

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON VETERANS

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June 18, 2024
Start: 1:05 p.m.
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HELD AT: 250 Broadway-Committee Rm. 14th Fl.

B E F O R E: Robert F. Holden
Chairperson

COUNCIL MEMBERS:
Joann Ariola
Kristy Marmorato
Sandy Nurse
Vickie Paladino

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

James Hendon
Department of Veterans' Services Commissioner

Jason Loughran
Department of Veterans' Services Senior Advisor
for Government Affairs

Doctor Lauren D'Mello
Department of Veterans' Services Executive
Director of Mental Health

Frank Bourke
The Research and Recognition Project

Mecca Nelson
Mecca's City of Wholeness and the YOMA Method,
Gold Star spouse

Gus Stavroulakis
Veteran

Sudhir Gadh
Gadh Foundation and the Third Element, Veterans

Victoria Jonas
Military Family Center, NYU Langone Health

Frederick Gasior
Vietnam Veterans of America, Chapter 126
Manhattan

Catherine Trapani
Volunteers of America, Greater New York

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

Armando Crescenzi
Put Veterans First

Rabah Belkebir
Disabled Veterans Vendors

Walter Wells
Disabled Veterans Vendors

Joseph Hunt
New York Outdoor Rx Coalition

Abdel Jamil
Veteran, Street Vendor

Seo Koo Lee
Veteran, Street Vendor

Roger Walker
Samaritan Daytop Village, Veteran

Brendan Gibbons
VFW Post Commander

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2 SERGEANT AT ARMS: Good afternoon and
3 welcome to today's New York City Council hearing for
4 the Committee on Veterans. If you would like to
5 submit testimony, you may at
6 testimony@council.nyc.gov. If you would like to
7 testify in person, you must fill out a witness slip
8 with one of the Sergeant at Arms in the back of the
9 room. Please silence all electronic devices. Once
10 again, please silence all electronic devices. No one
11 may approach the dais at any time during today's
12 hearing. Chair Holden, we are ready to begin.

13 CHAIRPERSON HOLDEN: Okay, can you hear
14 me? Because the light's not going on. [gavel] Good
15 afternoon. I am Council Member Robert Holden, Chair
16 of the Committee on Veterans. Welcome to our
17 oversight hearing on promising therapies for
18 veterans' mental and emotional health. Additionally,
19 today, the Committee will hear two resolutions,
20 Resolution 440 which I sponsor calling on the United
21 States House of Representatives to pass and the US
22 Senate to introduce and pass a companion bill and the
23 President to sign a Fair Access to Co-ops for
24 Veterans Act of 2024. The resolution-- and
25 Resolution 441 sponsored by Council Member Kristy

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2 Marmorato designated March 29th annually as Vietnam
3 Veterans Day in the City of New York in honor of
4 bravery and sacrifice of the Americans who served and
5 in recognition of the past and present dedication of
6 their families and caregivers. Now, let me call on
7 Council Member Marmorato to make a brief statement
8 about her resolution.

9 COUNCIL MEMBER MARMORATO: Thank you,
10 Chair and members of the Veterans Committee. Thank
11 you so much. It's an honor to introduce not only my
12 first resolution, but one that holds a profound
13 significance for the men and women of my district.
14 Today, we vote on a Resolution to designate March
15 29th as Vietnam Veterans Day in New York City, and as
16 I stated at a previous meeting, this resolution was
17 inspired by a heartfelt conversation I had with one
18 of my constituents, Oscar Luis [sp?], during a
19 veteran's breakfast in the Morris Park Community
20 Association. Tearfully, Oscar expressed that Vietnam
21 veterans did not receive the welcome and recognition
22 they deserved upon returning home, at least not at
23 our local or municipal level. Designating March 29th
24 as Vietnam Veterans Day in New York City may seem
25 small, but I know it's a meaningful step for our New

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2 Yorkers in honoring the service and sacrifice of our
3 Vietnam veterans and their families. I calmly
4 request my colleagues on the Vietnam Committee to
5 support-- the Veterans Committee, I'm sorry, to
6 support the resolution so it may proceed to a larger
7 vote of the Council. I would also like to thank
8 Regina Paul for crafting this meaningful resolution.
9 Thank you. And my Chief of Staff April Cardena [sp?]
10 for the dedication to me and the success of our
11 office. Thank you.

12 CHAIRPERSON HOLDEN: Thank you, Council
13 Member. And now, let me say a few words about my won
14 resolution which is in support of the federal
15 legislation that would expand the US Department of
16 Veteran's Affairs Home Loan Guarantee program to
17 support the purchase of residential co-ops by
18 eligible veterans, service members, and surviving
19 spouses in addition to the already allowed purchase
20 of condominiums and houses. Because of the
21 prevalence of co-ops in New York City housing stock
22 and because co-ops are often less expensive housing
23 purchases than condominiums and houses, this federal
24 legislation would level the playing field for New
25 York City's past and present service members and make

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2 it more possible for them to own their own home in
3 our city. Finally, turning to the topic of today's
4 oversight hearing, we will be focused on promising
5 and relatively new therapies aimed at improving
6 mental and emotional health for our veterans. Now,
7 nothing is more important than this, and this is, you
8 know, an ongoing problem since I guess World War I
9 and even before that, and we're only now starting to
10 address it, but we hope to hear about a number of
11 those therapies from expert witnesses who work in
12 those fields and who will join us today. And we also
13 look forward to hearing about the therapies that our
14 Department of Veteran's Services has supported. The
15 committee report prepared by our staff for this
16 hearing cites a variety of innovative therapies
17 ranging from outdoor nature-oriented activities to
18 therapeutic writing to service dogs and puppies and
19 training to equine therapy that is based on caring
20 for and riding horse, and to the use of psychedelic
21 drugs, the music therapy, to production in
22 performance and creative arts, to yoga, to Habitat
23 for the Humanity like building and renovating, you
24 know, homes, and buildings carried out by groups of
25 veterans, to the very promising reconsolidation of

1 traumatic memories, RTM therapy. Clearly, there's a
2 lot for all of us to learn. To kick things off, let
3 me introduce a video. We first saw this video at a
4 virtual Vet to Vet Café workshop held last March and
5 sponsored by the Hospice of Palliative Care program
6 at MJHS, a not-for-profit healthcare system in New
7 York City. The video illustrates the power of music
8 therapy, and can we roll that video, Sergeant?

9
10 [video playing]

11 UNIDENTIFIED: [inaudible] actually a
12 colleague of mine that I worked with that I really
13 wanted to show this video. The patient who was-- I
14 believe he was a World War II veteran with COPD. He
15 was someone who had been a former tap dancer and
16 after being admitted to hospice was so lethargic and
17 not always responsive, but his daughter noted that
18 when he listened to music he would show a much bigger
19 response than to most things, not really to TV. Just,
20 you know, she would put on the right music. She
21 noticed that he would kind of perk up and talk a
22 little bit. And so the music therapy department was
23 called in and we had another video of [inaudible] who
24 was able to help him reconnect to the music of his
25 youth. I just want to note he lived up in Harlem and

1 his daughter kind of would note how the Harlem
2 renaissance provided like a spiritual retrieval for
3 veterans coming back, African-American veterans
4 especially, and so the music that we played was from
5 that time. If I can just pull up one more.

6 [inaudible]

7
8 CHAIRPERSON HOLDEN: The sound is pretty
9 bad, but she's playing music and he's responding to
10 it, a veteran. It's a little hard to see.

11 [video playing]

12 CHAIRPERSON HOLDEN: Alright, I'm going
13 to-- we're going to cut that a little short, because
14 I don't know, we're having problems with the sound.
15 The music doesn't-- it's not coming across. But
16 essentially, there's a veteran who's bed-ridden and
17 unresponsive, and he's actually dancing because he
18 was a dancer and a musician and he's responding to it
19 where they got no response before. So, this music
20 could be therapy and has been used, so that was a
21 very good example, except it didn't-- you couldn't
22 tell by the video because of the sound. But that
23 still was remarkable when you see the original video.
24 So at this time, I would like to acknowledge my
25 colleagues who are here, Council Member Kristy

1 Marmorato, and that's it for now, but everybody else
2 is on their way. I would also like to thank the
3 Committee Staff who worked very hard to prepare this
4 hearing-- for this hearing, our newest member John
5 LaRosa, Legislative Counsel, to my right Regina Paul
6 [sp?] in the audience who does a lot of work, our
7 Policy Analyst who also wrote the two resolutions we
8 are hearing, and I thank her for that extra hard
9 work. Ross Goldstein [sp?], our Financial Analyst,
10 and finally, thanks to my Chief of Staff Daniel
11 Kurzyna who's hiding in the wings over there. I
12 would like to now turn it over to our Legislative
13 Counsel to administer the oath to the witnesses of
14 the Administration. John, would you like to do the
15 honors?
16

17 COMMITTEE COUNSEL: So, we have
18 Commissioner James Hendon, Jason Loughran and Doctor
19 Lauren D'Mello. Please raise your right hand. Do
20 you affirm to tell the truth, the whole truth and
21 nothing but the truth in your testimony before this
22 committee and to respond honestly to Council Member's
23 questions? Thank you. As a reminder to all of our
24 witnesses, please state your name prior to your
25 testimony for the record.

1
2 COMMISSIONER HENDON: My name is James W.
3 Hendon. I serve as Commissioner of New York City
4 Department of Veteran Services. Before reading the
5 testimony, I just want to begin out the gate and say
6 we wholeheartedly support Resolution 440 from the
7 Chair as far as the advocacy for passage of the Fair
8 Access to Co-ops for Veterans Act. HR7703 also we
9 very much support Resolution 441 which is
10 acknowledging March 29th to be held as Vietnam
11 Veteran's Day going forward. I just want to make that
12 very clear. We acknowledge 440 and 441. Anything we
13 could be of value to push these, please reach out. I
14 just want to say that.

15 CHAIRPERSON HOLDEN: I would hope so. I
16 hope you support that.

17 COMMISSIONER HENDON: Good afternoon,
18 Chair Holden, Committee Members and advocates, and
19 Council Member Marmorato. My name is James Hendon. I
20 serve as Commissioner of the New York City Department
21 of Veterans Services, DVS. I sincerely thank you for
22 taking the time to hold this hearing on promises
23 therapies for veterans' emotional and mental health.
24 I'm joined today by Doctor Lauren D'Mello, Executive
25 Director of Mental Health, and Jason Loughran, Senior

1
2 Advisor for Intergovernmental Affairs. Veterans are
3 some of the toughest individuals I know. They
4 selflessly serve their country and embody the virtues
5 of self-sacrifice and holding oneself to a higher
6 standard. Despite all that US military service
7 members past and present and their families have
8 sacrificed for us, sadly seeking help for physical
9 ailments and particularly mental health is still
10 something that holds a stigma, especially within
11 military and veteran communities. Here at DVS we are
12 trying to remove that stigma. DVS passionately
13 serves veterans in the same way that they served our
14 country and we strive to provide a spectrum of
15 services and resources to meet to the physical and
16 mental needs of the diverse cohort of selfless
17 individuals who decided to sign the dotted line to
18 serve this nation. Help isn't something that
19 involves any one facet. Health is an overlapping
20 system of complex social, environmental,
21 socioeconomic and individual networks that span a
22 gauntlet of issues ranging from housing insecurity
23 and unemployment to a lack of support networks and
24 social isolation. We work on these issues daily to
25 help alleviate and solve them. So, last hearing on

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2 mental health, we have continued to work and make
3 progress advancing the slew of programs and
4 partnerships that have proved so critical in
5 improving not only mental health but the life
6 outcomes of veterans across New York City. A big
7 part of this progress is our commitment to providing
8 direct services. From the start of fiscal year 2024
9 to the present we've completed 92 patient health
10 questionnaires and 93 generalized anxiety disorder
11 questionnaires. These optional assessments allow us
12 to asses and refer veterans to mental health services
13 wherever they are in their mental health journeys.
14 The stigma that exists surrounding mental health
15 sometimes prevents veterans from seeking related
16 services. We have created a system whereby we can
17 provide much-needed mental health support even
18 without labeling it as such. Whether our veterans
19 are seeking help with their benefits or assistance
20 with employment, education, heritage building
21 activities, or housing, DVS has the functionality to
22 serve our constituents at any stage of the process.
23 Our ability to provide tailor-made referrals
24 maximizes the value that we as a department bring to
25 the table. By leveraging our relationships with

1
2 partners, we can punch above our weight class and
3 provide maximum value to veteran military families.
4 Our partnerships with New York Presbyterian and Black
5 Veterans for Social Justice are two such examples.
6 New York Presbyterian offers two military family
7 wellness clinics to connect service members with
8 high-quality, evidence-based mental health needs.
9 They operate two clinics, one at Columbia University
10 Medical Center and another at Weill Cornell Medical
11 Center. Meanwhile, Black Veterans for Social
12 Justice, or BVSJ, suicide prevention program is
13 funded through the Federal Government's Staff
14 Sergeant Parker Gordon Fox Suicide Prevention
15 Program. The Fox Suicide Prevention Program enables
16 the VA here locally through BVSJ to provide
17 community-based resources with veterans with the aims
18 of preventing veteran suicide and fostering related
19 community and stakeholder outreach. Among so many
20 other things, it's also important to highlight the
21 Reconsolidation of Traumatic Memories Protocol,
22 commonly called the RTM protocol. This clinically
23 proven effort reprograms the neurological connection
24 between the brain and specific traumatic memories.
25 It requires no drugs and is a game-changer in the

1 treatment of Post-Traumatic Stress Disorder. In the
2 sphere of mental health we strive to partner with
3 veteran supportive entities, leaders and
4 organizations in order to facilitate delivery of the
5 most effective and highest quality services we're
6 capable of in the course of our operations. The
7 following is some of those activities. The Veterans
8 Mental Health Coalition: The Veterans Mental Health
9 Coalition is a group of mental health researchers,
10 advocates, clinicians and organizations that meet
11 monthly to discuss pressing concerns within the world
12 of veterans' mental health. DVS staff proctor and
13 attend these meetings during which we learn about new
14 developments and programs through which we might be
15 able to forge partnerships that could be of value to
16 the broader veteran community. Mission Vet Check:
17 Mission Vet Check was launched in May of 2020. This
18 buddy check wellness call program assists veterans on
19 various topics including food insecurity, housing
20 assistance, mental health and more. Thus far, during
21 the current fiscal year, 14,976 calls have been made
22 to veterans with a 50 percent answer rate.
23 Approximately 2,000 Mission Vet Check calls resulted
24 in requests for DVS services. These check-in calls
25

1 proved crucial in getting many veterans the help they
2 needed with our agency providing a vital link between
3 veterans and a multitude of services. Military
4 Family Advocacy Program: The Military Family Advocacy
5 Program which has just concluded its inaugural school
6 year. The 2023-2024 year was its pilot year on Staten
7 Island. It enabled 55 Richmond County-based New York
8 City Public Schools to participate. Those schools
9 identified more than 200 veteran military families
10 within the borough. The 55 schools, each of which
11 designated one staff and faculty volunteer, a
12 military family advocate, were able to create and
13 depend relationship supporting military and veteran
14 families, nurturing the families' diverse and unique
15 needs. Joseph P. Dwyer pilot program: One out of
16 four NYC-base active duty service members,
17 Reservists, National Guardsmen, and veterans say they
18 are lonely three or more days per week. Only one-
19 third of lonely respondents feel they have someone
20 they can approach when in need. The PFC Joseph P.
21 Dwyer Peer Support Program is a flagship effort
22 funded by New York State which advances peer-to-peer
23 support for veterans who struggle with PTSD and other
24 mental health challenges. Veterans have tremendous
25

1 potential that often requires a little bit of support
2 to untap. We believe in the advocacy of community-
3 driven programs. That was the guiding philosophy
4 behind our launch of the Dwyer pilot program. Dwyer
5 has existed in other counties since 2012. After its
6 most recent expansion, DVS became a formal Dwyer
7 Program funding recipient during calendar year 2023.
8 We wanted to show the capabilities of the Dwyer
9 program by piloting its expansion in New York City in
10 a hyper-local way. That pilot initiative has proven
11 to be a success. During the course of the pilot
12 which occurred this past fiscal year, we provided
13 funding towards four different organizations in order
14 for them to create dedicated blocks of time for
15 veterans and their families to participate in classes
16 are being surrounded by other veteran community
17 members. The success of the program, along with the
18 operational and logistical experience we gain
19 through running the program at a smaller scale were
20 proven valuable when DVS executes the Dwyer Program
21 at scale starting in fiscal year 2025. As far as the
22 Joseph P. Dwyer launch, as the pilot program draws
23 close to its end, we stand ready to take the next
24 step towards the full-scale implementation of the
25

1 Dwyer program. During implementation DVS received
2 requests for proposals from for-profit and nonprofit
3 organizations to support the mission of increasing
4 social engagement and connectivity for US military
5 veterans and their families. We've created a robust
6 methodology for vendor selection, ensuring that we
7 only partner with the very best candidate committed
8 to our goals of reinforcing help-seeking behaviors in
9 our veteran population. Further, we are partnering
10 with a multitude of organizations to expand access to
11 various modality-focused services offered to the
12 veteran community. Currently, these include somatic,
13 animal assistance [sic], express [sic] education,
14 culinary and community-oriented programs. One of the
15 most important things any person, including a
16 veteran, can do to combat social isolation is to get
17 out of one's shell, step outside of the comfort zone
18 and join the community. One of the most under-rated
19 aspects of creating and maintaining a positive mental
20 health environment is our connection to one another.
21 That said, we promote many modalities of care to New
22 York City's veteran populous. We aim to peak our
23 veterans' vast and varied interest, and create more
24 of these third [sic] places that are so sorely needed
25

1
2 today. These broad and diverse activities are all
3 part of the wider program to provide mental health
4 services to a population that traditionally shies
5 away from such a critical segment of one's health
6 outcome. While people, especially veterans, might be
7 reluctant to seek traditional forms of mental health
8 treatment, by shifting our emphasis to an activity-
9 focused and community-driven approach, we can expand
10 the number of veterans who engage and benefit from
11 these offerings. Example is data sharing and crisis
12 mapping. DVS maintains more than 120,000 active
13 records and continues to expand this number--
14 speaking of the records of our veterans in the City.
15 Data sharing is a crucial component in measuring and
16 recording the tangible effects that DVS programs have
17 on our veteran constituency. Get Covered NYC Vet:
18 We've partnered with the Mayor's Public Engagement
19 Unit to help veterans obtain health coverage through
20 Get Covered platform, the New York State of Health,
21 and the VA and Tricare systems. Too often veterans
22 fall through the cracks of our healthcare system.
23 Healthcare enrollment is known as a notoriously
24 confusing process. This program establishes one-on-
25 one support with a Covered NYC Vet specialist who can

1
2 assist veterans and their families and choose the
3 right healthcare option. Fourth, all factoring in
4 civilian and non-civilian healthcare eligibility in
5 line with the benefits that they and their families
6 can earn. We extend our gratitude to the City
7 Council for enacting crucial legislative measures
8 that aim to match veterans and their families with
9 mental health resources. The City Council Mental
10 Health Roadmap Legislation, a dynamic plan that
11 acknowledges evidence-based solutions to enhance
12 mental health outcomes is instrumental in enabling
13 DVS to concentrate on bolstering prevention services
14 particularly at the community level. It also plays a
15 significant role in raising public awareness about
16 available program and improving interagency
17 coordination to ensure a seamless continuum of care.
18 Intro 1237, collection of demographic data: the
19 COVID-19 pandemic has underscored the criticality of
20 data sharing in customizing our support for our
21 veteran communities. By enshrining the transmission
22 of vital information to law, DVS will be empowered to
23 optimize efficacy of our data collection efforts,
24 thereby enhancing our ability to serve our community
25 more effectively. Intro 1239, community outreach and

1
2 mental health resources: the availability of mental
3 health resources hinges on effective outreach and
4 engagement infrastructure. Intro 1239 highlights
5 this infrastructure need by empowering Vet Connect
6 NYC to continue working towards its goal of
7 connecting veterans and their families with city,
8 state, federal, and nonprofit organizations. Intro
9 1241, reporting on mental health services: continued
10 with the theme of data collection, Intro 1241 ensures
11 that the reporting of information from agencies that
12 provide mental health services is collected and
13 aggregated to maximize transparency. This
14 information is reported in the form of an annual
15 report. The data collected here is part of our
16 broader efforts aimed at collecting and utilizing
17 data to identify and fill gaps in the current mental
18 healthcare infrastructure. In conclusion, we are
19 grateful for the opportunity given to us today to
20 testify on the topic of mental health. We're happy
21 to answer any questions the committee might have in
22 light of the information that we presented her today.
23 More information about DVS' mental health offerings
24 and programs can be found at nyc.gov/vetmentalhealth.
25 Say it again, nyc.gov/vetmentalhealth. Any veteran

1
2 and military family members who are seeking mental
3 health or other services remotely may contact DVS
4 through our Vet Connect NYC platform which can be
5 visited at nyc.gov/vetconnect. Telephone number for
6 DVS is 212-416-5250. Our email address is
7 connect@veterans.nyc.gov. Our social media handle is
8 [@nycveterans](https://twitter.com/nycveterans). One more time to say it's
9 nyc.gov/vetmentalhealth to see the resources. It's
10 nyc.gov/vetconnect to remotely plug in for services.
11 The phone number is 212-416-5250 to call us. Email
12 address is connect@veterans.nyc.gov. Social media
13 handle [@nycveterans](https://twitter.com/nycveterans). Lastly, to all who are here
14 physically and remotely, if you or a loved one is
15 experiencing thoughts of suicide and are immediate
16 crisis, then please call the suicide and crisis
17 lifeline at 988. Members of the military and veteran
18 community can reach the crisis line by dialing 988
19 then pressing one. Thank you.

20 CHAIRPERSON HOLDEN: Thank you,
21 Commissioner. And you know, I'm going to ask you
22 some questions. You touched upon a few in your
23 testimony, but I just would like to get it on the
24 record as some of the answers. But would you include
25 service organizations as therapy? Would you say

1
2 that's part of the mental health of veterans, our
3 service organizations?

4 COMMISSIONER HENDON: Absolutely.
5 Connection-- anything that gets to the end-state of
6 our people--

7 CHAIRPERSON HOLDEN: [interposing] Which
8 is-- yeah, which is I think-- you know, many people
9 don't recognize that, but keeping our service
10 organizations going, keeping the buildings themselves
11 funded is a goal of this committee, and many of the
12 Council Members have several in their districts. I
13 have probably a dozen locations, but they're all--
14 many of them are in trouble and it's so important
15 that veterans talk to their colleagues because they
16 can identify with them. So they-- you don't see
17 loneliness at the service organizations. So, that's
18 why it's important. It's hard-- you know, talking to
19 the leaders of the service organizations, they say
20 it's difficult recruiting younger ones, younger
21 veterans. But and that's something that we could
22 help with through funding, and that's why I suggested
23 not only to the Mayor's Office but also the Speaker's
24 office these organizations. I think you would agree,
25 Commissioner, that many of them are in trouble.

1
2 We're losing, you know, a few a year, and that's a
3 shame, because we're losing the opportunity to
4 address mental health. You mentioned in your
5 testimony, but the overview of mental health
6 services, which ones do you feel are the most
7 effective that to you-- I don't want to have you pick
8 one or the other, but what's- over your years as
9 Commissioner, what would you say is probably the
10 better-- and we've seen results in the mental health
11 area for veterans.

12 COMMISSIONER HENDON: I'm going to defer
13 to Doctor D'Mello to take a lot of this. I just
14 wanted to say, the issue with this question, Mr.
15 Chair, is that we don't want to be seen as picking
16 certain winners and losers from a clinical aspect.
17 For us, if an organizations is doing right by our
18 people and we vet them and say, okay, these folks are
19 above board. We will make sure that the community
20 knows about them, and we do what we can to get the
21 word out. And so we just want to be careful to be in
22 a position where we're seen in the same light as--

23 CHAIRPERSON HOLDEN: [interposing] So
24 there's not one--

25 COMMISSIONER HENDON: [inaudible]

1
2 CHAIRPERSON HOLDEN: And let's say the
3 clinical area of dealing with the post-traumatic
4 stress, there-- that's probably-- and again, Doctor,
5 you could, you know, correct me if I'm wrong, but
6 that seems to be I would say the most serious because
7 it kind of takes over the veteran's life to some
8 degree and destroy it also. Many times the veterans'
9 suicide rate can be attributed to that. But go ahead
10 if you want to elaborate.

11 EXECUTIVE DIRECTOR D'MELLO: [inaudible]
12 currently accepted modality [inaudible] [off mic]

13 CHAIRPERSON HOLDEN: Oh, okay. Okay.

14 EXECUTIVE DIRECTOR D'MELLO: Sorry. To
15 pick one in particular, I wouldn't--

16 CHAIRPERSON HOLDEN: No, you could pick
17 five. I mean, you could say in the area of PTSD.
18 Let's just-- let's focus on that.

19 EXECUTIVE DIRECTOR D'MELLO: Yeah,
20 there's several. As you mentioned, RTM has a really
21 success rate. The [inaudible] exposure therapy has a
22 really high success rate of reducing symptoms of
23 PTSD. However, because mental health is so unique
24 and individualized, different things work for
25 different people. So, to promote one might--

CHAIRPERSON HOLDEN: [interposing]

Alright, let me-- I don't know what-- but just say what area do we need? Let's say what should we put more funding towards, that you feel it could do a lot more, that we could reach more veterans? Alright, okay.

EXECUTIVE DIRECTOR D'MELLO: In all fairness, Council, some of these therapies haven't been vetted through like the FDA.

CHAIRPERSON HOLDEN: Right.

EXECUTIVE DIRECTOR D'MELLO: You know, they're still going through research testing. So they're on different levels of being promoted to the public. I couldn't pick one or even a few.

CHAIRPERSON HOLDEN: Even to put more money towards? Say all of them.

EXECUTIVE DIRECTOR D'MELLO: All of them.

COMMISSIONER HENDON: That would be our answer.

EXECUTIVE DIRECTOR D'MELLO: All of them.

CHAIRPERSON HOLDEN: Alright, yes. Well, that's I would have said. But go ahead.

SENIOR ADVISOR LOUGHRAN: I just wanted to comment to what Lauren was saying, that as a

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2 veteran who went through mental health treatment, you
3 know, sometimes it takes a few different testing
4 experiences and, you know, it all comes down to staff
5 and who you develop a relationship with at that time.
6 So, I think there are a handful of organizations that
7 you know about because they're actively involved with
8 us and we see them a lot. And I think I would say
9 that those folks that are actively involved are
10 speaking to your offices and our offices. I think if
11 we were to tell you which ones are out there that are
12 doing good work, those are the ones that we would
13 reference [sic].

14 CHAIRPERSON HOLDEN: Alright. But I'd
15 say thinking outside the box sometimes, we-- let's
16 say a veteran doesn't want to sit with a psychiatrist
17 but would love to work with horses or animals, or you
18 know, that kind of thing, or music. So that's why,
19 you know, you don't want to pin one down, because
20 it's not one-size-fits-all and I get that. But you
21 know, I do-- if we're involved in funding, this is
22 what my question is toward. Where do we need--
23 because I don't want programs like we have that have
24 waiting lists and veterans can't see somebody, you
25 know. Like, that's what I'm trying to get at. What

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2 programs might we expand? Because they've shown a
3 good success rate, and we'll hear expert testimony
4 later, and they might be able to elaborate on it, but
5 we need to think about that and funding. Like, what
6 areas should we really fund? I'd like to fund more
7 service organizations because I know they work. I
8 know they provide a good deal of service, not only
9 for the veterans, but for the community. But
10 certainly, you know, expanding areas that would help
11 veterans faster. You know, like I've seen RTM work,
12 because I have experience with that, family
13 experience with that and it did work. Two of my in-
14 laws who went through it and want to live now,
15 because they experienced post-traumatic stress
16 problems. So, this is something that I think we need
17 to address, we need to have future hearings on, and
18 we need to actually have more conversations. I think
19 we'll go on. And related to that, is the specific
20 outreach that you mentioned, Commissioner, you know,
21 really what specific outreach programs does DVS have
22 in place to inform veterans citywide about mental
23 health services. Because I know mailings are
24 impossible for your-- you know, with the funding you

1
2 get. So what creative techniques are you using to do
3 outreach with the restrictions of your budget?

4 COMMISSIONER HENDON: Thank you for that
5 question, Mr. Chair. A lot of it-- and I'll start
6 with a couple things, and you know, anything that
7 could be added will come from the Dr. D'Mello and
8 from Jason. We-- there's what we put through our
9 website as far as-- nyc.gov/vetmentalhealth where we
10 have several offerings. We make that a place where
11 it's basically a site that if you're looking for
12 things that are in this space and this is something
13 where you need help and support and want to find
14 organizations, we list several things on
15 nyc.gov/vetmentalhealth. Another thing that we do
16 is-- it's back to the partnerships piece. We also
17 promote partners. When we have a partner who has a
18 good offering and we've vetted it and it's above
19 board for us to distribute, we assure to get the word
20 out via social media, leveraging things like, you
21 know, our Facebook, Instagram, Twitter, etcetera.
22 Also, we get the word out in our newsletter. So, we
23 assure to, you know, make sure that it's published
24 there. Another thing that we do is we go on offense
25 with our Mission Vet Check Program. It's a program

1
2 where we have volunteers meet once per week and come
3 together and call veterans in our community. It's a
4 buddy check wellness call program, and that's a
5 remote program. So, you can be anywhere, be able to
6 plug into us and be able to dial veterans and reach
7 out. So, that's another way that we try to reach out
8 to folks. Those are just a handful of things we do
9 to get at this between, once again, the website, the
10 social media aspect, the newsletter, and then Mission
11 Vet Check, we physically call to touch base. But I
12 want to defer, because there's so much here. Just
13 stuff to add.

14 SENIOR ADVISOR LOUGHRAN: Just, I want to
15 jump in there, because we have some numbers on what
16 the Commissioner just shared, so I'd like for you
17 guys to see it. Mission Vet Check has made over
18 15,000 calls. We've also attended over 18 Community
19 Board meetings, and in our social media we've been
20 able to increase impressions on Facebook three times
21 the number from fiscal year 22, going from 72,000 to
22 233,000 impressions. On Instagram, we were able to
23 improve that number over the last year by seven
24 times. So, in fiscal year 23 we had-- I'm sorry,
25 fiscal year 22 we had 5,000 impressions on Instagram.

1
2 As of fiscal year 24 we've had 34,000 impressions on
3 Instagram. And I understand that that might be
4 viewed as just inputs as far as data, that we're
5 moving things forward, but you know, as far as
6 outcomes go, I'd like to share with you guys that we
7 looked at how many views our mental health and
8 wellness page was getting. So, ensuring that we're
9 getting mental health resources and improving the
10 traffic on our website to those resources, and
11 compared to last year, the entire year we had 1,679
12 views of the mental health page. We're only halfway
13 through this year, and we're already at 1,300. So,
14 we're already well surpassing last year's activity on
15 our mental health and wellness page. So, it seems
16 that whatever efforts we are making--

17 CHAIRPERSON HOLDEN: So, the outreach
18 is--

19 SENIOR ADVISOR LOUGHRAN: [inaudible]

20 CHAIRPERSON HOLDEN: going and you're
21 happy with it.

22 SENIOR ADVISOR LOUGHRAN: Yeah, it's
23 resulting--

24 CHAIRPERSON HOLDEN: [interposing] What
25 about feedback afterwards? Like, you know, getting

1
2 some feedback as to are they okay with it? You know,
3 did it work? That kind of thing. That would be a
4 big more difficult, but--

5 COMMISSIONER HENDON: [interposing] It is.
6 A couple things. One is, you know, we have this tell
7 us how we're doing link, you know, for anybody who's
8 just reaching out. [inaudible] email, as far as that,
9 that's one piece.

10 CHAIRPERSON HOLDEN: Right.

11 COMMISSIONER HENDON: Another one is
12 we've been actively following up on these Mission Vet
13 Check referrals too to kind of close the loop to get
14 feedback. This is a program-- we're booking this
15 fiscal year with calls this week and next week to
16 kind of close the loop with folks on that aspect of
17 things. Another one comes with feedback. It's
18 looking at the cases closed within Vet Connect as far
19 as if something is referred to a provider and that
20 provider ultimately closes it. And then last but not
21 least, the survey, the 2024 veteran military family
22 community survey which is out right now at
23 nyc.gov/vetsurvey if anyone hasn't taken it,
24 nyc.gov/vetsurvey, as a place for us to really get
25 the temperature, the pulse of everything. In that

1
2 testimony I mentioned something about a certain
3 number of our people say they experience loneliness
4 at a certain cadence. We got that from the last
5 survey. So this is a way for us to really hear our
6 veteran military families so we can respond and
7 invest help.

8 CHAIRPERSON HOLDEN: That's a high
9 number of how many people are lonely, isn't it? So
10 you know, given that, you know, are there any
11 upcoming initiatives or programs that DVS plans to
12 implement to improve mental health support for
13 veterans?

14 COMMISSIONER HENDON: I'll say a little
15 bit and then I'm throwing it to Doc on this-- I'm
16 sorry, Doctor D'Mello. We've got a lot right now as
17 far as within what we're doing, and I'll let Doctor
18 D'Mello speak on it. Things I'll mention that are
19 expansions really, it's taking what we've already
20 done and just building up on them in two major ways,
21 as everything else. The two would be expansion of
22 the Dwyer program which we're just looking forward to
23 getting that going in FY 25 to really make it
24 available to all who are interested in helping our
25 brothers and sisters. [inaudible] for Dwyer funding,

1 and that would be the conduit of getting that out.

2 And the other one is expansion of our Military Family
3 Advocate program. There's a thousand other things,
4 but I want to let Doc, you know, take it from there.
5

6 EXECUTIVE DIRECTOR D'MELLO: So, we're
7 extending our Military Family Advocate program from
8 piloting in Staten Island which we had 55 schools
9 participate, reaching 242 families, to all boroughs.
10 Every school will be welcomed to participate in our
11 MFA program, and hopefully we will reach a lot more
12 families.

13 COMMISSIONER HENDON: And then just to
14 double-down, too, the things that we already do which
15 we continue to do. It's crisis [sic] intercept [sic]
16 map [sic]. It's the Veterans Mental Health
17 Coalition. It's Mission Vet Check. So there are
18 things that we already are doing, but when it comes
19 to expansion it's very much expanding this Military
20 Family Advocate program to blanket DOE's catchment
21 area, all of it, not just Staten Island. And it is
22 the Dwyer program. Just it's supposedly a small
23 pilot. Saying look, now we have these resources,
24 let's get it out to all who would compete so we can
25 get more money in the hands of our folks.

1
2 CHAIRPERSON HOLDEN: Thanks,
3 Commissioner. I'm going to turn it over Council
4 Member Marmorato to ask some questions, and Council
5 Member Paladino is here, and so is Joann-- Council
6 Member Joann Ariola is online on Zoom. Does she have
7 any questions following Marmorato, she could just let
8 us know. Thank you.

9 COUNCIL MEMBER MARMORATO: Thank you,
10 Chair Holden. So, when treating-- and thank you for
11 being here today and sitting with us. My question is
12 really when treating veterans' mental health, what's
13 your opinion on these newer therapies such as like
14 MDMA therapy? I didn't realize that that was
15 actually in practice right now currently.

16 EXECUTIVE DIRECTOR D'MELLO: Yeah, so DV-
17 - sorry. Part of our Veterans Mental Health
18 Coalition, we have a lot of these newer therapies
19 present. We have low-dose lithium. We have the MDMA
20 psychedelic psychotherapy. We've had several, and I
21 think we wait before we introduce it to our
22 community, because several of them are still going
23 through testing, for example, the psychedelic
24 psychotherapy was later rejected by the FDA. So,
25 although we're learning about the research and the

1
2 promising outcomes, I don't think it's ready for--
3 some of them are not ready for dissemination to the
4 public yet.

5 SENIOR ADVISOR LOUGHRAN: I'd like to
6 also note that through our engagement with those
7 organizations, I would-- I always encourage them to
8 go to your offices, because as you know and as you
9 see, there's some organizations practicing these
10 methods and the new treatment methods different than
11 others. And so from the ground work I've noticed
12 that some of these organizations have constructive
13 criticism or maybe potential laws that should be in
14 place to construct the future of this especially on a
15 local level. So I'll be happy to also follow up with
16 those folks that are interested in crafting what
17 should be, you know, regulations and such around
18 those practices with your offices.

19 COUNCIL MEMBER MARMORATO: Thank you.
20 And as far as-- I have a lot of organizations in my
21 district between Legions and community associations.
22 How can we get them on board for outreach for
23 veterans with mental health? When I was out
24 campaigning at one point I had interactions on two
25 different occasions with veterans who didn't even

1
2 realize we had so many legions within our community,
3 just to get them out there and get them repopulated
4 and really involved with these organizations. What
5 do you feel that we should do on our end within the
6 community to try to really have like a veterans
7 outreach?

8 COMMISSIONER HENDON: Just-- and I'll
9 start and anybody wants to throw in. The deeper
10 problem right now is we don't have enough young blood
11 coming in these fields. So that's the deeper issue.
12 We're trying to get a handle on that in that we are
13 to obtain the data for those who are getting out. As
14 soon as they come out, we have that information. We
15 have it for-- right now, we get 20 percent of those
16 who are coming out and get their information.
17 Working to get that up to 80 percent. That's
18 something that involves the Federal Government and
19 the form someone checks off, etcetera. So, about
20 5,000 of the 200,000 leave the military and come to
21 New York City. We get about 1,000 [inaudible]. And
22 so it's us engaging that group, which we've begun
23 with and saying okay, hey, welcome to New York. We'd
24 love to plug you in to some of our VSOs. You know,
25 please check here for all you'd like to be introduced

1
2 to and making that connection. And so that I feel
3 like is a key piece of it, is to get the young talent
4 in the organizations. Beyond that, you know, doing
5 what we can to let our VSOs know and just to put it
6 out what we're tracking. We're tracking 140 active
7 veteran service organizations in this city. Our
8 count called it out 16 active-- that we're tracking,
9 16 Staten Island, 21 Manhattan, 26 Bronx, 30
10 Brooklyn, 47 Queens. Once again, 16 in Staten
11 Island, 21 in Manhattan, 26 Bronx, 30 Brooklyn, 47
12 Queens. And so for us, it's making sure these folks
13 know about things like hey, you know, here's a
14 council funding opportunity. Let us help you take
15 these steps to apply. So we have that
16 nyc.gov/vetcouncilfunding page as a way to try to get
17 that. We're trying to use Dwyer as another means to
18 get at this as well. Saying hey, look, not just
19 money from the Council, but here's money through the
20 Dwyer program. Please apply. So, we're trying to
21 get a handle on having more traction, synergy.
22 Another piece is the contracting side where, you
23 know, last year we took on our first set of
24 contracts. We'll be taking another set this coming
25 fiscal year, as far as just taking small dollar

1
2 contracts from veteran service organizations, largely
3 towards events so that we've got a direct line of
4 communication with folks. It's not a world where
5 you're interacting with the City in some way and
6 we're not connected so we can leverage money now. So
7 these are just a few things we're trying to do to get
8 it, because that's not a perfect answer, but we're
9 trying to drill down on this. And federally, we're
10 really optimistic about a change being made where it
11 goes from being just 1,000 out of the 5,000 to get at
12 least 4,000 of the 5,000. That's something that
13 we're working on heavily so we know more folks, and
14 I've been told that this summer we'll start to
15 receive-- right now, when someone leaves the
16 military, the DOD keeps their DD214 in a digital
17 format in a big ol' Excel file. They can only keep
18 it in that format for 35 days in an Excel. So
19 picture an Excel with hundreds of names for New York
20 State and everyone who got out, all the fields are
21 DD214 fields. They discard it after 35 days. We get
22 access to that information, so that's what we're
23 getting as far as, you know, working to get the info.
24 We're starting to receive later on this summer, TAP
25 program. So if someone is now saying hey, within 12

1 months I'm leaving the Army or I'm leaving the Navy,
2 Airforce, etcetera. We'll start getting that. So,
3 we'll lean even further ahead as far as begin able to
4 put hands on them. And so we're trying to get all
5 these things in a good place. And the last thing,
6 before I forget, you know, we've been signing
7 agreements with our different elected to assign-- one
8 of the first ones was with Speaker Adams and her
9 team, so that we're able to share the data with the
10 different, you know, City Council Members. We've
11 also done this with the State Assembly, State Senate.
12 We're working this right now with the federal
13 delegation. We did one with the Bronx Borough
14 President. We're working with the other Borough
15 Presidents too so that we can-- and the Borough
16 Presidents give us the community boards. So we want
17 to live in a world where you know what we know,
18 specific to your geography so we can all be in the
19 foxhole trying to get at this together when it comes
20 to reaching out to our brothers and sisters. I'm
21 sorry, [inaudible].

22
23 SENIOR ADVISOR LOUGHRAN: And one more
24 thing. I would encourage all of your VSOs to reach
25 out to our office on whatever events or things that

1
2 they're holding so that we can put it in our
3 newsletter. We've got 10,000 subscribers to our
4 newsletter, and so that's a great way for us to
5 amplify what's happening in New York City, as a city
6 that is supportive of the veteran community, of the
7 events that are occurring here.

8 COUNCIL MEMBER MARMORATO: And we
9 definitely have a lot of those events happening in my
10 district on both sides. So, I'd be happy to share--

11 SENIOR ADVISOR LOUGHRAN: Yeah, that's
12 something that I consistently get requests. It is
13 that they wish that there is a place that all of the
14 things that were happening in the City were going to.
15 So we want to double-down. Please let us know. We'll
16 put in our newsletter and make sure the rest of the
17 City knows about what your VSOs are doing.

18 COUNCIL MEMBER MARMORATO: Great, thank
19 you.

20 COMMISSIONER HENDON: And we can put it
21 on our veterans.nyc. We have a partnership with that
22 group, too, that runs that calendar which is a
23 calendar of community events [inaudible].

24 COUNCIL MEMBER MARMORATO: Great, thank
25 you so much, guys. I appreciate it.

1
2 CHAIRPERSON HOLDEN: Thank you, Council
3 Member. Council Member Vickie Paladino has some
4 questions.

5 COUNCIL MEMBER PALADINO: Good afternoon
6 and thank you for coming. We talked about-- you
7 spoke about the digital world that you're now in with
8 the-- and I'm going to approach this from the young
9 person's standpoint. I'm looking at page three of
10 the information that I received here, and what
11 interests me most was that we have here veterans in
12 the age of 18 to 49-year-old, age 33 percent compared
13 to the rate-- compared to a rate of only 11 percent
14 for veterans 50 and older. In addition, the
15 Department of Veterans found that veterans under 34
16 and veterans transitioning into civilian life were at
17 a higher risk of suicide. So, this is just
18 reiterating what you have already stated. Now, what
19 I'm interested to know is since we saw-- just go over
20 that again if you could with me about the uptick in
21 Instagram and the uptick-- because this will explain
22 why these younger people now are actually searching
23 you guys in, you know, on social media.

24 SENIOR ADVISOR LOUGHRAN: Yeah, you're
25 absolutely right, and you as Council Members all--

1
2 sorry about that. councilwoman, thank you for the
3 question, and I think you guys all know this fairly
4 well, right, because you also want to ensure that
5 you're getting out information to your community. So
6 I see all of your social media accounts and the job
7 well done that your team does to operate those social
8 media accounts. And so same goes as ours, is that
9 we've obviously known that we've had to increase the
10 investment in our education and information on those
11 social media accounts, and therefore-- so back to the
12 numbers. In fiscal year 2022, in Facebook that year
13 we had 72,000 impressions. This past fiscal year
14 2024 we've been able to increase that number by three
15 to 235,000 impressions. Instagram fiscal year 2022
16 we have 5,000 impressions. Fiscal year 2024 we had
17 34,000. So, those two numbers just looking at them,
18 one increased three times, the other increased seven
19 times, and then on our actual website where the
20 intention of all this is to drive these folks to the
21 pages where this information is readily available and
22 they can engage with it, or request our services,
23 right? And so in just six months we're almost at our
24 total website views for mental health and wellness
25 for the entire calendar year 2023. We're just about

1
2 400 views short. So we still-- we're going to well-
3 exceed the number of views on that mental health and
4 wellness page on our DVS website.

5 COUNCIL MEMBER PALADINO: Because I see
6 here opportunities exist to further meet student
7 veterans' mental needs. Is there a such place where
8 these young people, the students, is there an
9 organizations or-- what do you call it-- on the
10 website where they could click specifically that they
11 are students and they are veterans? And it says here
12 that they often go to college soon after entering
13 civilian life, but we want them to self-identify.
14 So, we see that 63 percent of them are under the age
15 of 34, which is really amazing, and it makes them
16 more susceptible to the mental health issues that
17 we're talking about. We have the anxiety, the
18 stress, the depression, and the suicidal intention.
19 Now, this is VA data that was collected from 2017 to
20 2022. So, I just want to know a little bit more
21 about the student veteran reach-out. What are we
22 doing with our kids?

23 COMMISSIONER HENDON: so, we do have a--
24 there's a veterans on campus network which is
25 basically us having lines of communication with just

1
2 the folks who are the leads within the veteran
3 communities at the various schools, and so that's a
4 way for us to touch that group. We've been working to
5 get a better handle on folks, not just on the student
6 side, but also the family piece. So we've been
7 partnering more heavily with blue star families, to
8 folks where it's not just about that veteran, it's
9 about their loved one, too. I'm with you all the way
10 on these things, Council Member Paladino. I just
11 have to say what burns in my mind is we're trying to
12 get a handle on all of this, too, because 71 percent
13 of our veterans are 55 or older, and so you know,
14 roughly 30 percent of our veterans-- 30.3 percent of
15 our veterans are Vietnam-era. And so for us it's
16 trying to handle of it. I just want to call that
17 out, but no, I completely agree with you.

18 COUNCIL MEMBER PALADINO: Because I'm
19 concerned about seeing these facilities like our VFWs
20 which are closing, our American Legions. They need
21 to be filled with these people who are between the
22 ages of in their 30s and in their 50s, because our
23 Vietnam vets are now in their late 70s and early 80s.
24 We want to keep replenishing the well, and so that
25 they know what's available to them. And we're back

1
2 to square one again as we started the year off with
3 let's get the knowledge out there so they know what's
4 available to them. So, I think this is all great.
5 And stay on social media, this will be-- that's very
6 big. Thank you.

7 SENIOR ADVISOR LOUGHRAN: We will
8 certainly do that. Thank you Councilwoman.

9 COUNCIL MEMBER PALADINO: Thank you.
10 Thank you.

11 SENIOR ADVISOR LOUGHRAN: One thing I
12 also want to add to your question about student
13 veterans is that DVS also participates in the VA Work
14 Study program, and I just want to--

15 COUNCIL MEMBER PALADINO: [interposing]
16 right.

17 SENIOR ADVISOR LOUGHRAN: double-down on
18 Council and any organizations listening and
19 especially our city partners. We would help anybody
20 who's interested in learning about that program and
21 getting VA Work Studies into their institution or
22 organization. It's a great program. I happen to have
23 two Columbia VA Work Study students, and it's a great
24 way for us to engage with those students, but also
25 create these-- you know, these champions within their

1
2 own colleges and universities, because when they're
3 working with us and learning about these challenges
4 that we're facing today, they bring it back to their
5 institution, their school, and their student veterans
6 group, and they share the information.

7 COUNCIL MEMBER PALADINO: And they're
8 jobs, I mean--

9 SENIOR ADVISOR LOUGHRAN: [interposing]
10 Right yeah. And they're jobs. It's great work
11 experiences.

12 COUNCIL MEMBER PALADINO: It's just a
13 funny thing. I have a girl and she happens to rent
14 from me. She's 34 years old, and she's a Navy vet,
15 and she literally went down to the White Stone Post
16 131 and she revitalized that place, one person. It
17 was crazy. It's all older gentlemen--

18 SENIOR ADVISOR LOUGHRAN: [interposing]
19 Kudos to her.

20 COUNCIL MEMBER PALADINO: and she's got
21 card games going, and she's got a bunch of stuff
22 going and they're having a good time.

23 SENIOR ADVISOR LOUGHRAN: You got to send
24 us that schedule. I'm pretty good at spades.

25 COUNCIL MEMBER PALADINO: What?

1
2 SENIOR ADVISOR LOUGHRAN: I said you got
3 to send us that schedule because we're pretty good at
4 spades at DVS.

5 COUNCIL MEMBER PALADINO: that's-- there
6 you go. Will do. Thank you. Thank you very much.

7 SENIOR ADVISOR LOUGHRAN: I also-- I have
8 to also mention the Skill Bridge program. Will, do
9 you mind standing up? William here is actually
10 currently active duty Marine, and he's got his
11 command to--

12 [applause]

13 SENIOR ADVISOR LOUGHRAN: Yes, please.
14 And this young man took the initiative to look for
15 educational opportunities and work experience
16 opportunities here in New York City, and he found our
17 job description on the Skill Bridge program because
18 we also participate in Skill Bridge. And here he is,
19 on active duty still learning how-- he's actually
20 working for me, so please engage with him on any
21 legislative questions in your offices. I'd love for
22 him to learn about how New York City politics works,
23 how New York City government works, and how DVS
24 operates. Yeah.

1
2 CHAIRPERSON HOLDEN: But that veterans--
3 you mentioned veterans on campus and work study
4 program. How-- could that be expanded? Are we
5 looking at ways to expand that?

6 COMMISSIONER HENDON: I wanted to open up
7 on that, too. So with work study, the-- with work
8 study, it has to be work that touches the veteran
9 military community, and that's something where the VA
10 operates that, where they pay that student who is--

11 CHAIRPERSON HOLDEN: [interposing] Oh, the
12 VA does that.

13 COMMISSIONER HENDON: Yeah, so this is a
14 federal program, but we are a host site at DVS.

15 CHAIRPERSON HOLDEN: Okay.

16 COMMISSIONER HENDON: And so what happens
17 there is a-- someone is using-- both rehab are using
18 their post-9/11 GI Bill or whatever benefits to-- if
19 the VA's paying for you to go to school and you are--
20 get a partnership at the host site, you get paid
21 money, additional money, to do that. So that's up to
22 25 hours, and I think here in New York City it's up
23 to \$20 per hour, tax-free, you receive. So you can
24 have that person while they're in school interning,
25 but it has to be that they're focused on veteran-

1
2 related issues. Skill Bridge, meanwhile, is if
3 someone's within their last six months service,
4 active duty service, as long as the first officer of
5 a certain rank signs off, that person can then work
6 either remote, in-person, or hybrid full-time for
7 you. And so that's what we-- we're so fortunate to
8 have William with us. And so that's one where we're
9 happy to help anyone who would like to get involved
10 with either of these programs and leveraging talent
11 from Skill Bridge or from VA work study.

12 CHAIRPERSON HOLDEN: While we're talking
13 about campus, I just want to-- I have a couple of
14 questions, but you know, I checked with CUNY, by the
15 way about their veterans people. Like, they have--
16 each CUNY campus has a veteran's office. However,
17 only one of the units in CUNY doesn't. They're in
18 between supervisors for veterans, but I always said
19 and I don't know if it still exists, but I taught at
20 CUNY for 40 years, and I wanted to know when a
21 student was thinking about dropping out. Because we
22 had about a 40 percent drop-out rate at that time. I
23 don't know what it is now, but it was a lot. And
24 also-- and I was involved while I was on campus to
25 make sure that the veterans office had some evening

1 hours, because many times-- most-- I would say-- when
2 we did the research, we found most veterans were
3 evening students, yet they didn't have an advisor.
4 The advisor worked 9:00 to 5:00. So, then we had to
5 stagger the hours, like, let's say 12:00 to 8:00.
6 Are you guys working with the CUNY campuses on
7 situations like this? Because I want to know, when a
8 veteran drops out, and most of the time when I did
9 ask the veterans, they dropped out because they
10 couldn't handle-- they were working, you know, they
11 were-- they had families and school was just too much
12 for them. So, you know, we tried to get the different
13 various departments to work with the veterans a
14 little bit more to maybe give them, you know, earned
15 credit from let's say the army, because they were
16 experts in this field. They would get additional
17 elective credits, but what-- do you get notified? Or
18 at least you-- are you in touch with the campuses on--
19 -
20 -

21 COMMISSIONER HENDON: [interposing] Not--

22 CHAIRPERSON HOLDEN: like, drop-out rates?

23 COMMISSIONER HENDON: Not at that-- not
24 to that degree. So we have a lot of communication
25 with CUNY's Office of Veterans Affairs, with COVA.

1 We have strong lines of communication with them.

2 This would be after [inaudible] that's there, and we
3 have touches with the various counselors--

4 CHAIRPERSON HOLDEN: [interposing]

5 Alright.

6 COMMISSIONER HENDON: at different
7 schools, but not to the extent of, you know, let us
8 know if someone at risk, etcetera. [inaudible]

9 SENIOR ADVISOR LOUGHRAN: We'll--

10 CHAIRPERSON HOLDEN: [interposing] You
11 know, here's what-- here's an idea. I don't know if
12 the-- because the campuses do work study. You know,
13 CUNY offers work study. You work within the college.
14 That's been the case. Many students who are
15 struggling financially, we'd offer-- they would work
16 15 hours, whatever it is, 12 to 15 hours a week, but
17 they'd work on campus. If we could organize
18 something through veterans where they work for
19 veteran's service organizations, like somebody-- that
20 was a VA program, but why not do it through the local
21 campuses, you know, to offer that? We could-- we
22 could look at that. That might be a program that each
23 college-- CUNY, at least, would be interested in.
24

1
2 COMMISSIONER HENDON: I feel like we're
3 coming full circle to this issue of getting the word
4 out to folks and having people come into the light.
5 You know, we always say it's-- about one out of every
6 four veterans self-identifies in New York City.

7 CHAIRPERSON HOLDEN: Right, right.

8 COMMISSIONER HENDON: Because I'm speaking
9 just with our experience as a VA work study site
10 where we thought we'd have many, many more people be
11 clamoring to be able to work with us. Yet, we just
12 don't see as much traction on that, you know,
13 unfortunately. So, it's still this issue of doing
14 the outreach and letting folks know so they can take
15 advantage. I just want to-- I'm with you, Mr. Chair,
16 on these thing. It's just we got to make sure the
17 audience wants this and is interested and more coming
18 to the light to be a part of it.

19 CHAIRPERSON HOLDEN: Right, right. So
20 let's talk about-- two more questions, I think. We
21 say that, but then it turns into three more. But
22 what additional resources or support does DVS need
23 from the City Council-- you touched upon it a little
24 bit-- but to better serve veterans' mental health
25 needs? Now, you know, I had the idea and I think--

1 because we have the veteran's services offices. We--
2 you know, Vickie Paladino and my office. Any other
3 Council Members do the veteran's service from DVS?
4

5 COMMISSIONER HENDON: We've done a pop-
6 up-- we've done a pop-up in Council Member
7 Marmorato's office.

8 CHAIRPERSON HOLDEN: Right.

9 COMMISSIONER HENDON: Also, just to speak
10 of this question for something-- it's council
11 directly where I believe that we can move the needle,
12 and it's not direct to mental health, but it touches
13 mental health. It's so closely aligned to it. I
14 want to make sure we put it out there. You know, we
15 made a-- we made request in April, May to each of the
16 borough delegations about the idea of funding, having
17 VSO, Veteran's Service Office, if you want to
18 congressionally charter organizations in each
19 district office at a clip of once per month. So, you
20 know, similar to what you and Council Member Paladino
21 experienced to have something like that. And that's
22 something where between reaching out to each of the
23 borough delegations, and reaching to the Finance
24 Chair, Chair Brannan, on that where we've been trying
25 to push that forward, and that's something where it's

1
2 not direct governmental help, but if I can help you
3 with your benefits, with your VA, your other things,
4 it's about social determinants [sic] of health--

5 CHAIRPERSON HOLDEN: [interposing] But I
6 think we are--

7 COMMISSIONER HENDON: [interposing]
8 [inaudible] other things will open up.

9 CHAIRPERSON HOLDEN: I think we have a
10 real possibility of that. I think that is a target
11 to have one VSO person in every council office which--
12 - once a month. I mean, I would like it more, but
13 you know, you got to start small. But once a month
14 and, you know, we--

15 COMMISSIONER HENDON: [inaudible]

16 CHAIRPERSON HOLDEN: I followed suit and
17 now more Council Members are interested, so I think
18 that's good. And that's a way to-- you know, again,
19 reach out, bring DVS to the neighborhoods, you know,
20 bring them right into the Council offices. There's
21 51.

22 COMMISSIONER HENDON: And it's about the
23 relationships.

24 CHAIRPERSON HOLDEN: Right.
25

1
2 COMMISSIONER HENDON: In other words, if
3 I have the relationship, then I could open up on so
4 many other things. A lot of folks may have issues in
5 dealing with it. They're not going to come out and
6 just say that.

7 CHAIRPERSON HOLDEN: Right.

8 COMMISSIONER HENDON: You're going to
9 start and talk with you. You'll be helping about
10 something, and then it'll come up. And so this is a
11 way for us to be able to chop that tree.

12 CHAIRPERSON HOLDEN: And you identified
13 how many additional personnel you would need for
14 that.

15 COMMISSIONER HENDON: For that, it's
16 really about how to make it so that you have enough
17 coverage where there's one Veteran Service Officer
18 from American Legion, from VFW, from the VA,
19 etcetera, have that one service officer present at a
20 clip of once per month in that district office. And
21 so that's really reverse engineering it like that,
22 Mr. Chair.

23 CHAIRPERSON HOLDEN: Okay, two questions
24 again. What progress has DVS made in implementing
25 Local 38 of 2024 requiring the Department to conduct

1
2 community outreach and engagement on mental health
3 resources for veterans?

4 COMMISSIONER HENDON: I'll start a little
5 bit. Let me say a little bit and then I'll pass to
6 JL, because he-- you know, 38, this is the one that
7 was dealing with a lot of the social media, a lot of
8 the metrics that he came ready for. Another piece is
9 on the webpage in the mental-- in
10 NYC.gov/vetmentalhealth, there's a link you can click
11 if you would like to partner with us on any mental
12 health related activity, etcetera and get that
13 conversation going where it can take you to the right
14 place to tie in with us.

15 CHAIRPERSON HOLDEN: Right.

16 COMMISSIONER HENDON: Also, on the
17 contact spots. So, if you go to nyc.gov/vets, go to
18 the contact tab. If you hit partner with DVS, mental
19 health is one of those options as well. And I'll
20 pass it to JL.

21 SENIOR ADVISOR LOUGHRAN: Chair, I won't
22 repeat any of the statistics from our social media
23 outreach, but I will also just include that, again,
24 Mission Vet Check reached 55,000-- made 55,000 phone
25 calls, and then on top of that we participated in

1
2 over 240-- I'm sorry, not 55,000 phone calls, my
3 mistake. It's 15,000 calls made. We reached 55,000
4 people through participating in over 249 events. So,
5 our outreach efforts both in social media and
6 physically in-person have seen an increase, an
7 uptick, in how we engage the community.

8 COMMISSIONER HENDON: [inaudible]

9 CHAIRPERSON HOLDEN: Yeah. So, what
10 progress has DVS made in implementing Local Law 39 of
11 2024? So, that requires the Department to submit an
12 annual report on the provision of mental health
13 services by city agencies to veterans. So, are you--

14 COMMISSIONER HENDON: [interposing] That's
15 the report that's due on December 15th--

16 CHAIRPERSON HOLDEN: [interposing] So,
17 you're-- but you started? I mean--

18 COMMISSIONER HENDON: It's coordinating
19 with the Mayor's Office of Operations and working
20 with different agencies that are already doing this
21 type of work.

22 CHAIRPERSON HOLDEN: so you're compiling
23 that, okay. Okay--

24 SENIOR ADVISOR LOUGHRAN: [interposing] We
25 also, Chair, just we also included information on the

1
2 mental health gaps for veterans in the OCMH annual
3 report. We can follow up with the link to the report,
4 but we just wanted to highlight that while we're also
5 actively involved with the implementation and inputs
6 for that report as it relates to veterans mental
7 health gaps.

8 CHAIRPERSON HOLDEN: Okay. Anymore
9 questions? Okay. Well, thank you. Thank you, DVS,
10 for excellent testimony once again. We thank you.
11 And I know you'll stay. I don't have to ask you, but
12 you'll stay for the public testimony. Thank you.

13 COMMISSIONER HENDON: And happy father's
14 day, too, Mr. Chair.

15 CHAIRPERSON HOLDEN: Yep. Thanks so
16 much. I now open the hearing for the public
17 testimony. I remind-- I remind members of the public
18 that this is a formal government proceeding and that
19 decorum shall be observed at all times. I have to
20 read this, by the way. It's not me. As such,
21 members of the public shall remain silent at all
22 times. The witness table is reserved for people who
23 wish to testify. No video recording or photography
24 is allowed from the witness table. Further, members
25 of the public may not present audio or video

1
2 recordings as testimony, but may submit transcripts
3 of such recordings to the Sergeant at Arms for
4 inclusion in the hearing record. If you wish to
5 speak at today's hearing, please fill out an
6 appearance card which is this with the Sergeant at
7 Arms in the back there and wait to be recognized.
8 When recognized, you will have three minutes to speak
9 on today's topic. The topic is promising therapies
10 for veterans' mental health-- mental and emotional
11 health. If you have a written statement or
12 additional written testimony you wish to submit for
13 the record, please provide a copy of that testimony
14 to the Sergeant at Arms. Again, please note that
15 witnesses who are here will testify before those on
16 Zoom. Okay, so witnesses-- we're going to have the
17 people who are here testify before we go to the Zoom.
18 I will now call the first panel. Alright, we're
19 going to change that for a second. We're going to
20 start-- because this is an expert witness, Doctor
21 Frank Bourke, is on Zoom. He'll talk about RTM. Do
22 we have Doctor Bourke on?

23 DOCTOR FRANK BOURKE: Yes, I've been
24 unmuted as well. I'm here, council Holden, yes.

25

1
2 CHAIRPERSON HOLDEN: Hi, Doctor. We hear
3 you loud and clear.

4 DOCTOR FRANK BOURKE: I've got my three
5 minutes so I'll make this very simple and clear.

6 CHAIRPERSON HOLDEN: Well, I'll give you
7 a little extra time because you're Doctor Bourke, and
8 your expert testimony on RTM is worth hearing,
9 because it's part of the topic of this hearing. Go
10 ahead.

11 DOCTOR FRANK BOURKE: Yeah. I got
12 something from the heart I need to say as well before
13 we get going. I drove a cab in graduate school in
14 the 70s in Manhattan to get through school, and I
15 come from a family of veterans. When I-- I've
16 listened now to the testimony that Commissioner
17 Hendon gave on the Department, and I just need to say
18 from the children of vets and someone who has been
19 close to my heart, thank you. What you're doing and
20 what you've put together there, Commissioner Hendon,
21 you and your people, is magnificent. Forgive me, I--
22 that's from my heart. The RTM-- if you look at the
23 therapies that are being offered in New York City
24 now, the evidence-based therapies, as they've been
25 monstrously measured over the last 25 years, reduce--

1 remit PTSD between 20 and 35 percent of the time.
2 That means that for all of the clients that you're
3 sending for mental health treatment, 60 to 70 percent
4 of them, up to 80 percent finish their treatment
5 still having PTSD. We have a break-through treatment
6 called Reconsolidation of Traumatic Memories that is
7 90 percent effective at removing the diagnosis and
8 the symptoms. And it that's that-- it's that simple.
9 Simply said, RTM is currently the most cost-effective
10 evidence-based treatment for PTSD available in the
11 world. We've not just done this in the research lab.
12 We've put this thing full circle so that we can train
13 licensed mental health practitioners in three days
14 for \$4,000, and we have measured now their success in
15 administering the protocol after they've been trained
16 and certified. And in real life with real counselors
17 in real agencies, they're getting a 94 percent
18 remission of PTSD. It's not out research, that's
19 counselors that we have followed for year after being
20 trained, and that has just been submitted for
21 publication. In the last two weeks-- those of who
22 you follow the RTM protocol know that we have bent
23 over backwards in an environment-- NREP [sic] was the
24 organization that was supposed to approve mental
25

1 health therapies as evidence-based, was disbanded
2 seven years ago. We don't have an agency responsible
3 for saying a protocol, a new protocol is acceptable.
4 The VA has maintained their position that the
5 evidence-based treatments that they use which measure
6 hundreds of studies at 35 to 40 percent effective is
7 all that's necessary. That speaks for itself. The
8 RTM protocol works in real life over 90 percent of
9 the time, getting rid of nightmares, flashbacks,
10 hyper [inaudible], social withdrawal, all of the
11 symptoms of PTSD. In the last three weeks-- the
12 Walter Reed study has been running for five years.
13 Comparing RTM to exposure therapy-- the first line
14 [inaudible] on every significant measure better than
15 exposure therapy. More drop-outs with exposure
16 therapy, less effectiveness, all of the symptoms
17 removed better using the RTM than the evidence-based
18 therapy that the VA uses first line. And the
19 conclusion from the Walter Reed study, and I'll read
20 it-- I'll quote it directly. In the most recent 224
21 rigorous PTSD random control comparative study
22 conducted at Walter Reed military hospital, the pre-
23 publication analysis delivered to us three weeks ago
24 concluded that, and I quote, "RTM should be a first
25

1
2 line option for the treatment of PTSD." We need to
3 train therapists across the New York City area in the
4 protocol. Takes three days. Costs \$4,000. We need
5 to raise the money, organize it and get it out. I'm
6 a New York City boy, born in Brooklyn, learned to
7 play baseball in Prospect Park. I got a personal
8 identification. I ran a store front in Harlem in the
9 60s. We got something that works. We have people
10 still committing suicide. We need to get this out
11 and in use. And I'm more than willing to take
12 questions--

13 CHAIRPERSON HOLDEN: [interposing] Thanks,
14 Doctor. I'd like you talk-- because I-- you know,
15 you recommended, because we-- you know, I told you
16 about individuals that-- the daughter who was a
17 police officer committed suicide and they found their
18 daughter in the house, and that's a traumatic
19 experience. You recommended some doctors in their
20 area, and I was surprised how many doctors were
21 trained on Long Island even or in Queens. So, you've
22 done extensive work already in that area, and they
23 found somebody near their home, and now I can't tell
24 you the difference in the couple who have-- you know,
25 they still obviously they miss their daughter.

1
2 They're still traumatized, but now they can function.
3 Now-- you know, they just wanted to give up after
4 witnessing that. So, you helped. You know, I reached
5 out to you after our previous hearing, and you
6 helped. So, I just want to thank you for that.

7 DOCTOR FRANK BOURKE: I appreciate it.

8 And it's pretty much what we're having to do. I
9 don't know why the research-- I mean, we're talking
10 about now eight published studies. The most
11 prestigious-- the RTM protocol was included in the
12 2019 book, Recommendations for PTSD Treatment, by the
13 gold standard for evidentiary medicine, the
14 international society for traumatic stress studies.
15 The studies that we've done and published all are IRB
16 through Duke-- they're high-level, rigorously
17 controlled scientific studies that show a 90 percent-
18 - over 90 percent remission rate for PTSD. Yet, what
19 it's taking-- we just completed a report for Governor
20 Perry down in Texas. We sent him all the research--
21 we're putting together a program in Texas. He said,
22 yeah, but I need to see it up close. Over three
23 months we treated five clients that he-- had PTSD
24 that he knew successfully. He put forth five. We
25 treated five. They all scientifically measure no

1
2 longer having PTSD. It's almost taking-- how shall I
3 say-- firsthand knowledge of someone cured to get
4 this thing out there. Please, please, please look
5 closely at this and the people supporting it across
6 the United States. If you go on our website it's
7 well-detailed. The American Legion took us over the
8 hurdle for four months and published a resolution
9 telling Congress and the VA to put RTM into practices
10 in the VA and the DOD. This is-- it's getting a
11 little grotesque as far as I'm concerned in terms of--
12 -

13 CHAIRPERSON HOLDEN: [interposing] Right,
14 and--

15 DOCTOR FRANK BOURKE: making it clear
16 this damn thing works better than anything else out
17 there.

18 CHAIRPERSON HOLDEN: And the beauty--

19 DOCTOR FRANK BOURKE: [interposing] And
20 we have a PTSD epidemic.

21 CHAIRPERSON HOLDEN: Right.

22 DOCTOR FRANK BOURKE: COVID has just
23 added to it. Forgive me if I--

24 CHAIRPERSON HOLDEN: [interposing] No, no,
25 no, doctor please. I just want you to talk about

1
2 just one other thing about the treatment, how-- it's
3 not that expensive like you mentioned, and it doesn't
4 take a long time before you see results, right? It
5 could be five-- five visits.

6 DOCTOR FRANK BOURKE: Three to five
7 sessions.

8 CHAIRPERSON HOLDEN: Right.

9 DOCTOR FRANK BOURKE: With no drugs and
10 no traumatizing elements. The clients have to stay
11 relaxed in order for it to work. It works because
12 it's not therapy as it's ordinarily done. It's so
13 effective because it's actually neurologically
14 changing the connection in the brain between the
15 cause of traumatic memory. Guys been having a
16 nightmare about his friend dying in his arms in
17 Vietnam, and I can tell you I've done 50 of them,
18 literally 150 vets, Vietnam vets. That nightmare
19 he's been having for 45, 48 years. Might only be
20 once a month, but when he has it, the next day or two
21 he's not himself. He can't function. The protocol,
22 three sessions, no drugs, no pain. You say, okay,
23 George, tell me again about that horrible situation
24 when your friend died in your arms in Vietnam. The
25 vet starts to talk about it. he gets in about two

1 sentences, and then he starts to stutter, and he goes
2 [inaudible] woah, woah, wait a minute, doc, what have
3 you done to me? I haven't been able to talk about
4 this thing for 45 years without getting upset.
5 What's happened to me? The protocol works
6 unconsciously based on the memory that's long-term
7 stored in a way that separates it. The memory is
8 still there. It's actually enhanced most of the
9 time, but it no longer promulgates through the
10 amygdala the negative physiological reactions that go
11 with PTSD.

12
13 CHAIRPERSON HOLDEN: That's great. Thank
14 you, doctor. You have a question? Council Member
15 Paladino has a question, doc.

16 COUNCIL MEMBER PALADINO: Good afternoon.
17 I don't mean to sound skeptical, but I am. Because
18 if there's a magic--

19 DOCTOR FRANK BOURKE: [interposing]
20 [inaudible]

21 COUNCIL MEMBER PALADINO: pill out there,
22 boy oh boy, there's a whole lot of people who could
23 use a dose. I need to know, when-- you base your
24 numbers on-- what is the grandiose number that you
25 take your percentage from? For example, have 10,000

1
2 people used this method of therapy and you got the
3 results that you got, 90 percent off of that 10,000?
4 Is it 1,000 people and you had 100 success rate? I'm
5 just-- when you say you're going to talk them through
6 it--

7 DOCTOR FRANK BOURKE: Yeah, I understand.
8 No, I understand completely. These are research
9 studies and in the studies themselves councilwoman,
10 there's 320 subjects that have been treated in
11 controlled situations over the last seven years, but
12 each of those studies, how should I say, is very
13 scientifically rigorous so that it's looked at first
14 by an independent review board. We use Duke
15 University. To make sure all of the people doing the
16 treatments are in fact honest and [inaudible] and
17 scientifically capable of doing what's talked about
18 there. And then those studies are watched by the IRB
19 boards to make sure that clients are treated well,
20 and what has been designed in the study is actually
21 done that way. Then that is written up and sent to a
22 journal, a journal in the field. The journal has
23 three experts in the field that's being talked about.
24 In this instance it's PTSD. And all three of those
25 journal peer-review experts go across all of the

1 data, all of the statistics, all of the analysis and
2 validate that it's done properly and that's what's
3 being presented is honest and true.

4 COUNCIL MEMBER PALADINO: Well, could we
5 set up something--

6 DOCTOR FRANK BOURKE: [interposing]
7 That's good rigorous science.

8 COUNCIL MEMBER PALADINO: here?

9 DOCTOR FRANK BOURKE: And we have eight
10 of those studies up to this point over the last seven
11 years.

12 COUNCIL MEMBER PALADINO: Are you the
13 only person qualified to do this? DO you have--

14 DOCTOR FRANK BOURKE: [interposing] No,
15 I'm not--

16 COUNCIL MEMBER PALADINO: [interposing] Do
17 you have--

18 DOCTOR FRANK BOURKE: [interposing] I'm
19 not on the contract [sic].

20 COUNCIL MEMBER PALADINO: How many people
21 are out there are there like you? How many other
22 doctors are there like you?

23 DOCTOR FRANK BOURKE: We have 300
24 counselors certified on the website at the moment.
25

1
2 COUNCIL MEMBER PALADINO: One hundred you
3 said, I'm sorry?

4 DOCTOR FRANK BOURKE: And there's a 160
5 of them that we've trained in the Ukraine as well
6 now.

7 COUNCIL MEMBER PALADINO: So we should
8 set up a center. We should set up a center. We
9 should set up an experimental center, then, and see
10 who wants to volunteer.

11 CHAIRPERSON HOLDEN: We're working-- we're
12 working on funding the program.

13 COUNCIL MEMBER PALADINO: Yeah, yeah.

14 CHAIRPERSON HOLDEN: The Council is
15 actually working on that.

16 COUNCIL MEMBER PALADINO: We should
17 definitely should try some experiment.

18 CHAIRPERSON HOLDEN: So, doctor, we are
19 making progress. It's been mentioned a number of
20 hearings--

21 COUNCIL MEMBER PALADINO: [interposing]
22 Thank you.

23 CHAIRPERSON HOLDEN: And again, I want to
24 thank you, Doctor, for your work. You know, again,
25 we've-- this is such a-- this is such a program.

1
2 RTM, I believe in, because I've witnessed the
3 remarkable recovery, and again, it's a so
4 inexpensive, the treatment, considering what other
5 treatments cost and the length of time that we have
6 to jump at this. If it works, and obviously you've
7 proven it works, and I'm-- again, I'm a believer.
8 So, I've seen it firsthand. So I think-- we're
9 trying to get the Council and we're trying to get the
10 Mayor to fund the program, and I think we're almost
11 there. I think we're almost there.

12 DOCTOR FRANK BOURKE: I really can't say
13 thank you enough to you, Congressman Holden. Please,
14 please, please, let's train 300 or 400 counselors in
15 New York City. It works in a way that it will-- it
16 will spread itself after they see the effects.

17 CHAIRPERSON HOLDEN: Great. Thank you,
18 Doctor, for your testimony. We have to go on to the
19 next panel. Doctor Mecca Nelson is the next panel in
20 person, Doctor Sudhir Gadh, and Gus Stravoulakis--
21 sorry about that. Okay. Okay, we could start on my
22 left here. Okay.

23 DOCTOR MECCA NESLON: Hello. My name is
24 Doctor Mecca Nelson, also Gold Star spouse of the
25 amazing Sergeant Mario Nelson who was Haitian soldier

1 that was killed in Iraq in 2006, and at that time our
2 daughter was three years old, and now she's 21 and is
3 in college doing amazing work. Thank you. I just
4 want to say thank you to Commissioner and Department
5 of Veterans for doing all the work that you've been
6 doing and the support that they have been giving our
7 veterans and also our Gold Star families. I don't
8 speak just on behalf of our veterans, but also our
9 Gold Star families, because we also experience so
10 much. It took me 11 years to process the death of my
11 husband, to get out of that space, and the support
12 was not there once he passed away. We are the
13 forgotten demographics once our soldiers are gone,
14 but when you have people like Commissioner Hendon and
15 his team and Jason, they are making a movement to
16 help so many, and I'm happy to be here. Also, I am
17 the founder of the YOMA Method which is a discipline
18 I created after I lost my late husband to help me
19 process my trauma, my hurt, my pain, and also with my
20 daughter, as well, because we both was going through
21 it. And CO of Mecca's City of Wholeness, and with
22 that we provide self-care, mindfulness, and mental
23 health services, and I started doing that work inside
24 home with my daughter and myself, and then I
25

1 introduced into the yoga world. And as I introduced
2 it into the yoga world, building my business becoming
3 a city and state MWBE, minority-owned business, I'm
4 able to do work with-- and I have been doing work
5 with NYPD, FDNY, Department of Education providing
6 trauma-informed services, mindfulness, and also with
7 the District Attorney's Office where I actually have
8 a studio inside the District Attorney's Office where
9 I provide services for their clients and their staff,
10 and soon be working with Department of Corrections.
11 So, I say-- I say that to say this, that the work
12 that I've been doing for so many demographics and
13 also with the veterans and Gold Star families as
14 well, and widows of NYPD and FDNY, it's been creating
15 a large impact in their lives. It helped me, and I
16 say that my daughter shows so much and myself shows
17 the evidence of the work that started the work that
18 I've been doing on top of-- now, and to see my
19 daughter proceeding in life, right? I want to say
20 this because it was hard and there was a lot of
21 judgment speaking about my late husband, and honestly
22 there should be no judgement, but there was. But I
23 want to say this, and then I'm going to speak what I
24 wrote. Our children go through so much when our
25

1
2 soldiers pass away, and when they go through it no
3 one knows the insides of what they're dealing with.
4 My daughter was bullied for not having a father, and
5 inside the school system which is I'm happy that
6 Commissioner Hendon went inside the schools to speak
7 and communicate about military families and what they
8 experience. She was bullied so much. It took away
9 her confidence. It took way her self-love. I had to
10 help her build that back up with the work that was
11 being done, and now she's president of her sorority
12 AL [sic] University. She's Miss Senior. She was on
13 student government and she's doing so much more. And
14 I just want to- that's evidence of the work that we
15 have been doing on top of the work with the city and
16 state organizations. So I want to speak on behalf of
17 our veterans, because I see they do go through so
18 much. They do go through loneliness, and there's
19 times where they don't speak to you where they are
20 suicidal and you have to constantly check on them,
21 and that is something that I've been doing, right?
22 Also, what I've noticed is they go through their
23 motions, and sometimes people that they're working or
24 working with them are judging them or speaking to
25 them in an incorrect fashion. So communication and

1
2 the way that these organizations are communicating
3 with our veterans are very important, because that
4 also takes a toll. I personally had a conversation
5 with a veteran that experienced how someone
6 communicated, and he keeps himself busy by
7 volunteering with that particular organization,
8 right? So that's a big thing right there, okay? So,
9 the health of veterans is utmost important to one
10 crucial aspect that needs attention is the medication
11 they receive. Many veterans are currently prescribed
12 multiple medications which raises concerns about the
13 effectiveness and potential side effects of such
14 treatments. To address these issues, it is essential
15 to provide veterans with more holistic approaches of
16 managing their pain and overall mental health.
17 Implementing in-house programs that incorporate non-
18 pharmaceutical intervention can greatly benefit
19 veterans by integrating these programs into their
20 pain management or comprehensive care plans.
21 Veterans can access a wider range of services and
22 techniques, and their pain and improvement will-- and
23 wellbeing. One effective approach to guide veterans
24 towards optimal health outcomes is to use the SMART
25 goals. This is so real. SMART goals, Specific

1
2 Measureable Achievable Relevant and Time value. By
3 setting SMART goals for veterans, can work towards
4 obtaining the benefits of various services and
5 interventions. These goals provide a clear roadmap
6 for veterans to follow in assuring they receive the
7 support they need to manage their pain effectively
8 and their mental health. In-house programs can offer
9 a variety of interventions such as physical therapy,
10 acupuncture, qigong and tai chi, somatic movement,
11 and understanding that-- qigong and tai chi is energy
12 work-- mindfulness-based stress reduction. These
13 interventions have shown-- and also including Chinese
14 medicine because there's a book called The Body Keeps
15 Score, and with that book it speaks about how trauma
16 stores in the body. This is why they experience
17 pain. This is why they have all these health issues
18 because it adds up, and it also accumulates as time
19 go by. Ensuring they receive the support they need
20 to manage-- excuse me, I went off track. These
21 interventions shown promising results at managing
22 pain and improving overall health outcomes for
23 veterans. Incorporating these programs into a
24 comprehensive care plan ensures that veterans have
25 access to range of services, tailored to their

1
2 specific needs. These approaches that each veteran
3 for their pain management and mental health journey
4 is unique and requires personal lives' attention.
5 That is not-- just like you said, therapy is not for
6 everyone. So, therapy was not for me, because I had
7 a therapist that worked with veterans that said, you
8 people only come when you want something. So,
9 therapy is not for everyone. Some individuals needs
10 movement, somatic movement, creative movement in
11 order to work on their trauma. In conclusion,
12 prioritizing the health in veterans' requirements a
13 shift towards offering holistic approaches to manage
14 pain and overall wellbeing by implementing in-house
15 programs. Incorporating these interventions and
16 comprehensive care plans veterans benefit from a
17 wider range. Utilizing SMART goals can help attain a
18 full benefit of these programs leading to improved
19 health outcome and a better quality of life.

20 CHAIRPERSON HOLDEN: thank you, Doctor.
21 We have-- we do, by the way, I admire your work,
22 because we do have a lot of Gold Star families that
23 get involved, because they know what was not done for
24 them, and then they fill in the void. So, again, it's
25

1
2 amazing your work and we have to talk. We have to
3 talk more. Thank you so much.

4 GUS STAVROULAKIS: Hello, my name is Gus
5 Stavroulakis. I'm a Navy veteran currently serving
6 as a Medic in the National Guard. I have personal
7 dedication to veterans' wellbeing. My background in
8 public health program and building initiatives that
9 support and enhance the lives of our veterans is a
10 mission I've had wholeheartedly committed to. My
11 current role doing research at NYU is not just about
12 preventing opioid overdose amongst veterans, it's
13 about providing peer support, requiring mental--
14 multiple layers of attention. What sets our work
15 apart is the foundation of community-based
16 interventions, ensuring that the needs of veterans'
17 voices are heard. Veterans encounter various
18 barriers that can impeded their access to necessary
19 resources and support. Some key challenges are the
20 idea of a deserving veteran. This can lead to
21 certain veterans being overlooked and under-deserving
22 based on their service history, discharge status, or
23 other factors such as misconceptions can create
24 barriers to access, benefits and support services and
25 public empathy which impacts the second point of

1 individuals gate-keeping services within veterans
2 can-- that can prevent veterans from receiving
3 resources or accessing the help that they need.

4 Complex eligibility [inaudible], extensive paperwork,
5 and bureaucratic processing can be daunting and
6 discouraging. This gate-keeping can lead to veterans
7 not receiving timely or appropriate assistance.

8 Insufficient funding for veterans programs is a
9 significant area. Limited financial resources can
10 restrict the ability and quality of support. Funding
11 issues limit the opportunities for new and
12 revolutionary programs that veterans deserve.

13 Addressing these barriers require a constant effort
14 and change procedures [sic]. Streamlining access to
15 services secure require funding and develop programs
16 that meet veterans' needs holistic and
17 compassionately. Community-based interventions
18 effectively address veterans' complex needs by
19 leveraging the strengths and resources within
20 communities to create sustainable, impactful changes.

21 These interventions address various health and social
22 issues simultaneously. By integrating healthcare,
23 mental health support, social services, education,
24 employment assistance, these [inaudible] can provide
25

1
2 comprehensive support tailored to veterans' unique
3 needs. Locating services within the community makes
4 them more accessible to veterans, reducing barriers
5 related to transportation or lack of awareness. This
6 accessibility is crucial for a timely and effective
7 support. Community-based programs help build and
8 strengthen social work providing veterans with the
9 essential peer support. These networks can also
10 emotionally support-- excuse me. These networks can
11 support individuals and give them a sense of
12 belonging and provide the mental health support that
13 they well need.

14 CHAIRPERSON HOLDEN: Thank you so much
15 for your testimony.

16 SUDHIR GADH: Good afternoon. Thank you
17 for having me, Ms. Paul [sic] and Council. My name
18 is Doctor Gadh, I'm a-- Doctor Sudhir Gadh. I'm a
19 Psychiatrist. I'm a New Yorker. I'm a veteran, a
20 commander in the US Navy, and three minutes might be
21 enough, because I'm going to be talking about the
22 third element, and that is lithium. We think of
23 lithium as a conductor. It powers our phones. It
24 powers a car here and there, and we also think of it
25 as a significant medication, but it is also a salt.

1
2 It's a metal. It ignited the Big Bang, and it is
3 already present within us. so, my field of why I
4 have published on this and the success that I've had,
5 and I'll tell you about that in a second, is based on
6 the understanding of holistic psychiatry addressing
7 trace minerals, addressing the bridge between illness
8 and wellness. So what have we done with this, and
9 what I have published on? I currently run the number
10 one addiction treatment center in New York State as
11 per OSS [sic]. That is in the Lower East Side. It
12 is not uptown. It is not out east. It is with
13 difficult patients, and so we get those results
14 because we enhance health and we understand causes of
15 addiction. We just don't treat the addiction. We
16 treat what has led to it, and we improve their health
17 overall with the exact mineral that I recommend that
18 I take. It's on my patient's list. I say, look,
19 man, I do the writing, the eating, the holistic sleep
20 hygiene, but if you take this mineral at the level
21 I'm telling you, you're going to offset the damage
22 done to your brain. So, lithium, one to a 100, let's
23 look at this analogy. At a 100 is bipolar level.
24 That's 100 actual milligrams of lithium. At one is
25 the amount that you'd get if you were living in

1
2 Sardinia per day. Okay, one milligram. So, the
3 Mediterranean and special regions of the world where
4 soil and water are enriched have small amounts of
5 lithium in it. If you move that scale over a little
6 bit to 10, you can prescribe that. It is pennies,
7 and by using it, it is akin to using fluoride to
8 enhance dental health, iodine for thyroid and
9 endocrine health, and IQ, by the way. Areas that are
10 not iodized in their salt, IQ is affected. So, I'm
11 the founder of Third Elementa Water which is a
12 supplement company that lives on that on milligram
13 level, and if you look up low-dose lithium you can
14 find. This is available over the counter. I tell
15 every vet this. Other vets that I treat, by the way,
16 right now-- and I'll get back to the treatment of it
17 and the scale. But I treat blast TBI. You know,
18 we're doing great things. God bless the DVS. They're
19 doing herculean things, but sometimes it looks
20 sisyphian. It looks like we're up against the wind
21 uphill, because our rates of suicide are actually
22 increasing. So, when you treat blast TBI
23 specifically, you get offset of the brain damage from
24 those sound waves. Lithium inhibits GSK3. That is a
25 major anti-- that's the aging enzyme, and there's

1 only one inhibitor, and it is only that. so whether
2 we educate doctors, whether we educate our personnel
3 and families to look at this, either get it
4 prescribed or buy it, not from Third Element, but
5 from somewhere else, or whether we set up an
6 experimental clinic, the results are going to be what
7 they have been where I continue to do this kind of
8 work and have published on this kind of work. And
9 the last thing I'll mention, and I'll let you all ask
10 questions for all of us, is the concept of
11 inflammation. You know, COVID, we know this concept
12 of cytokine storm. The second paper that I published
13 was on the use of lithium in severe COVID settings.
14 When we added-- randomized controlled trial-- a small
15 amount of lithium to patients in a hospital-- and I
16 had this virus right out of the bat. It was awful.
17 What we got was a turning down of 18 different
18 cytokines. Every one of them, every time lithium was
19 dosed it turned down IL1, 246, 10, interferon, TNF.
20 By the way, the highest cytokine measures in suicide
21 is IL6. So there's plenty of data. I've actually
22 sent you all a copy and you all the references there.
23 It's almost 200 in total. I published a few of
24 those, but I'm happy to write more--
25

1
2 CHAIRPERSON HOLDEN: [interposing] So, how
3 many veterans are we-- have you treated to-date, do
4 you think?

5 SUDHIR GADH: about 800.

6 CHAIRPERSON HOLDEN: 800.

7 SUDHIR GADH: Yeah. Either--

8 CHAIRPERSON HOLDEN: [interposing] And
9 success rate?

10 SUDHIR GADH: Well, success is 800 out of
11 800, but that means that everyone is dealing with
12 some degree of improvement depending on the symptoms
13 and depending on the conditions that they came in
14 with. You know, the entire pie is what matters. If
15 I'm treating dental health, you know, the entire
16 lifestyle and the dental hygiene is important, but
17 using fluoride really puts a lot of wind at my back.

18 CHAIRPERSON HOLDEN: Right.

19 SUDHIR GADH: So, that's what this does
20 in psychiatry.

21 CHAIRPERSON HOLDEN: Well, thank you all
22 for your testimony and a very interesting panel. And
23 we'll-- you know, I-- please get in touch with my
24 office if you have some-- we could have a meeting on
25 some of these, you know-- actually use this

1 treatment. They're all very interesting. We've had
2 a lot of experience at NYU also, and they're doing
3 great work. So thank you all again. Thanks.

4 SUDHIR GADH: Thank you.

5 CHAIRPERSON HOLDEN: Doctor Victoria
6 Jonas, Frederick Gasior, and Catherine Trapani. You
7 may start.

8 VICTORIA JONAS: How about now?

9 CHAIRPERSON HOLDEN: Yeah.

10 VICTORIA JONAS: Good afternoon. I am
11 Doctor Victoria Jonas. I'm a Clinical Psychologist
12 as assistant professor in the Department of
13 Psychiatry at NYU Langone Health. I'm testifying
14 today on behalf of the Military Family Center at NYU.
15 Our center was established just over 11 years ago to
16 fill a well-documented gap in services available to
17 veterans and their families. The Military Family
18 Center provides free mental health treatment for
19 veterans and their families who are experiencing the
20 long term effects of all phases of military services.
21 These services include evaluation, and treatment for
22 mental health disorders, co-occurring substance use,
23 and the effects of traumatic brain injuries. Since
24 we started, our center has served over 4,000 veterans
25

1 and their family members. We have developed very
2 strong partnerships with the VA, the Department of
3 Veterans Services and many other organizations in an
4 effort to reach veterans who are ineligible for care
5 elsewhere or who may be disconnected from mental
6 health services. This year, a number of individuals
7 served by our clinic demonstrates the necessity for
8 public/private partnerships to meet the needs of
9 veterans and their families in our community. It's
10 central to the mission of the Military Family Center
11 to decrease barriers to high-quality, evidence-based
12 care for our nation's military families. We offer
13 Gold Standard therapeutic treatments for Post-
14 Traumatic Stress Disorder, anxiety disorders,
15 depression, and substance use disorders, including
16 prolonged exposure therapy, cognitive processing
17 therapy and cognitive behavioral therapy. We tailor
18 our treatment to each veteran's unique needs and we
19 pride ourselves on staying up-to-date with new and
20 emerging treatments to give our population the very
21 best care available. This includes recent addition
22 of written exposure therapy which is a short-term
23 highly-accessible exposure-based treatment for trauma
24 and stress related disorders. While our center was
25

1 originally established to meet the needs of the
2 growing number of post-9/11 veterans seeking mental
3 health services, we consistently receive referrals
4 from veterans and family members of all eras who
5 continue to be affected by their military service.
6 And so we extend our resources to meet these needs.
7 We applaud the New York City Council Committee on
8 Veterans for supporting legislation that will
9 establish a Vietnam Veterans Day to ensure these
10 veterans are acknowledged for their work and
11 sacrifices. This acknowledgement can often enhance a
12 sense of meaning in one's life which we know has a
13 very positive impact on mental health. Additionally,
14 many of those that we serve feel the impact of mental
15 health problems related to their military service
16 across various domains in their life, including the
17 ability to access safe and affordable housing. And
18 in the field of psychology we understand that it's
19 imperative, basic needs such as shelter are met
20 before someone is able to heal emotionally. So, we
21 support the Fair Access to Co-Ops for Veterans Act
22 which is being discussed today, which aims to improve
23 veterans access to home ownership in New York City, a
24 place where the cost of living is exceptionally high.
25

1
2 Veterans and their family members are seeking mental
3 health services at a higher rate than ever, before in
4 the last decade of our operations. This sharp
5 increase in the demand for our services has resulted
6 in struggle to meet the demand and ultimately a wait
7 list for services across various programs. As
8 previously shared with our committee, we have a wait
9 list across-- sorry-- our City Council-funded
10 traumatic brain injury program. This program
11 provides much-needed evaluation in rehab services for
12 veterans with traumatic brain injuries, many of whom
13 are also struggling with co-occurring substance use
14 disorders. The funding from the Mental Health
15 Services for Veterans initiative remains the sole
16 source of funding for our center's TBI program and
17 we're very grateful for the Council's continued
18 support. Our center is equipped to work together
19 with the community to address the ever-growing needs
20 of veterans and their families. We hope the Council
21 will further invest in the veteran population, and we
22 urge the Council to consider further supplementing
23 citywide capacity to meet the ongoing demand for
24 support services for veterans. Thank you for holding
25

1
2 this hearing today, and for the opportunity to
3 testify.

4 CHAIRPERSON HOLDEN: Thank you, Doctor.
5 Can you elaborate a little bit on the waiting list,
6 because that's been a nagging--

7 VICTORIA JONAS: [interposing] Yeah.

8 CHAIRPERSON HOLDEN: problem and I hate
9 to see that, you know.

10 VICTORIA JONAS: Yeah.

11 CHAIRPERSON HOLDEN: Can you-- are we
12 doing better than the previous years?

13 VICTORIA JONAS: Yeah, it's-- so we still
14 have a wait list across several programs, including
15 the TBI program. Pretty much all of our services
16 there's a wait list for them. We're working as hard
17 as we can to move the needle.

18 CHAIRPERSON HOLDEN: But you don't turn
19 them away? Eventually they're seen?

20 VICTORIA JONAS: Yeah, yeah.

21 CHAIRPERSON HOLDEN: Okay.

22 VICTORIA JONAS: We see folks who are on
23 our wait list at some point. It can be weeks or
24 sometimes months for folks--

1
2 CHAIRPERSON HOLDEN: [interposing] The
3 mental health part of it, when I visit the Borden
4 Avenue Shelter, that's the number one complaint.

5 VICTORIA JONAS: Yeah.

6 CHAIRPERSON HOLDEN: They're not getting
7 fast enough the mental health treatment. They've
8 writing a long time. So that's what I-- I had-- I
9 vowed to them that I would work on that, try to get
10 additional funding.

11 VICTORIA JONAS: Yeah, absolutely.

12 CHAIRPERSON HOLDEN: But you have the
13 personnel, you just don't have the funding.

14 VICTORIA JONAS: Yeah, I mean, a little
15 bit of both.

16 CHAIRPERSON HOLDEN: Both, okay.

17 VICTORIA JONAS: They kind of go hand in
18 hand.

19 CHAIRPERSON HOLDEN: Alright.

20 VICTORIA JONAS: You know, we only have
21 so many psychologists and--

22 CHAIRPERSON HOLDEN: [interposing] Right.

23 VICTORIA JONAS: psychiatrists who work
24 in our clinic and who are able to see folks. We have
25 a kind of limited capacity of caseload that any one

1
2 psychologist can see in a week. We do have a short
3 term model. So we seek folks for 12 weeks or so and
4 so in that way, we try to see as many veterans as we
5 possibly can and their family members.

6 CHAIRPERSON HOLDEN: Right.

7 VICTORIA JONAS: Yeah, we're doing our
8 very best, but more is always appreciated.

9 CHAIRPERSON HOLDEN: But thank you. It's
10 well-known the work that you do.

11 VICTORIA JONAS: Thank you.

12 CHAIRPERSON HOLDEN: And the clinic, so
13 again, anything I can do, any suggestions, please let
14 me know, especially about the housing. I tried to
15 get, you know, veteran housing. So any time there's
16 affordable housing I mentioned to the developers that
17 if-- I'll support it even more if you put veterans at
18 the front of the line. They deserve special
19 consideration. I don't think anybody has disagreed
20 when I bring that up. The veterans earn the right to
21 get to the head of the line or at least get special
22 consideration on housing. Thank you. Thank you,
23 Doctor.

24 VICTORIA JONAS: Thank you.

25 CHAIRPERSON HOLDEN: Fred?

1
2 FREDERICK GASIOR: Chair Holden, thank
3 you very much. My name is Fred Gasior. I am a
4 Vietnam Veteran, President of the Vietnam Veterans of
5 America, Chapter 126, Manhattan, New York. I'm also
6 President of VVA 126 Foundation New York City where
7 we focus on veterans' mental health. In the 60s and
8 early 70s, men and women, residents of New York City
9 and other cities answered the call of the country to
10 fight in Vietnam to preserve freedom and democracy.
11 They signed up. Others were drafted. They served.
12 They fought, and 1,714 New Yorkers gave their least
13 breath of life for their country along with 58,476
14 others nationally. Many, many others returned home,
15 some with seen wounds, but many, many with unseen
16 wounds. They received neither their countries glory
17 nor their countries or cities compassion. Veterans
18 left the war, but the war never left the veterans'
19 memories. Months, years, decades went by, and the
20 internal time bomb, this unseen wound, ticked away
21 until one day it goes off and that veteran's life is
22 changed forever. Post-traumatic stress, PTSD,
23 affects every veterans in unusual ways. War is
24 unhealthy, a traumatic event that stretches the
25 mental capacities, insanity of war. The insanity of

1 war, the traumatic experiences of war, has multiplied
2 the ranks of those with unseen wounds since Vietnam.
3 Veterans of all decades need help to readjust, to
4 reset their mental emotions, memories, to feel safe,
5 to feel safe in their environment and lead productive
6 lives. Millions has been spent on the recent migrant
7 program in New York, but what has been done to help
8 our citizens, our residents of New York, our brothers
9 and our sisters, America's veterans, their mental
10 health and their wellbeing? What are we doing?
11 Veterans suffer in many ways. Some turn to drugs,
12 alcohol, violence, other addictions, and
13 homelessness. Some just give up. Are we going to
14 abandon these warriors who protected us and stood by
15 on the ramparts of freedom for us? Freedom-- freedom
16 is not free. The cost of freedom is extremely high,
17 as is buried in cemeteries across the globe, but will
18 the City of New York do to help the mental health of
19 the few, the brave American warriors? New York
20 residents, American citizens-- the City must help to
21 answer the call of the veterans, our citizen men and
22 women, of all decades who need help to reach us to
23 cope mentally with the scars of war. Department of
24 Defense, Department of Veterans Affairs has stated
25

1
2 that 22 veterans-- and this number is not accurate
3 incidentally-- 22 veterans per day take their lives.
4 Suicide by veterans is a national epidemic. The pain
5 mentally that these men and women suffer overcomes
6 the rationality of reason for some of these veterans.
7 Suicide, suicide is permanent solution to what might
8 be a temporary curable problem. I ask the City of New
9 York to help stop veteran suicides by supporting
10 organizations that offer hope and support. TM,
11 transcendental meditation, RTM, Reconciliation of
12 Traumatic Memories, Homeward Bound Adirondacks is a
13 retreat that's available, Alliance 180 McQueen [sic]
14 therapy, and many, many more, these therapies do
15 work, but these organizations need funding so they
16 can reach out to our veterans populous out there. In
17 closing, I'm asking this City Council for help to
18 fund organizations and other programs, assist with
19 these programs and non-drug therapies for our
20 veterans. Vietnam Veterans of American Chapter 126
21 Manhattan, DVA 126 Foundation, New York City,
22 Operation Warrior Shield, Help for the Warriors and
23 many more, funding is needed. Funding is the key.
24 Funding is what will open the doors to helping the
25 many that need help. Thank you very much.

[applause]

CHAIRPERSON HOLDEN: Thank you, Fred.

Thank you very much for your-- and by the way, we're working on in the Council, this committee's been working on trying to get member initiatives for each Council Member. Just like we give-- for instance, we have a fund that we give immigrants \$100,000-- each Council Member gets \$100,000 for their district to do immigrant services. Guess how much we give to veterans for initiatives? Zero. So that's-- you know, your testimony is going to resonate I hope, with many people, especially in leadership, but we need to do something. The mayor needs to do something. We need initiatives for veterans that each Council Member can have for their districts. So whether \$25,000, \$50,000, even to keep the veteran service organizations going like yours, to keep it-- you know, because many are being sold. Many are just-- they can't afford to keep up the buildings. So we have so much work to do, but I think if we can work toward getting that, and I'm getting close. I'm getting closer. So hopefully with your testimony, it'll put us over the top. Thanks so much.

1
2 FREDERICK GASIOR: Thank you very much.
3 Appreciate that.

4 CATHERINE TRAPANI: Thank you so much,
5 Chair. My name is Catherine Trapani. I'm the-- can
6 you hear me?

7 CHAIRPERSON HOLDEN: Some of the buttons
8 are-- is that-- yeah.

9 CATHERINE TRAPANI: I'm just going to
10 push it closer to me. That'll help.

11 CHAIRPERSON HOLDEN: Light doesn't go on
12 over there?

13 CATHERINE TRAPANI: It actually is
14 blinking.

15 CHAIRPERSON HOLDEN: Oh, it's blinking.
16 We got to do some upgrades.

17 CATHERINE TRAPANI: Alright, well thank
18 you. I appreciate the opportunity. My name is
19 Catherine Trapani. I'm the Assistant Vice President
20 for Public Policy at Volunteers of America, Greater
21 New York. We've been around for 128 years as an
22 anti-poverty organizations. We served about 750
23 veterans every single year. And so speaking of
24 initiatives, I do want to thank the Council for their
25 generous support of the job readiness and employment

1
2 services for veterans' initiative. We rely heavily
3 upon that to provide employment opportunities and
4 training for the folks in our care. And as was
5 discussed previously in this hearing, I think, you
6 know, the access to wealth building and economic
7 wellbeing is really critical to overall wellbeing as
8 a social determinant of health. so, I want to remark
9 upon that we're rally grateful for that funding and
10 hope that it continues, and I also want to express my
11 support for your resolution about co-op ownership,
12 because I think similarly, if we can get access into
13 the housing market, that stability, that it really
14 will enhance the wellness overall of the population
15 that we're trying to serve. But I do want to speak
16 specifically about mental health. That's why we're
17 here today, and we do offer a range of support
18 services both in our housing in at our community-
19 based rapid rehousing programs and their veterans
20 receive case management and social work support to
21 maintain their wellness. And we also endeavor to
22 insert joy into the lives of our clients to combat
23 the social isolation and improve their overall
24 wellbeing with offerings like music therapy and
25 community events. We have found that nothing brings

1 people together better than good food and music, and
2 we find that our veterans heartedly enjoy the
3 opportunity to break bread and share a meal with one
4 another, and this is really critical to the
5 engagement to get at some of the deeper issues.
6 These kinds of services, these wellness services,
7 this music therapy, these community events are not
8 funded by traditional support given housing
9 contracts. They are things that we raise money for
10 either through discretionary dollars with our local
11 Council Members, the corporate community and private
12 donors. So I'm here to say that the first generation
13 supportive housing that we operate which is the
14 oldest contracts, those rates have not been
15 modernized, and it's really incumbent upon us to
16 layer on these additional enrichment services to make
17 sure that the folks that are in our care are not just
18 in an aging building that frankly doesn't look that
19 great, but because we don't have the dollars to do
20 the capital improvements and the beatification, they
21 go in their rooms, they close their doors and they're
22 alone. So, I really implore you and I thank you. I
23 feel like this has been a theme that we've heard
24 throughout about social isolation and really getting
25

1
2 people out, giving us flexibility with those dollars,
3 enhancing the rates, and where we can't do that
4 cobbling together these disparate funding sources, to
5 create a truly fulsome program so that the men and
6 women that live with us can enjoy their lives. So--

7 CHAIRPERSON HOLDEN: [interposing] Yeah,
8 and it's so important for veterans to get out and to--
9 - and certainly, that's why I wanted-- the VSOs, I
10 want the veteran service organizations to survive,
11 but groups like yours should be fully-funded,
12 obviously. Not only, you know, in music programs,
13 but the arts. The arts--

14 CATHERINE TRAPANI: [interposing] Yes.

15 CHAIRPERSON HOLDEN: The arts, people
16 don't realize the arts can save you.

17 CATHERINE TRAPANI: We absolutely agree
18 with you. So I think--

19 CHAIRPERSON HOLDEN: [interposing] because
20 it saved me. it saved my, you know-- again, I was
21 nowhere until I worked in art, and I was told I had
22 talent, and it actually elevated my life, and that's
23 what I think people need to experience, especially
24 veterans.

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COMMITTEE ON VETERANS

CATHERINE TRAPANI: Yeah, we would love to have you come to our programs, meet our folks, and you know, come to--

CHAIRPERSON HOLDEN: [interposing] Alright, so you're offering me a job?

CATHERINE TRAPANI: Well, you got a job. We need you where you sit, sir.

[laughter]

CHAIRPERSON HOLDEN: That's alright, I got a job.

CATHERINE TRAPANI: But to come see us and to see the music therapy courses that we've got going to sort of round out the advocacy that we've been here doing.

CHAIRPERSON HOLDEN: I'd love to see-- I'd love to see where you do the work you're doing. We could find ways to, you know, again, more funding and more programs. You know, I visited-- there's a farm in Queens that--

CATHERINE TRAPANI: [interposing] I love the farm--

CHAIRPERSON HOLDEN: [interposing] They have veterans work with the horses.

CATHERINE TRAPANI: Yeah, yeah.

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CHAIRPERSON HOLDEN: It's amazing.

CATHERINE TRAPANI: It's great.

CHAIRPERSON HOLDEN: It's just amazing to see them working. So there's so many great programs out there that need-- we need the spotlight on them.

CATHERINE TRAPANI: Totally agree, and my colleagues would get very mad at me if I didn't say what care coordination we need externally. So if you'll indulge me to go over the time. I do want to say that when there are those bigger issues, we do find that when our clients are going to the hospitals, that the hospitals don't trust the clinical judgement of our staff on-site, and they often disregard our instructions that they don't necessarily admit people who we know need to be admitted, or they discharge them either without telling us or without organizing community care. You talked about wait lists. Wait lists are a big problem from community care. ACT [sic] teams are wonderful tools, but not if we can't get them for the people that live with us. And again, because the first generation supportive housing which is-- which the vets are mostly in doesn't have like psychiatrists on our staff and so on, we really rely on ACT and hospitals. And even

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2 those with OAT orders, that follow-up care if they
3 disengage just isn't there. So care coordination,
4 deference to the onsite staff when making clinical
5 decisions, and then layering all of that programming
6 with these enrichment opportunities that I discussed
7 are really the recipe.

8 CHAIRPERSON HOLDEN: thank you so much,
9 and we'll talk, you know, in a few weeks.

10 CATHERINE TRAPANI: I would love that.

11 CHAIRPERSON HOLDEN: Thanks so much.

12 CATHERINE TRAPANI: Thank you.

13 CHAIRPERSON HOLDEN: Thanks. Next panel?
14 Armando Crescenzi, Walter Wells, and Rabah Belkebir.
15 Sorry about mangling the names. Veteran vendors,
16 welcome. You can start. You can start. Just press
17 the button.

18 ARMANDO CRESCENZI: How's that?

19 CHAIRPERSON HOLDEN: Good.

20 ARMANDO CRESCENZI: Good morning to
21 everybody here in attendance. Thank you, Chairman,
22 and thank you to the Committee on Veteran Affairs,
23 and I want to especially thank and recognize all the
24 other veteran's advocates and service organizations
25 for coming out today and making sure that New York

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2 City veterans are not forgotten. My name is Armando
3 Crescenzi. I'm a life member of the DAV Military
4 Officers Association of America and the American
5 Legion where I am now in my third year as post
6 commander in the Bronx. I have a BA in Political
7 Science. I have a Doctorate in Law. I am licensed
8 in New York State as a substance abuse counselor, a
9 peer advocate, and a recovery coach. But my most
10 valuable credential is my DD214. In 2010 I founded a
11 nonprofit organization called Put Veterans First.
12 We're a service disabled veteran and our mission is
13 to help our fellow veterans build their own small
14 business in street vending on the streets of New York
15 City. So, I would just like to say in keeping with
16 today's topic, helping veterans with their mental
17 health issues-- street vending is just as good as a
18 therapy as the equine therapy, the music therapy, and
19 some of the other therapies that you heard about
20 today. Basically, it's been said that work, works.
21 Work works, and that is to say that veterans need--
22 they need the sense of community. They need purpose,
23 and they need a sense of belonging. And just like
24 has been said earlier today, the issues relating to
25 veterans wellbeing has to do with their housing. So

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2 of course, we support 440. Has to do with their
3 economic stability, and also has to do with their
4 mental wellbeing. So these are things that are
5 achieved and provided for in the challenge to build a
6 small business as a street vendor. So I'm here today
7 to speak about the challenges that veterans face as
8 street vendors, and I also would like to say you're
9 losing a great opportunity. If you really want to
10 help veterans, this is a way to help veterans. I
11 would cost nearly nothing. We're just asking you to
12 recognize the law. Alright, so we heard about a lot
13 of great programs here today, and I just would like
14 to speak about the earliest program for New York City
15 veterans ever created, not just the oldest, but
16 probably the best. In 19-- sorry. In 1896, the New
17 York State Legislature came up with a law to help
18 service disabled veterans, and that law basically
19 said, if you're a service disabled vet in New York
20 City, you can street vend without any restrictions,
21 pretty much exempt from all placement restrictions.
22 Now, I would say this is probably like the
23 grandfather of the American with Disabilities Act.
24 This is really-- this is like the very first-- this
25 is the grandfather of all veterans programs. And

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2 what has happened? What has happened with this great
3 benefit that New York State has given to vets? It
4 would really cost nothing. The veteran is not
5 looking for a handout. He's looking for an
6 opportunity to prove to the world he can overcome his
7 disabilities and he can take care of himself. So
8 what I have seen since I'm street vending in New York
9 City has totally ignored this right that's a
10 statutory right that was given from New York State to
11 the veterans. Here in the city, the Police
12 Department and all the city agencies, DCWP,
13 Department of Health, Department of Transportation,
14 Department of Sanitation, it's like they never heard
15 New York State. Alright, and they have no respect
16 for state authority. And I just since-- since the
17 clock is running I want to sum this up. Directly out
18 of the New York State Constitution is the Preemption
19 Doctrine, and the preemption Doctrine says if a state
20 law conflicts with the city law, state law shall
21 overrule. And there's no confusion there. It's in
22 35. It's in 35A. It's been enshrined in decisions,
23 *Cazion V. Apponti* [sp?], *People V. Sans* [sp?], and
24 2007 was the last time it was asserted. And what has
25 happened is New York City feels that it doesn't have

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2 to follow New York State authority and it's
3 outrageous. What's the downside of giving a vet a
4 chance to make a living? There is almost no
5 downside. So, it's like why can't you just embrace
6 the law. This is the Preemption Doctrine. It gives
7 a great benefit to these veterans. Why can't we just
8 access it? So, I have a lot more to say, but I'm
9 going to leave it right there. Thank you for your
10 time.

11 CHAIRPERSON HOLDEN: Thank you. We're
12 going to have a hearing on this, by the way. We
13 promised you. We scheduled it, so when-- you'll be--
14 you'll have-- we're going to try to solve this in my
15 tenure as Veterans Chair. I know it's been an
16 ongoing thing before me.

17 ARMANDO CRESCENZI: [inaudible]

18 CHAIRPERSON HOLDEN: I know, but we have
19 to get the City on-- again, on the same page as the
20 State and get them to honor, you know, the law like
21 you said, and I agree. I agree 100 percent. Alright,
22 sorry, go ahead.

23 RABAH BELKEBIR: How are you? My name is
24 Rabah. I'm a service--

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2 CHAIRPERSON HOLDEN: [interposing] Nice to
3 see you again.

4 RABAH BELKEBIR: It's a pleasure to see
5 you again. Alright, I'm not talking about the
6 majority, but here in New York City, City Council
7 Member, they are not pro-vet. If they are, they
8 would never-- I mean, just look at the DVS. The
9 budget is \$6 million. When we talk about the
10 immigrants--

11 CHAIRPERSON HOLDEN: [interposing] Not
12 even \$6 million.

13 RABAH BELKEBIR: Sorry?

14 CHAIRPERSON HOLDEN: It's not even \$6
15 million. You're throwing more money in it.

16 RABAH BELKEBIR: When we talk about the
17 immigrants, it's \$4.3 billion. DVS, you're doing
18 great job with this capital dollars. Anyway, we are
19 here about-- if we're talking about-- I'm not going
20 to say it again, because Armando just said about
21 [inaudible] isuse, whatever, because it's good to
22 take those pills whenever. But we need to occupied,
23 too, because taking pills and stays home, that
24 doesn't help us. That's how we commit-- most of
25 them-- I mean, us committing suicide. So, this is

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2 what we ask for. These days, since we are all here
3 street vendors, we're trying to make our living, we
4 want to know when the City is going to enforce the
5 rules. Because today's illegal vendors, they have
6 more rights than us. I waited 10 years to get my
7 license to be in Midtown, but today there is a lot of
8 illegal vendors. The city doesn't want to do
9 anything for them. So we want to know when-- because
10 we the one who's losing, you know, our income. And
11 of course, there is a big problem. The City's
12 funding an organization that called Street Vending
13 Project. We just found out I mean a couple-- I did
14 talk to everybody. We found out their Director
15 Muhamad Atia [sp?], he has a fake license. He's not
16 a vet. How come he has a yellow? Because this is--
17 as a service-connected disabled veteran, to give you--
18 - give their yellow license or blue license. Only
19 people with service-connected can get it. We have a
20 proof here. We have everything here that this guy is
21 holding a yellow license and he never served in our
22 Armed Forces. I talk to the DC-- I talk to
23 everybody. I sent even here. I have all the proof
24 with the DCW. I ask them how-- because to get this
25 license, the blue or yellow license, you have to be

1 disabled, and you need the letter-- letter from
2 Department of Veterans Affairs. So, you have to
3 issue that. This guy never-- I have his name. I have
4 all the profit that I sent everything to the City
5 with his license number and everything. Plus, like
6 we said, sometimes we dealing-- most of us are
7 dealing with PTSD, whatever. Some people-- some
8 disabled veterans, they can't even renew their
9 license. We having tickets. So we got to ask you--
10 last time, Mr. Chairman, you did talk about this
11 [inaudible]. We are 1,600 veterans vending. So we
12 need the small office, and I'm going to [inaudible]
13 after this one day a week for free to fix this
14 problem to help them. I'm already doing it to help
15 them to renew their license, to fix their tickets,
16 whatever. Plus, we want to say something about-- I
17 know my time is done. We want something about the
18 City is targeting only the veteran, and I have proof.
19 They're over here. Everybody has a ticket. They're
20 targeting only disabled veterans. So, me, myself,
21 I'm going to commit suicide. They give me \$16,000
22 tickets. I wasn't even there. This is with Health
23 Department. I wasn't even there. They give me
24 \$16,000. They want to take my permits. So, this is
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2 what's going on. Giving with our experience as
3 street vendors, we believe we have been wrongfully
4 targeted and ticketed by the City. Can the City
5 Council [inaudible] and the enforcement agency to
6 create a public report of the violation in the street
7 vending community with identified [sic] like veterans
8 and disabled veterans. We're getting more tickets.
9 He's got--

10 CHAIRPERSON HOLDEN: [interposing] Who's--
11 what agency gave you the ticket?

12 RABAH BELKEBIR: The Health Dep--
13 Sanitation and Health Department. Everybody, we've
14 become like the [inaudible] center for them. This
15 guy, he works on 45th Street trying to make-- he's a
16 [inaudible].

17 CHAIRPERSON HOLDEN: Alright, let him go
18 now.

19 RABAH BELKEBIR: alright.

20 WALTER WELLS: Thank you everyone for
21 coming. Thank you for letting me have this speech.
22 I'd like to salute you for what you said earlier,
23 because I'm a disabled Vietnam Vet, and go through a
24 lot of problems out there in mental health. I have
25 to say, when I first came home from Vietnam, 252

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2 wasn't so cool, you know? That was the VA office
3 down there on 7th Avenue. You come home and you
4 almost like being in the welfare center, and they
5 tell you, we can't help you. So I found other ways,
6 you know, even-- you know, I listen to everybody
7 speak today, and the only thing that comes to my mind
8 is trust. Y'all want people to get involved with a
9 lot of programs, but we have to learn how to trust
10 you again, because you never trust. You know, we
11 disappointed. We, you know, we had no work, no jobs,
12 anything like this. It's only recently where people
13 say thank you for serving. I thank you too for
14 saying something earlier that veterans should be put
15 ahead of the line and stuff like that. They should
16 look at us different. We should be-- I shouldn't
17 become a second-class citizen again here in my own
18 country. I got hurt while I was in Vietnam. I got
19 hurt there. I found things to do in order to deal
20 with my PTSD such as Get Straight program with the
21 kids when I was up-- when I was locked up, and I
22 enjoyed that. I enjoyed my community. I enjoy Times
23 Square because everybody know me. McCarthy who's our
24 Borough President, I mean borough security officer. I
25 just find things other than do, because I don't want

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2 be back on no Haldor [sic] or Dorxine [sic] and stuff
3 like that because they didn't know how to deal with
4 veterans when we came home. So even when I was
5 locked up, you know, walking around like I'm a
6 Zombie. So, God is good. I pray and everything, but
7 you know, as a PTSD person, you know, I got through
8 things. I still dream-- I can still-- I can still
9 remember and tell you exactly what's in Phu Bai in
10 Vietnam. You understand? I can tell you the ditch
11 over there and all that stuff. When I talk to other
12 veterans from being with the 101st Airborne Division,
13 you know, it's not going to leave my mind, because
14 sometime when I go to sleep I have to deal with that.
15 You know, I tried to hurt myself before because I
16 couldn't deal with it. We got a lot of brothers
17 that's being penalized and going through trouble
18 because we want to work. We want to support our self
19 [sic], but we go through trials and tribulations like
20 this, you know, with the tickets and you know-- he
21 helped me out the last week. I mean, the judge, he
22 gave me some paperwork that showed the judge, Judge
23 Brown, and she was real good. She said, thank you.
24 Somebody finally came to the court prepared. I got
25 the case dismissed, but why should I have to go

1 through that. If an officer doesn't know their job,
2 agencies don't know their job, come on-- somebody
3 [inaudible]. We--

4 CHAIRPERSON HOLDEN: [interposing] We're
5 going to solve this. If it's the last thing we do,
6 we're going to solve this, because these agencies
7 shouldn't be descending on you, and they should
8 follow the law.

9 WALTER WELLS: Yes.

10 CHAIRPERSON HOLDEN: So, we're going to
11 try to fix that. If it takes everybody-- we get
12 everybody in a room, we'll fix it. We're going to
13 have a future hearing. So, but thank you all. Thank
14 you for your service and then thank you for your
15 testimony. Thanks, Walter, thank you. Next panel,
16 Joseph Hunt, Abdel Jamil, and Seo Koo Lee. We have
17 one person on Zoom after this panel. Joe, you want
18 to start?

19 JOSEPH HUNT: Sure, thank you. My name--

20 CHAIRPERSON HOLDEN: Press the button.

21 JOSEPH HUNT: Press the button.

22 CHAIRPERSON HOLDEN: It's not working?

23 JOSEPH HUNT: [inaudible] Great. My
24 name's Joe Hunt. I'm a US Army Vietnam veteran and I
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2 currently serve as the Director of Veterans Mental--
3 I'm sorry, that's my old job-- the New York Outdoor
4 Rx Coalition. Thank you, Chair Holden and members of
5 the Committee on Veterans, for the opportunity to
6 offer testimony regarding promising therapies for
7 veterans' mental and emotional health. I'm here
8 today to highlight the vital role that New York
9 Outdoor Rx Coalition in improving access to the
10 healing powers of nature for our service members,
11 veterans and their families. Although I have to say,
12 I think I'm preaching to the choir. Three of the or
13 a third of the programs that you listed in your
14 briefing sheet are outdoor programs. So, I'll keep
15 it short. More details and links to research and
16 other information are available on my testimony
17 document. The New York Outdoor Rx Coalition is the
18 result of four years of collaborative work with the
19 Sierra Club Military Outdoors and the New York State
20 Department of Veterans Services. The coalition is
21 made up of over 150 unique public and private
22 organizations across 54 New York State's 62 counties.
23 Coalition members are dedicated to improving access
24 to outdoor activities for veterans and building
25 awareness that nature offers a unique and effective

1 way to mental and physical health. As the Committee
2 knows, transitioning from military service to
3 civilian life is often fraught with challenges.
4 Veterans may carry invisible scars of their service,
5 and these injuries can be as debilitating as physical
6 wounds, complicating their adjustment to civilian
7 life. Research supports spending time in nature has
8 been able to show-- demonstrate that it alleviates
9 symptoms of depression and post-traumatic stress,
10 increases personal growth, and most importantly, I
11 think, fosters a positive attitude for seeking
12 professional help. Outdoor recreation is also a
13 lower-barrier-- has also a lower-barrier to entry to
14 clinical treatments by reducing stigma and offering a
15 variety of activities that resonate with veterans,
16 particularly those veterans who want help, but fear
17 the stigma associated with traditional treatment. On
18 April 1st this year, the New York State Legislature
19 expanded the Lifetime Liberty Pass Program, affording
20 veterans of Gold Star family's free access to New
21 York State's public lands and waters. This expansion
22 is a significant milestone in improving access to the
23 outdoors. But despite these benefits, New York
24 City's veterans, roughly 16 percent of the State's
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2 veteran population, face barriers to accessing nature
3 such as distance, lack of transportation and
4 unawareness of outdoor resources. These barriers
5 inhibit efforts to make the outdoors more accessible
6 to them. we urge the committee and DVS to continue
7 to support initiatives that increase access to the
8 outdoors for veterans by investing in transportation,
9 outreach and education to ensure that more New York
10 City veterans benefits from the physical and
11 emotional healing powers of natures. Thank you for
12 your time. New York's Outdoor Rx Coalition is
13 available at the Council's convenience to assist in
14 efforts to support the wellbeing of our veteran
15 community.

16 CHAIRPERSON HOLDEN: Thank you, Joseph.
17 Thank you. Next?

18 ABDEL JAMIL: Good afternoon everybody.
19 My name is Abdel Jamil. I'm US Army retired, and I'm
20 a war veteran, Iraq War veteran with combat
21 [inaudible]. I was in combat. I lost friend in the
22 battlefield. I lost my captain in the battlefield in
23 Fallujah and I lost another battle buddy in Chinook
24 helicopter [inaudible]. My name is Abdel Jamil, and
25 I'm here as the United States Army retired and Iraq

1 War Veteran with [inaudible] distinguish [sic] and
2 [inaudible] valor [sic]. I'm a New York City street
3 vendor, and just want to add to the-- what Rabah was
4 saying and Mr. Wells and Armando, that in New York
5 City we've been a little bit like, you know,
6 undermined and discredit and then the City-- the City
7 Council lately is trying to kind of like destroy the
8 veterans community in New York City, especially the
9 street vendors. We want to work in the City with
10 dignity and honor everywhere. We have families to
11 feed, and we are obligated by a law called 35A of--
12 it's like our Bill of Rights. So, some of the City
13 Council Members they just prefer illegal migrants
14 vendors to like New York City veterans, disabled
15 veteran street vendors. So, I know we-- a lot of
16 served honorably in the United States, United States
17 of America, and we will always want the NYPD to
18 combat and enforce the law in the City. So
19 basically, that's our comfort. Every time there is
20 NYPD we feel comfortable. There's a lot of
21 intimidation in the streets, especially if you go in
22 the early morning, and then you have a bunch of like,
23 you know, clown sitting there and they will like
24 intimidate you and fight you. And then, we don't
25

1 want that, because as a PTSD sufferer-- I suffer from
2 PTSD and then I suffer from TBI also. So I don't
3 want to go through that, through that emotion early
4 in the morning, because that will trigger all my PTSD
5 symptoms, and then-- that's why we want the City
6 Council to kind of like, you know, try to get NYPD
7 back into the City to the enforcement. And we are a
8 vendor licensee, and then by enforcing street vendor
9 law by the NYPD only, it means only the NYPD can do
10 the job. The City Council is very short-sided
11 thinking about the ramification, the damage they have
12 done to the disabled veteran street vendor licensees
13 in the last four years. So, I think they create a
14 public safety crisis that we need to be-- that this
15 need to be dealt with. There is a Street Vendor
16 Project who are taking care now of-- who are trying
17 to speaking about the disabled veterans, but the
18 Street Vendor Project are like-- they are different
19 than us. We are disabled veterans vendors, and they
20 are just vendors. Some of them are legal and some of
21 them are illegal. I'm not saying-- but-- and we just
22 created an organization called Disabled Veterans of
23 New York. It's a nonprofit organization with the
24 help of the VC-- yeah, the VCS [inaudible] all that,
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2 and then it's nonprofit. And we want to work through
3 our organization so we can get some help. Thank you
4 very much.

5 CHAIRPERSON HOLDEN: Yeah, we're toing to
6 try to do that.

7 ABDEL JAMIL: Yeah.

8 CHAIRPERSON HOLDEN: But thanks for your
9 testimony.

10 SEO KOO LEE: My name is Seo Koo Lee.
11 I'm a [inaudible] vet. First, I'm here [inaudible]
12 before and the first time speak, because I got summer
13 [sic]. I got first number [sic] 25 years, and the
14 reason is I'm under no [inaudible] situation. That's
15 sinful, okay? This picture here, it's all these guys
16 vendor ice cream and hot [inaudible] behind there.
17 [inaudible] all illegal. [inaudible] since after
18 pandemic. Now, the NYPD, they don't do anything, you
19 know. The Sanitation police, they do that.
20 [inaudible] my case, [inaudible] June [sic] 5:00 p.m.
21 The agents come [inaudible]. They're blocking the
22 ice cream truck and I had to [inaudible] them move.
23 They can't do anything. Usually, the police they do
24 that. They stop [inaudible]. Sanitary police come.
25 They look. And then they stay 40 minute. They come

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2 to us. Come to four time for three weeks, and then,
3 oh, you got [inaudible]. And they keeps [inaudible]
4 around Temple [sic]. I sit down there. Hey, what
5 you doing, man? Why the illegal [inaudible] get the
6 people. Have to pay to do the AC [sic]. [inaudible]
7 next stop, [inaudible] they come back here. Talk to
8 the returner [sic]. Hey, are you coming tomorrow.
9 They drop [sic]. [inaudible] What the hell is this?
10 like in China [inaudible] you know, illegal people.
11 Come on. I was right there. They take 40 minute
12 [inaudible] on it. And then a lot of people leave it
13 there [inaudible] clean the place the up, and that
14 they say thank you service, shake your hand. After
15 that, I wash my hand [inaudible]. They said thank
16 your service. [inaudible] only 25 ticket and the
17 next time, you got oversize, we'll give much
18 [inaudible] to me. You know what, can you drive in
19 New York City 25 miles per hour, sometimes 27 miles,
20 right? You know, whatever you do, alright. And
21 [inaudible] you got over 25 miles. [inaudible] they
22 didn't [inaudible] anything, alright? How about
23 other people? Why don't do that-- [inaudible]. We
24 do that someday. That's terrible. Say to police
25 officer how come they come to us and see veteran

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[inaudible] we not going away. We not clean up. We stay there. Everybody move. Next stop they come, I put my hand out, I don't show my ID. I got no ID. Okay, go ahead. They say [inaudible] I do that.

CHAIRPERSON HOLDEN: Yeah, I'd say--

SEO KOO LEE: [interposing] I realize it.

CHAIRPERSON HOLDEN: This is-- yeah, this is exactly the problem.

SEO KOO LEE: Why they come to us?

CHAIRPERSON HOLDEN: Yeah.

SEO KOO LEE: I ask him how about other people.

CHAIRPERSON HOLDEN: How much was that ticket for?

SEO KOO LEE: They say only \$25, but next time--

CHAIRPERSON HOLDEN: [interposing] Right.

SEO KOO LEE: [inaudible]. Next day, I got [inaudible] doctor. I spoke to [inaudible] about. I cannot work if taking med [sic]. So angry. I was PTS for a long time.

CHAIRPERSON HOLDEN: Right.

SEO KOO LEE: Doctor gave me one med--

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COMMITTEE ON VETERANS

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CHAIRPERSON HOLDEN: [interposing] No, the veteran shouldn't be going through this. We're going to--

SEO KOO LEE: [interposing] I don't know what to say to police officer--

CHAIRPERSON HOLDEN: [interposing] This is outrageous.

SEO KOO LEE: [inaudible]

CHAIRPERSON HOLDEN: You're absolutely right.

SEO KOO LEE: You don't talk to Sanitation, Department whatever.

CHAIRPERSON HOLDEN: Right.

SEO KOO LEE: I'm sorry [inaudible] language, right.

CHAIRPERSON HOLDEN: thanks for your testimony. Again, I'm sorry this is happening, but you know--

SEO KOO LEE: [interposing] And I'm so angry about it, you know?

CHAIRPERSON HOLDEN: It is--

SEO KOO LEE: [interposing] I drink every night after that. I need work.

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2 CHAIRPERSON HOLDEN: It's disgraceful,
3 and I agree with you guys, and you know, we're going
4 to try to fix it, but it's-- street vending has
5 actually gotten a lot worse because of just-- we
6 can't get even in my district, I have illegal street
7 vendors. I can't get the City to really enforce it.
8 It's a very difficult situation. We really got to
9 get the mayor together and everybody else to sit down
10 at the table.

11 SEO KOO LEE: How we even [inaudible]

12 CHAIRPERSON HOLDEN: I know. I know.

13 SEO KOO LEE: [inaudible] targeted.

14 CHAIRPERSON HOLDEN: We're going to have
15 to really sit down. We're going to have to sit down
16 with the street vendors, the veteran street vendors,
17 come up with a strategy and let's meet with the
18 people that can solve this, and let's do it once and
19 for all. So, we're going to do it in the coming
20 months, but again, I thank you guys for coming and
21 testifying. Thanks so much.

22 SEO KOO LEE: Thanks so much. I can
23 [inaudible] tonight.

24 CHAIRPERSON HOLDEN: Alright, we have two
25 people testifying, Roger Walker on Zoom.

1 SERGEANT AT ARMS: Starting time.

2 ROGER WALKER: Yes, hello. Good
3
4 afternoon.

5 CHAIRPERSON HOLDEN: Hi, Roger, we hear
6 you.

7 ROGER WALKER: Oh, okay, great. Thank
8 you for this opportunity to speak to you today,
9 Chairman Holden and members of the Veterans
10 Committee. My name is Roger Walker. I'm the Program
11 Director at Samaritan Daytop Villages Ed Thompson
12 Veterans Program. It's located in Richmond Hill,
13 Queens. The program is a trauma-informed place where
14 veterans can heal from substance abuse or mental
15 health disorders and other life issues. You know,
16 this work for me is both personal and professional.
17 As a veteran myself, I'm a US Navy veteran. I've had
18 the honor to work with veterans for the last 19 years
19 in different capacities, most in helping them work
20 through life's difficulties. I would like to
21 especially thank Chairman Holden for visiting our Ed
22 Thompson veteran's facility in February and Council
23 Member Eric Bottcher for visiting our 43rd Street
24 site where we opened a brand new wellness and
25 recovery room. You know, we're able to provide

1
2 quality services to veterans in a residential setting
3 over a period of time of about a year. And you know,
4 the support from the Veterans Council has been
5 invaluable. So, and we're always looking for new
6 ways to work with veterans. Currently, we're using
7 treatments like art therapy, equine therapy, and
8 other evidence-based practices to help veterans
9 through symptomology of PTSD and substance abuse.
10 You know, and we're a well-- a nationally-recognized
11 human service organization that has a continuum of
12 care from residential treatment to outpatient
13 programs, transitional housing, and all these things
14 are designed to help veterans regain their lives and
15 return to the community as productive individuals.
16 So, over-- and just a little bit about Samaritan
17 Village veteran's programs. Over 30 years ago,
18 Samaritan Village identified a population of veterans
19 whose special clinical needs were not being met
20 within existing programs. They often had PTSD and
21 histories of prior treatment failures. Most
22 treatment options available during that era focused
23 exclusively on either substance abuse or mental
24 health aspects of the veteran's problems. Clinicians
25 in mental health settings often felt that they could

1
2 not conduct meaningful therapeutic work with
3 veterans. The subsequent progression of [inaudible]--

4 SERGEANT AT ARMS: [interposing] Thank
5 you. Your time has expired.

6 ROGER WALKER: would exacerbate their
7 mental health problems and make life lasting recover
8 less likely. So what we've been able to do at
9 Samaritan Village in a nutshell is give veterans the
10 time they need to address the problems that they're
11 facing. Many of these problems can be addressed, but
12 usually people are afforded 28 days, maybe 90 days.
13 Here at Samaritan we can offer up to a year in
14 treatment and something that really works. And I
15 want to thank the Council again, because earlier
16 today we heard of different treatments such as RTM.
17 We're always looking for new and innovative ways to
18 help work with our veterans. Again, thank you for
19 giving Samaritan Daytop Village this opportunity to
20 speak to the Veterans Committee, and I hope everyone
21 has a good day.

22 CHAIRPERSON HOLDEN: Thanks, Mr. Walker,
23 and thank you again for all the work that you do at
24 Samaritan Village. It's great programs, and again,
25 up to a year, that's magnificent. Thanks again.

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ROGER WALKER: Thank you.

CHAIRPERSON HOLDEN: And our final witness, Brendan Gibbons.

SERGEANT AT ARMS: Starting time.

BRENDAN GIBBONS: Good afternoon, Council Member, other Council Members. I would like to say first of all, thank you to you Councilman Holden. I'm very lucky to have you as my local councilman. I just want to say thank you for everything you're doing for veterans, not only for the community but everything for veterans and how you're fighting for us. As a commander of a VFW post within your district, I've been the commander now over 10 years. As you know, having seen most of the VFWs, American Legions, all the organizations unfortunately dwindling down throughout the City, not just in Maspeth and Middle Village area, but I appreciate everything you're doing. I hope that the City Council does listen to what you're trying to get. I hope that you can find funding for other veteran service organizations, and I know most importantly today, we're talking a lot about PTSD, different treatments, and trying to find funding. I hope anything I can do. I'm glad that I was able to get

1 on here today and at least speak for a minute, but
2 most importantly, I would like to say thank you to
3 you, the City Council Members that were here today,
4 also for everyone else that showed up on behalf of
5 all the veterans within New York City.

6 Unfortunately, we are always left behind in most
7 cases, and as we see, most people they'll give
8 funding to everybody but the veterans, the people who
9 should 100 percent be getting something, at least not
10 scraps that are left over. So, I also would like to
11 thank Commissioner Hendon and all his staff at New
12 York City Department of Veteran Services for
13 everything that they do. Thank you.

14 CHAIRPERSON HOLDEN: And Brendan, thanks
15 for the kind words, but I really have to thank you.
16 You're always-- everywhere that veterans are having a
17 function, you're there. You're out front, but you're
18 always testifying, and I appreciate that, because
19 just taking this time can help put us over the top
20 certainly with DVS funding or certainly for veteran
21 service organization funding which you are a big part
22 of it in my district and throughout the City. So,
23 again, thank you for doing all the work that you do
24 night and day. He has a family, but he still manages
25

1
2 to find time for veterans work. So, thanks so much
3 Brendan, and thanks for--

4 BRENDAN GIBBONS: Thank you.

5 CHAIRPERSON HOLDEN: You know, thanks for
6 waiting. Thanks for waiting to testify. And last
7 call for Michael Morrena [sp?]? Michael Morrena? Do
8 we have him? Okay, anybody else wanted to testify,
9 you can sign up. Last call. Okay, well, we're going
10 to adjourn this great-- by the way, it's been a great
11 hearing. I think we learned a lot on certainly some
12 of the veteran's treatment for post-traumatic stress
13 disorder, and certainly again, I will address the
14 vendors, the veteran street vendors. We have a lot
15 of work to do in that, and we'll get to that. It's
16 just-- you know, it is a nagging problem, and I know
17 it's only gotten worse over the last few months, I
18 realize that as we see the City. Again, thanks
19 everyone, and this hearing is adjourned.

20 [gavel]

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C E R T I F I C A T E

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



Date July 17, 2024