Yesenia Mata
COMMISSIONER

Glenda Villareal
DEPUTY COMMISSIONER

Testimony Submitted to the New York City Council
Committee on Veterans
Committee on Women and Gender Equity

Oversight Hearing: Serving Women Veterans

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

March 4, 2026

Good morning, Chair Morano, Chair Farías, and members of the Committees. Thank you for the opportunity to testify today. I also want to recognize everyone here from New York City's Veteran and Military Family community.
My name is Yesenia Mata, and I have the honor of serving as Commissioner of the New York City Department of Veterans' Services.

I also have the honor of serving as a Captain in the U.S. Army Reserve. Today's hearing matters to me personally because it focuses on women Veterans, who too often get overlooked.

I still remember what it felt like when I enlisted. People questioned whether I could do it because I am a petite woman. I did not let that stop me. I started as an enlisted soldier. I leaned on the women who helped me push through training. I became a sergeant, where I could lead and mentor younger soldiers, including many young women. And later I became a direct commissioned officer. In that role, I try to hold the door open for other women soldiers and Veterans, especially because there are still not enough women in officer ranks.

I also want to acknowledge Military Spouses and children. They serve too, in their own way. I know that deeply as a Military Spouse myself. I know what it means to be separated from your partner, to carry the household alone for stretches of time, and to put family plans on hold.

I share all of that for one reason. Women Veterans and Military families do not all have the same story, but we share the same core truth. We served. And when a woman Veteran is not seen or supported, it affects more than just her. It affects her family too.

That is the reality this hearing is confronting. Women's service is real, longstanding, and growing. Yet women Veterans are still too often overlooked in how systems identify, engage, and support Veterans. That gap is not only cultural. It shapes whether women Veterans self-identify, whether they follow through on care, and whether support reaches them early or only after a crisis forces the issue.

Today, I want to offer a grounded overview of who women Veterans are, where the gaps are, and what role the City can realistically play alongside the U.S. Department of Veterans Affairs.

Setting the stage: Women Veterans are a growing part of the story

More than 2.1 million women Veterans live in the United States.

In New York State, approximately 580,000 Veterans live in our communities. About 131,000 of them call New York City home, including 15,678 women Veterans. Research focused on New York shows two consistent themes: our Veteran population is more racially and ethnically diverse than the national average, and many Veterans, especially women and minority Veterans, report difficulty navigating the systems designed to serve them.

Women are also the fastest-growing group within the Veteran population, and the VA projects that women will make up a significantly larger share of all Veterans in the decades ahead.

That matters here in New York City, where diversity is the norm and where support is spread across federal, State, and local systems that do not always feel connected from the resident's point of view.

Women have served in every branch and every role. Yet too often, after service, women build civilian lives and later discover that when they need support, the system does not immediately recognize them as Veterans. That is what I want to focus on today: visibility, and how it affects access and outcomes.

And the place this often begins is simple. Are women Veterans being asked about their service, and do they feel safe saying "yes"?

Self-identification: The front door to support

Often, support starts with a simple question: "Have you served in the U.S. military?"

If that question is never asked, or if it does not feel safe to answer, doors stay closed.

Self-identification matters because it connects Veterans to benefits, health care, housing assistance, and employment supports they earned and need. It also affects how we count and plan for the population.

When Veterans do not self-identify, three things tend to happen. They are less likely to be connected to benefits and care they earned. They are less likely to be counted in systems that shape policy and funding. And they are more likely to show up later, in crisis, when options are fewer.

For women Veterans, there is an added layer. They are making those decisions in a culture where the public image of a Veteran is still too often male by default. So self-identification is not just a checkbox. It can be a decision about privacy, stigma, and whether disclosure will lead to support or to judgment.

Why women Veterans may not identify, and why it matters

If self-identification is the front door, the next question is why so many women Veterans do not walk through it.

One part of the answer is the handoff after service. Research shows that efforts to support women's transition have too often been treated as a health-focused supplement, rather than a whole-of-life handoff that accounts for the full realities of leaving service. When that transition feels fragmented, self-identification becomes less likely, and connection to benefits and care becomes harder to sustain.

There are a few common barriers we should keep in view.

First, not everyone sees themselves reflected in Veteran messaging. VA research shows that information can feel non-inclusive to women who do not already use VA health care. RAND also points to a broader cultural barrier. Many women Veterans describe not being recognized, including not being seen as "real" Veterans in the way the public imagines military service. When someone expects their identity to be questioned or minimized, they are less likely to volunteer it.

Second, practical barriers compound. Hours of operation, childcare needs, privacy, and comfort in check-in and waiting spaces all affect whether someone follows through. These sound small until you are living them.

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Third, access is not just whether care exists. It is whether someone can actually reach it. Phone access matters. Long holds, dropped calls, and no callbacks can turn people away before they ever see a provider.

And for many women Veterans, access is also about trust. Nationally, VA screening data have long shown that about one in three women who use VA health care report experiencing military sexual trauma. That reality shapes how people approach intake questions, phone calls, waiting rooms, and any setting where they may have to disclose personal history to get help.

Finally, for some women Veterans, service is not something they want to narrate to strangers. That includes trauma. It also includes the simple reality that many people want to move forward from their service. But life happens. Later, those same individuals may need health care, benefits, housing stability, or help navigating systems. RAND has warned that the VA may still fall short in meeting women Veterans' mental health needs, particularly for care related to combat trauma and military sexual trauma.

The result is straightforward. When the path to support feels unclear, unwelcoming, or unsafe, people stop trying, and systems can confuse low utilization for low need.

Where the VA fits

I have talked about what women Veterans experience on the ground. I also want to briefly name the federal system they depend on.

The U.S. Department of Veterans Affairs is the primary federal agency responsible for Veterans health care, benefits such as disability compensation and pensions, and cemeteries and memorial benefits.

Over time, the VA has built more formal structures to address women Veterans' needs. For example, Congress established the Advisory Committee on Women Veterans in 1983 and created the Center for Women Veterans in 1994.

Even with these improvements, participation in VA health care still shows a gap. In 2023, about 930,000 women Veterans were enrolled in VA health care and about 650,000 sought VA medical care. Those numbers tell a story. The system is serving many women and still not reaching many others. Enrollment and utilization are not the same thing. Getting someone enrolled does not automatically mean they are connected, comfortable, and consistently accessing care.

Where a City agency fits

With that as the backdrop, I want to bring the focus back to what we can control at the City level.

Our job is practical. We help women Veterans move from eligibility to access, and we do it in a system where support is spread across federal, State, and local lanes that do not always feel connected from the resident's point of view.

In 2025, DVS served 1,509 Veterans across our core service areas. Of that total, we served 393 women Veterans through housing stabilization, employment support, VA claims assistance, and entrepreneurship services.

The most common needs we see are benefits navigation, housing stability, and employment support. That aligns with New York–based research showing that navigating systems, especially for women and minority Veterans, is often the biggest hurdle.

Our role is to simplify that path. We connect Veterans to the right federal, State, and local resources, explain the process in plain language, and stay engaged with them.

That is why our work is equal parts navigation and community infrastructure. We do not assume women Veterans will find us through traditional channels. We build pathways with organizations that already have trust and credibility with women Veterans, including Women Veterans of Columbia University, the National Association of Black Military Women, the Women Veterans Alliance, and the Pink Berets. We also collaborate with City partners, including the Mayor's Office to End Domestic and Gender-Based Violence, Mayor's Office for People with Disabilities, and Health and Hospitals because women Veterans' needs are often intersectional, and because safety, stability, and access to care are connected.

And we show up. We convened 85 women Veterans at our Pink and White Women Veterans Luncheon for an afternoon focused on wellness, empowerment, and peer connection. We delivered targeted women Veteran programming at the 2024 Greater New York City Veteran and Military Family Summit at Yankee Stadium, in collaboration with the VA Center for Women Veterans and the Pink Berets. We supported the Brooklyn Chapter Officer Induction for the National Association of Black Military Women, and we participated in the NYPD Women Veterans Celebration to connect women who continue their service in law enforcement to Veteran-specific resources and pathways.

We also see clearly that women Veterans are not only seeking services. They are building enterprises and creating jobs. Through our Boss Up Veteran entrepreneurship program, 28 percent of winners across three cohorts are women Veterans.

Looking ahead, we are also monitoring federal developments that may impact women Veterans' access to reproductive health care, because shifts at the federal level often show up first as confusion at the local level, and confusion is a barrier.

And because many women Veterans do not self-identify in the first place, the work begins even earlier. We have to help women Veterans feel seen and included before they ever need us.

What DVS does for women Veterans

At DVS, we approach support for women Veterans through a simple frame.

Connect. We connect women Veterans to the right place, including VA health care, benefits assistance, mental health supports, housing navigation, and trusted community partners, with an emphasis on warm handoffs and clear next steps.

Reduce barriers. Some barriers are informational, some are logistical, and some are cultural. We try to reduce all three by explaining the system plainly, meeting people where they are, and supporting partners who create low-barrier spaces for Veterans to engage.

Respect lived experience. Women Veterans are not a monolith. They are diverse across race, ethnicity, age, era of service, family structure, disability status, and identity. Our job is not to force a single Veteran story. It is to make sure women Veterans can access support without having to fit someone else's stereotype.

What we are asking for at this stage

Based on what we see every day, there are three areas where partnership from the Council would make a real difference.

First, normalize asking the question everywhere. Women Veterans are not always going to volunteer their Veteran status. Systems should ask respectfully and routinely, in ways that feel safe and purposeful: "Have you served in the U.S. military?" Making that question

standard practice across City touchpoints in housing, health, employment, and social services is one of the simplest ways to open the front door.

Second, help Veterans understand who does what. When Veterans do not understand the split between City navigation and federal provision, they often think, "This is not for me," "I will get to it later," or "I do not want the hassle." Clarity is a form of access. We welcome opportunities to work with the Council on materials and messaging that clearly explain what DVS does, what the VA does, and how women Veterans can move between those systems without getting lost.

Third, support pathways that work in real life. Access is not just about eligibility. It is about logistics. That means scheduling flexibility, childcare support, privacy considerations, and phone access. These are the practical details that determine whether someone can actually use the care and benefits they earned. We ask the Council to support policies and programs that take these real-world constraints seriously when designing services for women Veterans.

Conclusion

I will close with this.

Women Veterans have always been here. Systems have not always been built like they were.

Our responsibility now is to make sure women Veterans do not have to fight a second battle at home just to get care, benefits, and support. That starts with visibility. It continues with self-identification that feels safe and worthwhile. And it depends on coordination between the VA, the City, and trusted community partners, so that when women Veterans raise their hand, they are met with a clear, respectful path forward.

Thank you for the opportunity to testify today. I look forward to continuing this work with the Committees and answering any questions you may have.

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OVERSIGHT: SERVING WOMEN VETERANS

SUBMITTED TO THE NEW YORK CITY COUNCIL COMMITTEES ON VETERANS AND WOMEN & GENDER EQUITY

CHAIR FRANK MORANO and CHAIR AMANDA FARIAS PRESIDING

March 04, 2026

Chair Morano, Chair Farías, and members of the New York City Council Committees on Veterans and Women & Gender Equity. Thank you for holding this public hearing to discuss how we can work together to support New York City's women Veterans gender nonconforming Veterans. My name is Ashton Stewart, I am a Navy Veteran who served in the Gulf War and currently serving as Veterans Program Manager for MJHS Health System.

MJHS Hospice and Palliative Care Inc, is a not-for-profit organization and the second largest hospice in the region, has provided hospice services to 23 female Veterans between 2023 and 2025, several of whom required in-depth support to secure Veteran services. For example, MJHS Hospice was honored to support a 107-year-old WWII Women's Air Corps Veteran whose family informed us that she was denied VA care due to income restrictions. We fought this VA decision, reminding them that in 2023 the VA announced that "all World War II Veterans are now eligible for no-cost VA health care." After admission to MJHS Hospice, we were able to secure additional support from the VA helping her daughter take some much-needed respite from caregiving. In recognition of honorable service that set the stage for future generations of female service members, MJHS Hospice presented to the patient a Veterans Day proclamation signed by New York Governor Hochul and obtained her medals almost 80 years after she earned them. While providing hospice services, MJHS hospice helped an Army Veteran and her family meet the intensity of her caregiving needs by securing extra support from the VA. We honored this Veteran with an in-person Veteran Recognition ceremony, presenting her with a Veteran's Day proclamation signed by New York Governor Kathy Hochul and other accolades. During the ceremony, we learned that she wished to arrange for burial in the VA's National Cemetery in Puerto Rico to be reunited with her late husband. MJHS hospice procured necessary documentation, the Veterans DD214, to get assistance from the VA to do so. These cases provide a glimpse into the continued challenges faced by Veterans, especially when their caregivers are overwhelmed.

Today, women are the fastest growing cohort of Veterans and are expected to make up 15 percent of the Veteran population by 2035. Veteran advocates need to be prepared for this surge, as female Veterans have unique service-connected needs. According to an April 2024 article in the War Horse, the VA's 2023 annual suicide prevention report showed a growing number of women Veterans are dying by suicide, doubling the rate of their male counterparts between 2001 to 2021[1]. Furthermore, between 2020 and

[1] Marshall-Chalmers, Anne "Invisible-More Women Veterans Are Dying of Suicide and VA Still Lacks Resources, Advocates Say" War Horse, April 25, 2024.

2021, the suicide rate increased 24%, "nearly four times the 6.3% rise in the suicides of male Veterans."[2] Military sexual trauma (MST) is linked to heightened suicide risk among women Veterans. While MST can occur within the entire Veteran population, females are at an increased risk without improved early detection. Leaders at the VA have noted that the algorithm used to predict suicidality has an admitted "gap," limiting the survey questions to experiences of male Veterans as the sole baseline. [3] MJHS Hospice clinicians utilize evidence-based tools to screen for risk of suicide and mental health support needs, and coordinate appropriate care for all patients, including the Veterans we serve.

Making matters more challenging, victims of MST are often released from the military with an Other Than Honorable (OTH) discharge, adding to stigma, and posing challenges in accepting their identity as a Veteran and seeking services. The plight of female Veterans is of great concern, but fortunately, New York State is ahead of the curve in how we can provide support to any service member who has received an OTH discharge.

Since November 12, 2019, New York State has had in place the Restoration of Honor (ROH), a compassionate law designed to help Veterans wrongfully discharged a chance at redemption, and access to state-offered Veteran benefits. As a mentor in the Veteran space, MJHS as a health system provides information to other Veteran advocates about this legislation available for any Veteran with an OTH due to sexual orientation, gender identity, or one of three mental health conditions including, MST, PTSD, and TBI, the opportunity to appeal their discharge through the New York State Department of Veteran's Services and request a state-recognized upgrade to honorable. As a hospice provider, MJHS has presented information at several esteemed conferences including the Molloy University Annual Palliative Care Conference, the National Hospice and Palliative Care Organization Annual Conference, and the Hospice & Palliative Care Association of New York State Annual Conference. Beyond hospice, MJHS has served as a mentor for the New York City Department of Veterans' Services Mental Health Coalition, the Neuro Social Work team at Columbia University, JASA, and the New York State Department of Veterans' Services DEI Conference. The ROH is a crucial piece in our mentoring portfolio. It helps Veterans overcome the pain and stigma associated with an OTH discharge and provides a pathway to access 32 of the 53 benefits offered by the State of New York that require an honorable discharge. According to an article on Military.com, an estimated "51,400 less than honorable discharges have been issued since about 2010, according to the Pentagon" often due to incidents of MST and PTSD.[4]

The ROH is also of extreme importance to transgender service members who have recently been abruptly separated from service with a less than honorable characterization. In 2014 there was an estimated 130,000 Veterans who identified as transgender. In February 2025, Executive Order 14183, "Prioritizing Military Excellence and Readiness" took effect leading to the discharge of most active-duty personnel who identify as transgender. Many of these Veterans were close to retirement and separated from service without retirement and health insurance benefits. Fortunately, the ROH makes it clear that Veterans discharged from any service branch for reasons due to their sexual orientation, gender identity, or gender expression are among the service members who can receive a favorable ROH decision from the State government. MJHS Hospice offers person-centered, trauma-informed care to our patients. Our

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[2] Ibid.

[3] Ibid.

[4] Hubbard, Rachael "How Veterans with Other than Honorable Discharges Could Get VA Benefits or a Upgraded Discharge Status" Military.com, April 25, 2024

SOGI (sexual orientation and gender identity) initiative not only broadens the diverse support we offer but also establishes us as a trailblazer across the hospice industry.

MJHS Hospice began our SOGI initiative in 2016 by earning the Platinum Credential from SAGECare, which provides LGBTQ+ cultural competency trainings. Due to historic issues of distrust within the LGBTQ+ community, MJHS Hospice wanted to make sure that upon evaluation and admission, our staff would be able to respectfully, sensitively and consistently assess for sexual orientation and gender identity and document these demographics in our electronic medical record (EMR). In 2019 MJHS Hospice broke new ground with the expansion of our EMR screening protocol that added sexual orientation and gender identity. Our successful SOGI initiative led to MJHS Hospice receiving the first and only NHPCO Dr. Bernice Catherine Harper Trailblazer award. Our SOGI initiative has succeeded in providing Veterans, and all patients MJHS Hospice serves with a safe space to share who they really are and ensures that we provide appropriate and compassionate patient-centered care.

MJHS Hospice is proud of our robust support for Veterans and their families through our award winning *We Honor Veterans* program. Although we are not a Veteran Service Organization, working with Veterans and caregivers who are receiving hospice services offers us a unique perspective to measure the successes and acute gaps where Veterans are falling through the cracks. As a certified VSO (Veteran service officer) I have worked with dozens of Veterans and their families to recognize when their disabling injuries are service connected, helped many enroll in the VA to access additional support to complement MJHS hospice services.

In 2025, MJHS Hospice assisted 323 Veteran households and provided 167 total referrals, addressing a wide range of aging Veteran and survivor needs. These referrals included assistance with DD214 retrieval, burial and military honors planning, non-service-connected pensions, New York State indigent burial reimbursement, Veterans nursing home counseling, and Medical Nexus letters to support VA disability claims. MJHS Hospice successfully advocated for multiple DIC approvals (Dependency and Indemnity Compensation), resulting in significant financial stability for surviving spouses and children, including monthly tax-free benefits of $1,653 and retroactive lump-sum payments exceeding $10,000 in some cases. These benefits enabled families to remain housed and manage funeral and medical expenses. While some are aware of the benefits they have earned, most are not and MJHS Hospice encounters many Veterans who are terminal due to a service-connected injury, and yet they have never been to the VA or applied for a VA disability.

Despite our successes supporting Veterans, there are still many missed opportunities to connect them with benefits they have earned. Health literacy is getting more difficult for Veterans and their families. The introduction of the Mission Act in 2018, designed to expand health care for Veterans enrolled in the VA to community providers, has significantly improved health care options. Navigating the expanded health care landscape is another story. Education is critical, and MJHS Health System is a leader in providing forums and resources to better equip Veterans, clinicians and advocates on what support is available and how to obtain it. Through our MJHS Veteran Resource Guide, our quarterly Vet-to-Vet Café, and Veteran-themed Continuing Medical Education courses, we have helped bridge this gap for hundreds of aging Veterans and their families. The need to better equip clinicians is significant, as seen in a study conducted by the RAND Corporation in 2018, *Assessing the Capacity of New York State Health Care Providers to Meet the Needs of Veterans*. This study showed "only 2.3 percent of health care providers in New York State meet all criteria for effectively serving the Veteran population."

To address this staggering statistic, MJHS Health System collaborated with the New York State Department of Veterans' Services (NYSDVS) and designed the *Veterans Support Playbook*, a step-by-step pocket guide for clinicians to improve their ability to identify Veterans, a prevalent problem in New York City and beyond, by asking "did you serve in the U.S. military?" The second scripted question builds trust in a respectful way by asking "Is it okay if I talk to you about your military experience?" From there clinicians can easily guide Veterans to help secure a copy of a DD214, enroll in the VA for healthcare, and screen for MST and trauma. The pocket card can be given to the Veteran at the end of the visit so they can access the six QR codes provided that take them to the appropriate resources including the ROH. This valuable resource was launched last November by the MJHS Institute as a 90-minute continuing medical education webinar attended by 400 clinicians and Veteran advocates. The interest has been overwhelmingly positive, receiving bipartisan support from elected officials and Veteran advocacy organizations. In less than three months, almost 4,000 pocket cards have been distributed to major health systems and Veteran groups in and beyond New York State. The training received overwhelmingly positive feedback, with attendees describing it as highly informative, relevant, and among the best Veteran-focused trainings they had attended.

The plight of aging Veterans is profound, and this population is surging. With so many uncertainties at the federal level in supporting Veterans and their families, it is imperative to ensure safety nets at the local and state level are in place and secure. According to the Association of American Medical Colleges, by 2036, the population of Americans over 65 will increase by 34 percent, while the number of Americans who are 75 and older will increase by 55 percent.[5] Many of these individuals are Veterans, or married to a Veteran, and many reside here in New York City. In 2020, it was reported that over 70 percent of New York City Veterans are over the age of 65, highlighting the urgency of our work.[6] We need to pull together as Veteran advocates and ensure we are prepared for what the military journal, War Horse, predicts will be a "237% increase" in the number of women Veterans over the age of 65 by 2041.

Thank you to Chair Morano, Chair Farias, and members of the New York City Committees on Veterans and Women & Gender Equity for holding today's hearing. Please know that MJHS Health System stands at the ready to support your efforts to help Veterans access needed services to improve their overall wellbeing.

Respectfully submitted,

Ashton Stewart
Veterans Program Manager

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[5] Zucker, Howard, M. D. "Where Have all the Doctors Gone?" *AARP Bulletin*, Jan/Feb 2025, Vol 65 No 1

[6] Murphy, Jarrett. "A Statistical Snapshot of NYC's Veterans." *City Limits*, 11, Nov. 2020, https://citylimits.org/2020/11/11/a-statistical-snapshot-of-nycs-Veterans/.

Testimony of Derek Coy
Senior Program Officer, Veterans' Health
New York Health Foundation

Submitted to the New York City Council Committee on Veterans
Jointly with the Committee on Women and Gender Equity
Oversight – Serving Women Veterans
March 4, 2026

Thank you, Chairpersons Morano and Farías, and members of the Committees, 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. My name is Derek Coy; I'm a Senior Program Officer at NYHealth. I am also a proud veteran, having served as a Sergeant in the United States Marine Corps.

For more than 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.

Women have served this nation since the Revolutionary War. Yet full gender equality in military service remained out of reach for generations. Restrictions, such as the prohibition of women serving in certain combat-related jobs, were dismantled in stages and were not fully eliminated until 2015, and some are now reemerging.

Since the cap on female participation was lifted in 1973, the number of women serving has grown steadily. Today, women veterans are the fastest-growing segment of the veteran population. They are younger and more racially and ethnically diverse than their male counterparts.[1]

Despite this growth, significant gaps remain in our understanding of women veterans' health and well-being, particularly on highly consequential issues such as suicide and justice involvement.

[1] Women Veterans Health Care. Women are the fastest growing group in the Veteran population. 2023. U.S. Department of Veterans Affairs. https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp, accessed February 2025.

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Data limitations often obscure the scale and nature of these challenges, impeding effective policy and programmatic responses.

At NYHealth, we have invested in research to help close these gaps. In 2024, we partnered with the RAND Corporation to conduct a needs assessment of recently separated veterans in New York—the first comprehensive review of veterans' health and social service needs in 14 years. Fifteen percent of veterans surveyed were women, which generally reflects their proportion among New York's recently separated women veteran population.[2] We offer the following findings as a resource to inform the Committee's work. Our body of work highlights urgent trends that warrant attention and shines a light on where currently available data are insufficient and other areas for improvement.

Barriers to Accessing Services

Research indicates that women veterans face distinct barriers to accessing care and other support. Sometimes, the first barrier occurs because women veterans often do not self-identify as veterans when they seek services, further impeding outreach efforts and limiting their connection to available services.[3] Veteran identification practices also vary widely across City agencies and community organizations. Although some New York State agencies have begun adopting more inclusive veteran identification questions, broader implementation—particularly in New York City—remains fragmented and incomplete.

Below are further examples of the types of barriers to services faced by women veterans:

- A 2020 Syracuse University survey of women in the military found that women veterans are more likely to rate their transition after military service as more difficult than male veterans are (66% compared to 51%); and that 54% of women veterans did not feel prepared to navigate resources in their community (compared to 37% of male veterans).[4]
- Research conducted in 2021 found that approximately one in three women veterans report experiencing harassment at Veterans Administration (VA) health care facilities in the last year. Experiences of harassment and discrimination, both within the VA and in

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[2] Ringel JS, Lejeune J, Phillips J, Robbins MW, Bradley MA, Wolf J, Timmer MJ. 2024. Understanding Veterans in New York. RAND Corporation. Commissioned by the New York Health Foundation. Available at: https://www.rand.org/content/dam/rand/pubs/research_reports/RRA3300/RRA3304-1/RAND_RRA3304-1.pdf.
[3] Di Leone BAL, Wang JM, Kressin N, Vogt D. 2016. Women's veteran identity and utilization of VA health services. Psychological Services. 13(1):60-68. doi: 10.1037/ser0000021.
[4] Maury RV, Linsner RK, Zoli C, Fay D. 2020. Women in the Military: Transition, Employment, and Higher Education After Service. Syracuse, NY: Institute for Veterans and Military Families, Syracuse University. Available at: https://bit.ly/4aPkd4X.

traditional veterans' service organizations, can create unwelcoming environments that deter women from seeking care, benefits, and social support.[5,6]

- RAND Corporation's NYHealth-commissioned needs assessment of recently separated veterans in New York State found that while men and women veterans had similar preferences for care from a community provider (59% vs 60%, respectively), a higher percentage of women veterans listed their preference as due to prior bad experience(s) with VA care (24% versus 20%).[7]
- Traditional homeless shelter systems often do not adequately accommodate single mothers, creating additional barriers to stability and safety for women veterans with children.[8]

Suicide and Justice Involvement: Incomplete Information

Tragically, veteran suicide remains a chronic problem. Mortality data underscore the disproportionate risks women veterans face. In 2022, the national suicide rate for veteran women was 92% higher than for nonveteran women (14.2 vs 7.4 per 100,000).[9]

Veterans involved in the justice system are twice as likely to die by suicide compared to veterans with no history of criminal justice involvement.[10] However, there are limited data on women veterans' involvement with the justice system.

Beyond these sobering facts, it is hard to fully grasp the complex and intersecting dynamics of suicide, justice involvement, and gender. It is known that women veterans face disproportionate behavioral health risks. Yet they can be unrepresented in data and surveys due to privacy

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[5] MacDonald S, Judge-Golden C, Borrero S, Zhao X, Mor MK, Hausmann LRM. 2020. Experiences of Perceived Gender-based Discrimination Among Women Veterans: Data From the ECUUN Study. Medical Care. 58(5):483-490. doi: 10.1097/MLR.0000000000001304.
[6] 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.
[7] Ringel JS, Lejeune J, Phillips J, Robbins MW, Bradley MA, Wolf J, Timmer MJ. 2024. Understanding Veterans in New York. RAND Corporation. Commissioned by the New York Health Foundation. Available at: https://nyhealthfoundation.org/resource/new-york-rand-assessment-veterans-2024/.
[8] MacDonald S, Judge-Golden C, Borrero S, Zhao X, Mor MK, Hausmann LRM. 2020. Experiences of Perceived Gender-based Discrimination Among Women Veterans: Data From the ECUUN Study. Medical Care. 58(5):483-490. doi: 10.1097/MLR.0000000000001304.
[9] Ramchand R, Montoya T. 2025. Suicide Among Veterans. RAND Corporation. https://www.rand.org/pubs/perspectives/PEA1363-1-v2.html, accessed March 2026.
[10] Holliday R, Forster JE, Desai A, Miller C, Monteith LL, Schneiderman AI, Hoffmire CA 2021. Association of lifetime homelessness and justice involvement with psychiatric symptoms, suicidal ideation, and suicide attempt among post-9/11 veterans. Journal of Psychiatric Research, *144*, 455–461.

concerns and smaller population sizes.[11] Without timely, reliable, disaggregated data, women veterans remain statistically invisible, even as disparities persist. Without better data, policymakers struggle to effectively target outreach and resources.

To better serve women veterans, we urge the City to consider the following recommendations.

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

- Expand the City's disaggregated reporting on suicide and deaths of despair among veterans.
- Identify mechanisms to strengthen mortality review processes, including proposals such as establishing or enhancing a suicide mortality review committee.
- Include veteran status in research efforts to improve transparency and accountability. Recently, the City Council voted to amend New York City's suicide reporting to explicitly include veteran status, among other demographics. If signed, the amendment to Introduced Bill 0291-2026 is an important step in gaining visibility for veteran suicides, including by sex and race/ethnicity.
- Encourage and support more widespread and consistent adoption of culturally competent screening for veteran status across health and social service settings to increase the number of women veterans who self-identify.

Equip the broader health system and community providers. As the VA increasingly purchases care from private providers, New York's broader health care system must be prepared to meet the unique needs of women veterans:

- Ensure that private providers are trained to recognize military service history and understand the distinct physical and behavioral health challenges women veterans may face. For example, there are tools available for replication and scaling: NYHealth has

[11] Villanueva R, Wan M, Gonzalez-Cabrales L. Invisible Ranks: The Untold Battle for Women Veterans' Mental Health. PsychiatricTimes. https://www.psychiatrictimes.com/view/invisible-ranks-the-untold-battle-for-women-veterans-mental-health, accessed March 2026.

supported efforts to improve culturally competent care for veterans, and the VA offers a Caring for Women Veterans in the Community training.[12,13]

- Explore ways to expand public-private partnerships to better support coordinated, trauma-informed care and to invest in cross-sector collaboration to ensure continuity and quality of care.

Strengthen outreach and engagement. Because many women who have served do not self-identify, traditional outreach methods may miss those most in need:

- Expand proactive, community-based outreach strategies to meet women veterans where they are. For example, NYHealth has long championed the peer support model, particularly the Joseph P. Dwyer Peer Support Program, which successfully reduces isolation, connects veterans to services, and improves their wellbeing. We have also partnered with New York Cares and the New York City Department of Veterans' Services (NYC DVS) to operate Mission: VetCheck. This program uses peer-based outreach to provide veterans with wellness check-ins, suicide screenings, and referrals to critical resources. These programs have reached thousands of veterans and built a robust referral network for behavioral health, benefits counseling, and housing support.[14,15] The City should explore opportunities to expand upon this program model to meet the specific needs of women veterans.
- Consider ways to not only connect women veterans to services, but also to meaningfully engage them and center their voices in shaping the policies and programs designed to serve them and build responsive, effective systems of care.

Conclusion

We appreciate and share the Council's focus on New York City's women veterans. Women veterans have long served this nation. As their numbers grow, so too must our commitment to understanding and addressing their needs. With better data, stronger coordination, and targeted

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[12] New York Health Foundation. New York Legal Assistance Group; Columbia University's Teachers College. Improving Culturally Competent Care for Veterans. 2021. https://nyhealthfoundation.org/grant-outcome/improving-culturally-competent-care-for-veterans/, accessed February 2026.
[13] U.S. Department of Veterans Affairs. Women Veterans Health Care. https://www.womenshealth.va.gov/, accessed February 2026.
[14] New York Health Foundation. The Mission Continues. Empowering New York City Veteran Leaders During the COVID-19 Pandemic. https://nyhealthfoundation.org/grantee/the-mission-continues/, accessed February 2026.
[15] New York City Department of Veterans. Mission: VetCheck. https://www.nyc.gov/site/veterans/initiatives/mission-vetcheck.page, accessed February 2026.

outreach, New York City can lead in ensuring that women veterans are not only recognized, but fully supported.

I hope you will look to the New York Health Foundation as a partner and resource for this work. You can learn about our veterans' health work by visiting our website, www.nyhealthfoundation.org.

VOICE: 212-664-7656 FAX: 646-421-6029 MAIL: 1385 Broadway, 23rd Floor, New York, NY 10018 WEB: www.nyhealthfoundation.org

TESTIMONY OF JOSEPH A. BELLO

NY METROVETS

BEFORE

THE NEW YORK CITY COUNCIL

COMMITTEES ON VETERANS AND WOMEN AND GENDER EQUITY

Oversight - Serving Women Veterans

March 4, 2026

Chair Morano, Chair Farías, and members of the Veterans and Women and Gender Equity Committees, thank you for holding this long-overdue hearing on serving women veterans.

All veterans are entitled to the benefits they have earned. Yet men and women often experience military service differently and return to civilian life with distinct needs. The last City Council hearing focused specifically on women veterans was held in 2008 – during the Iraq and Afghanistan war – when the Department of Veterans' Services (DVS) was the Mayor's Office of Veterans Affairs (MOVA).

Since then, the landscape has changed. Our veteran population has aged, and the number of women veterans has steadily grown. However, the City's capacity to identify, measure and proactively respond to their needs has not kept pace. I would like to make three central points on this.

First, we cannot serve what we do not measure. According to DVS, approximately 12,933 women veterans live across the five boroughs, comprising more than 10 percent of the City's veteran population. Nationally, women are the fastest-growing segment of the veteran community. Yet New York City lacks comprehensive, publicly available, gender-disaggregated data on how women veterans interact with City systems.

There are no borough-level outreach metrics aligned with where women veterans live, and service utilization data is not consistently disaggregated by gender, age, and race. Additionally, there are no outcome measures demonstrating whether services improve housing stability, access to health care, or economic security, and there is no intersectional reporting to capture disparities affecting Black, Brown, Hispanic and Asian women veterans.

Queens and Brooklyn account for nearly 60 percent of women veterans citywide. Are outreach resources proportionally allocated? Are women-focused services deployed where population density is highest? The public record currently doesn't allow us to answer these questions.

A recent audit by the NYC Comptroller's Office found that DVS overstated both housing assistance requests received and veterans reported as assisted due to data entry and recordkeeping errors. It also found that, as of December 2025, DVS had not submitted required annual and semi-annual reports to the Council and the Mayor, despite legal mandates. When data is inaccurate or required reports are not published, oversight weakens and policy decisions risk becoming disconnected from actual need not only for women veterans, but for all veterans.

Second, women veterans face elevated risks that demand clearer data and greater transparency. Women who serve are significantly more likely to experience military sexual trauma, and the consequences often extend well beyond their time in uniform. Trauma can affect physical and mental health, disrupt employment, strain relationships and increase risk of housing instability. When these impacts go unaddressed, the risk of homelessness increases.

New York City has made substantial progress in reducing overall veteran homelessness – from 4,677 veterans in 2011 to 624 in 2024. Yet the City does not publish homelessness data disaggregated by gender. Therefore, we don't know how many of those 624 veterans are women.

This lack of transparency limits effective policymaking. Without gender-specific data, we cannot determine whether women veterans experience longer shelter stays, face distinct barriers to permanent housing or require more family-centered placements.

Moreover, women veterans are, nationally, more racially diverse than the broader veteran population. If the City does not disaggregate data by both gender and race, it cannot identify or address disparities in housing access, income stability, health care engagement or long-term outcomes. Without that clarity, inequities remain hidden and therefore unaddressed.

Third, identification and outreach remain reactive rather than proactive. Many veterans, particularly older veterans, usually contact DVS only during moments of crisis: a housing emergency, food insecurity, hospitalization or income loss. That is crisis response, not proactive engagement.

The Comptroller's audit found that in Fiscal Year 2025, 27 percent of housing assistance requests were not responded to within DVS's five-business-day target, with some responses taking up to 35 business days. In the context of housing instability, such delays can mean eviction, shelter entry or prolonged homelessness.

Local Law 37 (2024) requires City agencies to collect demographic data on veterans and has the potential to transform identification across housing, health, aging, and benefits systems. Yet implementation remains incomplete and there is no centralized, publicly available reporting demonstrating compliance or measurable outcomes. If we are not systematically identifying women veterans across City systems, it is entirely possible that thousands remain invisible.

Additionally, outreach cannot rely primarily on digital platforms. While online portals work for some, many veterans do not depend on smartphones or web-based applications to access services. Sustained, non-digital engagement is also essential.

To strengthen accountability and ensure equitable service delivery, I respectfully recommend:

1. Full implementation of Local Law 37 (2024), with public reporting through the Mayor's Management Report (MMR) that includes gender and race-disaggregated veteran data.
2. Gender and race-disaggregated reporting on veteran homelessness, including length of stay and housing outcomes.
3. Quarterly public reporting by DVS of outreach and service utilization metrics segmented by age, gender, race and borough.
4. Publication of a Women Veterans Strategic Plan with measurable goals and timelines.
5. Investment in trauma-informed and family-inclusive housing models tailored to women veterans, particularly those with children.

Women veterans have served our nation with distinction. Nearly 13,000 call New York City home and face unique and evolving challenges. They deserve systems that see them, measure their needs accurately and respond effectively.

As I learned during my time in the Council, data is not a bureaucratic exercise. It is the foundation of equity. Without reliable, disaggregated and transparent data, we cannot measure need, allocate resources fairly or ensure accountability.

Thank you, councilmembers, for the opportunity to testify today and for your commitment to New York City's veteran community.

VETERAN ADVOCACY PROJECT

Committee on Veterans
Hon. Frank Morano, Chair

Committee on Women and Gender Equity
Hon. Amanda Farias, Chair

Oversight - Serving Women Veterans

Testimony by Coco Culhane
Veteran Advocacy Project

March 4, 2026

1 Liberty Plaza, 23rd Fl., New York, NY 10006
T: 646-602-5620 | E: contact@veteranadvocacy.org | F: 646-601-5826
VeteranAdvocacy.org | @VeteranAdvocacy

VETERAN ADVOCACY PROJECT

Good afternoon, my name is Coco Culhane. I am the founder and executive director of the Veteran Advocacy Project, or "VAP". We provide free legal services to veterans and their families with a focus on those living with post-traumatic stress, brain injury, substance dependency, and other mental health conditions. Our work removes barriers to housing, health care, and income. Through partnerships, advocacy, and direct representation, we ensure that veterans achieve the stability needed to regain their health, rebuild their lives, and thrive.

Thank you for holding a hearing on women veterans. I cannot recall a single hearing devoted to women servicemembers over the last 15 years and though there are only about 15,900 women veterans living in a city of millions, they are the fastest growing population among veterans and deserve to be supported after risking their lives for us. Unlike the overall population of veterans in our city that is aging rapidly, 75 percent of women veterans in the five boroughs are under the age of 65, roughly 36 percent are under the age of 44.[1] This means many women veterans are navigating complex federal systems for benefits and health care while also working, raising children, and often caring for other family members, as well. Women are less likely to identify as having served in the military, which means that our efforts need to be all the more targeted and coordinated; our data needs to be as accurate so that we allocate resources appropriately but, equally as important, the voices of women veterans need to be heard. We need to understand the practical realities that these women face as they navigate systems built entirely for men.

While a woman no longer has to take a shuttle to the Bronx VA medical center to get a mammogram, some still report facing enough harassment as they walk into the 23rd Street VAMC that they forgo the free heath care they earned.[2] Wait times for care continue to be troubling and even though VA has scaled back the plan to cut staff down to 2019 levels, [3] they are still making cuts of tens of thousands of staff at a time when 796,000 new veterans have entered the system after the passage of the PACT Act.[4] Secretary Collins confirmed the goals to reduce the work force last year,[5] and later announced the thirty to forty thousand empty health care positions that VA has been desperate to fill over the last decade will now simply be

[1] VetPop2023, data for September 2025, Bronx, Kings, New York, Queens, and Richmond counties.

[2] Steinhauer, Jennifer, "Treated Like a 'Piece of Meat': Female Veterans Endure Harassment at the V.A.," NYTIMES, *available at:* https://www.nytimes.com/2019/03/12/us/politics/women-veterans-harassment.html. See also, *Study of Barriers for Women Veterans to VA Health Care,* p.13, Altarum, February 2024 (about 20 percent of women have reported avoiding the VA because of harassment; 67 percent noted feeling unsafe or a lack of privacy at check in and in waiting spaces).

[3] Rebecca Kheel "83,000 VA Employees Slated to Be Fired This Year by Musk's DOGE, Memo Says," Military Times, March 5, 2025 (available at: https://www.military.com/daily-news/2025/03/05/va-plans-fire-83000-employees-musks-help-eliminating-pact-act-staffing-increase.html).

[4] Burnpits360, "PACT Act Progress at Risk: VA Plans Job Cuts Amid Surge in Veteran Enrollment," March 7, 2025 (available at: https://burnpits360.org/blogs/news/pact-act-progress-at-risk-va-plans-job-cuts-amid-surge-in-veteran-enrollment).

[5] VA Press Release video, March 6, 2025 (available at: https://news.va.gov/press-room/secretary-collins-we-owe-americas-veterans-solutions/).

1 Liberty Plaza, 23rd Fl., New York, NY 10006
T: 646-602-5620 | E: contact@veteranadvocacy.org | F: 646-601-5826
VeteranAdvocacy.org | @VeteranAdvocacy

eliminated.[6] Veterans are already feeling the impact from the hundreds of staff who are gone; the need for local communities to step up and provide culturally appropriate services is only going to continue to grow.[7]

VA reports often cite high approval rates for disability compensation claims filed by women veterans, boasting 89 percent, but the reality behind those numbers include things like 10 percent ratings that represent approval for one minor condition, while a claim for a debilitating illness that necessitates a housing subsidy and ongoing therapy may linger in the adjudication process for a decade. In practice, many veterans receive only partial recognition of their disabilities while other conditions are denied, forcing them to file additional claims or pursue these lengthy appeals.

One of the most frustrating challenges for VAP clients, women included, is the complexity of the benefits process itself. Even when a veteran ultimately qualifies for benefits, the appeals can take three, five, or even more than ten years to adjudicate if not filed properly the first time. Veterans are often left without the health care, income support, or the housing benefits that they have earned and need while living with certain disabilities. In other words, the rosy facts of the VA website, don't always tell the whole story.

One of VAP's clients separated from her spouse and as a single mother of three who is living with disabilities but no disability income because her claim is pending. She and her husband rotate each week, with one of them living with the children in the home at a time. For the weeks she is not with her kids, she lives in her car because she ha snot been able to find affordable housing in New York City given her current income and the government does not consider her unhoused. It may be years before her current pending appeal gets adjudicated and she can get out afford to get out of her car.

Another client of VAP's served in the Navy in the early 1980s; she excelled in her rating and was rapidly promoted. She envisioned a lifelong naval career. Two years into service she was raped in her barracks. She turned to alcohol and then marijuana to self-medicate. After testing positive for THC, she was discharged Other Than Honorably. She struggled with addiction, homelessness, untreated PTSD and depression, survived a stroke and lung cancer, and after being placed in supportive housing and then facing eviction, she finally revealed to a caseworker that she was a veteran, thirty-five years after her discharge. She was referred to VAP and we represented her in housing court, helped her secure arrears from our partnering SSVF organization, and filed VA disability claims for her along with a discharge upgrade application, since her OTH discharge barred her from the VA.

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[6] Meryl Kornfield, Hannah Natanson, and Lisa Rein, "VA looks to abruptly eliminate tens of thousands of health care jobs," Washington Post, December 13, 2025 (available at: https://www.washingtonpost.com › politics › 2025/12/13).

[7] Barry, et al., "Trump and DOGE Propel V.A. Mental Health System Into Turmoil," NYTIMES, March 22, 2025 (available at: https://www.nytimes.com/2025/03/22/us/politics/veterans-affairs-mental-health-doge.html).

THE COUNCIL
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I represent: NYC DVS

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I represent: SAGE

Address: 305 7 AVENUE NYNY 10001

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Name: Ashton Stewart

Address: 55 Water Street

I represent: MJHS hospice & Palliative Care

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Name: DR REMOLIA SIMPSON

Address: [redacted] BKLYN NY

I represent: VETERANS / SELF

Address: ABOVE

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Name: Michael Motes

Address: ________

I represent: Five Borough Veterans

Address: ________

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Name: Coco Culhane

Address: ________

I represent: Veteran Advocacy Project

Address: 1 Liberty Plaza NY NY 10006

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☐ in favor ☐ in opposition

Date: ________

(PLEASE PRINT)

Name: Derek Cox

Address: 1385 Broadway

I represent: NYHealth

Address: same

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