

VETERANS & SENIORS COMMITTEE

of the

SUFFOLK COUNTY LEGISLATURE

VERBATIM TRANSCRIPT

A regular meeting of the Veterans and Seniors Committee of the Suffolk County Legislature was held in the rose Y. Caracappa Auditorium of the William H. Rogers Legislative Building, 725 Veterans Memorial Highway, Smithtown, New York on January 30, 2012.

MEMBERS PRESENT:

Legislator Steve Stern - Chairman
Legislator Sarah Anker - Vice Chair
Legislator Tom Barraga
Legislator DuWayne Gregory
Legislator Ricardo Montano

ALSO IN ATTENDANCE:

George Nolan - Counsel to the Legislature
Renee Ortiz - Chief Deputy Clerk - Suffolk County Legislature
Tom Ronayne - Director of Veterans Services
Joe Sledge - Northport Veterans Administration
Sal Thomas - Northport Veterans Administration
Bob Martinez - Aide to Legislator Montano
Bill Shilling - Aide to Legislator Anker
Deborah Harris - Aide to Legislator Stern
Colin Salmaggi - Reckless with Red
All other interested parties

VERBATIM MINUTES TAKEN BY:

Donna Catalano - Court Stenographer

(*THE MEETING WAS CALLED TO ORDER AT 1:15 P.M.*)

CHAIRMAN STERN:

Okay. Welcome, everybody, to the committee on Vets and Seniors. I ask everybody to please rise and join in the Pledge of Allegiance led by Legislator Montano.

SALUTATION

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

MOMENT OF SILENCE

Thank you. Good afternoon, everyone. Let's see, we are going to give -- I do have a card for public portion, Colin Salmaggi.

MR. SALMAGGI:

Good afternoon, Suffolk County Legislators. As you are aware, our veterans returning home from Afghanistan and Iraq are in dire need of vital services and support. John "Red" Pelan served as a combat paratrooper in the 187th Airborne Division in the Korean War. In 2008, Red wanted to experience the feeling of jumping out of an airplane again for his 77th birthday. He shared this with his granddaughter, Darah Salmaggi, who conceived a fundraiser to assist veterans as a compliment to his wish.

The Reckless With Red skydiving event benefits the Veterans Health Alliance of Long Island, which is a collaborative effort of mental health experience experts, substance abuse rehabilitation professionals, the VA in Northport, County veterans service agencies, the Vet centers, local universities, elected officials and other stakeholders. We support the mission of the alliance, which is promote the health and wellbeing of Long Island veterans and their families through advocacy and a broad array of services.

The Reckless With Red event was created in an effort to raise awareness and encourage support for the growth of an organization that is committed to the needs of our veterans here on Long Island. Over the past five years, Reckless With Red has earned increasing participation and annual donation through sponsorship of our skydivers. We have established relationships with key organizations, including News 12 Long Island, State Senator Lee Zeldin and Town of Islip Supervisor Tom Croci all of whom attended the event last year.

We invite you to show your support by attending the pre-jump event, which will be held on Saturday, April 28th, at the Harbor Crab Company in Patchogue, as we gear up for the skydive taking place on June 10th at Skydive Long Island in Calverton. In addition, we challenge those of you who are able and courageous, please consider taking the plunge from perfectly good airplanes to demonstrate your selfless commitment to our veterans. Let's come together to show our dedication to those that risked it all to protect our fundamental beliefs and freedoms as Americans. Thank you for your time.

CHAIRMAN STERN:

Thank you. Thank you for coming down and sharing that information with us. I know Legislator Barraga -- have you already signed up, Legislator Barraga, to take the plunge?

LEG. BARRAGA:

He's looking for able and courageous. So I think I'll take a pass.

CHAIRMAN STERN:

Thank you. Director, welcome.

MR. RONANYE:

Good afternoon, Chairman, Members of the Committee. Thank you for your kind invitation to return and speak before you again today. Welcome, certainly, to all of the returning member and very certainly to our new committee members. We welcome you and I hope that we will be able to work successfully together on behalf of our County's veterans.

I guess I'll begin -- I wasn't going to begin with, but the Reckless With Red event, when I met with Colin and Bill recently, seemed sort of out-of-the-box enough that it peaked my interest. And I've spoken to several other veterans who have expressed an interest in becoming involved. Again, we've all been to the spaghetti dinners and the pancake breakfasts, some of the typical standard fundraising type things that we do. And this is we do interesting. So we were hoping that by exposing you to this information, if you were aware of or became aware of anybody who might have an interest in this that it has the potential for being a very successful fundraiser. And all of the proceeds do go to mental health programs to serve our veterans, both those return now and those who have been home for many, many years. It is a tremendous need.

And personally speaking, out-of-the-box, inside-the-box, color inside or outside of the lines, if it has the potential to help our veterans, I think it's a wonderful thing. So thank you for listening to their presentation.

I would like to begin by just making everybody aware, recently, in Suffolk County, we have begun mobing up or mobilizing on a scale that we haven't seen in a couple of years now. And it's not happening on a grand scale as it has couple of times in the past during the Iraq and Afghanistan Wars. But we are -- we are in a period of time right now where we have quite a significant number of Suffolk County residents who wear the uniform, and no small number of them in this instance being members of our Reserve and Guard Units are mobilizing and preparing to deploy. In fact, some of them have already departed.

I think Legislator Horsley was at the event when Corneal Jackie Gordon and the 310th Military Police Battalion were given their sendoff. The 310th is gone. They number somewhere under 200, but they are now deployed. We also have -- again, I can't get into specifics, I the General would understand and appreciate this, in terms of numbers. But many of the units on the Island and specifically in Suffolk County; the 106, the 442nd Aviation Brigade, the 69th, the 310th MPs, everybody id mobing up right now, and they're in varying states of pre-deployment or in the process of deploying. Again, we're going into a period of time now where we will be having a significant number of Suffolk County residents in harm's way. And I ask you that bear that in mind.

That is important for obvious reasons, but it is also significant for several reasons that may not be immediately apparent. One of them -- we have our representatives from our wonderful partners of Department of Veteran Affairs here with us today to speak on some of the good services that they provide to our service members now or veterans. But as a community and as a County, we try to stay as connected as we are able with not only the service members and the veterans, but their families. The impact on these deployments -- in many case these deployments are actually multiple deployments; these folks have already been gone -- have gone to Iraq or Afghanistan once, twice, three, in sometimes, in some cases out here, more than three or four times.

When these families are left behind during these deployments, the impact on them is tremendous. And the impact is not only financial, because of the differences in the military pay with our Guard and Reserve members, the disparity between their military pay and their civilian pay, but also the departure of a parent or a loved from a household. It has tremendous impact. We've done a

better job over the years. We have been worked closely with most of the units here in Suffolk County and on Long Island, and we have done better. I think we still have a long way to go before we do everything that we should be for these families.

But one segment of that population in particular who I think is woefully underserved, and we've had a difficult time getting into areas where we can do a better job of this, and this is why I bring it to your attention, and that is the children, the children of these deployed service members, because we do not have a large military presence in Suffolk County. We do not have big bases, we don't have large commands, we don't deploy in enormous numbers, and as a result, have significant support operations or programs in place on Long Island. A lot of that falls to us.

And when these children -- I know members of the services who have expressed that they have been deployed numerous times and they have not seen the first or second and third or fourth or fifth or sixth, many, many years of their young children's growth. These children are growing up in some cases with a parent missing a good portion of the time. Even when they're not deployed to Iraq or Afghanistan, they can be away in many, many places. We've had folks in Thailand and Japan and California and deployed in many areas around the world for training purposes. Whether you are at war or away for training, you're still away from your family.

These children in most instances, probably to close all instance out here on Long Island, do have a peer network or a support network in place. They go to school, and they don't have other classmates typically who are also the children of deployed service members. The challenges on these children are significant. Unfortunately, they don't manifest immediately. And what we're starting to see, again, through work with our mental health professionals, is that these children over time are beginning to manifest problems as a result of the separation of their family members and their loved ones, and specifically when their family members are separated from them that they are in harm's way and in many cases, they are in grave danger. This weighs heavily on the children, and they need an outlet.

My wife happens to be a school teacher, and I've worked over the years with her district, for example. Even having many friends in the district, it is difficult to break into the schools, into the administration, and allow these types of issues to be addressed in the classrooms. The educators are not trained for this, it's not something that they're adequately prepared for, nor do I think are we. But going forward, I think that this has the potential to represent something that could become a significant problem for these Suffolk County residents; the children, the families and so forth. And if we extract ourselves for a moment and take away the fact that it is not only the right thing to do, but also what we have a responsibility or an obligation to as a government to be their and support and provide the assistance that these County residents need.

If you take all of that away and you simply look at it from a practical perspective, there is enormous cost to the taxpayers of Suffolk County when these families break apart, when the marriage fails, when the families find themselves on Social Services, the children are in need of our health centers and care by our mental health professionals, the cost add up pretty quickly. I think the preventative steps that we may be able to take in terms of preparing for this and addressing these needs will not only provide the services and the benefits and the help to these people that they so richly deserve and that we have an obligation to provide for them, but also, again, at the end of the day, it potentially would result in significant savings to the taxpayers of Suffolk County, which it's an unfortunate truth, but that has to be a part of the equation when we look at these issues.

CHAIRMAN STERN:

Tom, this has been a very significant issues in years past and in with generations past. Certainly we're in a very different world now and a different situation with multiple deployments, as you point out. As we have all spoken with constituents that we represent, some are on their second, on their

third, on their fourth tour, but this is has been going on for quite sometime unfortunately. Does our Federal Government, our Department of Veterans Affairs, is there some agency at the federal level that is will aware of the needs? Aren't there, at this point, existing programs, maybe they are deficient, but isn't there some kind of outreach effort being made to the children of our military at that point in a significant way, or does it not exist?

MR. RONAYNE:

Well, it does exist, it certainly does exists. And again, VA has come a long way. They are doing an absolutely wonderful job in most of these areas. Unfortunately, again, as you stated, one of the things that we have not experience in the past as nation are these multiple deployments. And a lot of the resulting problems that we are seeing coming out of these multiple deployments, we didn't anticipate because we has no experience in them. We didn't really understand what the impact was going to be. We're beginning to see that now.

There is outreach out there. There are programs out there. As I said, one of the problems that we have in a place like Suffolk County is we do not have a large military presence. And because we don't have that military presence, we don't have the level of support; we don't have the level of family and peer support that you would have if you were in a Fort Bragg or in Norfolk, Virginia or, you know, in places where you have a large military presence.

They have Yellow Ribbon Programs. We have a number of programs that are available to the families on Long Island, but again, unfortunately, they're not on the scale that they may need to be on. The mental health programs, the Long Island Health alliance, some of the programs that out there, including and beyond the VA are going a good job. But these are issues that quite honestly, I think that we are just, as a nation, not entirely prepared for. And we're trying to figure how to best fill these voids.

That's what we're seeing; these children are now ten years into these wars, and the impact of them is beginning to be seen. A lot of the children -- many of our service members are younger, so their children were younger. As the children are starting to become preteens and adolescents, we're starting to see issues; certainly the substance abuse, the alcohol and drug abuse problems out there for all of us to see. We know that those are happening not only in the outside world, but in the population or in the world of these military families.

But again, in my little corner of the universe with Veterans Services, this is an area that we've been trying to focus more on, because the issue is presenting itself more and more frequently. And I think that, you know, as we become aware of it, we should be trying to figure out what to do next to prevent the issues from becoming unmanageable for us.

CHAIRMAN STERN:

Legislator Gregory.

LEG. GREGORY:

Tom, I think you hit the nail right on the head. When I was serving, I was at Fort Hood, and just, you know, short-term deployments. The Army was horrible at one point with deployments. The focus was the mission, and they've slowly evolved and gotten better over the years, but it certainly still needs to improve, but I think it's much better than what it was. Apparently, as you've rightfully pointed out, the services of our children -- you know we have these morale -- you know, pretty much within the unit, they would develop these, you know, services or support groups, if you will, and then it kind of evolved outside the unit. It's pretty much basically within the unit itself; you know, the officers' wives, the NCO wives. They would kind of support each other and different activities and things like that in collaboration with the Red Cross and stuff.

Like you said, we're not -- Fort Hood is the largest military base in the world -- the third largest, one of the largest anyway. When you're a Guardsman or a Reservist, you don't come from a community of soldiers that has an understanding of deployment and what it takes. You come from a civilian community where, you know, you may be one in your whole entire town that maybe deploying, because people come from disparate places. So there's -- you know, we have to somehow make that connection with our Human Services agencies to provide those services to those children and ensure that they're attending to the needs. They're certainly going to have to be used.

MR. RONAYNE:

Again, we do have some support; we do have the RFGs or the Family Readiness Groups. But another thing that I think is important to point out is just as with our services members, anything related to mental health still has a stigma attached to it. And again, we have we have improved in this. This has gotten much better than it was in past years, but there is still a reluctance on the part of many people to step forward when they have issues. They'd rather close the door and try to deal with them in-house. By in-house I mean the small network of the other service member's families in their units, but they're ill prepared to appropriately or properly address these issues. So, yeah, we have gotten better, but we have a long way to go.

LEG. GREGORY:

So when a unit has orders to deploy, what outreach is there, or I guess, there should be to local social workers, psychologists? We say, "well, we know there's going to be a need," just have someone on call pretty much should the need arise or to even meet with families prior to deployment so that they have a better understanding of this road that they're going to travel for the next 12, 18 months. So just maybe even making that connection. I'm sure they're people with the proper backgrounds that will be willing to provide those services, we just have to make the connection.

MR. RONAYNE:

Well, we try as best we are able. And when we are notified, we certainly participate. It's very important for us to be a part of the pre-deployment programs prior to these units actually going out, that we meet with them as groups and individually. We're always happy to do so. We do have a network of mental health folks out there, both in the County, in the VA and in other places. But again, but it's a matter of these people acknowledging that there is a problem and then asking for the help.

LEG. GREGORY:

Just one last question, if I may, Mr. Chair. I know, you know, being in the military, you know, when you deploy, there's a whole checklist; there's a whole -- you know, you get your shot records, you make sure you have your power of attorneys. I mean, there's a whole list of things. I think one of the things appropriately would be, you know, has your family consulted with a social worker or psychologist or at least the unit, you know, to have someone available just in case, because I think to navigate that yourself without any kind of introduction can be a little overwhelming. But if you know that there's a resource there, you say, "Well, okay, maybe they'll make themselves more available to it."

MR. RONAYNE:

Not to pile on here, but just one other aspect to this issue is, and having worn the uniform, I think you'll appreciate this, when a service member deploys, war especially these war fighters when you're going into places like Iraq and Afghanistan, you need to be 100% on task, on mission and focused entirely. If you are so distracted with issues that are occurring at home and you're not able to focus on mission, that presents other problems obviously. So the benefit extends beyond the individual, whether the child or the spouse or the parent or whoever that person at home may be. It also has an impact on the readiness of the service member.

LEG. GREGORY:

Absolutely. Absolutely.

CHAIRMAN STERN:

Tom, when you meet with men or women who are getting ready to deploy and you have these predeployment meetings, do you meet with the service member only, or are those meetings conducting with the service family and members of his or her family?

MR. RONAYNE:

All of the above. We meet individually, we meet with groups, we've even hosted events or participated in events where it was more of a family day, where it was almost like a picnic or a barbecue, but we had mental health professionals available so that they would be able to seek them out independently without other people, without the command level or the staff level people from their branches or their units being involved.

The benefit to doing programs like that is very often the veteran or the service member will have the greatest degree of reluctance in terms of coming forward. It's almost -- it's very, very frequently the wife, the girlfriend, the mom, the son, the daughter who first recognizes the severity or the degree of need and either prompts the service member or the veteran to come forward or seeks to initiate some sort of assistance on their own. So, yeah, we'll meet with the individual service members, we'll meet separately with the families, we meet with them as -- collectively as a larger group, and as I said, all of the above.

CHAIRMAN STERN:

As you suggest then, the recognition of the need for services many times comes from not the service member, but his or her spouse. I would think that that's particularly true when we're talking about their children. So are you saying then that the outreach effort is there, it's in pre-deployment events and activities, that the message is being sent? Are you saying that we need to do a better job at getting the message out there as far as an outreach effort? Maybe it goes way beyond just pre-deployment and it has to be a constant effort, certainly while the service member is deployed, but is it a question of outreach particularly when it comes to children's issues, or is it a question of organizations offering those particular services?

MR. RONAYNE:

Will we remain engaged. Once the pre-deployment has occurred, once the deployment takes place, we remain engaged with the Family Readiness Groups with the units, with the commanders. And we try to have, you know, a degree of exposure to whoever is left behind. And again, even these units, when they leave, everybody doesn't go, there's always a component that remains at home. So we work with them.

But the awareness, the outreach is there. I believe that there's never enough outreach, because there's always somebody else that we can find. The concern I have is the message getting beyond the outreach efforts that we presently have and getting into the community and the places like the schools. And the administration -- at the administration level in the schools, needs to embrace this, because it's a problem. And even if it's not the children, it's the parents of the children. So somewhere in that community, the problems are occurring. But again, my greatest concern in terms of this discussion is the children. And it's difficult -- it's difficult to get in there.

CHAIRMAN STERN:

I know Legislator Barraga has a question. Before we go to Legislator Barraga, what would that look like? If you were going to say that you could be even more effective with school districts being aware of the issue, and let's say there is a school superintendent who believes in the cause and sees

it and shares the same vision, what would that effort look like? Would there be some kind of an arrangement made with a superintendent and his or her administration school district-wide and have you and you staff come in? Is that what the model would look like?

MR. RONAYNE:

I think exactly like that. Whether we met individually with districts or superintendents, PTAs, school boards, superintendents, they have organizations that they belong to collectively. All of those would be venues that we would like to -- we have had some exposure, we've had some access, but not nearly what we would hope to be able to have. We haven't been able to break through in many instances -- in most instances.

CHAIRMAN STERN:

Legislator Barraga.

LEG. BARRAGA:

Tom, let me ask you a question with reference to where your agency might fit into a situation where you have soldiers returning, and that soldier is suffering from PTSD or TBI, is that still -- I would take it it's still fundamentally a VA responsibility, but what happens when, you know, someone is suffering from PTSD and the family contacts you, are you basically like a referral service sort of moving them into the VA system?

MR. RONAYNE:

We have a few tools at our disposal. Certainly, referral is probably the largest. We do encourage returning troops when they come home whether they believe that they have a service connection issue or not -- to explain that, the services members when they come home, when we talk about service connection, refers to their having an injury, a wound, an illness, anything that was a result of their military service, whether they believe that they have one or not, we encourage them to come in and meet with us so that we can review their service, review their deployment with them. And as a part of that, we're prodding and we have a series of questions that we'll introduce into the discussions to suggest whether there may or may not be a problem, and then beyond that, we would try to make a referral.

LEG. BARRAGA:

A referral to someone in the VA system?

MR. RONAYNE:

Well, initially to the VA, but as I'm sure you're aware, a lot of these guys and ladies do not want to go to the VA for mental health, so we have outside networks also available.

LEG. BARRAGA:

You make a valid point. There are many active duty people who even if they're suffering from PTSD, they will not admit it, because the fear that it will have an affect on them in terms of their future growth path in their respective branch of service. All right.

I sat on a Department of Defense Committee six or seven years ago, and we had 12 people on the committee. Naturally, I was in the minority. But some of some professed that all soldiers and Marines coming back from Iraq and Afghanistan should be classified as having PTSD until it's proven that you don't to try to take the stigma out of the association of someone coming forward and saying, "Now it's on your record." It would be on everybody's record until you are cleared, you know. So everybody would have to go through some sort of mandatory evaluation.

But the VA, at that time, and those on the committee felt that, you know, they didn't want to move in that direction for a lot of different reasons. But in the last couple of years, there are more and

more people who have sort of taken that approach that -- for the very reason you have mentioned; so many who have this problem don't want to come forward for whatever reason.

Traumatic Brain Injury, I think what concerns me too, I guess your agency is kind of limited here, is that a number of years ago, a TBI victim, they would be a TBI victim because you would actually see the wound, you would actually see the wound. Now, many are coming back and they're home a couple of years, and they do have a Traumatic Brain Injury, don't but there's physical site. You don't actually see it. But that attitude seems to be changing. And I take it it's the VA again that's really is in the forefront of this.

MR. RONAYNE:

The VA has done a really good job with TBI. In fact, early on in these wars, because of the nature of the warfare and, again, the multiple deployments, we were seeing so much PTSD. And it was the VA that initially recognized there were folks coming in with problems that seemed to not be related to their PTSD, though their primary diagnosis was PTSD. And they began to look further, and they discovered that PTSD and TBI present very similarly in many ways, but the treatment protocols are drastically different. So what VA actually did was went back and reviewed a vast number of PTSD diagnoses with the concern that they may have been misdiagnosed with PTSD and not have recognized their TBIs. And they did identify a lot of them, and they're doing a very, very good job with that.

But, yes, to your point, that is a problem. The closed-head wounds, the TBIs, a lot of people don't recognize them, a lot of people don't take them seriously. And, you know, that's tragic, because it's a big part of what's going on. A lot of these folks are coming home as a result of, again, the nature of the warfare; the IEDs and, you know, these concussive blasts result in these closed-head injuries that if you're sitting in a room or walking down a street with a guy, you're not going to realize that this is happening.

LEG. BARRAGA:

What I could never understand, and it's far above your purview, is that how you might have an individual who might be suffering some sort of physical wound as a result of a war, there would be a TBI or some sort of other injury, and they would make that soldier or Marine go to a VA hospital 200 or 300 miles a way to be treated for that specific injury when the local hospital down the street could do it, but it's not part of the VA system. And that was so traumatic for not only these soldiers and Marines, but for their families. They would literally in some cases physically have to move the entire family. In one case when I was on active duty, as that Marine was in this VA hospital and his wife and two kids were on this road to visit him, they were all killed in an automobile accident. And yet the hospital less than a mile away from where this Marine lived and his family lived could have done the treatment, but it wasn't part of the VA system. I just couldn't understand the logic behind that. All bureaucratic garbage.

MR. RONAYNE:

Well, there have been some advances made in those areas. And I know that there's a way to go on that issue. But as a good example -- and I think Joe and Sal behind me from VA Northport would agree -- Northport VA, which is, in my opinion, the jewel in the crown of the VA system, has an affiliation, they are an affiliate of Stony Brook University Medical Center. They have an affiliation with Huntington Hospital, and I'm not sure of some of the others. But they do just; that if the need or the services are available at one of those other facilities, there are opportunities -- again, there's a bureaucracy involved in all of this, but they're doing a better job of that.

LEG. BARRAGA:

Foley Nursing Home. They had indicated to a number of us that they had the facilities out there to treat some of these wounded soldiers, but nothing ever really went forward, I mean, either from

their administration to someone at the Federal level or the VA system, you know. I know that was one area that a number of people were looking at, but nothing, you know, ever quite materialized.

One final question unrelated to our discussion. Every year you run this employment service over at Suffolk Community College for veterans employment. Specifically, how successful -- I mean, how do you monitor the success of that? I mean, I've attended that a number of times. You have, you know, different companies displaying their areas, the veterans come in, do you ever have a followup in terms of how many veterans have actually gotten positions as a result of that seminar?

MR. RONAYNE:

We do. And we have gotten better with that as the years have gone on, partly because most -- not all, but most of the employers who return to that job fair every year now are repeat; they have been at previous events. So we've developed a dialog and a relationship with them that we do track now. We do communicate with them, and we'll follow up with them post-event to query with them and let them critic the event and ask what we can do better. But we also do try and track how many of them go beyond the event and engage in interviews, and as a result of those interviews, how many veterans actually get hired.

LEG. BARRAGA:

I was just wondering how many veterans, if you knew, you know, approximately got jobs as a result of going to these seminars.

MR. RONAYNE:

I can e-mail that number to you. And again, that's not a hard number, it's a soft number certainly. For example, we have one company, and it's not a high level thing, but we had one security firm at one job fair hire eight veterans for security guard positions at one -- at one job fair, so.

CHAIRMAN STERN:

Legislator Montano.

LEG. MONTANO:

Thank you. Very quickly, Tom, because we have other speakers under a clock. Could you just refresh my recollection on where you're at this year budgetary, the departmental budget versus last year? Are you the same, are you higher, are you lower in personnel? Where do you stand there?

MR. RONAYNE:

Well, budgetarily, I think we're 2% below last year. You know, again, the staffing is always a concern. You know, we'd always be happy to put more people on, because we know that that need is there.

LEG. MONTANO:

The other question I had very quickly is you talked about the initial problems -- the new that are being diagnosed in terms veterans today, and you said that some of these problems, if they're addressed, would be able to create a financial savings at other levels of governmental services; am I correct on that?

MR. RONAYNE:

Yes.

LEG. MONTANO:

All right. Now, I believe that you are correct, but are you at the point know where this is something that you know and feel, or have you been able to sort of quantify or sort of -- you know, do a cost analysis on how either more support services through your department would save here or save

Social Services, etcetera? Are you at that point or are you just at the initial stages where you're saying, "We know that this is a problem. If we had more, we could do more and we could probably save more, but we can't quantify it"?

MR. RONAYNE:

We're not at a point where we're able to quantify this in terms of dollars, but what we are able to put numbers to are the numbers of veterans that we're able to extract from County services. Our Police Department now upon arrest screens for veterans status. Our Sheriff's Office, when you arrive at the jail for processing, screens for veterans status. We have now up and running, we have an online Veterans Treatment Court in the courthouse in Islip where we take veterans who have been arrested for a variety of reasons. And if that veteran is deemed eligible by the judge, Judge Toomey, that veteran can be referred to programs outside of the County sphere and placed in programs at Northport for treatment or services.

Also, DSS screens for veterans status. When we have homeless folks coming into the system, we screen them. We have veteran-specific housing programs that DSS can divert these veterans to that are resulting in cost savings to the County as well as allowing beds to remain open for non-veterans who need those services. So, I mean, there's a multitude of areas where the benefits are being seen and we do have some statistical data to bear out what we present.

LEG. MONTANO:

Thanks. I didn't know that. I appreciate that. Thank you.

CHAIRMAN STERN:

Legislator Romaine.

LEG. ROMAINE:

Yes. Two points. Just to follow up on my colleague Legislator Barraga. One of the things that I've heard from veterans that they're concerned about is that they have to make a choice -- as you know, most people over 65 qualify for Medicare and poor people qualify for Medicaid. They have to make choice to either accept those programs or accept the VA, can't and they have both. So, for example, and this is who I'm being told, that if someone qualifies, say, for Medicare and they can go to the hospital in their community for treatment as opposed to traveling to Northport if they're not nearby, that is not allowed. There's not a mixing of Federal programs, you have to make a choice between the two. And I'm thinking, let's see, that person served in the Armed Services, other should be entitled to VA services, and that person is over 65, should be entitled to Medicare. Why can't he determine -- since he is entitled to both, why does he just simply because he's a veteran have to make a choice? I don't understand that since it's all the Federal Government. I just don't get that.

It may be one different pocket than another, but it should all -- that person that's over 65 or that indigent person should be allowed to have Medicare or Medicaid and/or the VA he or she is entitled to each and every one of them by law. Why do they have to choose? That's the first question.

And the second question is, again, back to Legislator Barraga, who asked pertinent questions, about Foley Nursing Home. I thought that Congressman Bishop was working on this to qualify that as a treatment center for veterans. And I'd like to know what happened to that, because that is an opportunity that we could have to be served in that way.

As you know, because of the publicity, maybe you don't know, surrounding Foley and its ultimate demise, although it still lives, there are vacancies in Foley as a result, because people weren't placing there for a while because they thought it was closing. So what an excellent time for people

who live near Foley, and there's a large catchment area, that could be served there. Why aren't we working on that? I don't expect answers, because they're more or less rhetorical questions that I throw out there. But those are two questions that I think -- and I'm not on this committee anymore after many years, I'm on other committees, but came here because I had concern about the nutrition program, but the Office of the Aging isn't here today. But since I'm here, those are two questions that I would ask you maybe to get back to this committee about. I think Legislator Barraga asked exactly the right questions. So thank you very much, Mr. Chairman.

MR. RONAYNE:

I hear Mr. Sledge from the VA chomping at the bit to be able to help respond to these questions. First, I think Joe would probably do a better job because these are VA specific. But Foley, if I'm not mistaken, and I may be, but if I'm not mistaken, Foley was approved as a tri-care provider. So I believe --

LEG. ROMAINE:

How come there isn't placement there? I mean, I don't know -- you know, I'm not knowledgeable about their day-to-day operations, but I'm not aware that there's a serious effort at placement at Foley.

MR. RONAYNE:

Unfortunately, my office is not involved in anything with regard to placement. But there's also -- and again, not to take anything away from Foley but there's a consciousness amongst veterans and military families that not so far from Foley is the Stony Brook State Veterans Home, which clearly provides all of those services.

LEG. ROMAINE:

I believe they're oversubscribed.

MR. RONAYNE:

They're pretty full. Again, I know that we are on a timeline, and I have a number of other issues, but I'll just limit myself, if I may, to one more. On Friday, February 10th, we are going to be conducting -- maybe to your question, Legislator Barraga. On February 10th, we're going to be hosting a job fair, but this is not our annual employment job and job fair that we normally host at the Police Academy at Suffolk County Community College in Brentwood. This will be the first time it will be hosted at the Armed Forces Reserve Center in Farmingdale.

We had had a number of meetings with the commanders at this facility, and it was agreed that for more a number of reasons there would many benefits to hosting this program at the reserve center. We're doing it on the date that we are doing it because it happens to coincide with Drill Weekend for the Army, the Navy and the Marines at the facility. So we expect a large number of service members to be present.

But to go back to one of the points that I had made earlier. Beyond the service members, we're also opening this venue to veterans on that day, but we're doing an extensive outreach to the family members of the service members, specifically -- veterans as well, but specifically to the services members, because so many of them are on orders, either already deployed or pending deployment. So again, this is one of the steps that we're taking towards serving the families. I would invite each of you if you have the opportunity, if time permits, to stop in and visit the program when we host it. Again, February 10th, from 10:00 a.m. to 2:00 p.m. at the Armed Forces Reserve Center in Farmingdale. This will be the first time we're doing it there. We're getting a very good response. We anticipate a very successful event we hope.

LEG. GREGORY:

If I may, that's in my district, so I will make my best. And that's my birthday, so I will make my best effort to be there.

CHAIRMAN STERN:

Very good. Tom, thank you.

MR. RONAYNE:

Thank you.

CHAIRMAN STERN:

Joe.

MR. RONAYNE:

VA is asking that I stay here. I don't know if that's good or bad.

CHAIRMAN STERN:

It's always a pleasure to have Joe Sledge, the Director of Public Affairs, Administration Facility, Northport, join us. Joe, thanks for being with us.

MR. SLEDGE:

Thank you very much. I really appreciate the opportunity to give an update on Northport VA Medical Center. I think, as I kind of whispered in the back, we probably -- from now on, if we -- if I'm invited, we should probably speak with Tom, because I think given our shared mission and the overlapping of a lot of our duties, we probably could cover some of the territory that we just went through together.

By way of introduction, I'm Joe Sledge. I'm the Public Affairs Officer at the Northport VA. I'm a US Army veteran. Behind me is Sal Thomas, he is a United States Marine veteran. He served in Iraq. He recently came on board with the VA, actually 18 months ago, in an effort to sort of pull us into the 21st Century with regard to electronic communication, update our web and social media communications and a whole host of other activities to continue to outreach to veterans across Long Island.

Northport VA Medical Center is Long Island's only VA Medical Center. We cover Nassau and Suffolk Counties. And last year, we took care of 34,000 Long Island veterans. We are doing continued efforts to reach veterans in both Nassau and Suffolk County through targeted outreach events, both independently and with the Suffolk and Nassau County Veteran Service Agencies and with our veterans service organizations across Long Island.

We recently held the VSO Summit in which we invited all of the veteran service organizations, the chartered ones, to the medical center for an overview of our mission, to update them on a number of areas, which I will quickly go through. And it was actually a very successful summit in which the Director sort of gave the mission of the facility and a call and a challenge really to veteran leaders across Long Island to encourage their veterans to utilize VA services to keep us viable and so that we continue to do the good work that we do for the veterans and their families.

I mentioned outreach. There are a number of ways that we do outreach. We have a targeted dedicated outreach team. They go out into the community to enroll veterans, provide basic health screenings, share information about becoming, as Tom was referring to earlier, service connected and making appropriate referrals to our veteran partners. We, in fact, grew in the number of uniques over the last year, which is pretty significant in the northeast, because as many of you know, many veterans are moving to the south and to the southwest. So we continue to make sure

we keep the number veterans utilizing VA services, which all impact on budget and quality.

One of ways in which we hope to entice veterans to use the VA is in our continuing efforts to meet them closer to their door steps. Thanks to this Legislature and to the veteran leaders and to Tom's office, we were able to successfully open up the Riverhead Community-Based Outpatient Clinic. When we opened up in June, we were open three days a week. We are now five days a week, and we're looking to expand hours into the evening and into the weekend, which is a very good thing.

In addition to that, our rural health coordinator who's presented to this body before, Joanne Anderson, has been successful in establishing our home-based primary care routes beyond Riverhead, and that's been very successful. We continue to see a growing number of veterans being cared for in their homes by our rural health care team, very successful. We recently purchased, through rural health funding, a medical mobile unit that will go out to do outreach on the East End of Long Island to ensure we don't miss any veterans or their family members to make them aware of the VA services.

Let's see. Speaking -- you there's a lot of discussion about the returning veterans. Northport VA Medical Center, as you probably know, has a very comprehensive program for returning veterans. In fact, we often hear from people who come from other parts of the country that Northport's program is, in fact, the model to emulate. We have a designated area, execute a suite, if you will, for all of our mental health and primary care health and social health providers to take care of the combat veterans when they come back. We ensure that when they come to us, we have them do the OEF/OIF/OND, otherwise known as a Persian Gulf Registry examination, which is a comprehensive physical exam and questionnaire about their time in the area of deployment.

We also, recognizing the need for case management, have combat veteran case managers who work very closely with veterans who are having an especially difficult making the transition from military life to Civilian life. The question came up in Tom's presentation about families. There are resources out in the community for families, but as Tom pointed out, probably not nearly enough. We are addressing that through a partnership we had formed and had loosely established with the Rosen Center. We will be opening up shared clinic in Bay Shore, New York, this year, this calendar year, in which they will operate one half of the clinic and we will operate the other half. We will take care of the veterans, they will take care of the veteran's families.

We also have been working on reaching these veterans families through social media and through our web-based communications. Around Veterans Day, we rolled out what's called The Family of Heros. If you go to the Northport VA website, you will see that it is actually an education and training program for the families and loved ones of returned service men and women to prepare them, to help them recognize the signs and systems of Post Traumatic Stress Disorder and other symptoms of service in military conflict.

The issue of Traumatic Brain Injury came up. You should know that every time an Iraqi Freedom Veteran or Enduring Freedom or New Dawn Veteran comes to our door, we have a flag, an electronic flag on their medical record, we have an electronic medical record, to track every bit of care that the veteran receives. And that flag tells us that we should be conducting certain assessments, which we do. And one of those assessments is a Traumatic Brain Injury screening, and it asks the veterans if they were in the area of a blast, what happened during the blast, so that we don't miss an opportunity to take care of a veteran who may have a mild TBI. Sometimes a veteran may not know that he or she has a mild TBI. And we do have programs at the VA to help veterans with TBI. I'm thinking of Steve {Truncal}, who is a staff member at our Audiology and Speech Pathology Program who works very carefully and has come up with really innovative ways of helping Iraqi and Enduring Freedom Veterans who have difficulty going back to school. He will provide them with devices, he will provide them with special services. Say they can't take a test, you know, he will

help provide for reasonable accommodations for our veterans. That's just one example of many that's going on at the Northport VA to help our veterans with TBI.

We also are experiencing, as we talked earlier, the issue of homelessness and joblessness with veterans. On Long Island, we have a homeless consortium in which we partner with all of the agencies that provide services for homeless people with an emphasis on what we can do in the coming year for homeless veterans. Each year, it is estimated that there are approximately 700 on-the-street homeless veterans in Nassau and Suffolk County, 500 of which receive services through the Northport VA Medical Center. There are probably countless others who are at risk for being homeless, who are doubled up on people's couches or living in someone's basement or in their cars.

We have grown significantly in the number of staff who reach out to homeless veterans to make sure that we know that -- they know that we are available to them. And we do that through our partnership with the counties and with the veteran leaders. Northport VA Medical Center in fact had its very first homeless stand-down. We've participated in these stand-downs for years with Tom and with his counterpart in Nassau. We had our very own stand-down in November -- pardon me, October, and it was hugely successful; 245 homeless veterans came to Northport, met Tom, met our staff and were assisted with whatever programs or services they need to help them establish suitable housing and all of the things that you need to maintain suitable housing.

We are actively involved in the HUD VASH Program which provides Section 8-type vouchers to veterans who qualify. We started that program a couple of years ago with 38 vouchers, we're now up to 225 and have made a request for even more. So there's a lot going on. I can really go on and on and on.

Obviously, one of the key issues that we have continued to say on top of is suicide prevention. We have a full time suicide prevention coordinator who is available to go out into the community to talk up programs that prevent suicide. And obviously, all of our staff have been trained in suicide prevention. And we feel that we are making inroads in that area. And we will continue to do that.

While we're focusing on Iraqi and Enduring Freedom veterans, we don't want to take our eyes off the other generations of veterans who proudly served our country. World War II Veterans, we still see a significant number of World War II Veterans, approximately 6000 last year. There may be World War II Veterans who have never availed themselves of VA services, and they may be entitled a {surtitle} lift, which would help their elderly spouse help them get off the chair and maybe on to a commode or into a wheelchair, grab bars, any item big or small that they may benefit from that they may not be aware of. So our challenge is to make sure every veteran from World War II to the veterans coming back today know what services are available to them.

I'd ask again, and I'm grateful for all that you've done in the Legislature, especially the Veteran Committee, if you could continue to make referrals to the Northport VA Medical Center for the veterans in your districts. It has made a tremendous difference. Yes, as some of you are new -- thank you, Tom. Tom and some of you have made tours of the Northport VA. I would extend to you an invitation any time you'd like to come. We can make presentations. If there's a subject that is of interest to you that I haven't covered or can't covered in depth, I'd be happy to have that person come here. We've had our mental health professionals come here, talk about what we do for PTSD. And I think that's it. I'll ask if there are any questions.

CHAIRMAN STERN:

Thank you. Legislator Anker.

LEG. ANKER:

A question regarding when a service man or woman, they come back from serving, are they given your information specifically where to go, who to contact, before they are just, you know, able to get back into their previous routine in life that they had prior to leaving for service?

MR. SLEDGE:

They answer is yes, they're expected by the DOD to be given that information. To some it's successful. In other ways, you know, I've asked veterans, you know, "How do you find out about us?" Did you -- Transitional Assistance Program was in place when I separated from active duty. I know that it still exists, but to some degree, I don't know how well -- you know, depending on where you are and where you are separating from, I think it's not as successful as in other places. That's why it's especially important for us on Long Island to make sure that veterans who live in our catchment area, and I believe the estimated number of Iraqi and Enduring Freedom Veterans that VA and DOD say live in Nassau and Suffolk County is in the area of 5000, maybe a little less than 5000, our goal is to make sure that they know that we are here.

We actually have a 70% penetration into the Iraqi and Enduring Freedom population. In fact, there are veterans, upwards 2500 from outside our catchment area that actually come to Northport to register and receive services and education and information about what's available to them. We obviously work with the Vet Center in Babylon. And, as our two gentlemen spoke earlier, we work with -- we're a member of the Long Island Mental Health Alliance and the Nassau County Mental Health Alliance. As I said, we're partnering with as many people as we can to make sure we get the word out.

LEG. ANKER:

Do you find though if the veteran has either mental issues or physical issues, do they reach out to you personally, or is it a family member that reaches out to you?

MR. SLEDGE:

For the most part, from -- anecdotally -- I don't have any hard data, but anecdotally, it's the veterans who come to us. Now, from time to time, and frankly, you know, depending on the veteran's condition, if they have PTSD and they're not seeking services, we do hear from family members, and we'll engage the veteran through the family member.

We have asked the question -- in fact, Congress Steve Israel has come to our facility a number of times to conduct sort of a focus group with Iraqi and Enduring Freedom veterans to say, you know, "What are you hearing before you come home?" And again, it's mixed. We do what's called a post-deployment health reassessment with the DOD and the VA Regional Office to introduce the separating service member to VA services. But as some of them will tell you, you know, when you're separating, you want to get home, you may not be completely engaged in wanting to go to the VA right away. The goal is to make sure we reach out to them when they're home.

LEG. ANKER:

A question for Tom. Tom, is there transportation available for veterans that want to go to the job fair?

MR. RONAYNE:

Yes. In the past, we have always partnered with DAV and with Suffolk County Bus to provide that transportation. That is still a work in progress, but there will be transportation available.

LEG. ANKER:

Okay. The VFWs have that information? If they have vets that needs rides over there, they can get that either from the VFW posts, or would they get it directly from you?

MR. RONAYNE:

Well, the posts -- all of the partners that we share information with should have that information. If not, they can contact our office and ask to speak with David Rivera. David is the coordinator for all of that.

LEG. ANKER:

Thank you.

CHAIRMAN STERN:

Legislator Barraga.

LEG. BARRAGA:

The facility you're opening up in Bay Shore, as I understood you, half of it will be run by the VA Northport where you would actually be treating the return soldiers and Marines veterans, the other half, the Rosen Center. Now, that's Admiral Rosen?

MR. SLEDGE:

Yes, sir.

LEG. BARRAGA:

Okay. I served with him. But that's also a subsidiary of North Shore LIJ.

MR. SLEDGE:

That's actually who we have the agreement with.

LEG. BARRAGA:

Now, the physical site, is it on the grounds of Southside or is it going to be separate?

MR. SLEDGE:

It's free standing, sir.

LEG. BARRAGA:

Free standing?

MR. SLEDGE:

Yes. Sir.

LEG. BARRAGA:

Any idea where in Bay Shore?

MR. SLEDGE:

I don't have the address, I'm sorry.

LEG. BARRAGA:

Any idea when you think you will be open?

MR. SLEDGE:

I was told it would be this calendar year. In fact, we are still working out the fine details of how it will -- you know, the space is already -- we've already have worked out space arrangements. It's working out the rest of the contractual information.

LEG. BARRAGA:

I take it you will have a dedication, a grand opening.

MR. SLEDGE:

Yes, and you will definitely be invited. Thank you.

LEG. BARRAGA:

Thank you very much.

CHAIRMAN STERN:

Legislator Montano.

LEG. MONTANO:

Yes. Thank you. Very quickly. You mentioned the type Section 8 Voucher Program. You said you started with 38 and you're up to 225. Is that a need-based program?

MR. SLEDGE:

Actually, the vouchers are assigned. You know, I don't have a great sophisticated answer for how we get them. We have to apply for them. There are only a set number nationally.

LEG. MONTANO:

Are they assigned to the hospital or are they assigned to the individual?

MR. SLEDGE:

They're assigned to the hospital. The veteran goes through an application process for the voucher, and if they meet all of the criteria, then we can give them to them. Do we wish we had more? Absolutely. We have actually requested more, but there are only a set number nationally.

LEG. MONTANO:

Right. I understand that. And is there a waiting list? Do have veterans on waiting lists for issuance of these vouchers?

MR. SLEDGE:

I would have to say yes.

LEG. MONTANO:

Do you know how long the waiting list is right now? Is it a two-year wait, is it six months, is it five years? If you know.

MR. SLEDGE:

I don't know. I wouldn't really like to speculate. I do know that when someone becomes, you know, employed and we can issue that voucher to somebody else, there's no difficulty to making that transition to another veteran.

LEG. MONTANO:

So once the voucher is received, if the veteran is in a different situation where they no longer qualify, then they lose the voucher or at least the privileges of the voucher, and that's transferred to another person in need.

MR. SLEDGE:

That's my understanding, yes.

LEG. MONTANO:

Okay. I'd like to know a little more about that. Thank you. But not now, of course.

MR. RONAYNE:

What's nice about that program, the HUD VASH Program, it is a partnership, obviously, with HUD. People have referred to it as Section 8 for veterans. I don't happen to care for that analogy. But what is really nice about this program is that the voucher survives the recipient. When that recipient moves on and is able to go back out and move beyond that program, that voucher survives that veteran and is recyclable to a new person, which is a really tremendous benefit.

LEG. MONTANO:

Right. I understood that. And the thing is you did describe it as a type Section 8, not a Section 8 voucher. It's a completely different program, which, as I said, I'd like to learn little more about that aspect of the program, not now.

MR. SLEDGE:

Sure. I could ask our Homeless Veteran Program Manager, Greg {Currant} to call you at your office, if you would like.

LEG. MONTANO:

Yeah, that would be fine. Or just send us an e-mail so that we have that in the office that we can distribute to constituents that come in. Thank you.

CHAIRMAN STERN:

Joe.

MR. SLEDGE:

I just want to quickly address the two points that Legislator Romaine had raised about the position that veterans are placed in as Medicare beneficiaries and as veterans. And he's absolutely correct that in some instance, the veterans are forced to basically choose between whether or not they're going to use their VA entitlement or their Medicare entitlement, because there does not, to this date, exist Medicare subvention, which has been talked about for 20 years at least. So, of course, that's something that would have to be affected at a national level since it's -- you know, the VA -- or the National Government says, "We can't pay one entitlement with another." But in fact it does in some cases place the veteran in the position of choosing to use the VA or take advantage of their Medicare entitlement. My recommendation is always, you know, VA offers quality care, there are a lot of advantages to using VA health care, especially for a veteran who might find camaraderie. There's an awful lot of benefit to using the VA. Work so we certainly with the veteran as best we can.

CHAIRMAN STERN:

Joe, as always thank you for being with us. We look forward to -- yes, I think that's an excellent suggestion for new committee members who are interested, Joe does a great job of giving the tour and letting us know about the outstanding work that you do at the VA Facility in Northport. So thank you so much for being with us.

MR. SLEDGE:

Thank you all.

CHAIRMAN STERN:

Director, as always, thank you. Good to see you. Mr. Salmaggi, if you have information about the event coming up, we will make sure that we distribute it to all of our colleagues so they can get the information out help and we can help as best we can. But thank you for being with us today. We are adjourned.

(*THE MEETING WAS ADJOURNED AT 2:18 P.M.*)

{ } DENOTES BEING SPELLED PHONETICALLY