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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 April 18, 2017.

MEMBERS PRESENT:

Leg. Steven H. Stern, Chairperson
Leg. Sarah S. Anker, Vice Chair
Leg. Leg. Thomas F. Barraga
Leg. Lou D'Amaro
Leg. Leslie Kennedy
Leg. Monica Martinez
Leg. DuWayne Gregory, Presiding Officer

ALSO IN ATTENDANCE:

Amy Ellis, Chief Deputy Clerk/Legislature
Thomas Ronayne, Director/Veterans Service Agency
Honorable John J. Toomey, SC Judge, Presiding Officer/Veterans Court
Andrew Tarantowicz, Budget Review Office
Gerald Anderus, Assistant County Architect
Keith Larsen, Capital Projects Manager/DPW
Joe Sledge, VA Northport Medical Center
Phil Weisberg, VA Northport Medical Center
Deborah Harris, Aide to Leg. Stern
Lisa Pinkard, Aide to Leg. Martinez
Justin Littell, Aide to Leg. D'Amaro
Robyn Fellrath, Aide to Leg. Anker
Ali Nazir, Aide to Leg. Kennedy
Seth Squicciarino, Aide to Leg. Hahn
Lynn Bizzarro, County Attorney's Office
And all other interested parties

MINUTES TAKEN BY:

Diana Flesher, Court Stenographer

THE MEETING WAS CALLED TO ORDER AT 9:34 AM

CHAIRPERSON STERN:

Good morning everyone and welcome to the Veterans Committee of the Legislature. I ask everybody to please rise and join us in the Pledge of Allegiance led by Legislator Barraga.

SALUTATION

I ask everybody to remain standing for a moment of silence as we keep all of our brave men and women fighting for our freedoms overseas and around the world in our thoughts and prayers.

MOMENT OF SILENCE OBSERVED

Thank you. Again, welcome everyone and thank you for joining us today. We have -- Director Ronayne is with us today. Director, I'm going to ask that you come on up along with our special guest who is joining us today, the Honorable Judge. So I'll have you guys sit up in the front.

DIRECTOR RONAYNE:

Good morning, Mr. Chairman, members, thank you as always for the invitation to be here this morning.

CHAIRPERSON STERN:

Welcome.

DIRECTOR RONAYNE:

I don't have a great deal to report on this morning. What I was hoping to share with you is a meeting that I had recently with the new Acting Director at the Northport VA Medical Center in -- well, at Northport. Director Moschitta, Phil Moschitta who had been there for a number of years recently retired. And the interim Director who is assigned to the facility now is a gentleman by the name of Vincent Imiti, I-m-i-t-i. I met with him. He is a career VA executive and met with him about two weeks ago during his first week in the office and had a number -- had a discussion on a number of topics relating to areas of concern, areas of interest specific to Suffolk County. And given that he was really sort of settling in, settling into his chair, we have another meeting scheduled, I believe, for next week.

But one thing that we were able to accomplish was to reinforce the commitment on the part of Suffolk County to hopefully continue with the longstanding and, I think, very productive partnership that we've enjoyed with the VA and specifically with the Northport Medical Center. He indicated that he was very much interested in continuing and hopefully expanding and growing the relationship that we have in place. We had some discussions relating to the ongoing project to expand the Riverhead Clinic, some of the physical plant concerns at the Northport facility. And, again, when we have our meeting next week, I will have more to report to you as far as the VA goes but I'm optimistic. He seems interested; he seems engaged. He is very well read in his VA policy and regs, which I think will prove to be helpful going into some uncertain

1 times, I think -- I think, we are in.

2
3 **CHAIRPERSON STERN:**

4 The VA has always been a great partner. And you've always spoken
5 about the work and the collaboration that goes back and forth.
6 Going forward, do you see that remaining the same? Do you see a
7 need for an increase in that kind of communication and
8 collaboration? Maybe you can speak to how things -- how to work on
9 a day-to-day basis with them now and how you see that going
10 forward.

11
12 **DIRECTOR RONAYNE:**

13 Well, I agree with you. I think that we've long enjoyed a strong
14 partnership with our friends at the VA in Northport. And I see no
15 reason why that would change. Again, the new leadership has
16 expressed an interest and a desire to continue that relationship.
17 Most of the folks that we've worked with over the years remain in
18 place. Going forward, there are going to be some, I think, new
19 challenges. But, again, I believe, that by proactively identifying
20 them and planning for them as they emerge, that we'll be well
21 positioned to respond to them.

22
23 Two of them that, I think, are probably of the greatest concern to
24 me, and I shared this with Director Imiti, the first is the
25 likelihood that there will be a number of significant capital
26 projects taking place at Northport VA. We are hopeful -- I don't
27 know that we know entirely what the list is entirely at this point,
28 but there are some major projects on the books. And that will
29 result in, I think, all of you are only too well aware of probably
30 one of the greatest limitations at the Northport facilities is
31 parking. Accessing the buildings for the veterans can be a
32 challenge at times, certainly for our older veterans or our
33 veterans with disabilities and mobility issues. So, I think, that
34 so long as we're prepared to ensure that we have -- and we talked
35 about golf carts and shuttle vans and so forth to ensure that
36 veterans have no -- no impediments to getting to and from the
37 buildings where they're receiving their care and their treatment,
38 we'll be okay.

39
40 Another area that we -- that we have on the calendar to have a
41 specific discussion on is a change that the Secretary of the VA
42 recently made. And I applaud them for this. I think that this is
43 long overdue. We've discussed this here in the past. VA is now
44 going to permit veterans regardless of character of separation from
45 service to receive mental health care, mental health treatment at
46 VA. And I think that that is significant. We have a great many
47 veterans who -- I've always been very firm in my belief that if you
48 earned bad paper -- you really do have to earn it. It's not
49 something that is, I think, given lightly. That said, there has
50 been and there is evidence that post 9/11 the numbers both in raw
51 numbers and in percentages of service members receiving these
52 character of discharge separations that are other than honorable
53 have increased fairly significantly.

54
55 And one of the -- one of the things that has emerged and there are
56 studies ongoing and studies that have made -- come to the same

1 conclusion is that a number, and nobody can quite agree on what
2 that number is, but it is believed to be in excess of 200,000, that
3 the character of discharge -- bad character of discharge
4 separations were or potentially were resulting from behaviors that
5 were the result of undiagnosed PTSD or TBIs. And in many cases,
6 the service member was not given an opportunity to either receive
7 treatment or to obtain such a diagnosis. So I think that there's a
8 lot of equity in this new decision. I think that the ability for
9 the service members to seek care is an important step.

10
11 Where that goes in the future as they refine the program and the
12 eligibilities, I think, remains to be seen. But my expectation is
13 that once it becomes common or widely known that this opportunity,
14 that this eligibility exists, I believe that we're going to see a
15 surge in the numbers of veterans seeking mental healthcare.

16
17 I think a concern that goes along with that worry is that many of
18 them may be veterans who have been in need of mental healthcare for
19 some time, but have not had the ability to access those services.
09:42AM 20 So the degree of need, I think, is yet to be known. But I do
21 believe that this is something that we need to be prepared for.

22
23 I've spoken to the Director and he and I are going to be meeting
24 specifically on this topic to discuss preparations, how do we
25 ensure that both on the county side and on the VA side that we are
26 prepared to receive and to serve whoever presents under this new
27 regulation.

28
29 **CHAIRPERSON STERN:**

09:43AM 30 And what about that Joe Sledge? Is he doing well, not doing well?
31 What do we need to do about Joe Sledge?

32
33 **DIRECTOR RONAYNE:**

34 Is Joe Sledge behind me?

35
36 **CHAIRPERSON STERN:**

37 Yeah, yeah. (Laughter)

38
39 **DIRECTOR RONAYNE:**

09:43AM 40 (Laughter) Well, I'll still say very nice things about Joe Sledge.
41 I've said this to you --

42
43 **CHAIRPERSON STERN:**

44 We can wrap up the last half hour about Joe sledge now.

45
46 **DIRECTOR RONAYNE:**

47 Joe Sledge, in my opinion, is the cog that holds the wheel at the
48 VA together. He's a uniquely important individual at VA and
49 veterans of Suffolk County are blessed to have him in his role.
09:44AM 50 Joe is just -- Joe is that guy. The only other person who, I
51 think, could hold a candle to Joe Sledge is Judge Jack Toomey.

52
53 **CHAIRPERSON STERN:**

54 (Laughter) Two Pretty good candidates. We're joined by Joe. Joe,
55 welcome. Joe, the topic of conversation is leadership at the VA,
56 ongoing dialogue, communication, collaboration between the VA and

1 the County as two important partners. So I'm glad you're here and
2 maybe you can comment on how things are going at this point and
3 what you see, any changes and in what way going forward.

4
5 **MR. SLEDGE:**

6 The reason I was here today Tom had indicated that one of his
7 subjects being discussed today was the expansion of services at the
8 Riverhead Clinic.

9
10 **CHAIRPERSON STERN:**

11 Yep.

12
13 **MR. SLEDGE:**

14 So I cam with an update. I also brought --

15
16 **CHAIRPERSON STERN:**

17 I appreciate that. That is before us today and that was the very
18 next question to the both of you, so, sure; if you could speak to
19 that as well, that'd be great.

09:45AM

20
21 **MR. SLEDGE:**

22 I'll give you the short -- first of all, hello, Judge; hello, Tom.

23
24 So we have a new interim Director at the Northport VA Medical
25 Center, as I mentioned, I believe, at the last meeting of the
26 Veterans Committee here, Mr. Moschitta had retired after nearly 44
27 years of service. The interim director is Vincent Imiti, who is
28 actually the current director of the VA New Jersey Healthcare
29 System. The network director, Dr. Joe McInerny asked Mr. Imiti to
30 come in, provide intern leadership until the selection of a
31 permanent director is made. Mr. Emiti informed us last week that
32 the job had already been posted to replace the director, you know,
33 appoint a new director; that interviews were being conducted. They
34 expected very soon to make a selection and then you go through what
35 is considered maybe by some a very lengthy process of vetting the
36 individual who is selected for the director's position through
37 Washington DC channels right up to the Secretary of Department of
38 Veterans Affairs.

09:45AM

39
40 So we look forward to a new director at Northport VA. Mr. Emiti
41 indicated he's not somebody who simply holds a place in line. He's
42 going to act fully as a director and is taking a look at all the
43 services and programs that we provide including the much discussed
44 infrastructure at the medical center and what our needs are there
45 and what can be done in the time that he is here and in the coming
46 years. So we're looking forward to seeing what comes with that.

09:46AM

47
48 **CHAIRPERSON STERN:**

49 It may be difficult to say, but does anyone that you speak with
50 have any idea on a timeline as to how long that interim process
51 might be and --

09:46AM

52
53 **MR. SLEDGE:**

54 I was told, you know, and I have no expertise in this, although
55 I've gone through many directors since I've been with Northport VA,
56 but we anticipate sometime in June the arrival of a new director,

1 so. And as soon as that happens, we can announce who that is. But
2 we, at this point, don't have any idea who it is.

3
4 **CHAIRPERSON STERN:**
5 Legislator Barraga.

6
7 **LEG. BARRAGA:**
8 Good morning.

9
10 **MR. SLEDGE:**
11 Good morning.

12
13 **LEG. BARRAGA:**
14 Do you have any comment with reference to the Congressional report
15 indicating that the VA Northport to bring the infrastructure up to
16 a positive standard, that the cost would have to be in the area of
17 \$297 million?

18
19 **MR. SLEDGE:**
20 I'm not an expert on it, but I can tell you, you know, obviously
21 I'm aware of it. I saw the, you know, the article in Newsday.
22 Every facility in the country and -- actually I have our facility
23 planner here --

24
25 **LEG. BARRAGA:**
26 Yeah, I want to follow up on that because for VA Northport it's
27 297. And you're right, it's on a nationwide basis. They're taking
28 a look at all these VA facilities.

29
30 **MR. SLEDGE:**
31 Yes.

32
33 **LEG. BARRAGA:**
34 The cost is in the billions and billions of dollars.

35
36 **MR. SLEDGE:**
37 Yes, it is.

38
39 **LEG. BARRAGA:**
40 And I just wanted to get some sense of reaction when you folks
41 heard about that figure 297 million, that's a tremendous amount of
42 money. Do you have any idea what that would entail in terms of the
43 cost and the types of facilities that would be constructed or
44 modernized? I mean, a couple of years ago you had to shut down
45 certain operating rooms at the VA.

46
47 **MR. SLEDGE:**
48 Well, actually that was, believe it or not, that was actually
49 within the last year, right. So in 2016, because of an issue with
50 the HVAC system in building 200, we did shut the operating rooms
51 down and then redirected the patients to private care for
52 surgeries. But it is a -- I have to tell you, the infrastructure
53 in the Department of Veteran Affairs has been a discussion for
54 many, many years. The buildings that were featured or shown in the
55 photograph used by Newsday, that building's been closed for 20
56 years; over 20 years. So, you know, these are -- these are -- and

1 I mentioned this at the last committee, in fact, remember the last
2 meeting saying that I read in Newsday that morning that President
3 Trump was taking a look at our nation's infrastructure, not just
4 the infrastructure of the Department of Veterans Affairs but across
5 the spectrum of our infrastructure. We need tremendous resources
6 and support. I at the time opined that we should really start with
7 our VA medical centers because obviously they're the places where
8 we treat and heal our veterans.

09:49AM

9
10 I can tell you that the current director is very focused on the
11 immediate infrastructure needs of Northport VA Medical Center. I
12 know that he's met with all of our engineering staff; is asking for
13 prioritized lists of projects. So that he, in the interim, between
14 the new director, can assess what it is that he has to do in order
15 to prevent anything from falling backward. And, you know, and
16 moving forward.

17
18 **LEG. BARRAGA:**

09:50AM

19 Well, when that figure came out, the Congressional Report, did it
20 indicate the different areas that had to be improved at the VA
21 Northport to justify the 297 million?

22
23 **MR. SLEDGE:**

24 I'm sure there are. Phil, would you be able to answer that? This
25 is Philip Weisberg. He is our facility planner. He works for
26 Environmental Management Services and is the associate director who
27 runs facility operations.

28
29 **MR. WEISBERG:**

09:50AM

30 The reports generate what we call an FCA in the VA and every
31 facility does it. And really it's -- every facility deals with it
32 where it's a ten-year plan. So what we're addressing are the most
33 important priorities, like you mentioned, the operating room. And
34 some of these have been on the plan before. But what they do is
35 they're graded. And what we do is we have a priority list that we
36 go through. So they're all being addressed. Some of it is through
37 funding through congress and some of it is funding that the
38 facility receives itself.

09:51AM

39
40 So we're currently working on that list. With the Acting Director
41 he made that a priority. And I think you're going to see a real
42 plan coming through, even a better plan that we've had up to now;
43 and we're going to be requesting funding from congress to start
44 addressing these.

45
46 **MR. SLEDGE:**

09:51AM

47 Although I will add, you know, certain number of these projects to
48 the tunes of tens of millions of dollars have been known by our
49 Long Island congressional delegation, that over the years has
50 attempted to seek special funding for the VA outside the normal
51 funding process because to date we had not received funding to do
52 some of these very important projects like taking down the
53 buildings that were featured in the article, to put much needed
54 parking for our elderly and aging and frail veterans. So it is --
55 while it might be news to some people, I don't think it's news to
56 everybody.

1 And I think that the real concern is do we have the adequate
2 funding within the Department of Veterans Affairs to take care of
3 all of the infrastructure needs, and not just at Northport but at
4 all of our VA facilities; and how is that money being allocated,
5 what decisions are being made about prioritizing them at the
6 national level. And, you know, what are the competing factors in
7 getting VA facilities these dollars to make these necessary
8 projects happen. This is not new. Northport, those buildings, as
9 I say, have been closed for like 20 years. The reason we put
09:52AM 10 fences around them is because the roofs are starting to cave in and
11 that's a concern. But it has been a concern for many years.
12

13 **LEG. BARRAGA:**

14 All right, thank you. The other question I had was with reference
15 to -- I think, in today's paper, class action suit being brought in
16 court that referenced a number of the soldiers, I guess, the
17 objective is to go after the United States Army in terms of the
18 lack of leadership there in determining the real problems
19 associated with some of our soldiers as pertains to PTSD. And I
09:53AM 20 think you sort of elaborated on that a little bit. Why is that
21 really necessary at this point? I mean, you would think, the
22 United States Army, especially, would be very cognizant of some of
23 the challenges that our soldiers and Marines face with reference to
24 that particular issue. I think in the example in the paper they
25 were talking about this one soldier who -- he indicated it was PTSD
26 that basically was causing him to act in a certain way. And he
27 obviously got a less than honorable discharge. And you wonder if
28 there was -- there should be greater recognition on the part of the
29 VA because obviously there's still some real problems after all
09:54AM 30 these years.
31

32 **DIRECTOR RONAYNE:**

33 I'm not familiar with the article that you're referring to. I
34 haven't seen it yet. I guess what I will say is one of the things
35 that we experience in working with the veterans throughout our
36 community is post 9/11 there's been a real shift in the nature of
37 the soldier who we're putting in the field. And I think that
38 certainly from our experience within the County, I won't speak for
39 VA, but because of the unprecedented number of national guard and
09:54AM 40 reserve forces who have been called to serve, one of the things
41 that we see is -- and, General, you know this better than I do,
42 when you deploy and you come home, being a part of a unit, being a
43 part of something cohesive, being connected to a team that you have
44 been a part of and you've all shared experiences has incredible --
45 an incredible ability to help you re-acclimate and adapt and to
46 transition back into a downrange or an uprange environment.
47

48 What we've seen with so many of our national guard and reserve
49 service members is that deactivations as time went on improved but
09:55AM 50 they were fairly frequent and fairly abrupt earlier on in the post
51 9/11 wars. When those service members returned home, they
52 typically were severed from being army and they were sent back to
53 their home states and they became part of their local units. And
54 in a place like Long Island we simply do not have an infrastructure
55 that allows for the full complement of supports that those service
56 members require.

1 We don't have an infrastructure supported by a military
2 installation. And a lot of these folks are left to fend for
3 themselves unfortunately in a community where the ability to access
4 or even the knowledge or the understanding that they need access to
5 certain things exists. So I think a lot of what we're going to see
6 based upon what your brief description of the article was, I think,
7 a lot of it is going to come down to the components that these
8 soldiers are drawn from.

09:56AM 10 That said, a probably larger than typical portion of the leadership
11 has also been drawn from the garden reserve. And the soldier
12 mentality between an active duty -- a guy who's 25-8 full-time
13 regular army and a citizen soldier, they're coming into the --
14 they're coming into the situation, I think, differently. And once
15 they're all trained up, I think, that maybe they're on similar
16 ground but there are differences between those.

17
18 **LEG. BARRAGA:**

09:57AM 19 Yeah, I think of a number of these soldiers are looking to have
20 their particular issue re-visited so they can qualify for certain
21 benefits that they couldn't qualify for, that they can qualify for
22 now. I guess my concern is this: When someone receives a less
23 than honorable discharge from the army and at some point afterwards
24 they're diagnosed as PTSD and the actions and the service are
25 related to that, should the army revisit that less than honorable
26 discharge and maybe make it honorable? It seems to be a question
27 of fairness here.

28
29 **DIRECTOR RONAYNE:**

09:57AM 30 I think that they absolutely should. There is a process in place
31 right now. One of the things that we do is we -- thank you, I have
32 the article in front of me now -- when we meet with veterans who
33 are affected by this -- by this scenario, we, in fact, do try and
34 create a nexus between their condition, their diagnosis and their
35 military service. And if there is an argument to be made that
36 their separation from service is relatable to their diagnosis,
37 then, we are -- then we are prosecuting discharge upgrade
38 applications.

09:58AM 40 There was a directive issued by the Secretary of the Army through
41 which all discharge upgrade applications go. The discharge review
42 boards are all driven by the army. And there was a directive
43 issued a couple of years ago that, in my opinion, probably came as
44 close as we'll see to an acknowledgment that they may not have --
45 that they made some errors in judgement. And the directive stated
46 that all due consideration shall be given to applications for
47 discharge upgrade.

09:58AM 49 So they have been increasing in the numbers of discharges being --
50 being corrected, but that's not an automatic process unfortunately.
51 And for these soldiers who don't know or don't choose to seek the
52 services and the supports of an office like ours, that may never
53 happen for them.

54
55 **LEG. BARRAGA:**

56 I just think that the army has to make a greater effort in

1 reviewing some of these cases.

2

3 **MR. SLEDGE:**

4 If I may, I'd just like to add to that as well. It's not just the
5 army. It's really all branches of services including the Marine
6 Corps.

7

8 **LEG. BARRAGA:**

9 Marine Corps?

09:59AM 10

11 **MR. SLEDGE:**

12 Yes (laughter). My experience, anecdotal, I have been involved in
13 a number of cases in which veterans who have been to war have come
14 to Northport VA Medical Center seeking treatment for post traumatic
15 stress disorder or other mental health issues related to their
16 military service, but because of their character of discharge had
17 to file an application first with the VA to determine if for VA
18 purposes we can treat them. And, thankfully, in many cases we
19 have. In some we haven't. In some we've actually gone back to
20 make a strong argument for the veteran, even the VA will, you know,
21 in their process maybe did not consider all the evidence or didn't
22 have all the evidence to consider.

09:59AM 20

23

24 But it is, to your point, unfair to send someone to war, especially
25 during a time when everybody who serves in our military armed
26 services is a volunteer, who serves honorably in war and then
27 subsequent to serving in war theatre may be reacting to a mental
28 health issued caused by trauma in the combat zone and maybe act
29 outside behavior that is characteristic of that individual; and
30 then to be punished with an other than honorable discharge.

10:00AM 30

31 Because I have known veterans who have suffered greatly with that
32 other than honorable discharge. It is a mark on their character;
33 an unfair mark on their character and has caused them great stress.
34 And we do everything we can at Northport to assist them, and Tom's
35 office, in seeking an upgrade.

36

37 **LEG. BARRAGA:**

38 Thank you.

39

40 **DIRECTOR RONAYNE:**

41 Mr. Chair?

42

43 **CHAIRPERSON STERN:**

44 Yes.

45

46 **DIRECTOR RONAYNE:**

47 Shameless plug moment? One of the areas where we've been able to
48 be very effective in working closely with veterans who are affected
49 by these character of discharge issues has been the Joseph Dwyer
50 Program. One of the tenets of the program when the program was
51 established is that we would serve any veteran regardless of
52 character of separation. And that has been a -- that has proven to
53 be a valuable, valuable resource for many hundreds, hundreds of
54 these veterans who either by choice or -- Northport has been very
55 good about working with these veterans. But whether by choice or
56 by inability to access conventional services, Dwyer has been a

10:01AM 50

1 really important resource for us here in Suffolk County for exactly
2 this -- for exactly the population that we're discussing here.

3
4 **LEG. BARRAGA:**

5 I just would hope that, whether it's the Army or the Marine Corps
6 that they would be a little more aggressive in setting up
7 designated review boards to take a second look at some of these
8 less than honorable discharges. Because so much of it has to do
9 with PTSD. And, you know, you have a system in place where instead
10 of everybody being classified with PTSD until a psychiatrist or a
11 physician gives them, you know, the go ahead, they come home and in
12 many cases there is no notation made on their records, they are
13 suffering but for a lot of reasons they don't want to admit they
14 have PTSD.

15
16 But for those who are in the service who act out and get those
17 discharges, I think, the branches of service have an obligation to
18 really take a hard look at some of these people in terms of maybe
19 taking a second look at upgrading those less than honorable
20 discharges so that these people can get the benefits and go through
21 life from a job perspective and everything else, the way they
22 should be going through without this major impediment hurting them
23 as they move from day to day trying to get a position or healthcare
24 or whatever, you know, it may be and through no fault of their own.

25
26 **CHAIRPERSON STERN:**

27 I know Legislator Anker had a question I want to go to in just a
28 second, but I did want to take this opportunity to formally welcome
29 the Judge who has joined us today and taking time out of his very,
30 very busy schedule to join us and discuss the Veteran's Court, the
31 Honorable John J. Toomey, Suffolk County Court Judge and Presiding
32 Judge of the Suffolk County Veteran's Court.

33
34 And, Judge, I want to speak the -- the Veteran's Court a little
35 more broadly, but since we're on this topic was hoping to get your
36 take specifically on the discussion of our veterans who have come
37 home who are continuing to deal with the challenges of PTSD; and
38 maybe some of your observations that you've seen in the Veteran's
39 Court in dealing with this issue and issues like bad paper and the
40 need for mental health treatment and what you been able to see and
41 do in the Veteran's Court.

42
43 **JUDGE TOOMEY:**

44 What we're doing lately, and it's a very good point that Legislator
45 Barraga brings up, I read the article this morning myself and I've
46 seen where we do -- we send people into combat, we send them in
47 harm's way. They've suffered, as I remember in the article, this
48 young soldier in the 82nd Airborne, I believe, was exposed to IEDs
49 and other things he had discovered. They were hit by them and it
50 left a traumatic impact on his psyche.

51
52 He comes back to the states, they start acting up and a lot of
53 times they act up in very insignificant matters. I think the
54 article points out this guy went AWOL to get married or something
55 like this, / they're leaving their posts probably ill-advised but
56 also they are suffering under a psychological burden.

1 I've seen it with a young Marine that we had about five years ago
2 when we first started the Veteran's Court, he had been wounded in
3 combat, he had been cited for valor in combat. He came back to
4 Camp Lejeune, got involved in drugs, took off and the Marine Corps
5 less than honorable, what they call OTH, other than honorable
6 discharge, and he got in trouble in civilian life. And there was
7 nothing we could do for him at that point. It was very troubling
8 to me that somebody who served this country, served this country in
9 combat, was wounded and was now acting out. And there was really
10 not much that we could do for him.

10:05AM

11
12 It actually changed, then, through the good graces of the Veterans
13 Administration, we are helping these people, especially somebody's
14 who's been in combat. I think Legislator Barraga's comment, I
15 mean, to me it's just common sense. Once you've been in combat,
16 once you've seen these things, that there should be -- there should
17 not be less than honorable discharge, other than honorable. They
18 get education benefits, they get health benefits and they get the
19 respect of their community and their country for the service that
20 they provided. I mean, we're talking about the ones I've seen that
21 haven't done really terrible things. It's mostly, from what I've
22 seen, was going AWOL or, you know, things that in civilian life
23 wouldn't even be crimes. And I think -- I don't know how many of
24 them are out there, but it's certainly troubling.

10:05AM

25
26 There's another thing that they have with the Veteran's Court,
27 Touro Law School works with us. We had Kenny Rosenblum who's an
28 Associate Dean, he's just retired, but they have set up a clinic
29 and they're working tirelessly on getting these type of veterans
30 and these type of soldiers and Marines, mostly getting their -- and
31 they've been successful in getting their discharges updated using
32 most of the criteria that, you know, Legislator Barraga brought to
33 our attention that they have been in combat, that sometimes have
34 been wounded, they've been cited for for bravery or valor and they
35 are being successful.

10:06AM

36
37 So there is a cry out there before this lawsuit of helping these
38 individuals who for, you know, really reasons that are not their
39 own, it's not their fault, it's not their own to bring the
40 discharges up and get them the education, medical and PTSD help
41 that they need. And PTSD, you know, I kind of from being exposed
42 to it actually probably since 2010, I'm the one that came back from
43 Vietnam if I had it, if I didn't recognize it, but it's really
44 something, it's almost like a silent thing. When these people come
45 back, you know, there's no wounds, there's no bleeding, there's no
46 headaches. They don't know they're PTSD; it's something that
47 really has to be diagnosed by a professional. It's not as obvious
48 as a physical wound. And it takes that they have drug problems,
49 that they have alcohol problems and they have PTSD. A lot of times
50 their alcohol and drug problems are just a reaction to the PTSD.

10:06AM

51
52 So it's a very complicated and complex psychological condition that
53 these people are suffering. And it really takes -- we have -- I
54 know the VA has a great PTSD department, that they work on people
55 all the time. I think it's always full. There's a waiting list,
56 unfortunately, to get in it to help people.

10:07AM

1 But other than that, I don't know if you want to get into my
2 general comments or you want to continue on this, but it's up to
3 you.

4
5 **CHAIRPERSON STERN:**

6 Yes.

7
8 **JUDGE TOOMEY:**

9 Legislator Anker, did you have a question before I was --

10:08AM 10

11 **LEG. ANKER:**

12 Yeah, again, I want to thank you for joining us here today. I was
13 very impressed when I took a tour, you know, and visited your
14 court; and how important it is to have this safety net. I mean,
15 the Dwyer Program, you know, we're at a point in our society where
16 we are allowing our military to fall through the cracks. We're not
17 taking care of them and it's very frustrating. My dad served in
18 the Navy for a number of years as did my grandfather, my uncle.
19 And, you know, I read -- I have the article here, I made copies for
20 everyone.

10:08AM 20

21
22 But, you know, it's very frustrating when government, and we're
23 here in our government, you know, environment, and we're not taking
24 accountability. The military needs to take accountability not only
25 for mental health, you know, which we're seeing, and it's the --
26 what's happening, too, is that war is triggering the mental health
27 issue. War is causing the health decline. And then here we are
28 giving a dishonorable discharge to these folks that have served our
29 country. So I think it's very frustrating and -- but very
30 promising that we're here today to address that. And we may only
31 be the County -- and we have a long way to go, you know.

10:09AM 30

32
33 And the other issue, of course, I see is the accountability of
34 environmental remediation. And we're slowly starting to see that,
35 that the military is addressing these. Because military, I think,
36 what -- the Department of Defense has probably the most amount of
37 money in the government that's given by government, given by the
38 taxpayers to deal with their responsibilities.

10:09AM 39

40 And, again, I just want to thank you. You know, I was reading the
41 article. And, you know, the IED, which are these roadside bombs,
42 the one gentleman who is suing, Steven Kennedy, was saying that he
43 never knew when he was going to die. He never knew. He could step
44 on a bomb and immediately no longer be here. So to continuously go
45 through that every second of the day for the amount of time that he
46 served 14 months in Iraq, of course, that has got to create some
47 type of stress. You know, it's obvious.

10:09AM 46

48
49 So, again, I want to thank you for being here and thank you for
50 being part of the solution.

10:10AM 50

51
52 **JUDGE TOOMEY:**

53 Thank you.

54
55 **CHAIRPERSON STERN:**

56 Judge, I'd love to get your thoughts on maybe some of the

1 challenges that you faced with those that come before you in your
2 court that have had less than honorable discharges and some of the
3 challenges that you've seen or impediments that you've seen. And
4 hopefully with the implementation of a new policy, that those that
5 come before you that have not yet had an upgrade in their status
6 and yet will now according to what the administrator of the VA
7 would like to do is to make those kinds of services available to
8 those that may be the additional tools in the box that you'll now
9 have hopefully going forward and hopefully what that might mean for
10 our veterans here at home.

10:11AM

11
12 **JUDGE TOOMEY:**

13 We have -- I'm blessed with a very good advocate from the VA that
14 works with me, Eric Bruno, who's a social worker. And what he'll
15 do, when we have people that have -- especially who have been in
16 combat and have other than honorable discharges, now we will take
17 them in on a Veteran's Court contract. And he will get them
18 treatment outside the VA. I mean, there are other mental health
19 places to go. And that's what we've been doing successfully, is
20 putting them in places other than the VA but under the auspices of
21 Eric Bruno, who works for the VA and also of the courts.

10:11AM

22
23 So there is -- we've actually created a channel where we can get --
24 you know, in certain circumstances -- like some people just -- I
25 mean, they might not have gotten through basic training. I'm
26 talking about people who've already been into -- in combat, have
27 come back, had problems and then got a other than honorable
28 discharge. And we've been working with them, and, you know, quite
29 successfully. And we also do, it's a parallel plain, because I
30 would send them over to Kenny Rosenblum and his clinic at Touro Law
31 School. And they've been successful in upgrading their discharges.

10:12AM

32
33 So I think we've had people that have actually come into the court
34 with less than an honorable, other than honorable and they end up
35 getting treated in court and their discharge updated. So a lot of
36 times it does work out well. But, you know, it's a very, you know,
37 it's a very complex thing to work through the Army or the Marine
38 Corps to get some services to upgrade a discharge. But there is a
39 clinic that works on it and they've been successful on it at this
40 point. Hopefully they'll continue to be.

10:12AM

41
42 **CHAIRPERSON STERN:**

43 The Veteran's Court in Suffolk County continues to be a model for
44 the rest of the state and the rest of the country. So maybe you
45 can share with us, Judge, how things are going in your courtroom.

46
47 **JUDGE TOOMEY:**

48 In general terms, the Veteran's Court in Suffolk County, it was the
49 second one in the State of New York when it first -- in the United
50 States; and it really came about, probably, in 2010 when some of
51 the Legislators like yourselves and Congressmen saw that there was
52 a crossroads between the criminal justice system and people coming
53 back from Iraq and Afghanistan. And they were wondering how best
54 to treat it. There was certainly -- it was enough of them coming
55 into the system where it became noticeable. And the administrative
56 judge at the time, Judge Leis asked me if I would set up a

10:13AM

1 Veteran's Court. And I guess one of the reasons he asked me
2 because I was the only veteran, I was probably a judge at the time.

3
4 And we did start -- we did start it up in 2010; I think we first
5 saw our first veterans in 2011. Before we did that, we took a
6 tour, completely indoctrinated into the veteran culture by Veterans
7 Administration in Northport. And I have to tell you, I got out of
8 the army -- I went in the army, I was 18. I got out when I was 20
9 and went to college and law school. And I really had no experience
10 in the military other than as a infantryman, rifle man. I was
11 never an officer or anything like that.

12
13 When I came back from Vietnam, I really had nothing to do with the
14 VA. The first time I really went to the VA was in 2010 when they
15 asked me to take a tour of it; like I was shocked at how everything
16 was there. I was, like, pleasantly surprised at how well run it
17 was, how clean it was, how the employees, how the VA treated the
18 veterans. I thought they treated them with great respect and
19 everything. And it was really like an eye-opening experience for
20 me to see how well -- because, I think, one of the most maligned
21 agencies in the United States seems to be the Veterans
22 Administration. But certainly as an outsider looking at it, not as
23 a consumer, I never really used them, but putting people in there
24 and everything, it just seems like a very -- you know, very caring
25 institution; much more so than it gets credit for.

26
27 And my liaison between the VA and the court, Eric Bruno, is one of
28 the most caring human beings I've ever met, very patient and just
29 very, very good at PTSD, drug alcohol treatment and the people in
30 Suffolk County; especially the veterans in Suffolk County are very
31 fortunate to have the VA here in Suffolk County, and have somebody
32 like Eric Bruno.

33
34 But the court itself, it's not a free pass. When a veteran comes
35 into the Veteran's Court, the gatekeeper is the District Attorney's
36 Office. When the District Attorney's Office allows and agrees to
37 allow a veteran in, that veteran takes a plea, pleads guilty coming
38 in. He, then, is under a contract. And the contract will lay out
39 the type of rehabilitation he's getting; what his problems are; how
40 they're going to treat him; where they're going to treat him; how
41 often they're going to treat him. He signs on and the treatment is
42 done through the Veterans Administration. And really the
43 quarterback of that would be Eric Bruno.

44
45 They come back to court every other Tuesday. We're in session, but
46 probably every four to six weeks the veterans come back, they're
47 drug tested, they're reporting to the VA, they're going through
48 their rehab, PTSD. Some come in with traumatic brain injury. They
49 get treatment from there.

50
51 One of the other great components of the Veterans Administration is
52 we have the ability, and I didn't know this until I -- until we
53 started the Veteran's Court is that there are -- different VAs
54 specialize in different things. And we will send our veterans to
55 Montrose or sometimes to St. Albans or other parts of the country
56 to get specific treatment. So it really works out well. I would

1 say at this point we've had over 200 veterans come through the
2 Veteran's Court. Success rate is extremely high. I'd say like 95,
3 97%. It's a very, you know -- it's a very good fit for everybody.
4 It seems people come in, adapt to it, they take to it and they seem
5 to work it out and become, you know, productive members of society
6 after it.

7
8 That being said, we get a lot of credit for, you know, turning
9 these people around; but it seems to me that when they get to the
10:17AM 10 Veteran's Court, a lot of these veterans, a lot of these men -- and
11 women -- we have quite a few women that came through the program --
12 they actually do it themselves. I mean, they see they have a
13 problem. They address their problem. And alls we do is implement
14 it through the VA and, you know, do some judicial admonishments
15 from time to time. But they actually -- most of these guys and
16 women want to do well and they do -- you know, they do very well.
17 It's very easy, really for me, to preside over this court. I've
18 said, you know, several times, I've been a judge and a lawyer for
19 40 years. And nothing gives me more satisfaction professionally
10:17AM 20 than being the judge of this court. I find it, you know, to be a
21 privilege, to serve the people in general but certainly serve these
22 veterans that come before my court.

23
24 What makes the Veteran's Court completely different -- and one of
25 the fun things, because I speak all over the country now on
26 implementing a Veteran's Court, and one of the fun things with
27 starting your own court without any blueprint, I didn't know -- we
28 didn't know what we were doing, we just started it and I was
29 blessed with the Vietnam Veterans of America, our mentors in the
10:18AM 30 court. And each veteran that comes into the court has a veteran
31 peer mentor. And these guys believe that no generation of veterans
32 will allow another generation of veterans to be let down. And they
33 practice what they preach. They come in; they talk to the
34 veterans; they go over their treatment with them. If a veteran has
35 a problem, they have their cellphones, they can call. And if
36 there's really a problem, they can get in touch with me. So they
37 really feel like there's people in their corners, people have their
38 back. And there are people that have been through what they've
39 been through. And it seems like, you know, a really -- it works
10:18AM 40 very well. And most of it is through these mentors; very unselfish
41 men. And, they, you know, just give greatly of their time.

42
43 To the Legislators here -- I mean, Legislator Stern's been very
44 helpful in the Veteran's Court. One that isn't here, Legislator
45 Lindsay comes to the Veteran's Court. And the mentors in the court
46 actually set up in the Suffolk County jail now. You have a
47 veteran's pod. And Legislator Lindsay was extremely helpful with
48 that. So not only are they in the court -- last night -- a lot of
49 times I'll go out to the jail with them, we'll visit the veterans,
10:19AM 50 we'll talk to them or counsel them; we'll give them as much advice
51 as we can. And that led to the veteran pods. So when we go out
52 there now, we just go out, we'll have, you know, 15, 20 veterans.
53 And, you know, sometimes they'll come into the court if it's a good
54 fit; sometimes they won't. But there's, you know, the mentors,
55 really, have been pushing that.

1 **CHAIRPERSON STERN:**

2 Judge, I have a quick question for you. Because many of my
3 colleagues, anybody that's been to your courtroom has seen the
4 interaction between veterans and their peer mentors will have a,
5 you know, deep appreciation for -- a pivotal role they play and how
6 important they are to the process. I'm wondering if in your
7 travels across the country into other jurisdictions and as you're
8 having the conversation with others that are creating their courts,
9 I'm sure very much in your image, if the role of a peer mentor is
10 as important, as appreciated and as compelling in other parts of
11 the country because certainly you can see right away how important
12 it is here.

13
14 **JUDGE TOOMEY:**

15 Yeah, we really stressed that. And if I am speaking to other
16 jurisdictions, I'll always bring that out. Just four weeks ago --
17 I guess three weeks ago today we were in session and the judge from
18 Nassau County came out just to observe with two court personnel.
19 And they, you know, they really were not as interested in the judge
20 and the courtroom as they were in the mentors and how these mentors
21 work. And they were quite impressed with the way they, you know,
22 not only the way the veteran mentors treat the veterans that are in
23 the court, but how the whole process works. Like they have the
24 complete respect of all the court personnel; they have, you know,
25 certainly the judge and everybody else. So they have a real role
26 in not only the veterans but in the whole courtroom atmosphere.
27 It's completely different. I never wear a robe and I'm in the
28 court. I'll walk around, I'll talk -- I know all the guys -- most
29 of them by name; I know what branch of the service they've been in,
30 what kind of trouble they're in, what they're -- what they're being
31 treated for.

32
33 And I get a lot of this information from the mentors. Before court
34 everyday we meet downstairs in the -- you probably been there -- in
35 the basement or the cafeteria area of the courthouse. And we try
36 to make it as congenial and friendly not as intimidating as a lot
37 of courts are. I'll have the veteran defendant come right up to
38 the bench, especially if they take a plea, *listen, we're here to*
39 *help you. We're not here, you know, to mess you up or to catch you*
40 *doing something. We'll do everything we can, you know, possibly to*
41 *help you. We're on your side. We want you to succeed. You know,*
42 *we're not here for any other reason but to help you.*

43
44 And, you know, it's been, like I said, we've had, you know, great
45 success. And the District Attorney of Suffolk County's been
46 sending us a lot of -- you know, really we're getting into much
47 more felonies and more serious crimes. The other day I was given a
48 speech, preparing a speech to give, and I happen to Google
49 veterans' courts. And the opening sentence in the paragraph or in
50 the article indicated veteran courts are courts that deal with
51 minor -- you know, veterans that get into minor offenses.

52
53 In Suffolk County we've had everything from armed robberies,
54 burglaries; a couple months ago we took a vehicular homicide so
55 we're really -- a lot of the veterans that do come in -- you know,
56 some people have shot people. We've had, you know, really serious

1 cases come in. And it's mostly through the trust that the District
2 Attorney has in the Veteran's Court. And the people that come in
3 with the worst crimes, they seem to go through it, they appreciate
4 it and it seems to be working fine. The ones that I mentioned to
5 you in general terms are usually the victims, if there are victims,
6 would be, you know, certainly amenable to the people coming to the
7 Veteran's Court. But it's been, you know, like I said extremely
8 worthwhile. And, you know, I've gotten a lot of help from, you
9 know, from this body, from this Legislature, from the State
10 Legislature and from, you know, certainly from Congress. We do
11 have a graduation coming up, I believe, May 9th. And Congressman
12 King will be speaking at it.

13
14 The other thing when I go around and I'm speaking to people or
15 different groups or groups of judges, they'll say *well, how did you*
16 *get it through the Legislature?* I'm, like, one of the few people
17 that come here, *there is no money involved.* I said *there is no*
18 *Legislature.* We're not making defendants. These are people that
19 are already in the courthouse, they're already in the courtroom,
20 we're just segregating them, really, into one court. But for any
21 jurisdiction to start a Veteran's Court, it costs nothing. We have
22 -- the only thing that's in my courtroom that would be different
23 than another courtroom would be Eric Bruno, would be the
24 representative of the DA. Everything else is the same: The court
25 personnel, the court officers, stenographer, clerks, everybody's
26 the same. It costs really nothing to start a Veteran's Court, to
27 implement a veteran's court and to have a successful one. So
28 there's no reason why other places don't have it. Even the federal
29 court is now coming over and they may be doing some stuff in the
30 Veteran's Court, you know. It's a little bit different at the
31 federal level, but we're working with something on that, I don't
32 know if it will come to fruition or not.

33
34 But other than that, I mean, in closing it's certainly been, you
35 know, my pleasure to preside over it. I don't find it -- you know,
36 like I said, to me it's a privilege to be able to sit there and
37 something that I really enjoy doing. And, you know, I really love
38 to do. But if you have any questions, I'll be glad to answer them,
39 if you have them.

40
41 **CHAIRPERSON STERN:**
42 Legislator Kennedy.

43
44 **LEG. KENNEDY:**
45 Just a quick question: Do you find that of the felonies that come
46 before you, there's a drug component?

47
48 **JUDGE TOOMEY:**
49 The felonies -- every case that comes by -- well, actually probably
50 every case, veteran or non-veteran, there's a drug or alcohol
51 component in it. Veterans are no different. I would say almost
52 without -- very minor exceptions, every veteran that comes into
53 Veteran's Court has a drug or alcohol problem. It may also be
54 coupled with PTSD and traumatic brain injury, which certainly
55 amplifies those things, but, you know very, very high percentage;
56 even in my regular courtroom, high percentage of drug and alcohol

1 problems. Certainly veterans are no exception.

2
3 **LEG. KENNEDY:**

4 Thank you.

5
6 **CHAIRPERSON STERN:**

7 Presiding Officer.

8
9 **P.O. GREGORY:**

10:25AM 10 Thank you, Mr. Chair. Thank you, Judge, for being here today. And
11 I'm glad to hear your comments kind of amplify something that I've
12 been thinking and feel that, at least in my experience as a veteran
13 in the army, rings with some truth is that, you know, the peer part
14 of your program, which I think the army doesn't do enough of, I
15 think when you're in the military, they certainly, they do a lot to
16 connect you to -- there's all types of support groups, you can
17 transfer PCS one days to another. But when you get out, there's a
18 loss connection unless you are going to the VA for services. Then
19 you have a connect with those. Now I imagine the majority of them,
20 people who get out of military don't.

21
22 So what happens to them? You know, there's just a very abrupt
23 cutoff; that I think those individuals can use some peer support.
24 So I would hope that there's a way, I know it doesn't fall in your
25 -- I'm just kind preaching to the choir. But I think the military
26 in general can do better in maintaining those relationships.
27 Because it's a unique experience, not everyone goes through; that
28 someone who has gone through that experience can only imagine. I'm
29 a veteran but I'm not a war veteran. So I can't imagine what a war
10:27AM 30 veteran goes through, you know, but I may have more of a connection
31 than someone who's not in the military.

32
33 **JUDGE TOOMEY:**

34 Absolutely.

35
36 **P.O. GREGORY:**

37 -- with the war veterans, so. But I think we have to do better at
38 doing that. And I think if we can do that successfully, perhaps we
39 can prevent some of those from going to your court in the first
10:27AM 40 instance; right? If we're having those relationships, we're trying
41 to gear them towards the right path. You know, so that's kind of
42 my goal and hope. I don't know how it gets done, but I hope that
43 someone is listening that can get it done. I'm certainly willing
44 to work with anyone to make that happen.

45
46 **JUDGE TOOMEY:**

47 When you go in the army or any service, really, I mean you're just
48 immersed in it from the first day you get in; it's just, you know,
49 they cut your hair, they're giving you clothes, new friends,
10:27AM 50 everything is new. But when you get out, you get out by yourself.
51 And to your point, it's completely, completely different. And
52 there's nobody watching when you get out. And you get all these
53 freedoms and some people, you know, doesn't really work out, they
54 need the structure or they need some type of weaning off the
55 structure that they just come out of.

1 **CHAIRPERSON STERN:**

2 First of all, we always appreciate you coming in and spending,
3 again, your valuable time with us. We really do appreciate it. I
4 always urge my colleagues that if they have not had the opportunity
5 to do so to join you for a session in your courtroom, Judge, to see
6 you, your courtroom, those that work with you; and particularly as
7 we've mentioned, the peer mentors, from the Vietnam vets who do
8 such an outstanding job and play such an integral role, it really
9 is a very impressive setting. And you can really see why, Judge,
10 you should be very proud of the extremely high impressive
11 percentage of success that you, but most importantly, our veterans
12 enjoy having the opportunity to appear before you in your
13 courtroom. So we wish you every continued success. And, of
14 course, as always anything that we can do to be of help to you,
15 please always feel free to let all of us know. I'm sure all of my
16 colleagues agree. Judge, thank you.

17
18 **JUDGE TOOMEY:**

19 Thank you.

20
21 **INTRODUCTORY RESOLUTIONS**

22
23 **CHAIRPERSON STERN:**

24 We do have a resolution before us today. It is IR 1239, which
25 deals with our community-based outpatient clinic. I know that our
26 guests are here today to speak on that as well. Before I -- you
27 know, what I'll call it, I'll have it before us and then we'll open
28 up to discussion. So I'll make a motion to approve IR 1239; second
29 by Legislator Barraga. **1239** is before us. Director, maybe we can
30 start with you and then we'll look to all of our guests today to
31 speak to the resolution before us.

32
33 **DIRECTOR RONAYNE:**

34 We have in the County, and we certainly with many thanks to the
35 Legislature and we're fortunate to have a supportive County
36 Executive who understands the importance of these programs, these
37 facilities, and to a large extent the added degree of access that
38 the clinic in Riverhead provides to our East End veterans, we are
39 wholeheartedly supportive of this effort as we have been. We some
40 time ago transitioned back into maintaining a full-time presence
41 with our agency in Riverhead. So we're back to having a full-time
42 Veteran Service Officer assigned to our Riverhead office as well as
43 having a -- having resumed a presence by the New York State
44 Division of Veteran Affairs with a Service Officer in Riverhead.

45
46 The clinic is clearly working. It's having the intended end
47 desired effect. And I believe that by expanding and introducing
48 new modalities, new disciplines that are not presently available to
49 our veterans on the East End, that we'll only see increased
50 successes and increases in the numbers of veterans who will access
51 the facility because of the nature of the services that will become
52 available to them upon completion of this. So we are supportive
53 and we're very much looking forward to opening the new -- the new
54 expanded clinic.

55
56 **CHAIRPERSON STERN:**

1 I know we have representatives from DPW here with us. Has anybody
2 arrived? Yeah. Anybody have any questions for DPW? Joe?

3
4 **MR. SLEDGE:**

5 Well, I just want to, again, I think at the last meeting I talked
6 about how the expansion of VA care into the community over the
7 last, say, eight or nine years has significantly made access to VA
8 services for veterans particularly in the ends of the Island much
9 more accessible. As Tom indicated, we have had great success with
10 our community-based outpatient clinics and have over the last
11 several years been looking at expanding our services there.

12
13 I do want to acknowledge, again, the great partnership that we have
14 with Suffolk County government. Really, it's a collaborative
15 effort having that Riverhead clinic. You provide the space, we
16 provide the care. It was a model that we brought over from our
17 friends over in Nassau County. We had opened our first clinic in
18 1994 in pretty much the same fashion. And it really does show how
19 when government agencies have a shared mission, like the care of
20 veterans, you can do some pretty cool things.

21
22 And so Philip Weisberg, who's our facility planner, can speak to
23 you about the expansion of services at our Riverhead Clinic. And
24 just before we go there, in all of our community-based clinics we
25 provided primary care and mental health services. This is going to
26 be an expansion on other service -- that includes other services
27 and I'll leave it to Phil to explain what those are.

28
29 **MR. WEISBERG:**

30 Well, we're looking to expand audiology and also physical rehab.
31 When we talk about audiology, we're looking to put in an audiology
32 booth. And what that does also is not just bring in the testing
33 itself; it's also any equipment that we need to treat the patients
34 or any devices that they need as well, they'll be able to get.

35
36 Same thing in physical rehab, we're going to have an 1100 square
37 foot area where we're going to be able to rehabilitate veterans.
38 Again, they'll have assistive devices. There's also going to be
39 tele-medicine included within the space. There'll be three
40 officers that they can use for audiology for different testing with
41 any of the audiology devices. And it's great. It's something
42 that's been in our future.

43
44 I know when we were speaking about the facility condition, this is
45 something that we like to do in general that we really do believe
46 that we have to bring the care to the veterans in different areas;
47 that they shouldn't have to travel as far; that some of the
48 specialty care should come into the community. And this is really
49 a step forward. It's actually our first step forward in bringing
50 some of these services into the clinics.

51
52 So we're really excited about this opportunity. I gotta tell you,
53 it's a pleasure to work with the County, with Tom and others as
54 well. It's just a great team. And we're looking forward -- we're
55 looking forward to complete this by the end of the year. And by
56 the end of the year is really loose. It can be before then, but

1 we're moving in the right direction. And it's been going well. I
2 don't know if you have any questions at all in terms of both
3 programs.

4
5 **MR. SLEDGE:**

6 We just might want to mention why -- why we're doing some of this
7 is because we've already had experience through our Medical Mobile
8 Unit Program. We actually have a mobile unit program that provides
9 audiological services and we have been bringing that unit to
10 Riverhead and conducting hearing services. And we've actually had
11 a demand for it. So this is one example of where we introduced it
12 to the Medical Mobile Unit Program. There's certainly a demand for
13 it so we're moving forward with sort of the permanent introduction
14 or establishment of audiological services in Riverhead.

15
16 One other mobile unit service that we provide out in Riverhead is
17 podiatry care. That has proven to be a very successful mobile unit
18 program. So hopefully this will be sort of the, you know, set the
19 trend for additional services into the future.

20
21 **CHAIRPERSON STERN:**

22 Very good. It calls for an additional 2200 square feet. Did you
23 mention that -- was it 1100 is going to be allocated to rehab or to
24 audiology or was that to both?

25
26 **MR. WEISBERG:**

27 Eleven hundred would be for rehab. Audiology would have three
28 rooms. Because they have devices; you have the hearing aids and
29 other things as well and they do testing. So they have three rooms
30 for them to work out of. And, by the way, you know, if we start
31 out even part-time and work to full-time, then we add other
32 services as well in those rooms. So we try to use an AM/PM five
33 days a week.

34
35 And the other thing as well is that they do need storage area for
36 PMRS because they do give them devices and different things that
37 help them, whether they're under rehab or if it's devices to help
38 them walk or whatever else they're doing. We tend to also with
39 rehab, they tend to do also like ADLs, you know, they do things for
40 teaching people how to live at home and how to get used to some of
41 the symptoms they may have, how to work with those symptoms. So
42 it's also rehabilitation in general. A lot of OT is provided as
43 well so -- by the way, it's off the waiting room. So it's like one
44 stop shopping. So if you're coming for primary care, mental
45 health, instead of going straight, you're going to be going to the
46 right when you walk in. So it works out really well the way it's
47 being designed.

48
49 **CHAIRPERSON STERN:**

50 And the cost calls for an appropriation of 800,000 for the
51 renovations in order to make the space. Can you speak to the
52 hundred thousand; and that is a grant that comes from where?

53
54 **MR. WEISBERG:**

55 I know through contracting, they worked out the costs. There had
56 been money that came from the VA to expand the clinic. And I know

1 through the lease process that's how we were looking to fund that.

2
3 **CHAIRPERSON STERN:**

4 Okay. But my understanding, then, and maybe, Director, if you know
5 any differently, please, let me know, but that is \$800,000 cost to
6 the County in the first instance; and then that will be 100%
7 reimbursement from the federal government; is that correct?
8

9 **DIRECTOR RONAYNE:**

10:38AM 10 The County took on the design building. Our architect Gerry
11 Anderus is here. He can probably speak better to this. But, yes,
12 we did the budgeting based on a design that was developed and
13 agreed with by VA and Suffolk County. The cost is -- the cost for
14 construction and related expenses are born entirely by VA on this
15 project.
16

17 **CHAIRPERSON STERN:**

18 So it's going from approximately 4,300 square feet with an addition
19 of another 2200 all in?
20

10:38AM 21 **DIRECTOR RONAYNE:**

22 Correct. And as Phil Explained, a portion of that space is going
23 to be for patient services. There is a degree of equipment for the
24 PT, the physical therapy and the occupational therapy. The
25 audiology booth, there's actually a fairly substantial audiology
26 booth, the soundproof station where the testing will be done.
27 There are a set of offices. This will take over, Chairman, the
28 space that is presently occupied by the Veteran Service Agency and
29 next door to us, federal and state aid. And we are being relocated
10:39AM 30 across the hall. So we'll maintain proximity to the VA clinic and
31 remain fully accessible to the veterans visiting the facility as
32 well.
33

34 **CHAIRPERSON STERN:**

35 What's the result, then, on your space? You move; you'll still be
36 in proximity? Do you get a larger space, a smaller space?
37

38 **DIRECTOR RONAYNE:**

10:39AM 39 We are about the same size space but we're going to be including an
40 additional office within the space that's being built out for us.
41 So we'll go from having two offices within our space to three and
42 -- first, we would need it. And, secondly, going forward, as
43 anticipated we see an increase in the numbers of veterans visiting
44 VA, it's only reasonable to assume that we'll also experience an
45 increase in the numbers of veterans requiring our services.
46

47 **CHAIRPERSON STERN:**

48 And then if approved, what would be the approximate timing?
49

50 **DIRECTOR RONAYNE:**

51 For?
52

53 **CHAIRPERSON STERN:**

54 Timing of the construction and then being able to provide services?
55
56

1 **DIRECTOR RONAYNE:**

2 I'm going to defer to DPW on that if you don't mind.

3
4 **CHAIRPERSON STERN:**

5 Sure.

6
7 **MR. ANDERUS:**

8 Good morning. Gerry Anderus from DPW. Also Chairman of the Space
9 Management Steering Committee. At this point we're planning on
10 that we would be finishing up the job in the fall. We're going to
11 be looking -- we have an RFP out already to see if there's going to
12 be any structural work that has to be done to bring the substantial
13 booth that Tom mentioned into the space. And as soon as we get
14 that back, we can go forward from there. From an architectural
15 standpoint within this space, they're really not looking for that
16 much work to be done. It's basically some walls. We have to add a
17 sink. So it's pretty typical architectural construction work.

18
19 The \$800,000 is our budget for this, which would include that the
20 County would lay the money out; and then be reimbursed up to that
21 amount for not just building this space out, but for also moving
22 the two groups over into other space within the Riverhead County
23 Center. So essentially this is going to cost us nothing. And at
24 the end of the day, we would be -- VA would actually be paying us
25 rent, \$24 a square foot, \$52,800 a year with a 2% escalation. And
26 the 24 includes utilities for them.

27
28 **CHAIRPERSON STERN:**

29 Very good. Anybody? Legislator Barraga.

30
31 **LEG. BARRAGA:**

32 The 1100 square feet, the physical therapy, you know, it doesn't
33 sound -- it's a decent space but it's not a huge space. I guess
34 the question I have this is all specialized equipment where people
35 have to be in place when these individuals are working out on the
36 equipment. But I would imagine at some point when this particular
37 process is completed, there are individuals or would be individuals
38 that you would recommend that they continue to receive some sort
39 physical training, all right, unsupervised.

40
41 Now I only bring this up because this Legislature just approved
42 basically a health and sports center at Suffolk Community College
43 in Riverhead, which is only down the road; it's only a couple miles
44 away. And at some time in the future when this is built, maybe you
45 might want to consider some sort of contractual relationship where
46 some of your overflow, people in good shape, could go and use the
47 sports center as veterans at that facility.

48
49 **MR. SLEDGE:**

50 We'll definitely take that information back to our Physical
51 Medicine Chief, Dr. Cruz, and we can explore that. Thank you for
52 the suggestion.

53
54 **MR. WEISBERG:**

55 Yes.

1 **CHAIRPERSON STERN:**

2 Well, thank you. Okay, so we have IR 1239, Amending the 2017
3 Capital Budget and Program and appropriating funds in connection
4 with the expansion of the Community Based Outpatient Clinic CBOC
5 operated by the U.S. Veteran's Administration located at the
6 Riverhead County Center (CP 1604). (Co. Exec.) There is a motion
7 and a second. I'll call the vote. All in favor? Any opposed?
8 Any abstentions? IR 1239 is approved. (VOTE: 7-0-0-0. PO
9 GREGORY INCLUDED IN VOTE)

10
11 There being no other business before the Committee, Director, thank
12 you, Joe, thank you, Judge, again thank you and to all of our --
13 Phil and everybody who joined us today, we really appreciate it.
14 And we are adjourned.

15
16 **THE MEETING CONCLUDED AT 10:45 AM**
17 **{ } DENOTES SPELLED PHONETICALLY**
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