New York City.

You may contact at: [REDACTED]

Respectfully,

John K. Buthorn, LMSW
United States Marine Corps Veteran
Retired NYPD Sergeant
Staten Island, New York

FROM: John K. Buthorn, 386 Oakdale Street, Staten Island, NY 10312
[REDACTED]

TO: NYC Committee on Veterans

SUBJECT: Testimony for Int 0914-2026 - The feasibility of implementing a pilot program to provide reconsolidation of traumatic memories therapy for veterans.

June 20, 2026

I would first like to thank Chairman Morano and the members of the Veterans Committee for exploring legislation that seeks to better support New York City's veterans who continue to carry the burdens of military service.

My name is John Buthorn. I am a United States Marine Corps veteran who served in the Middle East in support of Operation Iraqi Freedom in 2003. I am also a retired Sergeant from the New York City Police Department and currently hold a Master's Degree in Social Work, working in a psychotherapeutic setting.

Understanding trauma has been a longstanding interest of mine after witnessing far too many fellow veterans, police officers, and first responders struggle with the behavioral and psychological effects of trauma exposure. Combat experiences, military sexual trauma, and other service-related events can leave lasting impacts on individuals and families. These effects may include substance misuse, social isolation, relationship difficulties, emotional dysregulation, and impairments in judgment, concentration, and overall quality of life. In some cases, these challenges place both the individual and those around them at increased risk.

I firmly believe that we can and must continue to improve how we support those who have served our nation. That belief motivated me to pursue graduate education in social work and dedicate my professional career to helping individuals navigate adversity, trauma, and recovery.

The legislation before this committee presents an opportunity to examine whether Reconsolidation of Traumatic Memories (RTM) therapy could become a viable treatment option for veterans and their families within New York City. I believe it is important to approach this proposal with both openness and professional caution.

As a social worker, I recognize that RTM is not currently considered a first-line treatment for post-traumatic stress disorder. Established evidence-based treatments such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Eye Movement Desensitization and

Reprocessing (EMDR) have undergone significantly more research and evaluation. RTM remains an emerging intervention and requires further scientific scrutiny regarding its effectiveness, long-term outcomes, and appropriate implementation.

However, I also recognize that many veterans continue to struggle despite access to traditional treatments. Some discontinue treatment, some fail to achieve meaningful symptom reduction, and others remain hesitant to engage in existing approaches. For those individuals, exploring additional evidence-informed treatment options may be worthwhile.

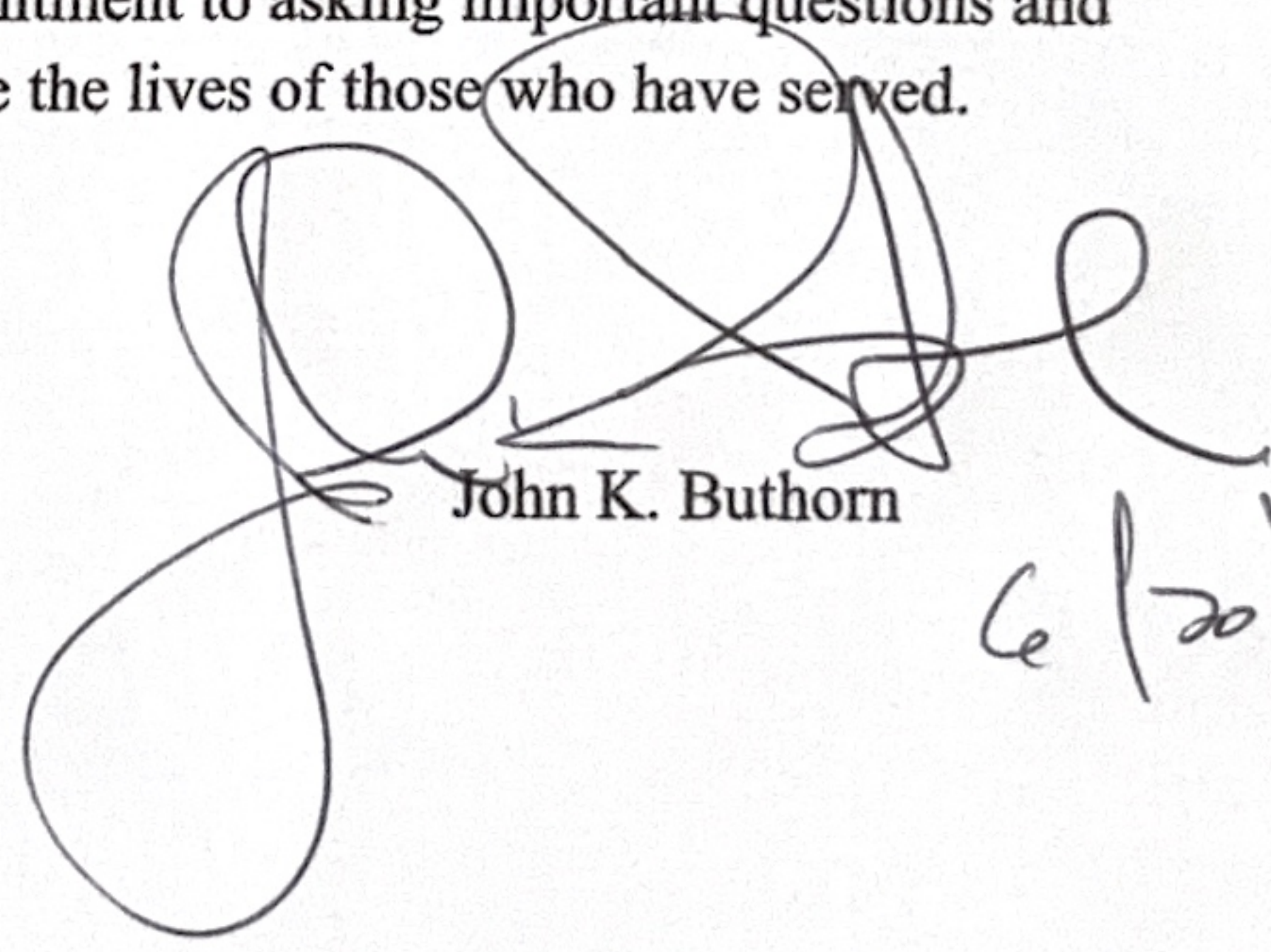
This is why I support the study being proposed. The bill does not mandate implementation of RTM therapy. Rather, it seeks to evaluate its feasibility, potential benefits, risks, costs, and practical application within New York City's veteran community. A feasibility study allows policymakers and clinicians to make informed decisions based on evidence rather than assumptions.

The Department of Veterans Affairs has made significant progress in expanding access to trauma treatment, and those efforts should be recognized. At the same time, no single system can solve every challenge alone. Continued innovation, research, and partnership at the local level may help identify additional pathways to healing for veterans who continue to suffer.

While the current evidence supporting RTM remains limited and emerging, there is enough preliminary interest and research to justify further examination. If a feasibility study demonstrates that RTM can be delivered safely, ethically, and effectively, then it may deserve consideration as another tool available to veterans seeking recovery.

Our veterans deserve access to treatments that are supported by evidence, carefully evaluated, and continuously monitored for safety and effectiveness. Supporting this study is not a commitment to a particular treatment. It is a commitment to asking important questions and exploring every reasonable opportunity to improve the lives of those who have served.

Thank you for your consideration.



John K. Buthorn

6/20/20

June 22, 2026

Annelisa J. Purdie

Community Board 16 (Brownsville–Ocean Hill)

Opposition to Int. 0501–2026

To Speaker Menin and the members of the New York City Council,

Good day. My name is Annelisa J. Purdie. I am a lifelong New Yorker and the grandchild of Great Migration, with strong family roots in both Harlem and Brooklyn. For the past twenty–nine years I have been a resident of Brownsville in Brooklyn, and I currently serve as the Legislative Committee Chair for Community Board 16. I am writing this letter to express my strong opposition to Int. 0501–2026, which would alter the City Charter by imposing term limits on the District Managers for the city’s community boards. This proposed legislation would cause a massive disruption to the function of the community boards and irreparably damage their ability to participate effectively in civic government. The subsequent ramifications of the legislation would have a negative ripple effect on neighborhoods in the city by eroding both residents’ and community board members’ trust in the process.

District Managers occupy a distinct role within their communities. They serve as an indispensable line of information and

a link between the residents, the community boards and City government and agencies that have an impact of the neighborhood's operation. In addition to their knowledge of city services and experience with elected officials, they also obtain a unique set of skills that come from living in and interacting with the community members, learning the nuances and histories of the districts in which they serve. This unique mix of procedural and conceptual knowledge can only be obtained through years of consistent relationship-building, as well as a deep respect and regard for the people.

In the time that I've worked with our District Manager, Ms. Sydne Thompson, I've been amazed at the extent of her knowledge and her ability to succinctly present information on developments within the district, regardless of the committee sector. She has gone above and beyond in ensuring that members understand the function of the community board and the specific needs of their committee assignments. She has made herself available to speak to members whenever they are in need of clarification, advice, or just want to talk. Moreover, she is a fierce advocate for Community Board 16 and has never been afraid to speak up for the residents' needs. Our district is one of the most misunderstood and under-resourced in the city, yet it is also one of great beauty, buttressed by the strong will of the people who are deeply invested in making it the best that it can be. Ms. Thompson shares this view, reinforced by the fact that she is a longtime CB16 resident. As such, she carries this mentality with her in her role as advocate, and the community is all the better for it.

Limiting the terms of District Managers would cause massive disruptions to the flow of their work efforts; this would subsequently trickle down to community board operations and the overall welfare of the neighborhoods. The learning curve for understanding the role of a District Manager is one that takes years. Learning the laws and governmental structure of the State of New York, the City of New York and the City Charter is a journey in itself. When compounded with the distinct features of each district and their subsequent neighborhoods, as well as changing administrations and legislation on the hyper-local, municipal and national levels, the learning curve in fact never truly ends, as one cannot predict future developments.

As outlined in the proposed legislation, terms would be limited to four years. This is not adequate time to fully understand how each district functions to be an effective advocate, regardless of how quickly one can absorb information. Nor is it enough time to truly understand each of their community board colleagues and the neighborhood residents; to learn all their needs and understand how they approach their own work. For new District Managers, these term limits would remove them from the community right at the time that they began to understand the full nature of their work, blocking an important transfer of knowledge. For those District Managers who have gained the trust of their communities over the years, term limits would snatch them away from their positions and sharply interrupt the complex projects and other collaborative work that they have in motion. This would leave said work for their

replacements to pick up; replacements who may not understand the specifics of their predecessor's role.

Of particular concern is that imposing term limits would politicize what is supposed to be an apolitical office. By placing the power to remove District Managers at will in the hands of the Borough Presidents, Int. 0501-2026 allows for the possibility of individuals being appointed and removed for political and/or personal reasons, which would have a concerning impact on each of the districts. There are serious emotional as well as procedural ramifications that would arise from A.) Being separated from an individual whom the community has come to trust, who does their job effectively and B.) Adjusting to a potential revolving door or replacements who don't have experience with the community, and who may only seek the position for personal gain.

Regardless of whether this outcome is intended or not, the legislation contains an undercurrent of mistrust; not only in the District Managers' abilities by assuming that they cannot perform their duties correctly, but also in the community members themselves by assuming that they cannot hold the managers accountable. I understand that there may be incidents of individuals not behaving in accordance with what their duties entail, and this is unfortunate. However, the solution to this problem is to appropriately discipline any offending individuals, rather than adopt a blanket policy that unnecessarily disturbs functioning systems.

I wish to remind the Council that our present iteration of community boards has only existed for half a century, which is within recent memory. There have been many changes within that relatively short period of time in terms of regulations and operations, mirroring the unrelenting changes within New York City. Yet the core purpose of community boards has remained. The changes proposed by Int. 0501-2026 however would cause a potentially irrevocable blow to the very idea of community government. It would remove the power of decision making from the hands of the people who know and care for their communities best, which in turn could discourage others from becoming involved with the community boards themselves.

With this in mind, I strongly urge the Speaker and the entirety of the City Council to stand with the residents of New York City and soundly reject the proposed legislation. The future of the City and the people who make the city what it is depends on it. Thank you for your time.

Sincerely,

A handwritten signature in black ink, reading "Annelisa J. Purdie". The signature is written in a cursive, flowing style. The first name "Annelisa" is written with a large, ornate capital 'A'. The middle initial 'J.' is written in a smaller, simpler cursive. The last name "Purdie" is written with a large, ornate capital 'P' and a long, sweeping tail that extends to the right.

Annelisa J. Purdie, MLIS

**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: Yesenia Mata

Address: 1 Centre Street

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: _____

(PLEASE PRINT)

Name: NOAH BRAY

Address: _____

I represent: NYC DVS

Address: 1 Centre Street

**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: Nicole Orlando

Address: 1 Centre ST

I represent: DVS

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: 6/22/2024

(PLEASE PRINT)

Name: COCO CULHANE

Address: 1 Liberty 12031

I represent: VETERAN ADVOCACY Project

Address: 1 Liberty

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 914 928 Res. No. _____

☐ in favor ☒ in opposition

Date: _____

(PLEASE PRINT)

Name: JOE BELLO

Address: _____

I represent: VET ADVOCATE / NY METROVETS

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: Timothy Pena

Address: 257 W. 29th St.

I represent: Veterans Justice Project

Address: S.A.A

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

Services and
Supports for
LGBTQ+
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: 6/22/2026

(PLEASE PRINT)

Name: Emilia Cobbs

Address: _____

I represent: New York Health Foundation

Address: 1375 Broadway, N.Y., N.Y., 10018

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 914 & 928 Res. No. _____

☐ in favor ☐ in opposition

Date: 06/22/26

(PLEASE PRINT)

Name: Bryan Ellicott - Cook

Address: 305 7th Ave (Work)

I represent: SAGE

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: 6/22/26

(PLEASE PRINT)

Name: Doree Smalls

Address: 1 Centre Street

I represent: Nyc Department Veteran

Address: Services