

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 December 9, 2008.

Members Present:

Leg. Steven H. Stern, Chairman
Leg. Jack Eddington, Vice-Chair
Leg. Ricardo Montano (not present)
Leg. John M. Kennedy, Jr.
Leg. Edward P. Romaine

Also In Attendance:

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
Joe Sledge, Director, Northport VA Hospital
Joe Klan, United States Marine Corps
Terry Miller, Nurse practitioner, Northport VA Hospital
Dr. Sterling Alexander, Northport VA Hospital
Brendan Chamberlain, Aide to County Executive
All Other Interested Parties

Minutes Taken By:

Diana Kraus - Court Stenographer

(THE MEETING COMMENCED AT 1:00 PM)

CHAIRMAN STERN:

All right. Good afternoon everybody. Welcome to the Committee on Veterans and Seniors. I'm going to ask everybody to please rise and join us in the Pledge of Allegiance led by our esteemed Counsel, Mr. Nolan.

SALUTATION

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

MOMENT OF SILENCE OBSERVED

Thank you.

We're going to start today with -- well, actually, Tom, we'll have you start and then we'll go to our presentation. Director Ronayne.

DIRECTOR RONAYNE:

Good afternoon, Chairman, members. Thank you again for the invitation to return.

CHAIRMAN STERN:

Tom, welcome. How is -- how are we doing?

DIRECTOR RONAYNE:

Okay. Not very much to report. It's been a pretty short cycle since we last met. Couple of things, just in general, we've spent a significant amount of time over the last few weeks with the family readiness group from the Fighting 69th who, as you all know will be returning home in the pretty near future. I was told that the plan to have them all home by Christmas apparently will not be met.

We did a packing the other night at the armory in Bay Shore. And all of the packages have been sent out to the soldiers in the unit but all the packages have been sent to Camp Phoenix in Afghanistan so obviously if their mail is still going to Camp Phoenix, they're likely there to receive it.

That being said, they are still scheduled to be home in the near future. They've begun arriving in small numbers, four and five and six at a time every few days but the bulk of the unit is still deployed. We, as I said, we participated in a packing program where we had the packages prepared and ready for shipping. We also wrapped Christmas gifts for the children of the unit members for a holiday party that was held on Saturday this past. That was very successful. The children were delighted, Santa Clause and all the trappings. And that's where we are with the 69th.

I have received notice and I will be attending a pre-deployment briefing on the 15th for the 106th in West Hampton. I don't know on what scale or to what extent their unit strength is being deployed but apparently it's significant enough that the unit has scheduled a pre-deployment briefing so I will return at our next meeting with a report on their status and as much information as we're able to share.

CHAIRMAN STERN:

Please.

DIRECTOR RONAYNE:

We yesterday participated in a program that I'm very happy to be a part of every year. This year it came upon us fairly quickly. It was thrown together hastily for several reasons, funding being one of them. We participated again in the Trees for the Troops Program. You may remember from previous years donations are made on behalf of the program. And basically what it is for \$25 a live Christmas tree, a stand, a string of lights and a box of ornaments are provided and sent to the individual troops. We've gotten many, many calls and cards from folks in Afghanistan and Iraq over the years who have received the trees that they have been promised much to their surprise. They actually throw these trees on vehicles and they go and look for these soldiers. So it's really a -- it's a very uplifting program.

We work with -- I shouldn't say we -- but the organizations that participate in the program work with DHL. And what we did yesterday, we loaded the tractor trailers with the gifts, the ornaments, the trees and so forth and left from Oceanside on our way to JFK to the DHL facility where an airplane was loaded. They loaded everything onto a 747 cargo aircraft.

And DHL donates everything. They donate the aircraft, they donate the crew, the pilot, the fuel. They do this whole thing. So much praise to them for what they do. The costs of that part of this program would probably result in the program not being able to continue. Even several weeks ago with DHL announcing program and route cuts because of the economy, they continue working on this program.

So that's really it. Everything else is, you know, we're moving ahead, we're continuing as the weather changes, we're increasing the amount of outreach that we're doing with our homeless veterans. We hosted on Friday of last week a forum at the Dennison building for the various providers in the community. And we had representatives ranging from the VA who we have with us today to various housing partners, United Veterans, Beacon House, Maureen's Haven, the soup kitchens and the housing providers; anybody who provides services to homeless veterans.

And the purposes the meeting was, as I reported in the past, there are a lot of people out there doing very fine work. Unfortunately not everyone is always aware of the others' existence. And we occasionally encounter circumstances that are unusual or unique. And with the ability to communicate and network with other providers, we are sometimes able to find solutions that very literally are outside of the box. We would not normally have considered them. So the access -- the providers having access to these other partners we felt was very important. We got tremendous feedback. The participants and the attendees all felt that it was an important and worthwhile meeting so much so that it's been suggested that we make this a regular event and hold it several times a year to keep everybody fresh with programs, plans, ideas, things that are going on in the community.

And that is really all that I have in terms of the presentation. I know that I was asked to assist Debbie in having some people both from the veterans community and from the Department of Veterans Affairs join us with here today. And I'm happy to say that we have some high end people here to give good information.

CHAIRMAN STERN:

Very good. Thank you for your help, Tom.

Legislator Kennedy.

LEG. KENNEDY:

Tom, just a note of thanks for your work with my constituent Daniel Pierce. It seems that that veterans assistance funds that were able to be gathered together through the work of my colleagues

could not have come quickly enough. I know I heard that, you know, working through you and your veterans service rep that he's going to be able to do the most basic thing, I guess, keep warm in cold nights. So I want to thank you. I appreciate it.

DIRECTOR RONAYNE:

Thank you.

CHAIRMAN STERN:

Anyone else? Tom, thank you.

PRESENTATIONS

We'll have everybody step up and take a seat at the table. It is a great pleasure to welcome our guest today Joe Sledge, the Director of the Northport Veterans Facility; Joe Klan, United States Marine Corps, retired; and Terry Miller, nurse practitioner from the Northport Veterans facility to discuss a very interesting but -- and very important topic.

I guess before we begin, I'm going to have you guys introduce each of yourselves for the record.

MR. KLAN:

Joseph Klan, United States Marine Corps, I guess, retired.

MS. MILLER:

Terry Miller, I'm a nurse practitioner.

MS. KRAUS:

Speak into the microphone.

MS. MILLER:

Oh, sure. My name is Terry Miller. I'm the nurse practitioner that works at the VA and the OIF/OEF clinic. And my collaborating physician is Dr. Alexander.

DR. ALEXANDER:

Good afternoon. Dr. Sterling Alexander, one of the physicians that takes care of Persian Gulf Veterans at the Northport VA.

MR. SLEDGE:

Joe Sledge, Northport VA's Public Affairs Officer. Nice to be here.

CHAIRMAN STERN:

Joe, thanks for being here. Maybe before we get into the specific topic that I'd like to discuss today, maybe you can tell us, you know, briefly how things are going at the facility.

MR. SLEDGE:

Well, we're doing very well. Thank you very much. Just within the last month or so we received our report card from VA which is really a aggregate score of a number of performance measure results including quality, customer service, safety and finance. And what we've -- we're pleased and proud to report is that we are number one in this network as far as the highest score in the network. We're number six in the country among similar complex hospitals. And we're number 16 out of the 151 or two VA medical centers in the country and we continue to try and become number one. So that's good.

Currently we have an acting medical center director, our former director, Mr. {Cullaton} accepted a position in the Hudson Valley VA Health Care System, is now the director there and supervising two

VA medical centers. We're -- we're just continuing to provide care to Long Island veterans. We're in the process as you know here of establishing an east end clinic with the assistance of the County. And we're also looking to relocate our Plainview Clinic to Nassau University Medical Center and going through pretty much the same process and in the same place among the Counties in achieving those two clinics. So we're very grateful to all the work that the County has done for its veterans. I am US Army veterans so I'm particularly pleased that the County's doing everything it can to assist county veterans.

CHAIRMAN STERN:

Joe, thank you, and thanks for being here. And thank you all for being here and accepting the invitation to come and speak to the Committee. Like I'm sure many of my colleagues became aware of a study that was just released the middle of November, which states that at least 25% of those that served in the Gulf War approximately, 700,000 soldiers are suffering from Gulf War illness. And so I thought it would be appropriate on the heels of that study to talk about Gulf War illness, how it affects veterans from all over the country, of course, but particularly those here that live on Long Island and those that we're caring for. And to get any information that you thought might be helpful to us here in the Legislature that we might be able to utilize out of our own offices and really other level of government, to be able to raise awareness and educate and assist those veterans that may be suffering from Gulf War illness. So with that, who would like to go first? Dr. Alexander.

DR. ALEXANDER:

Good afternoon. Mr. Stern, Chairman and the members of the Veterans and Seniors Committee, our patient, our staff here, Terry Miller, nurse practitioner, Joe Sledge from Public Affairs, we are delighted to be here representing the Northport VA Medical Center. And I understand the discussion's really about the Gulf War illnesses.

Since the first Gulf War in the '90 to '91, we have seen approximately 400 patients from Desert Storm in terms of registering them through the Persian Gulf registry which was mandated doing that time. And at present we have seen approximately 4,000 patients, that's from the operation Enduring Freedom, the Iraqi Freedom, veterans and service -- active duty service members. The Gulf War illness as you are all aware in terms of these constellation of symptoms which is the headaches, some GI complaints, chronic pain, headaches, this has been researched and studied by the Institute of Medicine and also the Research Advisory Committee which is what published the recent article in terms of the information on Gulf War Syndrome.

We at the VA, I mean I just wanted to go over what we do in the VA in terms of how we deal with some of these issues. Since the war we do have the Persian Gulf War registry. And the registry is really dealing with meeting up with the patient after his return from service and to go over the exposures, what kind of exposures you encountered. The location; what are the locations that you were at. And trying to figure out if there was, you know, if there is any active symptoms that are -- that we have to deal with and take care of.

This is actually a registry that's been -- we've been doing since Gulf War. And what happens to this information is really, it goes to Baltimore. It also is shared with three main Senators that deals with the Gulf War illnesses and the current war. So one of the important things is to get the patient in, give them the different services that we have at the VA, make sure that we register them and to follow-up evaluating these patients to see, you know, where they're doing -- how they're doing in the community in terms of -- in the community.

Currently we do have the Gulf registry clinic which is being managed by several of our physicians. And I think overall it's been a very good success. The Gulf War illnesses is an ongoing research. And I think Dr. James {Peek} who's the secretary for Veterans Affairs is actually -- wants the Institute of Medicine to review what has been published. And in terms of making some final recommendations on how we're going to treat the patients.

The symptoms that the patients present with over -- you know, throughout the years we have seen

similar medical diagnostic conditions, like the chronic fatigue syndrome, fibromyalgia, although we have not called it Gulf War illness until now, we have had diagnosis in terms of, you know, we don't really know these symptoms are due to one particular condition. Possibly it's chronic fatigue syndrome or fibromyalgia so we diagnosis them in that particular scenario and we try to offer patients help in terms of our different services specialties at the Northport VA.

So it's an ongoing research. We are happy to, you know, our priority is the patients obviously. And we are happy to, you know, gather whatever the information, the final decisions in terms of how we should proceed. We will carry on. And that's our major goal.

And I just want to thank you guys. And if there's any questions that you may have, we'll be happy to -- we'll try to answer at least. Also I just wanted to let you know my colleagues were Dr. {Mandartank}, Ron {Flood}, who is the physician's assistant who were primarily dealing with or taking care of patients who were in -- from the first Gulf War. In their absence we are here and we'll be happy to answer any questions.

CHAIRMAN STERN:

I know there are going to be questions but I just wanted to clarify some of the numbers. You had mentioned 400. There are 400 that are on a registry from having served in the first Gulf War; is that the significance of that number?

DR. ALEXANDER:

Yes.

MR. SLEDGE:

It's the last number that we have.

DR. ALEXANDER:

Right. From the last number we have, that's the approximate. I don't have -- that's not a solid number, but that's an approximate number of patients from -- Joe?

MR. SLEDGE:

I could tell you that we're actually -- I've asked our Persian Gulf registry administrative staff to work with our information technology people to see if they can pull out of the total number of registry exams those who were exclusively in the first Desert Storm or Desert Shield so that we can have a real hard number. But the number approximately is anywhere from 350 to 400. And as soon as we get that file man run, I'll get the exact figure to Tom and he can give it to the Committee, but it's approximately that number. That was the number ten years after the war. There were, you know, there have been over the years a number of reports issued on the effects of service in the first Gulf War, the ALS, identification of ALS in Gulf War veterans. And so each time there's been some there interest in the community or through the press and so the last time that we were asked to really report on this to a public entity, it was around, again, 350 to 400 but we're -- again, we'll get you the number.

CHAIRMAN STERN:

Thank you. Do you want to ask a question now or could we go on?

LEG. EDDINGTON:

No.

CHAIRMAN STERN:

Okay, yeah, let's continue because I'm sure there are going to be a lot of questions afterwards.

MS. MILLER:

I just want to add that the VA started the Persian Gulf registry in the early 1990's and we've been tracking the veterans since then and trying to identify the signs and symptoms that they're having

and this way we can begin to treat them in the clinics. And the more veterans that we get to enroll in the VA, the more we can continue to track their symptoms. And I think the more patients that we have, the more we can validate the need for more research.

MR. SLEDGE:

I just want to also add that from the public information perspective, the VA has continued to inform veterans who are on this registry of any updates in research or treatments available or presumptive service connected disabilities. And, again, Tom is here. He can probably speak most intelligently since his office helps these veterans file their claims for compensation and pension through the VA for these presumptive conditions for exposures or Gulf War illness.

But there's the Gulf War review. The most recent one was published in May of 2008. There's a website dedicated exclusively to Persian Gulf illness, Persian Gulf service on the VA's website which is VA.Gov. And this is a subject that continually will -- I think will continue to keep coming up as we learn more and more about Persian Gulf illness. And I'm eager to find out what the recommendations from the Institute of Medicine are which regard to this report from the VA Research Committee.

CHAIRMAN STERN:

Does anybody have any kind of idea as to a time period as to when you might get some guidance from them?

MR. SLEDGE:

You know, again, we represent Northport VA Medical Center. When the report was published, it went to the secretary. The secretary referred it to the Institute of Medicine for review and recommendations. The VA Central Office of Public Affairs issued a press release from the secretary about two weeks ago. So I can't really tell you what the time frame is; but as we become aware of anything we'll be happy to -- as we do, we're often communicating with Tom Ronanye and Ed Allman, the two veteran service agency directors in the County. So as we get information, we'll be happy to share that with Tom even if it's in advance of there being a public release, we'll be happy to share whatever we get from VA.

MR. KLAN:

My name is Joseph Klan. Thank you for having me today. Tom Ronayne asked me last week if I wouldn't mind coming down speaking about a few things. I'm a little uncomfortable about it but I was in the Persian Gulf War in 1991 and recently I was in the beginning of Iraqi Freedom in 2003. I dealt with everybody here in the panel personally over the years for one thing or another. I'm not sure exactly what my role is here as far as my personal experience or my experience with the VA. I can tell you that it's a thousand times better than it was ten years ago.

When -- my initial reaction, my initial phase of going in and registering for the Persian Gulf War registry originally in Desert Storm was filling out a few papers, *how do you feel, okay, talk to this doctor, talk to that doctor*. And if I had any complaints of pain or anything, there was no way of saying well, that's attributed to this or it's not. So basically I just went through the motions of going to the VA. I did have a surgery done, a laparoscopic fundoplication, basically attaching -- reattaching my esophagus to my stomach in the mid ninety's, I believe '95 or '97 because of bleeding. I was vomiting blood. I was just -- there was bleeding for no reason. And I had been admitted to Southside Hospital. And they did three days of tests. They couldn't figure out what was wrong with me. I didn't have any ulcers or anything else.

So going back to the VA the chief surgeon had suggested or the gastroenterology department had suggested I do this surgery. I'd started taking pills {rebeprazole} for GERD and acid reflex. And I've been taking them ever since.

I did have the surgery done. Unfortunately it didn't work out as well as I expected. But in the interim there was -- there's -- I think going over all the things that happened from 1991 until now,

it's -- I think you'd have to look before that because I think the last major deployment we had was Vietnam. So you had a lot of young kids going to the VA, you know, *I don't know what I'm supposed to do here*. They got in.

There was a few people that helped. The majority of the people just didn't know -- it wasn't the fact that they weren't trying to help you. Just didn't have any protocol to help you. And the deployment was so fast, the engagement was so quick, we were in and out, what, six or eight months. And I think similar to what's going on -- experiencing -- veterans are experiencing in this current engagement is that a lot of the symptoms that don't happen right away pop up two or three years later, four or five years later as what happened to me.

And the protocols today -- used today are so -- I have no complaints about it all. I think the VA's doing an outstanding job. I dealt with Joe Sledge personally on a few issues I had with a couple of different departments and was handled immediately. Initially when I came back from Desert Storm, people looked at you like, what? So? What do you want me to do? There's nothing to do, you know. You have problem sleeping. You have this. You have a problem with bleeding, you have a problem with acid reflux, what do you eat, you know. I think the problem with this service in the desert and these anthrax shots and all the other immunizations that the military had given us, I mean we walked through a line and there was seven, ten shots, boom, boom, boom, boom, on the plane, you're gone.

So I don't know if there was any reason that -- any kind of a result from having so many immunizations and so many things so quickly. I know when I went back in for this previous -- this current war, the three series of anthrax shots I received in 1990 and 1991, I was told by a Navy Corps man, we'll give you a little dose. We'll give you one shot because apparently the shots I had 15 years ago were good still, which made me a little uncomfortable. You know what I mean? It's -- I didn't realize that that stuff would stay in my body so long. And the after effects, I -- the only way I know about the current illnesses to this date, a lot of the VA stuff now has come down and there's some ideas of what's happening.

But the only way I ever figured anything out was talking to other Desert Storm veterans and saying, you know, *are you having a problem with joint pain? Oh, I am, too. Are you having a problem* -- and it was really scary because I'd meet somebody from this area or I'd meet somebody from -- that lives half way across the country and they would be complaining of similar things. And it was very odd. I didn't understand, you know, I didn't realize the things I was feeling, I thought it was no big deal. But now I start to realize that a lot of other veterans had the same issues. It may not be identical. There's so many subtle differences. It could have been, you know, now they're saying that there was actually sarin gas used.

I remember when I left the desert in June of '91, we were taking those salt shakers of sand home and we were told, no, you can't do that. There's parasites in the sand that would destroy American crops, and well, I said why I've been sleeping in this crap for -- excuse me -- I've been sleeping in this stuff for the last six months. So you never know what we would have picked up there because I think the last time we had any major engagement in the desert was in World War II. And who knows, you know, what has changed. And as far as chemical weapons that's not something since World War I. So I don't know physiologically what could have happened, a combination of things, I think.

But I think the way the VA is handling things now is a thousand times better than it was then. And it's not -- I don't think it's any fault of theirs. I don't think it's any lack of caring or lack of understanding. It's -- I think what we have a problem with today is a protocol. There's no protocol to say, well, if we had, I don't know -- you said 700 -- or 400 registrants?

MR. SLEDGE:

For the first Gulf War, right. Desert Storm, Desert Shield.

MR. KLAN:

So if you had 400 registrants just in the Northport VA, and if you go the other VA's, and then out of all these registrants you start compiling the numbers of who's having similar issues, somebody might be having a problem with joint pain that they didn't even know was attributed to that, you know, the health issues that they didn't have any idea of until they talked to another veteran that was in the same position as they were and the same place and the same time and they realized, wow, everybody has similar issues. I don't know what it is.

I think the protocol issue of trying to say these are the major symptoms of what's going on now. And I think, you know, once you establish that, then you can have questionnaires and so on and so forth. I mean went to the VA this morning. I had a questionnaire on situations of things I experienced in Iraq this time. I'm very impressed. I mean if I drop the ball, somebody from the VA calls me and they make sure that I'm there and that I complete this testing. The level of caring and the level of service that I'm experiencing is so profound compared to my first experience.

When I walked in the VA at 27 years old, and the next oldest guy -- oldest person there was in their 40's or 50's, you know, that experience in Vietnam so much more than I had, I almost felt guilty being there. And I think a lot of Persian Gulf veterans feel that way. I think they feel that they didn't do enough or they didn't experience enough. What -- they were there, they were in, they were out, they're gone, you know.

I think a lot of young men and women that were there initially feel a little uncomfortable, a little out of place because it's not like -- if you got wounded, this is the result of that. This is -- you know, there's certain cause and effect. But for some reason or another with this Persian Gulf syndrome, there's no rhyme or reason, there's no one illness that everybody's experiencing. And I think a lot of veterans now that are in their 30's and 40's that were in Desert Storm don't even know that some of the things that they're experiencing can be attributed to that. And, you know, out of 400 people that we have registered in Northport VA, I wonder how many thousands of Long Island veterans there are that were there that never registered at all or never followed up on.

MR. SLEDGE:

Right, or never did.

MR. KLAN:

Right. But that's changed now. With this current situation it is almost required --

MR. SLEDGE:

It is required.

MR. KLAN:

You know, you have to go. And another thing I noticed that I'm very impressed with, I thought was ridiculous when I first came back from Iraq was down in Camp Lejeune, they held us there for an extra three days. And we had debriefing. And I was, what is this, you know, I want to go home. And I didn't realize until after the fact that I've had some friends that I have met, people that I didn't even know when I was over there, but they were there the same time as me, the amount of people dieing in car accidents, alcohol related injuries or suicide just from trying to deal with the anxiety or deal with the adrenalin rushes that they had experienced there, that they cannot replicate here. You can't go from being in gunfire and mortars to being the custodian and sweeping the floor everyday and not have some cause and effect to -- where's the adrenalin rush, you know, or where's the, you know, where am I -- you know, there's a lot of things that not only physiologically but psychologically take control of a veteran returning home and just falling back into line.

The protocols for this war are excellent. And I think that made a big difference doing that three day debriefing before I was sent home. Unfortunately after Desert Storm, I remember -- I believe it was 180 days to get a veterans status. And the reserve unit that I was in in Amityville made sure that they got us out of there in 170 some odd days. It was almost a rule sent down, let's get rid of these

guys before their six months is up because we don't want to get, you know, the veterans status, we don't want to have to deal with that. So I mean from the get go, from getting out of the Marine Corps reserve in '93, but from the get go of returning from the Persian Gulf, it was kind of a push aside here, push aside there. *Fill this out. Don't say anything. Don't ask. Just go ahead.*

And that was from the military side going to the VA. From the VA side, we're looking at somebody looking at me with like I have three heads on. *Fill it out.* That's it. But I think we learned a lot of mistakes and a lot of things that we didn't do the first time that we're doing now. It's kind of scary. It's 17 years later, you know. I just was reading the pamphlet. I just didn't realize it was that -- 17 years. And we're dealing with this now, you know. You know, I can't even begin to know what a lot of people are experiencing. And I just hope that there's something we can do here today can bring the protocol up to not only include it in today's -- in the Iraqi Freedom generation but to also backtrack and try to kind of cover the base and contact people to say, hey, we'd like you to come down and take a survey. But, again, we don't have a survey, do we? There's no protocol to say what are you experiencing or what kind of illnesses?

DR. ALEXANDER:

I think, Joe, you're right about, I think one of the things that we should go back and probably get all these members' information and send them a letter, you know, have them come back. I mean we know the specific questions are asked. And obviously we should do that part to get some of these veterans back and reevaluate. After any kind of tour of duty, you know, everybody so busy trying to get their life together, job together, family together, you know, we as human, we don't think about health care. So it's unfortunate sometimes we miss as patients itself and as a facility itself, you know, we -- you know, once we don't hear from the veteran back, we tend to go on to the next thing. And I think it's a good point to look back and, you know, make sure these veterans are being followed at some VA facility and make sure that we follow up on questions and try to figure out if there's certain issues that we can assist or help.

MR. SLEDGE:

Actually there is a precedent for that at Northport VA. And that is while we for obvious reasons focusing intently upon the returning veterans from Iraq and Afghanistan, we never lose site of the fact that we still take care of a large number of World War II veterans, Korean War veterans and Vietnam veterans. Last month with that same mentality of never taking -- you know, not taking our eyes off of all of the mission, we invited back Vietnam veterans who had registered at Northport but had not availed themselves of our services for a while. We had about 250 Vietnam veterans come in and get reacquainted with the VA. That was out of a mailing to a 1,000. And we are going to do the same thing to the other half of the list that we started with for Vietnam veterans in the spring.

And it's again to your point. You know, I think one of the things that I would say is that one of the things that I have seen change, I've been with the VA for sixteen years. I came in after the war had ended in the first Persian Gulf War. I have seen a tremendous improvement in the way veteran service organization leadership, VA and county leadership and state veterans leadership communicate with each other and work together to communicate and to assist veterans. I can tell you that on Long Island here at Northport, we formed the Long Island Combat Veterans team with Tom Ronayne, Ed Allman, the Department of Labor and several veteran service organizations including New York State Division of Veterans Affairs.

So when something like the VA Research Committee's report gets published and is shared with the secretary, and he issues a press release, I've seen that press release sent not only by VA but I've seen it sent by Tom, by Ed Allman through their mailings. And so I think the information is getting out to the veterans better than it ever has because we all recognize that we need each other to help carry out that mission. So I think there is definitely, as you pointed out, a number of improvements in how we communicate and how we respond to all of the veterans, not just any particular group of veterans but all the veterans because they all have entitlements and unique needs; very unique needs at times.

MR. KLAN:

And to go -- to continue what Joe was saying, due to my own -- some personal experiences myself with the VA, the Northport VA, which I was -- were upsetting experiences, and I was put in contact with Joe and it was taken care of; the way the VA -- the level of caring and the level of understanding the VA in Northport provides now is so much more than it was. And I think a lot of problems with some Vietnam era veterans and maybe some Desert Storm era veterans is they just thought, it was like, ah, you know, I'm not going to with deal with it. Because the VA back in the olden times, in the old days, used to be, you know, you're in, you're out, whatever, we don't care.

Today I think the way -- the way that the young men and women and the people I've met in the VA system for the most part have just done an unbelievable job of just reaching out to help you. And the one thing a veteran -- that all veterans have in common is you don't want to seem like the one that's crying and whining about anything, ah, I'm fine. And there's a lot of people actually cajole you and push you and say, listen, just do this, we'll just look into this, let's -- and I think the way that everybody handles themselves down there is excellent. It's so much better. I used to be frustrated when I walked in there 10, 15 years ago; used to be an aggravation. Not any more. Not any more.

CHAIRMAN STERN:

Joe, first of all, thank you for your service. And I wanted to ask you how are you feeling?

MR. KLAN:

I'm doing okay. I have some issues but I'm actually getting them taken care of. I was just down there today with -- Terry Miller had set me up with an appointment today that I did some testing; and I just finished and came over here so.

MS. MILLER:

We're able to identify a lot of their problems when they come in for their initial visit because we do a lot of screening for post traumatic stress and depression and traumatic brain injuries and substance abuse and post deployment physical symptoms. So if they screen positive, we can send them to the right places right away if they want to go.

MR. SLEDGE:

I think one of the other things that has helped the VA become, I think, a recognized leader, and it's not what I say, it's what the public says and especially -- there's a book called VA -- *The Best Care Anywhere. Why VA Health Care is Better Than Yours*. And I've read it twice. And it's very true that there's been a significant amount of improvements in the way care is delivered.

We have a computerized patient record system that we've had in place for years, which I think only helps to improve communication when you're going from provider to provider. And a number of other, again, performance measures with regard to quality and care. I don't think you could argue that the VA definitely has become a formidable leader in that area. So, you know, that all speaks to, I think, the improvements you may have seen over the years.

CHAIRMAN STERN:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. Thank you for coming in today. It's commendable that you've taken the effort to try to look at, I guess, what's been a very disparate group of symptoms that these individuals have been impacted with over time.

I happen to know a gentleman who was in the guard similar to yourself, sir, I guess, who was there. And I know for the longest time as a matter of fact he had problems similar to what you're speaking about, Doctor; headaches, I know he had nausea. And I think it was to the point where he actually wound up retiring. He was a New York City police officer. And he subsequently left not on a

disabilities retirement. He stuck it out until he got his years. But because of his physical deterioration, he could no longer sustain the hike back and forth. He since seemed to have been in better condition. He drives a school bus now and he seems to be, you know, okay.

But I guess my question goes to, you know, I can't help but think of some of the analogies associated with the veterans that were affected by Agent Orange. And how much has really grown out of a body of law now that assists veterans affected by Agent Orange as a presumption when it comes to disability and how it assists them to navigate the disability process. Is the Gulf War syndrome rising to that same level? Where is it at, Joe?

MR. SLEDGE:

Well, I can only speak for Northport VA Medical Center. But going back to the first Persian Gulf War, I think while it was -- there may have been ways to make that a better process or a better system clearly from the testimony you've heard, I think that we learned a lot from the Vietnam veteran population. I know that the VA was slow to recognize the effects of Agent Orange in Vietnam veterans; and did its level best years later to make that right, which is why there was such a tremendous amount of outreach to Vietnam veterans here, at least, again speaking for Northport to the Vietnam veteran community. And I believe with we enjoy a very good relationship with the Vietnam veterans of America and the VVNW here on Long Island. And that the Vietnam veterans no longer look at the VA as the government with any type of apprehension or disdain. They actually look to the VA as their VA medical center where they can come and get care.

I think a number of things have also helped that along and that being VA's recognizing that there are presumptive conditions that Vietnam veterans have like the last two that were added to the list of presumptive service connected conditions; diabetes, you know, adult onset diabetes and prostate cancer.

LEG. KENNEDY:

I saw the mailing that came out as a matter of fact just in the last couple of weeks advising about prostate cancer.

MR. SLEDGE:

Right. And so I think we learned a lot of lessons from the -- I think VA learned a lot of lessons for how it handled the Vietnam veterans in trying to deal with Persian Gulf veterans. I remember coming onto VA in August of 1992 and, you know, learning all about the unexplained symptoms -- the unexplained illnesses that Persian Gulf veterans were experiencing. And how VA was being very cautious not to underplay, not to say that it doesn't exist, but to invest in a, I think, you know, an appropriate level of research that continues obviously to this day and will probably continue many, many years into the future. And I think that by virtue of the fact that there were presumptive service connected conditions for this particular population of veterans speaks to the VA's commitment to try to assist them.

I think -- I'm encouraged by the fact that this VA research committee came back with a report that may again expand the scope of services or entitlements for Persian Gulf veterans. And, of course, when the -- when the recommendations come forward from the Institute of Medicine and then VA, rolls down through VA, we will be widely communicating that to the veterans. I know Tom is working -- has been working ever since it's been in place with Persian Gulf veterans attempting to seek service connected disability compensation from the VA for these unexplained illnesses, you know, Persian Gulf illness. And we have been as accommodating to those veterans as possible and I think that we will continue to do that as we move forward with this -- with this new information from the VA research committee.

LEG. KENNEDY:

So it's a process that's still underway?

MR. SLEDGE:

Oh, absolutely. I think -- if I read the release correctly, because I didn't read the report, that the secretary has forwarded the report from the VA research committee that was looking at Persian Gulf illness and asked for additional information or recommendations. And that after that -- typically, you know, historically what happens is that, you know, the VA will take a look at that and again make decisions such as they did with Agent Orange and these first set of presumptive -- I think there are three at this point -- presumptive service connected disability conditions. I think five. Fibromyalgia and ALS, right.

So I'm encouraged of the fact that we're, again, still very seriously dialoging and investing dollars and resources into finding out exactly what these servicemen and women experience then and have continued to experience over the years. And while they're doing that, while the people in Washington are doing that or the people of the Institute of Medicine are doing that, these providers are continuing to be compassionately responsive to the conditions, to the symptoms. They can't call it -- if they can't call it something, they can't call it something. But they have consistently demonstrated their compassion and concern for the veteran by trying to treat that particular symptom.

LEG. KENNEDY:

Okay. Thank you. Again, I appreciate it and I commend the work that you're doing. Thank you, Mr. Chair.

CHAIRMAN STERN:

Legislator Eddington.

LEG. EDDINGTON:

Yeah, it's interesting because you bring back some things for me, that when I was in the service, I got out on a Monday and Tuesday morning I was at St. Johns University sitting in class. And I had gone from where you had to wear suit jackets and ties to where people were wearing T shirts and hot pants if you know what that was. So the shock was, like, immense.

And I went through a lot of things. And it took 15 years before I was diagnosed with post traumatic stress disorder. Because if you want to talk about denial, I was on aircraft carriers. So since I wasn't in Vietnam, I said what is -- how could it possibly be, there was a lot of anger having been 18 years old during that period of time, you know. And I'm very, very happy to hear that you guys are reaching out, because no one ever -- I finally -- my family said you got to talk to somebody. And when I told them just a little bit of my story, they came with this right away and said you didn't have to be in the mud to have been affected. You know, the whole word Vietnam for me when I hear you talking brought back the transition in my life, you know what I mean? And I'm hoping that you do reach out to the people because there are a lot of people I think now that come back and I think Joe said it, *I don't need any help, you know, I'm a little angry but, you know, I can deal with it.* And yet those are the exact people that we really have to get to because they don't even realize that they need help so I commend you on doing that and please continue to do it. It really is important.

MR. SLEDGE:

Thank you. I would just add to that that, you know, I think for your generation veterans, we didn't appropriately say welcome home so welcome home.

Yesterday the Town of Brookhaven paid a tribute to an Iraqi Freedom veteran who suffered with post traumatic stress disorder. I'm not divulging any confidential information. It was in Newsday. And he was a fine, fine veteran and a fine soldier. He gained national recognition by being on the cover of a national publication rescuing an Iraqi child in the middle of a fight. And after the street naming ceremony News 12 contacted us and immediately, you know, we responded with absolutely we would -- we'd be more than happy to do anything to help get the word out to not only the veterans, again, to your point some of whom may say *I feel fine.* Well, they may feel fine today. They may not be able to recognize that they have a traumatic brain injury if it happens to be sort of a mild

concussion and maybe suffering some lingering effects of that.

So we do continue to outreach. We do continue to not only outreach to the veterans but we also outreach to the families of veterans who served in this conflict so they can be better prepared or educated in picking up on the signs and symptoms of post traumatic stress disorder and other conditions that, again, the veterans may not be quite aware that they're suffering with. And that's a difficult -- sometimes a difficult challenge because, again, to get somebody to seek health care, it certainly has to be voluntary. But we are doing everything we -- I believe we're doing everything we can to get the word out. And your help through this Committee, through your -- through the work in your districts, and I know several of you have had veteran information days with the assistance of the VA, I think that will only continue throughout the years.

DR. ALEXANDER:

I also just wanted to add this. With our current technology and the computer system, unlike any medical senders in this country, we have a process in place if a patient comes to see a doctor or a nurse, we are supposed to ask certain questions about screening for depression, PTSD, traumatic brain injury and the list goes on.

So our goal is that when the veterans walks into the medical center we want to make sure that we do our screening measures, you know, to make sure that we catch these patients early than late. So this is a very -- it's an excellent process that's put in place.

MR. SLEDGE:

And as the needs -- as the number of veterans who have come back from Iraq and Afghanistan, the number of those individuals has grown, we have added additional resources in our Iraqi and Enduring Freedom Combat team. Since the -- as I had mentioned earlier approximately 4,000 OEF/OIF veterans have come to our door. Of that number 1200 screened positive for some type of a mental health condition. Of that number approximately 350, maybe 400 have -- actually it's about a little over 300 have an actual diagnosis of a post traumatic stress disorder. We've added intensive case managers. We've added psychologists, psychiatrists, all of our psychiatrists are trained in the treatment of post traumatic stress disorder. So the other point that I always seem to forget is that as the needs have changed particularly in this war, we have been able thankfully because of the recognition from the government that this is something we don't want to mess up on, that we have been able to hire staff for the care of those veterans.

MR. KLAN:

Actually to add on to that, probably the number of mental health issues is probably a lot more than that. But of the reservist that came back that were police officers or other -- hold other jobs, they'll deliberately answer negative to a questionnaire because they're afraid of repercussions going back to their civilian job. And unfortunately with the Freedom of Information Act, there's no way of stopping that. But you don't know what kind of -- you know, there's a lot of repercussions that can happen if you say, *yeah, I have post traumatic stress*, the -- kind of the horrifying things you see that you are accustomed to that a normal person would be completely shocked at. So even in some of the surveys I'm sure a lot of the people taking the surveys will say, *oh, no, I'm fine, nothing*, you know.

CHAIRMAN STERN:

All right. Any questions? Any questions. Very quickly, the -- we hear so often about those that are returning with, as Terry had gone through the list of anxiety, depression, you know, PTSD, TBI, and you don't hear as much about our returning veterans about some of the symptoms that might be associated with Gulf War illness. I guess my question is, is it -- are we not going to see that type of prevalence in those that are returning from this more current conflict as in the past? Is that something that you're seeing? Is that something that now we treat and we move on or is it something that we're still going to need to deal with with our returning veterans in a significant way?

MS. MILLER:

And we're also screening them for environmental exposure so the new veterans, we're screening them for depleted uranium as opposed to --

DR. ALEXANDER:

Your question -- I mean your question is about in terms of the Gulf War illnesses, are we screening for that? Was that your question?

CHAIRMAN STERN:

And are we seeing returning veterans who are symptomatic of Gulf War illness? I go back to the dates, the first Gulf War ends in 1991 and you're there in 1992 and you're already seeing it. Well, you know, we started in 2003, we're coming up on 2009 so I would believe by now returning veterans would exhibit, you know, the types of symptoms that you're already familiar with in Gulf War illnesses. Is that the type of thing we're seeing now?

DR. ALEXANDER:

Yeah, I mean, to be quite frank in terms of the symptoms, these constellation of symptoms which are these multiple symptoms, we talk chronic headaches and chronic pain, chronic GI complaints, these constellation symptoms, we haven't had patients who have come back and say, *listen, doc, you know, I'm having these persistent problems*. Most of it is related to mental health in terms of, you know, PTSD, depression. Very few patients may have some issues about, *you know, I'm not performing as well in my school, you know, maybe there's something going on in terms of my memory*, but that could be tested. I mean obviously most of the patients are mental health almost. We have very little patients in terms of, *you know, I have this constellation of symptoms, I can't work, I can't do this, it's not getting treated or it's a persistent problem, could we address it?* So we haven't seen that to be honest with you.

MR. SLEDGE:

I was just going to say some of the more common complaints that you have from this population of veterans would be consistent with other veterans who served in a combat theatre, muscular skeletal, gastroenterological, that type -- you know, carrying a ruck sack, walking on your feet all the time, those type of physical -- the wear and tear on the body that you'd have probably in any conflict. We're definitely seeing those as well and addressing those medical problems.

CHAIRMAN STERN:

Very good. All right. Anybody else? Anybody else? All right. Thank you to you all. Really appreciate you being here, important information for us; and please if there's anything that any of us can do in the future to be of assistance, please always feel free to let us know. Thank you. Yeah, Tom?

DIRECTOR RONAYNE:

Chairman, I know we're against the clock. I just wanted to very quickly clarify one or two things that were spoken about for the record. The issue of OIF/OEF veterans returning to, enrolling and participating in services at VA, there's an old saying that we always fight our previous war. Now in Gulf One, much of what we thought was -- much of the thought processes went back to Vietnam. And much of what the VA was doing was still with a Vietnam mindset.

There was a culture of the Gulf War veterans not feeling welcomed because of the age differences and the nature of treatment at VA. I think now that Gulf War illness is being acknowledged, and that this report now exists coupled with the fact that VA is doing such a -- much better job with their outreach as are the County's, we're sending letters out to our returning veterans advising them and making them aware of services and benefits available, I expect to see an up tic in the number of Gulf War veterans who will present because of the acknowledgment that this is a real problem and it's not, as so many of them have been told, their imagination.

The other thing that we're beginning to see a difference is, and I think the VA would bear this out with me is Joe Klan mentioned the men and women. Women veterans have historically been

underserved and under represented. For some reason historically woman veterans do not present at enrollment or for services. And what we're beginning to see now is that as the mailings are going out and the outreach is expanding beyond what it has ever been, we're seeing an up tic in the number of women veterans who serve. We're hopeful that we'll be able to get them in. But I really believe that the awareness, the awareness of the fact that these are now acknowledged and accepted conditions and problems will serve the veterans tremendously.

You know, there was a saying when I got out of the service that we were all young, dumb and on the run. Nobody was interested in coming home, going to a VA, filling out, enrolling, seeing doctors and physicians. You wanted to get on with your life. I think the team at Northport in particular we're very fortunate as I've said in the past, I think Northport is the jewel and the crown of the VA Medical Administration. They do a tremendous job. And I think that the efforts are beginning to be seen. I would say that probably over the last two years or so we've seen some changes. There's been a tide change of sorts. And again outreach -- outreach is really the key. And I think both Suffolk County and the VA are doing a much better job of that. But I just wanted to add the issues of the outreach and the women veterans to conclude what's been spoken on. Thank you.

CHAIRMAN STERN:

Tom, thank you.

DIRECTOR RHODES-TEAGUE:

Hi. Just a reminder you've got another two weeks to get your constituents to get their prescription part D applications, if they're going to change them to get them in. December 31st is the deadline. The other thing is the -- I want to tell you about an initiative that I think I spoke about about a year or two ago and that was point of entry on New York Connects, which is a statewide initiative to have a one point of entry in each county for information and assistance on long term care services. And at the time we were doing the application, our office was designated lead agency in Suffolk and we were going to be working with the Health Department, DSS and Handicapped Services.

We had some difficulty with contracts with the state. We went back and forth. So we're a little bit behind other counties in the state but we are beginning the new initiative. You may be hearing our phone answered Office for Aging New York Connects. And the -- most of the calls will still be calls that we've received in the past on long-term care services for the elderly but it is for all ages from infants to elderly. And we will be putting together informational brochures. We will be trying to get a website together. You know, it takes time to do this. We will have a long term care council. So there is, you know, it's a new initiative and the state is funding it at this point so we are starting -- are starting it.

So I just wanted to let you know that that is coming down the pike. So when people are looking for information on -- all sorts of information on long term care, you know, whether it be, you know, nursing home placements or home care agencies or what programs are out there, they can start with our office and we'll be able to at least point them in the right direction. And that's the whole point of the INA part of New York Connects. And it is a state wide initiative. So I just wanted to give you a heads up on that. Okay.

CHAIRMAN STERN:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair.

Holly, two questions, I guess, of things that I've hit recently. I had a chance to talk to a case worker, Office for Aging caseworker for the Smithtown area. And we were talking about the adult daycare facility at the John J. And she didn't seem to be as conversant or knowledgeable about it as I thought she might be. But it's not a criticism or anything like that. It was just -- I think she said, oh, I was unaware that they were at whatever level that they're at. My question is, is that

something that's in your tool bag of offerings for --

DIRECTOR RHODES-TEAGUE:

We've had -- we've had our staff go out to the John J to meet with them probably about a year and a half, two years ago at this point. We do know -- I mean it's a medical model facility so we're aware of that. It's a very expensive one. You really do have to spend down to the Medicaid level in order to -- to probably be able to be in that program because it is -- it's very expensive as a medical model. You know, their rate is high. And that has to do with some how -- however the state does the rates. I have -- I'm not sure how that all works out.

LEG. KENNEDY:

Do you have any kind of a grid that shows rates of other types of adult daycare facilities?

DIRECTOR RHODES-TEAGUE:

You know, we really deal mostly on a social -- a social model. This is -- and that's a medical -- we can refer people and we do. We do refer. And also you have to be within range of the transportation to it. You know, you don't people on the bus from all the way on the east end to John J because it's too long a ride. So there are limitations on who you would send to. But we don't make a specific referral to anyone. We always give a list of facilities that are out there.

LEG. KENNEDY:

Okay. But so I should look at whatever medical model daycares are?

DIRECTOR RHODES-TEAGUE:

I'm sorry. What was -- you're looking at all medical models?

LEG. KENNEDY:

No, no, no. My point is, is, you know, with this collaborative effort to try and go ahead and get enrollment up at John J, if there's a cost issue I guess I ought to get a look at it.

At that same time in that same conversation, we talked a little bit about the EISEP program in Smithtown. And I think she said that there were no enrollments that were going on at this point in Smithtown.

DIRECTOR RHODES-TEAGUE:

It's not just Smithtown. The -- what's happening is that we do a call out list for home care every Tuesday. We have not been able to do a call out list because of the funding. At this point all our funds are allocated out to clients who are already receiving service. And until I know what the state's cutting budgets, I cannot do another call out list, add new clients for home care.

LEG. KENNEDY:

The impression I get, though, it's been a while since there's --

DIRECTOR RHODES-TEAGUE:

It's been almost a year. It's been ten months because we -- what happens -- I mean I don't know if you remember, when you do home care, you know, you have a finite pot of money. I'm not a program like DSS's program where the money just flows through Medicaid. Our money is a said amount. And we have to determine at the beginning of the year how many clients so you look at your current list of clients and figure out how many hours of service you're allocating to them, then figure out how much money do you have. So you usually over enroll at the beginning of the year because you know people are going to wind up in the hospital or they're going to pass away so your numbers, you know will change. And we check those numbers, you know, weekly. And then at the end of each month we have to look at that schedule again. And at this point I don't believe that I can put anybody else on that program.

LEG. KENNEDY:

Well, okay.

DIRECTOR RHODES-TEAGUE:

You know, there's case management but we have to manage the dollars and that's what we're doing right now.

LEG. KENNEDY:

Which I can understand. I'm not necessarily being critical but I guess at the same time what I'm suggesting --

DIRECTOR RHODES-TEAGUE:

No, but that's the reality of it.

LEG. KENNEDY:

-- is, is it's something that I was unaware of. I don't know that my awareness is going to change matters at all.

DIRECTOR RHODES-TEAGUE:

Well, you know, actually, John, I know that in past years -- we always have a waiting list for that program. Because you have to put the case management in place for the EISEP Program. And the case management is done through our case workers so, you know, we could put people on but we don't necessarily always have the dollars for the home care. And there's also you can only have -- you have to have 50 percent of your dollars go towards home care. So there's a balancing act in a lot of different ways. But our waiting list for that program has always run about 500 people just to even get into the program for the home -- for the case management. You know, then the home care comes after that. So we are pretty good with the dollars. We do try to --

LEG. KENNEDY:

Again --

DIRECTOR RHODES-TEAGUE:

But what I'm saying it takes a lot of management. And at this point we're managing the dollars the best we can. And at this point I don't feel I can put anybody on the program.

LEG. KENNEDY:

Okay. Now, we're going to have a whole process that goes on with the state budget within the matter of --

DIRECTOR RHODES-TEAGUE:

Next week.

LEG. KENNEDY:

Right. So can you at least give us -- I would be interested to see what this next round of allocation from SOFA is going to be --

DIRECTOR RHODES-TEAGUE:

We've received budget cuts already this year. We had two percent before the budget started that, you know, they had originally allocated to us; so we had a six percent budget cut in August, September, which is why we're holding back until we get any extra client care for the home care portion.

LEG. KENNEDY:

You're eight percent in the hole already.

DIRECTOR RHODES-TEAGUE:

Yeah. Well, except our COLA's brought us up to -- you know, we also receive COLA's this year but it

really -- you know, after they took the cuts away, it didn't really help.

LEG. KENNEDY:

It was a wash; break even?

DIRECTOR RHODES-TEAGUE:

On the EISEP, I can't remember if we had any money. We had a little extra money in the SNAP money, the nutrition. I can't remember where Islip stood.

LEG. KENNEDY:

Okay.

DIRECTOR RHODES-TEAGUE:

We've been watching the state budget very carefully because of this issue because EICEP was all state money.

LEG. KENNEDY:

The next time we get to speak is probably going to be sometime in the beginning of February, I guess.

DIRECTOR RHODES-TEAGUE:

We'll have a much better idea. Because next Tuesday, I believe, is when we're supposed to get the governor's proposed budget.

LEG. KENNEDY:

Okay. Thank you.

CHAIRMAN STERN:

Holly, thank you. Thanks for coming.

DIRECTOR RHODES-TEAGUE:

Have a good holiday.

CHAIRMAN STERN:

You, too, enjoy.

TABLED RESOLUTIONS

Okay. We have resolution on the agenda today. It is **IR 2092, adopting local law to regulate off-street parking for veterans at the Riverhead County Center. (Stern)**

LEG. ROMAINE:

Motion.

CHAIRMAN STERN:

Motion to approve by Legislator Romaine, second by Legislator Eddington. All in favor? Any opposed? Any abstention? Motion carries.

LEG. ROMAINE:

Clerk, please list me as a co-sponsor.

CHAIRMAN STERN:

Anybody else?

LEG. KENNEDY:

I'll be a cosponsor.

CHAIRMAN STERN:

All committee members.

Okay. No further business, we are adjourned. Thank you.

We just did 2092.

And **IR 1915 (Directing the Department of Public Works to designate parking for veterans at the Riverhead County Center) (Stern)**, which is the same subject matter but a different procedural format, the Chairman being the sponsor is withdrawing that resolution with the passage out of Committee of 2092.

**THE MEETING CONCLUDED AT 2:19 PM
{ } DENOTES SPELLED PHONETICALLY**