

**VETERANS COMMITTEE**  
**OF THE**  
**SUFFOLK COUNTY LEGISLATURE**  
**MINUTES**

A meeting of the Veterans Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on May 24, 2016.

**Members Present:**

Legislator Steve Stern - Chairman  
Legislator Sarah Anker - Vice-Chair  
Legislator Monica Martinez  
Legislator Tom Barraga  
Legislator Lou D'Amaro  
Legislator Leslie Kennedy

**Also in Attendance:**

Sara Simpson - Counsel to the Legislature  
Amy Ellis - Chief Deputy Clerk/Suffolk County Legislator  
Tom Ronayne - Director of Veteran's Services  
Justin Littell - Aide to Legislator D'Amaro  
Bill Kokell - Military Medicare  
Carol Kolar - Citizens Committee for Military Medicare  
Eva Casale - Team Eva  
Fred Freutel - Team Eva  
Michael Gadaleta - Team Eva  
William Stanley - Team Eva  
David Chan - Team Eva  
All Other Interested Parties

**Minutes Taken By:**

Gabrielle Severs - Court Stenographer

**Minutes Transcribed By:**

Kim Castiglione - Legislative Secretary

**(\*The meeting was called to order at 9:45 a.m. \*)**

**CHAIRMAN STERN:**

Good morning everyone and welcome to the Veterans Committee. I'm going to ask everybody to please rise and join us in the Pledge led by Legislator Martinez.

**(\*Salutation\*)**

I would ask everyone to please remain standing and join us in a moment of silence as we keep all of our brave men and women fighting for our freedoms overseas in our thoughts and prayers.

**(\*Moment of Silence\*)**

Thank you.

Again, good morning everyone and thank you for joining us. We do have cards before we go to our agenda. The first card that I have is Carol Kolar.

**MS. KOLAR:**

I don't know if I need this, but -- okay. My name is Carol Kolar. I was born and raised in Suffolk County and I have been a registered nurse here for the past 50 years. That's five-oh. I know I don't look it, right? In my earlier days I worked with cardiac patients and I have had both professional and personal experience within the health care system. I know how important fast response times are to saving the lives of many patients experiencing chest pain. So when I heard about my good friend Bill Kokell, who's right here, his frightening experience, I was shocked to say the least.

Bill is a Korean conflict veteran with troubles that have plagued him throughout the rest of his life. In spite of this, he was still clamming for a living and managing to support his family and contributing to his community working with troubled youth at the Bellport Boys Club. Am I interrupting something? I'm sorry. Oh, okay. I thought maybe I was. Working with troubled youth at the Bellport Boys Club, Big Brothers and Sisters of Long Island and currently volunteering at the Brookhaven Hospital, in addition to assisting the homeless vets in Yaphank. He also serves on the board of the South Country Peace Group.

Bill has depended on the V.A. program for his medical care since he returned from Korea, and although he noticed the wait times for care had increased considerably he did not complain, always feeling that there were others in more need and that was the reason. But when Bill's need for emergency care occurred his experience became a nightmare. His full story is on our website and I've given out cards for our website, so when you do have a few moments. There was a lot of time and effort put into this website and it's been developing over the last year and a half. And we have very current, as of last week actually, a PBS report on this very situation.

So after much negative publicity, the Choice Act of 2014 was instituted by Congress, with the supposed goal of solving problems in the V.A. Program; long wait times, great traveling distances, inadequate professional staff, et cetera. And I note I spoke to a few of the people on the committee who have not heard of the V.A. Choice Act, but I think it would really be very good for you to find out what that V.A. Choice Act is, because this is what a lot of our politicians use to say *well, we don't need Medicare for the military, we have the V.A. Choice Act*, and it has been nothing but a disaster. So as the vets immediately knew it was flawed from the beginning, and as many media stories have again revealed, the system continues to deteriorate. Please see our website for extensive documentation.

There are over 22 million veterans in the United States; 860,000 of them reside in New York State, with almost nine million depending on the V.A. healthcare system. We are here today, the committee -- parts of our committee, to request your support for our proposal to address the current healthcare crisis impacting many Suffolk County and indeed America's veterans. We've received support from some local groups, such as Services for the Underserved, Breaking Barriers, Veterans for Peace, Suffolk Community College Veterans, to name a few. But so far our Congressmen, King and Zeldin, have not demonstrated an interest in doing anything to help with this issue in spite of multiple conversations and meetings with their Aides and letters requesting that they sponsor a bill to provide taxpayer funded Medicare for our vets.

To date there has been very little response to these many requests. We believe, and we've been told, that the support of this committee may provide the impetus to get someone in Congress to sponsor a bill that would provide for access to taxpayer funded Medicare for our veterans so that they may be able to receive the best care available.

That is the end of my testimony, but I'd be glad to address any questions, and Bill also will be glad to address any questions that you may have. But we feel if you -- if we can get the support of this committee that would be very helpful. And if there are any budgetary concerns, which there always seem to be budgetary concerns, we can meet to address those, too, because we have a former Suffolk County Budget Director who has done some investigating as far as the cost.

**CHAIRMAN STERN:**

Well, first of all, Ms. Kolar, thank you for being with us today. If you could, for those members of the committee who are not familiar with the Choice Act, maybe you can give us a brief overview and maybe you could help point out some of what you see are the deficiencies and then when you suggest help from this committee, specifically how can we be of service to you.

**MS. KOLAR:**

Okay. The Choice Act was implemented -- I don't know if you're aware, there was a lot of negative publicity. A lot of people -- 800 -- they estimated that over 800,000 veterans have died waiting for care prior to the Choice Act. So there were a couple of people in Congress that went across the aisle and figured they would address this in the short-term goal. One of the big problems was that it's primarily discretionary funding, so they put I think it was \$10 billion into this project and gave the V.A. 90 days to implement it.

Well, the biggest problem was that they still said that you had to be within -- outside of the 40 mile range in order to access any hospitals or doctors that were, you know, that were close by. So that was one problem. The other problem, besides the traveling distance, was the fact that the -- as they implemented it they recognized they didn't have enough staff. They don't have enough physicians or nurses to really run the program properly, because once they have an influx of all these patients, you know, they couldn't handle it. And the other thing was that, again, the veterans were told, even as they got -- and Bill can speak to this -- he got the card for the Choice Act and right there on the card it told him that he didn't qualify.

It became a whole quagmire. They never really did it the way it should have been done, and there's a much simpler way, and that's to give the veterans the same access that I'm sure you have, I have, most Suffolk residents and most people in this country have access to the local hospital and local doctors. A big part of the problem, too, is the V.A. does not pay the same as Medicare pays, so the doctors were turning away from providing service for the V.A. so -- under the Choice Act.

So the Choice Act was implemented I think with good intentions, but it was not implemented in the proper way and it made -- it tried to -- it created more of a bureaucracy; it was more of a quagmire. People could not navigate it, the people that did qualify for it couldn't navigate it, and it's all on our

website. We have quite a bit of documentation about the Choice Act. But they are now trying to fix it again, the Choice Act, and there's an NPR investigative reporter, I don't know if you've heard of him, Quil Lawrence, who is reporting on this pretty much constantly. So we'll be updating our website with the reports.

**CHAIRMAN STERN:**

Are you aware of some of the proposed changes when you say that they are looking to change and hopefully improve the Choice Act? What would some --

**MS. KOLAR:**

Right. Some of it, from what we've been told, was that they want to try to pay the staff people more. Also they're building hospitals, you know, they're trying to build more V.A. hospitals, but the problem is, like in this area, they're not going to build another Northport. Bill lives in Patchogue. He went, when he had chest pain, well, this was just as the Choice Act was being implemented actually, but when he had chest pain, you can read the whole story on our website, but he had to go to Northport, then to the City, and had to actually wait four days in the City because they didn't have a doctor who could do the procedure that he needed. So, I'm sorry you asked -- I'm answering a different question. But, yeah, they're trying to -- they're trying to fix it by putting more bandages on the hemorrhage basically. It's a very complicated thing and it shouldn't be. It should be simple. It should just be a simple thing.

I mean, you qualify -- so many people qualify for Medicare. If you have kidney disease, you qualify for Medicare. If you have, you know, if you're 65 you qualify for Medicare. If you have any disability, you qualify for Medicare. Why don't our veterans qualify for Medicare? You know, they can through other means, but in the case of Bill, he was, you know, he was doing private, he was clamming. And I love clams, so I don't want him to stop.

**CHAIRMAN STERN:**

And so the second part of my question was do you have any specific ideas on how this committee can best be of service to you?

**MS. KOLAR:**

Yes. First, to write to or develop some kind of communication that would say you're in support of the proposal and then sponsoring a bill. We have already asked Congressman King, who is in my district, and Congressman Zeldin, who is in Bill's district, and a few others, too, to sponsor a bill that would provide Medicare for all veterans. And we've met with their Aides, but we started back in February speaking and meeting with their Aides, and we have really not gotten any progress. So I was told that support of the local Legislature would help. We're going to be going to the Nassau Legislature, too, but -- so a letter, even a letter. I could show you the letter that we sent to King and Zeldin and I can leave a copy of that for you. But if we can get a letter from the Legislature that says that they are in support of this or even, you know, I mean, I'm not -- I've been around long enough to know that compromises have to be made, but let's have a discussion. Let's talk about it. Let's figure out how we can help these guys, you know, now, not two years from now while they're building more hospitals. You know, they have to be helped now.

Some people say *well, just go right to the hospital and don't worry about it*, which is what I said initially to Bill, I said *just go over to Stony Brook, don't worry about it*. But then when you're told that you're going to be paying for it for the rest of your life, that kind of scares a lot of people.

And then the other thing is, you know, the bills come in. The V.A. doesn't pay it right away, and that's on the website, too. The V.A. doesn't pay it right away. Their credit ratings go down, so now they can't even get a car if they need one or whatever. So it's really a pathetic situation that should be so easily addressed. It's just do the right thing and everything will work, you know?

**CHAIRMAN STERN:**

Legislator Kennedy and then Legislator D'Amaro.

**LEG. KENNEDY:**

Good morning. Thank you all for coming out today. I work frequently with veterans and for 29 years I was a nurse, so I understand what you're speaking of, but I will tell you that I see a little improvement. A year and a half ago I had a veteran who called to say that he fell on the ice and he thought he broke his hip. Of course we dealt with that immediately. He ended up going to Stony Brook, but he did not want to go to Stony Brook because he was fearful of the cost that was going to be there. All it took was a phone call to the V.A. and they said *take him to the local hospital, you have our permission*, and then it was covered.

**MS. KOLAR:**

Right.

**LEG. KENNEDY:**

So I'm not understanding was this -- how many -- I read the blurb on your website. How long ago was Bill's?

**MS. KOLAR:**

December, 2014. Actually, it went through April, right, Bill? You went through April of 2014 by the time he was fully cared for. And believe me, that's what we do now is refer veterans to our Legislators. But that shouldn't --

**LEG. KENNEDY:**

That shouldn't have to be.

**MS. KOLAR:**

That should not have to be.

**LEG. KENNEDY:**

I could not believe that I was called by someone who was also a nurse, to say I think I fractured my hip. It's not right to have to call your Legislator first.

**MS. KOLAR:**

Right. It isn't. It isn't. It should just be automatic. It's the things that we take for granted.

**LEG. KENNEDY:**

You're correct.

**MS. KOLAR:**

And they have to fight for it? I mean, I think they've fought enough.

**LEG. KENNEDY:**

I will speak to my Congressman.

**MS. KOLAR:**

Who is your Congressman? I'm sorry.

**LEG. KENNEDY:**

Lee Zeldin. I will speak to him about this and perhaps there can be some kind of a compromise letter written, because we have no jurisdiction over this. We're not the Federal Government, but perhaps a letter of support of some kind would help.

**MS. KOLAR:**

Yes. I really think, you know, that would be helpful. I mean, it's just a matter -- it's such a simple thing and the cost, you know, actually like I said, we have information on that, too. All it is is shifting cost. It's not -- you know, there's so many different ways that it could be done, but if you're shifting cost for the nine million veterans out of the V.A. system into the Medicare system, okay, you -- it's not -- it's really almost even. It's not a big -- it's not a huge cost in the end. Now we're just building more buildings for the V.A. and adding more of a bureaucracy.

**LEG. KENNEDY:**

Do you feel that Northport V.A. should be taken away?

**MS. KOLAR:**

No. No, not at all.

**LEG. KENNEDY:**

All right. Good.

**MS. KOLAR:**

Not at all, no. Northport V.A., I think they're excellent in so many ways -- and they, Bill, you know. They told us, *do something*. They actually told us. We went to one of the Stand Down things, you know, and the social workers that were there and the doctors and the nurses, they were like *yeah, do whatever you can. If you can get these guys Medicare get it*, because they recognize the deficiencies in it. And maybe in some areas it's improved. I've talked to my brother-in-law. He says, you know, he says *well, I don't have any trouble*, you know, but he doesn't go to the doctor, so.

**LEG. KENNEDY:**

When you're having a heart attack or you're in AFib, you really should not have to make a call to the V.A. to make sure it's okay to go to your local hospital. That definitely has to be changed, among other things. But I feel that Northport V.A. is extremely, through incident after incident after incident, it's superior to other V.A.'s throughout the nation.

**MS. KOLAR:**

Yes.

**LEG. KENNEDY:**

Had you said that we should do away with that, I would have --

**MS. KOLAR:**

No, no, not at all. Not at all, because they really are superior. And what we don't recognize is how -- a lot of times -- how fortunate we are that we are surrounded by excellent healthcare systems and Northport being among the best. But they will tell you their shortfalls are in cardiac care, and they send patients into the City, which is delay time again. And patients should be -- they should have a stent within a few hours.

**LEG. KENNEDY:**

Some of our local hospitals do that also, dependent on the exact issue, the exact cardiac issue. Some of them send patients into the City.

**MS. KOLAR:**

Really? Okay. Well, yeah, for cardiac bypass and that kind of thing, yeah.

**MR. KOKELL:**

Even Northport, they still have a 30 day wait. It's always 30 days when you get an appointment. I'm a cardiology patient and I have to wait 30 days every time I have to go to a cardiologist.

**LEG. KENNEDY:**

But if you're having chest pains, do you still have to wait 30 days?

**MR. KOKELL:**

No, okay. This is what happened. I went to the satellite, okay. What the choice is, if you live within so many miles of a V.A. facility, which is in my case is a satellite, which a satellite has a stethoscope. That's what they do there, and that's my provider. And then they send me from there, if I have to go to Northport they send me to Northport. What happened was I went there with chest pains and I had to wait 30 days, right. During that time they gave me a stress test in Northport, and when I came back to the provider, 30 days, they told me there that -- they gave me nitroglycerin, they gave me an inhaler, they gave me medication to take and sent me home, still not to see a cardiologist. What got me finally to see a cardiologist, I went to the emergency room. That's where you have to go. And that's what I tell veterans now. Forget all that other stuff, go right to the emergency room in Northport if you have chest pains.

**LEG. KENNEDY:**

Good advice.

**MR. KOKELL:**

And could I say one more thing about the --

**LEG. KENNEDY:**

Go ahead.

**MR. KOKELL:**

I believe, I'm not positive, but the Choice Act in the writing there, it says that -- say I was having chest pains or I passed out and I went to the hospital nearest me, which is in Patchogue.

**LEG. KENNEDY:**

Brookhaven.

**MR. KOKELL:**

Which is an excellent -- Brookhaven Hospital is an excellent -- has an excellent rating in cardiology. And I went there and they would -- somebody, if I was passed out, somebody notified the V.A., I have to wait 48 hours before they could get an approval whether they would pay for it or not. So, okay, we're going to put this guy over here with the heart attack and wait 48 hours. That was in writing.

**LEG. KENNEDY:**

That has to be changed. Just to give you a little bit more confidence, a stethoscope can tell -- a skilled professional can tell a lot with a stethoscope.

**MS. KOLAR:**

That's true, but the EKG machine was broken.

**LEG. KENNEDY:**

That's a horror.

**MS. KOLAR:**

So yeah, you know, we really thank you for your attention, and we hope that we can all work together to get something done that's going to solve the issue. It shouldn't be that hard I don't think. Oh, sorry.

**LEG. D'AMARO:**

That's okay. So there's a systemic problem in the V.A., right? They tried to remedy and correct the problems that veterans were experiencing by passing this V.A. Choice Act, which turned into more a disaster, which actually resulted in longer wait times to see physicians.

**MS. KOLAR:**

In many cases, yes.

**LEG. D'AMARO:**

In many cases. I'm reading some of your website and some military articles here. There's a lot of movement in Congress and discussion in Congress since the end of last year, towards the end of last year, in trying to consolidate some of the healthcare systems and streamline the process, and there are problems with the eligibility rules, the inadequate funding. You can go right down every bureaucratic problem you could possibly have, this program has.

**MS. KOLAR:**

Right.

**LEG. D'AMARO:**

And the end result of that is inadequate medical attention to veterans, right?

**MS. KOLAR:**

Right.

**LEG. D'AMARO:**

So my question to you, as Legislator Kennedy pointed out, we don't really have jurisdiction over this. We're happy, I'm sure, to research this cause and perhaps take a position and even write a letter and do that. But my real question is you've been consulting with the proper authorities, your representatives in Congress, for some time and I'm curious as to why you're not getting any satisfaction from your Federal representatives.

**MS. KOLAR:**

It's another dilemma because, first of all, just to get them to respond to the phone call, you know, we finally did get that. But then Bill Doyle, I don't know if you're familiar, is the Legislative Aide for Lee Zeldin, and he gave us a time to come in. He was very nice, and that was back in April, the beginning of April. And he said he would give the information to Matt, who was the Federal Aide, but the Federal Aide is not in Patchogue, only on occasion, but when he does come he'll have the Federal Aide, Matt, meet with us possibly. Well, we never heard from Matt, Matt never called us, and I don't know if he's very busy in Washington, but that was that case.

**LEG. D'AMARO:**

All right. My question really was whether or not they had answered you and said there was nothing we could do or here's what we propose to do, but you're just talking about their response or lack of response, really, up to this point.

**MS. KOLAR:**

Right. They've really not -- at this point they've said we'll -- what happens is they say we'll call this person and have them get back to you, and that person doesn't get back to us.

**LEG. D'AMARO:**

I'm not really privy to what's going on there and I don't want to be critical of their office.

**MS. KOLAR:**

Me neither, yeah.

**LEG. D'AMARO:**

So let me ask it a slightly different way. Are there any reforms that you know of that are pending right now that we can take a look at and perhaps support along with you.

**MS. KOLAR:**

Actually, the NPR investigative reporter reported, and I don't know if that's indicated in the information that you have, but he said that they were working on trying to reform the Choice Act and it was expected to happen by Memorial Day weekend, but they feel that now that won't be happening. I am not -- I'm not aware of exactly what the reforms were that were mentioned, but there's also -- there's 66 members of Congress that have Bill 676 that are pushing for Medicare for everyone, and so we've been reaching out to them, too.

**LEG. D'AMARO:**

That would just be the funding source, right? It wouldn't really change the fact that you would go through the V.A. and they would administer the program and all of that. By the way, I have to tell you, a 30 day wait time, even in the private sector, is not uncommon.

**MS. KOLAR:**

That was my initial thought. A 30 day wait time -- hey, if I have --

**LEG. D'AMARO:**

In a nonemergency situation.

**MS. KOLAR:**

If I have a hangnail, you know, a 30 day wait, whatever.

**LEG. D'AMARO:**

Well, even for something more than a hangnail. People that have severe conditions and don't feel well, to get in to see a specialty physician, 30 days is not uncommon.

**MS. KOLAR:**

Right.

**LEG. D'AMARO:**

So that's why you wind up, if you really feel terribly, you go to an emergency room.

**MS. KOLAR:**

Exactly.

**LEG. D'AMARO:**

That's what you do and you get the testing done immediately.

**MS. KOLAR:**

And therein lies the difference. You just hit it on the head. The average public, if you really don't feel well, you go to the emergency room. You're not going to sustain a 30 day waiting period, where the veterans are told, you know, you're waiting 30 days, that's it.

**LEG. D'AMARO:**

Right.

**MS. KOLAR:**

So they don't have the choices that we have.

**LEG. D'AMARO:**

Right, okay. Thank you.

**CHAIRMAN STERN:**

Legislator Kennedy.

**LEG. KENNEDY:**

Can you be reached at number on the card? Is that you?

**MS. KOLAR:**

Yes, and I'm going to give you a copy of our testimony, too.

**LEG. KENNEDY:**

Okay. Thanks.

**MS. KOLAR:**

I'll give you this with both our numbers on it. Thank you. Thank you very much.

**CHAIRMAN STERN:**

What you're suggesting isn't just Medicare or through the Medicare Program as a funding source. You are suggesting that along with Medicare as a funding source comes the options to veterans to seek out and receive the care at other locations outside of the V.A. system so that they're not subject to the bureaucracy and too many times the failure of the V.A. system. That looking at Medicare as not just a funding source, but also as an opportunity to create options for veterans who need the care.

**MS. KOLAR:**

Right. And I understand -- we actually -- there are some veterans groups that are afraid that the V.A. system would fall apart, if you give veterans too many of these options then it will deteriorate the V.A. system, but I think we are perfectly willing to look at compromises if all the V.A. hospitals could be Medicare providers. You know, there's a myriad of ways that it could be accomplished and, you know, we just have to sit down and figure out what's going to be, first of all, of course, there's a lot of people in Congress that are very concerned with the cost, so we have to figure out what would be the cost effective, you know. I don't see building new monstrosity V.A. hospitals out in Oshkosh is the way to solve the problem, especially not the patients in Suffolk County, you know?

**CHAIRMAN STERN:**

We had been, Legislator Anker and I, have been looking at your website. So I see that Senator Murray is featured and you have some information here about some of the things that she -- or she has some information here about some of the things that she's done and looking to make changes going forward. Legislator D'Amaro had asked about other Federal representatives. Do you know, and I guess I'm under the impression that Senator Murray is featured here because as the former Chairwoman of the Veterans Committee in the Senate she has taken some kind of a leadership role here at the Senate level. Are you aware of anything that she or her people are working on that we might be able to further research and support.

**MS. KOLAR:**

Right, no. Actually, this is one of our next steps. We're just feeling our way through all this, but we were told to go to our local Congress people first and get them to maybe sponsor a bill, but Senator Gillibrand and Schumer are on our list, they're on our hit list of who we go to next. So next we go to the Senate. You know, it's a process that we're really working our way through. But, yeah, Katherine Murray was somebody who had noticed the inadequacies of the Choice Act. And the Choice Act, when we first started this, was something that was constantly being thrown back at us. You know, *oh, but now we have the Choice Act so everything will be fine.* And, you know, the vets would say *no, everything is not fine. It is even worse because now they are throwing good money after bad.* And that doesn't get folded into the cost. Like when Bill spent four days in the hospital waiting for stents in the City, the cost doesn't -- you know, that's a cost, it's a big cost to the system that's not even calculated. So it's all those things we're really -- and we would be very grateful to hear anybody's ideas at this point. So you guys have been in this business a long time, I haven't. I know it's a matter of getting connections and making, you know, and just making the right -- like, you know, being nervy and going up there and giving you my cards.

**CHAIRMAN STERN:**

Legislator Anker.

**LEG. ANKER:**

I want to thank you for your advocacy. I know it's not easy. You know, we're up here, you know, trying to understand so many different situations, but this is so obvious. And, you know, I just wanted to mention I lost my dad last year. He was a Navy disabled veteran and he died -- the main reason was because he was waiting to be treated.

**MS. KOLAR:**

Oh.

**LEG. ANKER:**

He was waiting to be treated. And, you know, we're in the middle of maybe some litigation but, you know, that is -- it's very frustrating, it's very frustrating. So, you know, from me personally thank you for your advocacy.

**MS. KOLAR:**

Thank you and my condolences. That's not easy. It's bad enough that you lose them but then when, you know, you think maybe something could have been prevented. So thank you.

**CHAIRMAN STERN:**

Thank you for being with us today.

**MS. KOLAR:**

Thank you.

**CHAIRMAN STERN:**

I know I speak for all of my colleagues when we say we would certainly look forward to the opportunity to being of assistance to you and of course to all of those that serve us.

**MS. KOLAR:**

Okay. I appreciate that and I will be in contact.

**CHAIRMAN STERN:**

Great, thank you. And, Bill, thank you for being here and of course thank you for your service to our nation. It's good to see you. Of course we wish you the very best.

**MS. KOLAR:**

Bill gave up work today, so I have less clams to eat now.

**CHAIRMAN STERN:**

Okay. Madam Clerk, I have no other cards.

**MS. ELLIS:**

That's correct.

**CHAIRMAN STERN:**

Okay. Director.

**DIRECTOR RONAYNE:**

Good morning. As always, thank you for the invitation to be here this morning. I have just a few items to report on, but I think in the interest of maybe some clarity I would like to expand for a moment on some of the issues related to the Veterans Choice Care Act. Choice Care, and by the V.A.'s own admission, is a system plagued with problems. There are a number of efforts underway at V.A. in conjunction with efforts through Congress to make changes to Choice Care.

It is important to understand that the V.A. system as it presently exists, and there tends to be a great deal of confusion about this in the community. The V.A., while many, if not most veterans are, in fact, eligible for V.A. care, and that's an entirely other discussion as to eligibilities and who is and who is not entitled to services at the V.A. Many veterans who use V.A. care, regardless of the nature of the condition or the element that brings them to V.A., fall into a category where their care is not automatically provided by V.A. and the cost is not automatically absorbed by V.A., whether this is through Choice or any other network.

Veterans with service connected conditions, veterans who are service connected beyond a certain percentage, may be eligible for treatment and care at no cost, but when we talk about a veteran visiting an emergency room from a nonparticipating or a non-V.A. facility, please bear in mind that that cost may or may not have been borne by V.A., even if the veteran had presented at V.A. Many cases, in fact, I would say probably half of the cases that present at V.A. are actually -- as a service connected veteran myself, I'll use myself as an example. I use the V.A. for some of my care, not all of my care. Care or treatment related to any of my service connected disabilities is fully borne by the V.A., including care treatment services, any provisions or practitioner time spent, prescriptions, all of that is absorbed by V.A. If I chose to use V.A. for care for something that is unrelated to a service connected condition, my private health insurance is billed by V.A., just as it would be at any other medical facility, at any other hospital or doctor's office.

So I just want to be clear that V.A. and Veterans Choice Care Act do not in and of themselves automatically mean that every veteran presenting is eligible or would be covered under these programs. And this is a very complex discussion. This could go on for a very long time, but it's probably worth having that discussion at a future date where we can devote the time necessary to it. I think that there are a lot of nuances, a lot of clarifications that need to be made, and I think a lot of these clarifications importantly need to be made clear to the veterans in the community who don't fully understand what they are and potentially may not be entitled to under whether direct V.A. care or Veterans Choice Care Act.

**LEG. ANKER:**

And I agree. This is a very complex situation, but Tricare. So my dad has Tricare and how does that impact what we're discussing right now?

**DIRECTOR RONAYNE:**

Tricare shouldn't have -- he should be able to use V.A., period.

**LEG. ANKER:**

But do all veterans have access to Tricare?

**DIRECTOR RONAYNE:**

No, no they do not. No. Tricare typically is veterans who have been medically separated from service, veterans who have retired from the military and a few other categories. And interestingly, Tricare generally will also cover the family members or dependents of the veteran. But I would again, I would say that most veterans do not, in fact, have Tricare. Different system. Different system. V.A. accepts it and V.A. will bill through Tricare, but Tricare is actually independent of V.A.

**LEG. ANKER:**

And, again, Tricare actually is a very -- I think it's a very good system. Okay, the question is why don't all veterans have Tricare?

**DIRECTOR RONAYNE:**

You would have to speak to Congress about that. I know that one of the challenges with Tricare, certainly in region like Long Island where we don't have a large active duty military presence, is participating providers. Finding providers who, in fact, accept Tricare for assignment. Some of them just don't choose to participate and that places a burden on those Tricare eligible veterans who are in our region.

**MS. KOLAR:**

They have to qualify for Medicare to be able to access Tricare.

**LEG. ANKER:**

Oh, okay.

**DIRECTOR RONAYNE:**

So this could become convoluted. This becomes, again, a very in-depth discussion. Perhaps, you know, at a time and place in the future we could have a more substantive conversation about this issue, but there are a number of clarifications.

One of the important things to bear in mind, and I think this is one of the avenues where a lot of the confusion comes in, is that veterans who are otherwise eligible for V.A. care and, again, this is irregardless of service connection or not, but otherwise eligible, many veterans have been finding their way to V.A. since the introduction of the Affordable Care Act. The reason for that is that veterans, by virtue of their enrollment in the V.A. healthcare network, satisfy the requirement for healthcare, and they don't necessarily have to incur an additional cost to carry health insurance beyond V.A. So we've seen an infusion or an influx of veterans into the V.A. network and not always necessarily with the appropriate clarifications or assistance in helping people understand just what they may or may not be entitled to.

I'd like to remind each of you and repeat the invitation that on Saturday, June 11th, which is fast approaching, we will be hosting our third annual Joseph P. Dwyer Program Day of Family Wellness. We host this each year at Camp Pa-Qua-Tuck in Center Moriches. Gates open, doors open, fence opens at 11 a.m. We would be delighted to see each and every one of you. It is by every measure a day of family wellness and family fun. So, please, bring family members, friends, neighbors, colleagues. We would really be grateful if we could expose you to some of the services and options that are increasingly available through the Dwyer Program and by extension through the Veterans Service Agency. But we've had terrific success over the past two years, this being our third annual

hosting of this event, and we're just very excited about it.

So if you can find the time, please. If you can make it out there, Camp Pa-Qua-Tuck in Center Moriches. We'll even feed you. We have two lunches being catered that day. One is a pork-a-thon. We have a big group come in and they barbecue and do the -- you know, do sort of the red meat thing, and then we have a very -- as an alternative we have a very health conscious vegetarian type program also available, so all bases should be covered in terms of fare. If you like a light meal or a true barbecue experience we'll provide that as well. Bring the kids, we have lifeguards, they'll be swimming in the lake. A good time will be had by all.

In the interest of time, I know that we also have with us today, I'm very excited to hear from them, is Team Eva, Eva Casale, Dave Chan and the rest of the group who are with us here today. I know that they have been looking forward to presenting. So much so, in fact, that they arrived here one week early to speak with you today, to talk about Team Eva. And really I won't do it a disservice by trying to explain to you what the vision is, what the purpose and what the mission is. If I could, Chairman, with your permission, invite Team Eva to the table so that they can share with you what they've accomplished and hopefully what they intend to continue to do in our community.

I know that -- I'll steal some of Dave Chan's thunder by reminding you that this Sunday, May 28th, will be the inaugural race of this year's Suffolk County Veteran's Marathon Veterans Running Series race. The Team Chris I Did The Grid Race, will be taking place in East Northport and, you know, always a terrific event, well attended. I think -- well I know that the enrollees, the registrants at this point are well in excess of 1,000 runners, so we're excited about that, and that will be the inaugural race in the Veteran's Running Series, which this year will comprise eight races. So very exciting and all of this is putting us on a path to another very successful Suffolk County marathon to support our veterans.

I will make room, if you don't mind, so that other Team Eva members will have room at the table to speak.

**CHAIRMAN STERN:**

Great. Welcome, everyone.

**MS. CASALE:**

Good morning. Thank you for having us. My name is Eva Casale and I'm a member of a team called Team Eva. And Eva stands for Every Veteran Appreciated. And myself and my team put together an event in April where we participated for seven days, and I ran seven marathons in seven days, 184 miles, to honor our local Suffolk veterans, our service men and women, and of course our fallen heroes. Each day we had a particular mission, of course, to honor all of our veterans, and we visited many locations. We visited local cemeteries, we visited Calverton, and we laid flowers for some of our recent fallen heroes. We visited Long Island National Cemetery, we visited some local cemeteries, we were in Sag Harbor. We were also with Ms. Martinez. We were in her district and we visited a Brentwood High School and honored five of the fallen servicemen in her area at the high school. So this event, it was the first year that we've done this, and we'd like to continue each year with our mission. And Dave could probably talk a little bit more about what we did and what we plan to do.

**MR. CHAN:**

Hi. I'm Dave Chan, part of Team Eva, but I'm also part of Team Chris. I'm one of the race directors for the I Did The Grid Race, which Tom mentioned already. I'm also on the committee for the Suffolk County Marathon Veteran Run Series where all the races have gotten together. Last year was our first year. This year we have eight races that we're putting together, and then all the money goes out to veterans groups.

This year was the first year of the Seven Marathons in Seven Days. The talk for next year of the Seven Marathons in Seven Days, I hope it stays only at seven, we're talking about trying to tweak it and try to represent some other areas. We based every marathon in a different community in Suffolk County. We want to get some of the certain areas and hit some of the other monuments where we can actually visit and represent all the families of the fallen that are in Suffolk County.

We're talking about adding a couple of different places, maybe starting one day at the V.A. in Northport. We want to hit Shelter Island and visit Lieutenant Joe Theinert's resting place, which is on Shelter Island, and visit the monument that's actually outside of the Dennison Building, maybe start there one day, and different areas like that. So I know last year -- this year was our first year. We're trying to do a better job and see if we can get a little bit more of the community involvement in trying to help us put this together.

**MS. CASALE:**

So basically, you know, it was a very positive experience for us and we'd like to continue it. We feel that it brought a lot of awareness to our mission, which we do want to continue. And we just wanted to bring that to your attention and have you keep in mind that next year we'd like to ask for your support and maybe think of what's in your area, how we can come to your area and support our veterans, our fallen heroes and our service men and women.

Again, we'd like to thank you and also we must thank of course, Tom. He was very helpful for us with getting us from the start when we started putting this together and helping us coordinate a lot of the days and a lot of the locations and a lot of the support that we got along the way.

**CHAIRMAN STERN:**

Very good. Well, thank you for being with us and all that you do, and congratulations. It's very impressive. Thank you. Legislator Martinez.

**LEG. MARTINEZ:**

Eva, I just want to say thank you. You coming to Brentwood, it was inspirational, it was motivational. We had our young ROTC's who were there who are planning on probably going into the military themselves and we have had a lot of our students fall to the Afghan and Iraqi War. And just having the mother there of one of our fallen, it never gets easy. They try just to live day by day, but the reminder is always there. And you being there really gave her hope. So I really do thank you and I hope that Brentwood treated you right when you all ran in, because she actually ran into the building as she was continuing with her marathon. But I just want to say thank you. I think it was such a great event and the children really appreciated and saw your passion and compassion for what you're doing. So thank you.

**MS. CASALE:**

Thank you very much.

**CHAIRMAN STERN:**

And thanks so much for being with us today. Okay, turning to the agenda, Tabled Resolutions.

**Tabled Resolutions**

There is one item before the committee today. It is **1007 - Adopting Local Law No. -2016, A Local Law to provide designated parking for veterans at County facilities (Muratore)**. This needs to be tabled for purpose of a public hearing, so I will make a motion to table. Second by Legislator Kennedy. All in favor? Any opposed? Any abstentions? IR 1007 stands tabled for purpose of a public hearing. **(Vote: 6-0-0-0)**.

Veterans Committee 5/24/16

There being no other business before the committee, we are adjourned.

***(\*The meeting was adjourned at 10:36 a.m.\*)***