

VETERANS & SENIORS COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE
Minutes

A regular meeting of the Veterans & Seniors Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York, on July 29, 2008.

Members Present:

Leg. Steven H. Stern, Chairman
Leg. Jack Eddington, Vice-Chair
Leg. Jon Cooper (Not present)
Leg. John M. Kennedy, Jr.
Leg. Edward P. Romaine

Also In Attendance:

William J. Lindsay, Presiding Officer
Legislator Kate M. Browning, Third District
Legislator Brian Beedenbender, Fourth District
George Nolan, Counsel to the Legislature
Barbara LoMoriello, Deputy Clerk
Deborah Harris, Aide to Legislator Stern
Holly Rhodes-Teague, Director/Office for the Aging
Tom Ronayne, Director of Veterans Service Agency/Human Services Div.
Paul Perillie, Aide to Majority Leader
Debra Alloncius, AME Legislative Director
Linda Bay, Aide to Minority Leader
Jiwoo Lee
John Javis, Veterans Health Alliance
Oliver Legoff
Adele Legoff
Ron Roel
Timothy Mooney
All Other Interested Parties

Minutes Taken By:

Diana Kraus - Court Stenographer

Minutes Transcribed By:

Denise Weaver - Legislative Aide

(THE MEETING WAS CALLED TO ORDER AT 1:16 PM)

CHAIRMAN STERN:

We'll get started. Veterans and Seniors Committee will come to order. I'd ask everybody to please rise and join us in the Pledge of Allegiance led by Legislator Romaine.

SALUTATION

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

MOMENT OF SILENCE

Thank you. Okay. We have a short agenda today, which I'm sure is most welcome to my colleagues who had a lengthy morning this morning. But we do have important people with us to hear from today. So Director Ronayne, will have you come up first.

DIRECTOR RONAYNE:

Good afternoon, Chairman Stern, members, thank you again for having me here. I appreciate the invitation.

I have a couple of items that I would like to touch on just very briefly, nothing too substantive. Well, that's not true; one of them is.

I guess first, for anybody who is not aware and certainly the members are, but for anybody who is not aware, we last week had the passing of the Presiding Officer's father-in-law, Major Lloyd Kraus, who was a decorated Korean War veteran. And just to say it before the Committee that his loss is remembered and his service is appreciated.

I'll start on a positive note. I had the pleasure of being able to tell the Chairman on the way into the building this afternoon that as a result of funding that Chairman Stern was able to provide to the Greenlawn American Legion Post, Post 1244, they were able to get a very in-depth, a very comprehensive newsletter up and running for their membership. They happen to be the largest growing Post on Long Island according to their statistics. And I would like to tell you that as a result of the assistance that the funding that Legislator Stern was able to provide for them for the -- for their newsletter, they recently placed first in the New York State American Legion Press Association Best Newspaper Contest. And many, many e-mails went out yesterday. I forwarded one to your office, but the accolades are many and the thanks are also many for your assistance. Without the funding there would be no newsletter; no newsletter, no awards. So Thank you on behalf of the American legion.

One of the -- one other thing that's been happening in the community and unfortunately the way -- the way troops are being deployed when they're going overseas, it's not always necessarily easy to keep track of just who represents what community and what unit. We are all familiar, of course, with first of the 69th who we gave great support to when they deployed last April out of the Bay Shore Armory, affectionately known as the Fighting 69th.

What many people may not be aware of is that the losses that they are experiencing in Afghanistan have been very significant, certainly recently over a two week period, and again, two weeks, I'll restate that, they lost six of their soldiers. Unfortunately, what's happening is when many of these guard and reserve units are deploying when they arrive on the other side, their unit integrity is broken. And what they do is they take individual members from the guard and reserve units and

they break them up and assign them to other units already in theater who have manpower needs. And that is exactly what happened to the 69th.

So when the press was done and the reports were made announcing the deaths of these soldiers in combat, there was very little of any mention of the first of the 69th or their hometown's being here on Long Island. And unfortunately we dealing with the families and the family readiness groups, know all too well that these losses are occurring and they're occurring right here in our communities and we should all be very mindful of that.

That being said, one of the interesting developments and we first experienced this with the return of the remains of Sergeant Mangano, who again was from Legislator Stern's district in Greenlawn, was the Department of Defense recently executed a contract with a private -- with a civilian air charter service. And the purpose of that contract is to deliver the remains respectfully back to -- as near to their home community as they are able without the added step of having to go to Dover and pick up the remains, which we have done all too many times in Suffolk County and escort them home. The resource expenditures are considerable, the manpower, the effort, the coordination, the logistics are all very, very significant.

And the contract the DOD has entered into with the air charter services is to return them home and in our case this brings our troops to Long Island MacArthur in Islip. We have now had two soldiers return through this contract and the whole process certainly on us, you know, we're all big -- we're all adults, we can do our jobs and deal with this, but, you know, first and foremost the concern goes out to the families. And it's particularly burdensome on the families when you have these multi-state issues of transportation and returning them to their community. We seem to have a very good process worked out at Islip for their remains. We do have an upcoming meeting where we'll be establishing a multi-agency protocol that will include all of the respective branches of the military; the Army, the Air Force, the Navy, the Marine Corps. And the Coast Guard will participate. We'll have Suffolk County Police, New York State Police. Because we are in the Town of Islip, we'll have the MacArthur law enforcement folks involved as we will the representatives from Town of Islip and several others.

And the purpose of this meeting will be to establish a protocol that, God forbid, if but when we do return another soldier to Long Island MacArthur, that every party to the process understands what their function is and that we don't do a, you know, sort of "I hope you remembered" or "you remembered," everybody understands precisely what their role is. And we can do a better job of ensuring that the remains are respectfully received and that the families experiencing -- that the families experience nothing but a seamless return and handling of those remains.

I will report back when we've had that meeting. At this point the meeting looks like it will be held on the -- during the week of August 11th. We have not yet finalized a date. We're waiting for all parties to confirm. But we're very -- we're very pleased with the fact the DOD has taken what we believe to be a logical step and taken that overland portion of the return out of the equation because it was not always an easy thing to prosecute.

CHAIRMAN STERN:

And Tom, God forbid, that should ever happen, but going forward that would apply to any branch of service and reserve and guard?

DIRECTOR RONAYNE:

As we understand it now, the regional airport nearest the home of record of the soldier regardless of the branch that he serves in, would be the airport that the remains would be returning to. We have brought back a remains that was viewed in Queens. And it was interesting that they didn't go do JFK or LaGuardia. And we happen to think that that's a good thing because of the tempo of the airports. I think that the remains are better received in a place like Islip. But again, as we understand it now it is any soldier of any branch, it would be the regional -- based on his regional home of record. So I guess the answer is yes.

The next remains that we have returning home is a little bit different than the conventional KIA's that we've been seeing. And this would be the case for Staff Sergeant Jimenez. Staff Sergeant Jimenez and another soldier, Specialist Fouty, had gone MIA last year, approximately May of 2007. They were last seen in the vicinity of Baghdad. Their remains were recently recovered. They were discovered in Baghdad on June 9th of this year. They had been MIA for about almost 14 months. There was a delay in returning the bodies for reasons that we don't need to get into here. But Staff Sergeant Jimenez will be interred in Farmingdale at Long Island National Cemetery. He is returning to Suffolk County and we will pay him just honors. The family has multiple homes. The father is in Massachusetts, the mother is in Queens. My understanding is formally of Suffolk County, but now in Queens. And there was some delay in getting him here, but he will be interred at eleven o'clock on this coming Saturday at Long Island National Cemetery at Pinelawn.

The one other thing that I wanted to cover is -- only because you may be seeing this in the media and I wanted to assure you that we are aware of this and that we are conscious of it, is that there are -- have been a number of studies and investigations done as of late concerning the suicide rates of soldiers. And they're focusing right now on the suicide rates amongst Iraqi and Afghanistan veterans and they are actually studying to segregate out the active duty versus the national guard versus the reserve components. And I just wanted you to know that I've had discussion with VA as recently as this morning on the significance of these numbers because they do tend to vary from study to study. But one thing that I found interesting and I commented to VA this morning on was certainly one is too many, we would hope that we'd never see a soldier or a veteran choose to take his own life as a result of his service.

But one thing that -- when I got the e-mail this morning and I read it there was an alarm about the percentage of National Guard and Reservists who are represented in this population. And the report this morning indicated that 53% of the suicides are National Guard and Reservists. Certainly that's a disturbing figure. But I think it's important that when you look at this -- it went onto say that 53 percent and they explained that National Guard and Reserve are typically less -- less as likely to endure the strain of prolonged deployments and combat experience and so forth. But the force today is comprised of somewhere closer to 65% National Guard and Reserve. So I actually took some comfort in seeing that the number was 53%, which is lower than their representative number in the force overall, which suggests to me that maybe their level of training has finally risen to where they are more effectively making the mental health professionals aware of their problems and that they're trying to seek some help. There is by no means any small amount of work to be done yet on this matter, but those are the numbers that I received as early -- as recently as this morning.

LEG. EDDINGTON:

Mr. Chair, can I ask a question?

CHAIRMAN STERN:

Legislator Eddington.

LEG. EDDINGTON:

Yeah, I was wondering -- thank you, Mr. Chairman. I was wondering if those numbers are significantly higher than other conflicts like Korea, Vietnam, the first Gulf conflict?

DIRECTOR RONAYNE:

There have been studies, and I think perhaps one of the gentlemen who will be following me today, Mr. Javis, from the Veterans Health Alliance, might be even more prepared to --

LEG. EDDINGTON:

Okay.

DIRECTOR RONAYNE:

-- I don't want to speak for him. But my impression of studies that have been done, World War II,

Korea, Vietnam, other conflicts, Gulf One, etcetera, have been less in depth; that there was less emphasis placed on the investigation of the suicides and many -- there was a classification used as -- *still under investigation* --

LEG. EDDINGTON:

Right.

DIRECTOR RONAYNE:

-- or *inconclusive cause of death*, which were two nice ways of saying that they were likely suicides.

LEG. EDDINGTON:

Yeah, because I remember, being as old as I am, with the Vietnam conflict that I remember hearing more outward violence in society. If you can remember back, you know, I'm sure you were just a little kid, but, you know, you read -- you heard about people going into McDonald's and stuff and University of Texas and you're not hearing that, but I'm hearing a whole bunch of self infliction, you know, of suicide.

DIRECTOR RONAYNE:

Well, both of those, both the outward lashing in the community, the criminal behavior and the suicide it's interesting that while they are doing I think a better job of tracking these statistics and monitoring just what is going on, that there are numbers to suggest that they're still below what is occurring in the population at large --

LEG. EDDINGTON:

Okay.

DIRECTOR RONAYNE:

-- the general population. Unfortunately there seems to be some reason why media will focus on the behavior certainly the inappropriate behavior of a veteran versus a nonveteran.

LEG. EDDINGTON:

Gotcha.

DIRECTOR RONAYNE:

I don't know if it sells more papers. I don't know what the reason is. But there are numbers to suggest that even though the numbers are in some cases disturbing, that they are still lower than the population at large.

LEG. EDDINGTON:

Thank you.

CHAIRMAN STERN:

Questions?

DIRECTOR RONAYNE:

One more thing just to --

CHAIRMAN STERN:

Yeah.

DIRECTOR RONAYNE:

-- the progress of the CBOC, and I know that Legislator Romaine has an interest in this, the documents between the Veterans Administration Contract Offices and the County Executive/County Attorney's Office have been in place. I know that the County Attorney's Office has marked up documents. And my understanding is that they have been returned to VA for their analysis and I guess response.

The process right now, my understanding is, fully in the hands of the VA. And that's -- I spoke with Mr. {Wisebrode} from VA facilities on Friday of last week. And he acknowledged that they are in receipt. So the process is moving forward. And at this point that's really the extent of the update that I'm able to give you because between the attorneys and the VA contract folks, we're really out of the loop until the next step in the process. So while it's not a great deal of information, I can always report that.

LEG. ROMAINE:

I appreciate that. I'm sure you know I'm going to be following the east end VA clinic with great interest. And of course my other interest is why veterans are ineligible for Medicare. If you're getting benefits though your VA, you can't get Medicare. So if you go -- I'll repeat that again.

My other interest besides the east end VA clinic is why veterans are ineligible for Medicare. So that if they're seeking medical treatment, once they've accepted the VA they have to go to the VA or seek VA to reimburse whatever hospital they're in instead of being eligible for both, if they're over 65. That's to me a total mystery.

DIRECTOR RONAYNE:

It's puzzling. I agree.

CHAIRMAN STERN:

Okay. Anybody else? Okay.

DIRECTOR RONAYNE:

Thank you.

CHAIRMAN STERN:

Tom, thank you. Holly.

DIRECTOR RHODES-TEAGUE:

Hello. I just wanted to talk a little bit about a new program that will be coming through the Legislature next week. I'm trying to put it in as a CN. It's for 100 percent grant funds. What happened was that the state several months ago put out an RFQ or an RFP to the area agencies on aging throughout the state. And it's for an end of life care grant. The grant -- there's four of them being done throughout the state. It's a demonstration project. We are fortunate to have been one of the four Counties selected in the state to have this grant. And as part of it we had to partner with a community agency. So we are partnering with FECS for their -- for health and human services. They have a program in place to provide end of life social work. And we are going to try to expand that into Suffolk County with the \$50,000 that this grant is for.

The program will work -- will provide a social worker to somebody who has a terminal illness over age 60 who is facing end of life care issues, practical issues, getting services, spiritual issues, psychological issues, working with the families for the stress that might be incurred in the families because of the end of life issues. And it's a one-shot deal, \$50,000 for the year. We are providing it to the contractor to provide the service and we are looking forward to some really good outcomes from it that may be replicated, you know, at another time. So I'm just asking for your support next week if it comes through on the CN.

CHAIRMAN STERN:

We could expect it or hopefully expect it to come over by CN.

DIRECTOR RHODES-TEAGUE:

I'm hoping that it goes through by CN because I just got the notification of grant award yesterday. The grant deadline, it goes from June 1st to March 31st, which is why I'm trying to do CN because we're already two months into the program year and we haven't started the project yet. So I'm

hoping to get this expedited.

CHAIRMAN STERN:

Very good.

DIRECTOR RHODES-TEAGUE:

Appreciate it. Thank you.

CHAIRMAN STERN:

Thanks, Holly.

LEG. ROMAINE:

Quick question.

CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

Is there any reason that you would not get a CN for something that's a hundred percent funded?

DIRECTOR RHODES-TEAGUE:

No, I don't think so.

LEG. ROMAINE:

Okay.

DIRECTOR RHODES-TEAGUE:

I'm assuming it's come up for a -- I requested it yesterday.

LEG. ROMAINE:

Do you have any vacancies in your department that are 50% or more funded that are currently left vacant for more than say six to eight weeks?

DIRECTOR RHODES-TEAGUE:

I'd have look at it. Most of my positions are filled.

LEG. ROMAINE:

Okay.

DIRECTOR RHODES-TEAGUE:

I haven't had a problem with my positions.

LEG. ROMAINE:

Thank you.

CHAIRMAN STERN:

Holly, thanks.

DIRECTOR RHODES-TEAGUE:

Yep, thank you.

CHAIRMAN STERN:

Ron? Okay. We have two presentations today. So first it is my pleasure to welcome Ron Roel. He is the CEO of Roel Resources with a very impressive resumé. I handed out materials to members of the committee in regard to Mr. Roel's presentation today. To Ron, welcome.

MR. ROEL:

Thank you very much. Thank you for the invitation to come here. And I know my time is short so I will just have a brief introduction and skip most of the introduction and go right onto some thoughts.

Essentially when Steve asked me to come here, I was delighted to do so basically because I've -- I worked for many years at Newsday and my last two capacities were as editor of Real Estate and the Act II retirement planning sections. And since I've left I've been interested in continuing really in the subject areas and been working in various projects and conferences and reports in this -- on these two content areas. And one of my frustrations in the media was that everything is pegged to the news. And these are two very vital areas. And I wanted -- my feeling was you needed, you know, really consistent efforts at addressing lots of the issues that affected seniors and homeowners. In many cases the two areas intersected.

So, I mean, I titled just this quick presentation, it's called *Eco-Aging*. And really what I mean by this is that I think what we've learned in the last several years on the Green Movement is that while our -- we've been very successful as a society as to handling things in a technological manner, basically which is sort of specializing in certain areas creating expertise and solving problems, that we're in an era now where a lot of things are interrelated, you know, we see that what's -- from an environmental point of view what happens in one area may throw us out of balance in another area.

So I wanted to basically use this approach, this sort of ecological approach to really say, well, what could we learn from this in solving some of our social and economic problems especially on a regional basis because I think that that's really the key. So I just wanted to focus very quickly on a couple of things and just give some examples of what I'm talking about.

One of the things that came up at Newsday quite consistently was there was need for affordable housing. There was -- I think there's a lot of concern now, I'm sure everyone's aware of the Long Island index report that deals with, you know, many of our younger people moving off Long Island and the pressure on also seniors in terms of property taxes, which affect both -- which everybody but younger and older.

And so one of my thoughts is that -- and there are many demonstration projects across the country is that, you know, and it would involve, you know, sort of taking the zoning issues head on, but, you know, creating zoning that could really provide housing for more intergenerational communities. Because, in fact, a lot of the concerns and needs of younger people are the same as older people. You know, you don't have as much money. You don't need as much house. You don't have kids. You need a place that's sort of centralized and, you know, transportation specific that you can get to, you walk to stores.

So I think that there's a lot of synergy between younger and older families. And I think that, you know, too often we segment them. And we talk about workforce housing as if it's for younger people, but that that also basically slides into another issue, which is a lot of older people are working longer. So, you know, thinking about workforce housing is for the whole workforce. And it's not just more affordable housing for younger people entering the workforce, but for older people who want to stay, but need to downsize.

So, I mean, I think that's one example. And, again, there's a national organization, Generations United, which has lots of, you know, on its website, demonstration projects of other examples, you know, across the country where this has worked very successfully and where these two populations in fact, you know, can coexist. It's not for everybody. Certainly there are seniors who want to be in 55 plus communities and I think the important thing is not to say that's wrong. It's just that we need more alternatives, I think, if we want to keep both our younger people and our older people on Long Island. So that's one example what I'm talking about.

CHAIRMAN STERN:

Ron, before you continue, we say around this horseshoe all the time that we can come up with

some, you know, unique ideas, very compelling vision regarding affordable housing, whether it's for young people or our seniors, but ultimately that the land use and zoning authority lies with the towns.

MR. ROEL:

Right.

CHAIRMAN STERN:

I'm wondering if you had the opportunity to have this conversation with members of town government and what that response may have been.

MR. ROEL:

I'd love to have that opportunity. But one of the things I am doing now is that I'm working with project -- Long Island Project 2035, which many of you may be familiar with, which I understand will basically be subsumed eventually with the Long Island Regional Planning Board's largest sustainable Long Island project. And what I'm doing with them is I'm basically creating a strategic plan for media outreach and also public communication and public education outreach.

So part of my feeling is that what I want to do from the very beginning, from the get-go is to make sure that, you know, the constituencies in this room, especially, you know, representing senior interests are at all levels, of county government and town governments, are part of that process, are considered part of the players at the very beginning and are not considered, you know, marginal. Like, *okay, we got to deal with this, oh yeah, I'm going to need to bring in seniors.* You know, I think it's important that looking at the senior population as part of the mainstream population of this Island, you know, is an important shift in psychology.

So I haven't yet, Steve, but this is -- this is something that I will bring as -- in terms of trying to help mainly Long Island Regional Planning Board and the New York City Transportation Council, get the players involved in this visioning process, which as I understand there's an initial phase and then there's like a three-year stage after that.

So that's very important. And I feel that, you know, we need to sort of shift that thinking because, you know, what I say to people is, you know what, I know that it's great to be young, but the reality is we're older a lot longer than we're younger. And, you know, we need to really think about seniors as a really integral part of our population and not as a, you know, a cost center where we need to provide health services, but in fact -- you know, my second point was just dealing with things like health services. And I think that one of the areas there and some of this again is at a different kind of policy level, but to the extent that the County can be involved in -- I know we have a vital Office of Aging here. But I think given that, you know, we're coming into a period where there have been a lot of baby boomers retiring and, you know, people are talking about, you know, what's going to happen going forward in terms of health care, one of the really terrific potential problems is, you know, the potential Alzheimer's explosion. And, you know, basically we don't have the system to -- given our past track record, we don't have the health care system infrastructure to handle the -- call it percentage of Alzheimer's patients, if you track back to previous populations.

So one of the things that I think we need to really lobby for because -- from what I understand, you know, a huge number, something in excess of 80% of our nursing home patients are there because of Alzheimer's. And I think there needs to be much greater push at every level of government to increase Alzheimer's research, you know, to relieve this kind of pressure. And also, you know, in a -- again in an ecological sense realize if we keep people vital longer, they are more vital consumers, you know, so there are costs involved and research costs in solving Alzheimer's. But these people will be vital much longer in society. They'll be better consumers and it will be able to, you know, create substantial cost savings, you know, on the tail end.

So I think we're ignoring an opportunity here and kind of saying well, this is a senior problem. But it's a societal problem, this potential Alzheimer's issue exploding with baby boomers, you know,

coming of age so to speak.

I think there is -- there are also things that we can do from the housing and senior level in terms of aggressively promoting some things, which are very cost effective. And one is, I know that the County has done some of this before, in terms of Fall Prevention Programs, universal design for houses that again can -- are very useful for seniors and wheelchairs, but also we've discovered they're very useful for younger couples who need to get through with baby carriages.

But, you know, things like fall prevention, again, contribute an extraordinary amount of hospitalizations of seniors. And so there are cost effective ways of really keeping seniors out of nursing homes and out of hospitals, but I don't think we're fully utilizing them.

The last thing I want to mention because I know that time is short today, but just as -- and I know that some of this was brought up actually as part of the recommendations for the Commission on Creative Retirement, but I think in the area of workforce issues, too. I know that issues have been brought forth about ways to bring -- to make the workplace more accessible to seniors to give -- to provide support for seniors who want to stay in the workforce or stay and become volunteers. I think that this is, you know, a very important initiative and I think needs to be pushed much more aggressively, in a sense and in a more global sense too. And I think there needs to be some education with employers.

I think people realize that one of our major issues here is in terms of our economy growing, is workforce growth. And so there's a problem in terms of, you know, youth leaving here and baby boomers retiring. I think that in terms of the youth leaving, the Long Island index puts it at five times the national average and my feeling is that, you know, again, it's taking the lens back and realizing what we need to do is not -- is focus on not just these youth leaving, but creating an environment where youth in general find it, you know, a viable place to live and work and affordable.

I think -- so I think part of the leaving is that this is what Long Island does. We have terrific school systems and we produce terrific graduates and they go out into the world. You know, so certainly we want to retain a good number of those people, but you need to be realistic that that's we do. And that's what Long Island should be proud of. What we need to focus on is having an environment here where younger people want to stay, but also attract them from other areas. But that alone, I don't think, will basically suffice the -- to solving, you know, what we call as a demographic trough in -- there just aren't as many younger people who are on Long Island.

And so I think it's imperative that employers realize that we need to deal with issues like taxes and workforce housing to attract and keep young people, but that these are the same sorts of issues that we need to keep older people in the workforce. You know, my analogy is for -- for employers here is that, you know, it's like putting together a good baseball team. You know, you need the youth, you need the rookies, you need the energy, but you also need the veterans. You need those who have expertise in the workplace, to transfer -- of knowledge.

You know, this is happening in a lot of industries where there's a huge now -- there's a huge gap in knowledge transfer. So we need to keep, you know, seniors working. We need to provide incentives for them to keep working part-time, you know.

So I think, I see this essentially as what I hope would be a growing partnership between the public and the private sectors to really work in this population. And again think of seniors and again, I think part of it is defining, what are we talking about when we talk about seniors, you know, from 50-plus to, you know, probably 70 is one, you know, cohort. And then older seniors there are different issues.

But to think of them as more integrally part of the workplace and part on an ongoing workplace not like, *okay, let's let them all retire and then bring them back* because there are -- there are different

issues with older seniors working part-time and also in many cases volunteers. I know that, you know, there are many initiatives to bring back seniors as volunteers working with younger people. And I think that's an important initiative. But I, you know, I've been in a couple of conferences where organizations have talked about the fact that a lot of organizations, you know, don't know how to work with volunteers. And that, you know, a lot of the retiring baby boomers want to have much more vital volunteer jobs and so it's a -- there is a training process that people need to go through.

So, I mean, I think that a big component is as programs for, you know, working with employers and training and retraining and really a -- sort of actually a three-part partnership between, you know, government organizations, businesses and non-profits who deal with a lot of these volunteers.

So, Steve, I'd like to just conclude there. I don't, you know, again, I have lots of ideas. There's not a -- the only specific thing I wanted to mention was that I do plan to at least make sure that the interest of seniors are considered as an integral part of this visioning process that's part of Long Island 2035 because I think that's imperative. And, I mean, as a secondary thing, I think, you know, there are lots of opportunities for demonstration projects in which, you know, we can create initiatives that would certainly -- case sizing in looking at addressing the needs of seniors along with, you know, the youth of Long Island. So I'm happy to answer any questions.

CHAIRMAN STERN:

Questions? Questions? All right. Very good. Ron, thanks so much for being with us today.

MR. ROEL:

It's a pleasure, Steve.

CHAIRMAN STERN:

All right. Okay. John? John, welcome. John Javis is the Director of the Veterans Health Alliance of Long Island and it's really a pleasure to welcome him to our committee today.

MR. JAVIS:

Okay. Good afternoon. My name is John Javis and I'm the Director of special projects for the Mental Health Association of Nassau County. I also serve as the Chair of the Veterans Health Alliance of Long Island. I'm a fellow Suffolk County resident from Setauket and also I have prior military experience back in the late 80's and early 90's. I was part of a army special program where I was commissioned. I did a lot of counseling of both soldiers and their families.

I want to thank Legislator Stern for the invitation to speak today and also thank Tom Ronayne for making the introduction.

In the interest of time I'll kind of be brief. I will talk about the work of the Veterans Health Alliance and also address the issues that we've already raised today, that of suicide, violence, and the different generation of veterans.

The Veterans Health Alliance of Long Island is a collaborative effort of about 50 mental health and substance abuse providers, County and state mental health, the VA, the vet centers, the Nassau and Suffolk Veterans Service Agencies, the veterans organizations, elected officials, and other stakeholders. And our mission is to promote the health and well being of Long Island veterans and their families through advocacy and a broad array of services.

We do three things. First we advocate, as we're doing today. We've met with elected officials on both the County, state and federal level from both sides of the isle to advocate for veterans issues. We do training. We've trained about 200 providers to date to better understand the military culture and how to better treat combat related PTSD. And we also do outreach in terms of getting the word out to veterans about services.

You know, we've been in Iraq since 2003, in Afghanistan since 2001. But it really wasn't until the summer and the fall of 2006 when the first reports of poor treatment of veterans began to hit the media. And, of course, with the VA scandal and the Walter Reed scandal back in 2007, that kind of broke it open and you've seen a flood and a torrent of different studies and research projects regarding the care of veterans.

One very troubling report was -- a March 2007 report in Newsweek, talked about a 25 year-old marine, Jonathan Schultz, who was suicidal. He packed his bags, his family brought him to the VA, he asked to be admitted and he was turned away due to a lack of a bed and within two weeks he committed suicide. This shows a need for an alliance like we have on Long Island because had the VA been full, they should have referred him to a community hospital where he could have gotten care and hopefully would have been alive today.

Following those reports a bunch of mental health providers in Nassau County got together and we talked about, you know, what can we do to better serve our veterans. And we found was that different agencies were already doing something for veterans. One agency had a residence for veterans. One agency had free counseling for veterans. One agency had a veterans resource center, one had a hotline. And so we decided to kind of get together to kind of pool our resources to work more effectively. That movement is now spreading to Long Island and also we got some interest in New York City area recently.

In terms of our veterans, we've got about 1.7 million veterans have served in Iraq and Afghanistan. Of those, about 47% left the military and are our newest veterans. This is key: 35% sought help at the VA. While that's good it shows that 65% either aren't getting help or getting help outside the VA system of care. 38% of those seeking help, sought help for a mental health concern and 17% had some issue with substance abuse.

In terms of New York State, we've got over a million veterans in New York State. We're the fourth largest population of veterans in the U.S. Significantly also in New York State, about 60% of New York State veterans are 55 years of age or older, again based on the Vietnam era, veterans as they begin to age. We've also got a young group of veterans. 75% of those who left in 2006 are under the age of 30. We've got about 174,000 veterans on Long Island. 95% of those are Suffolk County residents and we are second only to San Diego on the percentage of veterans among our citizens. And about 8,000 Long Islanders have served in Iraq and Afghanistan.

What's certain about Long Island is that we do not have a major military base, such as a Fort Bragg or a Fort Knox so families really can't access, you know, on base services. We've got a high level of guard and reserve enlistment following 9/11. And we know that guard and reserves have experienced a major role in these conflicts. And what's different about the guard and reserves as you know is that these folks are going from a combat zone back to civilian life, back to a combat zone and back to civilian life. And that constant transition is what's causing a lot of stress.

Very troubling was the experience of a New England Guard where they're required -- there are veterans returning home to report to the local vet center for a mandatory PTSD and TBI screening. About 63% turned out to have a mental health issue or a traumatic brain injury. And 18% of those screened requested immediate assistance.

We know with mental health there's a reluctance to kind of seek help. Many of our guard and reservist on Long Island serve as policemen and firemen. And they're concerned about going for help for fear that it will appear on their permanent record. And also recently the RAND study showed that about 20% of Iraq and Afghanistan veterans have PTSD or depression, but only 50% actually reach out for treatment.

Another issue is that Long Island is a high cost area. And very often when someone is deployed as a guard or reservist their military salary does not equal their civilian salary and so this is also causing financial hardships for the families.

People may say, well, this is just a federal problem, why doesn't the VA deal with this. Well, the VA is well funded, they have an impressive array of services, but not every veteran is eligible for services. Example I like to use is a Colonel, Jim McDonough, he's Director of the New York State Division of Veterans Affairs. He's an Iraq veterans, 26 years of service in the military, not eligible for the VA.

And again, if we got 174,000 veterans on Long Island, last year the Northport VA saw 33,000 of them, which is good, but again, they're not seeing every veteran. Also, the VA cannot serve the children of veterans. There's also limited services for the mental health needs of spouses and children and access also is an issue.

One change you know we asked before the question about what's different about this war. And here's a big difference. 12 to 15% of soldiers deployed to Iraq and Afghanistan are taking some form of medication for stress, anxiety, depression or sleeplessness. In my generation, that wouldn't have happened. These folks wouldn't have been in the military. But right now, 12 to 15% are actually taking medications while they're in a combat zone.

Also, as you know, TBI is another factor. Again, this is a faceless enemy. You're riding down the road, something blows up, you know, creates a lot of fear and anxiety and that's another reason why rates of PTSD do tend to be a little bit higher.

In terms of suicides, if you look at this stat, the suicides in the army are rising each year, okay, from 2004 -- and I'm sorry, from 67 in 2004 to 115 in 2007. Ninety three were active duty, 22% guard or reservists, 30% were also using drugs and alcohol at the time, 50% were involved in a failed relationship. In addition to those who actually completed suicide, in that time we got about 935 suicide attempts altogether. We do know that veterans have twice the suicide risk than nonveterans in the general population. A recent VA admission shows that nationwide, 18 veterans a day commit suicide, five of those would be under the care of the VA. And the VA has as national suicide hotline based in Upstate New York and that hotline gets between 130 to 140 calls each and every day.

Homelessness veterans are 11% of the general population, about 26% of the homeless population. And about 8,000 Long Island veterans will be considered to be homeless.

Okay. Women veterans, we are higher percentage of women veterans among our armed services. And about one-third of them who are getting services report from the VA report that they were either raped or experienced an attempt at rape. And again this leads to various types of mental health issues and concerns down the road.

I'm going to try to speed this up here. You know, drinking, substance abuse in the combat zone in Iraq and Afghanistan, drugs and alcohol are available, but it is somewhat limited. But when folks get back obviously alcohol is easily accessible. And a 23 year-old soldier at Fort Drum said the first month back everybody got drunk pretty much, you've been gone 15 months and that's what everybody wants to do.

In New Jersey, the New Jersey Guard about 41% -- I'm sorry, those who had a drinking problem, 41% got mental health treatment, but only 9% got help for substance abuse.

I'll skip here to violence. A question was raised before about violence. And the New York Times in January kind of wrote an article saying that, oh, about, 121 Iraq and Afghanistan veterans were either -- either committed or charged with murder. And they said, you know, what a terrible thing this is. When you look at the statistics compared to the general population, okay, these veterans had a murder rate of 1.34 per 100,000. The general population rate is 7.67. So actually these -- this generation of veterans are actually less violent than the general population. Again, reading the article you would come away with a a different thought from that.

In terms of the older veterans and rates of PTSD, we're finding that no one ever asks them about it. And I'll tell you one quick story. We train our clinicians to ask people that they see, *have you served in the military and did you see combat?* Recently one of our therapist encountered an older gentlemen, asked him the question, yes, he was a veteran, yes, he was involved in Korea. And he said to her that *you're the first person to ever ask me about my military experience and whether that impacted my life.* And she said *do you want to talk about it?* And he said no. But he said, *but you did ask and I will eventually tell you.* And after a few sessions when, you know, she kind of got to know this individual, he eventually did tell her the experience that he had and was able to get some help.

You know, people say, well what about all these veterans I've been hearing about the media, why aren't they breaking down the doors of our clinics to kind of see us? And the reason being is that if you think about the different conflicts. In World War II we had a large mobilization of people, people went away for years and then came back, they became America's greatest generation. In Vietnam it went to a system of a one-year tour. So we had a lot of people kind of rotating through this one-year tour. In Iraq and Afghanistan with heavy guard and reserve use, we've got the same people going back and forth, three, four even five times. And so that's why you're not seeing great numbers of people. And also PTSD does take years to manifest itself.

I know we're running out of time here. You know, we don't know what the future's going to hold in terms of the global war on terrorism, in terms of drawing down at Iraq, troubles in Afghanistan and what's going to happen with Iran. You know, there could be a tremendous future mental health impact. The day that Saigon fell was a bad day for Vietnam era veterans because they kind of saw that and go, *I did this for what?* On the other hand, the day the Berlin Wall came down was a good day for veterans because we felt that, hey, we did something. There's a concern for mental health in that if Iraq or Afghanistan kind of, you know, there's a pullout and somebody takes over and these places collapse, what are these guys and gals going to say about their service, is that going to impact their mental health?

Just to wrap up, because I know that we're running out of time, it's important that we outreach veterans through public service announcements encouraging them to access mental health and other types of services. We need to train our mental health providers to understand the needs of veterans, educate family members about PTSD and coping skills and as well as advocacy. I know that was kind of rushed, but does anyone have any questions?

CHAIRMAN STERN:

John, you have a meeting coming up in the fall?

MR. JAVIS:

Yes.

CHAIRMAN STERN:

Is that correct? Could you tell us about that and what's going to be covered?

MR. JAVIS:

Okay. The one in -- at the Long Island State Veteran's Home?

CHAIRMAN STERN:

Yep.

MR. JAVIS:

Yes. Since this is the Veterans and Aging Committee, we are having a meeting coming up on September the 5th. It's going to be at the Long Island State Veterans Home. We're going to be talking about the emotional needs of older veterans and certainly everyone here is invited to attend that meeting. We'll have a presentation from the Geriatric Mental Health Alliance as well as staff from the VA, as well as staff from Long Island State Veterans Home.

CHAIRMAN STERN:

Very good. Question? Legislator Browning.

LEG. BROWNING:

If you would -- just one minute.

CHAIRMAN STERN:

Hold on, hold on.

LEG. BROWNING:

I know we have another committee coming up and I'm not on this committee, but I appreciate you giving me the time. This is an issue that's special to me. My husband's involved in an organization called POPPA, that's Police Organization Providing Peer Assistance with New York City police officers. On the experience that he's -- he's done combat stress, he works with police officers who are coming back on the job. The one thing that he sees is that the police officers are not the ones who are asking the help, the veterans are not the ones who come back and ask for help. And no matter how much you advertise, they won't ask for the help. It's the family members. Are you reaching out to family members? And I know that -- I know I wasn't here for your full presentation, but there's the family readiness groups --

MR. JAVIS:

Right.

LEG. BROWNING:

-- talking to them.

MR. JAVIS:

Right. Actually we just made that connection with the family readiness groups for this area. And as a matter of fact, in September we're going to speaking at one their groups in Brooklyn. They also have people from Long Island and, you know, in that unit. And we've been talking to the families. So, yes, we have made that connection. And it's a great -- it's going to be a great resource for us.

And also there are some resources on a state level. The Office of Mental Health has put together an Elmo series, talking to children about deployment using the Elmo character. And also the Army has a website called Battlemind, which talks about deployment issues, talks about PTSD. They've recently updated the Battlemind site to include a section for children using cartoons. And the alliance, as a matter of fact, we're holding a conference coming up in October dealing with the issues of family and children of veterans so we're very aware of that and it's in our mission that we do serve both the veteran and the family members.

LEG. BROWNING:

And I know, Tom, we've talked about 142nd Aviation, I'm going to continue to make sure that they get in touch with you. Thank you.

MR. JAVIS:

Thank you.

CHAIRMAN STERN:

Good. Other questions? Other questions? And, John, we'll make sure that we -- my office will distribute the notice of your meeting coming in September to all of my colleagues and, you know, I'm sure they'll do their best to help spread the word about this important function coming up in the fall. And thank's so much for being with us and all the good work, very important work that you do.

MR. JAVIS:

Thank you.

CHAIRMAN STERN:

Anybody else? Anybody else? We'll take a motion to adjourn.

LEG. ROMAINE:

Motion.

CHAIRMAN STERN:

Second. And we are adjourned. Thank you.

(THE MEETING CONCLUDED AT 2:08 PM)

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