

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 July 19, 2016.

MEMBERS PRESENT:

Leg. Steven H. Stern, Chairperson
Leg. Sarah S. Anker, Vice Chair (excused absence)
Leg. Leg. Thomas F. Barraga
Leg. Lou D'Amaro
Leg. Leslie Kennedy
Leg. Monica Martinez

ALSO IN ATTENDANCE:

Leg. Thomas Cilmi, 10th Legislative District
Sarah Simpson, Assistant Counsel/Legislature
Amy Ellis, Chief Deputy Clerk/Legislature
Andrew Tarantowicz, Budget Review Office
Deborah Harris, Aide to Leg. Stern
Justin Littell, Aide to Leg. D'Amaro
Robyn Fellrath, Aide to Leg. Anker
Michael Pitcher, Director of Communications/PO
Seth Squicciarino, Aide to Leg. Hahn
John Marafino, County Executive's Office
Rick Brand, Newsday.
Tom Ronayne, Director/Veterans Services Agency
Joe Sledge, Public Affairs Officer/Northport Veterans Administration
Ken Rosenblum, Veterans' and Servicemembers' Rights Clinic
Carol Kolar
William Kokell
And all other interested parties

MINUTES TAKEN BY:

Diana Flesher, Court Stenographer

THE MEETING WAS CALLED TO ORDER AT 9:39 AM

CHAIRPERSON STERN:

All right, good morning everyone. Welcome to the Veterans Committee. I ask everybody to please rise and join in the Pledge of Allegiance led by Legislator Barraga.

SALUTATION

I ask all of you to remain standing and keep all of our brave men and women fighting for our freedoms overseas in our thoughts and prayers as well as those that lost their lives and their families in Baton Rouge.

MOMENT OF SILENCE OBSERVED

Thank you.

PUBLIC PORTION

Okay, again, welcome everyone and thank you for joining us this morning. I do have a couple of cards. The first speaker is Carol; Carol Kolar.

MS. KOLAR:

Good morning.

CHAIRPERSON STERN:

Carol, welcome.

MS. KOLAR:

Bill Kokell and I were here speaking about the VA healthcare crisis this past May and to request a letter of support addressed to congress that suggested solutions to the crisis. Based on our previous experience both personal and professional, which we had discussed at the last meeting, our own committee came to the conclusion that the addition of federally-funded Medicare for all veterans would address this very serious and ongoing issue.

We would like to thank Mr. Stern for subsequently meeting with us to exchange ideas on the issue and to make us aware of the Commission on Care, a group that was tasked by the federal government to offer solutions. As you probably know, this commission described the VA system as having profound deficiencies and they presented their final recommendations at the beginning of this month. I don't know if you got that report, but we have it. We have it here.

CHAIRPERSON STERN:

(Nodding head yes)

MS. KOLAR:

Our committee supports a great number of the 18 recommendations that the commission made and we believe some of them can serve as a template for the future. However, there remains a current crisis that is yet to be adequately addressed: That being the immediate and continued lack of access to emergency and primary care. New York State has a high number of veterans 860,000 with over 76,000 residing in Suffolk County. That's why our parades are so good because we have a lot of veterans. We believe a letter to congress from your committee asking to reform or revise the Veterans Choice Act by providing access to taxpayer-funded Medicare would help to offer immediate relief for an urgent problem. Again, this would not be in place of the VA program, but an

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enhancement that immediately expands access to those who serve and have served our country.

Finally, in our meeting with Mr. Stern he expressed concern that some veterans groups may not be in support of this idea. As we had mentioned, we spoke to many local groups on personal levels and received much support for expanding choice and access.

As far as national veterans groups, from what we have been able to ascertain, Veterans of Foreign War agreed with most of the commission's recommendation. And Iraq and Afghanistan veterans support a public/private option. A different ideology is presented by Concerned Veterans of America. And their leadership appears to want the VA to become a non-profit private provider with a significant eligibility restriction for veterans. We would not be in favor of reducing eligibility; we being the citizens committee for military and Medicare. And we don't believe most of the veterans groups would agree with that approach. From what -- our discussion with the local groups, they did not agree with that approach. They worried about that by privatizing the VA, you would be reducing services.

We think former prisoner of war and Senator John McCain said it best when he said "I support any and all reforms that would provide veterans more freedom to choose when and where they can receive care. And we hope you would agree and we'll offer you support to this effort." So this is, again, I know I took -- did I take my three minutes total? You know, we want to -- we want to persist because -- persist in this effort because it started because of Bill Kokell's experience. And I don't know if -- Bill can go into that if need be. We did -- at the last meeting we discussed it, but it was a shocker for me being a nurse and assuming that because we had the VA right here in Northport that we had top-notch care and everything -- everything was great but -- and then coming to find out that that was not the case.

So we'll be back. We want to get some letter of acknowledgment or support that goes to congress saying "we recognize that this a crisis" because we do have the highest concentration of veterans pretty much in the country. In New York State to have over 860,000 and in Suffolk County alone 76,000 veterans, we believe that our Legislature should be working to make sure that at least they have the best care that can possibly, you know, be offered. Thanks.

CHAIRPERSON STERN:

Thank you. Bill?

MR. KOKELL:

Yes, sir.

CHAIRPERSON STERN:

First of all, welcome to the Committee. Did you want to take a few moments to address the Committee?

MR. KOKELL:

I'm sorry, I have two hearing aids and I can just barely hear. Could you repeat that?

CHAIRPERSON STERN:

I said first of all welcome.

MR. KOKELL:

Yes.

CHAIRPERSON STERN:

And, second, I wanted to see if you wanted to take a couple of minutes to address the Committee.

MR. KOKELL:

My experience with what happened with me, okay. I have been in the VA system since 1965. I don't have health insurance and -- so I go to the VA. I'm a disabled veteran 40%. And I never had a complaint with the VA, never had a problem. I had carpal tunnel in both. I had them operated on in the VA and it was successful and so forth. And then they -- we used to go directly to the VA. I live in Patchogue. We used to go to Northport. Then they made satellites -- a satellite in Patchogue and that's where I got -- my provider was.

So this past January, our last of 2015, I went to the provider and I told them that I was having chest pains. And they told me -- they know I work. I still -- I'm still very active. They told me that to do everything in moderation. And I was 74-years-old, again, with chest pains. So I went back in January. That was December. In January I went back and I told them again I was having chest pains. So they set up a nuclear stress test in 30 days. So I went for the nuclear stress test in 30 days. And then I went back to the provider two weeks later and they gave me nitroglycerin, they gave me an inhaler and they gave me heart medication and still I did not see a cardiologist. And they sent me home.

And I -- two weeks later -- less than two weeks later I went into -- I walked into the emergency room and they told me that I had 85% blockage on one side and 90% blockage on the other of my heart. And meanwhile -- this was two months later, I still hadn't seen a cardiologist until I went to the emergency room; then they admitted to the hospital. And they had to send me to New York City. So first they had to make sure I had a bed. To make it short, it took five days before they could get me -- finally get me, after going 18 hours three times without food or water in preparations for it, then they would come and say well, go ahead, you can eat now. It took a week.

Finally they operated on one side they told me to come back in a month to get the other side done, the 85%. So, again, I'm walking around with 85% blockage and I had chest pains again. I went to the emergency room. They admitted me immediately again and now they sent me back to New York City this time. They told me I had to pay for the transportation myself. I said okay, 150 bucks for a cab to get in there. When I got in there, it was the same thing all over again, three days -- a three-day wait, three days preparation for an operation.

Finally they operated. After I had passed out from hunger, I actually passed out, I hit my head. They told me I had to have an MRI before they could operate on me. They put me in a wheelchair and brought me up to the MRI office and left me sitting in a hall. And this is what I said to myself, I said -- and, believe me, I'm not a crybaby -- I said to myself *this is it, this is -- must be how -- the end of my life. This is it right here.* And finally I got somebody who was walking pass and they got me -- got me into the MRI. They did the operation.

After the operation, I wanted to go home. I was discharged but I had no transportation to get home. They told me that I could -- I only had \$20 with me that I tucked in my shoe. They told me I could walk to the subway. Here I am a heart patient carrying with my overnight bag, I could walk -- I think it was 13 blocks to the train station in Manhattan, get on a train and go home. That's if I had enough money. I wasn't even sure if I had enough money. I called my congressman, Congressman Zeldin, in Patchogue. And I called them twice and asked them if they could help me with a ride. I left a message twice. After I was finally home, I went back to his office and I said did anybody get my -- they knew nothing about the phone calls. And it was on a workday. It was on a Friday.

You know, it was an experience and a half. And to me personally you're looking at a dead man because I could have dropped dead at any time with that kind of blockage. My son -- let me just finish with this -- my son had the same experience, he had a blockage on one side, okay? And he is on -- he doesn't own anything so he's on Medicare -- Medicaid -- Medicaid. He went to a walk-in

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clinic, they sent him immediately to Huntington Hospital and they operated on him that night. And the next day he was done. He went home. Thank you.

CHAIRPERSON STERN:

Well, thank you. And thank you for being with us and of course as always thank you for your service to our nation. It's good to see you again.

Okay, Madam Clerk, I do not have any other cards. Do you have anything else?

MS. ELLIS:

No, I do not.

CHAIRPERSON STERN:

All right. Is there anybody else that would like to address the Committee? Seeing none, we will then move to the next item on our agenda, Director Ronayne.

DIRECTOR RONAYNE:

Good morning, Mr. Chairman, members, as always, thank you for the invitation to be here today. I will be very brief this morning. I know that we have other guests in the chamber. I think most significantly what I wanted to report on to the Committee, and Chairman Stern, you were with us recently at Liberty Village when the United States government HUD and Department of Veterans Affairs recognized both Suffolk and Nassau counties for achieving the accomplishments as set forth in what was -- what is formerly the Mayor's challenge to end homelessness amongst veterans. Nassau and Suffolk County -- I'm sorry -- Suffolk and Nassau counties have been partners on this program since October of 2014.

And while we are a partner amongst a number of other community partners, I can tell you that each player served a significant role. Everybody had an important purpose. And while we acknowledge that the term or the phrase that the federal government is using "ending homelessness amongst veterans", I think, requires several qualifiers. Certainly there continues to be homelessness. And there will continue to be veterans who experience homelessness. A part of the Mayor's challenge includes requirements that we continue to engage this community, that we continue to expose them and provide access to services, and that we ensure sustainability for both the veterans who are already receiving support and assistance as well as those who come into -- into the realm and at some point in the future may require services and/or support.

I'm sure the question will be asked if we've ended homelessness amongst veterans, then why do we still have veterans on the street? There is a designation that the HUD and VA are using now, is known as functional zero. And functional zero simply represents those veterans who are in the community, largely street homeless, who we are aware of, we have been made aware through any number of outreach or community involvement. And these individuals have been made contact with. And, again, these are the ones that we are aware of. They have been made contact with and they have been made aware of services that are available to them. They are known to us and ongoing outreach efforts continue with them. We have periodic visits that we make to continue to engage these individuals and hope that they will accept services.

So in fairness to the larger program, to say that we have ended homelessness but still having homeless veterans on the street, I think it's reasonable that if you extend services and provide the opportunities to the veterans and they refuse those services, that the larger program could still be considered mostly successful. We do recognize that the contributors to street homelessness overwhelmingly include veterans with alcohol abuse issues, substance abuse issues or SMI, serious mental illness. These are all a part of the components of our outreach, the outreach in the field with our partners from VA, with partners from the Long Island Coalition for the Homeless as well as

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any number of other community-based partners, making every effort to provide easy access, immediate access for these veterans.

We're hopeful that going forward the successes will continue. And I will tell you that the Regional Director for HUD, the Regional Administrator for HUD who attended the conference was specifically -- had specifically recognized and was both impressed and grateful for the successes that we saw here in Suffolk County largely through what has become known affectionately as the *Housing our Homeless Heroes Act* and that was a package of legislation that was driven largely by Legislator Stern. The pieces of the *Housing Our Homeless Heroes Act* in concert with many of the other programs and services that work in the community have contributed enormously to really effectively addressing this problem. I personally believe that this is an ongoing problem that we'll have to remain engaged in, but I congratulate and thank each of you for the support that you've shown us over the years and provided the necessary resources. And just -- and you've been good partners to us on this effort and I appreciate it. And I know the many, many hundreds of veterans who have been helped over the past several years specifically through these programs, I know that they thank you because they are in much better places largely today than they were prior to the opportunity to roll out these programs. So thank you.

And the other thing that I would just like to report very quickly on, very briefly, is the marathon, our second annual Suffolk County marathon, half marathon and 5 K to support our veterans. We've been very actively engaging the community. We are receiving very broad support. The change of route from beginning and ending the race at Heckscher State Park and moving that now so that the race begins and ends as well as hosting our Freedom Festival after the marathon, all of those things will take place in downtown Patchogue Village. The race will still travel through the same five downtown areas that the original race did, but the finish line, the start line and the Freedom Festival will be in an area that is much more accessible to the community and will provide, I think, much greater benefit to the merchants and the surrounding communities as well by being right in there, right in their community.

So we're very excited. We continue to aggressively pursue registrations. We continue to work very hard to find new ways to creatively expand the reach -- the scope of this marathon and we're very much looking forward to it. I'm excited to see the draft list of Legislators on the relay for this year. Although a relay may not be necessary, but we do have a 5 K. So maybe we'll just see you all at the 5 K.

CHAIRPERSON STERN:

Good. Anybody for the Director? Director, before you leave us, let me just say, first of all, you know, a tremendous thank you to you and your leadership and to your outstanding staff for playing such an important role in the very special announcement that we had the opportunity to attend the other day; and, really, what a tremendous example of what you hope for, which is an important goal that set out with great partners, and really outstanding leaders from so many great organizations both within government and outside of government and not-for-profit organizations that have had real track records in providing exactly this kind of assistance and bringing it all together in a coordinated way and accomplishing, in large part anyway, the goal with the idea, of course, as you had mentioned that we still need to remain very, very vigilant in making sure that those that have served our great nation and their families are continuously cared for. And whatever challenges they may face, that we stand ready to assist them in any way we can. But to have set out with a very important goal and to have achieved it and to be recognized for having achieved that goal, it was a special day. And so thanks to you and to your staff and to everybody that played that important role, not just in Suffolk County but across Long Island. We have a lot to be proud of.

DIRECTOR RONAYNE:

Thank you. I take particular pride in this accomplishment. I know that we still have a great deal of

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work to do, but, you know, as you touched on, we are a component of this much larger effort. And without our community partners, without engaging our not-for-profits in the community, without engaging our other governmental agencies, we've had so many -- so many important partners here; some of them are in the room with us. The Department of Veterans Affairs is here in the room with us today.

You know, one of the -- one of the things that, you know, I find somewhat disappointing is when we do these broad public acknowledgments, when we do the press conferences, when we have the media, it tends to be what I refer to as the usual suspects. It's us at the podium. It is us speaking on behalf of the larger community, but really it is the countless people who are out there day in and day out doing the hard work in the trenches, just really, you know, making magic happen and, you know, so many of them.

And one of them, I don't want to steal any thunder, but one of those -- one of those folks who is very comfortable being behind the scenes but accomplishes remarkable things is Ken Rosenblum. Ken and the resources that he has brought to bear over the years from the legal community in assisting the veterans that we have funneled through our offices and directed to him and his team, is just one example of the many, many, many moving parts that it takes to make an effort like this successful. And, you know, we could talk all day and I would be remiss, I would still miss somebody. So I won't attempt to name all of the important partners but it really is -- if ever there was a community effort, this certainly is it.

CHAIRPERSON STERN:

Yes, lots of luck. Director, if you have a few minutes, maybe you can just hang there and stay with us, but one of those very important partners on a daily basis is our partners up at Northport VA. Joe Sledge is with us today as our guest.

Joe, why don't you come on up and you can take a seat next to the Director. It is great to have you here as always. Bring us up to date on what's going on and how everybody's doing up at Northport.

MR. SLEDGE:

Good morning everybody and thank you for giving me the opportunity to come and give an update on the medical center. I would be remiss to not acknowledge one of the presentations made earlier by one of our veterans. And, you know, the goal of Northport VA Medical Center is obviously to satisfy the healthcare needs for the veteran, to exceed the veteran's expectation. So it's -- it's always disappointing when you hear of a veteran who's used the VA Medical Center at Northport for 50-plus years and at the end of things to have a bad experience by going to a sister facility or even to one of our clinics.

So I think it's important for me to point out that whenever a veteran has an experience that is less than satisfactory, there are resources and there are individuals who are tasked with addressing those difficulties, those problems. And they could -- they begin actually with the frontline staff in the area that the problem is becoming apparent. Every clinic, every unit has a manager or supervisor so I would encourage any veteran who has any difficulty at the point of care to ask for a supervisor or manager. That being said, we also have dedicated patient advocates whose role is to help resolve patients' dissatisfaction and address questions, concerns, clear up any issues. And beyond that we have a senior leadership team who is also available to address veteran concerns.

So I want to acknowledge, you know, the care that you got and thank you for your service and also to say that I would like to follow up from my perspective on your issue because if it happens to one veteran, it could be happening to another veteran. So that being said, I just want to clarify that. Our goal is obviously to satisfy the veterans, to make their experience world class.

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So I'm going to give a very brief update because I -- perhaps you have questions. I want to acknowledge Tom Ronayne and Ken Rosenblum and, again, the people who work together to help bring about the events and the milestones that we experienced last week. By no means can we say that there are no homeless veterans on Long Island. But what we can say is with certainty that if there is someone who's homeless, there is a point of care, a resource for them to have a home, a roof over their head. And more has been done in the last several years to address veteran homelessness on Long Island than in the 24 years that I've been here at the Northport VA.

We have recently entered into an agreement, a partnership with United Veteran Beacon House, which builds on the already wonderful relationship we had with them. They now manage and operate the homeless residents on the grounds of the facility and they do a phenomenal job. I want to acknowledge that the Salvation Army did that quite well for 18 years, but Beacon House, having really developed a reputation for working with veteran leaders, veterans themselves and helping end homelessness for those individuals is significant.

One of the powerful tools we have in addition to the people who work with homeless veterans are the HUD-VASH vouchers. Several years ago HUD and the VA got together, developed these section 8 type vouchers. When we got them, maybe about eight or nine years ago, we had about 30. Now we're up to about 450 to 475. Those vouchers allow veterans to go into permanent housing, offset the cost of rent with these vouchers and get back into the swing of things and have very meaningful and productive lives.

So we're very proud of our partnerships with the community and we're proud of the accomplishments we are making and have made for our homeless veterans. In fact, today we're having a challenge meeting, it's an annual meeting where VA invites our community partners into the medical center to sort of brainstorm on what we do well and what we could do better and to come up with some objectives for the coming year. Congresswoman Rice is our keynote speaker. Given her -- the focus of this year's challenge meeting on veteran employment and her devotion to that particular cause in the congress is quite meaningful for the Long Island community and I'm sure it will be very productive.

Getting really to the heart of the issues that affect the VA, access is obviously the -- been a very important issue in the -- on the national scene and on the local seen for a number of years now given the scandals in Phoenix and in other VA Medical Centers. Thankfully not Northport. However, again, like other VA facilities we have had our experiences with wait times that forced us to either refer veterans to the outside through fee basis or have some protracted waits. And thankfully in the last several years we have been able to bring on with additional funding through the choice program through VACA clinical staff to address any wait times.

I do want to point out that choice is obviously a valuable tool for access, but it is not new to Northport VA and probably not new to most VAs. It's just called something different. We've had fee basis care for -- well, for as long as I can remember in VA. Certain services that we don't do or don't do as well as we could, we refer to the outside; or if benefits the veteran. We have not done mammography and breast care for a number of years. We used to have a mammography unit; used to conduct those exams at Northport. But when you don't have the volume, you have to say to yourself, we don't have the expertise. And so thankfully we came to the decision with our woman veterans that we should provide this service through the community and we've been doing that quite successfully for at least a decade. So it's just one example of many in which the VA has contracted with the community providers to provide veterans with the care that they need.

Another thing, another tool that the VA Medical Center at Northport has used to expand access is our community-based outpatient clinics. Just about 7 years ago, we had what are known as satellite clinics. Historically these clinics serviced the mental health needs of veterans. And in one or two

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locations on Long Island we had introduced primary care in the late '90s. Well, we're proud to say that through partnerships with both Suffolk County and Nassau County and through some independent efforts on our own, we have established community-based clinics that offer both primary care and mental health and additional services in Valley Stream, East Meadow, Bay Shore, Patchogue and Riverhead. And that's in addition to the services that we provide at Northport VA Medical Center.

Part of our efforts here in Suffolk County is the rural health initiative. We in addition to our Riverhead operation, we have now mobile units that provide podiatry care, audiological care. And we're looking to even expand our services in the area of physical medicine and rehabilitation at our Riverhead CBOC thanks to Suffolk County.

What else? We have done quite well with our clinic access. It's not perfect but it actually exceeds the national average for waits and performance. So I'm glad to report that. I'm glad also to report that the medical center improved in its sale report. And sale, I wouldn't begin to try and explain sale; it's a very complex -- I think you'd have to be an actuary to really understand it, but basically it rates medical centers in quality and efficiency. It uses a star rating. And within the last year Northport VA has added another star to our rating, which I'm very proud to say, you know, it's another feather in the hat for Northport and also an indication that Northport VA Medical Center continues to move in the right direction for our veterans.

Couple of, I guess, sparklers, we are -- we're the first medical center -- in October we learned that we were the first medical center in New York State, whether it be public or private, to receive the Planetree Bronze Recognition award. This is for meaningful progress and patient-centered care. And Planetree is a, sort of a cultural transformation initiative, very much envied by and desired by many healthcare providers and institutions and serves as the real -- the gold standard for patient-centered care. So we received the bronze award because we satisfied the minimum standards for that award. And we were told by Planetree that rather than going for the silver, we should just proceed to go for the gold if we satisfy several other objectives that they've identified for us. So we're well on our way there.

We have a very nice sleep center at Northport VA Medical Center. As veterans here know, sleep is one of the effects -- disturbed sleep is one of the effects of sometimes military service, particularly wartime service. So we have a sleep lab at Northport VA Medical Center. It recently received a accreditation from the academy -- American Academy of Sleep Medicine. It meets all the standards for personnel, facility, equipment, policies, procedures, data, patient care and quality assurance.

We continue to have, again, for, I think, it's the fourth year in a row, we're one of four VA medical centers in the country to have a pilot project where we provide cost-free day-care to the children of veterans who are seeking care at Northport VA Medical Center. So when they come for their appointments, they drop their children off, they go receive their care, they pick their children back up. It really is a phenomenal program. The data suggests that it would be very -- it would be something that we would want to see continue long into the future. I hope the VA, you know, duplicates its efforts at the four facilities throughout the country, because what works for Northport patients will likely work well for the rest of the country.

Same could be said for our United Behavioral Healthcare Center that we have with Northwell in Bay Shore. That's doing quite well, where we take care of the veterans. The Northwell staff take care of the family members including children. And where indicated, where there needs to be some sort of a family met gathering, we meet in the middle of the clinic. And it's, again, an excellent model that I hope will be rolled out across the country as the example of dealing with the needs of the veteran's family. Because as veterans will tell you, when you take care of a veteran, you really have to take care of the needs of the family. When you get deployed, you're leaving behind a family member. When you come back, you're reintegrating into your family life, roles may have

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changed, situations may present themselves. So this center in Bay Shore really serves as an example of what we should be doing for our veterans and their families.

We are also proud to announce that we are participating in the Million Veteran Program. We were added to the -- this slate of facilities participating in this genomic study that will allow veterans to -- by giving a small vial of blood and providing some medical history, lead to some significant medical advances not only for veterans but for human kind. Northport ranks number one in enrollment in the Million Veteran Program in the country over the last 6 months, so we're very proud of that as well. And we're grateful to the veterans who are doing that.

We recently had our annual adaptive sports clinic. That's a very significant opportunity for veterans who may have given up on the hope of ever being active physically, disabled veterans who maybe thought, well, sports is a thing of the past. We are letting the veterans know through this adaptive sports clinic and through our associated adaptive sports programs at the medical center that they -- there are wonderful opportunities awaiting them in the world of sports. And some of the activities include archery for the blind, go-ball, scuba diving, kayaking, all of these quite significant enhancing the quality of our veterans' lives.

And finally Northport VA Medical Center has partnered with the Department of Defense to recognize and honor the men and women who served during the Vietnam war, to issue a commemorative pin that was created by the Department of Defense. To date Northport VA Medical Center has by far held the largest Vietnam veteran recognition ceremony in the country where we had on October 7 -- October 7th 1500 Vietnam veterans and a thousand of their family members come to our Vietnam Veterans Memorial Garden Courtyard to receive this significant acknowledgement of their service and sacrifice during the Vietnam war.

And I'll leave it open to any questions if anybody has any.

CHAIRPERSON STERN:

Questions? Joe, of course, Joe, thank you so much for being with us as always.

MR. SLEDGE:

Thank you, Legislator Stern.

CHAIRPERSON STERN:

Legislator Barraga.

LEG. BARRAGA:

A clarification for me.

MR. SLEDGE:

Yes, sir.

LEG. BARRAGA:

Physicians who do surgery at the VA Northport, are they exclusively employed by the VA system? Or do you use physicians or a combination of physicians from the local communities?

MR. SLEDGE:

That would be a combination. We are a teaching facility. We do have obviously attending physicians staff. We also have residents and fellows and -- but we also have physicians. For example, I was speaking with one yesterday, an ENT physician, who works one day a week, has a private practice in the community. So it's both -- it's really a mix.

LEG. BARRAGA:

Because I know Central Islip Psychiatric, if I recall correctly, had a medical building at one time. And it was a combination of, I guess, physicians who were hired by the state, but there were many physicians in there who were local with practices who are assigned and were attendees at other hospitals. So, what you're telling me is that you have the same sort of mix at the VA Northport.

MR. SLEDGE:

Yes, sir.

LEG. BARRAGA:

All right. Thank you.

MR. SLEDGE:

And not just obviously with surgery, but with, you know, other medical disciplines as well.

CHAIRPERSON STERN:

Joe, you had mentioned average access times and the fact that at Northport overall average access times -- I don't want to use the term exceed because exceed doesn't sound like it's going in the right direction, but you actually exceed expectations as opposed to the national average.

MR. SLEDGE:

That's right.

CHAIRPERSON STERN:

I was wondering if you have those numbers broken down, access average times locally as opposed to what the national average is.

MR. SLEDGE:

Yes. And if I can find my glasses, I can read them. Now, these numbers are from, you know, the latest numbers that we could pull from whatever data source -- we have a gentleman at the VA Medical Center who does our -- pulls the data and, you know, from, you know, the VA -- a national source. The metric is -- let's see here -- here we go. So primary care -- veterans got primary care appointment for urgent care as soon as needed, the last number we had 90% and VHA's average was 71.9%; primary care, got an appointment for checkup or routine care as soon as needed, 95.8% was the last number for VA -- Northport VA, 82.6% for Veterans Health Administration; specialty care appointment for urgent care as soon as needed 88.2% for the last reporting period for Northport; 72.4% for VHA; specialty care appointment for checkup or routine care as soon as needed 95.1% for Northport; 82.9% for VHA. And, again, these are average numbers.

If you don't mind, I also -- I left out a pretty significant piece of information. We were talking earlier about surgeons, which made me remember to say, you know, we didn't about our operating rooms which were much talked about about a month ago. I do want to, if I may, give you a little history lesson on that.

CHAIRPERSON STERN:

Please, that was going to be one of the next questions. I'm glad you're bringing it up.

MR. SLEDGE:

So basically the -- the staff in our operating room identified particulate matter on the perimeter of one of the operating rooms so a decision was made to close the operating rooms, clean the ventilation system, reopen, test and see if there was any more particulate matter. We ended up doing that. Things went well for a couple of weeks. And then more particulate matter showed up. We ended up closing that. We referred the veterans who are pending surgical appointments to

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community -- either to the VA or our community providers. And for those who wish to wait, again, we're talking elective surgeries, anyone with an urgent need got the care in the community as soon as they could.

And so I think the misstep that we were, you know, being called out for was not keeping our congressional representatives informed and it was actually a very good thing to call us out on. However, I do want to point out that at the joint commission on accreditation of healthcare organizations, there's a joint commission now, as they're referred, came to Northport to review what had happened with our operating rooms. And, in fact, the communication deficit aside, identified our actions as a best practice for response to, really, this failure of our system since we met the needs of the patients and there was sort of an interrupted provision of care for the patients.

Where we are today, if you had been following, you knew that we had to have specially designed HEPA filters, fan-assisted HEPA filters to prevent the discharge from entering into the OR so that we could safely resume the surgical procedures which began the second week in June.

To date we have had no issue with particulate matter. We've continued to provide our surgical procedures. I believe the backlog of the elected pending surgeries have been completed. And the next phase is that we're actually looking to do some modifications to the system. We had an expert come in, do an assessment of the equipment, made recommendations. We're going to move forward with that. But really the ultimate goal is now to replace our entire operating room with a major project. And that is -- we're given every assurance from the Under Secretary of Health that that will not be issue with funding, so.

CHAIRPERSON STERN:

Now, that Beacon House has taken over operations on the grounds, you may have the numbers, you may not, but I was wondering if had any idea how many veterans they are serving or continue to serve as part of their operation now on the grounds.

MR. SLEDGE:

I don't believe the number of beds has changed. I think the number is -- I think we have about 50 beds in the residential unit. I couldn't say, I don't have any data, I'm not even -- I'm sure they do. They've been in operation since January so I'm sure they have at least, you know, half-year data. But I can tell you, again, the reason that they received the contract to provide the services at Northport VA's because they met so many of the -- of the standards that we were hoping to meet with regard to addressing veteran homelessness. They're a very good partner. In fact, we had a meeting with them yesterday to talk about expanding opportunities for the residents on the weekends, which for many of them could be -- include downtime.

CHAIRPERSON STERN:

Okay. Legislator Kennedy.

LEG. KENNEDY:

Good morning, Joe.

MR. SLEDGE:

Good morning.

LEG. KENNEDY:

I was lucky enough to be at the opening of Veterans Beacon House. It's an excellent program with excellent participants and management. We had an experience of a part-time County employee going homeless. He has since been given a full-time job with the County. And I think he has left Beacon House in a short period of time. So it's working. It's working very well having that

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program on campus. Basically congratulations for taking them on.

I also would like to ask that you add all of our names to whatever e-mail service you use. Because having a ceremony for the veterans, the Vietnam veterans is a marvelous thing and I would like personally to be notified so that I can come, too, and praise them for their services. They didn't get it when they came back.

MR. SLEDGE:

Sure. Thank you. And I will be happy to pass along the congratulations since I had nothing to do with selecting Beacon House, but very good people did and I will let them know. And I think it's important to point out, you know, earlier there was a discussion about the report that was recently published about the -- where the VA will go in the future. Greg Curran, our Homeless Veteran Program Manager says it really well: We -- and think we've recognized this for a very longtime -- we all need to work together, all of the agencies on Long Island, all of the offices that are dedicated to helping veterans and their family need to continue to build those bonds. And I think that's really been one of the things that has kept us out of trouble, all of us, by working together to help veterans. And in hearing individual stories of, you know, veterans who, again, could have 50 years of a great experience and then one experience just blow it all away, we need to fix those. We need to do service recovery. And I think by, you know, coming today and hearing that, it's just another example of how working together we can hear and listen and maybe make some improvements for the veterans.

LEG. KENNEDY:

I came back to working for the County maybe seven or eight years ago and ended up dealing with a lot of veterans and the VA. The appointment times as a nurse to me were pretty close to horrendous. I have seen a significant -- I still follow two of our -- the critically ill veterans on a consistent basis. I've seen a tremendous turnaround. And I have to commend you for that. It's not perfect, but I don't know one facility that is perfect. But it's a significant change in seven years.

MR. SLEDGE:

Yeah, I think that -- I say to myself, you know, like all healthcare facilities and organizations, we're comprised mostly of doctors and nurses and social workers and health technicians, people whose life mission is to heal and comfort people. So your feedback is appreciated. Again, I had nothing to do with the improvement of wait times, but I will pass that along to the Director and the Chief of Staff because they are very much dedicated to that improvement.

CHAIRPERSON STERN:

I was just at a function and we had seen each other just a couple of days ago on the grounds and had the opportunity to speak with many of the veterans who were there, who were at Northport often as we all have the opportunity to speak with our constituents from time to time, those who've served our country and make us of the many services that are offered, whether it was those veterans that I had the opportunity to speak with that day, or the many that I have the opportunity to speak with on a regular basis with much consistency. They continue to have great comments and great praise for all the professionals up at Northport, so thank you.

MR. SLEDGE:

Thank you.

CHAIRPERSON STERN:

Okay. Everybody else good? Joe, thank you.

MR. SLEDGE:

Thank you all.

CHAIRPERSON STERN:

All right. Now, speaking of someone who comes to us with having earned -- Carol, not --

MS. KOLAR:

Can I ask him a question?

CHAIRPERSON STERN:

You can ask him a question offline.

MS. KOLAR:

I can't ask him now?

CHAIRPERSON STERN:

Offline, you can. You cannot ask a question from the audience, yeah. But I'm sure Joe would be happy to have a conversation with you offline.

MS. KOLAR:

Yes. Thank you.

CHAIRPERSON STERN:

But we welcome a special guest with us today our friend, Ken Rosenblum. I've asked Ken to join us today to maybe just -- Ken, maybe you could just give us a brief update on some of the things that you've been working on, some of the things that you have been working on. As we say to you congratulations on the announcement of your retirement, maybe you can tell us a little bit about the kinds of things that you're going to be doing going forward.

MR. ROSENBLUM:

Well, I'm flattered and honored by the invitation. And I thought I might get called on to say a few words, so I did a little thinking before I got here and -- which you still do in retirement. And I thought of a line from Winston Churchill, his remark at the beginning of the North African invasion, the beginning of World War II, the first time that Americans got involved in active combat in North Africa in 1942. And when that invasion started to show a little success, he said "this is not the beginning of the end but maybe it's the end of the beginning."

And I thought of that both in terms of my own life and where I'm going from here, but also in terms of the work of this Committee and community that it supports and the announcement that vets' homelessness has been effectively ended, however that term is defined. And that's what I thought is really the end of the beginning. Because it's a wonderful job of teamwork from Tom Ronayne and Joe Sledge and the County Executive and this Committee and Legislator Stern and so many partners: The EOC, the Dwyer Project, Beacon House, so many people have pitched in on this.

But we gotta keep our focus. There's a lot of hurting people out there still. The veteran's suicide rate continues to be absolutely shocking still at over 20 a day. And what's interesting and doesn't get written a lot about in the media is that number skews old. The median age of veteran suicides is over 50. And there's a lesson there for us. Veterans unemployment is still unacceptable. And much of the unemployment and also the homelessness is related to the inability of veterans to get driver's licenses back. Very often during their period of mental illness or drug or alcohol abuse or homelessness, they pile up traffic fines, something as simple as traffic tickets. But, you know, they're living on minimal income, minimal pensions, supported housing. And sometimes these vets have got a thousand, \$2000 worth of fines and penalties that have built up over the years and not necessarily for serious driving offenses as some of them do have, but they just don't have the money to pay the fines. And right now there's no reliable mechanism to get those fines reduced so that the vets can get their licenses back.

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So one of the things that I'm going to continue to work on as a volunteer and along with Tom Ronayne and maybe coming back to you is with proposals or solutions to get fines reduced for vets who cannot afford to pay the fines without a driver's license, particularly on Long Island; I mean that's a one-way ticket back to homelessness. You can't work, you can't go to education, go to school, get medical care. You know, I've talked to vets without driver's licenses, one with a significant disability, who had to take four buses to get to medical care at the VA because he couldn't get his driver's license back.

And so one of the things, my first project, the end of my beginning, is Tom Ronayne has agreed to work with me and with the County and we're going to be setting up a meeting to start with the Traffic Parking Violations Agency Chief to see if we can come up with some solutions to address the issue of homeless and financially distressed vets who just can't get back in the game because they cannot afford to pay the fine. And right now there's just no mechanism those -- no easy mechanism or accessible mechanism to get those vets back in the game.

We have a shocking number of incarcerated vets. And many kudos to the County for starting one of the first in the nation veterans pods, where veterans are gathered together in a correctional facility. And that's proven to be successful throughout the nation because vets self-regulate and they get uniforms and a hierarchy and they revert to their command structure. So it's a real positive. And in that connection I'm very happy to say that Touro Law Centers Veterans Legal Clinic, which I headed -- honor to head for the last three years, is going to continue. The new officer in charge is Roseanne {Trovoke}. She is a 23-year Coast Guard Veteran JAG Officer, been around the world with the Coast Guard JAG Office. And she's assisted by a part-time staff attorney by the name of Sarah {Featherston}. She was a Navy -- sorry, an Air Force -- my apologies -- an Air Force fighter pilot, but she decided that being a F18 pilot with small children was probably not the best career strategy. And so she left the Air Force, went to law school, practiced for a while and now has joined us as well. And I hope to have the new crew here at the next meeting in September so we can meet them as well.

I will be continuing, as I said, as a volunteer both with the Touro Law Veterans Clinic working on discharge upgrades so we can help the tidal wave of vets with bad paper, once again, qualify for VA medical care and for veterans benefits. And I will be continuing to volunteer work hand-in-hand with Tom to try to address some of the vets' issues in the community.

I just ask the Committee or remind the Committee that this is a debt that we owe to the vets that can never, ever be fully repaid. We can only try to repay it in some small way. So I ask you all to keep up the focus, to recommit even though we can say the homeless issue has been significantly addressed, to recommit to counseling, jobs and legal help for the vets in our community. The job isn't done. I'm staying on the job and I'm glad that you are, too. Thanks a lot.

CHAIRPERSON STERN:

Ken, we are all fortunate that -- and certainly our veterans and their families are fortunate that you will continue to remain on the job. And thank you for being with us today. And I did want to take just a moment to read into and make part of the record, I'm going to go kind of fast, so let me know if I'm going to fast for you:

"The Suffolk County Legislature wishes to recognize and congratulate Ken Rosenblum, Director of the Veterans' and Servicemembers' Rights Clinic at the Touro Law Center upon his retirement. Ken Rosenblum spent five years on active duty as a US Army JAG Officer, served in Vietnam and worked as a court martial prosecutor, war crimes investigator and military judge. His decorations include the Bronze Star, the Meritorious Service medal and the Army Accommodation metal with Oak Leaf Cluster. He was Deputy Chief of the Suffolk County DAs District Court Bureau, Managing Attorney of the Suffolk County Attorney's Office and Commissioner of the Suffolk County Department of

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Consumer Affairs. Ken Rosenblum joined our law center in 1990 serving in numerous capacities in 2013. He was named Director of the Veterans' and Servicemembers' Rights Clinic, which under his direction has assisted hundreds of veterans in securing benefits, provided support and understanding and helped trained the next generation of advocates to protect the rights of veterans. He assisted with the formulation and the implementation of the Housing Our Homeless Heroes Act to create housing and provide services to the brave men and women who sacrificed so much to protect our great nation."

And to have you here and to continue to have you as a tremendous advocate and resource for our all of us throughout Suffolk County, Ken, we say to you congratulations upon your retirement, but most importantly I'm sure I speak for all of my colleagues on the Committee and for the entire Suffolk County Legislature when we say thank you.

(APPLAUSE)

MR. ROSENBLUM:

I'm honored. Thank you very much.

CHAIRPERSON STERN:

Just by the way, there being no other business before the Committee, we are adjourned -- except for the fact that Legislator Anker was not with us today. She has an excused absence.

**THE MEETING CONCLUDED AT 10:40 AM
{ } DENOTES SPELLED PHONETICALLY**