

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

JOINT COMMITTEES ON VETERANS AND WOMEN'S ISSUES

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September 25, 2008

Start: 1:17pm

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HELD AT: Council Chambers
City Hall

B E F O R E:

HIRAM MONSERRATE
Chairperson, Veterans

HELEN SEARS
Co-Chairperson, Women's Issues

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2 CHAIRPERSON MONSERRATE: Good
3 afternoon. I'm Hiram Monserrate. I'm Chair of the
4 Veterans Committee. Thank you for coming here
5 today for our hearing in conjunction with the
6 Women's Issues Committee. We are pleased to be
7 holding this joint hearing today to place much
8 needed attention on the needs of our female
9 veterans and service members. We have never had a
10 hearing before with the Women's Committee. And,
11 given the growing population of women in the
12 military, we are pleased to have the opportunity
13 to do so.

14 As you know, we have focused, in
15 our past several hearings, on the needs of all
16 veterans as they return from the wars and
17 engagements in Iraq and Afghanistan and readjust
18 to civilian life. For today's hearing, we turn
19 our focus to women veterans and the issues and
20 concerns they face both during service and
21 afterwards as we welcome them back to our great
22 city.

23 It is appropriate that we take this
24 time to focus on women. Today, there are
25 approximately 202,000 active duty women in the

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2 military and 1.7 million women military veterans
3 in the United States. These numbers continue to
4 grow. Based on current enrollment rates, it is
5 estimated that the number of female veterans could
6 double in the next five years.

7 With this rising number of women in
8 service comes an increasing need to ensure that
9 the military makes the appropriate health services
10 available and ensures that women are safe among
11 their fellow soldiers. Recent media reports and
12 attention from Congress indicate, however,
13 otherwise. For example, in recent reports, we
14 have learned that a number of sexual assaults
15 occurring in the military are, as one member of
16 the U.S. Congress put it, just jaw-dropping.
17 Today, we ask the important questions what is
18 being done to address this and other problems.
19 How can the City be prepared to advocate for and
20 assist women veterans who return and are dealing
21 with the aftermath of war engagement.

22 Thank you for coming here today and
23 to help us answer these questions, as we join with
24 the Women's Committee to help our women veterans.
25 And, I'd like to give the opportunity to the Co-

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2 Chair of today's hearing, Council Member Helen
3 Sears.

4 CO-CHAIRPERSON SEARS: Thank you,
5 Mr. Chair. And, thank you for really holding this
6 joint hearing. It's the first time the Women's
7 Committee has really been dealing with military
8 issues. We have really opened the Women's
9 Committee to many, many issues that haven't been
10 really heard before in the City Council. So, this
11 is the first time certainly for the military.

12 The Women's Committee has held
13 several hearings relating to women working in
14 male-dominated fields and the challenges those
15 women face. Women in the military, like other
16 working women, have struggled to gain equality in
17 their field and have worked to gain respect and
18 the ability to hold high positions. Currently,
19 women make up 15% of the United States active-duty
20 forces. And, this percentage is growing.

21 This increase has brought to light
22 many of the issues that women in the military
23 confront based completely, or in part, on their
24 gender and minority status. These issues include
25 access to adequate childcare, comprehensive

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2 healthcare, including reproductive services,
3 sexual harassment and sexual assault. Recent
4 media and scholarly reports have shown that sexual
5 assault and harassment in the military has become
6 a major dilemma. Further, advocates claim that
7 the military does not accurately report incidents
8 of sexual harassment and assault. Consequently,
9 female veterans might return home to New York City
10 and around the country bearing the psychological
11 and physical effects of this sexual harassment and
12 assault in the military.

13 The women who serve in our armed
14 forces deserve our thanks, our respect and
15 comprehensive services when needed. Today, our
16 Committees are interested in learning what
17 services are available for female veterans and how
18 these services might be improved. And, I thank
19 you all for being here. And, I thank my colleague
20 for holding this hearing.

21 CHAIRPERSON MONSERRATE: Thank you
22 very much, Council Member. I want to recognize
23 the attendance two of our colleagues, Council
24 Member Charles Barron from Brooklyn and Council
25 Member Tony Avella from Queens. With no further

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2 delay, we are going to be hearing today from the
3 Mayor's Office of Veterans Affairs. And, please
4 begin. Thank you very much and welcome to our
5 hearing.

6 ROGER NEWMAN: Thank you. Good
7 afternoon, Chair Monserrate and Chair Sears and
8 members of the Committee. My name is Roger
9 Newman. And, I am the Commissioner of the Mayor's
10 Office of Veterans Affairs. I am here today with
11 MOVA's Service Coordinator, Latisha Lemott, to
12 testify regarding issues affecting female veterans
13 returning to New York.

14 Let me first take this opportunity
15 to inform you of the achievements MOVA has made
16 since I last testified before you. The
17 transformation of Veterans' Memorial Hall to a
18 multi-service center for veterans and their
19 families is taking shape. First, America Works, a
20 nonprofit organization that secures employment for
21 veterans in the private sector, will soon occupy
22 space at Veterans' Memorial Hall. Veterans will
23 be identified in cooperation with the City's Human
24 Resources Administration and the Department of
25 Homeless Services. The general veterans

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2 population, including residents of DHS' Borden
3 Avenue facility, which houses homeless male and
4 female veterans, will be eligible for this
5 program. Location of America Works within the
6 Veterans' Memorial Hall will enable veterans to
7 receive other specific services, if needed. It is
8 anticipated that American Works will begin its
9 occupancy by the third week of October.

10 Second, MOVA has entered into
11 partnerships in order to provide medical and
12 mental health services for military family
13 members, who are not covered by TRICARE, public
14 health insurance for members of the active and
15 retired military or reserves, the VA or other
16 forms of health insurance.

17 Third, and finally, as you know,
18 MOVA worked with HRA earlier this year to
19 establish a program to ensure that two nonprofit
20 organizations were certified as organizational
21 friends to assist in the burial of veterans
22 without next of kin at Calverton National
23 Cemetery.

24 Now, to the specific issues of
25 female veterans. According to New York State

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2 Division of Veterans Affairs, New York's female
3 veteran population is the fifth largest in the
4 nation behind California, Florida, Texas and
5 Virginia. Female veterans represent 6% of New
6 York's total veteran population. And, since there
7 are higher percentages, there's a higher
8 percentage of females in the military today, as
9 compared to previous years, we can expect a larger
10 number of them returning home to New York as
11 veterans in the future. So, today's topic is
12 extremely timely.

13 To better understand the more
14 common concerns of female veterans, I will now
15 introduce you to MOVA's Service Coordinator,
16 Miss Latisha Lemott, who has been working
17 specifically on these issues. Miss Lemott is an
18 Air Force veteran, who served in support of
19 Operation Desert Storm and comes from a military
20 family. Two of her brothers and her sister are
21 currently on active duty. One of her brothers
22 will be deployed to Iraq for a second tour with
23 the Army in October. Her father is a retired Army
24 Sergeant First Class, who is currently a civilian
25 contractor for the Army in Saudi Arabia. Prior to

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2 joining MOVA, Miss Lemott worked, for several
3 years, as a veteran liaison with the Bronx Borough
4 President's office.

5 LATISHA LEMOTT: Good afternoon,
6 Chair Monserrate, Chair Sears and members of the
7 Committee. Again, my name is Latisha Lemott. I'm
8 the Service Coordinator for the Mayor's Office of
9 Veteran Affairs.

10 As you would expect, MOVA is
11 sensitive to the issues affecting female veterans
12 and has actively engaged with female veteran
13 constituents and attended conferences addressing
14 female veterans' issues. We have done so with the
15 aim of ensuring our outreach and programs are
16 properly targeted at addressing these specific
17 needs. Indeed, we have identified a number of
18 common issues in the varied experience of these
19 women.

20 At the June 2008 National Summit on
21 Women's Issues, sponsored by the U.S. Department
22 of Veteran Affairs in Washington, DC, I heard the
23 testimony of female veterans and active military
24 officers and other enlisted women. Namely, while
25 many of these individuals have had positive

1 experiences in service and post-service, some
2 women at the conference said that they experienced
3 gender-based harassment and discrimination. For
4 instance, their perception as if a female veteran
5 applies for VA benefits as a combat veteran, her
6 case is met with skepticism and more stringently
7 screened because historically women are not in
8 combat. Some also claim to suffer psychological
9 trauma as a result of sexual harassment, psycho-
10 sexual trauma stemming from being sexually abused
11 or suffer from post traumatic stress disorder from
12 the aforementioned experience or being in combat
13 situations.

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15 What we've heard in Washington is
16 not inconsistent with the experiences that female
17 veterans returning to New York City have reported
18 to MOVA. Additionally, female veterans express
19 that, regardless of who their offenders were,
20 there are not enough female psychologists,
21 psychiatrists and social workers from which to
22 receive services.

23 Based on this and other
24 information, including the availability of
25 healthcare, MOVA will be evaluating and addressing

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2 any health and social service gaps for returning
3 female veterans as follows. Currently, there are
4 15 veteran organizations in Veteran Memorials
5 Hall, whose membership is predominantly comprised
6 of male veterans. MOVA is aggressively seeking to
7 engage female-centered veteran service
8 organizations and provide them with opportunities
9 to be located in Veteran Memorial Hall.

10 MOVA will host a summit for female
11 veterans in consultation with MOVA partners, such
12 as City's Commission of Women's Issues and Mayor's
13 Office to Combat Domestic Violence. MOVA will
14 sponsor monthly support group counseling for
15 women, by women, in collaboration with the VA
16 military mental health counselors and other
17 service providers.

18 In closing, MOVA will continue to
19 assist both male and female veterans. We are
20 committed to improving services and quality of
21 life for all veterans. This is why we are taking
22 steps to ensure that female veterans receive equal
23 care, services and resources regardless of their
24 discharge. MOVA recognizes that female veterans
25 have specific needs. And, we are pleased to say

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2 that we are actively working with the VA and other
3 partners to either identify or create the most
4 appropriate solutions to address these real
5 issues.

6 Thank you, Chair Monserrate, Chair
7 Sears and members of the Committee for giving me
8 the opportunity to give a voice to the many female
9 veterans in New York City.

10 CO-CHAIRPERSON SEARS: Thank you
11 very much. Before I ask just a few questions, I
12 want to introduce Rachel Cordero, Counsel to the
13 Committee, Joan Povolny, who is now sitting in the
14 back, who is our Policy Analyst. And, they've
15 helped to put a great deal of this hearing
16 together.

17 First, I'm really glad to hear that
18 you are looking at these veterans centers because
19 I went to a ribbon cutting not too long ago at one
20 of the City Universities, a new one, and there was
21 not even a female - - among the group. So, I'm
22 very happy to hear that you're doing that. And, I
23 have to say that I think probably, in some of the
24 areas that I fund, that I did not separate women's
25 issues from the men's. And, as you are speaking

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2 and as I'm hearing, I'm realizing how easy it is
3 to forget the female and to forget what their
4 accomplishments are and what they do in the
5 services. And, I can assure you that, as of this
6 today's meeting, that will not happen again. So,
7 I'm very happy to hear what you basically have
8 said.

9 There are just a couple things that
10 I wrote down as I was reading this. In terms of
11 the health services for women, and women do
12 require some very specific technology and they
13 require some very specific treatments. So, I
14 don't know if the-- do the women get to the
15 Veterans Administration? Or, do they have private
16 where they go for their treatment? I'm thinking
17 specifically, and I'll be right up front, women
18 take mammographies. If that equipment isn't the
19 latest technology, I can assure you it's one of
20 the most painful things. And, as I look around
21 this room and I see women in it, none of you can
22 tell me it was a pleasure. You all look at the
23 advanced technology, which isn't everywhere, isn't
24 everywhere. And, I would like you to take a note
25 of that. So, we're talking about advanced

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2 technology, which I know is extremely expensive.
3 But, it's a major consideration.

4 I don't know, and it may be
5 difficult for you to do that, but just how many
6 female doctors are there in the Veterans
7 Administration? I don't know that and I don't
8 know if we can get that. But, if it's-- I don't
9 know and that's why I'm raising that issue. I
10 would also like to know, if the numbers are very,
11 very small, what are the major reasons for not
12 recruiting women into the medical profession in
13 the armed services because women do sometimes need
14 to have a female doctor? Or, they're more
15 comfortable in doing that.

16 So, those are issues that I'm
17 raising. And, I don't really know how we would
18 get that information. But, perhaps you can be
19 able to provide that because we do have
20 Congressmen. I have two Congressmen. And, I
21 think that if we have to use, which we probably
22 will, the next level of government, we're not
23 adverse to doing that. And, I think the sooner
24 that we get that information, the faster will we
25 be to deal with these issues of returning veterans

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and those that are in the armed forces. [Pause]

Yes, I do. I'm sure that's a statistic that's--

MALE VOICE: Okay.

CO-CHAIRPERSON SEARS: -- pretty easy to get. And, not that every woman needs a female doctor. I don't go that way.

LATISHA LEMOTT: Um, hm.

CO-CHAIRPERSON SEARS: But, I just wonder what is-- how do they recruit the women, recognizing that it's a very complex issues; recognizing families, etcetera. But, there are women in the armed services who do have families. And, they present another way of dealing with the problems that they basically have.

And, I don't know. When you have the women joining the armed forces, particularly in the medical profession, are there very specific terms of their enlistment? In other words, are they in for three years, two years? Are they there for a career? I think that has a lot to do with if the commitment is a training grounds, which I understand that very well, but it would also show why you either have-- why there is that turnover or why it may be difficult to really

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2 recruit women because I think that that, in
3 itself, is... And, I did not get that from the
4 testimony nor did I get it in the briefing papers.
5 And, that's why I'm raising those issues because I
6 am just raising those and then I--

7 MALE VOICE: - -

8 CO-CHAIRPERSON SEARS: --will go
9 into that and I know that you'll have another
10 meeting that perhaps we can then deal with this.
11 I just wanted to say that in raising the questions
12 that I am, it's not that the Committee is not
13 cognizant of this difficult and its complex. But,
14 it is so easy, as I said earlier, to not even
15 think of the female in terms of the military, in
16 terms of female needs, in terms of their family
17 and so on. And, it is time that we did that.

18 So, I think the more information
19 that you can provide to us, and for the
20 Administration to be very sensitive, and you
21 certainly are, in the issues that you've raised.
22 But, there's more to that. And, we really need
23 the Administration to help in the City of New York
24 and to deals with the women's issues. The Mayor
25 has had an initiative of domestic violence.

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2 We have had an initiative of
3 domestic violence in the Council, through my
4 Committee, a million and a half dollars. So, we
5 are doing-- the point is that we are doing many
6 things to really begin to deal with the issues
7 where the shades were pulled down. And, they did
8 not, you know, we didn't pull them up until, I
9 have to tell you, with this Council and this
10 Administration.

11 We've had hearings on cervical
12 cancer in Latino women. I'm sure there are Latino
13 women in the military. And, that was an issue
14 that was brought forth before we even had a
15 hearing on anything else. So, I'm just stressing
16 that I think the Administration and the work that
17 you are doing must encompass and go further so
18 that those issues that we recognize in the City of
19 New York are the same for the returning veterans,
20 female veterans. So, I think we need to really
21 develop a partnership in doing that. Thank you.

22 LATISHA LEMOTT: Thank you.

23 ROGER NEWMAN: Thank you.

24 CHAIRPERSON MONSERRATE: Thank you
25 very much, Council Member Sears. I have a couple

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2 of brief questions. I want to hold off. I want
3 to give the opportunity for my colleague from
4 Brooklyn, Council Member Barron, who has a
5 question or two. Also, I want to recognize the
6 Veterans Committee, Megan Annitto right? I know
7 it's Megan Annitto, who is here and who does a
8 great job. Thank you very much, Megan.

9 COUNCIL MEMBER BARRON: Well,
10 thank you very much. And, I want to thank both
11 the Chairs for this timely, timely hearing. What
12 is the budget for MOVA, your budget?

13 ROGER NEWMAN: What is the budget
14 for [crosstalk]?

15 COUNCIL MEMBER BARRON: Your
16 budget, yeah.

17 ROGER NEWMAN: Currently, I'd have
18 to get back to you on that. But, currently, I
19 think it's about, it's about \$25,000.

20 COUNCIL MEMBER BARRON: Twenty-five
21 thousand dollars.

22 ROGER NEWMAN: Yes.

23 COUNCIL MEMBER BARRON: This is the
24 Mayor's...

25 ROGER NEWMAN: Mayor's Office of

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Veterans Affairs.

COUNCIL MEMBER BARRON: Mayor's Office-- just want to be clear. It's the Mayor's Office on Veteran Affairs.

ROGER NEWMAN: The Mayor's Office of Veteran Affairs, right.

COUNCIL MEMBER BARRON: Twenty-five thousand dollar budget. Therein lies a big part of the problem. How much of that 25,000 budget is geared toward helping the women veterans?

ROGER NEWMAN: Well, I think that you just can't look at the dollar amount that I cited because that doesn't include the staffing. And--

COUNCIL MEMBER BARRON: How many people you have on staff?

ROGER NEWMAN: We have six people. But, I think what you need to understand is that the Mayor's Office is sort of unique in that what we do is that we are in a position where we can actually leverage the resources of the City. So, it's not necessary for us to have a huge budget in order to do that. Just to give you an example, recently the Mayor updated Executive Order 110,

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2 which gives my office the ability to have each
3 agency appoint a coordinator, specifically to
4 address issues related to veterans; veterans that
5 are working for the City and veterans that are
6 serviced by the various agencies. We've met with
7 them. I think we had the first meeting last
8 month. There were 43 and these are high level
9 persons within the agency who have a direct entrée
10 to the Commissioners. We're meeting with them
11 again next week, which will be the second meeting,
12 to do a training so that they can become more
13 abreast of the issues that are facing veterans.
14 They can find out-- the training is going to be
15 with the VA, the Veterans Administration, so that
16 they will actually find out what types of services
17 are available to veterans and how to seek those
18 services.

19 I think, in addition to that, we
20 have, like in the statement that I mentioned, we
21 are working with other entities, other non-
22 traditional stakeholders, so to speak. We realize
23 that one of the issues that was facing vets is
24 that they couldn't get jobs. So, we've actually
25 established a relationship with American Works.

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2 Now, American Works will be providing the service,
3 but it will be paid for by HRA. So, that's
4 another way that the City is leveraging its
5 resources. That service will be available to male
6 veterans, female veterans, alike. They will
7 actually be housed at 346 Broadway. And, we were
8 actually-- we actually work with the Vet centers
9 and the VA.

10 So, to say that the budget isn't as
11 large as some people think it should be, I think
12 you have to realize that the office is sort of
13 uniquely situated and that we are able to actually
14 work with agencies and other entities where we're
15 actually able to expand their resources to
16 accommodate us.

17 COUNCIL MEMBER BARRON: Well, you
18 know, if I was in your position, I would say the
19 same thing. But, from my side of the table, it's
20 ridiculous to only have a \$25,000 budget because
21 all agencies are able to access other agencies,
22 even the ones that have multimillion dollar
23 budgets. They do the same thing that you just
24 mentioned. So, I mean, I think you-- I don't want
25 to put you on the spot to say anything other than,

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2 but I'm saying that that's unacceptable. You got
3 to put-- we, the City and the City Council, we
4 have to put our money where our mouth is. And,
5 when we're saying this is an important issue, a
6 \$25,000 budget out of a \$60 billion budget, we
7 just had a \$6 billion surplus, is absurd. And,
8 you don't have to say that. I just wanted to put
9 that on record.

10 Do you have the ethnic breakdown of
11 the women and how many African-American women,
12 Latino-American-- Latino veterans, whites?

13 ROGER NEWMAN: We don't have that
14 information available. We can try to get that for
15 you.

16 COUNCIL MEMBER BARRON: And,
17 finally, and then I'll move on. What about in the
18 military, what about women-- how do they get
19 rankings? Who's the highest ranking women? Are
20 women discriminated against in terms of becoming,
21 you know, high-ranking officials in the military?
22 And, what's being done about that?

23 ROGER NEWMAN: I don't know the
24 highest ranking woman in the military. I know
25 that there are women in the military that have

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2 reached the level of General and above. I think
3 the highest ranking woman right now may be a
4 Lieutenant General, which is a three star General.

5 COUNCIL MEMBER BARRON: And then,
6 as far as women accessing services as veterans,
7 what has been the major obstacle, other than what
8 some of the general obstacles of all veterans?

9 ROGER NEWMAN: Well, I think in
10 Miss Lemott's testimony, she sort of identified
11 probably what we hear the most prominently at my
12 office and that is women are now actually in
13 combat roles. And, it's not generally known.

14 COUNCIL MEMBER BARRON: Hmm.

15 ROGER NEWMAN: And so, if a woman
16 goes to the VA and if they-- if she has a combat-
17 related injury, her perception is that she's not
18 treated as quickly.

19 COUNCIL MEMBER BARRON: Hmm.

20 ROGER NEWMAN: The case isn't
21 reviewed as quickly as a male counterpart simply
22 because the establishment hasn't really made the
23 shift yet where they understand that women are
24 doing virtually the same jobs that men are doing.
25 I mean, I think that's probably the most...

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LATISHA LEMOTT: Yes.

COUNCIL MEMBER BARRON: Is that what you would say, Miss Lemott?

LATISHA LEMOTT: Yes, sir.

COUNCIL MEMBER BARRON: Well, I want to commend you for providing the leadership and for being outspoken on this issue. And, I certainly, as a member of the Women's Committee, along with our Chair Sears, that I would be one of your biggest supporters 'cause this thing needs to be corrected. And, I applaud you.

LATISHA LEMOTT: Thank you.

CHAIRPERSON MONSERRATE: Thank you very much, Council Member Barron. I just have a couple of questions. First, I want to acknowledge you both 'cause for your own service to this nation and a special salute to you and your family members, in particular who are serving currently on active duty in the crisis, or about to. One of the questions I had was specifically involving statistics. We know that there're well over 300,000 veterans living in the New York City area. Do you have a breakdown of gender?

ROGER NEWMAN: We could try to get

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that for you.

CHAIRPERSON MONSERRATE: Yeah, that would be very helpful. And, also, the number of veterans native to New York City who are currently serving overseas, particularly in the theater of Iraq and Afghanistan and also a breakdown, a gender breakdown. In your testimony, you stated that there was a marked increase in participation by women on active duty today. Was it double? Was that what you said? It was doubled.

ROGER NEWMAN: Well, currently, it keeps going up. I think the highest was 15%.

LATISHA LEMOTT: Um, hm.

ROGER NEWMAN: I think most recently it was 14%. But, historically--

CHAIRPERSON MONSERRATE:
[Interposing] Is that totally on active duty?

ROGER NEWMAN: That's totally on active duty, yes, which is much higher--

CHAIRPERSON MONSERRATE:
[Interposing] All the branches?

ROGER NEWMAN: In all the branches, yeah.

CHAIRPERSON MONSERRATE:

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2 Interesting. Have you seen, in the experiences of
3 MOVA, you know, this Committee has held hearings
4 on traumatic brain injuries and post-traumatic
5 stress, in particular. Have you seen any
6 significant impact that you might be able to speak
7 to with respect to the impacts of those two items
8 on women veterans or service members, specifically
9 TBI and post-traumatic stress?

10 LATISHA LEMOTT: Well, post-
11 traumatic stress, yes; TBI, no. We haven't had
12 any constituents come in, women anyway, in regards
13 to that issue; but, post-traumatic stress, yes.
14 What we have learned, women tend to not deal with
15 these issues, in effect, coming back home to New
16 York, having to deal with maybe a family or
17 getting back into the workforce or whatever, they
18 tend not to deal with it. And then, when they
19 decide to deal with these issues and seeking out
20 services, their biggest issue was finding
21 psychologists or social workers that were not able
22 to really deal with their issue. So, that was
23 their biggest problem dealing with post-traumatic
24 stress, not having anyone to speak to about it;
25 not feeling comfortable; having sitting in

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sessions with men that didn't understand their issue.

CHAIRPERSON MONSERRATE: Right. I think this was-- that's what, in essence, Council Member Sears was--

LATISHA LEMOTT: Yes.

CHAIRPERSON MONSERRATE: -- alluding to the issue. And, that's why--

ROGER NEWMAN: Just as an aside, last week Latisha was working with this lady who came-- oh, she, I think it was a telephone call.

LATISHA LEMOTT: Yes.

ROGER NEWMAN: And, she was dealing with an issue that had happened to her when she was in Vietnam.

LATISHA LEMOTT: Yeah.

ROGER NEWMAN: And, she's 67 years old and this is the very first time that she's really had the, I don't know, the strength to seek some assistance.

CHAIRPERSON MONSERRATE: Interesting. Council Member Sears, follow-up questions?

CO-CHAIRPERSON SEARS: Yeah. Thank

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you. And, that certainly is to the point that I think we're all bringing up. Question; is it easy or is it possible for you to obtain information from the Veterans Administration? Are they cooperative with you and that which you seek?

ROGER NEWMAN: Yeah. We actually have a very good--

CO-CHAIRPERSON SEARS: Okay.

ROGER NEWMAN: -- relationship the VA and the information. They're readily-- it's usually if they have it, they share it.

CO-CHAIRPERSON SEARS: All right. Do you think it's possible for you to ask the information as to just how many female veterans there are in the zip codes for our 50 Council districts, 'cause that would help a lot. And, also, for this woman that is 60, one of the things that we can do is to certainly advocate and promote the programs that we have. And, I think the woman that you just cited is an example of the difficulties that women have. Men are a lot easier to come forward with that. But, particularly if a female is having some assaults and violence, she is not, in our experience and in

1
2 my experience as Chair of this Committee and for
3 all of the Citywide work that we have done, it's
4 not so easy for women to talk about a very
5 delicate issue--

6 LATISHA LEMOTT: Yeah.

7 CO-CHAIRPERSON SEARS: -- unless
8 they're talking to another woman. And so, if we
9 can do anything to get the sensitivity to the
10 difficulties of the female in this City; we cannot
11 deal with the Federal government and its issues.
12 But, if New York City, which has always been a
13 leader in a lot of things, if we can certainly
14 bring forth more on this attention and what we do
15 for the female veterans that are in this City and
16 that are in 50 districts, we would be
17 accomplishing a great deal. So, if you could get
18 that information, then it's up to the Council to
19 see what we do with it. Thank you.

20 ROGER NEWMAN: Okay.

21 CO-CHAIRPERSON SEARS: Thank you.

22 CHAIRPERSON MONSERRATE: Thank you
23 very much. I just have one or two more questions.
24 And, your testimony outlined a summit that you
25 will be holding for female veterans along with

1
2 obviously your office and the City's Commission on
3 Women's Issues and the Mayor's Office to Combat
4 Domestic Violence, do you have a timeframe on that
5 at all?

6 ROGER NEWMAN: We actually-- this
7 idea came to us two weeks ago when we had a
8 conference with about seven ladies over the phone.
9 We would like to do it as soon as possible
10 because, based on that conversation that we had,
11 it was very obvious to us that there needs to be a
12 forum for people who are in that situation. So,
13 we would like to do something by November, if
14 possible.

15 CHAIRPERSON MONSERRATE: Well, keep
16 us apprised, obviously. We'd like to help
17 disseminate that information. We're going to
18 thank you very much for your testimony. We're
19 going to be calling up the--

20 FEMALE VOICE: - -

21 CHAIRPERSON MONSERRATE: Yeah. I
22 also want to recognize Council Member Lew Fidler,
23 who's here from Brooklyn. Thank you very much for
24 your testimony. We're going to be calling up
25 Helen Benedict from Self. Oh, representing

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herself and Andrew--

FEMALE VOICE: She's a Professor at
Columbia.

CHAIRPERSON MONSERRATE: Professor
at Columbia and Andrew Roberts, Mr. Roberts.
Mr. Roberts here? And, there is a-- it's a shame
that we don't have a video camera here, because we
have one of the most beautiful dogs I have ever
seen.

SISSY STAM: This dog [pause] [off-
mic]. You will see that he is in fact--

CHAIRPERSON MONSERRATE: You're
testifying?

SISSY STAM: I am.

CHAIRPERSON MONSERRATE: Wonderful.
I was just complimenting. He looks like a very
healthy dog with a healthy coat. And, he's
gorgeous. And, we're very happy to have him here
with us today.

CO-CHAIRPERSON SEARS: And, he's
very thin. That's an important note.

CHAIRPERSON MONSERRATE: Athletic.
We're going to--

FEMALE VOICE: [Off-mic]

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CHAIRPERSON MONSERRATE: Yeah.

CO-CHAIRPERSON SEARS: [Pause] a lot of us can't.

CHAIRPERSON MONSERRATE: So, we're going to go ahead and hear from the testimonies. Please speak into the microphone; tell us your name.

HELEN BENEDICT: Is this... Yes.

CHAIRPERSON MONSERRATE: Yes.

HELEN BENEDICT: I'm Professor Helen Benedict from Columbia University and the author of many articles on the plight of women soldiers, who've served in Iraq and veterans. I have a book coming out called The Lonely Soldier: The Private War of Women Serving in Iraq. And, I have the answers to every single question that's just been asked and they're all in my book, including the statistics. I would like my testimony to be disseminated among you and also to Council Member Barron. I'd like him to see it if a copy could be got to him.

I'm not a soldier, obviously, but I've spent the last two years interviewing more than 40 female members of the Army, Air Force and

1
2 Marine Corps, who've served in Iraq and
3 Afghanistan. And, these interviews have brought
4 to light many urgent and alarming issues these
5 women face. I'd like to give you a few facts
6 about women in war first.

7 More American women have fought and
8 died in Iraq than in any war since World War II.
9 Over 191,500 women have served in the Middle East
10 since March '03; five times more than in the first
11 Gulf war and 26 times more than in Vietnam.
12 Although women are still banned from ground
13 combat, as we've been discussing, because of the
14 nature of the Iraq war, they are gunners atop
15 tanks and trucks; are engaging in fire fights and
16 are killing and getting killed.

17 By September '08, this month, 592
18 American female soldiers have been wounded in
19 action and 102 have died in Iraq and supporting
20 areas. Women now comprise 14% of all active duty
21 forces, 11% of soldiers in the Middle East and
22 over 17% of the National Guard and Reserves. One
23 in ten soldiers in Iraq is a woman; nearly one in
24 three female service members is raped by a comrade
25 while serving. Some 71% are sexually assaulted

1
2 while serving. Nearly 90% are sexually harassed
3 while serving.

4 Female soldiers now make up 11% of
5 female homeless veterans that somebody asked about
6 that earlier. So, they would make up about 11% of
7 all the veterans in New York as well or close,
8 moving up to 14, 15. Forty percent of the
9 homeless female veterans say they were raped while
10 serving.

11 Some other issues we haven't heard
12 about. Oh, by the way, one more answer. Eighty-
13 eight percent of the officers in the military are
14 male. Most assaults are committed by higher
15 ranking officers or higher ranking soldiers on
16 lower ranking soldiers. Average age of a victim
17 of sexual assault is 21. Average age of the
18 perpetrator is 28. So, we've got a situation
19 where the men who are supposed to be protecting
20 their junior soldiers are often assaulting them.

21 Anthrax; Anthrax is an acute
22 infectious disease that can be used as a bacterial
23 weapon, as we all know. The military instigated
24 mandatory vaccinations against it in '98 and since
25 then, the vaccine's been given to over 1.8 million

1
2 service members and civilians. But, between '98
3 and 2000, a staggering 20,000 soldiers were
4 hospitalized after receiving the vaccine. It was
5 later revealed by a newspaper that the Pentagon
6 never reported this to Congress.

7 In 2004, a Federal Judge ruled that
8 the military was acting illegally in forcing the
9 vaccine on its personnel. The military stopped
10 giving it for a few months until the FDA did
11 approve the shots in '05. But, it only allowed
12 voluntary injections. By then, half of the
13 soldiers didn't want it anymore.

14 But now, the vaccine is mandatory
15 again. In March '07, the military resumed the
16 shots for all soldiers serving in the Middle East
17 or Korea maintaining the vaccination is studied
18 and safe. Yet doctors have documented a long list
19 of adverse reactions to it, including pains in
20 muscles and joints, short term memory loss,
21 inflammatory bowel disease, autoimmune and thyroid
22 disorders, Multiple Sclerosis.

23 Women have all these risks and
24 more. Studies have found a whopping 39% rise in
25 birth defects in women who take the vaccine in

1
2 their first trimester and a rise in miscarriages.
3 Breast and genital urinary cancer hospitalizations
4 occurred three and a half times as often after the
5 Anthrax vaccine and pap smears leading to
6 hospitalizations, abnormal ones, more than five
7 times as often.

8 Doctor Meryl Nass, an expert on
9 Anthrax in Maine, says these findings are so
10 alarming they should be enough to halt the use of
11 Anthrax vaccine immediately. But, she also
12 opposes it for another reason; the DOD's never
13 been able to prove it works to protect anyone from
14 an Anthrax attack in the first place. Nass is not
15 alone in her opposition. In May '06, the GOA
16 issued a report that called for a better
17 alternative vaccine saying it has not been
18 adequately tested on humans. Meanwhile, it's
19 still being given to every soldier going to Iraq
20 and Afghanistan by the military. New York veteran
21 centers must hire and train medical staff prepared
22 to test, recognize and deal with women
23 contaminated by these shots.

24 Water; many soldiers stationed in
25 Iraq spend their entire deployment struggling with

1
2 their health. They lose weight, unable to retain
3 food. Women stop menstruating. Many suffer from
4 urinary infections and others find themselves
5 feeling mysteriously poisoned. Diseases like this
6 are commonly caused by contaminated drinking
7 water. In Iraq, the job of cleaning the water
8 belongs to KBR/Halliburton.

9 In '05, water purification
10 specialist, Ben Carter, tested the water at Camp
11 Ramadi Marine base in Iraq and reported that of
12 the 67 tanks he examined, 63 had no chlorine and
13 were dangerously polluted with malaria, typhus,
14 coliform bacteria from human and animal excrement
15 and a fleshing-eating bacterium common in the
16 region. There's a lot of soldiers over there who
17 might not come home with a bullet wound, but who
18 will come home with pathogens in their blood
19 because of Halliburton and they don't even know to
20 get tested for it, he testified.

21 In March, this past March, '08, a
22 DOD Inspector General's report confirmed his
23 finding; adding that soldiers at five different
24 bases had come down with skin abscesses,
25 infections, diarrhea and other illnesses from the

1
2 water, yet Halliburton is still controlling and
3 cleaning the water supply to our soldiers.

4 New York veteran centers must hire
5 and train medical staff to test every returning
6 soldier for these foreign pathogens. This is not
7 recognized and it's not being done at the moment.
8 A lot of American doctors don't even recognize,
9 you know, the bugs when they see them, so this has
10 to be addressed.

11 Depleted uranium; it's a waste
12 product from the manufacture of nuclear weapons
13 that the U.S. and Britain use in shells and armor.
14 It's highly inflammable and each time such a
15 weapon explodes or an armored vehicle catches
16 fire, radioactive particles are released in the
17 air. Researchers have found that Iraqi children
18 exposed to DU in the first Gulf war had four times
19 the normal rates of birth defects and cancer.
20 Similar findings found in the Balkan wars. Two
21 recent studies have found dramatic increases in
22 birth defects among the children of first Gulf war
23 veterans that mirror those in Iraq. Female vets
24 were nearly three times as likely to have children
25 with birth defects as is normal, while veteran

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fathers were nearly twice as likely.

The U.S. maintains DU is safe and is still using it every day. The UN does not agree. In 2002, it declared the use of DU weapons a violation of human rights, saying the substance will pollute the ecosystem of the Gulf for generations and that some 500,000 people will die before the end of the century from radioactive debris left in the desert.

New York veteran centers must train and hire medical personnel to test for and recognize DU poisoning in returning soldiers and treat where possible. I've heard from soldiers that they are having their blood taken and being told it's for DU. But, they never get the results or hear anything again.

Sexual assault, as we've brought up; rape in the military is twice as frequent as it is among civilians, especially in war time. Not only that, and the DOD says this in its own website, 80% of these rapes are never reported because women fear ostracism, punishment and loss of careers. Their fear of punishment is well-founded for a punitive and hostile attitude still

1
2 meets any woman who reports a sexual assault in
3 the military.

4 Some examples; Army Lieutenant
5 Jennifer Dwyer was threatened with prosecution
6 because she refused to turn to post with an
7 officer she'd reported for raping her. Army
8 Specialist Suzanne Swift was put in prison for a
9 month for refusing to deploy under a Sergeant
10 who'd been repeatedly raping her. Cassandra
11 Hernandez of the Air Force was charged with
12 indecent behavior after she reported being gang
13 raped by her comrades.

14 The Defense Department claims that
15 since 2005, it has instigated reforms that have
16 created, I quote, "a climate of confidentiality"
17 that allows women to report without fear of being
18 disbelieved, blamed or punished. But, all these
19 cases, and many more, I just cited happened after
20 those reforms.

21 Women who come home from war are
22 often multiply traumatized. They have to deal
23 with combat, sexual assault, the grotesquely
24 unjust treatment by their superiors and, one other
25 thing I didn't put in this, which is that half of

1
2 the women who enroll in the military were sexually
3 abused as children. Half of the men who enroll in
4 the military were physically abused as children.
5 So, we need counselors to deal with childhood
6 abuse as well and the way that compounds abuses
7 that may happen later. Sorry, this is so
8 depressing.

9 Job loss and homelessness; by the
10 end of 2007, tens of thousands of National Guard
11 troops and Reservists had lost seniority pay
12 benefits or the jobs that were supposed to be held
13 for them while they were serving. This, along
14 with ever-mounting rents, means that Iraq and
15 Afghanistan war vets are slipping into poverty and
16 homelessness much sooner than did the vets of
17 previous wars. Eleven percent of these new
18 homeless vets are women. I'm almost done.

19 Tragically, sexual violence seems
20 to be a major cause of homelessness among female
21 veterans. Nothing helps a person recover from
22 rape better than an understanding partner or
23 family. But, many women join the military exactly
24 because they have no such thing. When a woman is
25 assaulted and has no one to turn to for help, she

1
2 can spiral into just the sort of depression and
3 self-destruction that makes people lose their jobs
4 and homes.

5 New York veteran centers must do
6 all they can to prevent traumatized women from
7 slipping into isolation, despair and homelessness.
8 And, yes, indeed, we need women counselors for
9 that.

10 At least 95,000 women will soon be
11 returning from war. Yet, the VA has only six in-
12 patient PTSD programs for women in the whole
13 country. Most VA hospitals are built with large
14 open wards intended only for men. And, there are
15 a mere 22 stand alone women's health clinics that
16 offer a full range of services. Many of these
17 clinics are miles from where veterans live. And,
18 they're only open a couple of hours a week. New
19 York must open more clinics for women; keep them
20 open longer hours and have more female counselors.

21 I'll stop there. Thank you.

22 CHAIRPERSON MONSERRATE:

23 Ms. Benedict, I just would like to say thank you
24 very much for your testimony. It has been an
25 incredible eye-opener to myself and, I'm sure, to

1
2 members of this Committee. I want to thank you
3 for your hard work and for your very thorough
4 research on the topics that really impact all our
5 veterans and, in particular, the women veterans
6 and those who are serving overseas. As an aside,
7 I have a couple of questions. Have you ever heard
8 of Gamma globulin, which is another type of
9 vaccine I think that--

10 HELEN BENEDICT: Yes.

11 CHAIRPERSON MONSERRATE: What can
12 you tell us about...

13 HELEN BENEDICT: I haven't done
14 much research into that. I mainly concentrated on
15 the Anthrax and the small pox in the book because
16 those have caused the most trouble. But, one
17 thing that does concern me is that the soldiers
18 are given multiple vaccines all at once. And, no
19 one's really studied the effects of just being so
20 bombarded with so many. So, what the effects are
21 is really unknown.

22 CHAIRPERSON MONSERRATE: Right.

23 And, you're sharing the panel today with
24 Mr. Roberts. We're going to hear from
25 Mr. Roberts. And then, we're going to open up to

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questions from the Committee members.

ANDREW ROBERTS: Thank you very much. I have to say that testimony was really chilling to hear especially 'cause I bathed in muddy water in Iraq and also had the Anthrax vaccine. So, hopefully nothing falls off during my testimony here.

But, just to introduce myself. My name is Andrew Roberts. I'm an Iraq war veteran. And, I currently represent the Iraq and Afghanistan Veterans of America. I was born and raised in Suffern, New York. And, I'm a 1997 graduate of West Point. Upon graduation, I served seven years in the active duty Army as a field artillery officer. And, I spent a year in Iraq from 2003 to 2004.

In Iraq, I was a battery commander of over 90 U.S. soldiers serving in support of the Cavalry of the Fourth Infantry Division. And, I am currently working fulltime as a Veteran Membership Associate for the Iraq and Afghanistan Veterans of America, or IAVA. In this role, I have interacted with thousands of veterans from different generations, military backgrounds,

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2 races, sexes, colors and creeds. But, when I
3 first started, I have to admit I had some
4 misconceptions about women in the military and
5 other branches of the military and the roles that
6 they played in Iraq and Afghanistan. Basically, I
7 thought if you were in the Army or Marines or some
8 kind of grunt, then you probably hadn't done too
9 much in Iraq or Afghanistan.

10 And, at one of the first veterans'
11 events I attended, I ran into a woman, who's about
12 5 foot 3. And, she told me she was an Iraq war
13 veteran. She'd been in the Navy. So, of course,
14 my, you know, I sort of had some assumptions about
15 what she might have done in Iraq or Afghanistan.
16 So, I asked her what she had done. And, she says
17 well, I was in Iraq and I was a gunner on a truck
18 for eight months. And, we got hit a number of
19 times; had a number of casualties. And, I was in
20 combat a lot.

21 And, I mean, I have to admit, I was
22 shocked. And, it certainly was eye-opening for
23 me. Her experiences were much worse than I had
24 experienced. And, it certainly changed my
25 misconceptions about women that had served in Iraq

1
2 and Afghanistan and, as well as other branches of
3 military. Everyone, all of our branches are
4 serving in roles that they are really historic at
5 this time.

6 I am honored to be here today to
7 tell you that women are, and you're going to hear
8 a number of the same statistics that the Professor
9 talked about, but I'm going to repeat them just
10 'cause I think they're important. Plus, I can't
11 change my speech on the spot here. So, I'm going
12 to go with it. I'm honored to be here today to
13 tell you that women are serving in the military in
14 greater numbers than ever before. They account
15 for 20% of all new recruits; 15% of active duty
16 military and more than 11% of the forces deployed
17 to Iraq and Afghanistan. Women are also the
18 fastest growing population of veterans and, by
19 2020, will make up 20% of all veterans under the
20 age of 45.

21 Given this historic growth, my
22 organization, the Iraq and Afghanistan Veterans of
23 America, feels that the Department of Defense and
24 Veterans Affairs must make greater strides to
25 ensure that females are protected from sexual

1
2 assault and domestic violence while serving in the
3 military and adequately cared for when they come
4 home.

5 We've determined that the top three
6 issues facing women returning from Iraq and
7 Afghanistan are the VA healthcare, mental health
8 needs and military sexual trauma. With our first
9 issue, VA healthcare, throughout its history, the
10 Department Affairs has served a predominantly male
11 population. But, as the almost 190,000, and the
12 Professor says over 190,000, women who have
13 deployed in support of the current conflicts in
14 Iraq and Afghanistan return stateside, the VA
15 healthcare system is finding itself under-prepared
16 to deal with this influx of female veterans and
17 their unique health issues.

18 In its June 2008 report card, the
19 VA admitted that healthcare for women veterans
20 lags behind care for their male counterparts.
21 And, some of the main points that they said are
22 that healthcare for women veterans is fragmented.
23 And, by that we mean that the availability and
24 quality of healthcare for female veterans ranges
25 widely across VA hospitals and clinics. More than

1
2 37% of women veterans receive both VA and non-VA
3 healthcare, as Chairman Sears was mentioning
4 earlier. Only 8% of VA Medical Centers have
5 fulltime women veteran program managers. And, the
6 VA's chronic budget shortfalls, the influx of male
7 Iraq and Afghanistan veterans and an aging
8 population of veterans from all generations have
9 squeezed funding for programs and services to meet
10 women's needs.

11 Their mental healthcare needs are
12 not being met. A recent study by the Rand
13 Corporation found that women veterans suffer from
14 higher rates of PTSD and depression than men do.
15 But, shortages of mental healthcare providers are
16 limiting access to adequate counseling and
17 treatment. And, until recently, the VA held co-ed
18 group therapy sessions, including for victims of
19 sexual assault in which men often outnumbered
20 women. Privacy and safety issues have not been
21 consistently addressed across the spectrum of VA
22 medical facilities. There is a knowledge gap when
23 it comes to identifying health consequences of
24 women in a combat theater, mostly because the
25 sample size has been too small in the past to

1
2 conduct a long term health study of women
3 veterans. And, VA outreach to female veterans is
4 lacking. As a result, some female veterans are
5 experiencing barriers to accessing care. And,
6 although OIF, OEF, that's Operation Iraqi Freedom
7 and Enduring Freedom, veterans are enrolling in VA
8 healthcare in higher numbers. Ninety percent of
9 eligible female veterans of all generations are
10 not enrolled in the VA healthcare system. And,
11 anecdotal evidence shows that women veterans are
12 often confused about their eligibility for VA
13 benefits. That goes for men, too.

14 Mental health injuries and military
15 sexual trauma. Women in the military cope with
16 significant and underreported sexual assault and
17 harassment, which I'd just like to say, from my
18 personal experience, I'm very thankful that I've
19 never personally witnessed it. Although I didn't
20 serve with many women during my time. But, it is
21 shocking to hear some of these statistics that the
22 Professor and I are going to talk to you about.
23 But, as of May 2007, nearly 15% of female OEF and
24 OIF veterans who have gone to the VA healthcare
25 have screened positive for military sexual trauma.

1
2 It's 15% of our women that are serving in the
3 military are screening positive for military
4 sexual trauma. And, almost one-third of all
5 female veterans of all generations say they have
6 been sexually assaulted in the military. One-
7 third of our female veterans sexually assaulted in
8 the military. While these numbers are alarming,
9 they're only the beginning of the story as experts
10 estimate that half of all military sexual assaults
11 go underreported. These women veterans are at
12 four times the risk for developing PTSD than those
13 without military sexual trauma. But, instead of
14 turning to the VA as a resource for free
15 counseling and treatment, they're seeking private
16 care at their own expense or, worse, not receiving
17 any care at all.

18 As more female service members
19 serve in the military and experience combat in
20 Iraq and Afghanistan, there's a new at-risk
21 population emerging. Women veterans not only with
22 military sexual trauma but combat-related trauma,
23 as well, making them extremely vulnerable to PTSD.
24 While sexual trauma and combat are two of the
25 highest risk factors for PTSD, this combination

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has rarely been studied.

As stated earlier, there are only six in-patient PTSD clinics specifically for female veterans. So, 190,000 veterans that are female and only six in-patient PTSD clinics to deal with them. As a result, patients often have to travel long distances leaving their families and support systems.

I'm going to talk about homelessness now. Recent research suggests that female veterans may be at a higher risk of homelessness than male veterans. Approximately 8,000 female veterans are homeless; the most in the nation's history. Female veterans of the current conflicts appear to be at an even higher risk. According to the VA, 11% of homeless veterans from Iraq and Afghanistan are women, which is startling number considering that female veterans of all generations account for just 4% of the homeless veteran population overall.

Female homeless veterans tend to have more severe mental health problems than homeless veteran men. And, in part, one significant risk factor for homelessness among

1
2 female veterans is sexual trauma. According to
3 Dr. Rani Desai [phonetic] of the National Center
4 of PTSD, between 85% and 90% of current homeless
5 female veterans who are from previous wars have
6 seen less combat than the soldiers in Iraq and
7 Afghanistan, which makes sense that with the women
8 now experiencing so much more, we're going to have
9 even more of a problem.

10 As more female veterans become
11 homeless, their families are also in need. About
12 25% of the female veterans in the VA's
13 homelessness programs have children under 18 years
14 old. In 2007 alone, the number of homeless
15 veteran families increased by 5%. Childcare has
16 been continually cited as one of the top unmet
17 needs of homeless veterans. In just the last
18 three years, homeless veterans ranked childcare
19 their number one unmet need.

20 There's also been an inadequate
21 response at the federal level. More efforts can
22 and should be made at the local level to provide
23 for the special needs of homeless female veterans.
24 Currently, there are not enough facilities for
25 female veterans at risk of homelessness,

1 particularly transitional housing for women with
2 children. According to the VA Advisory Committee
3 on Homeless Veterans, grant and per diem programs
4 for women have been slow to materialize. Of the
5 260 programs in the National Coalition for
6 Homeless Veterans Network, only eight have special
7 programs for women.

8
9 I'd just like to say that we, as a
10 country, owe it to the men and women who are
11 serving in our armed forces to take care of them
12 when they come home. It's the right thing to do.
13 But, it's also a smart thing to do. It's been
14 proven that taking care of our veterans now will
15 prevent larger issues for them and for our country
16 in the future. More importantly, we need to show
17 those who will sign up to serve in the future that
18 we, as a nation, will be willing to take care of
19 them when they come home. Thank you very much.

20 CHAIRPERSON MONSERRATE: Thank you
21 very much for your testimony. And, I'm going to
22 direct a question first to Professor Benedict.
23 Has any of your research been specific to New York
24 City, for the New York City area?

25 HELEN BENEDICT: No, only in the

1 sense that a couple of my soldiers are from here.
2 So, I heard from them that there was only one
3 clinic. One of them was actually living in New
4 Jersey because she was having to drill at Fort Dix
5 and she had to travel all the way to the Bronx was
6 the only VA clinic that she could--

8 CHAIRPERSON MONSERRATE: Right.

9 HELEN BENEDICT: -- that there was.
10 And, it was only open two hours a week.

11 CHAIRPERSON MONSERRATE: And, she
12 lived where?

13 HELEN BENEDICT: She lived in
14 Jersey City, just over the river.

15 CHAIRPERSON MONSERRATE: Yeah. We
16 had hearings on that a couple years ago,
17 specifically when they were threatening to close
18 down the 23rd Street hospital, VA hospital; another
19 brilliant federal plan. Can you describe your
20 interactions, if you have had any, with the
21 government, Federal government, or the military in
22 terms of your research and your advocacy?

23 HELEN BENEDICT: I have so far,
24 everybody thinks that I must have been clapped in
25 prison by now. So far, it's been fine. They've

1
2 been cooperating, especially with the statistics
3 I've requested. And, the VA has, as well. The
4 book hasn't come out yet. I have had some
5 controversial articles out. But, I have received
6 no response at all.

7 CHAIRPERSON MONSERRATE: When is
8 your book coming out?

9 HELEN BENEDICT: It's in March.

10 CHAIRPERSON MONSERRATE: Good. I'd
11 like to have a copy of it.

12 HELEN BENEDICT: Good. Well,
13 there's a flyer on the back--

14 CHAIRPERSON MONSERRATE:
15 [Interposing] You have a few customers. You have
16 a few customers here.

17 HELEN BENEDICT: Good, I'm...
18 There's a flyer on the back--

19 CHAIRPERSON MONSERRATE:
20 [Interposing] Very interesting.

21 HELEN BENEDICT: --about it.

22 CHAIRPERSON MONSERRATE: It
23 appears--

24 HELEN BENEDICT: Thank you.

25 CHAIRPERSON MONSERRATE: -- your

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research is quite extensive.

HELEN BENEDICT: Yeah, I've try--
I've anticipated being criticized and attacked a
lot for this because whenever I have had articles
about these issues on the web or anything, you
know, I get a lot of response and much of it
negative. And so, I've tried to document
absolutely everything every carefully.

CHAIRPERSON MONSERRATE: Great.
You made some very brief recommendations in your
testimony today about how you believe the
government or agencies could better respond. Is
there anything else you might want to add?

HELEN BENEDICT: Yes, 'cause I was
hurrying through--

CHAIRPERSON MONSERRATE: Right.

HELEN BENEDICT: -- 'cause I didn't
want to keep everyone too long. And, thank you
very much, by the way, for everything you said.
It's absolutely right and really a great backup
and filling out of some of the things I'd said.
This multiple trauma that isn't so recognized by
women is really something we've got to pay
attention to, that they are really combat vets

1
2 now; that they are most likely to have been, or at
3 least, you know, one-third likely to have been
4 sexually assaulted; nearly 100% likely to have
5 been harassed; 50% likely to have had childhood
6 trauma.

7 So, when you add all those things
8 together, they really need help a lot, as well as
9 the issues about finding jobs and dealing with
10 families. And, as Councilwomen Sears was-- Chair
11 Sears was saying, it is essential to provide women
12 for the veterans. It's also essential to have
13 female doctors in the Army, too. They need to be
14 out there in Iraq. I mean, I have spoken to women
15 who've had unnecessary hysterectomies and, you
16 know, who've had-- who've never gone treated for
17 violent rapes because there's no women to go to,
18 let alone other female, you know, issues to do
19 with the reproductive system and so on. So, we
20 need a lot more female medical personnel and
21 counselors, both in the military and in the VA.

22 CHAIRPERSON MONSERRATE: You know,
23 just hearing your testimony and the gentleman is
24 really moving. I served in the Marine Corps
25 myself. I was a Reservist during the first

1
2 Persian Gulf war. I was actually activated. And,
3 I don't think there was one woman in our unit. It
4 was 1991 or 1990.

5 HELEN BENEDICT: Yeah, it's changed
6 a lot.

7 CHAIRPERSON MONSERRATE: Tremendous
8 increase in... You've really been very efficient at
9 outlining all the litany of problems and
10 challenges. I hope that when your book comes out
11 that more individuals in government will read it
12 and understand that--

13 HELEN BENEDICT: Thank you.

14 CHAIRPERSON MONSERRATE: -- we all
15 have a role to play.

16 HELEN BENEDICT: Thank you.

17 CHAIRPERSON MONSERRATE: Council
18 Member--

19 HELEN BENEDICT: I hope so, too.

20 CHAIRPERSON MONSERRATE: -- Sears.

21 CO-CHAIRPERSON SEARS: [Pause]
22 really just wish to thank both of you. And, I
23 think you've only reinforced what was said
24 earlier, the need to really bring this out. And,
25 Mr. Roberts' sensitivity, we really appreciate.

1
2 And, your book will be very valuable because, for
3 so long, this has been so quiet. And, I don't
4 think intentionally. I just think that women
5 getting in the military was such a struggle to
6 begin with that it just was dormant and just
7 included them in the overall matrix of what the
8 military is.

9 And, it's time that it be separated
10 because it's the only way that they can function
11 effectively; be the human beings that they are and
12 why they go there is their own thing. But, it's
13 amazing because if they knew what they had to be
14 subjected to, I just wonder. And, that's not
15 something that should be secret from them.

16 Before any other questions, I'd
17 like to introduce Mark-Viverito, who is of the
18 Women's Committee that is here and I think Letitia
19 James had joined us and probably had to get to
20 another meeting. So, we will do that. And, I
21 think you both can be very helpful, to agree with
22 my colleague, is that when we get information from
23 the Administration on certain things, although
24 it's a national issue, I think for us to be very
25 effective so that we can continue to really

1
2 monitor and, as the Chair of the Veterans
3 Committee has this enormous oversight, that, as we
4 get this information, I think it's something that
5 should be worked with both of you; that you could
6 be very helpful in localizing it. We need to do
7 that in order to have this develop to the
8 crescendo that it should really. We need to
9 localize it because no one can really relate to
10 such a global issue. So, I think that would be
11 very good if you could do that. Thank you. Thank
12 you, Mr. Chair.

13 CHAIRPERSON MONSERRATE: Viverito
14 from Manhattan.

15 COUNCIL MEMBER MARK-VIVERITO:

16 Thank you. I want to thank both Chair Monserrate
17 and Chair, Madam Chair Sears for holding this
18 hearing. I mean, and I want to thank you for your
19 testimony. And, sitting here in light of
20 everything else that is going on, I mean if one
21 does not get angry and frustrated at this, you
22 know, it's, you know, who are we, right, because I
23 know that I've been very vocal spokesperson
24 against this war to begin with and been talking
25 about the fact that upon the return, our soldiers

1
2 are not getting the support that they need. And
3 then, when you start breaking it down even further
4 about the unique needs of women and how far behind
5 we are in addressing it, I think it's very
6 important for people to be steadfast in bringing
7 and shedding light on these issues.

8 And, I want to thank you both for
9 being vocal because I know that there is a lot of
10 push back and people that don't want to hear it.
11 But, it's courageous, you know. We need people
12 that are going to stand up and continue to remind
13 us of how appalling all this is and the, you know,
14 this unnecessary war and the consequences of it
15 that we will be paying for generations to come.
16 And so, I really want to thank you both and,
17 Professor for your-- the book that is to come out.
18 And, as you said, anytime you publish anything
19 that you get a lot of negative reaction. But, I
20 want to thank you, then, for your courage to
21 continue to stand strong 'cause it is important
22 that we be reminded of these things.

23 And, as a City, we have a
24 responsibility as well to make this an issue with
25 our Congressional delegations, with our Federal

1
2 representatives so that we really don't let them
3 forget that we need to allocate monies and we need
4 to make this a priority to take care of our
5 soldiers when they come back 'cause it's very
6 fragile situation. And, it has greater
7 implications as a society moving forward if we
8 have, you know, if we have broken spirits, you
9 know, that are moving forward, it really does
10 debilitate us also as a country. So, I really
11 want to thank you all. I just really am sitting
12 here and it's very painful to hear. It makes one
13 very angry and hopefully it mobilizes us towards
14 some positive outcomes. So, thank you very much.

15 CHAIRPERSON MONSERRATE: Thank you
16 very much for your testimony, both of you. Thank
17 you.

18 HELEN BENEDICT: Thank you for
19 having me-- us.

20 CHAIRPERSON MONSERRATE: I'd like
21 to call up Jen Hogg from Veterans and Service
22 Members Project and Sissy Stam [phonetic], Service
23 Animal Access Specialist. Please begin.

24 SISSY STAM: Thank you, Council
25 Members. There are a small group of us, really a

1
2 grassroots group, that have used service dogs for
3 many years for post-traumatic stress disorder.
4 They are extremely effective. They would be an
5 extraordinary assistive device for all service
6 people returning. But, I'm going to talk about
7 women, in particular.

8 I'm, also, I'm not a veteran. I'm
9 a survivor of sexual trauma. I had very little
10 life before I got a service dog. I've had all
11 kinds of treatment for post-traumatic stress
12 disorder and depression. The single best help
13 that I've ever gotten is using a service dog.
14 What a service dog can do is, one, provide
15 personal space. What a service dog can do is make
16 physical contact to reorient you if you're
17 disassociating, which is a huge problem for people
18 with post-traumatic stress disorder. What a
19 service animal can do is do a room check; go into
20 a room before you do and make sure there's nothing
21 in there. We're afraid of the bogeyman. We can't
22 help it. That's the way we're wired. We're
23 afraid that something is going to happen to us if
24 we go into a room and we don't know who's there.

25 Compound that by what the returning

1
2 veterans have to deal with because they have to go
3 into spaces all the time where they don't know
4 what's going to happen to them. You can train a
5 dog to watch your back. You can train a dog to
6 turn on a light. If you're extremely depressed
7 and you can't keep a medication schedule, you can
8 train a dog to keep you on schedule by basically
9 nagging you until you get up and take your meds.
10 You can train a dog to take you into a safe place
11 if you're disassociated.

12 I'm here to testify because there
13 are people, there are female veterans who are
14 using service dogs for post-traumatic stress
15 disorder. They cannot get them through the
16 Veterans Administration. The Veterans
17 Administration, even though they got permission to
18 fund in Public Law 107135, service animals for
19 physical disabilities, this was not-- psychiatric
20 disabilities were not included. And, the VA made
21 a determination that they were not going to fund
22 for service animals for physical disabilities
23 because there wasn't sufficient evidence to
24 support the use of service dogs.

25 I'm not even going to address that

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2 issue for physical disabilities. But, I will say
3 that with regard to mental illness that the
4 standard that the FDA uses for new drug approvals
5 for psychotropic medications and for pain
6 medications is patient self-reporting. And, why
7 the self-reporting of people who have post-
8 traumatic stress disorder or other anxiety
9 disorders is not sufficient evidence to allow
10 these to be-- allow service dogs to be funded for
11 people at least who are coming back with post-
12 traumatic stress disorder. People who are coming
13 back with post-traumatic stress disorder and
14 physical disabilities also face the isolation that
15 comes from people not knowing how to approach
16 someone who has a disfigurement or who has a
17 physical disability. A service animal is a bridge
18 to end that kind of isolation.

19 There is a test, clinical trial,
20 going on now. It is not funded by the VA. It's
21 funded by Walter Reed. These are active duty vets
22 who are in Walter Reed. There are 20 soldiers
23 with post-traumatic stress disorder; ten are
24 getting dogs; ten are not. I don't know how long
25 this study is going to be going on. But, there

1
2 will be some evidence that this will be helpful,
3 hopefully.

4 But, I urge all of you to
5 understand what a service dog can do for people
6 who have PTSD. We get our lives back. And,
7 there's a program called NEADS, N-E-A-D-S, that
8 was talked about in a New York Times article on
9 October 31st of '06. They provide service dogs for
10 veterans. They also train for people who have
11 PTSD. They were unable to get funding through the
12 VA. They also use inmates to train. It's a
13 fabulous program. I'm not affiliated with them in
14 any way. Actually, I wouldn't qualify for a
15 service dog from them. But, please think about
16 this as a modality to help people who are
17 returning with PTSD, especially women. It's the
18 single most effective means that many of us have
19 found for coping with the effects of post-
20 traumatic stress disorder. I thank you very much
21 for allowing me to speak.

22 CHAIRPERSON MONSERRATE: We thank
23 you for your testimony. It was very enlightening.
24 Does he have a name?

25 SISSY STAM: His name is Vargas.

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CHAIRPERSON MONSERRATE: Wargas.

SISSY STAM: W-A-R-G-A-S.

CHAIRPERSON MONSERRATE: We want to thank Wargas for attending here also. We're very happy to see him.

SISSY STAM: Wargas hates public hearings.

CHAIRPERSON MONSERRATE: Okay.

SISSY STAM: It's almost as bad as the subways.

CHAIRPERSON MONSERRATE: Okay.

Thank you very much. We're now going to hear testimony from Miss Hoggs.

JENNIFER HOGG: Good afternoon.

Thank you to both Committees for holding this hearing. My name is Jennifer Hogg. And, I served from 2000 and 2005 in the New York Army National Guard as a 63 Yankee track mechanic. I was activated for 9/11 and the male mechanics in my unit were deployed as infantry to Iraq, although, as a female, I was not sent with them. I currently work part time. I attend college fulltime and organize with other veterans. One such way is being a co-founding member of SWAN,

1
2 the Service Women's Action Network. Another is
3 interning at the Veterans and Service Members
4 Project at the Urban Justice Center.

5 I am fortunate now to live here in
6 New York City, which I believe is one of the
7 greatest cities in the world. I hope that with
8 the help of veterans, concerned citizens,
9 concerned politicians, we can make New York City
10 one of the best places possible for its veterans
11 because throughout our country there is a lack of
12 truly organized, efficient and complete care for
13 our veterans. I firmly believe that listening to
14 veterans is the way to accurately assess our needs
15 and find ways to fulfill the promises made to us.

16 As a female veteran, there can be
17 issues we face that we share with our male
18 veterans as well as other issues that affect us in
19 ways the male veterans do not experience. Some
20 issues female veterans face are system and culture
21 wide. What is necessary is that we begin to
22 recognize and address those issues in the varying
23 levels we are able to, whether they are national,
24 state or local. I hope that, through some of the
25 examples I will share with you, we can find ways

1
2 to fully integrate and take care of our veterans
3 here in New York City. I believe we, as a City,
4 can do this through recognition of the differing
5 experiences of veterans as well as the unique
6 similarities that face our population.

7 One of the most frustrating things
8 about being a female veteran is the feeling of
9 invisibility. In a city with millions of people
10 this is a sure-fire way to feel alone. Despite
11 having been part of an institution based on
12 camaraderie, once out of the service we often feel
13 very isolated and without a support network.

14 There is a documentary called
15 Lioness, recently shown at the Tribeca Film
16 Festival, which documents one aspect of that
17 invisibility perfectly. The movie follows a group
18 of women in the Army who are participating in the
19 Lioness program which puts them inside of Iraqi
20 homes as the male soldiers raid them. The point
21 this film makes is that women are in combat. They
22 are fighting in ways we are led to believe women
23 do not. They are firing weapons without the
24 training male soldiers receive and without the
25 recognition afterwards of the impact war can have

1
2 on the lives of those involved.

3 There are women here who live in
4 New York City who have rode through Iraq sticking
5 out of the top of a humvee firing a 50 caliber
6 machine gun. The response these women too often
7 receive is disbelief that they are more than just
8 secretaries in the military. The VA has not caught
9 up to these changes either. It is as though women
10 with combat experience or combat related PTSD do
11 not exist. Often when they are able to get into the
12 VA for treatment, they are funneled into sexual
13 assault-related care that doesn't address their needs
14 or they're also funneled into male PTSD groups that,
15 while hopefully beneficial for the male veterans, can
16 tend to be hostile and frustrating for the women
17 veterans.

18 One unfortunate aspect of being a
19 female in the military is the rate of sexual
20 assault. The invisibility around that subject is
21 finally being lifted but is not a one size fits
22 all trauma that all women can be assumed to have
23 experienced anymore than it can morally be ignored.
24 This delicate issue needs to be respected on its own
25 and properly treated. Representative Jane Harmon of

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2 California recently stated at a House Oversight
3 Hearing that "Women serving in the U.S. military are
4 more likely to be raped by a fellow soldier than
5 killed by enemy fire in Iraq".

6 In the case where a female veteran
7 needs sexual assault-related PTSD care, many
8 aspects of daily life can major challenges.
9 Simply entering the VA can be re-traumatizing
10 especially if the attitude towards her is one of
11 dismissal. Being treated as if your PTSD is not
12 real PTSD or being re-victimized by a system that
13 does not respect you is unacceptable yet happens
14 way too often. Many women are being denied
15 disability claims based on sexual assault. Denials
16 of PTSD claims can be based on reasons such as you
17 can't have been raped. You can't have rape-related
18 PTSD. You were an excellent sailor. And, this is
19 a statement that was made to a fellow member of
20 SWAN.

21 Both of the previous situations I
22 just mentioned are clear cut. The last I want to
23 mention is the effects of being a veteran without
24 combat or sexual assault. This may very well be
25 the most invisible one can be. In a local VA, a

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2 pregnant female Iraq war veteran was told there was
3 no sonogram for her and that she would have to
4 come back another day because the gynecologist was
5 only available three days a week. She left New
6 York City and moved back to be live with her
7 Grandmother largely due to inadequate support and
8 care she found in a VA that she was promised would
9 care for her. Motherhood and veterans status is
10 something that is largely, excuse my typo, largely
11 understood-- I'm sorry, poorly understood.

12 Another woman is told that her knee injuries
13 happened not because of the Marine Corp's
14 intensive physical activity but because she is a
15 woman, ignoring the obvious fact that there are men
16 with knee injuries.

17 When I was discharged for a medical
18 reason, I was not properly explained what my status
19 was, what the status of my benefits were or
20 anywhere to answer any questions I might have. I
21 had received a portion of my promised money for
22 college but in fear of being asked to repay that I
23 never inquired about my status or if I was due any VA
24 benefits. Members of the National Guard are not
25 entitled VA treatment unless deployed to a war

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2 zone. In fact, as a non-deployed National Guard
3 veteran, I am most often not even considered a
4 veteran on federal forms.

5 We, as a City, are not the VA. We
6 are however equipped to fill the gaps. Many
7 programs are already in place to help returning
8 veterans either fill out VA claims or find
9 treatment outside the VA. As a City, we can help
10 make these programs work as a system instead of
11 blips on the radar. Centralized data makes it easy
12 for a veteran to find options to help them find the
13 care they need. But, even when these programs are in
14 place, very often veterans don't know such services
15 exist. For some women in particular the last thing
16 they want to do is be around the military again.
17 Letting people know about services as well as
18 breaking through the walls that have been built
19 while in service is essential.

20 Citywide advertisements in bus stops
21 and subway trains can help both let veterans know
22 about options as well as raise awareness about the
23 veterans in our City. Imagine being a female
24 combat veteran, very often without a support
25 network of women who have had similar experiences,

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2 and seeing a subway poster about services for
3 female combat veterans. Feeling invisible often
4 leads to acting invisible and not seeking out or
5 speaking out about your needs.

6 There are logistical barriers, as a
7 City, we can address as well. We have one of the
8 best transportation systems in the world. If a
9 veteran is unable to work it is hard to afford the
10 Metro fare. Free fares for veterans unable to
11 work will allow them to get to the VA. Discounted
12 transportation fares for veterans going to the VA
13 or school says we want to help you integrate and
14 use the benefits that you were promised.

15 We don't have to re-invent the
16 wheel, just make more room on it. As I said
17 before, listening to veterans is the best way to
18 assess the obstacles we face. The best
19 recommendation I can make is to find ways for
20 those voices to be heard. I have included the
21 names of two women on the copies of my written
22 testimony, one of which, Helen Benedict, is here
23 fortunately, who I believe you or anyone interested
24 in female veterans in New York City would find to be
25 a wealth of information.

1
2 I want to say real quick, though,
3 that the examples that I just mentioned are people
4 that I know directly. I was a little worried that
5 I didn't have statistics. But, I think it was
6 covered earlier. But, as I said, when I speak of
7 any in particular instance of a female veteran,
8 it's due to someone I know who's directly
9 experienced that. As I said before-- I'm sorry, I
10 said that.

11 Thank you for inviting me here today
12 and allowing me to be a representative of female
13 veterans. It is incredibly empowering to be here,
14 and to know we are increasingly visible. Thank you
15 very much and the additional contacts are below.

16 CHAIRPERSON MONSERRATE: Thank you
17 very much. Hogg is it, right?

18 JENNIFER HOGG: Yes.

19 CHAIRPERSON MONSERRATE: Okay.
20 You're interning now for the Urban Justice Center?

21 JENNIFER HOGG: Correct.

22 CHAIRPERSON MONSERRATE: Tell me a
23 little bit about their veterans and service member
24 projects, just very briefly.

25 JENNIFER HOGG: It was started by

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Rachel Natelson, who is a lawyer here--

CHAIRPERSON MONSERRATE: Good.

JENNIFER HOGG: -- who is also here today. Actually, she was sending out an e-mail looking for other instances of a case that she's working with. And, I actually just asked if do you need an intern 'cause I would love to help 'cause I'm actually going to be taking my LSET [phonetic] very soon and hopefully applying to law school. So, what I found through that program is that we're just trying to do outreach to different VAs and help people get their claims filed. That's one of the things that I found, both between male and female veterans, is that basically the VA has become a maze for them that's very hard to navigate. And, I actually have some acquaintances that I've made recently who are also veterans, but work at VAs in the Mid-West, who basically say that most claims that are processed are just outright denied to begin with. And then, you have to basically keep working to get it appealed and accepted, which is something similar I found to applying for school benefits while in the military.

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2 So, our program basically will help
3 people. A lot of times when you get denied that
4 first time, it's very crushing. So, it's just
5 helping people have a lawyer attached to your
6 claim and finding ways to have the law basically
7 help veterans.

8 CHAIRPERSON MONSERRATE: So, all
9 these commercials that the Army puts out about
10 college benefits is not exactly as easy as people
11 might think?

12 JENNIFER HOGG: No, not at all.
13 Yeah--

14 CHAIRPERSON MONSERRATE:
15 [Crosstalk]

16 JENNIFER HOGG: -- I received only
17 a portion of what I thought I was going to
18 receive.

19 CHAIRPERSON MONSERRATE: I did,
20 too, by the way.

21 JENNIFER HOGG: Oh.

22 CHAIRPERSON MONSERRATE: Years ago.

23 JENNIFER HOGG: It's good to know
24 some things never change.

25 CHAIRPERSON MONSERRATE: Yeah.

1 Well, my colleague, Helen Sears, who Chairs the
2 Women's Committee, has raised a very important
3 issue. Last year, she and I both led an effort
4 here in the City Council to push for an initiative
5 that would provide services to our returning vets;
6 something done by the City of New York. It
7 depended whatever the Federal government might or
8 might not be doing. And, we were successful in
9 doing that in conjunction with CUNY. And, we
10 established different locations throughout the
11 City. The initiative, though, reduced this year
12 because of budgetary constraints is still in
13 effect. And, I would just like to suggest to the
14 Urban Justice Center to try to tie in to somewhat
15 of what they're doing, the centers in the
16 different boroughs, through the City Council's
17 initiative.

18
19 And then, my colleague just before,
20 Helen Sears, was talking to me about specifying
21 and getting more data specifically as it relates
22 to the women who are being serviced or not
23 serviced by the initiative that we just
24 implemented last year. So, that's a suggestion.
25 I want to thank you very much for your testimony,

1
2 for both of you for participating and ensuring
3 that your voices were heard on the record here at
4 the joint Council hearing.

5 JENNIFER HOGG: Thank you.

6 CHAIRPERSON MONSERRATE: Thank you
7 very much. And, with no further ado, Helen, you
8 want to make a closing statement?

9 CO-CHAIRPERSON SEARS: I just want
10 to thank everyone who's testified today because
11 you certainly have brought the issue closer to
12 truly being recognized at a level that it should
13 be recognized. And, as Councilman Monserrate
14 said, we have these Council initiatives and
15 they're several million dollars and moved along.
16 We need to connect them with the appropriate
17 Committee that is doing the work so that when it's
18 in budget negotiating, we can see that it is done.
19 And, I serve as a budget negotiator for Queens on
20 the Committee. And, I think that there can be
21 some good networking right within the system
22 itself to see that there's more highlighting to be
23 done, 'cause there's no question that we need to
24 bring it to a local issue and to do more than has
25 been done. And, I really want to thank Councilman

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Monserate because I don't think we would have had this hearing unless you really brought it forth. So, I thank you. Thank you very much.

CHAIRPERSON MONSERRATE: Thank you.

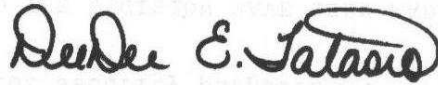
And, with that, we will close today's hearing.

Thank you all very much and have a good afternoon.

C E R T I F I C A T E

I, DeeDee E. Tataseo certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature

A handwritten signature in cursive script that reads "DeeDee E. Tataseo". The signature is written in black ink and is positioned above a horizontal line.Date February 2, 2009