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VETERANS COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE

A meeting of the Veterans Committee of the Suffolk County Legislature was held in the Maxine S. Postal Legislative Auditorium in the Evans K. Griffing County Center, 300 Center Drive, Riverhead, New York, on February 28, 2017 at 9:30 a.m.

MEMBERS PRESENT:

Leg. Steve Stern, Chairperson
Leg. Sarah S. Anker, Vice Chair
Leg. Leg. Thomas F. Barraga (Excused Absence)
Leg. Lou D'Amaro
Leg. Leslie Kennedy
Leg. Monica Martinez

ALSO IN ATTENDANCE:

George Nolan, Counsel to the Legislature
Amy Ellis, Chief Deputy Clerk/Legislature
Robert Lipp, Director/Budget Review Office
Andrew Tarantowicz, Budget Review Office
Deborah Harris, Aide to Legislator Stern
Justin Littell, Aide to Legislator D'Amaro
Robyn Fellrath, Aide to Legislator Anker
Ali Nazir, Aide to Legislator Kennedy
Seth Squicciarino, Aide to Legislator Hahn
Michael Pitcher, Director of Communications/PO
John Marafino, County Executive's Office
Tom Ronayne, Director/Veterans Service Agency
Joe Sledge, Public Affairs Officer/Northport Veterans Admin.
Carol Kolar, Citizens Committee for Medicare
William Kokell
Captain Cliff Clark, Service Officer/Shelter Island American Legion
And all other interested parties

MINUTES TAKEN BY:

Lucia Braaten, Court Stenographer

1 (**The meeting was called to order at 9:49 a.m.**)
2

3 **CHAIRMAN STERN:**

4 Okay. Good morning, everyone, and welcome to the Veterans
5 Committee of the Suffolk County Legislature. I'm going to ask
6 everybody to please rise and join us for the Pledge of Allegiance,
7 led by Legislator Martinez.
8

9 (**Salutation**)

09:49AM 10 I'm going to ask everybody to please remain standing and join us in
11 a moment of silence to keep all of our brave men and women fighting
12 for our freedom overseas in our thoughts and prayers.
13
14

15 (**Moment of Silence**)
16

17 Thank you. Again, good morning, and thank you for joining us. I
18 do have a couple of cards to begin the Public Portion. And, as
19 always, it is a pleasure to welcome Bill.
20

09:50AM 21 As Bill is making his way to the podium, it gives me great pleasure
22 to welcome Captain Cliff Clark. Cliff is joining us today. We had
23 the opportunity to say hello, to welcome him to the committee, and
24 to also wish him every success as he provides much needed services
25 and assistance to our veterans and their families, particularly out
26 on Shelter Island. So, Cliff, thank you for being with us, and we
27 wish you the very best of luck in your role.
28

29 **MR. CLARK:**

09:50AM 30 Thank you, sir.
31

32 **CHAIRMAN STERN:**

33 Thank you.
34

35 (**Applause**)
36

37 **MR. KOKELL:**

38 Well, today we came to pick up the letter. It pertains to veterans
39 care, veterans healthcare. And I've told my story here before
09:51AM 40 about my wait to see a cardiologist. I had to wait 30 days to see
41 a cardiologist. Meanwhile, I had so much pain in my chest, I had
42 90% blockage on one side and 85% on the other. And I walked into
43 the emergency room, I couldn't take it anymore, and then they
44 admitted me immediately to Northport V.A. Hospital.
45

46 I've been getting healthcare from the V.A. since 1956 -- 1966. I
47 don't have health insurance, so I'm grateful for that. I had never
48 had anything like this in my life, I had never been in a hospital.
49 And, at any rate, they admitted me to the hospital, and then they
09:52AM 50 said they were going to send me to Manhattan. And I asked the
51 doctor in Northport, I said, "Why can't I go to Stony Brook? My
52 wife is a heart patient. Why can't I go to Stony Brook?" And he
53 said that, "If you go to Stony Brook, you'll be in debt for the
54 rest of your life." Okay. So I said I'll go to Manhattan, of
55 course, and I went to Manhattan.
56

1 I had to wait another four days, and during that time, I -- three
2 18-hour periods without food or water. And they kept telling me,
3 when I go up and ask when are they going to operate, they would
4 say, "You're not priority," meaning that there were guys that are
5 worse off than me that had to be operated on. And I talked to
6 doctors in Manhattan, two doctors, and they told me, and I said,
7 "When I get out of here, I'm going to call my Congressman and I'm
8 going to tell him what happened to me." Plus, on the third one, I
9 was so weak. I lost ten pounds in those days, and I was so weak
09:53AM 10 that I passed out the first time in my life. But, anyway, then I
11 had to get an MRI and then -- before they could operate.

12
13 They told me that there's a shortage of cardiologists, so I checked
14 into it further when I got out of the hospital. There certainly is
15 a shortage of cardiologists and a shortage of doctors. The V.A. is
16 loaded with nurses and nurse's aides everywhere, receptionists and
17 all of that. When it comes down to the nitty-gritty, you have
18 what, how many veterans on Long Island, 85 -- what is it 85,000 or
19 something, some crazy number? And how many cardiologists do you
09:54AM 20 have to work on them? That's the problem.

21
22 So what we're trying to do is get it so that if I pass out on my
23 kitchen floor, my wife's standing there, she can do like anybody
24 would do. I live a mile from Brookhaven Hospital, which one is --
25 which is one of the best heart hospitals in the state. I live
26 several miles from Stony Brook Hospital. So they could pick me up
27 off the floor and bring me to the hospital without having my wife
28 and me have to worry about picking up the tab, which we don't have.

29
09:54AM 30 And my contention is that if they say, "Veterans, we're not going
31 to help you," fine. Just tell me, say it publicly that you're not
32 going to help us. And if you're going to help us, say, "Yes, we're
33 going to help you," and do it. It's plain speak. Thank you.

34
35 **CHAIRMAN STERN:**

36 Bill, thank you. Carol.

37
38 **MS. KOLAR:**

39 Hi. I don't have the same personal story as Bill, I'm just a very
09:55AM 40 good friend of his. And we have been working for a long time, and
41 we really appreciate Suffolk Veterans Committee for your -- for
42 your understanding and your follow-through. And, as Bill said, we
43 came here to collect the letter supporting the Commission on Care's
44 number one recommendation, which is to improve and increase access
45 for care in the communities to the veterans. And we think that
46 with the support of the Suffolk Legislature, and we are now going
47 to take this -- your support and bring it to the Nassau
48 Legislature, and to Peter King, and to Lee Zeldin, and the other
49 Congress people, the Federal Congress people and -- because this
09:56AM 50 isn't just a problem in Suffolk County, this is a problem
51 throughout the country. And there are many places, like out west,
52 where people have to travel 200 miles to get to a veterans
53 hospital.

54
55 So we really think that the common sense thing is -- and I thank
56 you, Mr. Stern, for telling us about the Commission on Care and

1 their -- in July they came out with their report, and the number
2 one recommendation is exactly what we've been looking for, for the
3 veterans that have given their life blood for our country, that
4 they would have the same care that I have and that all of -- pretty
5 much everybody else here has, and I don't think that that really is
6 asking too much.

7
8 We don't want to hear anymore of the -- after the poor man
9 committed suicide in August in the Northport parking lot, we don't
09:57AM 10 want to hear like Lee Zeldin and all these guys coming up and
11 saying, "Yes, yes, we're going to be looking into this." They have
12 been looking into this for many, many years. And the more -- the
13 further back you go, in 2014, they tried to fix it with the TRICARE
14 thing and that didn't work. It just created longer lines and more
15 quagmire and people not understanding. Social workers don't even
16 know how to work the TRICARE system.

17
18 So we greatly appreciate what you're doing, and we're -- just so
19 you know, we're going to go forth with this and present it to the
09:57AM 20 Nassau Legislature, and to -- and also throughout Suffolk, too, you
21 know, the entire Suffolk Legislature, and our Congress people, and
22 get a Federal bill to improve access, simple. Thank you. And
23 Debbie has the letter.

24
25 **CHAIRMAN STERN:**
26 Carol, thank you.

27
28 **MS. KOLAR:**
29 Thank you.

09:58AM 30
31 **CHAIRMAN STERN:**
32 Thank you for being here, and thank you for your ongoing efforts.

33
34 Okay. I'm going to have Director Ronayne come on up and join us,
35 along with Joe Sledge. And, Joe, it's always good to see you and
36 to have you with us. And while you're making your way up to the
37 podium, let me note for the record that Legislator Barraga is not
38 joining us today, he has an excused absence.

09:58AM 39
40 **DIRECTOR RONAYNE:**
41 Good morning, Mr. Chairman, Committee Members. Thank you, as
42 always, for your invitation to appear this morning, and I will be
43 quite brief this morning.

44
45 I would like to share with you that we continue to be engaged in
46 some committed efforts to expand our longstanding outreach program,
47 our longstanding outreach efforts within the agency. And if I can
48 just scroll through my notes here. Some of what we have been
09:59AM 49 increasing our attention on has been some of what you're already
50 familiar with, what we have long described as underserved
51 populations, and these include, but are not limited to, our
52 veterans who are homeless or at risk of becoming homeless, women
53 veteran, minority veterans, veterans who are at risk in other
54 areas, veterans who may be aligned with our Social Services
55 Department, or receiving other public services from areas unrelated
56 to their veteran status. We have been expanding our efforts to

1 better identify and to better understand the specific and sometimes
2 unique needs of these populations. And, as I said, these efforts
3 are ongoing.

4
5 I'm very happy that included in the areas that we are expanding
6 into are a more concerted effort to work with our schools, not only
7 the colleges on the campuses that we've had ongoing relationships
8 with now for a number of years, but also the -- our community
9 schools, where we have many families of service members. As we
10:00AM 10 always discuss at this committee, so many of them being families of
11 National Guard and Reserve, and not our traditional active duty
12 components. Those populations tend to have certain needs that are
13 different or unique, again, from the active duty community, because
14 of the limited number of resources that may be available to them,
15 service-specific while their loved ones are serving, certainly
16 while they're deploying. So the ability to expand into the
17 community schools. Chairman Stern, I know that you have over the
18 years met with Melissa Pandolf, and Melissa in my office is really
19 at the core of the -- working on the schools component of this, of
10:01AM 20 this outreach.

21
22 The family members of our veterans, for a number of reasons, we are
23 heightening our focus on addressing the needs of our family
24 members. I think we would all agree that if something affects us,
25 that our immediate families are equally affected, and to ignore
26 that I think would be irresponsible. We have always had an
27 awareness and an interest in serving these family members, but for
28 a number of reasons, there are challenges associated with that. So
29 through an expanded effort, through our agency, as well as through
10:02AM 30 the Joseph Dwyer Program, where we have a bit more of an ability to
31 extend into the -- into the family member nonveteran persons realm,
32 we believe that we'll meet great success in these areas as well.

33
34 Certainly, I guess saved the best for last, the partner in the
35 community who we -- I would say partner, if not closest with,
36 certainly equal to any other strong partner that we have in the
37 community, and I think at the core of all that we do in the -- in
38 veterans services on Long Island is our -- is our V.A. V.A. is
39 essential to any of the successes that we enjoy in Suffolk County
10:03AM 40 and across Long Island, and while there are certainly challenges
41 and issues at Northport, as there are with any other V.A. medical
42 center. I'm delighted that we have Joe Sledge here with us today.
43 Joe has a long history and a very strong reputation in the
44 community as being a proactive Executive. And through his
45 leadership, at least in my experience, certainly when I have gone
46 to Joe with a concern, or with a worry, or with a specific issue,
47 Joe has always addressed it, certainly investigated it.

48
49 And I'm happy to have Joe as a partner. And I know Joe is probably
10:03AM 50 not here to speak specifically on this, so I don't want to -- I
51 don't want to bring him down a path that he was not intending to go
52 down. One of the things that I know that Joe is here to discuss
53 today is the -- and I think we're all very excited about this, is
54 the expansion of the CBOC, or the veterans clinic that is located
55 right here in the Riverhead County Center building.

1 So if there are questions, I'm delighted to take questions. If
2 not, then I'm happy to turn the microphone over to Joe Sledge.

3
4 **CHAIRMAN STERN:**

5 Thank you.

6
7 **MR. SLEDGE:**

8 Good morning. Can you hear me?

9
10 **LEG. ANKER:**

11 (Nodded yes).

12
13 **MR. SLEDGE:**

14 I'll pull it closer. There we go. Once again, it's a pleasure and
15 a privilege to be here today to give you an update on a few things.
16 I want to -- sadly, I want to address, you know, one of the
17 comments made by one of the speakers today. Certainly, I want to
18 correct the record, as it will, with an issue that has been
19 affecting Northport V.A. Medical Center since the summer. And I
20 can't sit here and not explain what has been done to address the
21 tragic death of a veteran by his own hand on August 21st.

22
23 As probably all of you know, there were published reports in the
24 New York Times, an article in the New York Times, that a former
25 employee and a current employee alleged that our emergency room
26 staff had turned the veteran away. I can tell you on the day the
27 individual sadly took his life, the Suffolk County Police, the FBI,
28 the V.A. Police and the OIG were on the case. What I can tell you
29 is that that veteran was not turned away from our emergency room
30 staff, and it was tragic for him and his family that that was
31 reported. It was also tragic for the V.A. staff, particularly
32 those who work in our emergency room, to have been accused falsely
33 of turning away a veteran in his hour of need when that did not
34 occur.

35
36 The FBI was asked by Congressman Steve Israel and Congressman Peter
37 King to conduct a thorough investigation of the allegation, which
38 they promptly did. They concluded their investigation and
39 determined, based on all the evidence, and there was significant
40 evidence, including videotaped footage, that the V.A. staff did not
41 turn this veteran away. We have asked the FBI, and I'm sure
42 Congressman King and Congressman Israel, having asked formally for
43 the investigation, know that outcome. We shared that outcome at
44 the Congressional Field Hearing held at Northport V.A. on
45 September 20th. We've shared it in every opportunity that we can
46 to set the record straight, because we don't turn veterans away
47 from our emergency room. So I just want to clarify that for the
48 record. Thank you.

49
50 With regard to other comments made about access to care, I
51 appreciate those comments. I think that we at Northport who have
52 devoted ourselves to the care and wellness of our veterans have
53 long recognized the need for an expansion of services across Long
54 Island. And in the last six years, the Medical Center Director,
55 Philip Moschitta, who's unfortunately going to be retiring after
56 43 years of Federal service, has done much to expand our footprint

1 on Long Island to include the establishment and the expansion of
2 the Riverhead Clinic. I am very grateful to the County of Suffolk,
3 as I had been since 1994 to the County of Nassau, for recognizing
4 that it, too, has a role in the healthcare, the direct healthcare
5 of veterans. And so the County of Suffolk allocated this space,
6 cost free, for the allowance of V.A. to come in and render primary
7 care and mental health services to our veterans.
8

9 Since the opening of our clinic, we have seen -- let me see if I
10 can find the number here. Yeah, here it is. We have nearly 3,000
11 unique veterans using the Riverhead clinic in the last year. They
12 had 14,121 clinical encounters here. We have continued to add
13 services since the opening of the clinic, which initially started
14 again with just primary care and mental health, when for many
15 decades, before the opening, we had only been able to deliver
16 mental healthcare to -- in a clinic setting in Riverhead through a
17 veterans service organization. This was a great opportunity for us
18 and for the County of Suffolk to show its veterans that it cares,
19 and I think we've done quite well, and we continue to do more.

20
21 As Tom indicated, we -- the Federal Government, offered the V.A.
22 additional funding to expand our footprint in the community to be
23 closer to the veterans, and so we approached Tom and the County to
24 see if we could have more space to deliver other support services,
25 such as physical therapy or audiology. As some of you and our
26 veterans know, we already do provide limited audiology support
27 here. And if you came in the back way, you would know we also
28 deliver podiatry care in our mobile unit right outside the clinic
29 entrance. So we're very excited to be working with the County
30 toward the opening of this additional space that will allow us to
31 take care of more veterans and address more of their needs. And I
32 don't know what the expected opening date is, but I've been told
33 the target is the summer. Is that consistent with what you know?
34 Okay.
35

36 **DIRECTOR RONAYNE:**

37 As a target.
38

39 **MR. SLEDGE:**

40 Yeah, and targets move. So we're very proud of that. Since we are
41 talking about, you know, investing -- you know, and I appreciate
42 sincerely the commentary about investing resources to help our
43 veterans, and I know there's a lot of discussion in the country
44 about how best to take care of our veterans and how to give them
45 choices for their healthcare. And we at Northport V.A. Medical
46 Center appreciate that and have, long before there ever was a
47 Choice Program, had a non-V.A. care budget, which we would use to
48 treat veterans who lived at great distances from the V.A. for
49 programs such as physical therapy. If you lived in Riverhead, it
50 didn't make sense to have you come all the way to Northport to do
51 physical therapy; as an example, acupuncture.
52

53 So we look forward to any improvement or enhancement to the V.A.
54 healthcare system under our new Secretary, who's our former
55 Under-Secretary, Dr. Shulkin. Dr. Shulkin came to Northport V.A.
56 Medical Center early this -- no, not early, mid-year, in June, I

1 believe it was, after our ORs had been closed down because of grit
2 coming through the heating and ventilation system. We took then
3 Under-Secretary Shulkin, now Secretary Shulkin, on a tour of our
4 medical center and gave him a briefing about the care that we
5 render, including quantitative and qualitative reports, results
6 from internal, more importantly external accrediting bodies about
7 Northport V.A., and we showed him the infrastructure. And he
8 certainly has an appreciation for the quality of care that we
9 render at Northport, but in an infrastructure that is aging and,
10 obviously, in some cases failing. So I was encouraged when I
11 opened up Newsday today and I read that the President is certainly
12 going to direct a lot of his attention on the infrastructure. Our
13 hope is that much of the necessary infrastructure improvements that
14 need to be made in V.A. medical centers will be made as a result of
15 this new -- this endeavor to address the country's infrastructure.

10:12AM

16
17 Just to close, before Christmas, there was a USA Today story about
18 a quality report that V.A. had for the most part kept internally,
19 so that facilities would know how successful or not successful they
20 were in key areas of quality, safety, efficiency, budget, etcetera.

10:12AM

21
22 Northport, when they initiated this SAIL Report, and it's -- I'll
23 give you the -- what the acronym -- I hope I can give you what the
24 acronym means. It's the Strategic Analysis for Improvement and
25 Learning Report. There was a USA Today article that indicated that
26 the secret report ranked V.A. facilities from a one star, which was
27 the poorest, to a five star, which was the best performing. When
28 they initiated the SAIL Report not too many years ago, it's a
29 relatively new measurement of performance and success, Northport
30 V.A. Medical Center was a two-star facility. We had gone to a
31 three-star facility and back to a two. So for the first several
32 reportings we were a two-star facility. However, with much hard
33 work and attention to improving our processes and our delivery of
34 services, we made it to a four-star status, and then we made it to
35 a higher four-star status. So we're in the top, let's say, 25 to
36 30% of V.A. healthcare facilities in the country with performance,
37 quality, efficiency, and I feel that that's noteworthy.

10:13AM

38
39 I also feel it's noteworthy to report that -- I think it's been a
40 while since I reported to the Legislature's Veterans Committee
41 about our United Behavioral Healthcare Center for military veterans
42 and their families in Bay Shore. This was an endeavor, the first
43 of its kind in V.A., that the Northport V.A. Medical Center
44 embarked on with at the time Long Island Jewish Healthcare System,
45 which is now Northwell, where we operate a clinic with primary care
46 mental health services for veterans on one side of the building and
47 Northwell mental health experts provide support and services for
48 their families, the spouses and children of military veterans. The
49 RAND Corporation, which we all know takes a look at a number of
50 operations, you know, structures within the country and renders an
51 opinion, came out in the Fall with a report that was quite
52 favorable, that said if you were looking to create a clinic such as
53 this one, this would be a model you could emulate. And we're very
54 proud of that, because we've had great success in addressing the
55 mental health needs of not only the veterans, but the veterans'
56 families as well, because we all know that when you live in a house

10:14AM

10:15AM

1 and a veteran has PTSD, everybody suffers with PTSD or the effects
2 of PTSD.

3
4 I'm also proud to report that, once again, Northport V.A. Medical
5 Center has undergone an external review by the Commission on the --
6 on the accreditation of rehabilitation facilities, which concluded
7 this -- last week, the surveyors found no opportunity to recommend
8 and no citations. We were quite favorable in our mental health
9 programs, particularly in the area of veterans industries and
10 compensated work therapy, and they also noted, of course, our
11 United Behavioral Healthcare Center collaborative effort with
12 Northwell.

13
14 And so while there's many, many good things going on, we certainly
15 always can do better. And we look forward to the support of this
16 committee, of our elected officials at the Federal level, and
17 certainly the Administration in moving Northport V.A. Medical
18 Center even further along toward being, I think, one of the best,
19 if not the best V.A. medical centers in our country. Thank you.
20 Questions?

21
22 **CHAIRMAN STERN:**

23 Joe, thank you. And, as always, thank you for being with us.
24 Anybody who has had the opportunity to work with you through the
25 years knows that you are always accessible, and responsive, and
26 work with a lot of outstanding men and women over at the V.A.,
27 providing outstanding care for our veterans. So thank you for all
28 that you do and for being with us, and to bring us up to date on
29 some of the things that you're working on.

30
31 First an overall global question, and this was from a conversation
32 I was having earlier, before we started with the committee. Like
33 our entire healthcare system, it's such a hodgepodge of services
34 that are really all over the place. Maybe you can speak to, and
35 maybe the Director, if you have additional information you can
36 share with us as well, but if I am an average veteran who is in
37 need of routine services on the East End, where am I going? Where
38 are those services located for the most part, North Fork, South
39 Fork, whether they are provided by the V.A. or some other level of
40 government, some other organization? We spoke about the services
41 that are offered here in Riverhead, and we're all very proud of
42 that and the partnership that we have. Other than Riverhead,
43 today, where are some of the other locations that veterans seek out
44 services that they need?

45
46 **MR. SLEDGE:**

47 Well, obviously, I work for Northport V.A. Medical Center, and, you
48 know, when veterans seek their V.A. entitlements, that begins with
49 the registration and enrollment process. Unfortunately, not all
50 veterans are eligible for V.A. healthcare. I wish they were, but
51 that's a Legislative act that is beyond my ability. But with
52 regard to the provision of care for veterans through the V.A.
53 healthcare system, whether it be V.A., or through the Choice
54 Program, or through another vein of the Choice Program, which is
55 non-V.A. care, which allows us to have provider agreements where
56 none exists, but there is a need.

1
2 Where the V.A. can provide a service within the framework of the
3 Choice Program, V.A. will be the first choice. As the gentleman
4 who spoke earlier today indicated, if we provide care to veterans,
5 our first line is to provide the care at Northport. If we can't
6 provide the care at Northport, say, for example, cardiac surgery,
7 we would refer the veteran to our sister facility in Manhattan for
8 that procedure, and then any follow-up care would obviously come
9 back to Northport. However, there are and have been opportunities
10 or instances where veterans were unable to go, for any number of
11 reasons, probably for a hardship -- there's a hardship clause built
12 into the Choice Act language that allows the V.A. to give
13 consideration to hardships, severe hardship, and can refer a
14 veteran to a non-V.A. care provider.

15
16 Since the Choice Program began, Northport V.A.'s business office
17 has, I would say, actively and aggressively reached out to Long
18 Island private providers asking them to become members of the
19 Choice network through an organization called -- that's monitored
20 -- pardon me, that is managed through Health Net, an organization
21 contracted by the Federal Government to sort of direct veterans
22 who, because the V.A. can't provide the care within 30 days, or
23 doesn't -- or the veteran lives further than 40 miles from the
24 nearest V.A., or for a number of reasons that might have to do with
25 hardship, or that we don't provide the service, such as like at
26 Northport, we don't do mammographies, so we refer veterans, women
27 veterans, and men veterans, actually, to -- through the Choice
28 Program for this care.

29
30 So we've been actually enlisting healthcare providers to join the
31 Choice Program so veterans truly do have an opportunity, when the
32 regulations permit, to go to a private provider for care. I'll
33 give you one example. There was the issue of bone marrow
34 transplants. Up until just recently, there was no Long Island
35 provider that we had in Health Net, through Health Net, to refer
36 veterans to, so our -- the next facility was out of state. So --
37 in which that's a hardship for a veteran. So we got hooked up with
38 Stony Brook, they became a Choice provider, their -- certain groups
39 for oncology care joined Choice, and now we're able to refer
40 veterans to that program, versus sending them out of state.

41
42 Choice is not perfect, as you probably know or have read, but it's
43 much better than it was when it was rolled out, but it was rolled
44 out rather hastily, given the -- you know, what was going on in the
45 country at the time. It's still not all inclusive of services.
46 For example, there are very few, if any, dental Choice providers,
47 you know, in our area. Some of that might not be as apparent,
48 because dental is considered what I would call an exclusive
49 entitlement. Everybody is not entitled to dental care through the
50 V.A. If you're a veteran, a patient at Northport, unless you have
51 a service connected disability for a dental condition, or you're
52 100% service connected, meaning you have 100% disability rating,
53 you're not eligible for V.A. dental care. So maybe perhaps we
54 don't -- it's not such a -- we don't hear much noise about it,
55 because it's a very limited entitlement, which, again,
56 unfortunately, because, you know, everybody needs dental, but it is

1 a limited entitlement. So I hope I answered that question.

2
3 **CHAIRMAN STERN:**

4 Yeah. Legislator Anker.

5
6 **LEG. ANKER:**

7 You know, and again, I appreciate knowing that there have been
8 challenges in the past with Northport V.A. Hospital, and to hear of
9 improvement is very important. You know, we have the highest
10 number of veterans in New York State and we need to provide them
11 the best quality service. So, you know, there's always room for
12 improvement, but it's good to hear, again, from out of five, going
13 from a two to a four-plus, that's always good news.

14
15 As far as the partnerships that you have with additional insurance
16 providers or -- and/or hospitals or facilities --

17
18 **MR. SLEDGE:**

19 Yeah, they're health providers, not insurance companies.

20
21 **LEG. ANKER:**

22 Okay. You know, I listened to this gentleman's story about, you
23 know, how he had to go all the way to Manhattan, he wasn't able to
24 go to Stony Brook, Brookhaven Hospital was much closer. Can you
25 give us a little insight to see maybe if there's a way that, you
26 know, that those services can be provided to our veterans, maybe
27 even through an out-of-network? I don't know if that was even
28 available. But any other ideas that we can, I think, to --

29
30 **MR. SLEDGE:**

31 Well, I think -- yes. Well, I would say that I think the whole
32 country, and Congress and the President are looking at veterans'
33 access to care, not just ambulatory care, but emergency care.
34 There are provisions already and have been for many years to
35 address emergency -- emergency room visits. If -- just generally
36 speaking, and Tom probably could say it better than I, but the
37 rules are that if you have an emergent condition, you go to the --
38 you should go to the nearest emergency room. You shouldn't come to
39 Northport if you're in Riverhead, you should go to the nearest
40 emergency room. And the Federal Government, the law says that
41 veterans who have no other means of providing -- paying for that
42 care, if they're enrolled at the V.A., but go to a private
43 emergency room, there are mechanisms in place to allow the V.A. to
44 pay for that emergency room visit, and actually even to the point
45 of stabilization if the veteran needs to be transferred or
46 discharged.

47
48 So, again, there are -- I think there are already rules in place
49 and programs in place. I think it's how to fine tune them, so that
50 if a veteran can't travel to Manhattan for a cardiac procedure, for
51 a number of reasons, maybe a caregiver, may have any number of
52 reasons, that everybody take a look at how to best really give the
53 veteran a choice for care, and I think that that's actually
54 happening.

55
56 I should note that the Choice Program is expected to elapse, I

1 think it's this summer, but I'm sure that the President, the
2 Congress, and the V.A., you know, the -- our lawmakers will renew
3 the Choice Program, because it's -- you know, again, a lot has been
4 invested in it, time, money, attention. And, hopefully, they will
5 just build upon what they have already to make sure the veterans
6 truly do have a choice, but the V.A. should be one of those
7 choices, most certainly.
8

9 **LEG. ANKER:**

10:25AM 10 So who's leading the cause on extending the Choice provider?
11

12 **MR. SLEDGE:**

13 Well, I just actually read yesterday, I don't remember what
14 publication it was, but the Secretary over the weekend was
15 discussing the Choice Program and making changes to the Choice
16 Program, even going as far as maybe eliminating -- if I read it
17 right. So if I didn't read it right, I'm just going to say that
18 now. Maybe even possibly eliminating some of the rules that
19 veterans have to meet to qualify for Choice. How that's done, who
10:26AM 20 pays for it, you know, how that's coordinated, I really don't know,
21 but I can tell you that I don't envision it going away.
22

23 **LEG. ANKER:**

24 This is probably a question you might not be able to answer, but,
25 you know, it all seems to come -- boil down to money, you know,
26 what's available and how much money people can pay, you know,
27 again, the services and funding. How much money do we pay for our
28 defense?
29

10:27AM 30 **MR. SLEDGE:**

31 I don't know. And if I know where you're going, you won't get an
32 argument from me. Because I'm the first one to say, you know,
33 there are a lot of people who talk about taking care of veterans
34 and making sure veterans don't -- you know, don't have to go
35 without. I don't always see that -- I don't always see that acted
36 out by some individuals, so --
37

38 **LEG. ANKER:**

39 You know, just even understanding the percent. I mean, say -- oh,
10:27AM 40 what is it? We spend -- Tom, do you have any idea? I can Google
41 it and maybe find out in a few minutes, but --
42

43 **MR. SLEDGE:**

44 I think you're talking --
45

46 **LEG. ANKER:**

47 -- trillions.
48

49 **MR. SLEDGE:**

10:27AM 50 Regardless of the dollar value, the philosophical question is do we
51 do enough for our veterans, and I think the answer is no.
52

53 **LEG. ANKER:**

54 Right. There should be a certain percent.
55
56

1 **MR. SLEDGE:**
2 The country --

3
4 **LEG. ANKER:**
5 Right.

6
7 **MR. SLEDGE:**
8 I think we do more than any other country on the planet, but
9 that's -- you know, we're America, we should be doing more than any
10 other country on the planet.

11
12 **LEG. ANKER:**
13 Absolutely.

14
15 **MR. SLEDGE:**
16 But do we do enough? No. I think, if we're all being honest,
17 there's so many needs of our veterans, like we were talking about
18 dental care. You know, I'm not advocating it, I'm not lobbying for
19 anything, but I'm very clear that there are very specific rules for
10:28AM 20 V.A. dental care. There are very specific rules for veterans who
21 want to go into a V.A. nursing home. You know, if -- you know,
22 and, yet, you see the number of veterans declining. So, again,
23 this is a -- this is a philosophical -- but if you would ever ask
24 me do we do enough for veterans, the answer is always going to be
25 no.

26
27 **LEG. ANKER:**
28 So it looks October 26th, 2016 U.S. Military Budget,
29 \$773.5 billion, billion dollars. And, again, there should be an
10:28AM 30 absolute dedication of funds for those in need of medical help.
31 You know, it's very frustrating. But, again, until we really
32 understand that, and maybe that's something, you know, we can
33 continue to look into. I know we have our vet services here.

34
35 **MR. SLEDGE:**
36 Right.

37
38 **LEG. ANKER:**
39 And, as I said, the highest number of veterans in the State of New
10:29AM 40 York. Tom, what number are we in the country? Are we the -- one
41 of the highest in the country in Suffolk County?

42
43 **DIRECTOR RONAYNE:**
44 We are. We are in the -- and the number fluctuates. We are the
45 most populous in the State of New York of 62 counties. We have
46 more veterans than any other county in the State of New York, and
47 the State of New York is the fifth most populous state in the
48 United States. So if that helps give perspective.

49
10:29AM 50 **MR. SLEDGE:**
51 And I think if you also look at the utilization of V.A., Long
52 Island, Northport, among area -- you know, regional hospitals, has
53 maintained a number of veterans utilizing our system, where you see
54 in other parts a declining -- well, because of an aging veteran
55 population, a declining veteran population. Interestingly, at
56 Northport, even though we've gone -- our numbers have gone down

1 maybe a couple of thousand over the last ten years, the number of
2 clinical encounters has skyrocketed. We've gone from taking care
3 of maybe 35, 36,000 veterans, who had maybe 150,000 outpatient
4 appointments, to taking care of 32,000 veterans with over 400,000
5 outpatient appointments. So, you know, the utilization of the V.A.
6 is -- we're very much interested in reaching and serving as many
7 veterans as possible, because there still are many veterans who,
8 one, don't know, don't understand, because they've been told
9 something that's not true about the V.A., or they -- or going under
10 the impression that the V.A. is only for war veterans or war
11 wounded veterans when it is not.

10:30AM

12
13 Now that -- unfortunately, back in 2003, January 17th to be
14 specific, the V.A. suspended enrollment for the lowest priority
15 group, only having 17 days earlier created that priority group.
16 But we hope that all of the things that we talk about in this
17 country about taking care of veterans -- we get our direction from
18 the law. Federal law dictates what we can and can't do, we're a
19 Federal facility. We get our funding, obviously, through those
20 processes in Federal -- at the Federal level. But we will do
21 everything we can with the resources we have to do as much as we
22 can for the veterans.

10:31AM

23
24 **LEG. ANKER:**

25 And we certainly appreciate that. And as, you know, a County
26 Legislative Committee here supporting our veterans, we are more
27 than happy to help and facilitate whatever we can to take care of
28 our vets. And I did -- I did visit the grand opening or the ribbon
29 cutting of the Eastern Riverhead clinic and I was very impressed at
30 the technology and, you know, the folks that are there helping
31 those in need, so thank you.

10:31AM

32
33 **MR. SLEDGE:**

34 Yes. Well, I hope you can come to the ribbon cutting. Well, I'm
35 assuming we're going to do a ribbon cutting when we do the --

36
37 **DIRECTOR RONAYNE:**

38 We would have it no other way. If I could make two quick points.
39 One of them is -- and I was going to go to the point that Joe just
40 made, and I think that this is a very important consideration.
41 While we have an aging population, the largest segment of our
42 veteran population right now, and certainly on Long Island, but
43 nationally, are our Vietnam veterans. And as an aging population,
44 coupled with our newer generation of veterans, we're seeing, as Joe
45 said, and I don't think he used the word, but I will, we're seeing
46 an explosion of demand for services amongst our veterans, not only
47 with our aging veterans who are presenting in many cases for age
48 appropriate care, but also a great many service related conditions.
49 You may or may not be aware that the list of presumptive conditions
50 relating to Vietnam veterans exposed to herbicides or defoliants,
51 we call it Agent Orange, during Vietnam, we continue to add
52 conditions and cancers to the list of presumptives here 40 years
53 after the end of that war. So the needs of these veterans are ever
54 expanding.

10:31AM

10:32AM

55
56 When you couple the aging veteran population and those needs with

1 our newer generation of veterans, and this is a complex -- the
2 metrics involved in the newer generation of veterans are a little
3 bit more complicated than have typically occurred historically
4 because of the unusual reliance, and we experience this more so
5 here on Long Island, the unusual reliance that we have seen on our
6 National Guard and Reserve Forces. As such, the force tends to be
7 slightly older than a conventional armed service. Our Guard and
8 Reserve Forces, we refer to them as our citizen soldiers, also tend
9 to have families, responsibilities and obligations such as
10 mortgages and careers, professions that most of us did not enter
11 service with. So these compound the needs of our -- of our
12 veterans upon returning home.

10:33AM

13
14 The other trend that we have seen in our post 9/11 wars has been
15 the -- this phenomenon of multiple deployments. Historically, as a
16 nation, we have never relied on routinely multiple deployments of
17 our forces, sending the same people back to fight two, three, five
18 seven times. Clearly, sending somebody off to prosecute a war, or
19 even in support of a war, is going to have certain effects. When
20 you do it multiple times, you can expect reasonably that the effect
21 on the individual and their families who are left behind to be
22 compounded by those multiple deployments. And we are seeing an
23 extraordinary number of these newer generation of veterans
24 presenting for all manner of care.

10:34AM

25
26 The second point, and it segues nicely into the point that I just
27 made, is that while V.A. has been an extraordinary partner to
28 Suffolk County, to Nassau County, to all of our veterans in the
29 community, to our various veteran service organizations and
30 community-based groups, one group in particular has been working
31 very hard, and V.A. has, much to their credit, been very
32 cooperative in participating, as has my office and others, with a
33 needs assessment that has been conducted over the past six months
34 or so through the Long Island Veterans Health Alliance. The
35 results of this needs assessment will be published at their annual
36 conference on March 14th at Adelphi University. And the needs
37 assessment, the interviews that were conducted that were to develop
38 this profile included many, many areas, including the nature of the
39 needs veterans are presenting with today, the challenges that we
40 understand today. But to their credit, what they have also done is
41 they have -- they are projecting a five and ten-year lookout to get
42 a handle on today, to get a better handle on what our local
43 regional needs in serving and treating and caring for our veterans
44 will be five and ten years out from now, as our Vietnam population
45 ages even more. And we are seeing the effects of some of the
46 issues related to our post 9/11 and even our Gulf War, where the
47 latency of some of the exposures, for example, may not yet be known
48 fully.

10:35AM

10:36AM

49
50 So the needs assessment, I think, is going to go a long way toward
51 helping us fill in some of the -- I hate to use the word blanks,
52 but areas where more information, more knowledge is needed. And I
53 look forward. I certainly will be participating in the report when
54 it is delivered on March 14th, and I would invite any of the
55 members who would like to also be present to be there.

10:36AM

1 **CHAIRMAN STERN:**
2 Legislator Kennedy.

3
4 **LEG. KENNEDY:**
5 Good morning, and thank you, gentlemen for coming out, as you
6 always do, to protect our vets.

7
8 First off, can we -- if we can't make it on the 14th, can we get a
9 copy of the needs assessment and the --

10:37AM 10
11 **DIRECTOR RONAYNE:**
12 Absolutely. They will be publishing that day, so when it is --

13
14 **LEG. KENNEDY:**
15 Okay.

16
17 **DIRECTOR RONAYNE:**
18 When it is reported on, we will be receiving copies.

19
10:37AM 20 **LEG. KENNEDY:**
21 Very good. Thank you. Now, Joe, I know we chatted prior about
22 what I discussed with a Washington representative on Friday, and
23 some other more pressing issues, and I -- today I have added a
24 couple of things that I'm going to go back to Washington and let
25 them be aware of.

26
27 **MR. SLEDGE:**
28 Thank you.

29
10:37AM 30 **LEG. KENNEDY:**
31 Question on the bussing. I forgot to mention that the vans that
32 come and pick up and take, we are in short supply. I hear a lot
33 about people not able to get the van for pickups and take-backs.
34 Are there plans? Have you been given money to purchase more -- to
35 pay for more drivers?

36
37 **MR. SLEDGE:**
38 Well, we don't -- actually, our transportation network is a
39 volunteer transportation network for veterans who are not eligible
10:38AM 40 for V.A. paid transportation, which is most veterans. For veterans
41 who are -- who meet eligibility criteria, again, set in place by
42 Federal statutes, they can get special mode transportation if they
43 qualify. For the -- most of the veterans that I believe you're
44 referring to, you're referring to those who have for many years
45 relied on the Disabled American Veterans Transportation Program.
46 It was a volunteer transportation program created in, I believe,
47 1989 with one nine-passenger van started by Ray Desmond and another
48 gentleman. Forgive me for -- I hope he forgives me for not
49 remembering his name. And it has grown from a one-van operation to
10:39AM 50 over 50 vans, with over 100 volunteer drivers. But, again, it is a
51 completely volunteer operation, with, again, an aging -- talking
52 about an aging population, we have an aging volunteer population.

53
54 And sadly, I don't know if everybody else is -- I'm only saying
55 this anecdotally, I have nothing scientific to back it up, but I
56 don't see the volunteers coming up from the next generation.

1 Perhaps they're working longer than other people had prior, in
2 prior generations, but, you know, we have -- these are volunteers.
3 They get up before the crack of dawn. They drive all over Long
4 Island to pick veterans up at their homes, to transport them to
5 their V.A. clinic appointments. They wait for the veteran to
6 have -- all the veterans to have their appointments. They load
7 them back on the van by 11:30, quarter to 12, they're all on the
8 van and they leave at noon, and back. And they're finished --
9 their day is finished when they drop the van back off at Northport,
10 having brought everybody home.

10:40AM

11
12 Transportation on Long Island is not just a veteran issue, it's and
13 everyone issue, and it's limited, and you -- you know, when you
14 talk about access to healthcare, that's an important thing for
15 everybody. Thankfully, there is SCAT, but I don't -- I don't -- I
16 can't make any guarantees that the situation with regard to
17 expansion of the program will get better, because, again, we have
18 aging volunteers. Some -- we have veterans in their 80s
19 volunteering to drive. If we get younger volunteers who want to
20 help and transport veterans, then we can keep the program going.

10:40AM

21
22 The DAV transports anywhere from 700 to 1,000 veterans to Northport
23 V.A. Medical Center every week. And when you think about the
24 viability of the hospital without that transportation program, it's
25 another factor, you know, we all have to consider. But thank God
26 for the DAV and to Nassau County Transportation. They also bring
27 veterans to and from the V.A. for clinic appointments. But
28 transportation is desperately needed for many, many veterans, but,
29 unfortunately, it's not there for some of them.

10:41AM

30
31 **DIRECTOR RONAYNE:**

32 To put this in -- also into some context, Joe, correct me if I'm
33 mistaken, but I believe that the DAV Transportation Program at the
34 Northport V.A. Medical Center is the second largest in the country.
35 We transport the second largest number of veterans, second only to
36 Long Beach or Los Angeles.

37
38 **MR. SLEDGE:**

39 You know, honestly, I heard people say maybe we've gone to second,
40 because we were -- I think at one point we were the largest. You
41 know, I don't think that you -- again, 50 vans, over 100
42 volunteers, all different schedules, it's quite an operation. But
43 we continue to invest time and attention to it. There has been
44 some -- you know, Dennis Krulder, who was the leader of the DAV for
45 well over a decade as a transportation -- passed away two years
46 ago. It's been handed off to his assistant, now it's been handed
47 off to another gentleman, God bless him, who's in his 80s, who's
48 trying to run this program and does it quite well.

10:41AM

49
50 So if veterans have transportation challenges, they can let the DAV
51 know that, the Transportation Office at Northport. But, again,
52 they're finding it more and more challenging to meet everybody's
53 need. They've actually had in the last couple of years triage.
54 You know, if you're coming for, you know, toenail trimming versus
55 coming for a mental health appointment, you're going to get booted
56 if you're coming for a toenail trimming, because they're not

10:42AM

1 eligible for V.A. paid travel. That's why the DAV Transportation
2 created the program to help veterans get to their V.A.
3 appointments.

4
5 **DIRECTOR RONAYNE:**

6 If I could just -- Joe says toenail trimming. We do have veterans
7 who go to the V.A. for toenail trimming, it may not sound
8 important.

9
10 **LEG. KENNEDY:**

11 It's important.

12
13 **MR. SLEDGE:**

14 If you're a diabetic it is.

15
16 **DIRECTOR RONAYNE:**

17 But for diabetic --

18
19 **LEG. KENNEDY:**

20 Right.

21
22 **DIRECTOR RONAYNE:**

23 For diabetic foot care, it is extremely important. And the doctors
24 actually recommend that you not trim your own nails when you're
25 diabetic for risk of nonhealing sores, infection, any number of
26 things. We have people with diabetes and neuropic nerve damage,
27 and no sense of feeling in their feet, don't know when they've cut
28 or injured themselves. So, please, don't perceive a toenail
29 trimming visit to a V.A. hospital as an insignificant or minor
30 procedure. It's critically important in preventative care.

31
32 **MR. SLEDGE:**

33 Right. But -- and I agree. So if I minimized it, I apologize.
34 But my point was to say they have to take the more serious cases.

35
36 But I do want to -- and I can talk a handle off a pot, so let me
37 just get this point out. That's the reason why Northport V.A.
38 Medical Center has over the last seven or eight years been
39 expanding its footprint on Long Island in clinical operations, in
40 mobile health operations. As I said, right today, and I think it's
41 maybe two days a week, I'm not sure what the schedule is, we have
42 our toenail trimming mobile unit with a podiatrist taking care of
43 veterans right here at the County seat. The same operation happens
44 out at Eisenhower Park for Nassau County veterans. Again, we have
45 a mobile audiology booth. We're looking to -- we're looking to
46 take whatever services that are at Northport that can be deployed
47 to our outlying areas to make it more convenient for the veteran,
48 so that they don't have to travel, and they can actually access the
49 care, as they have with the introduction of some of these clinics
50 in the last several years. Thank you.

51
52 **LEG. KENNEDY:**

53 Thank you, Joe. I just want to state -- well, first of all, can
54 you send me or all of us a copy of the Federal criteria for
55 coverage for transportation and dental?

1 **MR. SLEDGE:**

2 Absolutely.

3

4 **LEG. KENNEDY:**

5 All right.

6

7 **MR. SLEDGE:**

8 Yeah, that's an -- in fact, it's on the V.A.'s website, the
9 national site.

10:45AM 10

11 **LEG. KENNEDY:**

12 Oh, it is?

13

14 **MR. SLEDGE:**

15 Which we are partnered, where our page -- we share the page with
16 the national site.

17

18 **LEG. KENNEDY:**

19 All right. And still I feel you're doing an excellent job with the
20 bussing. I'm not criticizing it at all, but I still feel that you
21 need additional help in there, so let's see if we can get some
22 Federal dollars, too.

10:45AM 20

23

24 **MR. SLEDGE:**

25 Yeah. I think it's more of the -- we need volunteers.

26

27 **LEG. KENNEDY:**

28 Well --

29

30 **MR. SLEDGE:**

31 So if you could all help us --

32

33 **LEG. KENNEDY:**

34 Advertise.

35

36 **MR. SLEDGE:**

37 -- recruit volunteers -- well, we do. But if you could all help,
38 you all have newspapers, or newsletters, and websites. If you want
39 to promote volunteerism --

40

41 **DIRECTOR RONAYNE:**

42 Driver's licenses.

43

44 **MR. SLEDGE:**

45 -- I can -- yes. And it is, unfortunately, or fortunately, however
46 you're looking at it, when you become a V.A. volunteer, you do have
47 to go through a background check, you do have to do fingerprints,
48 you have to have a good license, you have to have -- you know, so
49 it's not as easy as just showing up and saying, "Oh, I'm driving
50 today."

10:46AM 50

51

52 **LEG. KENNEDY:**

53 I think our veteran --

54

55 **MR. SLEDGE:**

56 You have to go through a physical exam.

1
2 **LEG. KENNEDY:**

3 I think our veteran volunteers are used to that.

4
5 **MR. SLEDGE:**

6 Yeah. So we -- I definitely will send you information, because I
7 got your email today. I will send you the information on the
8 dental, the transportation, and information on how to become a V.A.
9 volunteer.

10:46AM 10

11 **LEG. KENNEDY:**

12 Excellent.

13
14 **MR. SLEDGE:**

15 Thank you.

16
17 **LEG. KENNEDY:**

18 Thank you.

19
20:46AM 20

21 **CHAIRMAN STERN:**

22 Gentlemen, as always, thank you. Thank you for your services.
23 Thank you for your commitment to our veterans and their families,
24 and, of course, thank you for being with us today.

25 **MR. SLEDGE:**

26 Thank you all.

27
28 **DIRECTOR RONAYNE:**

29 Thank you. And just once again, I would like to offer my
30 congratulations to Cliff Clark. I look forward to working with
31 Cliff as he takes on the role of Service Officer for the American
32 Legion on Shelter Island. And knowing that he, as an Air Force
33 veteran, Vietnam era veteran, active member of the community, I'm
34 looking forward to our ability to work more closely together.

10:46AM 30

35
36 **CHAIRMAN STERN:**

37 Thank you. Okay. The last item on the agenda today, we do have a
38 Procedural Motion before us. It is ***Procedural Motion 01 -***
39 ***Designating Veterans Organizations to receive funding for Memorial***
40 ***Day observances for 2017 (Stern).*** This is a procedural motion that
41 we do on an annual basis. I will make a motion to approve.

10:47AM 40

42
43 **LEG. D'AMARO:**

44 Second.

45
46 **CHAIRMAN STERN:**

47 Second by Legislator D'Amaro. Everybody good? All in favor? Any
48 opposed? Any abstentions? Procedural Motion 1 is approved. ***(Vote:***
49 ***Approved 5-0-0-1/Absent: Legislator Barraga)***

10:47AM 50

51
52 There being no other business before the committee today, we are
53 adjourned.

54
55 ***(*The meeting was adjourned at 10:47 a.m.*)***

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