

VETERANS AND SENIORS COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE
MINUTES

A meeting of the Veterans and 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 November 24, 2014.

Members Present:

Legislator Stern - Chairman
Legislator Barraga - Vice-Chair
Legislator Anker
Legislator Krupski
Legislator Muratore

Also In Attendance:

Jason Rosenberg - Chief Deputy Clerk
George Nolan - Counsel to the Legislature
Tom Ronayne - Director of Veteran's Services
Holly Rhodes-Teague - Director of Office for the Aging
Rick Brand - Newsday
All Other Interested Parties

Minutes Taken and Transcribed By:

Gabrielle Severs - Court Stenographer

(The meeting was called to order at 12:25 p.m.)

CHAIRMAN STERN:

Good afternoon, everyone, and welcome to the committee on Veterans and Seniors. Please rise and join us in the pledge led by Legislator Krupski.

(Salutation)

Let's remain standing in a moment of silence as we keep all of our brave men and women fighting for our freedoms overseas in our thoughts and prayers.

(Moment of Silence Observed)

Thank you.

DIRECTOR RONAYNE:

Good morning, Mr. Chairman, Members. Thank you, as always, for the invitation. I have to say this is very clever, by the way, placing a remote up here. I imagine all of the men who come to this chair are quite drawn to it. I'll hold this while I speak.

(Laughter)

LEG. BARRAGA:

Complete control.

DIRECTOR RONAYNE:

We have -- a lot of what is happening right now as we go into the holidays is, as you would expect, a lot of communication with veterans in the community expressing varying degrees of need, probably more so, I would say, than during the majority of the year. We've been fairly successful recently in providing assistance or directing assistance to veterans for their various needs, challenges, requests.

One of the things that we also have been seeing, and we've been tracking this now specifically -- this is the fifth year that we've been tracking it, and I think I'd reported last month that we this year had not seen a noticeable or a significant increase in the numbers of veteran suicides. I am here to amend that statement. It's been a very active November. Unfortunately, we have four known suicides this month in Suffolk County of veterans. There is a fifth that we are awaiting the medical examiner's report. I actually was at the ME's office on Saturday identifying the body of another one of the veterans who is known to us who was found unresponsive on Friday. We're pending the outcome, but we expect that we are already aware of what that cause of death was.

There has been a number of situations, cases where veterans have been in crisis. We had a very serious case over the weekend where we received a call that we had a veteran who had -- who lived independently. He lived out of his parents' home, 25 year-old young man, Iraq and Afghanistan veteran, had called his mother at her residence at about 3:00 a.m. to tell her that he was going to be taking his own life. He then called back and said that he couldn't do it but that he was going to fire on the police when they arrived and he would let the police shoot him, so we got him successfully over to Stony Brook. He's in CPEP, and we're working now on a fairly intensive longer-term mental health engagement with this young man, but we're seeing quite a bit.

Also on Saturday night, we had a veteran who was known to us made a very serious attempt on his own life in August; three weeks ago, made a second attempt -- second that we're aware of -- and on Saturday, we were called that he once again made an attempt. He is presently in the V.A. on the locked unit being cared for.

So I have no question that the holiday season is a factor. There's been discussion about the environmental conditions with the changing seasons and the lack of sunlight or the less amount of sunlight during the day that's been known to contribute to depression and other mental health issues, so we're examining all of these causes, all of these possibilities. We have some very, very good people involved in this, but clearly whatever we are doing, we need to be doing more of it. We are very engaged in the community in this regard. I can tell you that the County Executive's Veterans and Military Suicide Prevention Task Force does have a scheduled meeting where we'll be meeting in the early -- in the second week of December, and we have an outstanding, very experienced, very intelligent panel who sits on that panel, and I'm hopeful that through their various agencies and organizations, they have been able to continue and develop information on this issue and that we will be able to have a greater impact than we have been having in the past.

One is too many. Clearly, when we start getting into the four and five in a single month, it's just unacceptably tragic and we need to do more. I'm sitting here telling you that I don't know what that "it" is. I don't know what it is that we need to be doing more of, but clearly what we are doing as a community as a county is not as effective as it needs to be. So I will keep you posted on the progress. I will report to you on the task force meeting and I am hopeful that through our outreach, through our affiliations with various organizations and other providers that we will be able to better impact this issue. It's very tragic, and unfortunately, very, very, few people are aware of this. This is not something that we're finding in the newspapers. We're not seeing reports on television. This is really occurring, really, off of the radar of most people, so it is very serious, probably the most -- well, not probably; it certainly is the most pressing issue facing us today, and while we remain fully committed, I acknowledge that we need help. Whatever we're doing, we need more resources, more support of these individuals in need.

LEG. ANKER:

I have a question.

LEG. STERN:

Legislator Anker.

LEG. ANKER:

Thank you, Tom, for bringing this to our attention. I'm just curious. I guess two questions: What are other states, other counties, other municipalities doing with this issue that you know of?

DIRECTOR RONAYNE:

To my knowledge, and obviously we've been exploring this, we've been researching this for some time, the vast majority of states and counties are doing very little to nothing specifically to this issue. I will say that in areas where we have concentrations of military, where we have larger commands, where we have bases, they have put in place programs in and around some of those commands that have had varying degrees of success. Fort Hood in Texas is one that I think stands above some of the others. And interestingly, I communicate with them through e-mail and occasionally by telephone, mostly by e-mail, but there's an organization in Fort Hood who claims to have been having great success. It is peer based. It's peer based for active duty. They seem to, in many ways, mirror what we have been doing with the Dwyer Program. We have learned a little bit from their operations, but largely I would say that collectively, it's for the states and municipalities throughout the other states, there's very little being done.

LEG. ANKER:

The other question pertaining to mental health, mental illness, with the way the government is dealing with sending them out of -- you know, moving them out of the hospitals into, you know, letting other people take care of the mentally ill, whether they're relatives or not, do you see that, you know, being one of the main issues: having a place where people with mental illness to go or dealing with suicide, post-traumatic stress disorder? There's so many things that cause mental illness, but where are these folks going, the vets, that have mental illness?

DIRECTOR RONAYNE:

One of the things that we've been aware of for some time, mental illness, unfortunately, is not something that is always easily identifiable. It is also something that's still terribly stigmatized, and when military -- members of the armed services and veterans are, I would say, in most instances less inclined to acknowledge the presence of or the possibility of mental illness and, therefore, we don't present when we would look to see when we would like to see our population presenting.

The stigmatization within the military and veterans culture is clearly a barrier. That is something that we work with regularly to try and breakthrough. We have had successes. We're not referring to some of the phraseology, some of the terminology is evolving to be less judgemental and to be less -- there's an embarrassment factor, unfortunately, and, you know, we have a very technical diagnosis, if you will, that we refer to in our office. We call it the "He-man Macho Tough Guy Act," and culturally military and veterans tend to not like to find themselves in situations where they have to acknowledge a personal vulnerability or a personal -- what they perceive to be a weakness, and unfortunately health is largely viewed in that context.

We have been working along with our mental health providers in the county and, again, some successes but probably the other equally-significant concern is that when service members are returning home and regardless of the level of screening that the services are doing upon separation or approaching separation, mental illness does not necessarily manifest immediately upon separation. It doesn't have to be within 30 days or 90 days or 180 days. Quite honestly, we still have Vietnam Veterans who are presenting to us for the very first time concerning their own personal struggles with PTSD and mental illness. So it's difficult. There are so many variables. It's not easy for us to simply identify a veteran upon returning home and know that we need to make contact with that individual within a specific window or period of time. Mental illness is going to progress and emerge at its own pace, and some people are more affected, some people are less affected, and that's where the importance of remaining engaged in this community and having services available regardless of day of week, time of day, holiday seasons, locations, meeting venues are very important, so we try very hard to be sensitive to all of the underlying concerns, but a lot of it is really not having the ability to know that the problems exist sometimes, unfortunately, until it's too late.

Engaging family members has become a tremendous part of what we're doing with regard to this issue. Family members unfortunately -- well, not unfortunately, family members very often are the first to recognize, and if they're not the first to recognize, they may be the first acknowledge or articulate that a problem exists. A fair number of the calls that we received as initial contact on a veteran are, in fact, from family members and not from the veterans themselves.

LEG. ANKER:

Again, I want to thank you for the work that you're doing and so with that in mind, it sounds like, you know, the peer-to-peer program that you're working with, you know, connecting with families, I'll ask is there anything more that we can do as a county legislature to help you address these issues?

DIRECTOR RONAYNE:

I honestly appreciate that and I think that right now -- I'm uniquely -- I'm also hesitant to use the word "satisfied," but I'm uniquely satisfied with regard to the support that we've enjoyed from this legislature and from our county executive. I will tell you that some of the programs that we involve ourselves in may appear -- the appearance of them on the surface may appear to have very little to nothing to do with issues like this, mental health and suicide, but, in fact, many of them have great impact in these areas. One of them, and I'll give you an example, over this past weekend, we were involved in the annual turkey drop at the Northport V.A. This year we had 950 turkeys, so we served 950 veterans with turkeys, a box of -- we call it a "box of fixins'" with the cranberries and the stuffing and so forth, and it's about so much more than simply providing a family with the means to have a holiday meal. We have hands-on. We actually get to make contact with this veteran, and very often with that veteran's family members and a surprising number of offline and continuing discussions emerge from activities and events like that.

The county executive joined me this weekend in jeans and a sweatshirt and rolled up his sleeves and was handing out turkeys. We had no press. There was no anything. But it was incredibly powerful for the veterans to know that this county cares at a level that we continue to engage, and we'll be doing another turkey drop with probably 1,000 turkeys at the Northport V.A. on December 20, 9:00 a.m. on December 20.

LEG. ANKER:

And we let our VFWs know about that? Is that -- that's open?

DIRECTOR RONAYNE:

In fact, we reach out specifically to each VFW, each American Legion, every Marine Corps. Every one of the veterans, the organized veterans service organizations, and then additionally to the not-for-profits. Some folks don't have the ability to travel to Northport to pick up their turkey, so we have two options for them. The community level entity can come to the event and pick up their three, five, seven turkeys and bring them back. We enjoy being a part of that community distribution. If you can't come to the V.A., we will come out as well. I could tell you I left on Saturday with eight turkeys in my vehicle, and I've got two left, but it's important to get out there and let the community know that we actually are engaged. I sometimes -- it may wear thin, but I enjoy telling folks that, believe it or not, I'm from the government, I'm here to help you. In this regard, in this context, it's very true. You know, whether it is turkey drops, whether it is an art exhibit for veterans, all of these events that people sometimes question and wonder why do we invest time and resources into these types of programs, there's a great deal more at stake than what may on the surface appear to be all of the program.

LEG. ANKER:

I was going to say your wife must be very patient because it's hard enough to fit one turkey in the refrigerator but two turkeys. We thank you for all that you're doing. Thank you very much.

CHAIRMAN STERN:

Legislator Barraga.

LEG. BARRAGA:

I think it's very important to take a look especially over the last 8 or 10 years. You know, had the federal government had an opportunity to deal with this PTSD scenario, I can remember attending meetings in Washington where there was in-depth discussions that everybody coming back from Iraq or Afghanistan should be classified as having PTSD and a requirement made that they would have to have psychiatric clearance to clear that from their record; this way it would not stigmatize an individual who wanted to stay in the military and advance because everybody would have this PTSD on their record. But even though there was the discussion, it never really went anywhere,

and it's unfortunate because it's helter skelter. Most of these people are coming back for a lot of reasons. Even though they might be suffering from some ailments or PTSD, they say they're fine, "I'm in good shape, no problem," and often you see it, not when they're in the service but when they come home and they go back to West Islip or Babylon or Bay Shore and they're sitting around with a bunch of people who have no idea of what they've gone through and don't even understand them because they are not the same person who left a year ago or 13 months ago, whatever the time period was over in Afghanistan or Iraq, and they sit there and they're all alone. I mean, their peers, their fellow soldiers, fellow Marines are not there, and you can have all the services in the world, but if they don't want to reach out and if the family doesn't reach out, then you wind up with one suicide after another. So even though we can make a statement and valiantly so we should be doing more, if for whatever reason they don't want to reach out and get help and assistance, we're stymied. And a lot of it has to do with the federal government and the approach they've taken over the years. I've always felt very strongly that everyone coming back is PTSD. It's right on the file, and then you're required over a period of time to get the kind of clinical and psychiatric help you need to clear that off your record. This way, if it's down for everyone and I want to advance, Oh, yeah, everybody's PTSD, if they're going for corporal or sergeant or if you're in the private sector, you can make that statement, Well, everybody was classified as having PTSD; okay, move on, as opposed to the way it is now, where if people go out of their way and avoid treatment just so there is stigmatization or nothing is in a file indicating that they have a this particular problem.

But, like I said, I attended several conversations with some very high up people within the government, and it was in-depth discussion, but nothing really ever happened. I think one of the reasons it didn't happen is that up until that time, there was very little discussion on PTSD. It was a lot of discussion on traumatic brain injury and what we were doing there, but they didn't really understand what was involved with this and the magnitude of it. I mean, you're talking, maybe, 45 to at least 50 percent at least coming back suffer from PTSD, either in the short-term or long-term. I've got Korean War Veterans who come in to see me. I had one a couple weeks ago breakdown in my office because it was the first time he was discussing this in many years, because it came up in an unrelated subject, and all of a sudden I'm hearing what he has gone through for the last 35 or 40 years. I said to him, Well, did you ever seek any help and assistance? Well, there was nothing when I came back. Well, what about now? Embarrassed, just embarrassed. But yet his family stopped it's there's no easy answer to this, believe me.

DIRECTOR RONAYNE:

And it follows individuals through their professional careers. As you say, so many people avoid seeking care because they are concerned about obtaining that diagnosis. That diagnosis represents a professional barrier in many instances for hiring initially, for advancement within civil service, within government. It can effect security clearances. Most folks just -- you know, human nature is most of us often believe that we can take care of our problems; whatever it is, I can manage, and unfortunately -- one of the things that I was thinking of when you were speaking was the Korean Veteran who had not spoken for his experiences for many, many years, we refer to something known as "triggers." Very often, somebody can be functioning normally for an extended period and not have any issues. We talk about triggers or military PTSD or military-related PTSD would require gunfire or an explosion or -- it takes any form. It could be a color. For me, it's a smell. There are smells. It's a sound. It doesn't have to be what people think triggers are.

LEG. BARRAGA:

You know what a trigger is? Age. The older these men get, the more they begin to reflect how, you know, they've lived an extra 40, 45 years and all of those fellow soldiers and marines who lost their lives that didn't. It's a guilt complex. I think, my own personal feeling is, that when they're younger, they're all working, they're all active, they got families. They don't sit down and dwell on it, but when they retire and they've got time on their hands, they start thinking, and often those thoughts go back 40, 50 years, and it's like a depression sets in. It's very, very difficult for them.

DIRECTOR RONAYNE:

Very intrusive. The young man that we went out on Monday, November 10, the day before Veterans Day, this was his third attempt and his trigger was -- you know, we always talk about versus Veterans Day and what are the differences between the two. Memorial day is to honor and recognize those who are gone, those we have lost. Veterans Day is about generally about thanking and demonstrating appreciation for those who have served and continue to serve. It's supposed to be more of a day of celebration versus being a day of somber. This guy couldn't face the idea of going into a Veterans Day where he was going to be in a community celebrating Veterans and thanking everybody for what they had done when the guys who he had served with are no longer here to celebrate that day; that was his trigger.

So it's a very complex issue. Thank God there are people who are much smarter than I am who are working on this issue. I would say specifically, if I can thank a few people, I'd like to say Art Flescher from Department of Health has been extraordinary in this area; Dr. Lou Gallagher, also at Health, has been tremendously helpful; and a number of other people: Ken Bombace, Bob Donohue from Suffolk County Police Department; from all levels or government, different agencies and organizations, state, federal, and local. But there are some people who have really invested of themselves to work very closely with us on this issue, recognizing the magnitude of it. And I am 25/8; I'm open to suggestions if anybody comes up with one. We're out there and we're doing it, but we can always use that additional support and that guidance.

CHAIRMAN STERN:

Legislator Anker.

LEG. ANKER:

Do you guys work with NAMI?

DIRECTOR RONAYNE:

Yes.

LEG. ANKER:

Okay. They're all over the place. Great group.

DIRECTOR RONAYNE:

Yes. In fact, I think most of you are familiar with Mike Stoltz from the Association of Mental Health and Wellness, formerly the Mental Health Association. Oh, I don't know if I can talk about this. Mike is in the process -- he has already offered a senior position and it has been accepted by a very senior level executive at NAMI, so we have a high-level NAMI person who is going to be coming to work in Suffolk County with our Joseph Dwyer Peer Support Contract Agency, not specifically on Dwyer but universally working within that organization, so we'll have a strong NAMI influence going forward as well beyond what we've already had.

LEG. ANKER:

Sounds great. Thank you.

LEG. BARRAGA:

So on a lighter note, as you'll be representing the Veterans Committee in this 26-mile run for the County, and you're going to do what, half the marathon?

DIRECTOR RONAYNE:

I have committed to doing a half marathon.

LEG. BARRAGA:

How is that coming? Are you getting in shape, running?

DIRECTOR RONAYNE:

I'd like to think that I can handle this. I'd like to think that I can do it.

LEG. BARRAGA:

So it's a 13-miler, right?

DIRECTOR RONAYNE:

13.1, actually. That point one is just as significant to me as the 13.

LEG. BARRAGA:

Well, I'll be there. I'll be the guy giving you the cup of water.

DIRECTOR RONAYNE:

I'll take it. We've got a plan, and I can tell you that the commanding officer of the New York area recruiting command for the army has already stepped forward and agreed to start training me once the summer ends. Probably mid- to late March, we're going to start training seriously, but we've got a written program in place.

LEG. BARRAGA:

Okay. We're optimistic.

LEG. KRUPSKI:

Good luck.

DIRECTOR RONAYNE:

I may be reporting to you remotely the session following the marathon, but I'll do it.

LEG. STERN:

Anybody else for the director? Director, as always, thank you.

DIRECTOR RONAYNE:

Thank you. And I also just wanted to speak and thank -- I know Sarah has been working as well as Legislator Stern and the rest of the committee, and Legislator Spencer, on the amendment to the bill for the Veterans not-for-profit organizations. I know that that has been working its way through, and I appreciate all the support on that. There are some refinements being made that I think we all agree will prove to be helpful going forward, so thank you.

CHAIRMAN STERN:

Thank you.

Holly.

MS. RHODES-TEAGUE:

Hello, again. I just wanted to mention something that Legislator Barraga talked about. We in our office have had, I guess, seniors who have gone through the service and have come out and done exactly what Legislator Barraga said. They've come backed, they've worked, they've raised families; and then in their 60s when they retire, they have hit the wall in terms of PTSD, and we have -- you know, we've seen it, we've heard what they've have done. Some of them have gone through treatment at Northport, but we are very fortunate in our county that we have the Suffolk VA Office and the Veterans Office because there are resources out there, so we have referred people as

needed. But it definitely comes up, not on a regular basis, but we have seen exactly what you've talked about, so it is out there, you know, and the treatment is definitely necessary for people to go on to have, you know, a peaceful requirement I guess is a better way to put it.

Our office, the last couple of weeks since I saw you last, we've been busy with the HIICAP and the health insurance calls because that open enrollment closes December 7, and the HEAP calls, we've done about 3,000 applications in our office so far since the early mail-out in August.

We're also working on our annual implementation plan, which is the plan that we are required to submit to New York State each year. That's the first week of December, and that plan is what we use to receive the funding that we receive under the federal government and under the state government, so that is a rather large document that we're working on right now.

So that was what we've been doing, and I just want to wish everybody a happy Thanksgiving.

CHAIRMAN STERN:

Legislator Anker.

LEG. ANKER:

I stopped by Brookhaven Town's senior center; and I've got to tell you, the ladies there that advocate to help the seniors, they're wonderful. Is it Pam?

MS. RHODES-TEAGUE:

Michelle's there, one of the people, and I'm trying to think of the other one's name. It's alluding me right now. The way it usually works with the centers is that we fund nutrition programs at the centers, but the towns really, you know, they're putting in all the funding for the buildings, the running of them, things like that. They may have some salaries in our nutrition price, but they really are the ones who take that on, and I'm always the first to say that we have a great partnership at all levels of government. You know, the federal government puts in money, the state government puts money in, the county's always putting funding in, and then the locals have the centers themselves. We don't run a senior center in Suffolk County, you know, from my office. They're all done by towns and some of the non-profits, and I really think we get a lot of bang for our buck because of that process.

LEG. ANKER:

Again, the county part was just amazing. The seniors come from everywhere, all over Suffolk County, not just that one area, so I just wanted to compliment --

MS. RHODES-TEAGUE:

Always good to know. Thank you.

LEG. STERN:

Holly, thank you.

Mr. Clerk, I have no cards, correct?

MR. RICHBERG:

No cards.

CHAIRMAN STERN:

We do have one item on our agenda, and that is **1853, Adopting Local Law No. -2014, A Local Law to strengthen requirements for nonprofit veterans organizations soliciting donations in Suffolk County (Spencer)**. This is in public hearing at this point, so I will make a motion to

VS 11/24/2014

table as it is still in public hearing. Second by Legislator Muratore. All in favor? Opposed? Abstentions? IR 1853 is **tabled for public hearing. (VOTE: 5-0-0-0)**

There being no other business before the committee, we are adjourned. Thank you.

(The meeting was adjourned at 1:01 p.m.)