

NEW YORK JOINT STATE SENATE AND ASSEMBLY

SENATE STANDING COMMITTEE ON VETERANS,
HOMELAND SECURITY & MILITARY AFFAIRS
ASSEMBLY STANDING COMMITTEE ON VETERANS' AFFAIRS
ASSEMBLY SUBCOMMITTEE ON WOMEN VETERANS

PUBLIC HEARING

THE IMPACTS OF COVID-19 ON NEW YORK'S VETERANS

Virtual Hearing

August 14, 2020

10:30 a.m. - 3:39 p.m.

SENATORS PRESENT:

SENATOR JOHN BROOKS

Chair, Senate Standing Committee on Veterans, Homeland Security & Military Affairs

SENATOR JOHN LIU

SENATOR JEN METZGER

SENATOR PETE HARCKHAM

SENATOR GEORGE BORELLO

SENATOR DAPHNE JORDAN

SENATOR JAMES GAUGHRAN

SENATOR PATTY RITCHIE

SENATOR SUE SERINO

ASSEMBLY MEMBERS PRESENT:

ASSEMBLY MEMBER DIDI BARRETT

Chair, Assembly Standing Committee on Veterans' Affairs

ASSEMBLY MEMBER PAMELA HUNTER

Chair, Assembly Subcommittee on Women Veterans

ASSEMBLY MEMBER BILLY JONES

ASSEMBLY MEMBER MARIANNE BUTTENSCHON

ASSEMBLY MEMBER MICHAEL CUSICK

ASSEMBLY MEMBER BRIAN MANKTELOW

ASSEMBLY MEMBER JAKE ASHBY

ASSEMBLY MEMBER STACEY PHEFFER AMATO

ASSEMBLY MEMBER MONICA WALLACE

ASSEMBLY MEMBER ANGELO SANTABARBARA

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2 (The public hearing commenced at 10:30
3 A.M.)

4 ASSEMBLY MEMBER DIDI BARRETT, CHAIR,
5 ASSEMBLY STANDING COMMITTEE ON VETERANS' AFFAIRS:
6 Senator, you can begin if you like.

7 SENATOR JOHN BROOKS, CHAIR, SENATE
8 STANDING COMMITTEE ON VETERANS, HOMELAND SECURITY
9 & MILITARY AFFAIRS: Oh, okay, I thought it was
10 going the other way. Good morning, everyone and
11 thank you for joining us in this, I believe, very
12 important hearing. As we all know the COVID-19
13 virus has challenged our state and our community
14 in many, many ways. This morning we will be
15 listening to testimony and information from many
16 people across the state who are actively involved
17 in providing systems and services to our veteran
18 community. Hopefully, at the close of the day
19 we'll have a good set of ideas of new programs
20 and problems that we want to address to help this
21 community. I'll make my remarks very brief
22 because we do have a lot of witnesses today and
23 move it along, but I do thank everyone for
24 joining us today. Didi, I'm not sure how we want

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2 to do this; we want to go back and forth or you
3 want the ranker to follow the chair on each side?

4 ASSEMBLY MEMBER BARRETT: No, I think
5 I'd like to speak and then have Pam Hunter speak
6 and then I think we can go to our rankers.

7 SENATOR BROOKS: Okay, very good. So
8 I'll turn it over to Didi Barrett. Again, thank
9 you for everybody who is joining us today.

10 ASSEMBLY MEMBER BARRETT: Thank you,
11 Senator. Good morning and I just would like us
12 all to begin with a moment of silence to remember
13 the veterans who served our nation and for those
14 who we lost during this pandemic and the other --
15 going on these last months that we've -- since we
16 last met. So let's pause for a moment. Thank
17 you all. I've been very proud to serve as chair
18 of the New York State Assembly Veteran's
19 Committee. Over these past months I've made it
20 my mission to connect with veterans and veterans
21 advocates throughout the state to check in and to
22 drop off hand sanitizer and to listen to the
23 stories that people have shared. And from I've
24 heard the veteran's community has taken a lot of

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2 hits over these last months from losing some of
3 our last remaining World War II veterans and
4 veterans in other nursing homes to the depression
5 and relapse that comes from isolation and
6 loneliness to the shuttered American Legion Posts
7 and VFW Posts that are so much part of many of
8 our communities.

9 Currently, we're even experiencing a
10 threat to the U.S. Post Office, which is really
11 one of the largest employers of veterans and
12 veteran's families in the country and so many of
13 our veterans depend on the post office for
14 prescriptions and medications. And so even now
15 we're, we're, our veteran's communities are kind
16 of under target and we need to ensure that
17 veterans have a funded and functioning U.S. Post
18 Office going forward. I want to appreciate, I
19 want to thank all of you who are with us today
20 and I really appreciate everyone making an effort
21 to be part of this. I want to thank the assembly
22 and the senate staffs who did a great job pulling
23 this hearing together. It was important to me
24 that we have a special hearing and I know that

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2 Senator Brooks shares my feelings about this to
3 specifically address the impact of this pandemic
4 on our veterans and our military families, and as
5 he said we have a wide ranging group of people
6 testifying, veterans and non-veterans, including
7 as we will see a former chair of this committee
8 who even has continued in retirement to work with
9 veterans, and that's Ron Tocci who is on the
10 first panel.

11 I look forward to hearing from each and
12 every one of you scheduled and before doing I've
13 been asked to read these housekeeping rules, so I
14 will do that for those testifying. Please don't
15 read your testimony, we will be reading all of
16 that submitted. You will need a photo ID for
17 registration purposes that you'll show to the
18 moderator in the waiting room. You'll receive
19 the link to the hearing room via the Zoom chat
20 function in the waiting room when two panels
21 before your panel is testifying. When it is time
22 for your panel to testify you will need to turn
23 on your audio and video. Because of the interest
24 in this topic we've asked each speaker to limit

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2 their remarks to five minutes. In our
3 questioning the chairs will have five minutes and
4 other members of the committees will have three
5 to ask questions. There's a countdown clock to
6 help us keep track of that in the Zoom gallery
7 view. When the light is green you begin to
8 speak, when the light turns yellow you have one
9 minute left and that means it's time to wrap up
10 your testimony. After the five minutes the light
11 will turn red and it will be our turn to ask the
12 questions. Please keep your video on and use the
13 gallery view. You will remain muted and your
14 video will be off until it's your turn to testify
15 and you'll be muted again once all the questions
16 have been asked and answered. We also ask that
17 you mute cell phones during the hearing.

18 As a reminder to those who may be
19 watching, but are not scheduled to testify please
20 be aware that you can submit written testimony to
21 the e-mail address on the original hearing notice
22 within 10 days and that will be included, and
23 with that I'm pleased to turn it over to my
24 colleague, Assemblywoman Pam Hunter, Chair of the

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2 Assembly Subcommittee on women veterans.

3 ASSEMBLY MEMBER PAMELA HUNTER, CHAIR,

4 ASSEMBLY SUBCOMMITTEE ON WOMEN VETERANS: Good

5 morning, it's a pleasure to be here in this

6 morning with all of you and to be able to

7 participate in this very important panel

8 discussion, the hearing relative to COVID and

9 veterans. You know, as a veteran myself and

10 participating I try weekly with my American

11 Legion Post, it definitely gives me a point of

12 view relative to the effects COVID has had on

13 veterans especially the toxins that a lot of

14 veterans have been affected by and very, very

15 concerned relative to these presumptive

16 conditions, autoimmune conditions that people

17 have faced with Agent Orange and what we're going

18 to do relative to COVID. I would like to be able

19 to hear testimony about that today relative to

20 the veteran homes; very concerned about our

21 veterans who are living in these elder care

22 facilities and wanting to make sure that all

23 precautions are taken to protect those folks who

24 are living in these homes. You know, PTSD and

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2 other kind of socialization situations for
3 veterans where they have not been able to get
4 together like they may have been able to in the
5 past has definitely been a huge effect.

6 So we have a great panel of folks here
7 today to give testimony about what's really
8 happening with veterans, definitely been under
9 discussed. We've had conversations about help,
10 you know, nursing homes in general had
11 conversations relative to the effects of COVID
12 for, you know, in communities of color, but you
13 know, the affects that COVID has on veterans is
14 significant and vast and very under discussed and
15 it's a pleasure to be able to participate this
16 morning and I'd like to be able to walk away from
17 this hearing today with actionable items that we
18 can address to be able to help veterans going
19 forward, especially, you know, with the talk of a
20 second wave of COVID coming; so thank you.

21 ASSEMBLY MEMBER BARRETT: Thank you,
22 senator.

23 SENATOR BROOKS: Okay, it's my pleasure
24 to introduce the ranking member of our committee,

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2 Patty Ritchie, Senator Patty Ritchie for a few
3 words.

4 SENATOR PATTY RITCHIE: Thank you
5 Senator Brooks and I'd like to start off by
6 thanking the chairs for the opportunity to hear
7 the issues today and Senator Brooks, as always, I
8 appreciate working with you on so many issues
9 that are important to our military. I will say
10 that this is important to my district especially
11 this committee because I have the privilege of
12 representing the 10th Mountain Division and not
13 only do I represent active duty soldiers and
14 families, a number of military personnel from
15 Fort Drum retire and are living in the community
16 now; so many of these issues are really important
17 to my district. For the record, though, several
18 of the issues that I have been waiting to ask
19 when I look at the witnesses list I don't see
20 anyone who technically is going to be able to
21 answer those. Unfortunately, I don't see anyone
22 from Fort Drum on there or the Division of
23 Military or Naval Affairs, and I can say for the
24 record I have received many calls from active

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2 duty military, National Guard with regards to the
3 quarantine and coming home to visit their family
4 or being able to go to a hospital with a loved
5 one when they're having surgery. So that is
6 something that I hope after this hearing we'll be
7 able to work together to get the answers from
8 that. And also this past week I have been on a
9 number of hearings with regards to hospitals and
10 nursing homes and I saved my questions for the
11 Department of Health to ask about the state
12 veteran's nursing home, but unfortunately the
13 commissioner is not here today to answer those.
14 So I would appreciate the chairs working with me
15 to see if we couldn't get some of those answers
16 later on. With that, once again thank you for
17 holding the hearing because like I said this is
18 very important to my district.

19 ASSEMBLY MEMBER BARRETT: And I would
20 like to introduce our ranker, a veteran himself,
21 Jake Ashby.

22 ASSEMBLY MEMBER JAKE ASHBY: Thank you,
23 Madam Chair. Thank you to the chairs and my
24 fellow ranker on the senate side and all the

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2 participants here today. Most of all I want to
3 thank the veterans who are here. I know many of
4 those who are testifying are veterans themselves.
5 Thank you for continuing to do what you're doing
6 through this time. I can't imagine the job right
7 now and what you're facing and the uphill battle
8 that it is, but I look forward to hearing about
9 that struggle and trying our best to figure out
10 the best way forward, but again, I just, I want
11 to be clear in how grateful I am to the veterans
12 that are continuing to serve in this capacity of
13 reaching out to their brothers and sisters and
14 doing all they can to help them, you know, during
15 this time.

16 I'd also like to echo a little bit of my
17 colleague in the senate in her disappointment and
18 the absence of some people on the witness list,
19 in particular, those who are in the nursing home
20 industry on the state side, for a state better.
21 It would have been great to hear from them today.
22 I know that we all had many questions for them,
23 hopefully, we can work together to get some
24 answers on that end as well, but I want to take

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2 this opportunity to say thank you all of you and
3 I look forward to hearing the testimony.

4 ASSEMBLY MEMBER BARRETT: Thank you
5 assemblyman, before I hand it back to Senator
6 Brooks I just would like to say I to share in
7 your disappointment. We invited the directors of
8 the leadership in all, of all five of the
9 veteran's nursing homes, they all turned us down
10 and asked, you know, just basically said no. We
11 also, I understand had asked for somebody from
12 Fort Drum and I don't know how that got lost in
13 the shuffle, but somehow I understand that that
14 name was never given to the staff that was
15 organizing this. But we do have an outstanding
16 series of witnesses and I think a lot of these
17 issues, if not from specifically inside I think
18 will be addressed and I really appreciate again
19 everyone who has made the effort to be here and
20 talk with us today and to the veterans. Thank
21 you, again, for your service and for the
22 continuing work that you do to make our state and
23 our country a better and safer place. So Senator
24 Brooks, would you like to lead off here?

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2 SENATOR BROOKS: Okay, thank you and I
3 guess just to echo the remarks. I think we all
4 recognize there are a number of individuals for
5 one reason or another that are not here today. I
6 think we have to look at this hearing as a first
7 step on a journey to address the concerns of our
8 veterans, both associated with this virus and in
9 other areas. So I think today we're going to
10 hear from outstanding witnesses and begin to, to
11 build the catalog, if you will, of issues that
12 we're going to address in the, in the coming
13 session. So I believe we should start with the
14 sergeant, the Command Sgt. Major Flaherty and
15 Command Sgt. Major, we welcome you.

16 COMMAND SGT. MAJOR GARY FLAHERTY,
17 EXECUTIVE DIRECTOR, COLUMBIA COUNTY VETERANS
18 SERVICE AGENCY: Good morning, everybody. I'd
19 like to thank everybody for the opportunity to
20 come forward and talk about what we're doing at
21 the ground level to support our veterans. I must
22 say up front that there's no question that all my
23 years in the military I was committed to taking
24 care of my troops and hopefully, for the rest of

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2 my life I'll be able to take care of our
3 veterans. In taking of them during this crisis
4 with COVID, it's no different than what I was
5 doing prior to the COVID and that is making sure
6 we communicate with our veterans, and I'm sure
7 that most of you are aware if not all of it, the
8 importance of communicating with the veterans
9 during this time it's and particularly our
10 veterans that are more vulnerable than others
11 than the general population based on their combat
12 experiences. And in particular our Vietnam Vets
13 I find, and being one myself, it's, it was
14 actually critical to stay in communication with
15 the ones who have PTSD and in the case of Vietnam
16 Vets, the serious diseases related to their
17 exposure Agent Orange, which make them and I
18 vulnerable in situations such as heart disease,
19 diabetes, over 17 different cancers.

20 And from the very beginning I think the
21 success we've had in Columbia County has been the
22 fact that us staying in communications each
23 Sunday since the very beginning of this, I've
24 called all my veterans, widows and families on a

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2 repeated basis to make sure that they're okay.

3 And as a result of that I've only had one

4 veteran, the first Sunday that I called he was

5 contemplated suicide and was actually delighted

6 that he, had received a call and stayed on the

7 phone with me for over an hour. Subsequent to

8 that I got him into the VA treatment programs and

9 as I check on him every week he's doing much

10 better and doing extremely well.

11 The other two incidents I've had in

12 Columbia County with the result of domestic

13 violence, and both of those cases were handled

14 locally. One we ended up admitting to the VA and

15 in checking with him he's doing very well also.

16 One of the issues that we have is we're a PFC

17 Dwyer Program in Columbia County and that program

18 has been very instrumental in us carrying forward

19 and communicating not only between myself and the

20 veterans, but our peer to peer program has been

21 very successful. We ended up making house calls,

22 delivering food packages to veterans that were

23 locked in and the issue with the PFC Dwyer

24 Program is limited to certain counties in the

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2 state and we've been so successful with it that
3 it would be very instrumental and very good for
4 us to expand the program statewide. The other
5 issue is the restrictions that we have on funding
6 not only our county funding and [unintelligible]
7 [00:17:00] localities that has not come in, but
8 continue the funding for the PFC Dwyer Program.

9 Tomorrow I'm very happy to report that
10 we'll be opening a day room, a military style day
11 room down below my office to have veterans come
12 in and interact with each other, get back into
13 the community and, therefore, we'll be able to
14 stay in touch with them. We have nobody in the
15 nursing home program so I can't speak to that,
16 but I'm anxious to hear more about it. I do have
17 veterans that are in their normal community
18 nursing homes and one of them's mother was
19 transported downstate and he became extremely
20 agitated and came to me saying it wasn't, I
21 wasn't even aware that she had been transported,
22 and she was transported down during the night.
23 So that was one incident that we had.

24 I thank you all, I know my time went

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2 running down, but my commitment is to stay in
3 touch, communicate and I think that's the answer
4 that we have to do to make sure our veterans are
5 not only medically, but psychology taken care of.
6 Again, I thank everybody and I'm open to any
7 questions you have.

8 ASSEMBLY MEMBER BARRETT: Thank you --

9 SENATOR BROOKS: Okay --

10 ASSEMBLY MEMBER BARRETT: Go ahead.

11 SENATOR BROOKS: -- we thank you very
12 much. I think all of us collectively recognize
13 the outstanding results in the Dwyer Program.
14 We've been able to add additional funds each of
15 the last three years and I think we all agree
16 that it's a program that should be taken
17 statewide and I know there's an effort actually
18 to make the program national. So there is
19 widespread recognition of just an outstanding
20 program and the fact that that is a peer to peer
21 program really adds to, I think the success of
22 the program. As we gather today, a lot of our
23 concentration is on the area of the virus itself
24 and we recognize that there's different programs

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2 available on different communities and some do
3 and don't have the hospitals be a part of the
4 State University system, hospital system or the
5 independent programs. Did you in your area see a
6 significant change in activity or reduction in
7 worthwhile programs as a result of the virus?

8 CMSGT MAJOR FLAHERTY: I haven't seen
9 that at this point, sir. I stay in touch with
10 our leadership and the support we get from our
11 county and from the state is very effective. I,
12 as I said in the beginning I'm totally committed
13 to taking care of our veterans and as of last
14 Sunday, I completed 437 calls to the veterans.
15 Some, many of them repeated calls talking also to
16 widows. During the beginning of the virus I had
17 eight Vietnam Vets die. One of the issues with
18 the restrictions, I had one veteran die early
19 March and we couldn't get honors for him until
20 two weeks ago. So the funeral home had to hold
21 him until we could bury him with honors.

22 SENATOR BROOKS: You know, and I share
23 with you the concerns we have with the Vietnam
24 Veterans in particular with Agent Orange related

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2 issues. So, you know, we've got to keep our
3 antennas out on some of this, but again, today
4 we're concentrating on the virus, but we also
5 have to be looking at the other many issues that
6 are out there. Just a question associated with
7 the virus and the closing of business operations,
8 did you see any problems in your area with
9 employment of veterans?

10 CMDSGT MAJOR FLAHERTY: No sir. I had,
11 the only problem I've had is a couple of the
12 businesses have complained that they had people
13 that, they couldn't get back to work because they
14 were making too much money staying at home.
15 That's the only complaint I've had.

16 SENATOR BROOKS: Didi, I'll give you an
17 opportunity to ask some questions.

18 ASSEMBLY MEMBER BARRETT: Okay, I'm
19 going to, I think the, the, I'm getting a text
20 here that they want to do the panel as a whole.
21 So what I would like us to do then is move onto
22 the other panelist and then let me come back and
23 ask questions of Gary and the others at that
24 time. But I just want to say since, since Gary

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2 Flaherty is just an absolutely stellar public
3 servant in our, in my, one of the counties I
4 represent I just want to thank you for all you're
5 doing and what you've always done and look
6 forward to working with you on the board Dwyer
7 funding because that's important to me as well.

8 CMDSGT MAJOR FLAHERTY: Thank you very
9 much.

10 ASSEMBLY MEMBER BARRETT: So I think the
11 next speaker is Ron Tocci. Should we go to Ron
12 and let's go through the panel first and then
13 we'll have questions afterward?

14 HONORABLE RONALD C. TOCCI, COMMISSIONER,
15 WESTCHESTER COUNTY VETERANS SERVICE AGENCY:
16 Thank you, Madam Chair and Chairman Brooks, I
17 want to first thank you and your co-chairs and
18 all those are participating that made this a
19 priority in, at a time when it's so difficult and
20 chaotic throughout our country for you to take
21 the time out. I know you're in budget mode and
22 so on and so forth, this is extremely gratifying
23 to the veteran community. If I could digress
24 just for a couple moments, for those that are

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2 listening, those that will read and learn about
3 what we talked about today they should understand
4 that in our country of 350 million people we have
5 less than one-half of one percent that are
6 serving our mili-, our country in the military
7 and I think that's remarkable that we have those
8 kind of special people. So what you're doing is
9 certainly admirable because there's no greater
10 priority than to take care of those people who
11 take care of us.

12 So with that said I have a couple of
13 things that might be of interest. I for many,
14 many years was privileged to serve in the
15 capacity that you are now and I learned so much
16 from so many of the special people who I helped
17 in many different ways and worked with me to do
18 some good things. First of all, I think that we
19 should all understand the delivery of services,
20 excuse me, has been radically challenged. Where
21 we in our county at Westchester where we have a
22 million people, obviously a fairly good sized
23 veteran population, we do not do any personal,
24 one on one services. We've transferred to iPads

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2 and Smartphones and all kind of
3 telecommunication, but the county executive, our
4 county executive, George Lattimer, has insured
5 that everybody be taken care of without
6 interruption. So we have not missed a beat in
7 terms of filing claims, answering phone calls on
8 a daily basis and performing all the services
9 that veterans service offices normally do.

10 With that said, it's been very, very
11 difficult because you try to get through to the
12 VA, if we're filing a claim it may be that some
13 of our service officers will be on the phone on
14 hold for an hour or two, maybe longer, and I'm
15 sure that the Sgt. Major understands that as he
16 testified too. But we're doing that and that's
17 one of the things that has made it very
18 difficult, but while I'm talking about that I
19 think it's very important to understand the value
20 of our service officers particularly those people
21 that processed the claims. There has been a
22 state funding program since the Korean War and
23 the formula was based on population of counties,
24 not on veteran population. We've advocated for

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2 years that that formula should be changed.

3 There's a minimal amount of money, just to give
4 you an idea. Westchester County, a million
5 people, we get about \$35,000 back every year to
6 fund our veteran service agency. Whether we get
7 it or not makes no difference, we have to do that
8 anyway.

9 We had suggested a formula change based
10 on the delivery of service and the number of
11 contacts, number of claims filed and so on and so
12 forth, with a dollar amount attached to each one
13 of those services, and it would be a lot more
14 money to those people who provide a number of
15 services to the veterans with a minimal amount of
16 money so there would be no loss, you'd be held
17 harmless. The smaller counties, upstate in
18 particular, would continue to get the amount of
19 money they get now and if they can prove that
20 they've done more for services to veterans, they
21 would get more money. And just to give you
22 another example, I did a survey one time of the
23 state money that went for veteran's services
24 throughout the State of New York and this has

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2 gone back over 20 years ago and it amounted to
3 less than \$5.00 per veteran per year. Now
4 there's a lot of money that comes from the Feds
5 that goes through our Department of Labor, but
6 that is not state money and in a year where we
7 have a budget that's approaching \$190 billion
8 dollars I do believe that most people would agree
9 that veterans are worth a heck of a lot more than
10 what they're getting back.

11 So I'm not blaming anybody. I
12 understand how difficult it is to get through our
13 finance ways and means committees, any kind of
14 increases for services, but I would think that
15 everyone if you talk to people on the street
16 would agree that there should be at least a
17 commensurate amount of money for the services
18 provided to our veteran community. So I would
19 hope that we could effectuate a change in the
20 formula in the policy of how we, we do fund those
21 services. I would also like to talk about the
22 fact that we had a real problem with gaining
23 access and admission for veterans and their
24 spouses in a state veteran nursing homes. The

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2 policy initially established and I'm not blaming
3 anybody, was probably done in good faith, but
4 after the debacle where we had people with COVID
5 admitted into the nursing homes that infected a
6 lot of the other veterans, the policy was changed
7 that nobody was admitted. And I had veterans who
8 were in need of veteran nursing care that could
9 not get in and their spouses, which are also
10 eligible according to our state policy for
11 admission into our state veteran homes, could not
12 go in either. And these people approaching 85
13 years old and maybe even older made it very, very
14 difficult for a lot of the service officers
15 throughout the state to try to find places to
16 accommodate these kinds of needs.

17 So I think there has to be a very, very
18 clear distinction of who is eligible and if there
19 is no provision now they're going to have to make
20 provisions for some kind of special
21 accommodations for people who are with dementia,
22 that's another problem, who they claimed to be
23 aggressive they will not take them in because
24 they say they don't have the staff to provide for

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2 them, but these are veterans, and there's got to
3 be accommodations made for them. And at the same
4 time --

5 ASSEMBLY MEMBER BARRETT: Ron --

6 HONORABLE TOCCI: -- I think most of the
7 state veteran homes should accommodate some kind
8 of an exclusive area that is separate with
9 different access and so on for people with
10 infectious diseases. And then you heard that
11 there's a problem of visitation, families --

12 ASSEMBLY MEMBER BARRETT: Ron --

13 HONORABLE TOCCI: -- yes, I'm sorry, Ms.
14 Barrett.

15 ASSEMBLY MEMBER BARRETT: -- we are,
16 yeah, you're past your time and I know that this
17 --

18 HONORABLE TOCCI: Okay.

19 ASSEMBLY MEMBER BARRETT: -- is a
20 subject of interest to many of us so I think we
21 will come back to talking about --

22 HONORABLE TOCCI: Okay, sure.

23 ASSEMBLY MEMBER BARRETT: -- this at the
24 question entered afterwards, but thank you very

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2 much.

3 HONORABLE TOCCI: Okay, fine. I'm
4 sorry, I didn't realize it was limited now. I'll
5 stay on.

6 ASSEMBLY MEMBER BARRETT: Okay, thank
7 you. I think our next speaker is Jason Skinner.

8 SENATOR BROOKS: Right.

9 MR. JASON SKINNER, EXECUTIVE DIRECTOR,
10 NEW YORK STATE COUNTY VETERAN SERVICE OFFICE
11 ASSOCIATION: Thank you, my name is Jason
12 Skinner, again, I want to echo everybody else's
13 comment on being appreciative of the invite to
14 speak today. My name is Jason Skinner. I'm an
15 Iraq war veteran and before I get too much
16 farther I do want to thank all those other
17 Vietnam veterans that are out there statewide,
18 nationwide. If it weren't for their service and
19 advocacy my generation would not be as well
20 respected and while it is still difficult to get
21 VA benefits it's a lot easier than it was for
22 them and they did not get the welcome home that I
23 do and I will put forth that respect and
24 acknowledge their service and what it means to me

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2 today, so thank you.

3 I'm the executive director of the New
4 York State Veterans Service Officer Association.
5 We have 160 members that we know of; of about 300
6 veteran service officers statewide. We operate
7 in 62 counties. We represent county veteran
8 service officers. I am the director of the
9 Livingston County Veteran Service Agency, also a
10 member of the National Association of Counties
11 Military and Veterans Affairs Standing Committee
12 and I'm a vice-chair there, and I'm a participate
13 in the SAMHSA or Substance Abuse Mental Health
14 Administration, governor's challenge for suicide
15 prevention and my distinguished colleague, Tom
16 Ronayne is also on that committee working to end
17 suicide in New York State.

18 A couple issues specific to COVID we've
19 seen kind of statewide is diversion away from VA
20 medical centers. Because of COVID they don't
21 want people presenting. They are triaging phone
22 calls and diverting people to either urgent care
23 or emergency rooms and initially it was emergency
24 rooms. Wolfe v. Wilkie and Stauve [phonetic] v.

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2 McDonald are confusing bits of law, but the VA
3 can bill or the provider can bill based on the
4 VA's determination that you needed to go to the
5 emergency room. However, if it isn't actually
6 coded as an emergency, you will be billed by that
7 private institution and the VA will deny your
8 claim to pay that. I myself actually received
9 this, this situation, but many will and
10 unfortunately, part of our job is to appeal those
11 decisions and you have 30 days to appeal them,
12 and with restrictions and visiting with people
13 face to face and office operations, this will be
14 an issue coming up and people will be,
15 unfortunately, negative impacts on their credit
16 reports due to VA billing issues.

17 But also point out yes, meds from VA are
18 being from what I am to understand affected by
19 the United States Postal Service or the VA
20 staffing. We're not quite sure why veterans are
21 getting them late, that is an impact. I know the
22 executive order that is meant to protect veterans
23 and the general populous from eviction has
24 actually disqualified them from tons of money

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2 that is federal through the SSVF grants. So if a
3 veteran is going to be evicted or in arrears in
4 their rent these grants can help them get out of
5 arrears or avoid being evicted. However, for
6 several months now these looming bills are piling
7 up without any eviction notice that would then
8 qualify them for these grants, but the way it is
9 right now there's no means to get these grant
10 funds in those veteran's hands, which is causing
11 significant mental health problems and anxiety
12 for our veterans. I also [unintelligible]
13 [00:34:29] on, you know, veterans are also
14 employees and those that are unemployed often
15 times are reaching out to our local legislators
16 for assistance with the New York State
17 unemployment issues that we've had and we're
18 seeing statewide. There's not necessarily a
19 veteran specific issue, but veterans are first
20 and foremost human beings and residents of our
21 great State of New York.

22 As far as the many different issues that
23 have been brought up, you know, access to our
24 offices we believe is New York State Veteran

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2 Service Officers or County Service Officers that
3 without access to us a lot of them cannot become
4 qualified or eligible for VA services, financial
5 assistance through pensions or disability claims.
6 One of the biggest issues for us is the financial
7 crisis that has been caused by COVID as a
8 secondary issue. As touched on before we get
9 \$10,000 in funding through a, actually through an
10 executive order, not executive order, executive
11 law, 359 I believe, that states that we all get
12 \$10,000 and unfortunately, we don't believe that
13 that's a discretionary amount because it is
14 established in law and we are not going to
15 receive that \$10,000.

16 We do as an association support Senator
17 Ortt's S, I believe, S102 or 106 this year, it
18 changes from year to year, of increasing that
19 amount the state provides to county service
20 officers from \$10,000 to \$20,000 statewide and
21 also bring up mental health. I've had at least
22 one suicide in our county, unfortunately, and I
23 saw the family last week. You know, anxiety due
24 to COVID and mental health, you know, pre-

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2 existing issues because they are a veteran are
3 actually being exacerbated right now with the
4 lack of ability to present urgent care to VA,
5 being diverted away. A lot of the issues we're
6 seeing with things that are not necessarily
7 veteran related, but because they have PTSD or
8 any other issue that anxiety is drawing them
9 closer to suicide.

10 Some of the problems you know we already
11 face in New York State and countrywide is the 20
12 a day number, but state numbers only come in
13 three years after the fact. The latest date of
14 2020 reflects 2017 numbers that put us in
15 Livingston County at 82 per 100,000. The highest
16 in the state yet we receive no funding for
17 suicide prevention. If you look aid to
18 localities and how its distributed in the
19 [unintelligible] [00:37:22] county, for example,
20 gets \$22.00 per veteran and we get \$2.06 per --
21 so if we're looking at establishing mental health
22 funds at some point to help with veterans
23 statewide, I would also caution you with some of
24 what I'm, to understand it at a national and

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2 state level, we often have branding issues where,
3 you know, the Dwyer Program named after Dwyer,
4 PFC Dwyer, you know, in the image that's in your
5 head of a man saving a child that's pushing a lot
6 of mostly females away from these programs.

7 SENATOR BROOKS: I think we're in a
8 situation, I think we all agree and we want to
9 hear some additional information from you, but we
10 do have some time constraints and we're in a
11 situation where you're over the allocation, but
12 as we have the follow up discussion, I think
13 maybe we can discuss some of these points at that
14 time. I'm sorry, I apologize.

15 MR. SKINNER: If you don't mind, I'll
16 just quickly close with, you know, it really
17 didn't matter what part of the state somebody
18 joined in, but when they come back they should
19 have the same, you know, specific benefits and it
20 shouldn't be different when you come back to a
21 different locality. That's just my stance on,
22 you know, hopefully, you guys see it the same
23 well as well depending, you know, it didn't
24 matter where you came from in our state, but when

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2 you come back you should have an equal, I guess,
3 benefits, but thank you.

4 SENATOR BROOKS: Thank you, okay, and
5 scheduled Daniel Griffin would be our next
6 speaker.

7 MR. DANIEL GRIFFIN, VICE PRESIDENT, NYS
8 VETERANS NURSING HOME BOARD OF VISITORS: Yes,
9 I'm Dan Griffin, I'm vice president of the Board
10 of Visitors at the NYS Veterans Nursing Home at
11 Montrose and the only reason I'm here instead of
12 the president, Bill Mann, he's had some recent
13 health issues. I want to thank the committee for
14 allowing me to speak today. COVID-19 has had a
15 direct impact, a drastic impact on the residents
16 at the nursing homes, the veterans nursing homes,
17 particularly to also the families. Four months
18 they have not had a visitation, so that's four
19 months that husbands can't touch their wives or
20 hug their wives and husbands, children,
21 grandfathers whatever. Humans need the touch.
22 You need to touch each other and it's extremely
23 depressing. I'm receiving many phone calls from
24 family members frustrated with the fact that they

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2 have not been able to come in and hug their loved
3 ones in the nursing homes. The homes have tried,
4 but it's not really effective. These window
5 visits where the family members stands outside
6 with a cellphone, they wheel in the resident and
7 they're sitting in a wheelchair with a mask on
8 and a cellphone. They can't hear each other and
9 some of the residents can't speak anyway or
10 they're bed ridden. The Zooms, sometimes the
11 Zoom doesn't work and then you get the same
12 problem, they have to wear a mask; you can't hear
13 them, they can't hear each other, and the
14 residents are hard of hearing to begin with.

15 I have a solution I think may work. I
16 have gone to a couple doctor's visits myself
17 recently and actually went to one over a month
18 and a half ago. The doctor had on a mask, a
19 shield, gloves, a gown, why can't the family
20 members come to the home with the same thing; put
21 on a mask, a shield, gloves, the gown and then go
22 and hug and touch their loved ones in the nursing
23 home. It's so depressing and I'm surprised that
24 we don't have more passing away just from

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2 depression, and once you get depressed enough and
3 the lack of human contact, you're just going to
4 give up, you're going to pass away. This is a
5 big, big problem and I think that is the only
6 solution.

7 I'm certainly open to any other
8 solutions, but it's the only one I can think of.
9 We've got to change this because the 28 day
10 program that they have is they have to go 28 days
11 without a positive test. Now the only ones
12 coming with a test positive are employees because
13 they go home; so they're tested daily. Now they
14 get close to the 28 days when they're going to
15 allow visitations and then one employee tests
16 positive, they start the 28 days all over again.
17 They get their hopes up, they're almost ready to
18 come in and then they're dashed again and this
19 has been going on for four months. This has got
20 to change, it's got to stop. We've got to help
21 these people to see their loved ones and to see
22 their families, I think it's going to have a very
23 adverse effect on their health. I thank you for
24 the time.

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2 SENATOR BROOKS: Thank you very much,
3 and we do have one additional speaker that's been
4 added, Tom Ronayne from Suffolk County. Tom had
5 I have had an opportunity to work together quite
6 a bit and we're so very glad to have him join us,
7 Tom.

8 MR. THOMAS RONAYNE, SUFFOLK COUNTY

9 VETERANS SERVICE AGENCY: Good morning, thank you
10 Senator Brooks. Thank you, thank you to the
11 Chairs and Committee for the opportunity to speak
12 to you hear this morning. Before I begin I'd
13 also like to thank Senator Brooks publically for
14 his service, not only to the State of New York,
15 but for his service in uniform as a member of the
16 New York Army National Guard. So thank you for
17 that brother comrade, brother. I would, I would
18 echo all of the comments that have been made here
19 this morning by the previous speakers. We have
20 experienced in each county across New York State
21 I'm sure a variety of challenges related to
22 COVID, but there are, there are commonalities
23 across the state in terms of the impact on our
24 veteran population primarily with access to care

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2 and services.

3 I would say that one of the greatest
4 challenges that we face here in Suffolk, as a
5 county of not only 1.5 million people, but we're
6 very diverse both geographically and well, yeah,
7 geographically. We're a large county, we're on
8 an island, we're surrounded by water, but we go
9 from very suburban to very rural very quickly as
10 you transit across our county and in those
11 different areas we see different levels of need.
12 One of the challenges that has been discussed
13 here this morning has been access to VA, and I
14 will, admittedly I will say to you I am a service
15 connected disabled veteran, I'm a proud Navy
16 veteran. I am a consumer and user of VA
17 services, but I will tell you that in my both
18 professional opinion and in my personal opinion
19 as a service connected veteran, VA did not make,
20 it did not make it easy for veterans to access
21 their network.

22 We have had a checkpoint set up at the
23 entrance to our local VA medical center that is
24 still in place. Veterans presenting or having

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2 their, are being screened, they are having their
3 temperatures taken. We're actually seeing
4 veterans being diverted from the emergency room
5 if they don't have an appointment. The, the
6 state admission of VA is to provide care to those
7 who have, to our veterans and while I, I admire
8 their commitment to maintain a level of
9 cleanliness and to maintain the safety of their
10 staff, I think that they have gone too far in one
11 direction and they have neglected the importance
12 of serving the veterans in our community and to
13 the extent that veterans have been placed in
14 peril.

15 Much can be said about the challenges
16 that we've experienced across our state veterans
17 home. Here in Long Island we have the Long
18 Island State Veteran's Home at Stony Brook;
19 probably the most singularly the most remarkable
20 skilled nursing care facility that I have ever
21 encountered. It is a wonderful facility, it is
22 administered with exceptional professionalism.
23 Our veterans, we have 88 veterans in a facility
24 of 350 beds. We've lost 88 veterans in that

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2 facility to COVID, just a horrific number.

3 These, these losses are tragically compounded by
4 the fact that the remaining, the remaining
5 residents of the facility have not had visitation
6 since early March and the mental health
7 challenges, the mental health strains that the
8 lack of visitation and the lack of contact with
9 their loved ones places on them is having a
10 deleterious effect on the entire population of
11 these facilities.

12 I will, I will begin to summarize and
13 prepare my close, but what I would like to say is
14 over the years, over the past 10 years or so VA
15 has placed an increasingly significant burden on
16 veteran service officers primarily county veteran
17 service agencies and by that, by that what I mean
18 is we have been required to enhance and increase
19 the nature and the frequency of our trainings.
20 We maintain credentials. We are federally
21 credentialed by the office of general counsel for
22 the Department of Veteran's Affairs and we have
23 gone from preparation of claims primarily to
24 develop, development of fully developed claims to

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2 now developing claims that are ready to rate and
3 while this certainly does serve our veteran
4 clients it has drastically increased the
5 commitment of time, resources and energy
6 necessary to properly develop, prosecute and case
7 manage a claim. We receive exactly zero funding
8 from the federal government. We receive a very
9 small stipend from New York State, but none of
10 these have any effect in offsetting the
11 increasingly onerous financial burden on our, on
12 our county and our resources.

13 We partner exceptionally well with other
14 agencies statewide. We have a relationship with
15 many of the people on this call today, but at the
16 end of the day if we are going to continue to
17 address the COVID related issue of unemployment
18 has led to significant increases in the levels of
19 housing insecurity and food insecurity that we
20 are seeing as veterans present. What we are also
21 seeing and this is extremely important is we are
22 seeing veterans who are presenting for the first
23 time as consumers of either veteran service
24 agency services or VA services because they have

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2 been among the historic two-thirds or 72%
3 actually of America's veterans who do not have a
4 relationship with VA. These veterans who have
5 lost employment, they have lost the healthcare
6 and medical benefits typically associated with
7 that employment now find themselves in a position
8 of having, through necessity presenting for VA
9 care and the challenges of accessing VA at this
10 time are greater than have been in recent memory.

11 We need help senators, assembly members,
12 we need, we need your support, we need funding
13 terribly not only for veteran services, but as in
14 my prepared testimony I outline all of the
15 ancillary support services that we partner with
16 across our counties and across our state are also
17 fiscally challenged. As the resources begin to
18 become increasingly limited, we will experience,
19 unfortunately, the inability to provide services
20 to veterans at the levels that we certainly need.
21 New York State Division of Veterans Affairs is an
22 extraordinarily helpful organization. They are
23 an essential resource to each of our counties,
24 but again without, without the appropriate

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2 resources we cannot do the job that we are tasked
3 with doing, and for the veterans on this call
4 today I know that you will agree with me that
5 this is not a job, this is a calling. We have an
6 obligation. We have a solemn oath obligation to
7 serve our brother and sisters in uniform. Each
8 of us who wore the flag of this great nation on
9 our sleeve has a right that when they knock on
10 one of our doors they receive the appropriate
11 level of service and not be turned away or have a
12 reduction services purely because of fiscal
13 constraint. That's simply an unacceptable
14 reason.

15 ASSEMBLY MEMBER BARRETT: I completely
16 hear what you're saying and agree and I'm sorry
17 to interrupt you, but you're over the time limit
18 as well and we, you know, I think we have an
19 opportunity during our questioning time to talk
20 further about his and obviously, you know and
21 everyone here knows that the state is not in the
22 position that it would like to be financially.
23 So, you know, as much as we would like to be
24 adding to programs that we support, you know,

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2 that, that without support from the federal
3 government at this point it seems unlikely and
4 obviously, we're going to look at revenue sources
5 as well, but, but, you know, right now I think
6 our focus is to really understand the impact that
7 COVID on our veteran community and how we can,
8 you know, in the potential second round or, you
9 know, just going forward how we can work on
10 ensuring that we're protecting our veterans and
11 military families. So Senator Brooks you want to
12 start with the questioning?

13 SENATOR BROOKS: Okay, thank you and I
14 think all of us as the Chair said, all of us
15 recognize that funding is a tremendous challenge,
16 going to be even more so as a result of the
17 economic impact of the virus and the changed
18 economy. I think, I think some very important
19 points were made particularly in the funding
20 aspects, that we're looking at population instead
21 of the number of veterans that, you know, the
22 allocation on a per veteran basis is particularly
23 disappointing. But again our discussion today is
24 related with the COVID and I think one of the

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2 important positions or points that were made is
3 visitation in the nursing homes and I believe
4 that -- I had an opportunity the other day to
5 visit, it wasn't a veterans home, but it was a
6 nursing home and the families were visiting the
7 guests from the outside window and, and, you
8 know, the closet it came to touching was hand
9 against the wall. I think that does have a
10 tremendous impact on the mental health of people,
11 that separation.

12 So to all of you as we look at the
13 question of the COVID virus itself and the
14 separation that's been required, the use of masks
15 and protective equipment and the rest, you know,
16 Dan, you made the recommendation that we put
17 people in PPE to make visitations. Do you see
18 anything aside from that idea that from a VA
19 standpoint could have been done differently in
20 this virus in terms of, of visitations of people?
21 You know, we're really in a situation where we're
22 kind of learning more and more about this virus
23 day to day; there's no playbook, and we know that
24 it does spread and we know many of the, many of

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2 the patients that we have in these facilities
3 have multiple medical problems. Any of you see
4 something you think should have been done at the
5 state level to address this issue?

6 MR. GRIFFIN: I think just again the
7 PPEs, if the medical doctor feels that he's safe
8 from getting it from me and all his other
9 patients, I think that they could have had the
10 family members with all the precautions with the
11 gloves, the mask, the shield, everything and they
12 should have had visitation right from the
13 beginning. You know, not often, maybe only for a
14 few minutes, but enough -- some of the, some of
15 the residents can't speak, they're bedridden,
16 they might not even know for sure that they are
17 even there, but still that touching, that
18 hugging, that feeling and I think they could have
19 done that once they learned that with the right
20 PPEs they could safely be around somebody that
21 possibly has it, but they're certainly not going
22 to pass it onto them, and that's, that's the main
23 thing.

24 MR. SKINNER: Senator can I also address

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2 -- I guess I've had two instances and we're a
3 fairly rural small county and family members will
4 call to advocate, you know, to get their veteran
5 or loved one out of a hospital or a vet nursing
6 home situation because their anxiety is so
7 amped up based on the news and the likelihood
8 that they may contract it or pass away in a
9 nursing home. So it's very difficult because
10 they're asking us to advocate and I had one
11 veteran, who happens to have a Vietnam Veteran in
12 the Bath, VA as his father and he had made the
13 comment, you know, if he dies in there you'll
14 have two dead veterans on your hands. That's how
15 bad the anxiety is with someone with mental
16 health.

17 I'm sure you guys are receiving calls
18 from constituents that are similar. Our hands
19 are tied when it comes to VA or the state homes
20 to advocate in any way for visitation and,
21 unfortunately, I think that may be where the
22 state can help is to assist our local veteran
23 service officers to have means of communication
24 to help the administration of the actual nursing

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2 home talk to this person that is having an
3 anxiety attack so it doesn't rise to the level of
4 a potential suicide, and we don't have to go down
5 that route of intervention. Because what I'm
6 noticing I guess, is a lack of communication
7 between the administration of these hospitals and
8 the loved one that, that are wanting to visit.

9 SENATOR BROOKS: Okay, any other
10 comments?

11 MR. RONAYNE: Sir, if I may just
12 piggyback on what Jason said. One, one model
13 that we have here in Suffolk County that we're
14 very proud of is for many years now we have
15 maintained, Suffolk County Veterans Service
16 Agency has maintained an office, a full time
17 office within the Long Island State Veterans Home
18 and we provide counseling. We provide claims
19 service. We bring a proficiency that is really
20 at a very high level, but one of the, one of the
21 ancillary benefits of that is we also bring a
22 great deal of money into the state veterans home
23 throughout successful advocacy on behalf of the,
24 of the veteran residents at these homes and the,

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2 the cost, a supplement -- the cost of maintaining
3 an office is negligible, it's barely a rounding
4 error when you consider the many tens of millions
5 of dollars that we bring into these facilities
6 each year. So perhaps that is an investment that
7 could be considered as an offset to increase
8 state funding. If we have a larger footprint
9 within the veteran's services community that
10 directly translates into more revenue coming into
11 New York State.

12 In my county alone we, we annually bring
13 well in excess of \$100 million into the county
14 through VA compensation, pension and other VA
15 revenues, and that is not including the
16 operational budgets of the VA Medical Center. So
17 the net positive affect that veteran service
18 officers have on the finances of any county
19 should be a consideration when you, when you
20 deliberate as to how fund our agencies or how to
21 support our agencies.

22 SENATOR BROOKS: Thank you, my time has
23 expired so I'll turn it over to Assemblywoman
24 Barrett.

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2 ASSEMBLY MEMBER BARRETT: Thank you
3 senator and thank all of you for your testimony.
4 I feel like there's, you know, a panoply of
5 subjects that I want to delve into here, but, you
6 know, the mental health issue is something that's
7 always been a high priority of mine.

8 Communication is something that I, you know, as a
9 former journalist that, you know, that just sort
10 of is a tool that I feel that we never use well
11 enough. In talking about the nursing homes and
12 the need for families to be connected, that, you
13 know, that kind of ties in with, you know, with
14 the issues of communication because if people
15 aren't communicating with residents and with the
16 family members there's a sense of desperation
17 that comes out of that. And then equally
18 important is dignity in just keeping the dignity
19 of our veterans and other family members foremost
20 and throughout this process and, of course,
21 there's heartbreaking stories about deaths and,
22 you know, waiting for to be able to bury people
23 and, you know, where bodies are stored.

24 I guess what I really like to hear from

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2 all of you is what role would you like the VS,
3 you know, the state division to be playing if
4 there is one that would help kind of facilitate
5 and communicate, especially with the Veterans
6 Service Organizations because they are your, you
7 know, links and your, your connection? And is
8 there, you know, is there some new functions that
9 we learned through this process that Dwyer
10 funding should be used for? Is there, you know,
11 I heard I think Jason say, you know, the numbers
12 have changed, people who never came before are
13 now accessing the veteran services? Is there
14 something that, some other programming and some
15 other function that we should be looking at,
16 Dwyer Funds paying for and I completely agree it
17 should be across the state, it should not be
18 isolated in a county by county way. So in my
19 remaining three minutes please, I'd love to hear
20 from whoever has any thoughts.

21 MR. TOCCI: Madame Chair.

22 MR. SKINNER: Sorry, Ron.

23 MR. TOCCI: Yeah, I just, real quickly.

24 It's obvious that the frontline services are

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2 local veteran service counselors and I think from
3 our commitment, talking to each other, learning
4 from each other, it's obvious. The Division of
5 Veterans Affairs supplements us and we've had
6 good working relationships. There's some great
7 people that service, you know, veterans in the
8 Kingsbridge Center. A lot of veteran nursing
9 home and so on and I can suggest a review of a
10 federal grant that goes through the Department of
11 Labor, which is approximately 8 to \$10 million
12 for the state veterans program, and that really
13 is eaten up in part by administrative fees and so
14 on. It's federal money, I think that money
15 should go to the Division of Veterans Affairs and
16 be used more efficiently through our Veterans
17 Service counselors. It's all federal money and
18 we had advocated for a change in the merger of
19 that state veterans program with the Division of
20 Veterans Affairs, and I think it would be better
21 spent basically to [unintelligible] [01:02:13]
22 that they, that program funds is down to around
23 50 or 60 and like I said before they're basically
24 employment reps. We have the same services on

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2 the local levels and I really think that that
3 should be looked at because it's a possibility of
4 using that money to supplement our frontline
5 people.

6 The last thing I'd like to talk about if
7 I can just real quickly. Now the honors of these
8 people who have died in our nursing homes, a lot
9 of times the Marines, the Army, the Navy, the Air
10 Force can't get people, I'm wondering if we could
11 ask the National Guard to set aside a certain
12 squad of people throughout the state that might
13 be on call for special people, silver star, medal
14 of honors and so on. I think that that would be
15 very, very helpful to the families. And the last
16 thing I do believe that even with all of the
17 financial stress we have there should be a
18 \$10,000 stipend for supplement burial expenses to
19 those people that died in our nursing homes.

20 These are people --

21 ASSEMBLY MEMBER BARRETT: Right, no I,
22 I'm going to interrupt you because I'd like to
23 let --

24 MR. TOCCI: Oh, that's okay.

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2 ASSEMBLY MEMBER BARRETT: -- Jason
3 answer and I know --

4 MR. TOCCI: Yeah, sure.

5 ASSEMBLY MEMBER BARRETT: -- we've
6 talked about that before. So Jason, go ahead.

7 MR. SKINNER: Right and there was a lot
8 in that question so and I have a lot, as far as
9 communication goes and another issue that
10 veterans are facing in rural America is
11 telehealth, without broadband you can't do
12 telehealth so that's a barrier. The Division of
13 Veterans Services in New York, we respect them,
14 we work alongside with them, we train with them.
15 They're co-located in VA Medical Centers, and
16 they should really be in state facilities like
17 the nursing home, that would give us a link to
18 them. This is an awfully easy thing for the
19 state to do and because of the federal government
20 shutting down its access to anyone there's a
21 backlog in Board of Veterans Appeals Hearings
22 because they have been cancelled and also state
23 veteran service officers that are co-located in
24 those VAs are not allowed in their offices. So

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2 they're currently working from home and doing a
3 lot of training and, you know, we are in our
4 offices co-located with county resources that,
5 you know, we would really like to have the
6 connection with the state homes through maybe our
7 brethren that work [unintelligible] [01:04:41].

8 ASSEMBLY MEMBER BARRETT: Okay, thank
9 you, my time is up so I think senator, if you
10 want to go to the senate and we'll go back and
11 forth between the senate and the assembly.

12 SENATOR BROOKS: Alright, that's sounds
13 good. I'll give an opportunity to ranking
14 member, if she has any questions to ask first?

15 SENATOR RITCHIE: Thank you. I do want
16 to address the nursing home visitation issue,
17 specifically, I, unfortunately in the last couple
18 months my father passed away in the middle of
19 this and I know that we had limited visits. At
20 the end we were able to, we were able to see him,
21 but I truly cannot imagine the families with
22 loved ones at the veterans homes and at our
23 nursing homes that haven't had any contact with
24 their family, weren't able to say goodbye. So

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2 that is something that is really, hits home to me
3 and I know that one of the other hearings someone
4 had mentioned that maybe there was a way for one
5 family member to be designated and have a COVID
6 test and go in with the appropriate protective
7 gear and that at least the veteran at the home
8 would have some contact from a loved one. So the
9 two gentleman in particular who addressed the
10 nursing home, could you tell me if you think that
11 would be something that would be a benefit or not
12 enough?

13 MR. GRIFFIN: Absolutely, that would be
14 benefit I believe. At least one person yes,
15 that's a good start to come in with, you know,
16 again, be tested outside, come in with all the
17 gear and just have a few minutes with their loved
18 one. The co-chair had asked what could the
19 committee do or what can, yeah, committee do to
20 help -- I mean, you guys go to a lot of meetings,
21 but I can only suggest that maybe directors of
22 the Veteran Service Agencies meet, you know, on
23 Zoom, whatever, with the committees on a monthly
24 basis, just to let them know what the problems

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2 are out there. It's just a suggestion.

3 SENATOR RITCHIE: Thank you, that's my
4 only comment.

5 ASSEMBLY MEMBER BARRETT: I, I don't
6 know if co-chair of the hearing, Pam Hunter,
7 Assembly Member Hunter is on. Would you like to
8 ask a question?

9 ASSEMBLY MEMBER HUNTER: Yes, actually,
10 this is to Mr. Griffin. I had mentioned in my
11 opening statement relative to the effects of
12 toxins, Agent Orange specifically, you know,
13 relating to the folks who could be in the nursing
14 home, the veteran homes and I'm concerned about
15 their care. Obviously, they're concerned with
16 the autoimmune disorders that they may have and I
17 just wanted to know has there been any talk
18 especially with your group or since you're,
19 you're, you know, essentially on here
20 representing the veteran home in some capacity,
21 any kind of discussion relative to a huge
22 population of people who have these presumptive
23 conditions based on toxins. We're not even
24 talking about the people who, you know, could

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2 have this concern relative to Afghanistan or
3 other places and how it's going to relate to
4 COVID and, you know, potentially, you know,
5 whether its visiting or the effects because you
6 were saying that people were being turned away
7 for visiting, but people are turned away for
8 medical care as well.

9 I'm just trying to get a feel for, are
10 any conversations and maybe some of the other,
11 you know, folks who are on the panel as well, any
12 conversations specifically about this and what
13 can we do proactively I guess from a State's
14 perspective to address this issue?

15 MR. GRIFFIN: Well, no, there hasn't
16 been any talking about that. The population,
17 well, I'm a Vietnam Vet and there's a lot of
18 Vietnam Veterans in these homes, which when I
19 first learned that it kind of shocked me because
20 I kind of think nursing residents is 80 to 90s
21 not 60's, but the fact is there are a lot of
22 vets, Vietnam vets in these homes and they do
23 have several other illnesses that are caused by
24 Agent Orange. Have they discussed anything about

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2 that, no. I believe that they should have
3 priority to get into the homes if they have these
4 underlying diseases, but they're not, again,
5 they're not treating anybody at these homes,
6 they're just making it for a better place to
7 live, and they are excellent I have to say. The
8 New York State Veteran nursing homes are
9 outstanding, they really are.

10 MR. SKINNER: I would echo what he said,
11 but I'd also add on what we do for a living
12 situation. So when it comes to when somebody
13 passes away with an underlying condition we can
14 dependent indemnity compensation, which helps the
15 widow and the family with other ancillary
16 benefits like education for children and things.
17 A lot of people don't realize that we do
18 represent the families as well as veterans when
19 one passes, and if they are listed as COVID as a
20 manner of death on their death certificate and
21 not one of those underlying issues, they may be
22 denied federal benefit. Now it takes a lot of
23 education and a lot of practice to appeal enough
24 times to get the VA to see that light, you know,

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2 maybe there's an advocacy with coroners, medical
3 examiners throughout the state to ensure that
4 they are putting the secondary's or things that
5 contributed to the death of the veteran in order
6 to assist us in the claims process to ensure
7 that, you know, COPD or any of those other
8 potentially service connected conditions qualify
9 that veteran and family for, for death benefits.

10 MR. RONAYNE: Now if I might just
11 piggyback on what Jason. Jason is making an
12 extremely important point and one of the, one of
13 the points to your, your point to you, co-chair,
14 most of the deaths related to COVID had
15 comorbidity, there were underlying conditions
16 that contributed to the cause of death, yet COVID
17 has been listed as the primary on the death
18 certificates. Now as Jason said without the COD
19 including one of the underlying's the DIC or the
20 Defendant's Indemnification Compensation is
21 likely to be denied. The appeals process in
22 these cases will result in a much more labor
23 intensive, much more time consuming process for
24 us to argue with VA that those denials should be

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2 reversed.

3 Every hour that we spend having to fight
4 for inappropriate or erroneous denials are ours
5 that were not spent serving veterans and we're
6 seeing more veterans coming in to us, to our, to
7 seek services through us; also, seeing a much
8 more complex presentation of cases that are
9 coming to us. Post 911 veterans with multiple
10 appointments are presenting with multiple,
11 multiple layers of disabilities and claims. Our
12 Vietnam veterans are presenting with complex and
13 multi, multi-tiered claims. So with the, with
14 the financial challenges and the staffing
15 difficulties that we all confront the issue of
16 these potentially erroneous denials is a very,
17 very important point and we need to be very, we
18 need to be very clear on that.

19 MR. GRIFFIN: I'd like to piggyback too
20 on that. One thing the state I think can do is
21 the death certificates. They're not uniform in
22 the state. It is very important to get that
23 check coming in for that widow, the veteran had
24 to pass away from a service related condition.

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2 Now some areas on New York State they don't put
3 the cause of death on the death certificate and
4 the VA won't even accept that. So we have to do
5 research to find out what, you know, what that
6 person actually die of, get another addended
7 death certificate. If just somehow you can get
8 it uniform, all death certificates in the State
9 of New York must have the cause of death on it.
10 Thanks.

11 CMDSGT MAJOR FLAHERTY: I would like to
12 go back to something --

13 ASSEMBLY MEMBER HUNTER: One quick --

14 CMDSGT MAJOR FLAHERTY: -- Jason said
15 concerning the video conferencing and its true a
16 lot of veterans don't have the capability of
17 doing that and what I've been doing and
18 particularly more so in the future with the Dwyer
19 Program, the post exchange system has given me
20 two TVs that I have downstairs in the dayroom
21 that we're going to be opening and the veterans
22 are going to be able to come in and use that to
23 be able to video conference in my office. Last
24 week I had a female veteran that was going under

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2 her evaluation by her comp and pen based on
3 sexual trauma in the military and she, even
4 though she had the capability at home, she wanted
5 to come in and have me sit on the psychiatric
6 evaluation and it worked out perfectly. The
7 doctor not only asked her questions, but asked me
8 questions because I've been working with her for
9 over five years.

10 So the video conferencing is really
11 important and that's another example of how we
12 can effectively use the Dwyer Program.

13 ASSEMBLY MEMBER HUNTER: I just have a
14 quick follow up question, Chair Barrett, relative
15 to the housing. I believe someone had talked
16 about evictions relative to, to our veterans and
17 obviously, it's a problem statewide, but wanting
18 to get any clarity. Is there any way that we're
19 actively collecting all of this eviction data so
20 that we know across the state how many veterans
21 at what point are being effected by evictions and
22 the money and the grants that someone mentioned
23 that it's supposedly available that's not coming
24 to the veterans. How we can facilitate getting

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2 that money to the veterans? Thank you.

3 ASSEMBLY MEMBER BARRETT: Thank you,
4 yes, I think that I share your concern at that, I
5 flagged that myself so I think that's something
6 we definitely want to follow up on. Thank you,
7 Pam. We go back to the senate.

8 SENATOR BROOKS: Okay, so Senator Liu I
9 can't see whether you raised a hand requesting if
10 anyone, does anyone else have a question; John,
11 do you have a question?

12 SENATOR JOHN LIU: Mr. Chairman, I don't
13 have a question right now, but I'm very
14 appreciative of this testimony.

15 SENATOR BROOKS: Okay.

16 SENATOR DAPHNE JORDAN: I do have one
17 and my hands been up since the beginning.

18 SENATOR BROOKS: Okay, I can't see you,
19 unfortunately.

20 SENATOR JORDAN: Senator Jordan, I'll
21 put myself on.

22 SENATOR BROOKS: Okay, so go ahead.
23 There you go.

24 SENATOR JORDAN: Okay, good. Thank you,

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2 Chairman Brooks and thank you to the co-chairs
3 for hosting this public hearing today, it is
4 important. I was recently appointed to this
5 committee and I'm looking forward to serving you.
6 Meeting the needs of our veterans is serious and
7 it's a bipartisan responsibility in one that we
8 all take seriously and I'm going to just bring up
9 a very simple issue that I see in this COVID-19
10 problem and that is we talked about the human
11 touch, but I believe in my county veterans
12 service directors, the human touch is also
13 important in our county offices, our veteran
14 services offices. And I know that I've had the
15 pleasure of knowing Commander Sargent Major Gary
16 Flaherty because I do represent all of Columbia
17 County and I know that Gary Flaherty, even before
18 COVID worked 24/7, 365, round the clock every
19 single day to help his veterans and they couldn't
20 have a better advocate than him.

21 I know that you're all working very hard
22 and able to still provide the services that you
23 are supposed to provide to the veterans, but with
24 your offices closed to visitors, I'm sure that

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2 that is a hurdle and again that human touch is
3 lost and when the human touch is lost I know, you
4 know, people that meet Gary they, they take him
5 in, I mean, Gary takes them in and they want to
6 learn from him and they want to know all that he
7 has to offer. They want to join his Dwyer
8 Program and peer to peer events because they've
9 met him, and so I'm wondering do you feel that
10 your offices should be open? Are you ready to be
11 able to take the visitors, which are your
12 veterans in as they always came in?

13 MR. SKINNER: Our office is open in
14 Livingston County and we are taking appointments
15 only and then wiping everything down before and
16 after and wearing PPE for each visit and,
17 unfortunately, it is by appointment only. I do
18 wish and I hope for a time where we are able to
19 engage with just walk-ins, I think it's just a
20 level of customer service our heroes deserve and
21 family members as well to be just able to wander
22 into our office and have somebody available to
23 answer their questions and also answer the
24 phones. I'm really not a big fan of the whole

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2 answering machine situation that a lot of offices
3 have, but that's a matter of funding and staffing
4 as well as, you know, a lot of our service
5 officers are either laid off or furloughed right
6 now across the state because of the financial
7 crisis piece, but I'm extremely excited and I
8 can't wait to get out into the community and do
9 what we do best and why the County Service
10 officer Association prides itself on living in
11 our community and serving in our community
12 because we know where the veterans.

13 We go to them and we do outreach and we,
14 you know, we want to help and reach out, and I
15 think that is one of the major issues that we
16 face and they are facing veterans as it pertains
17 to COVID, is the inability to connect and to
18 reassure that the government is here to assist
19 them when they need us, and that's our role and
20 function, but also because like Mr. Flaherty
21 being one of the greatest I've ever known, you
22 know, we are veterans. We live to do what we do
23 and we do it not because we get paid, but because
24 we love our veterans and we don't want to see

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2 anymore take their own lives.

3 MR. RONAYNE: If I could just add one
4 small point to the nursing home piece. You know,
5 we talk about the human touch and we talk about
6 the importance of the, the value of the residents
7 being able to be in contact with other residents
8 and their loved ones. Perhaps a small step that
9 we could take would be to invite the nursing
10 homes to be allowed to reopen their barber shops
11 and their beautician stations. These are people
12 who are already in the offices, they're already
13 in the buildings, they don't pose a threat
14 because they're already present on site, and the
15 level of dignity that would be restored by
16 allowing the veterans to return and have a, have
17 a haircut, have a shave would be a tremendously
18 valuable mental health boost to these folks, and
19 a, I don't think it would cost anything. These
20 are people who are already staffed and it would
21 provide a significant boost to their mental
22 wellbeing and provide some dignity to them in an
23 environment where right now, those things are
24 lacking, their challenged.

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2 ASSEMBLY MEMBER BARRETT: That actually
3 has come up before and I'm glad you raised it
4 because it does seem like a small gesture that
5 would go a long way to restoring dignity and
6 making people feel. I mean, we heard stories
7 even about, about veterans who didn't want to
8 Facetime their family members because they didn't
9 want to be seen with shaggy hair or, you know,
10 not looking the way they like to view themselves.
11 So, so thank you for those comments and thank
12 you, senator. I think now we will go to our
13 ranker, Assembly Member Jake Ashby for a
14 question.

15 ASSEMBLY MEMBER JAKE ASHBY: Thank you,
16 Madam Chair. I've got a few questions here,
17 Gary, or Sgt. Major, earlier you actually
18 answered one of, partially answered one of the
19 questions that I have when you're talking about
20 using technology. Now I understand the local vet
21 center that we have in the capital district isn't
22 seeing people in person yet, and so the option is
23 for veterans who are receiving counseling
24 services at the vet centers to do so at either

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2 online or over the phone, and I'm wondering if
3 that's, if any of you have seen kind of an
4 increase in demand because of that. I know that
5 a lot of veterans choose to go to vet centers and
6 without being able to do that are you seeing them
7 come into your offices now. In particular, to
8 Gary, how has the response been in terms of using
9 technology versus in person counseling?

10 CMDSGT. MAJOR FLAHERTY: I think it's
11 been very positive and not only for our veterans
12 in communications with their doctors at the VA, I
13 had a cardiology appointment two weeks ago when
14 we were standing in the rain at the cemetery for
15 Purple Heart Day and the doctor missed me, but
16 she continued all day to find me and communicate
17 my appointment. I think it's very positive for
18 our veterans and for the VA community in general.

19 ASSEMBLY MEMBER ASHBY: That's good to
20 hear. I look forward to seeing you tomorrow,
21 too.

22 CMDSGT. MAJOR FLAHERTY: Oh, thank you.

23 MR. SKINNER: And I would like to add
24 that I do know the people at our vet center and

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2 they have said that mental health need and their
3 visits via telehealth, via telephone or online
4 have increased exponentially and they do an
5 amazing job.

6 MR. TOCCI: As have the calls to suicide
7 crisis lines and mental health crisis lines, 20
8 to 25 percent increases.

9 ASSEMBLY MEMBER ASHBY: Wow.

10 MR. TOCCI: That type of access is
11 absolutely essential. That's not even
12 negotiable, we have to have that access points
13 available to our veterans.

14 ASSEMBLY MEMBER ASHBY: Yeah, I mean, I
15 wonder about that, you know, the increase in
16 suicidal ideations and the access, I know it was
17 mentioned earlier to family services as well and
18 can be difficult sometimes to connect, you know,
19 with, with families, you know, just via, via
20 telehealth versus in person. Mr. Tocci, to your
21 testimony earlier, the admissions policy that you
22 spoke of was that a facility policy or was that a
23 state directive that came down? You're muted,
24 sir.

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2 MR. TOCCI: Can you hear me now, I'm
3 sorry?

4 ASSEMBLY MEMBER ASHBY: Yes.

5 MR. TOCCI: I think that was a state
6 policy that after they admitted people with a
7 COVID and had the problem and, unfortunately, we
8 lost in excess of 70 people right here in the
9 Montrose State Nursing Home, I heard Tom talk
10 about what happened out in Stony Brook also. I
11 think they changed the policy, they didn't allow
12 anybody in, and that created a real problem for
13 us, but we did have in Westchester County, which
14 was the Epic Center if you recall going back
15 early on when this started. The federal
16 government came in and set up an auxiliary
17 hospital there at County Center. They put up
18 tents and they did all kinds of things and that
19 could have been accommodated, you know, at one of
20 our facilities that needed to. So that really
21 created a problem.

22 ASSEMBLY MEMBER ASHBY: That's alarming
23 to hear that. Excuse me, Mr. Ronayne, the
24 diverting of patients at the ER, unless they have

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2 an appointment, do you know if that's occurring
3 at other VA's or is that just exclusive to yours?

4 MR. RONAYNE: I would only, I wouldn't
5 risk speaking to what's taking place in areas
6 outside of our particular medical center's
7 [unintelligible] [01:26:19] area, but I do
8 understand that that was the practice at some. I
9 believe that has been relaxed at some facilities,
10 but it continues to be the case here.

11 ASSEMBLY MEMBER ASHBY: Okay, well, I
12 appreciate the testimony that everybody's given
13 on this panel and I know that the resources that
14 we have are limited. I would invite you to take
15 a look at a piece of legislation that I sponsor
16 along with Senator Brooks and the senate that
17 would elevate the Division of Veteran Services to
18 a fully-fledged state agency. It would make, it
19 would give the department the ability to allocate
20 federal funding that I think everybody in here is
21 talking about. It would make that, increase the
22 accessibility for federal funding so that we
23 could better prepared for instances like this and
24 in terms of increasing the Dwyer, the Dwyer

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2 Program across the state. I really hope that the
3 legislation gains traction and my conversation
4 with other states in the northeast including
5 Connecticut, that when they transition to a
6 fully-fledged state agency that their funding
7 went up tremendously and that the services that
8 they were able to provide were greatly augmented.
9 So thank you all for being here today and I
10 appreciate your testimony, and I think I'll be
11 following up with a few of you afterwards.

12 CMDSGT. MAJOR FLAHERTY: One of the
13 things I would add that that state can do is when
14 we first started going into this the veterans
15 were considered non-essential and that's a stigma
16 that has really effected the attitude of some of
17 our veterans. Taking care of veterans is more
18 than just essential it's absolutely critical and
19 I don't think we need the stigma of being non-
20 essential. Thank you.

21 ASSEMBLY MEMBER ASHBY: Thank you, Sgt.
22 Major.

23 ASSEMBLY MEMBER BARRETT: Senator.

24 SENATOR BROOKS: Okay, thank you. Sgt.

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2 Major, I think all of us share your comment and
3 your belief. We think veterans are one of the
4 greatest assets that we have and our veterans
5 gave us most of the benefits that we enjoy today,
6 and we owe all of them more than just a debt of
7 gratitude. We owe them the respect that they
8 should have and the financial support they need
9 and these programs needs to be funded more
10 greatly. Pete, I'm assuming you're on because
11 you have a question.

12 SENATOR PETER B. HARCKHAM: Thank you,
13 Mr. Chair. Good afternoon everybody. Thank you
14 all for your testimony and for your service,
15 especially during this difficult time. Personal
16 shout out to Dan and Ron who I know from
17 Westchester, thanks for your terrific work. Some
18 of this has been touched on already, I'd like to
19 take a slightly deeper dive. I'm the chair of
20 the Committee on Alcoholism and Substance Abuse,
21 co-chair of the Senate Task Force on Opioids.
22 Statewide we are seeing a marked increase in
23 overdose death and in suicide, often they go
24 together, co-occurring disorders and,

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2 unfortunately, we know the veteran population is
3 disproportionately impacted by both of these
4 public health challenges. What are you seeing
5 especially in terms of the delivery of substance
6 use disorder treatment, impacts by Coronavirus.
7 How is this exacerbated and identified weaknesses
8 in the current system and what have you learned
9 from this moving forward that we can change and
10 strengthen the system?

11 MR. SKINNER: Can I, can I answer just a
12 portion of that because I can't speak to all of
13 it. I will say that the Bath VA is a substance
14 abuse recovery center that has 165 beds and what
15 has happened because the VA in Canandaigua is
16 undergoing its inpatient population has actually
17 been removed so that they can do construction of
18 new buildings and it may take about three years.
19 They've put those people that are not there for
20 substance abuse, but for mental health and put
21 them at the Bath VA. So it's limited the access
22 in our region for veterans to have inpatient drug
23 rehab. I can tell you in our area we are seeing
24 a spike in overdose deaths. I don't think you're

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2 a stranger to this statement, but when a death
3 certificate says on there overdose, we don't know
4 if it's a suicide. An unattended death is not
5 typically without a note or obvious modality, you
6 know, called a suicide.

7 So we kind of lump both of those in, in
8 some of our data to say these are co-occurring
9 issues with mental health. One is either, you
10 know, self-medicating for the PTSD or whatever
11 mental health situation we have. So yes, we have
12 seen an uptake in deaths related to it and I know
13 the VA is struggling to meet the need because
14 they've had to take their one inpatient
15 population into the other VA facility at Bath.

16 SENATOR HARCKHAM: Thank you.

17 SENATOR BROOKS: Okay.

18 ASSEMBLY MEMBER BARRETT: I have three
19 more assembly members, I don't see any more
20 senators. So should I just take it from here?

21 SENATOR BROOKS: Yeah, sure

22 [unintelligible] [01:32:04]

23 ASSEMBLY MEMBER BARRETT: Okay, thank
24 you. The next question or assembly member, Billy

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2 Jones.

3 ASSEMBLY MEMBER BILLY JONES: Hello, hi,
4 sorry, my picture is horrible here, but first of
5 all, I want to thank each and every one of you to
6 your service or for your service to our country
7 and thank you to your service to our veterans. A
8 lot of times it's veterans helping veterans and
9 thank you so much for that. I just want to touch
10 on the nursing home and the veterans home visits.
11 I know it's been, it's been said, but many of us
12 were on a, in a meeting, hearing the other day
13 questioning the Department of Health, Doctor
14 Zucker on this. I just think it is appalling
15 that we can't figure out a policy so that our
16 veterans can see their loved ones in these homes,
17 it truly is. We need to do something about this.
18 We have visits going on in other densely
19 populated facilities, why can't we figure this
20 out for our loved ones in these nursing homes and
21 to see the veterans. I get calls in my office
22 and letters, like many of my colleagues here
23 expressing their, their disappointment, they're
24 just upset over this. How their loved ones are

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2 deteriorating in these homes and I just wanted to
3 make that a point.

4 We need to figure this out, we need to
5 hold DOH accountable to figure something out
6 here. We're doing it on other facilities, we can
7 do it here for loved ones to see their loved ones
8 in these facilities or in these homes I should
9 say. I do have a question and it's kind of
10 piggybacking on Senator Harckham's comments about
11 we see the uptick of mental health issues in our
12 veterans during this time of COVID. Obviously,
13 substance use has gone up. Can you tell us what
14 obstacles are out there that we can eliminate,
15 bureaucratic, I know money is always, always
16 needed for these issues, but what obstacles can
17 we cut back or get rid of bureaucratically to
18 help get these services out the door, mental
19 health and substance use services?

20 MR. TOCCI: Frankly, just very, very
21 quickly. Access to the facilities where the
22 services are provided and earlier on you heard
23 Dan Griffin talk about protective gear and so and
24 so forth, I think if they provided the necessary

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2 protection there should not be a cancellation of
3 personal visits especially for those experiencing
4 depression, potentially suicidal and so on.

5 Because they shut down, you know, all personal
6 visits and so on, these people can't get to their
7 providers, and telecommunications doesn't always
8 work. So that would be something that we could
9 focus in on I think it would help.

10 MR. SKINNER: A quick thing, just as far
11 as the, all the different committees I'm on from
12 SAMSHA, Governor's Challenge to a new committee
13 that just stood up with the Center of Excellence
14 that studies suicide nationwide for the VA.
15 We're doing a Finger Lake study of modality and
16 death certificates and accuracy to that for our
17 catch man area of like 11 counties. There is so
18 many disjointed efforts, so many siloed efforts
19 throughout New York State, there's so many
20 experts that want to work together, but are
21 unaware of the other effort. So there is no
22 suicide prevention coordinator at the State
23 Division of Veterans Services, but there needs to
24 be coordinated efforts, shared information,

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2 shared work load because all of these disjointed
3 efforts throughout the entire state is not
4 helping us out, but there are all state funded
5 and state programs and state efforts through
6 Office of Mental Health and many of these other
7 organizations that don't tend to communicate
8 well, but they are state agencies. So there may
9 be an opportunity there to stand in a position to
10 help bring them all together so we're not
11 spinning our wheels.

12 ASSEMBLY MEMBER BARRETT: Thank you,
13 thank you, Jason and thank you Billy. I have to
14 just echo because I always have said that if
15 you're a veteran who's a Vietnam veteran so
16 you're over 65 and you're struggling with
17 substance abuse and mental health issues and
18 other health issues, there are five different
19 state agencies that you have to find your way
20 through and that's a challenge for anybody and if
21 you're struggling with these issues it even more
22 so. So, unfortunately, a lot of that has to do
23 with where the federal funding comes from, but
24 the silos are just an enormous obstacle for

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2 functioning at any level, but certainly agree
3 with you on that. Our next question will come
4 from Marianne Buttenschon.

5 ASSEMBLY MEMBER MARIANNE BUTTENSCHON:

6 Hello, thank you very much to our hosts as well
7 as the panelists. I sincerely appreciate your
8 efforts and to all of our veterans, thank you for
9 your service. I just need clarification and I
10 believe it was Mr. Skinner that was talking about
11 the eviction moratorium in regards to the
12 negative effects that it has on our veterans.
13 Could you just provide a little insight on that?

14 MR. SKINNER: Yes, to elaborate I, you
15 know, time is difficult and I can be very
16 [unintelligible] [01:37:41]. So straight to the
17 point, the SSVF grant or Soldiers and Sailors
18 Veterans Families grant is administered by many
19 different not-for-profit through the state; the
20 largest one I believe is Soldier On. It is
21 federal funds that are there to help make the
22 first payment of someone's rent getting a new
23 place or to pay for someone who is in arrears to
24 keep them from being homeless. And,

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2 unfortunately, the one thing that most of these
3 providers hinge on is you're not homeless or at
4 risk of homeless until you have an actual
5 eviction notice. And so without that they're
6 disqualified from the, from being a grantee, and
7 again, the longer we go the bigger this wave of
8 requests for any SSVF grantor is going to deal
9 with this onslaught and so will we. So we're
10 just waiting for that to come and I know there's
11 several vets that have reached out, but, you
12 know, they're going through the Department of
13 Social Services for SNAP benefits and other
14 financial situations, they're trying to get their
15 unemployment, things of that nature, but again
16 without the eviction notice they're disqualified
17 from being a grantee.

18 MR. RONAYNE: We also find among the
19 SSVF providers that there is disparate
20 application of the rule across different
21 providers of SSVF. We have several here in
22 downstate where if we have a veteran who has been
23 denied supports from one SSVF program they
24 literally go to a different SSVF provider and

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2 receive a different result, a different outcome.
3 That doesn't make any; it doesn't make any sense
4 at all to me.

5 MR. SKINNER: At Veterans Outreach
6 Center in Monroe County when they had SSVF grant
7 we were extremely successful with them and now
8 that it's changed hands I think five veterans
9 have slipped through the cracks.

10 ASSEMBLY MEMBER BUTTENSCHON: Okay,
11 thank you very much and just one more quick
12 question in regards to the executive order and
13 the nonpayment from your, for vendors. How is
14 that impacting you?

15 MR. SKINNER: I can tell you that I'm
16 receiving calls from extremely anxious veterans
17 that may reach the point of suicidal ideation
18 that may require, you know, public health
19 intervention and police intervention because
20 we're just waiting for that order to lift and all
21 of these landlords saying here you go, you got 30
22 days to pay up or get out. And that's anxious
23 for me knowing that these veterans at some point
24 will be at that point of okay, I cannot pay this

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2 back, and then dealing with the grant process in
3 that 30 day period is not going to be ideal
4 because again, you're going to flood the grantor
5 with applications and so Soldier On specifically,
6 covers several states with very few staff. So I
7 got a feeling there will be more crisis and
8 they'll be because of financial means.

9 ASSEMBLY MEMBER BUTTENSCHON: Thank you,
10 Chairs.

11 ASSEMBLY MEMBER BARRETT: Thank you,
12 thank you and our final questioner will be
13 Michael Cusick.

14 ASSEMBLY MEMBER MICHAEL CUSICK: Hi, hi
15 everyone, good to see, good to see my colleagues.
16 I want to thank my colleagues for taking part in
17 having this important hearing. I want to thank
18 the Chairs both of the assembly and the senate
19 for having this. Also, to the panelists, thank
20 you for your service to our veterans. It is very
21 much appreciated by all of us in the legislature
22 and we know the hard work we do and I just want
23 to say a quick hello to my good friend and former
24 colleague, Ron Tocci; it's good to see you, Toch,

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2 and I hope everybody's doing well. I just have a
3 general question for the panelists. You know,
4 again, thank you for your information and your
5 input on the veteran's nursing homes and the
6 visits. Many of us have been on these Zoom
7 meetings on nursing homes and the visitations and
8 we now can pinpoint areas that we can focus on as
9 legislatures.

10 But a question I have for the panelists
11 is this might be the new normal for us for a
12 while with COVID, with the technology that we now
13 use with Zoom and other ways to get in contact
14 with people, I would believe that you are now,
15 you know, I think Mr. Skinner talked about how
16 one of the biggest requirements of your job is
17 reaching out and getting out there and contacting
18 with the veterans. Do you think any of the
19 things we're doing now, you know, any of this
20 technology, maybe it needs to be streamlined,
21 maybe are these tools that we as a legislature
22 could help you as the advocates in fine tuning
23 and maybe reaching more veterans or is there, can
24 we fine tune to get veterans more help because,

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2 you know, again, this might be our new normal and
3 this might be the opportunity for us to work with
4 the tools we have to make your jobs maybe a
5 little bit easier?

6 MR. SKINNER: I would advocate for rural
7 broadband access as a --

8 ASSEMBLY MEMBER CUSICK: There you go.

9 MR. SKINNER: -- option that if I could
10 get to the point.

11 ASSEMBLY MEMBER CUSICK: There you go,
12 yep.

13 MR. RONAYNE: There is work being done
14 with regard to the legal ability of the New York
15 State Division of Veterans Affairs being
16 permitted to share discharge documents, DD214s
17 with county veteran service agencies. And that
18 in a COVID and going in hopefully to a very soon
19 to a post-COVID world that becomes extremely
20 important for the following reason. VA, while
21 they are an indispensable and irrefutably vital
22 partner in all that we do only serves 32% of
23 America's veterans. The rest of America's
24 veterans have no relationship with VA and in many

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2 instances that is for good reason. Veterans may
3 have no need for those services. Veterans may
4 have private healthcare insurance that doesn't
5 necessitate them using VA services, but whenever
6 we talk to VA about outreach and communications,
7 contacting with veterans generally, when you get
8 the response that we are outreaching, we are
9 making contact with the community, we are out
10 there, the folks that they're communicating with
11 are the veterans who they're already aware of;
12 the veterans who are already in contact with VA
13 and who they have contact information with, e-
14 mail, telephone, etc.

15 Those other two-thirds their contact
16 information resides at the various state veterans
17 services divisions across the nation. When a
18 service member is separated that discharge
19 document, that DD214 is transmitted to that
20 agency, but those agencies, at least in New York,
21 are not permitted to share them at the county
22 level and that outrage really should be occurring
23 at the county level. Were we to have access to
24 that information we could directly, we can

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2 directly outreach to the veterans who have
3 returned to our counties who may or may not have
4 elected to establish a relationship with VA. So
5 the ability for us to access data that provides
6 contact and identifying information for veterans
7 is vitally important for us to be able to
8 complete our mission here.

9 ASSEMBLY MEMBER BARRETT: So let me, let
10 me point that we in the assembly have just passed
11 that bill to do exactly that and I hope that our
12 colleagues in the senate will pass it. It passed
13 through my committee, we passed it a week ago, or
14 so ago on the floor of the assembly. So we heard
15 that at a prior hearing and we're getting it done
16 so.

17 MR. RONAYNE: Thank you, ma'am.

18 MR. SKINNER: Can I, I just want to add
19 even though I'm advocating broadband access for
20 rural communities, I will have to say that as the
21 director of this office I never want to see face
22 to face meetings go away with our veterans.
23 Often times people don't understand how difficult
24 it is to sit down with an 80 plus year old

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2 veteran and their family and discuss what a
3 pension is. Pensions are more difficult than
4 applying for Medicaid. There's a three year look
5 back, there's a lot of asset information,
6 sometimes the application can be a thousand pages
7 or more, and it's laborious, but there's too many
8 nuances that you cannot explain to an elderly
9 individual or someone with, you know, different
10 cognitive abilities and it really does take that
11 personal touch to sit one on one with a veteran
12 to explain a lot that we do.

13 ASSEMBLY MEMBER BARRETT: Right, thank
14 you, I agree. I think we have run out of time
15 here and we now have another, a late entry, Brian
16 Manktelow, who wants to ask a question, thank
17 you.

18 ASSEMBLY MEMBER BRIAN MANKTELOW: Yes,
19 Jason, first of all thank you panelists for being
20 on today and thank you all for your service and
21 your dedication to our veterans. As a veteran
22 and as my son is a veteran as well, its most
23 appreciated. Jason, back to the broadband, I
24 absolutely agree with you that one on one, face

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2 to face, that peer groups together is so vital to
3 our veterans, but at the same time in a situation
4 like this with COVID, and moving forward
5 hopefully, we won't see anything like this again,
6 but we could.

7 Broadband is that, should that be a
8 priority as for [unintelligible] [01:47:43], a
9 problem.

10 ASSEMBLY MEMBER BARRETT: Seems like
11 we're having -- speaking of broadband.

12 MR. SKINNER: I would have to say yes,
13 based on his freezing up, that he needs
14 broadband. So yes, you know, I didn't get the
15 last part of it because you did freeze, but I
16 think it does eliminate the need for it.

17 ASSEMBLY MEMBER MANKTELOW: Can you hear
18 me now, Jason?

19 MR. SKINNER: Yes.

20 ASSEMBLY MEMBER MANKTELOW: No, I know
21 that we need to have the one on one, absolutely.

22 CMDSGT. MAJOR FLAHERTY: And I would to
23 that as an example, is that I have seven, I have
24 seven cases of military sexual trauma. One of

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2 the females that I have she had to come back,
3 this was before the COVID, she came back four
4 times before she'd even tell me what was her
5 problem just to make sure the touchy feeling was
6 there and the honesty of being able to open up
7 and tell her story. So the one on one would, you
8 know, could never be substituted. Thank you.

9 MR. SKINNER: Actually, when it comes to
10 military sexual trauma cases, because, you know,
11 a lot of people don't realize the statistics are
12 51% reported by female, but 50% also reported by
13 males that serve and I myself have done male
14 military sexual trauma cases and for anyone to
15 divulge that it takes a relationship, it takes a
16 bedside manner and for them to open up and
17 actually finally go forward and be recognized and
18 get the benefits they deserve.

19 ASSEMBLY MEMBER MANKTELOW: Absolutely,
20 I totally agree. I just wanted that question out
21 there as we look at broadband for so many
22 different areas, I just want to make sure our
23 veterans will be covered and we keep them on the
24 forefront. So thank you again for your time and

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2 again, thank you for your service.

3 MR. SKINNER: Thank you for all the
4 great questions.

5 ASSEMBLY MEMBER BARRETT: I think that
6 wraps up this panel. Thank you all. This was a
7 great conversation and I thank you all for your
8 service and for the work you're doing and for
9 giving us the time and the benefit of your
10 insights and senator, you want to say anything?

11 SENATOR BROOKS: I just want to echo the
12 Chair's remarks about, you know, the benefits we
13 have here today, but most importantly what each
14 of you are doing day in and day out for that's
15 the absolute dedication you all have and
16 commitment. We have to do a better job for our
17 vets collectively. Certainly, we recognize with
18 the COVID situation there are very unique
19 challenges and I think I share with remarks of
20 many of you that hopefully we don't see an
21 escalation of this in the coming months. We have
22 to find better ways to fund these programs. We
23 have an absolute necessity to recognize the needs
24 of these people who and you who have given so

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2 much to preserve and protect our country. You
3 know, uniquely right now we're seeing some
4 challenges in terms of access to the ballot,
5 perhaps this year. It's you, all of you, all of
6 the veterans that made sure we had the right to
7 exercise that right to vote. We've got to make
8 sure we protect that.

9 To the virus, it's been a real challenge
10 across all planes, but we thank you for the
11 information you've given us today and we'll be
12 reaching out to you further, but God bless each
13 of you for what you give to all of those who
14 serve. Thank you all very much.

15 ASSEMBLY MEMBER BARRETT: Thank you and
16 stay well and stay safe.

17 MR. SKINNER: Thank you very much for
18 this opportunity, it's an honor.

19 ASSEMBLY MEMBER BARRETT: Our honor.

20 SENATOR BROOKS: Everybody have a great
21 day, please.

22 ASSEMBLY MEMBER BARRETT: Thank you.

23 SENATOR BROOKS: Okay, can we, we bring
24 in the next party? Are the individuals for the

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2 Panel 3 in the, they're coming in now.

3 FEMALE STAFF: Panel 3 is in.

4 SENATOR BROOKS: Okay, good, thank you
5 very much and good afternoon everyone. We want
6 to welcome you to what will be our third panel
7 discussion on the impact of the COVID violence,
8 virus, excuse me and our veterans programs. We
9 want to thank you for participating; we've had
10 some good discussions in the first group. We
11 anticipate seeing more from you or hearing more
12 from you. So we appreciate you being here. I
13 want to give my co-Chair, Assemblywoman Barrett,
14 an opportunity to say a few words and then we'll,
15 we'll get into what you all have to say.

16 ASSEMBLY MEMBER BARRETT: I just wanted
17 to echo the senators, welcome and thank you so
18 much for making time to be here and thank you for
19 the work that you do in this field and we look
20 forward to hearing your testimony, thank you.

21 SENATOR BROOKS: Okay, so Coco, if we
22 can start with you and give you an opportunity to
23 address the group. The way you'll do this is you
24 will all give your presentations and then we'll

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2 give it an opportunity for questions to be asked.
3 Remember, you each have five minutes assigned for
4 your presentation. We ask that you try to stay
5 within those time constraints so that we can move
6 the program along and get to hear from everybody.
7 Thank you and Coco if [unintelligible] [01:53:50]

8 MS. COCO CULHANE, EXECUTIVE DIRECTOR,
9 VETERANS ADVOCACY PROJECT: Good afternoon.
10 Thank you Chair Brooks, Chair Barrett and Chair
11 Hunter. My name is Coco Culhane and I'm the
12 executive director of the Veteran Advocacy
13 Project or VAT for short. We provide free legal
14 services to veterans and their families with a
15 focus on those living with posttraumatic stress
16 and other mental health conditions. Our practice
17 ranges from, everything from to food stamps to
18 Department of Defense cases to death row. Thank
19 you so much for the opportunity to speak today.

20 As Assembly Member Barrett said there
21 are so, way too many issues to effectively
22 address in such a short time, you know, crippling
23 budgets and the looming tsunami of evictions so
24 I'm going to focus on what VAT specializes in

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2 working with and that's veterans living with
3 mental health conditions and I really want to
4 focus on how so many veterans are being left
5 behind. I make recommendations regarding the
6 challenges they're facing namely isolation from
7 information, disconnection from treatment and a
8 lack of access to the VA in a number of ways.
9 We've all adapted or are adapting to this virtual
10 world and the vast numbers of individuals who are
11 living in a kind of darkness, no access to the
12 internet. One of our attorneys has been making
13 house calls because e-signature software that we
14 purchased is no use to a veteran without a
15 smartphone or a computer.

16 In April the FCC relaxed the
17 documentation standards in order to access
18 Lifeline, which is the discount program where low
19 income individuals can get phones and internet
20 access, but where that was announced the FCC
21 announced it online and if you go to the website
22 for the entity that administers these plans you
23 click on training and outreach they offer
24 webinars, instructional videos online and

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2 newsletters via e-mail. So, you know, while we
3 know there are some other ways that outreach is
4 being conducted it's a clear glaring gap there.
5 And another way that these veterans are isolated
6 is that as everyone is turning to telehealth, if
7 you don't have, again if you don't have
8 broadband, this was mentioned earlier you don't
9 have a laptop, you know, there's no way to do it
10 and even if you do what we are seeing amongst our
11 client population is frustration in trying to
12 figure out new technology and people giving up
13 and it just dissuades them from continuing their
14 care.

15 You know, these things seem sort of
16 annoying and like small challenges to us, but it
17 really is a very serious jeopardy to the
18 wellbeing of the vulnerable subset of veterans
19 who are taking their lives at twice the rate of
20 the general population. You know, whether or not
21 the number is 17 a day or 22, it just doesn't
22 matter. The reason that they come to suicide
23 does and most susceptible among this group of
24 veterans are those who are involuntarily

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2 discharged based on misconduct, and the
3 statistics show that these men and women die by
4 suicide at nearly three times the rate of other
5 veterans. So just not three times the rate of
6 the civilian population, but other veterans, and
7 a less than honorable discharge has been found to
8 be the second highest predictor of homelessness
9 just behind substance use and now you add a
10 pandemic where I know in New York City there's an
11 estimated one quarter of the population that
12 can't pay rent and you know, the devastating
13 effects are overwhelming, what is looming. And
14 when we look also at the population we serve
15 they've really been hit double hard because the
16 systemic problems that are making certain
17 populations more vulnerable to COVID-19 are the
18 same systemic issues that lead to less than
19 honorable discharges.

20 You know, one study showed that black
21 service members are twice as likely to face
22 disciplinary action and court martial than white
23 service members. You know, mental health
24 conditions cause disproportionately negative

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2 outcomes in service the same as in the civilian
3 world. A government accountability office report
4 showed that from 2011 to 2015 of the veterans who
5 were discharged for misconduct 62% already had a
6 PTSD diagnosis or a related condition. So we
7 already knew they were suffering from a mental
8 health condition and we're punishing that.

9 Survivors of military sexual trauma are 50% more
10 likely to have a misconduct discharge. And what
11 all this amounts to is an injustice compounding
12 another injustice, you know, first during service
13 and then when they get out of service and they're
14 cut off from the VA and they're also saddled with
15 this stigma, this branding when they're trying to
16 get a job, you know, and the struggling every day
17 to get by.

18 And then as a part of low-income
19 communities with higher mortality rates, more
20 criminal justice involvement and just wildly
21 unequal access to healthcare. So the effects of
22 the pandemic hit them again and I want to just
23 give one client story, I know I'm out of town,
24 but just this really I think, puts a face on some

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2 of these issues. We have a Marine who served in
3 Vietnam and I called him two nights ago, he's a
4 client of mine, and I asked how he was doing and
5 he said, there's a lot of pain, and he was
6 referring to the Black Lives Matter
7 demonstrations that he's been a part of. He was
8 referring to his mental health and he was
9 referring to his service and he said to me, you
10 know, as a black man in the south you got to
11 understand back then I couldn't report anything.
12 There are only two secrets I've carried my entire
13 life, my discharge and my rape. And he explained
14 to me how his whole life, his buddies will ask
15 well, why aren't you at the VA, why aren't you
16 getting benefits, and he says, well I don't need
17 that, but he got Coronavirus in May and couldn't
18 say those words any more, and so the weight of
19 all of this really has hit him. He, when I asked
20 him what about the PTSD program we connected you
21 with, he said, you know, figuring out that camera
22 thing was just too much, and so he has stopped
23 going to his therapy and I'm the only person he's
24 talking to and as a lawyer I shouldn't be, right.

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2 So I know out of time, I will just say
3 that that I think that if we invest more in, and
4 I think the previous panel stated this as well,
5 that if you invest more in working on VA claims
6 not only for those who need digital access, who
7 need those benefits, compensation claims with
8 those who need character of discharge where the
9 federal dollars that come in are exponentially
10 worth the investment, is worth the investment in
11 terms of mental health, housing subsidies, all of
12 the things that come with that and also resources
13 for this digital divide as well, and thank you
14 for the opportunity. I'm sorry, I went over
15 time.

16 SENATOR BROOKS: Okay, thank you very
17 much. Solomon, if we could hear from you.

18 MR. SOLOMON CHOUICHA, STAFF ATTORNEY,
19 LEGAL SERVICES OF THE HUDSON VALLEY: I'm Solomon
20 Chouicha, I'm a staff attorney at the Legal
21 Services of the Hudson Valley. We provide free
22 civil legal assistance to moderate and low income
23 individuals including veterans throughout the
24 [unintelligible] [02:01:26] to lower Hudson

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2 Valley region. I would like to thank Karen
3 Brooke, Chairwoman Barrett, Chairwoman Hunter as
4 well as ranking members Ritchie and Ashby for
5 allowing me to speak this morning. I would like
6 to highlight a few areas of concern with the
7 secular veteran populations that we assist
8 veterans with. One is income maintenance, the
9 other is housing.

10 Among the work that we do at Legal
11 Services of Hudson Valley is assist veterans with
12 VA disability, appeals, including
13 [unintelligible] [02:02:06] to that work is
14 assisting veterans with discharge upgrade like
15 Ms. Culhane had stated, helping veterans who have
16 other than honorable discharges or was known as
17 bad paper, [unintelligible] [02:02:17] serves a
18 barrier to getting VA benefits or VA healthcare.
19 And housing especially in the Hudson Valley
20 region has become more critical as rents are
21 rising. As, you know, the individuals have been
22 moving north from New York City area, landlords
23 have been increasing rents as often, putting
24 significant pressure on our veterans to our off

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2 and on [unintelligible] [02:02:47] income often,
3 disabled veterans all their benefits, all their
4 income is solely sometimes only from VA, from VA
5 disability benefits, disability benefits or
6 sometimes a combination Social Security as well
7 as VA disability benefits.

8 This, you know, recently I had a veteran
9 contact me who lived in the Fishtail, Lofenger
10 [phonetic] in [unintelligible] [02:03:13] county.
11 His landlord, he was paying about \$950 in rent,
12 his landlord recently increased his rent to
13 \$1200, which now comprises 50% of his income.
14 Again, all his income is, is veteran's disability
15 benefits. This past week, we had another
16 disabled veteran contact our organization. He
17 lived in a mobile home park. His family had been
18 assisting him with paying the lot rent at the
19 park, unfortunately, due to the pandemic is
20 family is no longer able to provide him that
21 financial assistance. Now currently, he's paying
22 about 67% of his income, which comprises solely
23 of veteran's disability benefits on his housing.

24 I would like, you know, I know in the

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2 prior panel it was talked about the SSVF grant
3 program, which is a federal program that provides
4 assistance to veterans who face imminent risk of
5 homelessness when, you know, which is a great
6 program in the Hudson Valley area administered by
7 a nonprofit organization called [unintelligible]
8 [02:04:25], but the, unfortunately, the
9 [unintelligible] [02:04:29] federal program is
10 needs tested and there are strict income
11 guidelines with, you know, to qualify for that
12 assistance. So often if the veterans, let's say
13 100% service connected disabled that might put
14 him or her over the income when they qualify for
15 SSVF assistance. There are some nonprofits,
16 veterans charities [unintelligible] [02:05:00].
17 One, I would echo [unintelligible] [02:05:04]
18 Dwyer vet program we have back here in Dutchess
19 County where I work, it's a phenomenal program.
20 They receive some funding from the state as well
21 as from the county, but given, you know, the
22 looming eviction crises, unemployment crisis, I'm
23 finally, you know, working with the spouse of a
24 veteran who recently lost her job, that was out

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2 in Ulster County.

3 I think there is [unintelligible]
4 [02:05:34] a significant need for both affordable
5 housing, some [unintelligible] [02:05:39] housing
6 for veterans as well as for providing them with
7 free legal assistance to help them with their
8 eviction [unintelligible] [02:05:46], appeal
9 their disability denials and help protect their
10 rights and help them secure all the benefits that
11 they've earned through their service. Thank you
12 for your time.

13 SENATOR BROOKS: Thank you. Dao, if
14 you'll take an opportunity to make your
15 presentation, please.

16 MR. DAO SUN, SENIOR STAFF ATTORNEY,
17 LEGAL SERVICES NEW YORK CITY: Yes, Chair, thank
18 you. Good afternoon everyone, my name is Dao
19 Sun. I am a senior staff attorney with the
20 Veterans Justice Project at Legal Services New
21 York City. I want to thank the committee for
22 allowing us to testify at this hearing. I also
23 want to thank the committee as a veteran, all you
24 do for veterans across the state. We also wanted

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2 to thank Chair Barrett and the veterans committee
3 for your support with our Veterans Justice
4 Project. Without the funding that we received we
5 would not be able to serve over 3000 veterans and
6 their family members over the past year. This
7 equates to around half a million dollars' worth
8 of benefits to our clients.

9 The Legal Service NYC is the largest
10 free legal services provider in the nation. We
11 serve over 110,000 New Yorkers every year. We
12 have offices across all five boroughs. Legal
13 services, Legal Service NYC created the Veterans
14 Justice Project to serve low income veterans,
15 active duty service members and their family
16 members with any civil legal matters that they
17 may have. One major civil legal issue that we
18 see with veterans during this pandemic has been
19 income security. To address this need we have
20 been helping veterans and their family members
21 with applications for government benefits. This
22 includes Social Security applications as well as
23 public assistance applications and food stamps.

24 Another major need that we see for

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2 veterans during this pandemic is housing.

3 Housing Court in New York has been closed for the
4 past few months, but they are slowly opening back
5 up and as housing court opens back up there will
6 be more nonpayment cases and holdover proceedings
7 filed by landlords against veterans, just due to
8 the backlog. So we anticipate an uptick in the
9 need for housing assistance for veterans in New
10 York City and we're working with our community
11 partners to address that anticipated uptick.

12 During this pandemic LSNY has also seen an
13 increase in cost from veterans that request who
14 are requesting assistance which has support
15 modifications. This could be downward child
16 support modifications or upward child support
17 modifications.

18 As many of you may know child support
19 arrearage [unintelligible] [02:08:49] child
20 support arrearage have adverse effects on
21 veterans, which could mean that their driver's
22 license could be suspended, their passport could
23 be suspended. Without a driver's license a lot
24 of veterans will have a difficult time going to

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2 their daily appointments or even going to their
3 employment, which will even more reduce their
4 income. COVID-19 has had a tremendous adverse
5 impact on the veteran's community and we're doing
6 all we can on the civil legal side to assist
7 veterans with those issues. Of the veterans who
8 contact LSNY for help during this pandemic, 70%
9 have been people of color, 50% of these vets have
10 been disabled vets.

11 Veterans have sacrificed so much for us
12 the very least we can do, the very least we can
13 do as a community to ensure that they free access
14 to justice. This means assistance with housing,
15 with income security, family law matters. A
16 criminal defendant has a right to an attorney, I
17 believe being a veteran myself that veterans who
18 need assistance with any civil legal matter
19 should be able to have the same kind of
20 representation. Thank you again for the
21 opportunity to testify before this committee. We
22 look forward to working with the committee to
23 ensure that the veterans, veterans get the
24 support to meet their civil legal needs. Thank

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2 you.

3 SENATOR BROOKS: Thank you all for your
4 comments and your presentation. Collectively,
5 we'll have a series of questions for you, try to
6 drill down a little bit further on some of the
7 information and concerns that everyone has. You
8 know, while we're centering on COVID related
9 problems, one question that I would have as we
10 look and so many times we have people who have
11 been discharged, separated from service that run
12 into many different types of problems getting
13 back into, if you will, civilian life. One of
14 the questions I have, a little bit away from the
15 COVID aspect, but maybe it should be something
16 we're considering what's going on. Do we do a
17 good job preparing people for separation from
18 service and what they're going to face in the
19 outside world? And in particular now where some
20 folks are being discharged during a time of such
21 significant economic and health challenges should
22 we be doing more as someone is about to separate
23 from service to avoid some of the challenges that
24 they're facing right now?

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2 MR. SUN: Being a veteran myself I can
3 tell you that when I was, when I separated from
4 the Navy I wasn't provided with a lot of
5 information. The only information I was given
6 was the GI bill, to use it, but they didn't
7 provide any guidance they need, Navy didn't
8 provide me guidance on how to use it, other
9 benefits I might have to the VA. So I would say
10 that service members are not well prepared when
11 they leave the military. Also, they're not given
12 training on how to adjust to the civilian world.
13 A lot of service members been in the military for
14 at least four years so that's a very long time in
15 military culture, and civilian culture is
16 different. And the military doesn't provide that
17 kind of training on how to transition from the
18 military to the civilian world, and I think
19 that's something that we can work on to help
20 service members who are coming home.

21 SENATOR BROOKS: Anyone else? Okay, I'd
22 like to give our co-chair Barrett an opportunity
23 to ask some questions.

24 ASSEMBLY MEMBER BARRETT: Thank you,

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2 senator; thank you panelists. I wanted to just
3 sort of address, I want to ask Coco a particular
4 question about the resources for the work that
5 she does, which is just so profound and tense and
6 whether at, you know, New York State is doing an
7 adequate job of, and, you know, the other
8 resources to allow you to do that and then I want
9 to shift over to Dao and Solomon and ask you if
10 you could talk to us a little bit about the
11 differences in upstate and downstate as both
12 legal services providers, if you, you know, have
13 a sense of are the needs different or, you know,
14 are we looking at, you know, different ways to
15 address things in these different parts of the
16 state. So let's start with Coco.

17 MS. CULHANE: Hi, yeah thank you. So as
18 far as I'm aware there are no state services. I
19 mean, I think, you know, New York State Division
20 of Veterans Services has started doing some
21 discharge work. You know, I did a training
22 yesterday for their annual training session with
23 both, I think DVS and some county service
24 officers on character of discharge work, but we

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2 have a wait list that we've now paired down to
3 330 names because we are screening and we only
4 take cases connected to a traumatic experience.
5 But, you know, if we took every case I think
6 we've had 1300 people call us because there's
7 really nowhere else to go. You know, there are
8 law school clinics throughout the state but they
9 can take one or two cases a year, including mine.
10 It's just not an effective means.

11 New York City did announce a discharge
12 upgrade grant, a contract last year on Veterans
13 Day and we're waiting to hear what's going on
14 with that, where the funding is at. So I just, I
15 think the return on investment if we can train
16 more advocates, if we can get more people doing
17 this, you know, it's well over \$3 million over a
18 lifetime of benefits, housing and, you know,
19 education benefits can change a life psychology,
20 right, you're making a profound impact. So I
21 think it's something that is worth the state
22 investing in and in just in terms of statewide,
23 you know, I get calls from every county. I was
24 e-mailing this morning someone from Yates County,

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2 you know, it's a problem that is not about
3 geographic location at all and there, you know,
4 New York City is obviously very lucky in terms of
5 the resources we have, so many programs that we
6 connect our veterans to. And something that
7 we're actually launching soon is actually just
8 going around to community health clinics around
9 the state and talking to them about serving
10 veterans and about working, you know, creating
11 more medical legal partnerships and addressing
12 these issues so that more veterans can get access
13 to care. So it's something that we're hoping we
14 can have a small impact on in the coming year.

15 ASSEMBLY MEMBER BARRETT: Thank you,
16 thank you. Now Solomon, you want to talk about
17 upstate and compared to what Dao says about
18 downstate.

19 MR. CHOUICHA: Sure, I think one of the
20 big differences between perhaps individual living
21 in the New York City area versus living in the
22 mid-Hudson area, is there's a probably a lot,
23 there is probably a lot more resources
24 organizations, charitable organizations, you

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2 know, legal service organizations in the New York
3 City area whereas opposed to up in the mid-Hudson
4 regions in terms, there's a lot fewer charitable
5 organizations that can help with rent arrears.

6 Legal Services of the Hudson Valley is the only
7 provider of free civil legal assistance in the
8 mid-Hudson region. I would say also a big

9 difference between the New York City area and
10 mid-Hudson is dealing with transportation issues.

11 I was just in Brooklyn and did I know there were
12 issues, you know, with the MTA, but it's, you
13 know, for a system that runs 24/7 it covers, you
14 know, five boroughs, you know, you can get around
15 pretty easily whereas opposed to in Dutchess
16 County you have some urban areas like the City of
17 Poughkeepsie [unintelligible] [02:18:13] you go
18 to northern or eastern Dutchess it's sometimes
19 rural, the buses that don't work that well and
20 trying to navigate sort of bus system, we're
21 relying on friends or neighbors to give you a
22 lift if you have to go meet with a legal aid
23 attorney or meet with a veterans counselor, it's
24 a lot more challenging.

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2 Where even, even if you just have a
3 court appearance in town village or I've had some
4 clients sometimes tell me that they, you know,
5 they didn't have [unintelligible] [02:18:46] they
6 couldn't, both veterans and our veterans they
7 just, you know, have to walk a mile or two just
8 to get to the county village courthouse if they,
9 for whatever appearance they had.

10 ASSEMBLY MEMBER BARRETT: I'm afraid
11 we're out of time, but thank you all for those
12 answers and I think Dao you talked a lot about
13 the challenges just in New York City so I think
14 we have a point of comparison there. Senator?

15 SENATOR BROOKS: If given an
16 opportunity, co-chair Hunter, if she has any
17 questions?

18 ASSEMBLY MEMBER HUNTER: Thank you,
19 senator. I just wanted Coco, I guess, and the
20 rest of you as we're talking about the legal
21 services, but other than honorable discharge
22 veterans are they included in all of the veterans
23 statistic information that we receive? So if
24 you're talking about 20 veterans who commit

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2 suicide per day does that include those veterans
3 as well?

4 MS. CULHANE: Yes, it does. I think
5 some its, it depends on the source, right? And
6 they change the way they measure these things,
7 which is why the VA has changed it now to 17 per
8 day, and the other problem is, you know, the VA
9 has their data and then states have entirely
10 different ways of collecting data and so it's
11 difficult to get a reliable number.

12 ASSEMBLY MEMBER HUNTER: Does New York
13 State include other than in their numbers, other
14 than honorable in their numbers?

15 MS. CULHANE: I don't actually know, I
16 would assume so, but I don't actually know who is
17 responsible for collecting that data in New York
18 State.

19 ASSEMBLY MEMBER HUNTER: And you all
20 were talking about there's obviously a
21 significant housing rental crisis and I know just
22 from where I live many of the people when you see
23 them panhandling are, many of the people are
24 veterans and when you have conversations with

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2 them, many of them are other than honorable
3 discharge veterans and they are locked out of
4 many veteran's services, housing, you know,
5 obviously some of the hospital, you know, VA
6 services and so their need is actually more than
7 just a regular indigent person because they're
8 locked out of many of the services. So I know we
9 always talk about what piece of legislation can
10 help and, you know, what are some of the
11 challenges, but we're talking about crisis now
12 that impact veterans relative, whether they're
13 honorable discharged or not, what specifically
14 can we do today to help the folks, you know, that
15 are on the edge? You're talking about, you know,
16 the folks who are on the edge with suicide,
17 they're on the edge of eviction and I know maybe
18 you're going to say money, which is very sparse,
19 you know, but really at this point what is it
20 that we can specifically do to help someone not
21 be evicted, not, you know, be on the verge of
22 suicide because I'm very, very concerned that
23 there's this lost maybe invisible population that
24 we're not even having conversations about. Thank

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2 you.

3 MS. CULHANE: Yeah, I mean, I will say
4 one good thing and this is a good news about
5 money. So we subcontract with a couple of the
6 SSVF providers in New York City and so I know
7 that OTH is eligible for these arrears and these
8 different funds. So they've really over the
9 years with some advocacy, they've really opened
10 up those definitions and that allows a lot of
11 veterans. The other thing is the VA has come in
12 with emergency funds during COVID and has done
13 really a phenomenal job of helping to relocate
14 veterans out of shelters because, you know, the
15 first veteran died in the veterans program
16 [unintelligible] [02:22:46] shelter in the last
17 week of March and then our clients fled. So in
18 my mind and this, you know, everything takes
19 money, but communication to go back to like there
20 are resources out there and it's true that
21 veterans with less than honorable discharges are
22 much more limited. They face so much stigma, so
23 much, they carry a lot of shame, many of them,
24 but I think that if we do a better job talking

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2 about the resources that already exist that we
3 can, we can have an impact on those suicide
4 numbers and we can change lives.

5 MR. SUN: I agree with everything Coco
6 said and I would just add that, you know, having
7 representation matters whether its housing court
8 or whether it's before the VA or Social Security
9 or any federal or state agency when you're
10 fighting for your benefits. So that's why I
11 believe, you know, every veteran who needs
12 representation in a civil legal matter should be
13 able to get it regardless of their discharge
14 character, honorable or non-honorable, it
15 shouldn't matter, and it shouldn't matter where
16 they live or what their income is. If they need
17 assistance and representation with these civil
18 legal matters they should get it just like they
19 would receive representation in a criminal
20 matter.

21 MR. CHOUICHA: I would echo what my
22 fellow panelist said as well. The efficacy
23 program that the, that is administered in the
24 Hudson Valley region they'll provide assistance

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2 to veterans so long as their character of
3 discharge is not dishonorable, if they have some
4 other discharge that could be general or other
5 than honorable, we would provide assistance with
6 that on administering the program. So I would
7 echo what Mr. Sun said about [unintelligible]
8 [02:24:47] I think it's also critical especially
9 more in the upstate regions where you have town
10 and village courts where sometimes the judges
11 presiding over an eviction proceeding is not an
12 attorney at all and is not really versed in the
13 law or versed in the procedures. You know,
14 housing law can be very complex, there's
15 different rules and regulations applying to
16 mobile home parks, applying to federally subsidized
17 housing, applying to private rentals. Often
18 times, you know, because we'll defer to the
19 landlord's attorney and you know, 90% of the time
20 or 99% of the time the landlord [unintelligible]
21 [02:25:35] an attorney while the tenants are not.
22 So I definitely echo what, about providing
23 representation for tenants in housing court and
24 I've actually been doing more training for the

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2 non-attorney judges that are presiding over those
3 proceedings in the town and village court.

4 ASSEMBLY MEMBER HUNTER: Thank you.

5 SENATOR BROOKS: Okay, now we'll hear
6 from ranker in the senate, Senator Ritchie, any
7 questions?

8 SENATOR RITCHIE: Just one question,
9 quick question on broadband. Can you just
10 explain, you probably don't have the numbers,
11 especially statewide, but it's, I represent a
12 pretty rural area and on a daily basis I hear
13 about broadband questions and really the veteran
14 part of that issue has not come up. So if you
15 could just address how far and wide that is, that
16 would be helpful for me.

17 MS. CULHANE: Sure, I would not claim to
18 be an expert on this, if you go to the, the
19 program is called Lifeline and it's administered
20 by I think its Universal Administration
21 something, I can get the information to you.
22 It's oh, Universal Service Administration Company
23 and you can find a lot of data there and they
24 work, you know, a part of their working with the

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2 FCC to provide these and you'll hear sometimes
3 it's also, I think it's also tied to phones that
4 individuals get through Medicaid, people call
5 them Obama phones, you know, in our area. But
6 they also provide internet access and are working
7 on rural issues and working on that. So I
8 apologize, I'm not an expert, but I can send you
9 information.

10 SENATOR RITCHIE: Thank you very much,
11 thank you Chair.

12 SENATOR BROOKS: Okay and giving an
13 opportunity to our ranker in the assembly,
14 Assemblyman Ashby.

15 ASSEMBLY MEMBER ASHBY: No questions at
16 this time, all of them were answered.

17 SENATOR BROOKS: If there are any other
18 members on the committees that are interested in
19 asking a question, if they could turn their video
20 screen on so we could see them that would be
21 great.

22 ASSEMBLY MEMBER ASHBY: None at this
23 time, senator.

24 SENATOR BROOKS: Okay, thank you all

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2 very much. We wish to thank each of you for your
3 presentation. The information you provided I
4 think that this is an ongoing discussion for the
5 needs of funding. I think we all recognize that,
6 that's something we have to look hard at. I give
7 co-chair Barrett an opportunity if she has any
8 closing remarks.

9 ASSEMBLY MEMBER BARRETT: Just no, I
10 want to thank you all for the work that you do
11 and thank you for making the time to be with us
12 and I think we're ready to move onto to the next
13 panel, thank you.

14 SENATOR BROOKS: Okay so --

15 MS. CULHANE: Thank you.

16 SENATOR BROOKS: -- again, we thank you
17 all very much and if the folks associated with
18 panel 4 could be brought into the room that would
19 be great. It looks like we're missing one more
20 individual, not sure if they're available.

21 MALE STAFF: We're waiting for her to
22 turn on her camera. We can start as we wait for
23 that, senator.

24 SENATOR BROOKS: Okay, very good. Good

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2 afternoon, everyone and we want to welcome you to
3 this hearing by the Veterans Committees of both
4 the Senate and the Assembly as well as well as
5 the Women's Veterans Committee. We're exploring
6 issues associated with the COVID virus and how it
7 impacted the various services that you provide to
8 our veterans. We thank you for the work you do
9 and the contribution you make to these
10 outstanding individuals. We'll try to move this
11 along at a good rate. We'll ask each of you to
12 make a five minute presentation and then when
13 everybody is completed we'll open up to questions
14 from the participants in the hearing and if you
15 can keep close to that five minutes it makes
16 things a little bit easier. I'd like to start
17 with Mr. Haynie and begin with his presentation.

18 MR. J. MICHAEL HAYNIE, VICE CHANCELLOR
19 OF STRATEGIC INITIATIVES AND INNOVATION, SYRACUSE
20 UNIVERSITY, INSTITUTE FOR VETERANS AND MILITARY
21 FAMILIES: Thank you so much, Major Brooks, Chair
22 Barrett, Chair Hunter, committee members, thank
23 you for the opportunity to present today and
24 thank you for your efforts on behalf of New York

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2 City's veterans and military families. As often
3 happens in the face of economic and social
4 disruption, the veteran and military connected
5 community has been harder hit than others during
6 the COVID emergency. The, as evidence of that
7 the veteran unemployment rate in New York State
8 in July was nearly 15%, that's twice the national
9 average of veteran unemployment across the United
10 States.

11 Over the course of the summer in
12 partnership with the military times publications
13 the Institute for Veterans and Military Families
14 here at Syracuse University launched a series of
15 national polls among veterans and military
16 connected family members to understand
17 specifically the effects of COVID on the veteran
18 and military connected community. And the trends
19 we are seeing we believe then form our efforts
20 here in [unintelligible] [02:32:15]. I'd like to
21 share a couple of those key findings with you.
22 First, our polling indicates that women veterans
23 are much more likely to indicate pressing needs
24 related to social service and economic supports

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2 in the context of the COVID health emergency.

3 Over half of the women veterans that responded to
4 the series of polls indicate inadequate mental
5 health support at a rate nearly twice that of
6 male veterans as one example. Initially,
7 veterans of color represented or reported higher
8 percentages of social and economic need in every
9 single resource category that we polled on,
10 that's compared to white veterans. Veterans of
11 color were more likely to report needing support
12 in areas of food, nutrition, housing benefits,
13 claims assistance and mental health.

14 You know, so all of this together we
15 were asking what do we do with this information.
16 What we did with it at the [unintelligible]
17 [02:33:14] really transitioned the structure of
18 our efforts in response to COVID in four key
19 areas. That the coordination of services within
20 communities here in New York State and outside of
21 New York State. Careers and skills training
22 preparation programs to support the employment
23 situation of veterans, support for veteran
24 entrepreneurs. Veteran business owners have been

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2 hit hard by the COVID crisis many of them create
3 businesses that are consumer based and that
4 retail and service industry, you know, read of
5 failure of veteran business owners during this
6 crisis has been significant.

7 And then also doing what I'm doing
8 today, engaging with leaders across New York
9 State to advocate on behalf of veterans and
10 [unintelligible] [02:34:01] crisis.

11 Specifically, communities will play a critical
12 role. Our America Serves networks across the
13 country and in New York State are seeing a
14 shifting need from clients, veterans and their
15 families requesting more tangible services, food,
16 clothing, income support as opposed to what we
17 usually see, which is more focused on housing and
18 employment support. Our career skill training
19 program for [unintelligible] [02:34:29] we moved
20 all of those online to meet the ongoing
21 employment needs of transitioning service
22 members, military members who have labor market
23 connected credentials and certifications. We've
24 also worked to create virtual environments to

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2 help veterans find ways to connect with new
3 opportunities.

4 Finally, we've also been heavily engaged
5 with leaders throughout New York State and our
6 participation in the governor's challenged and
7 veteran's suicide. Today with high unemployment
8 and tense social isolation and other stressors
9 this work is as critical as ever. So to wrap
10 this up, all of this is to say the underlying or
11 under [unintelligible] [02:35:07] theme what
12 we've learned about the veterans community from
13 this crisis is the need for tailored and systems
14 level of coordination of services and policies.
15 State government helping human services, labor,
16 veteran's affairs must work together with local
17 governments, nonprofits and [unintelligible]
18 [02:35:26] community across the state around the
19 common agenda.

20 Again, initiatives like the governors
21 challenge to end veteran suicide or a good model
22 for driving this sort of necessary of
23 collaboration, the legislation should help
24 sustain those solutions proposed throughout that,

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2 through that effort and I think in my final point
3 is that I think we all do well to remember that
4 this virus and the collateral damage that it is
5 causing is effecting many veterans in many ways,
6 but not all veterans equally. Our solutions must
7 be coordinated and tailored in response to that
8 fact. Thank you very much and I look forward to
9 the rest of the panel.

10 SENATOR BROOKS: Thank you very much.

11 Staff Sergeant Fitzgerald.

12 STAFF SERGEANT JAMES FITZGERALD,

13 EXECUTIVE DIRECTOR, NYC VETERANS ALLIANCE: I
14 appreciate being able to join you today. Thank
15 you to the Chairs and committees for this
16 opportunity to testify today. My name is James
17 Fitzgerald, I'm a 9 year veteran of the United
18 States Army, achieving the rank of staff
19 sergeant. My military career, my military
20 service career spans combat deployments to Iraq
21 and Afghanistan with various assignments with
22 well-renowned military units such as the 101st
23 Airborne. While deployed to Afghanistan with the
24 101st Airborne, I was seriously injured during

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2 combat operations and after a hard felt recovery,
3 was medically discharged from active duty in
4 2014.

5 Experiencing many of the hardships and
6 obstacles firsthand, I was activated to stay with
7 my fellow veterans as they navigated many of the
8 same circumstances during their transition
9 journey. I live in Brooklyn and I'm proud to
10 call New York my home. I'm the Deputy Director
11 of NYC Veterans Alliance, a member driven,
12 grassroots advocacy and community building
13 organization that connects, advocates for and
14 empowers veterans and their family members to
15 make change as civic leaders. We work with more
16 than 150 different organizations serving
17 veterans, military members and their families in
18 the New York City metro area to consolidate
19 events and resources online at our veterans.nyc.
20 We advocate for veterans and families locally in
21 New York City and our members were instrumental
22 in the creation of the New York City Department
23 of Veteran Services as well as spear heading the
24 addition of protection for veterans and service

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2 members in New York City's Human Rights Law.

3 The COVID-19 pandemic has resulted in
4 extraordinary impacts to the New York veteran
5 community since initial cases were reported in
6 early March 2020. A slowed government response
7 demanded community organizations pick up an
8 increased burden in order to fill essential
9 support gaps and provide the key resources needed
10 by families during the pandemic. On March 19
11 through 21st, NYC Veterans Alliance asked
12 veterans and family members for their feedback in
13 an online survey on how the COVID-19 emergency
14 was affecting them and what type of help they
15 required. The survey results from 208
16 respondents, spoke to wide array of growing
17 concerns with top responses being preventing the
18 spread of the Coronavirus to their loved ones
19 and continuing to maintain food resources in
20 their household after losing their financial
21 security.

22 To manage these overwhelming community
23 needs, NYC Veterans Alliance launched the
24 Veterans Mutual Aid NYC Metro Program; a network

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2 for in taking coordination of incoming request
3 from veterans and families and other members in
4 need. Veterans, military members and their
5 spouses and family members and gold star families
6 were able to receive the help that was notably
7 lacking from city agencies tasked with that
8 responsibility. To date over \$15,000 in direct
9 assistance has been provided to over 140 veteran
10 families throughout the New York City metro area.
11 This aid includes over \$6100 in groceries to
12 veteran families in need and over \$7200 spent on
13 housing assistance for at risk homeless veterans.

14 Social isolation remained at high levels
15 during the pandemic also as a large portion of
16 the veteran community especially older veterans
17 lived alone or did not have immediate family
18 available. Our Veterans Mutual Aid Program
19 activated to perform the vital outreach to
20 distribute key information and provide a lifeline
21 to each veteran in need. With over 1800 recorded
22 veteran interactions, the pandemic has displayed
23 how fundamental social contact is to our lives
24 and how important it is to maintain open

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2 communications channels to stay informed of
3 current community needs. COVID-19 underscores
4 the necessity of strengthening our city and state
5 outreach efforts to rebuild and sustain the
6 social needs of the veteran population, a task
7 that will be critical to our recovery from the
8 pandemic.

9 In order to gain a full understanding of
10 the impacts, I recommend a detailed study be
11 conducted and presented to the public addressing
12 COVID-19 related social isolation and loneliness
13 effects to identify working solutions from long
14 term and short term models. We created NYC
15 Veterans Mutual Aid to serve a community in
16 crisis. We've had more than 18 volunteer
17 veterans who are members of our organization
18 volunteering to make phone calls to coordinate
19 grocery deliveries, to talk to veterans worried
20 and in need and they've spent hours of their time
21 helping others with tasks that otherwise no one
22 would help with. Our program has been a last
23 resort. When we started up this program in March
24 NYC Department of Veterans Services wasn't

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2 communicating directly with veterans about the
3 pandemic and veterans expressed to us that it was
4 difficult to get in touch, in touch with staff.
5 Meanwhile, veterans were telling us they were
6 jobless, hungry, worried about their health and
7 in some cases barely hanging on their housing.

8 We heard from one veteran that was
9 trying to get out of homelessness that NYCHA had
10 effectively stopped appointments for housing,
11 leaving him in limbo with no government agency
12 giving him and answers. He was left with no
13 options or financial means to safely shelter in
14 place until he connected with our volunteers.
15 Our Veteran Mutual Aid Program placements with
16 secure locations so we can safely shelter in
17 place; our support was needed for 25 nights
18 before additional support was available to move
19 him into more permanent housing. The need for
20 our extended support was due to the lack and
21 resources available to quickly and effectively
22 house our at risk homeless veterans. Without our
23 support this veteran would not have received the
24 necessary housing support for them to make it

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2 through the pandemic. We also heard from a
3 disabled veteran who needed to move himself and
4 his children from one NYCHA apartment into
5 another at the height of the horrific death toll
6 in New York City with no resources at all offered
7 from the city. He cannot afford the expenses and
8 he was not physically able to even do the packing
9 he needed to make the move. We raised the funds,
10 coordinated with veteran movers, a local company
11 staffed by veterans and we paid them a very fair
12 price to do the job of helping this veteran get
13 his family and service dog moved into a new
14 place.

15 He said our assistance was invaluable to
16 his family and without our vital support he did
17 not know how he would get his family into their
18 home. This family needed additional resources to
19 ensure all household goods were transported
20 safely, but can find that additional support
21 through government services.

22 SENATOR BROOKS: Okay, we've exceeded
23 the time. I don't mean to interrupt you, but we
24 want to give an opportunity to give a

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2 presentation and the question and answer period
3 we can, we can extend an opportunity for you to
4 address any issues if you want to do that.

5 Ashton?

6 MR. ASHTON STEWART, MANAGER, SAGE
7 VETERANS PROGRAM: Thank you Senator Brooks.
8 Thank you Assembly Member Barrett and also thank
9 you so much Senator Ritchie. I'm so sorry about
10 the loss of your father, my thoughts go out to
11 you for healing and peace for you and your
12 family. And I also wanted to take the
13 opportunity to thank you for your office giving
14 me a wonderful introduction to the 10th Mountain
15 Division this year at Fort Drum and we
16 participated in our very first pride month event
17 with the base and it was wonderful. They were
18 honoring the patriotism of the U.S. military for
19 LGBT members past and present who have fought
20 bravely to protect our nation and ensure equality
21 for all who call America home.

22 My name is Ashton Stewart,
23 [unintelligible] [02:44:16], I'm the SAGE Vets
24 program manager and SAGE Vets is a program that

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2 exists thanks to the support from the legislature
3 and we help elder LGBT veterans get access to
4 programs to improve their lives and we also work
5 with veteran service providers to help them
6 address some of the unique challenges faced by
7 this group. Breaking down discrimination and
8 prejudice has always been a challenge in this
9 role working with SAGE and SAGE Vets, but it
10 seems like it's been kicked up a notch due to the
11 pandemic. I would attribute it to just people's
12 stress, people have been pushed to their limits
13 with this thing and there's just a little bit
14 more desperation out there.

15 So in order to address that, we've been
16 very careful to always let people share their
17 voices and I've always been open to hearing
18 comments about why people feel discriminated
19 against, LGBT veterans is okay or anybody in
20 general, but you know, I feel like it's important
21 to keep that dialogue going because what usually
22 happens is they start to say well I do have a
23 friend that's LGBT or a neighbor or a family
24 member and then suddenly you have that

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2 opportunity to create change. A lot's going on
3 with COVID, a lot of the speakers talking today
4 addressed a lot of these issues and yes,
5 isolation is key to all of this. It's something
6 that's effected elder LGBT adults historically,
7 but we're seeing it permeate into the whole
8 veteran service safety net. It's making
9 everything a little bit more challenging, the
10 whole thing of quarantining, working remotely has
11 really put a lot of agencies and service
12 providers in a whole new spotlight to try to
13 figure out how to deliver these services.

14 And in the meantime, we're seeing an
15 increase in anxiety and depression and certainly
16 suicide ideation. In fact, I was helping
17 somebody this week get enrolled in the VA, a
18 Marine who served in the first gulf war, he tried
19 to take his life last week and fortunately he did
20 not, so I've been working with him, I consider
21 him a friend, and the VA is most equipped at
22 dealing with depression and mental health issues
23 with the veterans and as also addressed today a
24 lot of veterans don't pursue health from the VA

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2 for, for one reason or another. I'll get into
3 that a little bit more, and also they're not as
4 available to check in on veterans. So like the
5 Veterans Alliance we at SAGE have also been
6 reaching out individually to veterans, a Seige
7 Connect is the new SAGE initiative that links
8 volunteers to LGBT elders for phone support.

9 We also have made our veteran support
10 group available via telephone. We've lost
11 several veterans over the last few months, a lot
12 of them COVID related. Housing hasn't been that
13 big of an issue, but like I said mental health is
14 really up there. There are some tele-therapy
15 programs available but it would be nice to see if
16 that could become a little bit more so, a little
17 bit more available. The VA has struggled, the
18 home based primary care system the program there,
19 has been put on hold. They're still doing like
20 intakes and evaluations over the telephone, but
21 that was a big part of our program because a lot
22 of our veterans are elder and frail, in frail
23 health and they can't travel to the VA. And
24 somebody else also mentioned that the USPS is

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2 causing medications to be delayed, yes, we're
3 seeing that as well.

4 Getting things notarized, we had to file
5 a case with the New York State Supreme Court for
6 a guardianship case and trying to get a notary
7 done was challenging, but we did it on line. And
8 the whole delay in the court systems is
9 appalling, this guardianship case is like a
10 priority. This veteran has no money and because
11 his current guardian hasn't been able to figure
12 out how to get him his money, so we're waiting
13 for that. The glory here right now is the
14 restoration of Honor Act, which we cannot thank
15 you enough for your support and hard work getting
16 this passed. It's just so inclusive, it's for
17 veterans with other than honorable discharge for
18 sexual orientation and gender identity, but it's
19 broader than that as you know, it's for people
20 with PTSD, MST or TBI, all who have other than
21 honorable discharge related to any of those
22 issues. This is a huge opportunity for us.

23 We've been hearing from more veterans
24 because of this legislation and we want to

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2 continue that. I think focus first on finding
3 the veterans who have slipped through the cracks,
4 get them started and finding them services and
5 then figure out where we need to provide more
6 funding support to try to like broaden what needs
7 to be broadened at that time. I see I've gone
8 over my time, thank you so much for the
9 opportunity.

10 SENATOR BROOKS: Okay, thank you.

11 Laura?

12 MS. LAURA STRADLEY, EXECUTIVE DIRECTOR,
13 VETERANS OUTREACH CENTER: Well, good afternoon
14 everyone and thank you for inviting me to speak
15 today. As members of the veterans affairs
16 committees I imagine that you're all very
17 familiar with the term presumptive conditions and
18 I know that we discussed it a little bit earlier
19 this morning. This is important to talk about
20 though, because there's a correlation between
21 presumptive conditions and those who are at
22 higher risk for serious complications from COVID-
23 19. Vietnam veterans were exposed to Agent
24 Orange, Desert Storm veterans were required to

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2 take anti-nerve agent bromide pills, which has
3 been linked to a series of conditions called the
4 Gulf War Syndrome. Post 911 vets were exposed to
5 burn pits in Iraq and Afghanistan and Marine Corp
6 veterans who served at Camp Lagune had
7 contaminated drinking water from 1957 to 1987.

8 So all of these exposures have led to
9 cancer, respiratory conditions, heart issues,
10 diabetes and other things that would put somebody
11 who test positive for COVID at very high risk for
12 serious complications. So veterans are
13 collectively in jeopardy of not being able to
14 recover from the physical effects of COVID-19 and
15 with that being said we're all also I think, too
16 keenly aware of the veteran suicide rate in our
17 country. We know that veterans are taking their
18 own life, you know, the figures vary, but between
19 20 to 22 veterans a day, which is nearly double
20 the rate of non-veterans in the United States.
21 And when we look at the risk factors for suicide
22 we can see again that the impacts of COVID-19 can
23 and will have a catastrophic impact on many in
24 our veteran population.

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2 So I'd like to share a little bit about
3 what we've seen at Veterans Outreach Center
4 regarding the mental health impacts of this
5 virus. We've operated a homeless shelter for
6 male veterans since 2001 and we typically have
7 maybe one physical altercation between the
8 residents per year. Since March of 2020, we've
9 had 12 altercations and one of which resulted in
10 a veteran needing to go to the hospital. In
11 addition, our residents have been unable to see
12 family members for many months, of course, we've
13 talked about that as well. In an effort to avoid
14 the spread of the virus throughout our shelter we
15 had to make that decision, too. But the
16 reunification of families and the healing of
17 relationships is a really key element for those
18 in recover and so, therefore, forward progress
19 has been quite slow for many of our homeless
20 veterans.

21 Relapses were kept at bay during the
22 strictly followed initial quarantine period from
23 March through June, but they rose almost
24 immediately when the quarantine began to lift.

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2 Substantial back payments of unemployment and
3 stimulus checks resulted in a handful of our
4 residents going from having no financial
5 resources to having tens of thousands of dollars,
6 which is generally not healthy for people in
7 recovery.

8 Finally, in all of our years in
9 operation we've had only a couple of attempted
10 suicides thankfully, but one of them was this
11 year in April, and thankfully, the veterans
12 attempt was unsuccessful and he continues to
13 recover now with inpatient psychiatric care. But
14 as for our employment and training programs, I
15 can tell you that pre-pandemic we anticipated
16 serving approximately 60 veterans who were in
17 need of work between April and June, instead we
18 only served 33 and that was done virtually. Our
19 numbers are picking up for July and August, but
20 finding both available jobs and permanent housing
21 for many of these vets is even more challenging.
22 Rent prices remain high, many people are not
23 moving and landlords are on hold with evictions.
24 Then, of course, many companies are reluctant or

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2 unable to start hiring again at this point in the
3 pandemic.

4 So I'd like to just add also the
5 additional \$600 per week of unemployment support
6 really seemed to have a discouraging effect on
7 workers from wanting to return to work.
8 Moreover, the lack of childcare remains an issue
9 and again, many veteran job seekers lack
10 computers and internet access, which I know we've
11 also discussed, to complete those online
12 applications and do virtual interviews.

13 Now I wanted to share a little bit about
14 what VOC has done to mitigate some of those
15 issues. We began offering and facilitating
16 virtual networking sessions for employers and
17 veterans. We've assisted clients without the
18 proper technology to complete virtual interviews
19 at VOC now that we're reopened and have
20 implemented a number of safety precautions.
21 We've also purchased cameras to give veterans who
22 have their own computers at home. We've linked
23 directly with the State Division of Veteran
24 Services to help veterans with unemployment

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2 issues. Many vets ended up making dozens if not
3 hundreds of phone calls to the DOL themselves and
4 we're not able to get resolution, but through our
5 partnership with the Division of Veteran Services
6 we were able get those issues resolved
7 immediately.

8 We conducted 3200 buddy checks, which
9 entailed phone calls, texts and e-mails to check
10 on the welfare of our clients from March through
11 August. By way of comparison, all of 2019 we had
12 only a total of 2800 buddy checks. Our staff
13 created over 600 handmade cards and mailed them
14 to clients in March and April. We created
15 virtual peer support groups, some specifically
16 for men, some for women, even a book club.
17 Between March and August of 2019 we served 168
18 veterans with food baskets, hygiene items and
19 other essentials, but in the same time period of
20 2020 we served 317 vets, many of these service
21 episodes involved VOC staff delivering the food
22 directly to veteran's homes. We applied for a
23 grant and received funding to purchase 50 tablets
24 with two years of internet connection to provide

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2 to our most vulnerable clients, this way they'll
3 be able to connect with their VOC case manager,
4 conduct telehealth appointments, attend substance
5 abuse groups online and connect with family and
6 friends.

7 We purchased two sound proof booths
8 under the same grant for our homeless shelters.
9 These booths are outfitted with a tablet for the
10 same functionality that I just described so that
11 vets can do those things with privacy, which
12 would otherwise be impossible in a community
13 living setting. And lastly, we created a number
14 of videos for our website and social media apps
15 that include tips for healthy eating on a budget,
16 fitness routines that can be done at home,
17 meditation ideas and more. So I'd like to share
18 with you if time allows in the question, how we
19 view the way ahead at VOC, but again I thank you
20 for your time and thank you for allowing me to
21 share today.

22 SENATOR BROOKS: Okay, thank you, thank
23 you all. Let me first apologize to my co-chairs
24 and rankers, I neglected to give you an

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2 opportunity to say any opening remarks before we
3 began this panel discussion. So if there's
4 things you want to say additionally to the
5 questions, please free to do that and we'll begin
6 with co-chair, pardon me, Barrett.

7 ASSEMBLY MEMBER BARRETT: Thank you,
8 senator. No, I, I want to thank these panelists.
9 It's an outstanding group, all of whom I have the
10 privilege of working with before this and I'm
11 really am moved and touched by the particularly
12 from Ashton and James and Laura the very hands on
13 grassroots work that you've done and, you know,
14 then listening to Mike in sort of contrast, I
15 found myself thinking do we operate micro or do
16 we operate macro, do we look for, you know,
17 really local hands on solutions and fund at the
18 grassroots level or do we need to do, you know,
19 what sort of Mike suggested and systems
20 addressing things where we break down silos and
21 work across the for profit, not-for-profit and
22 government sectors and I just wondered, you know,
23 if any of you have some thoughts on that
24 listening to each other at this point?

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2 MR. STEWART: Thank you, Assembly Member
3 Barrett. I would like to take a crack at that.
4 I think community is the best place to start,
5 grassroots in a sense. Communities are coming
6 together, we're hearing about parents starting to
7 form pods or bubbles or whatever you want to call
8 it to try to address the shortcomings of safety
9 with the schools reopening, being with people in
10 the streets protesting civil rights. There's a
11 lot of talk on the street about people coming
12 together and I think that that would be a really
13 good place to focus on, but as far as the macro
14 part the WiFi and providing some broadband in
15 some of the smaller communities is a wonderful
16 idea, too and I think that to me is more macro as
17 well, but then again it comes to the communities
18 right, it's still on a smaller scale.

19 ASSEMBLY MEMBER BARRETT: Great, thank
20 you.

21 MS. STRADLEY: I'd also like to add --
22 oh, I'm sorry.

23 MR. FITZGERALD: Like I'd like to
24 continue with that note, but also emphasize that

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2 I feel that both approaches are worthwhile to
3 take on. Community organizations will never not
4 be needed, so it's for us to, you know, continue
5 to have our finger on the pulse of the community
6 so we can better advise some of the government
7 agencies in, you know, forming these larger
8 systems, to approach the issues that are
9 currently facing the veteran community now. So
10 it's a continual partnership and no different
11 than we're having to close the gap between our
12 military and civilian divide.

13 We also need to do that same approach
14 when it comes to closing the divide between our
15 community organizations and our government
16 partners.

17 MS. STRADLEY: And I'd like to add to
18 that actually, that's a perfect lead in for what
19 I was going to say anyway about the divide
20 between the government agencies and the community
21 organizations. One of the things that VOC is
22 doing is we're partnering with our local veteran
23 service agencies and the county surrounding
24 Monroe County, the more rural counties in the

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2 Finger Lakes. And we are going to be delivering
3 some case management services and other
4 programming on site in their agencies on a
5 rotating basis with the staff that we have at VOC
6 because our staff are trained and they understand
7 all the ins and outs of case management and
8 mental health and all those kinds of issues, and
9 I think our veteran service agencies are
10 phenomenal at filing benefits claims and many,
11 many other things, but they're kind of being
12 inundated these days with the challenges of
13 trying to become case managers at the same time.

14 And so we're partnering up with them and
15 we're really excited about the ability to, you
16 know, take all of the work we do virtually into
17 some of those surrounding counties.

18 ASSEMBLY MEMBER BARRETT: Thank you,
19 Mike, oh okay, sorry.

20 MR. FITZGERALD: No, I apologize Chair,
21 I wanted to, you know, I had one small piece,
22 which is emphasizing the partnership that we've
23 currently been having with our government
24 partners. So New York State Division of Veterans

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2 Services has been amazing at, you know,
3 connecting with us so we can provide referrals
4 for veterans to receive consideration for their
5 VA service connected conditions and have a
6 sustained kind of support through those
7 mechanisms. So if we can continue to strengthen
8 those partnerships through not only our state
9 agencies, but our city agencies then I feel that
10 that's the best, the best path moving forward to
11 long term sustainable solutions to connect our
12 veterans with those types of services.

13 ASSEMBLY MEMBER BARRETT: Thank you,
14 James and Mike.

15 MR. HAYNIE: And I agree with all my
16 panelists, co-panelists. I do believe at the
17 community is where we're going to fight the
18 battle and win the war if you will. That said I
19 do want to make a point though, what I was
20 describing that macro sort of systems level
21 change that that I believe after 15 years of
22 doing this work that needs to happen, it isn't
23 just about the veterans serving community and
24 government. It is about engaging broadly, for

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2 example, the state's employer community, it is
3 not engaging broadly the [unintelligible]
4 [03:00:27] using in the state. I would be
5 willing to bet that that all of my community
6 service partners, co-panelist here would
7 highlight that they operate at a resource
8 constraint environment. The extent to which we
9 can create diverse ways to bring resources to
10 community organizations such that it's not just
11 government, but it's all the citizens and
12 institutions that benefit from military service
13 in an era of an all volunteer force. It
14 shouldn't just be about government. It should be
15 about all of us collectively [unintelligible]
16 [03:01:05] the opportunity, the challenges that
17 are representing in this community that we're all
18 committed to serve.

19 ASSEMBLY MEMBER BARRETT: My times up,
20 but thank you all very much for your thoughtful
21 comments and for the work that you're doing. You
22 know, we really, we couldn't be doing this
23 without all of us doing our part, so thank you.
24 Pam, do you want to take over?

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2 ASSEMBLY MEMBER HUNTER: Yes, thank you.

3 I have two questions, I guess, one for Mike and
4 one for Laura and I'm just going to ask the
5 questions and then you guys can answer when I'm
6 done. First Mike, in your statement you had made
7 mention relative to the work that you have
8 partnered with, Military Times, and I was
9 wondering relative to how the information rolls
10 out, it was a survey I guess, that folks had done
11 and I find it interesting because the buddy check
12 program that we instituted at my American Legion
13 was based on something I read on Military Times
14 and kind of sent it forward. And since IVMF does
15 a great job with best practices and gathering
16 information, how can we get a lot of that
17 information that you all are compiling down to
18 the grassroots level, to a lot of the not-for-
19 profit or maybe the state or government agencies
20 that could use that valuable information that you
21 all are gathering to be able to send out?

22 And then, Laura, you had talked about
23 the situation with the unemployment and the folks
24 getting the, I guess the additional \$600 and your

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2 homeless veterans, I was wondering if they had to
3 pay anything for where they live and also it's
4 interesting because you made mention about having
5 all this extra money and that's not necessarily,
6 you know, a good situation especially for people
7 in recovery. And I just wanted to kind of like
8 get a feel for, how does that work? Because if
9 they're not able to now find employment and you
10 have all this money it's like how are you working
11 through that process knowing that that \$600 is no
12 longer there, maybe the money that they're
13 getting from employment is limited, they're not
14 able to find jobs. It seems to me, you know,
15 being able to have some sort of structured
16 financial management, it's concerning to me
17 because then the last panel we had huge, you
18 know, housing/tenant, you know, problems with
19 evictions. So I'm just trying to get a little
20 better feel for how is that working through. So
21 I don't know if Mike, you wanted to go first.

22 MR. HAYNIE: Thank you, Chair Hunter,
23 it's good to see you and I'll answer quickly so I
24 can leave a bit amount of time for Laura. We're

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2 publishing all of the snap shot polls on that
3 data what Military Times. We do the analysis,
4 Military Times publishes some of it, what they
5 don't publish we push out in these snap shot
6 briefings. I will provide all of that data and
7 all of those briefings to your office and you can
8 certainly share with the rest of the committee.

9 ASSEMBLY MEMBER HUNTER: Thank you.

10 MS. STRADLEY: Thanks Mike, I appreciate
11 that, too. So our homeless veterans do not pay
12 for housing. They, we have partnerships with the
13 VA and we receive reimbursement on a nightly
14 basis for veterans who are eligible under a
15 couple of different funding streams through the
16 VA or through our local county DSS. So our vets
17 don't pay for their housing while they're in our
18 homeless shelters. For veterans who are, you
19 know, obviously living in their own permanent
20 housing, of course, they would have to be
21 responsible for their rent payments. But, you
22 know, with regard to the, having that kind of big
23 lump sum of money, I think that what happens, you
24 know, again is if you do have a veteran who's

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2 living in, you know, our shelter for example and
3 really all their needs are being taken care of
4 during that time, but they're trying to get back
5 into employment, they're trying to get their life
6 back on track and then they get this big, you
7 know, back paycheck, it can really be damaging.
8 I mean, you know, somebody who doesn't have good
9 money management skills you can imagine many,
10 many ways that that's going to go, you know,
11 wrong. And so I know one of the things that the
12 VA does when veterans are applying for service
13 connected disability compensation, if it takes
14 the VA, you know, six or eight months to make a
15 decision that veteran is going to get a retro
16 check with all the back pay in there. But if
17 there's a question about the veteran's mental
18 health than typically they will require a
19 fiduciary to help oversee that big lump sum check
20 when it comes in.

21 The veteran won't get held up on getting
22 their monthly check when the VA makes a decision,
23 but they won't get that big retro paycheck until
24 they've got a fiduciary to oversee that. So I

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2 don't know if that's an option, you know, moving
3 forward for folks that, but I don't even know how
4 you would even, you know, really regulate
5 something like that because, just because a
6 person has lost their job and they're collecting
7 unemployment, there's not necessarily any
8 indicator that they also have mental health
9 issues. You know, so I'm not sure how you would
10 legislate something like that if you even could.
11 But it's just, I guess it's just something to
12 consider, maybe there's some thought behind the
13 size of a retro payment that gets, you know, sent
14 to somebody just in general. You know, how
15 that's organized I don't know.

16 ASSEMBLY MEMBER HUNTER: Thank you.

17 MS. STRADLEY: You're welcome.

18 SENATOR BROOKS: Okay, Senator Ritchie.

19 SENATOR RITCHIE: Just a question for
20 Mike and I'm not sure this is exactly what you
21 said. So first for clarification, did you say
22 that for women veterans that there was an
23 increase in the request for help for mental
24 health services?

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2 MR. HAYNIE: I did, at a significantly
3 higher rate than from male veterans during the,
4 this COVID health emergency.

5 SENATOR RITCHIE: So my question would
6 be I've heard from so many women who are just
7 dealing with childcare issues and trying to make
8 their way through online learning with regards to
9 their children's education, is that part of what
10 has driven the increase or, or do you know what
11 the reason is?

12 MR. HAYNIE: Yeah, you're intuition is
13 exactly right, you know, so when we look at other
14 data, complementary data that we collected during
15 this period when, when a very significant
16 difference between men and women with regard to
17 how they prioritize the needs that they're
18 identifying also is at the top of the list and I
19 think we found it and compliment it, if you will,
20 the mental health issue is childcare and
21 generally therapeutic if you will. Because in
22 many of these families that responsibility is
23 falling to women and I think there's a, there is
24 a correlation between the increase expressing for

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2 mental healthcare and increased burden at this
3 time as related to childcare in particular and
4 given that so many childcare supports nationally
5 and around the state have shut down as a
6 consequence of COVID. A lot of this has been has
7 pushed into the huddle, if you will, so I think
8 there is a strong [unintelligible] [03:08:36].

9 SENATOR RITCHIE: Thank you and I just
10 want to say thank you to all the witnesses,
11 appreciate the information. Thank you, Chair.

12 SENATOR BROOKS: Thank you. Assembly
13 Member Ashby. Oh, there we go, okay, good,
14 sorry.

15 ASSEMBLY MEMBER ASHBY: Thank you,
16 senator. Just a couple quick questions, the
17 first for Laura; when you were talking about the
18 job interviews that you've had kind of success
19 with setting up, you know, recently, can you get
20 into a little bit more detail in what that
21 entailed?

22 MS. STRADLEY: Sure, so we have operated
23 a program called Vet Net for years and typically
24 what that is, is we bring in employers once a

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2 week on site to VOC and then job seekers who are,
3 you know, would be a good fit for those employers
4 for any open position those employers would have
5 and that's a requirement of, of what employers we
6 have come in. You know, we would have basically
7 a networking session and then from there, you
8 know, often times a veteran is encouraged to then
9 apply for the job that, you know, they've
10 discussed. We had to obviously put that on hold
11 during the initial shutdown in March and so we
12 tried to get that back up and running as quickly
13 as possible doing a virtual version of that. So,
14 you know, much like we are all here today on
15 Zoom, and that was successful. And then, you
16 know, similar to that we purchased a number of
17 cameras for veterans who had, you know, some type
18 of computer equipment at home, but just didn't
19 have the ability to do a virtual connection with
20 an employer. So that now they can do those job
21 interviews online as needed and then for veterans
22 who didn't have, you know, enough of the
23 equipment at home, but or maybe not internet
24 access either, we have them coming into our

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2 computer lab and they can do those interviews,
3 you know, at VOC on the premises there.

4 And as I mentioned towards the end we
5 did purchase about 50 tablets so that again
6 veterans who didn't have internet access or
7 connectivity now have that and they can use those
8 as well and we've really set those aside for the
9 veterans we feel are most vulnerable in terms of
10 the social isolation and the, you know, mental
11 health issues. I don't know if that answered
12 your question.

13 ASSEMBLY MEMBER ASHBY: Was there, is
14 there a specific industry or trend that you're
15 seeing over the last couple months that veterans
16 have had more success entering?

17 MS. STRADLEY: Boy, that's a tough
18 question, I bet if I asked my employment and
19 training manager, she could probably get you some
20 information so I can follow up with you on that.
21 I think that, you know, we, our largest
22 employment and training grant funded program is
23 for homeless veterans. So we, of course, see a
24 lot of barriers to employment typically with that

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2 population where, you know, they may not have
3 driver's license, transportation. There may be
4 felony convictions on their record and other
5 issues, you know, lack of college degrees and
6 things that would sometimes be a barrier. So I'm
7 not sure how that, you know, has really morphed
8 into which industries are, we're finding better
9 success with at this point than others, but I
10 can, I can certainly get back to you on that.

11 ASSEMBLY MEMBER ASHBY: I'd appreciate
12 that. And then this question for the panel as a
13 whole and I understand that, you know, some, many
14 of the individuals that you're working with, you
15 know, these veterans may not have family
16 connections at this point and, or great social
17 support and maybe a big part of the reason of why
18 they're finding themselves in the position that
19 they're in and why you're working with them. But
20 the ones that do have family and a support
21 system, so a significant other or friends, in
22 your experience have you gotten feedback from
23 them regarding the use of virtual support and its
24 effectiveness?

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2 MR. FITZGERALD: So like we've gotten
3 quite a bit of feedback from our client load
4 about, you know, them being able to successfully
5 access broadband internet and also have the
6 technology tools available to perform telehealth
7 and stay communicated, but the issue that remains
8 kind of prevalent is having to spread that around
9 to, you know, additional family members because
10 those resources are in such short supply. So
11 like being able to identify those minority
12 communities more efficiently so we can give them
13 the support needed. So not only can they connect
14 with our medical professionals and the resources
15 in the city government that are needed, but also
16 so they can stay connected to their families and
17 not be overextended technology wise.

18 ASSEMBLY MEMBER ASHBY: Thank you, Staff
19 Sergeant.

20 SENATOR BROOKS: Okay, thank you. If
21 any of the other members have, would like to ask
22 a question if they could turn their video screen
23 on that would be helpful. Okay, Senator
24 Harckham.

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2 SENATOR HARCKHAM: Thank you, Mr. Chair,
3 Madam Chair. Thank you panelists, this is, this
4 is very informative. A lot of what I was going
5 to ask about has been discussed, but I just want
6 to go into it in a little more depth about
7 telehealth. Earlier, with the first panel we
8 were talking in depth about suicide prevention,
9 overdose, substance use disorder and I know from
10 my work on, on my committee, which oversees OASIS
11 and we work with OMH, the state agencies and
12 their partners have been able to transition
13 somewhat successfully to a telehealth model
14 depending on how we can get technology as you've
15 been saying into the hands of the people who need
16 it. Can any of you speak to whether the VA has
17 been able to make the same kinds of adjustments
18 that you've been making and state agencies have
19 been making? Has the VA changed its provider
20 model to telehealth and has it been successful
21 for your clients?

22 MS. STRADLEY: I'm going to speak to
23 that one if you don't mind, because I can give
24 you some personal experience on that. So the VA

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2 has had telehealth for many years actually and
3 they have had a great deal of success with it,
4 but I will just mention it, you know, on a
5 personal note, I'm a veteran myself and I
6 contacted the VA in April and May regarding what
7 I felt like was possibly either some, you know,
8 asthma or maybe even anxiety stress because my
9 heart was pounding a lot. And so I didn't have
10 an opportunity to see an in person provider and
11 the result was yes, you know, this is probably
12 asthma, we'll send you a nebulizer, and then in
13 July I collapsed on my back deck, actually,
14 because I have a heart condition I wasn't aware
15 that I had, the result is I broke three bones in
16 my face, you can still them healing a little bit,
17 they're on my cheek bone. And when I contacted
18 the VA after I got out of the hospital I was told
19 that, you know, my provider wasn't seeing people
20 in person until the middle of August. And I said
21 well that's not acceptable, I need somebody to
22 listen to my heart and somebody to listen to my
23 vitals because I have a more serious condition
24 and I ended up having to, unfortunately, go, you

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2 know, up the chain of command and ultimately the
3 medical center director and I spoke directly and
4 he was incredibly supportive and they got me in.

5 But the unfortunate thing I think is and
6 I've heard this from many of my clients as well
7 and our veterans they have shifted so fully to
8 the telehealth model as much as they possibly can
9 in an effort to protect veterans who maybe at
10 high risk for COVID, that they're I think,
11 starting to kind of miss the boat on some things
12 that they really can't do by telehealth very
13 successfully. And so, you know, I am concerned
14 about that and we are having some conversations
15 with the VA about that, and I know they're
16 starting to bring some of their providers back a
17 little more frequently but it's still very hard
18 to get one of those in person appointments and I
19 think that the front line staff at the VA are
20 really putting up a stop sign on those, on those
21 in person appointments whenever possible. So
22 that's my view on that situation.

23 SENATOR HARCKMAN: Wow, well best, best
24 luck in your, your recovery and thank you for

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2 that.

3 MS. STRADLEY: Oh, thank you, appreciate
4 it.

5 MR. FITZGERALD: Senator, just very
6 quickly I'd like to, you know, add a small piece
7 onto that. The vast majority of veteran
8 population is over the age of 55. So with this
9 humungous transition of the VA to telehealth, I
10 think we did miss the mark in providing adequate
11 training to those older veterans that may not be
12 as familiar with this technology, and has put
13 them in a detrimental position to where they have
14 lost that consistent connection to their medical
15 team and their, you know, care professionals that
16 are invested in their wellbeing, but not having
17 them adequately knowledgeable how to make those
18 connections or how to, you know, follow up and go
19 up that chain of command has been one of the
20 missteps that I feel that the large organization
21 of the VA's missed, but it is for community
22 organizations such as NYC Veterans Alliance who
23 continues to bring up those issues and support
24 our veterans until the larger system can

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2 accommodate them.

3 SENATOR HARCKMAN: Thank you.

4 SENATOR BROOKS: Assembly Member
5 Mantkelow.

6 ASSEMBLY MEMBER MANTKELOW: Thank you,
7 Senator. Laura, good to see you today.

8 MS. STRADLEY: You, too.

9 ASSEMBLY MEMBER MANTKELOW: I pray for
10 your recovery and your healing.

11 MS. STRADLEY: Thank you.

12 ASSEMBLY MEMBER MANTKELOW: I only have
13 three minutes so I'll make this quick and I'll
14 get my questions out to you. You talked about 12
15 altercations when you first came on compared to,
16 I think, one or two previously, that's my first
17 question, you know, what's driving that? Is it
18 because they were locked up, you know, being held
19 inside is that part of the reason why?

20 MS. STRADLEY: I think so, you know, we
21 serve 28 males vets in our shelter at any given
22 time and you know, when you take away the ability
23 for them to get those, those supports that they
24 have outside the shelter because family members

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2 now cannot come in, they're, you know, not able
3 to go see family members. For many of them there
4 was job loss involved as well and for others I
5 think we just, you know, we had to put a lot of
6 new rules in place. You have to wear masks, you
7 know, we can't have everybody eating in the
8 dining room at the same time and all these things
9 together when you've got a challenged population,
10 it's just an awful lot for them to absorb. And,
11 of course, you know, it took a little while I
12 think for a lot of different systems to get
13 everything up and running and so, you know, some
14 of the online substance abuse recovery groups
15 weren't immediate and so you had some other
16 measures of support that, you know, kind of got
17 taken away. So tension was just very high and
18 tough, you know.

19 ASSEMBLY MEMBER MANTKELOW: So my
20 question is, you know, I am absolutely concerned
21 about the mental health of our veterans that we
22 as a state are not doing enough for our veterans
23 and I know going into the winter months here in
24 upstate New York, it can somewhat be depressing

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2 as well, with just the cloudiness and the way the
3 weather is and we're also talking about a
4 possible second wave. What can we do from the
5 stateside at this point to catch you geared up to
6 help you in everything that you do at your
7 center? I mean, your center is remarkable, I've
8 been there on many occasions and the work you do
9 there is just awesome.

10 MS. STRADLEY: Oh, thank you so much, I
11 appreciate that. You know, I know one concern
12 that is always in the back of my mind is hoping
13 that we'll be able to receive that support that
14 was approved in the state's budget this year.
15 You know, at this point we, of course, have not
16 received it and so in order for us to be able to
17 continue doing the work with the staff that we
18 have, you know, we count on that operationally.
19 So obviously, that's one thing and I know
20 everybody is saying, you know, finances are tight
21 and we all need support, but so that would be
22 something and I guess, you know, just as we
23 continue to move forward, I mean, we've
24 identified a number of things that have helped

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2 this situation we have converted some spaces
3 outside of the shelter, but on that same campus
4 into zones where families can come in and we can,
5 you know, have immediate family, you know, only
6 or whatever. They meet with the veteran, they
7 spend maybe an hour and then we have cleaning
8 processes and things like that. So, you know, I
9 think we're identifying some of those ourselves
10 at this point, but, your continued support, yeah,
11 thank you.

12 ASSEMBLY MEMBER MANKTELOW: Alright,
13 thank you, thank you all for your service and
14 dedication to our veterans and may God bless and
15 please stay safe.

16 MS. STRADLEY: Thank you, you too.

17 SENATOR BROOKS: Okay, thank you all for
18 your participation. I know we've all
19 collectively recognize there are many challenges
20 ahead for us in dealing with the veterans. We
21 appreciate your time. To the hearing, to the
22 hearing group we're a little more than half way
23 through. We're going to take a 15 minute break
24 to give you an opportunity to take care of

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2 whatever you need to take care of and we'll,
3 we'll re-adjourn in 15 minutes, thank you. We
4 all good?

5 ASSEMBLY MEMBER BARRETT: Yes and thank
6 you, thank you senator and thank you all.

7 SENATOR BROOKS: Okay, good afternoon
8 everybody. We're going to open with originally
9 first panel discussion. Benjamin, we welcome you
10 here and I want to give each of our members an
11 opportunity say a few words. I'll start with co-
12 Chair from and ranker from the, I'm sorry. Chair
13 from the assembly, co-Chair Barrett, if you want
14 to have some remarks?

15 ASSEMBLY MEMBER BARRETT: I just want to
16 welcome Benjamin and thank you for accommodating
17 us, I know you had a busy day today with training
18 and it's just really important that we have an
19 opportunity to hear from the Division. I hope
20 you had a chance to hear from maybe some staff
21 that on listening some of the issues that were
22 raised, but you know, there, there, we have had
23 some great panelists already and look forward to
24 hearing your testimony.

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2 SENATOR BROOKS: Assemblywoman Hunter.

3 ASSEMBLY MEMBER HUNTER: Yes, thank you,
4 senator. I'd just like to, you know, offer to
5 Benjamin as you're the, I guess, sole
6 representative here today from the Division. The
7 panels that we've had today actually have been
8 very exemplary, you know, not having had some of
9 the other folks that maybe would have been able
10 to answer a little bit more specific questions
11 that we would have related to, you know, health
12 or COVID. And obviously, now the Division is
13 here that really if you have an opportunity to
14 speak with your staff or speak with Division
15 staff who were able to be on the call to listen
16 to the hearing. There's definitely been pleas
17 for assistance and help and hopefully, that
18 translates back to the Division to really hear
19 what's happening to Veterans during COVID and,
20 you know, I feel like sometimes they're a really
21 bit under represented and unheard especially
22 during COVID. And so we have really have had an
23 opportunity to get very specific information
24 relative to how COVID is effecting veterans so I

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2 look forward to hearing your testimony and maybe
3 some of the questions that we were not able to
4 get answered you may have answers to or
5 definitely be able to relay that back up the
6 chain. So thank you.

7 SENATOR BROOKS: Senator Ritchie.

8 SENATOR RITCHIE: Just that I appreciate
9 you being here. There are a number of questions
10 that I had for the Division of Military Naval
11 Affairs and some that you may not be able to
12 answer, but during the portion where we do ask
13 questions I probably will proceed just so you can
14 take them back and pass them on because they are,
15 they are important questions that it would be
16 very helpful to get some response to. Thank you.

17 SENATOR BROOKS: Assembly Member Ashby.

18 ASSEMBLY MEMBER ASHBY: Thank you for
19 being here today. I know that it's been an
20 uphill battle for the division to connect with so
21 many municipalities and counties out there to
22 serve our veterans and I look forward to hearing
23 your testimony.

24 SENATOR BROOKS: Thank you. Ben,

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2 welcome, we appreciate you being here and we'll
3 run the operation, we'll give you five minutes
4 for presentation and then we'll open it to
5 questions from members. You know, we've had a
6 lot of good discussions so far, of course,
7 everybody's looking for money and that's going to
8 be one of the big challenges, but collectively,
9 we all recognize how critical the veteran
10 community is to all of us and the support that we
11 have an obligation to provide it. So we'll let
12 you begin your presentation.

13 MR. BENJAMIN POMERANCE, DEPUTY DIRECTOR
14 FOR PROGRAM DEVELOPMENT & LEARNING, NYS DIVISION
15 OF VETERANS' SERVICES: Thank you and good
16 afternoon. Thank you for having me here today
17 and thank you for accommodating the scheduling so
18 we can finish up this morning's training. To
19 those who spoke before me who have served in our
20 military, thank you for your service to our state
21 and our country and to all of the great advocates
22 from whom you've already heard, thank you for
23 your continued service to veterans and their
24 families. A lot of familiar names on that list

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2 and so I'm sure the panelists have been
3 fantastic. The past 75 years the mission of our
4 State Division of Veterans' Services has been and
5 remains to assist all veterans, members of the
6 military and their families, with access from the
7 local, state and federal benefits that they have
8 earned by virtue of their military service. I'm
9 proud to share with you that in the face of an
10 unprecedented health and economic crisis and the
11 ensuing logistical challenges, our staff still
12 works tirelessly on behalf of New York 680,000
13 veterans and their families.

14 In fact, our division still brings in
15 more than \$63 million per month in recurring
16 federal benefits, which comes to more than three
17 quarters of billion dollars annually towards New
18 York's veterans and their families, and we have
19 ensured that the veterans of our state still get
20 these benefits throughout the COVID-19 crisis.
21 This money is important more so than ever in
22 these current circumstances. It is a lifeline as
23 you've already heard today to veterans and
24 families facing an uncertain economy as well as

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2 their communities, businesses, schools and the
3 state economy as a whole.

4 Since the COVID pandemic began our staff
5 kept on service New York's veterans community
6 through virtual benefits advising sessions and
7 where safe and appropriate in office visits.
8 Even during these times of uncertainty we stay
9 steadfast in our mission to ensure that all New
10 York's veterans, military members and their
11 families are accessing the benefits that they
12 have earned. All division employees have kept on
13 working remotely and performing their normal job
14 duties during the COVID-19 crisis, which means
15 that services have kept on without interruption.
16 For veterans who are not linked with VA
17 healthcare we keep assisting them in accessing
18 healthcare through our digital benefits
19 advisement. We can do this because early in 2020
20 the division established New York State's first
21 ever digital pathway to submit claims and appeals
22 for veterans services to the Federal Department
23 of Veterans Affairs. This permits us to serve
24 clients remotely and to ensure that claims are

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2 submitted in a timely manner despite the VA
3 regional offices is closed to the public, and it
4 allow DVS to complete claim now for benefits
5 without printing a single sheet of paper, which
6 of course, reduces our environmental footprint as
7 well. So we keep on finding creative solutions
8 to meet the needs of veterans and their families
9 during these times.

10 We also keep on investing in our
11 partners abilities and county government and city
12 governments to keep on serving veterans during
13 these difficult times. During the COVID-19
14 pandemic, the division has led trainings not only
15 for our own staff, but also for county and city
16 veteran service officers across New York State.
17 These trainings have increased the knowledge base
18 and the resources and connections of the veteran
19 service officers who assist veterans and their
20 families. In fact, I just finished administering
21 our semi-annual training with 162 attendees right
22 before this testimony. These have included semi-
23 annual trainings with 141 who have taken part in
24 the first, the 162 for this one and then three

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2 weeks ago a week long accreditation training for
3 county partners with 12 counties taking part, all
4 of them receiving accreditation under the state's
5 POA, with more to come.

6 Beyond ensuring that veterans receive
7 the benefits that they are owed in the wake of
8 the pandemic, division helped out veterans and
9 their families who are facing food insecurity
10 during these challenging times. We engaged in a
11 collaboration arrangement with the Hello Fresh
12 Corporation, USDA's Farmers to Families Food Box
13 program, the Campaign Against Hunger in Brooklyn,
14 Black Veterans for Social Justice in New York
15 City and Western New York Heroes near Buffalo to
16 utilize resources from Governor Cuomo's COVID-19
17 philanthropic fund to deliver nourishing food to
18 veterans and their families. This endeavor has
19 delivered more than 50,000 healthy meals to
20 veterans and their families across New York and
21 is designed to continue until at least the end of
22 September.

23 We also see that during these difficult
24 times personal outreach is more necessary than

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2 ever. While we could not meet in person, the
3 division contacted more than 30,000 veterans
4 online since the COVID-19 period began to conduct
5 buddy checks during the pandemic. We used these
6 check-ins to provide needed comfort to those who
7 were socially isolated as well as using it as a
8 chance to assist them in accessing their
9 previously untapped benefits. We also led an
10 online gathering for gold star families on
11 Memorial Day providing these families who have
12 lost ones in military service to this country a
13 much needed gathering place where they could be
14 in community with one another.

15 As a result, some of these gold star
16 families were linked with benefits and services
17 about which they previously were unaware or had
18 applied for before and been denied. In a time
19 that makes it difficult to feel like a community,
20 the division has bridged the gap for those who
21 sacrificed and lost so much on behalf of our
22 state and nation. These are just some of the
23 initiative and corrective steps we have taken to
24 support veterans and their families in these

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2 difficult times. The staff of Division of
3 Veterans Services remains proud of the work that
4 we do each and every day. In support of the
5 governor, the legislature and our many community
6 partners, we will keep on working tirelessly to
7 fulfill the promise we made to those who've
8 served by taking care of them upon their return
9 to New York State. And I'm happy to pause for
10 any questions you might have.

11 SENATOR BROOKS: Thank you very much.

12 I'd like to give co-chair, pardon me, excuse me,
13 Barrett an opportunity to ask the first question.

14 ASSEMBLY MEMBER BARRETT: Thank you,
15 senator and thank you Benjamin for your testimony
16 and for all of the wonderful things that the,
17 that the division has been doing under
18 challenging circumstances. You have this sort of
19 dubious role of being the only person here
20 representing, you know, the state offices and
21 the, you know, the governor's office and so I
22 know, and you also, we heard from, you know, many
23 other people and organizations before. So even
24 though the wonderful numbers that you gave are

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2 impressive, we know that there are huge parts of
3 our veteran communities in the state that were
4 going hungry, that don't have housing, that are
5 struggling with mental health despite all of the
6 efforts of the division.

7 I just want to ask a couple pointed
8 questions because I know that that and I know
9 that you're not the, it's, the division is not
10 responsible for the nursing homes, the veterans
11 nursing homes and I'm sure you'll hear from
12 others about this, but the one takeaway that I,
13 you know, every time I hear this and maybe you
14 can use some influence on this, is why do we not
15 let people in our veterans nursing homes get
16 their hair done and get their hair cut? This,
17 this sense of dignity that comes from that and
18 they've got people right there on their on the
19 staff, if there's any way that you can have that
20 conversation, you know, with the Department of
21 Health or with the, the forces that be I think
22 that that would go a long way to, you know, maybe
23 making people feel good about, about themselves
24 in a very challenging time. So I ask you that

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2 and then the other piece that I would say is we
3 have heard a lot about the need and I know it
4 personally in my district for adequate broadband
5 when so many of the things as you said you're
6 doing, you know, remotely and you know, we have
7 other challenges where, you know, where people
8 are not necessarily tech savvy, but we don't have
9 adequate broadband in our state so I, I ask you
10 to join forces with others. And I said this to
11 the state education department as well, in this
12 state we've got to get this done, this is like
13 electrification arose in New York State, but to
14 make our veterans, you know, depend on inadequate
15 service and, and not be able, you know, to access
16 remote programs or telehealth or things like that
17 is, you know, is really rubbing salt into the
18 wound. So I'll stop there and let you respond.

19 MR. POMERANCE: Sure, I'll take those
20 two questions in the order they presented, if
21 that's okay. With the state's veterans homes
22 exactly as you said the best answers and the
23 referral of that question would go to our partner
24 agencies, would it be the State Department of

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2 Health and then the State University of New York
3 who oversees the state veterans homes. We are,
4 of course, committed to working with our partners
5 at those homes to ensure the veterans within them
6 and the veterans' spouses within them are able to
7 access all of their veteran's benefits, we
8 frequently interact with the residents of the
9 state's veterans home to ensure that the benefit
10 side of the house is being served and with regard
11 to your question, we can absolutely pass it up
12 the ladder to our partners in state governments
13 over at DOH and SUNY for the homes that they
14 oversee.

15 With regard to broadband and really more
16 broadly veterans in highly rural areas of the
17 state, one piece of good news that I can offer
18 with regard to broadband, is the last numbers
19 that we have seen from the FCC, The Federal
20 Communications Commission, you say that in New
21 York State there are 96% of veterans living in
22 the state to have broadband access, which
23 certainly seems to be a good news piece; however,
24 there's still that 4%, right and you want to make

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2 certain that no one is without access to benefits
3 and services. One of the things that our
4 division has done, certainly as long as I've been
5 there, which is since 2013, I think for a long
6 time before that is we have put structures in
7 place to find alternative ways to get to veterans
8 and their families. We have offices in rural
9 areas, when save and when able we can do home
10 visits, there's a process for that, which of
11 course, now there's certain measures due to
12 COVID-19 that might be required, but certainly it
13 could be on the table as an option.

14 We can go through the traditional postal
15 system if need be, you know, we'll take the extra
16 steps and go the extra mile to make certain that
17 veterans are able to get access to the benefits
18 they've earned. Broadband or no broadband, but
19 the numbers from the FCC certainly are
20 encouraging with regard to broadband access
21 specifically for the veterans population of the
22 state.

23 ASSEMBLY MEMBER BARRETT: I hate to sort
24 of pop your bubble there, but unfortunately, that

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2 FCC information is really misrepresentative of
3 the actual coverage because if there's even one
4 home in a census block that is served the FCC has
5 it as fully served. So, unfortunately, and, you
6 know, I've spoken to several congress members
7 offices and they're, you know, they're equally
8 frustrated about this because it doesn't -- I
9 mean, I think we are under the false impression
10 that more people have coverage than actually do
11 because of the way these census blocks work. And
12 obviously, we're also now challenged with a
13 threat to the post office as another way that
14 veterans are receiving information and
15 medications and jobs, with so many, highest, one
16 of the highest employers for veterans and veteran
17 families is the U.S. Post Office. So, I mean, I
18 think we have a number of different areas that we
19 need your advocacy to support our veterans on.
20 So thank you.

21 MR. POMERANCE: Thank you.

22 SENATOR BROOKS: Assemblywoman Hunter.

23 ASSEMBLY MEMBER HUNTER: Thank you so
24 much. I, just looking back through my notes and

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2 just want to make sure that we get this on the
3 record. So one of the first panelist we had an
4 extensive conversation relative to comorbidities
5 and then people who have been effected by Agent
6 Orange and they have service related
7 disabilities, and then we heard high numbers of
8 people who had died in the veterans homes, I
9 guess, 70 in Montrose and over 80 in Suffolk
10 County. And one of the things that they had
11 brought forward was that there's not a universal
12 death certificate across the state and so because
13 of that if, if COVID is, is put on the death
14 certificate as the cause of death that service
15 related benefit, death benefits aren't paid
16 because they didn't die from Agent Orange or the
17 health related issues because of these toxins,
18 the death is related to COVID.

19 And so, you know, that's a lot of
20 appeals process that our service members have to
21 go through, or actually their family members have
22 to go through because there is no universal death
23 certificate. So I wanted to bring that up and
24 for you to be able to maybe comment on that.

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2 Another thing that had been brought forward and I
3 thought this was really good because especially
4 if you are talking about training, one of the
5 people from the VSOs had mentioned that in some
6 of these smaller areas especially in some of the
7 towns and rural areas, many of the judges are not
8 lawyers and that there's been huge eviction cases
9 where people have unemployment or evictions or,
10 you know, lots of different issues and especially
11 that they're not versed in the law and so if
12 there is any training mechanisms that maybe the
13 Department can send down to, you know, local
14 municipalities to work them through, especially
15 how it works with veterans in front of them.

16 And I'm going to just give my
17 impassioned plea, I know with the division of
18 budget that they are not releasing funds, but if
19 we're talking about a financial burden one of the
20 VSO's was saying just the minimal \$10,000 and I
21 know if hundreds of agencies are saying well,
22 it's only \$10,000 that eats up, you know, adds up
23 to a lot of money, but we're talking about people
24 who served our country and you know, basically

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2 the foundation of our freedoms are from these,
3 these folks that clearly if there are any
4 agencies who, who deserve to get the first kind
5 of release of money is definitely is our veteran
6 service organizations. So if you could speak to
7 the death certificates and maybe comment on
8 training since that is in your area I would
9 appreciate that.

10 MR. POMERANCE: Certainly, very
11 important points, I'm glad you raised them. With
12 the death certificates and the cause of death
13 issue more generally; I led a training on this
14 right after the COVID-19 outbreak happened.
15 There is case law from the U.S. Court of Appeals
16 for Veterans Claims on point here saying that
17 even though the primary cause of death listed on
18 a death certificate might be, for instance,
19 COVID-19, not a service connected condition, that
20 there is still a pathway for showing that, for
21 example, that Agent Orange condition, right, that
22 ischemic heart disease, that respiratory
23 condition; that was a contributory cause of
24 death, whether or not it's listed on a death

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2 certificate. And so the work that we do in our
3 agency, the work that our county colleagues, our
4 city colleagues do, we prepare his applications
5 for these survivor's benefits even if it says
6 COVID-19 on the death certificate, we do our
7 detective work to make certain that we get the
8 evidence in place to show, okay, yeah, it says
9 COVID-19 here. However, this person had ischemic
10 heart disease due to Agent Orange exposure and
11 [unintelligible] [03:42:48]

12 ASSEMBLY MEMBER HUNTER: Right, I just
13 want to interrupt you for one second because the
14 folks who were on before actually made mention of
15 doing the exact same thing that you're talking
16 about as far as like going through the process,
17 you know, with the process with family members of
18 saying, you know, they do have a pathway,
19 obviously, to getting their benefits, but that
20 takes a while. We're talking about the
21 bureaucracy of government where if there was some
22 mechanism when someone perishes, that, you know,
23 on the front end that there could be something
24 related to on the death certificate this person

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2 has a service related issue, something. I'm not
3 a doctor, I'm not a lawyer, but it seems like
4 even though there is a pathway to get to that
5 point, putting family members through the ringer
6 for months and months in order to get there seems
7 excessive.

8 MR. POMERANCE: That definitely would be
9 a concern. I guess the good news piece I can
10 offer to that is by filing the claim up front
11 that shows how those dots are connected, right,
12 how that, for example, the Agent Orange condition
13 is connected to the increased likelihood of
14 morbidity from COVID. We've had good success in
15 getting those claims through without it taking
16 months and months by doing it sort of right the
17 first time, making certain the evidence gets up
18 front in the original claim for dependency and
19 indemnity compensation and not waiting for the VA
20 to deny and then to appeal.

21 So I think there is a pathway there that
22 we are able to utilize even in absence of any
23 change to the vital documents.

24 ASSEMBLY MEMBER HUNTER: And the

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2 training for the judges?

3 MR. POMERANCE: Yes, I'm glad you
4 mention that as well because I do serve on the
5 New York State Bar Association's Committee on
6 Veterans and one of the things that we've been
7 talking about with the chair of that committee,
8 Jessica Parker, is linking judges and attorneys
9 with trainings through an online based program
10 called Syke Armor [phonetic]; maybe the panelist
11 this morning mentioned it. Syke Armor is an
12 excellent online training initiative where you
13 have really short burst videos, not an all day
14 thing, but short snippets of information about
15 military cultural compensate. And that's what it
16 comes down to, right, and not just in the
17 practice of law, but in every profession, making
18 certain that people are as equipped as they
19 possibly can be to engage meaningful dialogs with
20 veterans; to understand veterans experiences
21 better; to know what to ask, what not to ask; to
22 have a better working knowledge of the benefits
23 spectrum out there.

24 Syke Armor provides that and they do it

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2 in an online format so you can be in the comfort
3 of your home, you know, in your bathroom and
4 slippers and take those trainings. So more on
5 that to hopefully come soon, but it's definitely
6 a topic of interest that we are in discussions
7 about right now. I'm glad you brought it up.

8 ASSEMBLY MEMBER HUNTER: Thank you.

9 SENATOR BROOKS: Okay, Assemblyman
10 Ashby, Ashby.

11 ASSEMBLY MEMBER ASHBY: Thank you, Mr.
12 Chairman. Thanks for being here today, Ben. My
13 questions, I know that DVS works hand in hand
14 with the state nursing homes in a limited
15 capacity in some way with the state veteran homes
16 and I know that there's not, may not be direct
17 oversight with them, but I know that they partner
18 in different, in different ways. And so I was
19 just wondering the administrators that I had the
20 opportunity to speak with said that some of the
21 limitations that they faced were in relation to
22 PPE initially, and it sounded like they ended up
23 getting enough PPE later on. Obviously, the
24 visitations we've heard from many people today

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2 stating that this is still an issue, and staffing
3 as well. I'm wondering in terms of the
4 visitations and what DVS does in terms of veteran
5 outreach and connecting people to so many
6 different resources out there and families, in
7 particular. Is there, is there a way or is
8 there, maybe something DVS could be doing an
9 initiative to help initiate visitations, whether
10 its online, you know, through a virtual setting
11 or in person in some way that the division could
12 be working on with our state nursing homes?

13 MR. POMERANCE: So, of course, any kind
14 of frontline question on that for state veterans
15 home is best suited for Department of Health or
16 for SUNY given their oversight rule of those
17 facilities. However, I can tell you that we do
18 have a limited partnership on the benefit side
19 especially with the state veterans homes. We do
20 remain in contact with directors of those homes,
21 with Medicaid coordinators at those homes and
22 remain in touch with them throughout the COVID-19
23 pandemic. For example, this past week in our
24 training, one of our speakers is based in Queens

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2 at our St. Aubin's Queen's office and he was
3 talking about work that he has done to make
4 certain that benefits continue flowing to
5 veterans who are eligible for them who are in the
6 states veterans home, and that same level of work
7 and advocacy applies statewide. As far as the
8 visitation piece, specifically, again that would
9 be best suited for DOH for pursuing; however, if
10 there's anything that, you know, the division can
11 do to get materials into homes or anything like
12 that, to get the information out there about our
13 services we're always ready and willing to do
14 that.

15 ASSEMBLY MEMBER ASHBY: I'm not asking
16 it, I'm not asking in consideration of revising
17 policy or anything like that, but in terms of
18 outreach, I mean, these residents are veterans,
19 right?

20 MR. POMERANCE: Absolutely.

21 ASSEMBLY MEMBER ASHBY: And DVS
22 coordinates with veterans whether they're in a
23 nursing home or not and it would make sense to me
24 and I think many other people out there that

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2 these are veterans, they're in a state veterans
3 nursing home and I, and we've heard over and over
4 again today and, you know, really for many people
5 each day that, you know, the visitations are
6 really a big issue right now and I think it's an
7 opportunity for the division to maybe put an
8 extra effort in there to connecting veterans with
9 support systems, right. We have all these
10 nonprofits and other agencies out there trying to
11 connect people, you know, who don't have a good
12 support system.

13 Well, here we have a number of veterans
14 who are in state run veterans nursing homes and I
15 think the division could maybe take a harder look
16 at trying to connect these veterans to their
17 family members right now, and I'm wondering if
18 you would be willing to do that?

19 MR. POMERANCE: We would do anything to
20 improve connections between veterans and their
21 families and that goes beyond the nursing home
22 context, and one of the things I've been
23 grabbling with as a division during the COVID-19
24 pandemic has been the issue of isolation. You

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2 know, one of the things we've done during this
3 time is we're now part of SAMSHA's governor's
4 challenge focusing on suicide prevention among
5 veterans and their families, and probably the
6 most frequent issue discussed in those meetings
7 has been isolation for veterans in nursing homes
8 or not in nursing homes during the COVID-19
9 period. You know, isolation, loneliness, not
10 having the same level of social interaction that
11 one is used to, that can be a predictor,
12 unfortunately, of suicide or self-harm, and
13 anything that we can do as a division to try and
14 avoid isolating circumstances from occurring, we
15 are happy to take a look at and to do whatever we
16 can to make that happen.

17 Again, the clinical decisions, I'm not a
18 doctor, I don't play one on TV, but that's
19 [unintelligible] [03:50:37] to DOH and SUNY with
20 regard to running their homes. The broader
21 question of isolation and our division's
22 commitment to outreach to avoid isolating
23 circumstances from occurring, we absolutely are
24 happy to do whatever we can in that regard.

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2 ASSEMBLY MEMBER ASHBY: I appreciate
3 that and I will relay that to the administrators
4 that I have been in contact with that the
5 division plans on helping with that, with best
6 effort. Thank you.

7 SENATOR BROOKS: Senator Ritchie.

8 SENATOR RITCHIE: Thank you, I'd just
9 like to follow up with the assemblyman's
10 comments. I think that visitation, we're at a
11 dire time and that someone has to step up to the
12 plate and look for a solution there and I would
13 hope that your office would be a champion for
14 that. Like I said earlier, I can't imagine
15 families being apart that long and I certainly
16 can't imagine the families who didn't get to say
17 goodbye to their loved ones. So someone's going
18 to have to step up to the plate. I would also
19 like to comment on Assemblywoman Barrett's
20 comment on broadband. I understand the numbers,
21 but I can tell you each and every day I have
22 multiple calls to my office, especially now with
23 school online that broadband it's certainly not
24 97% or the numbers that appear on that report are

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2 not accurate at least in my district. So that's
3 something else I'd like you to take back.

4 The next questions, unfortunately, for
5 you you're the only representative here from the
6 executive so they have to do with the quarantine
7 and our military and the National Guard. I've
8 heard from a number of individuals who have not
9 been able to come home because of the quarantine,
10 even one whose wife was having serious surgery,
11 even though I would deem them essential. Some of
12 the guards have not been able to go back to work
13 because they were told even though they were
14 essential they still had to quarantine even
15 though they were serving the state, so that's an
16 issue. There's been a question about how many
17 missions have they been on, has anyone been
18 infected, did they have enough personal
19 protection equipment? So that's something else I
20 would hope that you could pass on and get the
21 information.

22 And finally with the pandemic going on
23 there's a real concern that the guard number has
24 dropped from 3600 to 2812 and that's something I

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2 hope someone to speak to. And then the last
3 question as you have said earlier is best
4 directed at the Department of Health, they're not
5 here. There is a real concern over the veterans
6 and the number of deaths at nursing homes and the
7 difference between our veteran homes and also
8 the, the nursing homes at large. So that is
9 something that I wish that you could take back
10 and get some information for us. Those are
11 questions that I came prepared to ask, they're
12 questions that I've heard from people not only in
13 my district, but across the state and questions
14 that I hope at some point will get an answer too.

15 MR. POMERANCE: And I apologize that I
16 cannot answer them for you. I'm not a doctor or
17 a general officer of the National Guard I'm
18 afraid and so to speak on their behalf as far as
19 military personnel decisions would be not only
20 improper, but also inaccurate, and I would not
21 want to give you information that is not correct
22 and on point. But certainly I can take those
23 questions back as best as I can.

24 SENATOR RITCHIE: And certainly I

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2 understand that, but I also wanted to make sure
3 that they were on the record because these are
4 questions that I continually have been asked, so
5 thank you.

6 MR. POMERANCE: Understood and thank
7 you.

8 SENATOR BROOKS: Thank you and first if
9 there's any other participants in the hearing
10 that has a question please turn on your video
11 screen. Ben, we've talked in the past about a
12 number of issues. I agree with all of the points
13 that have been made just now in this conversation
14 and I think we do have to get the broadband up to
15 speed. And the death certificates is a critical
16 issue, too and visitation is a critical issue. I
17 wonder if we recognize what's happened here and
18 our ability to suddenly do distance functioning
19 of different types, learning and everything else,
20 if this doesn't open up an opportunity from a
21 training standpoint and from veterans programs
22 standpoint, to reach some of the areas in the
23 state in the past that it was a little more
24 difficult. If we're not in a situation where,

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2 you know, sometimes at the end of the dark tunnel
3 there is a little bit of light and maybe the
4 opportunity to do distance programs through the
5 internet can start, you know, if someone could
6 touch someone if you will, visually at least that
7 we haven't touched in the past. So my question
8 to you is do you see the opportunity to change
9 some programs to capture, if you will, the
10 benefit of distance, distance activity via the
11 internet?

12 MR. POMERANCE: Senator, I would say if
13 there's not only a little bit of light, but
14 actually a lot of light at the end of that
15 tunnel. We've been doing that since the COVID-19
16 outbreak began. We have shifted to a far more
17 virtual agency than we ever have been before and
18 we have worked with our partners in county
19 government, in New York City's government, in the
20 not-for-profit sphere to find ways to partner
21 with them in doing the same. The training from
22 this past week is a perfect example. There are
23 162 people taking part in that training from
24 their homes, obviously safe, obviously socially

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2 distant, but still getting the information across
3 to them. Not only that you were able to bring in
4 speakers for the trainings that we've had during
5 the COVID period who are national experts. We
6 probably couldn't have been able to pay for
7 travel and hotel and everything else to bring to
8 New York State, but through distance learning we
9 were successful in having people like the chief
10 judge of the Court of Appeals for Veterans claims
11 and the chairman of the U.S. Board of Veterans
12 Appeals, and just today, probably the leading
13 pension attorney in the country training us as a
14 group about how do to our jobs better and more
15 effectively for the veterans of our state.

16 Same goes for our work with the veterans
17 themselves, you know, the traditional model of
18 sitting across the table in the office is a
19 little bit different now than it used to be,
20 obviously, we've had some office that have
21 reopened when it's been deemed safe to do so with
22 the proper precautions in place, we're talking
23 Plexiglas, we're talking PPE, we're talking
24 social distancing, all those measures to keep

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2 safety for our own colleagues and for the
3 clients, but those areas that we have not been
4 able to reopen fully yet, we have improved our
5 digital work tremendously, starting with that
6 outreach by e-mail. Those buddy checks, you
7 know, 30,000 e-mails going out saying hey, we
8 know you're a client of ours, you gave us your e-
9 mail, just checking in. How are you doing? What
10 are your needs? What are things that we can
11 assist with? And we got a lot of feedback from
12 that.

13 One example that comes to mind right
14 away was there was a veteran's widow in the
15 Albany area who had never applied for a benefit,
16 financial benefit for tax free monthly dollars
17 from the federal government that she was eligible
18 for and had been for some time, but never had,
19 you know, reached to anyone about it. That e-
20 mail, that connection with her opened the doors
21 for our veterans benefits advisor in that county
22 to work with her virtually, remotely, get the
23 paperwork together, file the claim to the VA and
24 get that benefit approved. And the last piece of

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2 this is with our case management software and I'm
3 particularly proud of this as are my colleagues.
4 We worked from the outbreak of COVID onward on a
5 rush order if you will, with MicroPath [phonetic]
6 the vendors who built our case management
7 software called Vedox [phonetic] to imbed in an
8 electronic interface in that system, you were
9 their first clients in the country to request
10 this. And that allows it, you know, like I
11 mentioned in the testimony, to file that claim
12 with the VA, to work with the client remotely and
13 to get the claim package into the VA remotely
14 without a single in-person appointment being
15 needed, not a single sheet of paper being printed
16 and by doing that we actually get a date stamped
17 receipt right away from the VA after submission
18 showing yeah, it was received and here's official
19 verification of the date and time on which it was
20 received.

21 So it's actually has improved our
22 processing because of the fact that COVID-19
23 forced us to become a more digitally inclined
24 agency.

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2 SENATOR BROOKS: Thank you.

3 Assemblywoman Buttenschon.

4 ASSEMBLY MEMBER MARIANNE BUTTENSCHON:

5 Thank you for the opportunity to all the chairs
6 and to our panelists. I just have a couple
7 questions and first the comments that I reconfirm
8 as my colleague stated the importance of ensuring
9 the possibility of getting family members
10 connected to veterans in our state nursing homes
11 as well as the quarantine issue that was brought
12 up earlier has been a concern that has been
13 addressed within our office. In regards to your
14 testimony today, I just want clarification. You
15 stated that you had 12 counties that received the
16 accreditation from the state. Is that correct?

17 MR. POMERANCE: That's correct, from our
18 last training.

19 ASSEMBLY MEMBER BUTTENSCHON: So how
20 many counties total have it?

21 MR. POMERANCE: We have more than 20
22 counties that have it now and there are more
23 upcoming, probably in September to have another
24 round of that accreditation training who are in

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2 the process of doing the first steps right now,
3 the online training through the VA called Trip,
4 who will then be sort of the next group to go
5 through that process.

6 ASSEMBLY MEMBER BUTTENSCHON: So right
7 now there's 20 that have completed it and it's an
8 annual training?

9 MR. POMERANCE: It's, well so there's a
10 couple of different layers to the training side
11 here. What I was talking about was the training
12 that we needed to provide them to actually get
13 them their accreditation under the state's
14 division's power of attorney. There also was a
15 semiannual training we provide, obviously twice a
16 year, once in May, once in August this year; both
17 of those were handled virtually and those
18 counties took part in that as well. Those two
19 trainings are open to any county that wants to
20 take part regardless whether they have the
21 accreditation from the state or not. The
22 accreditation from the state opens up certain
23 additional pathways, certain additional services
24 and accesses if you will by virtue of that state

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2 accreditation, but for the semi-annual trainings
3 anybody can take part regardless of accreditation
4 affiliation.

5 ASSEMBLY MEMBER BUTTENSCHON: So prior
6 to COVID is that a general standard that only 20
7 counties participate overall or I mean, we're in
8 August I just wondered when you said this is
9 annually.

10 MR. POMERANCE: So to be specific,
11 talking about the semi-annual trainings?

12 ASSEMBLY MEMBER BUTTENSCHON: No, the
13 annual training that you addressed in your
14 testimony.

15 MR. POMERANCE: This was the first time
16 we had this type of larger scale accreditation
17 training for a bunch of counties taking part in
18 it at one time. So that's a larger number, that
19 group of 12 counties taking part in the training
20 together, that was our first time doing that
21 large group. Typically, what we've done in the
22 past, for example, earlier this year we had
23 Genesee County, Orleans County and Seneca County
24 all coming online around the same time. My

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2 colleague, Sue Done [phonetic] who is the
3 associate training technician for the western
4 region of the state and I, went out to Batavia
5 and out to Waterloo and we did that kind of
6 training in person with those county agencies to
7 get up to speed with the tools and technologies
8 that they needed. Obviously, with COVID-19 that
9 kind of travel and in person training wasn't
10 feasible, so it turned into a larger scale online
11 group with multiple counties taking part.

12 ASSEMBLY MEMBER BUTTENSCHON: I just
13 think it's a valuable service for our veterans
14 and I would like to see it, all counties involved
15 as much as they would be interested in and I
16 just, to me I just wondered the participation
17 seemed to be low.

18 MR. POMERANCE: With this last week of
19 training, which is open to any county regardless
20 of affiliation, we had close to 40 county
21 partners taking part. So of our American Legion
22 accredited, some of Veterans of Foreign Wars
23 accredited. It doesn't matter, the doors are
24 open for them with those semiannual trainings to

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2 have them participate and we saw large numbers
3 for that. We saw large numbers for our
4 semiannual training in May and we've had multiple
5 sort of mini trainings in between on topics like
6 clear and unmistakable error cases and topics
7 like un-employability claims, and we have seen
8 widespread county participation for that as well.

9 ASSEMBLY MEMBER BUTTENSCHON: Okay and
10 just finally, if you were to rank your three,
11 prioritize your three challenges from, from one
12 to three, what are they?

13 MR. POMERANCE: Are we talking
14 challenges just because of COVID-19, challenge
15 overall.

16 ASSEMBLY MEMBER BUTTENSCHON: As an
17 agency, yeah, just as today as you
18 [unintelligible] [04:04:32] in the office, what
19 do you see?

20 MR. POMERANCE: I think one challenge
21 that we have in New York State is the fact that
22 there's a lot of veterans who do not self-identify
23 as veterans for a variety of reasons. One of
24 which I think is that New York State law has

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2 varying definitions of that term including the
3 law that governs our own agency, which refers to
4 a veteran being a person who served in a war
5 declared by congress. There hasn't been one of
6 those for a while and people do not feel that
7 they self-identify with that status because of
8 those types of disconnects; that's one concern.

9 Second concern that we certainly have
10 and I believe it was mentioned in the earlier
11 panels is services for veterans who have a less
12 than honorable discharge, who have often been
13 told by governments and often have been told by
14 other veterans you don't qualify as one of us.
15 And yet, in fact, there could be benefits
16 available that they're leaving on the table and
17 we want to make certain that we continue to reach
18 out to them more effectively in a wider number
19 than we are already doing to make certain that
20 they know we're here to serve them, we're not
21 going to judge them about what their DD214, they
22 discharge paperwork says. New York State's
23 advocacy agency is for all veterans, underscore
24 all, regardless of character of discharge and

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2 will work with them on upgrade cases, with
3 character of discharge determinations at the VA
4 level, whatever it is, to make certain they get
5 linked with the benefits and the services that
6 they need.

7 And if I were to pick a third matter to
8 which frankly, I do not have an answer, but it's
9 one that's very important. It's a question of
10 transportation, right, and this goes back to the
11 questions asked earlier about rural areas and
12 what challenges exist for veterans in those
13 areas. There certainly are services, the
14 Disabled American Veterans, for example, have
15 their vans that go to VA facilities. Certain
16 counties have transportation systems in their own
17 individual county. But I would say overall and
18 you probably heard this earlier from some of the
19 counties that spoke, there are transportation
20 challenges that exist for veterans in getting to
21 a VA hospital or getting to a VA outpatient
22 clinic just because of the nature of where some
23 of these veterans in our state lives.

24 That's three kind of right off the cuff

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2 that we've seen as challenges that we'd like to
3 all work together to address.

4 ASSEMBLY MEMBER BUTTENSCHON: Thank you.

5 MR. POMERANCE: Thank you.

6 SENATOR BROOKS: Okay, Ben, we all thank
7 you very much for participating today and we all
8 look forward to working with you as the year
9 continues to unfold and the new session begins,
10 so thanks very much.

11 MR. POMERANCE: Thank you for the work
12 that all of you do and your advocacy on behalf of
13 veterans. We always appreciate all that you do
14 within our state division. Thank you.

15 SENATOR BROOKS: Okay.

16 ASSEMBLY MEMBER BARRETT: Thank you,
17 thanks for being here.

18 SENATOR BROOKS: So if the control room
19 would bring in the folks from panel 5 that would
20 be great.

21 MALE STAFF: All present.

22 SENATOR BROOKS: Alright, great thank
23 you. Good afternoon, everyone. We want to
24 welcome you to the, our veterans hearing today on

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2 the impact and effect of the COVID virus. We're
3 going to ask that each of you give a
4 presentation, try to limit that presentation to
5 five minutes in time and then we will have
6 questions. I want to give an opportunity to the
7 chairs and ranking members to make some opening
8 remarks, we'll begin with our co-chair from the
9 State Assembly, Assemblywoman Burnett, please.
10 Barrett, I'm sorry.

11 ASSEMBLY MEMBER BARRETT: Barrett,
12 changing my name on me here.

13 SENATOR BROOKS: I, yeah, sorry.

14 ASSEMBLY MEMBER BARRETT: Thank you,
15 thank you all for being here, this has really
16 been an informative and powerful day of testimony
17 and I think one of the key themes here has been
18 mental health and suicidal ideation and how this
19 whole COVID situation has exacerbated that for
20 many of our veterans and so I, you know, I know
21 that that's the wheelhouse that many of you work
22 in and look forward to hearing your thoughts and
23 ways that we might be able to work with you to,
24 to, you know, to help that situation. So thank

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2 you again for being here.

3 SENATOR BROOKS: Okay, Assemblywoman
4 Hunter, please.

5 ASSEMBLY MEMBER HUNTER: Good afternoon,
6 welcome all of you for being here today. I
7 definitely look forward to hearing to your
8 testimony. Many of your agencies I'm very
9 familiar with and interested to hear what you
10 have been able to provide relative to some of the
11 outdoors and some of the activities that are non-
12 traditional for our veterans definitely during
13 COVID, so thank you so much for coming today.

14 SENATOR BROOKS: Senator Ritchie.

15 SENATOR RITCHIE: I to would just like
16 say thank you for being here today. Some of you
17 I am very familiar with the services you provide,
18 others not so much so I appreciate you being here
19 and look forward to hearing what you're able to
20 provide our veterans, thank you.

21 SENATOR BROOKS: Assemblyman Ashby.

22 ASSEMBLY MEMBER ASHBY: Thank you, Mr.
23 Chairman. Thank you to everyone in the panel for
24 coming in today. For those of you who are prior

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2 service, thank you for your continued dedication
3 to our veterans and their families in a time
4 right now when its desperately needed. We are so
5 grateful for your continued service, look forward
6 to hearing from you.

7 SENATOR BROOKS: Thank you and again we
8 all, everybody here in this, in this hearing is
9 very, very committed to providing for our
10 veterans. This is one area there are no
11 political lines here, everybody understands the
12 service that our veterans have provided and our
13 responsibility to them. So if we could, we'll
14 start with Marcelle and work our way through all
15 of you, thank you.

16 CMSGT. MARCELLE LEIS, DIRECTOR OF
17 VETERANS SERVICES, ASSOCIATION FOR MENTAL HEALTH
18 AND WELLNESS: Thank you, Senator Brooks, co-
19 chair Barrett and the entire committee for the
20 invitation to speak on behalf of the veterans we
21 serve in our communities. I also want to take a
22 moment to thank my colleagues on a panel,
23 especially those veterans that are working to
24 support the health and wellbeing of those who

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2 have served in our nation's Armed Forces. As a
3 military member, a career airman, I spent 24
4 years in the New York Air International Guard so
5 I'm familiar with the culture and the commitment
6 that our veterans service agencies have to
7 helping through the integration process.

8 I would like to take this opportunity to
9 discuss the medical and mental health concerns in
10 the veteran population as we are seeing it as a
11 result of COVID, as well as the essential social
12 support systems through peer engagement. As some
13 have already mentioned today, veterans are
14 already in an increased risk for suicide,
15 substance use disorders and homelessness. I
16 bring this perspective today to the conversation
17 that comes from the veterans we serve here on
18 Long Island and recognition of the impact the
19 pandemic is having on our region. With social
20 isolation many did not have access to telehealth
21 services as they were not connected through
22 technology. Therefore, we were not able to
23 receive appropriate medical and/or mental health
24 treatment.

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2 Subsequent comorbidities in the veteran
3 population increased the risk of contracting
4 Coronavirus. We also know that social isolation
5 can increase the risk of alcohol and/or substance
6 use. Financial concerns are another major
7 component of the increased levels of stress.
8 Many working in what were deemed non-essential
9 work places no longer have the financial
10 stability nor the sense of purpose to get up each
11 day. Although we cannot pinpoint one single
12 cause for suicide, it most often occurs when
13 stressors and health issues converge. Depression
14 and substance abuse are known to be significant
15 risk factors. According to a veterans group that
16 recently testified on Capitol Hill, the challenge
17 of serving the mental health needs of at risk
18 veterans have been compounded by the fact that
19 many veterans, particularly older vets, do not
20 have access or can't afford necessary technology,
21 including high speed internet.

22 This version of the digital divide
23 reduces access to vital mental health care,
24 including access to medication and can increase

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2 the risk of suicide. The VA's national center
3 for posttraumatic stress disorder identified that
4 symptoms can be magnified by the COVID-19
5 pandemic to include intense feelings of being
6 unsafe or unguarded with veterans struggling with
7 PTSD, that can increase anxiety. Veterans that
8 want to avoid other people are more than usually
9 worried about contracting the virus. Hearing
10 others talking about the pandemic as if we're
11 fighting a war or battle with COVID-19 may bring
12 up uncomfortable feelings and memories, thereby
13 triggering negative emotional responses.

14 Therapeutic coping skills are not
15 available because we're forced to spend less time
16 outdoors, gyms, movie theaters and concert venues
17 have been closed and spending time with friends
18 in close quarters was not recommended. So why is
19 this so crucial to understand? As you are all
20 aware some of the additional issues in the
21 veterans population include PTSD and TBI, in the
22 post-911 era, that is the signature root of
23 combat operations. It causes people to feel
24 anxious, unsafe or on high alert. They may see

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2 the world as dangerous or worry about the ability
3 to handle difficult situations. Trusting others
4 and being intimate with others can be
5 challenging. Chronic pain that many veterans
6 experience can lead to self-medication and abuse
7 of prescription pain killers, street drugs,
8 alcoholism and other substance use disorders.
9 All these conditions are intensified during
10 periods of extreme stress such as the pandemic,
11 coupled with the social isolation there is a
12 cause for concern.

13 We must also recognize the aging veteran
14 population, our most vulnerable and significantly
15 largest cohort of veterans in our nation.
16 Vietnam veterans, in particular, are at greatest
17 risk with regard to chronic service related
18 conditions and there is no debating the increase
19 in suicide among the veteran population, the
20 reasons behind suicidal thoughts or attempts are
21 complex, but among veterans the most commonly
22 cited factors leading to increased suicide risk
23 are experience more social isolation, limited
24 access to healthcare and increased risk of mental

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2 health and substance use disorders. These are
3 factors that were amplified during COVID.
4 There's also an increased risk of homelessness.
5 Some factors to be associated with veterans'
6 homelessness are mental illness, extreme poverty,
7 unemployment, combat and traumatic experiences,
8 substance abuse and PTSD.

9 Many of the homeless veterans we see in
10 our communities are not cognizant of safety
11 protocols that reduce the spread of coronavirus
12 and with many in the higher risk category are
13 sitting targets. We saw an influx of veterans in
14 our emergency homeless shelters. With COVID
15 there was significant reduction of access to
16 services that would allow them to move forward in
17 the system and find appropriate permanent
18 housing. Our agency was able to secure smart
19 devices for those shelter residents that did not
20 have access to internet or telehealth, DSS
21 appointments or online peer support groups. We
22 found many of the residents were not compliant
23 with the governor's stay at home order and there
24 was no enforcement of the policy. Most residents

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2 that were not compliant presented with mental
3 health issues. I'm happy to report that we did
4 not have a single case of COVID in our housing
5 programs. We did take a substantial financial
6 hit with the additional measures put in place to
7 ensure public health and safety. We have applied
8 for FEMA grants to assist with the financial
9 burden.

10 SENATOR BROOKS: Okay, I hate, I hate to
11 interrupt, but we've exceeded our time limit, but
12 we'll go back to some things when we get a
13 chance. Alex, if you would give us your
14 presentation, please.

15 MR. ALEXANDER J. BEHM, EXECUTIVE
16 DIRECTOR, CLEAR PATH FOR VETERANS: Thank you,
17 Chairman Brooks and members of the Senate
18 Committee on Veterans Homeland Security &
19 Military Affairs, Chairwoman Barrett and members
20 of the Committee on Veterans Affairs, Chairwoman
21 Hunter and members of the Subcommittee on Women
22 Veterans. Thank you very much for the invitation
23 and opportunity to appear before you this
24 afternoon. I serve as the executive director at

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2 Clear Path for Veterans in Chittenango. I'm a
3 post-911 Marine Corp Veteran and I'm honored to
4 serve fellow veterans, military members and their
5 families in my role at Clear Path for Veterans.
6 Our staff of 24 provide essential programs and
7 services to 23 counties in upstate New York. Of
8 the 24 staff members 12 are veterans, all of whom
9 have served in one or more major conflicts. I
10 highlight these figures as they define how our
11 programs and services are built on the foundation
12 of peer support and community engagement.

13 COVID-19 brought and continues to bring
14 many hardships to Clear Path for Veterans and
15 those that depend on our organization's essential
16 programs and services. Key points that have been
17 discussed throughout the testimony, social
18 isolation, unemployment and the lack of access to
19 resources have grossly impacted those in the 23
20 counties Clear Path actively serves, especially
21 in rural communities. Due to the rapid changes
22 in our environment because of COVID-19, our
23 leadership team established the Clear Path for
24 Veterans COVID-19 community taskforce and we

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2 focused on three main deliveries of services;
3 emergency food assistance, career services
4 support and social engagement programming, along
5 with mental health triage services.

6 The emergency food assistance we
7 provided was in response to a large request from
8 our rural communities in the 23 counties. We
9 delivered emergency food boxes to almost 600
10 families in the last three months. This also
11 included fresh meal kits we prepared in our
12 kitchen to subsidize the families who cannot gain
13 access to immediate food resources. As far as
14 career services and social engagement programming
15 our warriors working program provides career
16 assistance to those facing unemployment and
17 looking to get back to work. We worked with over
18 200 veterans in the last two months providing
19 those essential services as well.

20 As far as social engagement we were
21 forced to discontinue our onsite events such as
22 our canteen lunches every Wednesday with over 200
23 veterans that visit our facility. Many of them
24 in the demographic of 60 years and older, leaving

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2 them at home and in isolation. That also led us
3 to create a buddy check program that I've also
4 heard been talked about in previous testimony.
5 This program allowed staff to reach out to all
6 the veterans we serve and also allow the veterans
7 in our community to reach out to Clear Path to
8 simply talk to somebody on our staff as well as
9 our mental health clinician when needed. And it
10 also allowed us to provide those necessary
11 referrals other community resources.

12 As far as virtual programming, we
13 delivered classes such as cooking classes, family
14 support sessions, physical fitness events; all
15 these were live through social media platforms
16 and the taskforce continued to connect with the
17 community members who we could no longer serve on
18 site. The buddy check program reached 733
19 veterans in less than two months just recently,
20 so it has proven to be very effective. The
21 taskforce continues to deliver services, since
22 March we've worked with just short of 2000
23 veterans and their families in our 23 counties.
24 We have been mobile so we're deemed essential

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2 staff who are out in the communities, especially
3 the rural communities, knocking on doors, making
4 sure veterans we serve are still in good health
5 and meeting any needs they may have.

6 One specific program that was our
7 flagship program at Clear Path, our canine
8 training program designed for veterans with
9 posttraumatic stress and military sexual trauma.
10 It has seen short mid, and potentially long term
11 effects due to COVID-19. We're not able to
12 deliver some of the socialization to the actual
13 canines with their trainers so we are losing
14 traction in that area, and trying to get creative
15 doing it virtually, but that's one of the
16 programs that we do need to have, the physical
17 veteran on site so we've been trying to do what
18 we can while practicing social distancing.

19 Lastly, as many of the panels have
20 mentioned are funding, we do rely on some of the
21 funding from the state and the budget and we are
22 also losing traction with our local funding,
23 private donors, which we heavily rely on as well
24 as community businesses have declined in

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2 donations. So we have retained all of our staff
3 at this time, but we are seeing shortfalls due to
4 not being able to have fundraising events on site
5 and I'll just close with thanking Ben Pomerance,
6 who I watching speak earlier and the State
7 Division of Veterans Services. They've been very
8 responsive to our needs and we've done a lot of
9 great work with them during COVID and we would
10 like to continue that great partnership with the
11 state and other local agencies as well. So thank
12 you again for giving me time today and I'll look
13 forward to questions at the end of the panel.

14 SENATOR BROOKS: Okay, thank you, Eva.

15 MS. EVA USADI, EXECUTIVE DIRECTOR,
16 TRAUMA AND RESILIENCY RESOURCES, INC.: Yes,
17 thank you very much for inviting me, Chairman
18 Brooks and everybody else, pleasure to be here.
19 My name is Eva Usadi and I'm the founder and
20 executive director of Trauma and Resiliency
21 Resources. We're a public charity based in New
22 York and we run programs in [unintelligible]
23 [04:23:16] of New York. Our main program is a
24 seven day intensive residential treatment

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2 approach to suicide prevention as well as trauma
3 resolution for combat veterans and we work with
4 veterans of all eras. And since this pandemic we
5 have not been able to conduct one program. We
6 cancelled our program in March that was fully
7 enrolled. We cancelled our program in June that
8 was also fully enrolled because people keep
9 having their enrollment transferred from one
10 program to the next and really our next iteration
11 is scheduled for October, but we're seriously in
12 doubt that we're going to be able to do that.

13 And largely because our program is a
14 very intimate approach, it's a very intensive
15 approach. We don't work with the numbers of
16 veterans that many of you do and I really applaud
17 you for the amazing things that you do in the
18 community. It's a very intensive, dedicated and
19 targeted approach primarily to repairing moral
20 injury and because we live together, we eat all
21 our meals together, most of the program
22 modalities are done in group. We have very close
23 contact and we just recognize that we really
24 can't safely do that especially because we have

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2 Vietnam veterans in every program and we know
3 that they are at higher risk for complications,
4 especially with exposure to COVID-19.

5 So the other thing that we have been
6 doing and we are the recipients of a VA adaptive
7 sports grant as of last year and so we've also
8 been doing trainings for professionals, we call
9 them Train the Trainer events. We've only been
10 able to do one in person, which was a very well
11 attended January suicide prevention summit that
12 we had clinicians and veterans service providers
13 from seven states come to spend three days with
14 us, and we've had to cancel Train the Trainers in
15 June, July, also in April, but we are going to be
16 doing this virtually; these we can do virtually.
17 And because of the pandemic the VA's adaptive
18 sports desk permitted us to transfer deliverables
19 from our warrior camp face to face programs that
20 we can't conduct into a webinar series. And the
21 webinar series highlights, each webinar is on one
22 particular aspect of our program and it
23 highlights very specifically how that works and
24 why we do it and how we conduct it from EMDR to

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2 Yoga to equine assisted psychotherapy, very good
3 explanations with a teacher and also a combat
4 veteran who's been through a program on each
5 webinar.

6 And we just concluded our 7th last night
7 and we are going to continue these and this was
8 very much a way of us reaching out to the
9 community to keep people connected, to overcome
10 the isolation that we're very concerned about.
11 And I just wanted to highlight a couple of things
12 that make us quite different in terms of the way
13 we work and the first is that we decided early on
14 that we would work with combat veterans of all
15 eras. We would work with suicidal veterans and
16 we actively recruit them and we work with
17 veterans with bad paper. So that's an important
18 thing for all of you to know, if you don't know
19 where services are, we never question what has
20 happened to somebody during their service and we
21 also know that a lot of these bad paper
22 discharges are based on posttraumatic stress.

23 So we have been conducting our warrior
24 camp program since 2013. We have zero suicides

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2 post program. We are still able to say that as a
3 statistic we have lost nobody post program, and
4 we think that this is very much because we focus
5 on military moral injury and I can talk a little
6 bit more about that if people are interested, but
7 we think it's paradigm shift away from PTSD
8 because it really undercuts what's underneath
9 that, the wounding to the heart and soul that
10 happens for so many people who serve in combat.

11 So, you know, what I think we really
12 need in terms of reaching out to more veterans
13 given the fact that we, so many programs are not
14 able to function face to face, I think that we
15 need to start thinking about expanding telehealth
16 to almost a national license for qualified
17 therapists who are able to provide trauma therapy
18 remotely like I've been doing this since March in
19 my private practice. But, you know, there is a
20 reason that a lot of people from underserved
21 states and communities come to our program and
22 it's because they can't get these services
23 elsewhere. So I think this is a conversation
24 that really, you know, could be had in terms of

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2 expanding services to people that don't have
3 access to the, especially now. Thank you very
4 much.

5 SENATOR BROOKS: Okay, thank you very
6 much. Aaron.

7 MR. AARON LEONARD, CAMPAIGN

8 REPRESENTATIVE, SIERRA CLUB MILITARY OUTDOORS:

9 Thank you for the opportunity to testify today.
10 My name is Aaron Leonard, I've served in the Army
11 from 1997 until I retired in 2014. I currently
12 work in the outdoor, in the venture education
13 fields with the Sierra Club Military Outdoors.
14 We offer veterans and nature based programs to
15 help them transition from the military to a
16 healthy and purposeful civilian lifestyle often
17 through simple day hikes or short three day trips
18 in the New York parks and public lands. The
19 thought [unintelligible] [04:28:34] was my
20 experiences and observations as a senior Army
21 leader where I saw many service members struggle
22 both during their time in the military and with
23 their transitions back into civilian life
24 regardless of when or where they served. For

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2 today's testimony I'm going to share an example
3 of the effects our program has had on two female
4 veterans that are living in New York City.

5 Prior to the pandemic our program model
6 for female veterans provided community based
7 volunteer led opportunities for veterans and
8 their families who join us for single or multi-
9 day trips where most participants saw
10 improvements in their sense of belonging, self-
11 esteem and reduced sense of loneliness and
12 overall improvement with their sense of
13 wellbeing. In March all outdoor programs in the
14 Sierra Club was indefinitely postponed now
15 extended through the end of the February of 2021.

16 One concern, obviously, for us is the
17 effects that halting our outdoor program for a
18 year or more has had or will have on our
19 participants. Two women, Charmain Denise and
20 Sheila Hudson, both veterans living in the Bronx
21 are allowing me to share some of their personal
22 story with you today as an example. Charmain is
23 a single mother, an African-American and a combat
24 vet who grew up in Belize and Queens. She

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2 enlisted in the Army in 1989, served in Desert
3 Storm with the first infantry division and was a
4 basic training drill sergeant at Fort Jackson in
5 South Carolina. Finally, retiring from the Army
6 in 2014, Charmain moved to the Bronx following
7 her retirement because as she says, I wanted to
8 be near Harlem and the Bronx Zoo.

9 Charmain is a disabled veteran who
10 struggles with depression and anxiety, often
11 finding new environments and meeting new people
12 to be especially difficult. Before she joined
13 our outings group it was not uncommon for
14 Charmain to isolate in her apartment for days at
15 a time. Charmain was very purposeful in joining
16 in us in that she knew participating would help
17 her to regain her life and join in exploring the
18 natural world with a group of female veterans
19 with whom she shared so many similar experiences
20 was liberating for her. I remember dropping
21 Charmain off at her apartment in the Bronx at the
22 end of our first trip, what I did not know is
23 that she didn't sit outside her apartment for a
24 time to avoid losing that experience. Charmain

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2 went on to participate in many outings us
3 recruiting other women like her in the months
4 that followed.

5 Charmain tells us that the experience
6 that she was having with nature and in nature
7 with other women helped her to get outside daily
8 and be more present and mindful in her life,
9 eventual allowing her to reduce her medication
10 dosage for depression and anxiety symptoms, which
11 she attributes to spending more time in nature.
12 Unfortunately, Charmain reports that her
13 depression and anxiety has returned to their
14 previous level shortly after our program was put
15 on hold during this pandemic. She has had to
16 make some life changes including increasing her
17 medication dose to again manage her returning
18 symptoms.

19 Clearly, a concern we have for all
20 participants in not only our program, but any
21 social programs across New York. Shelia Hudson
22 is also a black woman, single mother and a
23 military vet. Her family moved to Brooklyn in
24 '73 and she enlisted in the Army as a cook in

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2 1978, serving in both Fort Jackson and in Germany
3 during the Cold War. She moved back to Brooklyn
4 after leaving the Army and did not identify as a
5 veteran until after she had moved into the
6 Franklin shelter in the Bronx, which allowed her
7 to transition into a homeless shelter for
8 veterans and eventually recapture her dependence.
9 Shelia met Charmain in the Bronx VA where
10 Charmain invited her to participate in our
11 outings group. Shelia tells us that meeting
12 Charmain, our volunteer leaders and the other
13 female veterans in our group helped her to
14 understand that she really was a vet and could
15 heal through exposure to nature with other women.

16 For the first time in her life she was
17 participating in outdoor activities and doing so
18 with women that she felt safe with. By
19 participating in these activities with other
20 female veterans and seeing how other women like
21 her were benefiting from these [unintelligible]
22 [04:32:35] with nature, Shelia learned it was
23 possible for her also to recover from decades old
24 wounds connected to her military service. In

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2 this group she felt the same increase in
3 depression and anxiety that Charmain has
4 reported. She misses being around the other
5 women and longs for that sense of comradery she
6 felt during her outings. She's struggling today
7 and like so many veterans in New York City she
8 feels completely overwhelmed.

9 Without the social program like ours to
10 be part of Shelia feels her healing has been
11 damaged and that she no longer matters. The
12 Sierra Club Military Outdoors looks forward to
13 being able to restore our outings program with
14 veterans like Charmain and Shelia. We have
15 reimagined our work to mitigate the constraints
16 of COVID, but offering virtual outings, but those
17 in their own course offer a lot of barriers.
18 Challenging for reasons to include lack of equity
19 regarding parks and accessible public lands in
20 and around communities of color. And with the
21 average age of the military veteran being 65,
22 different barriers of technology that we see in
23 the older veteran population has prohibited them
24 from participating in our virtual work. Thank

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2 you again for allowing me time to testify.

3 SENATOR BROOKS: Thank you and Kirby.

4 You got to unmute, Kirby.

5 MR. KIRBY HANNAN, LEGISLATIVE ADVOCATE,
6 NEW YORK STATE VETERANS COUNCIL: Okay, can you
7 hear me?

8 SENATOR BROOKS: Yep.

9 MR. HANNAN: Alright, great. This
10 hearing is propitious beyond my wildest dreams
11 because as the legislative advocate for the New
12 York State Veterans Council and also the VFW,
13 I've been working closely with both organizations
14 on almost a weekly basis and from everything from
15 keeping the posts open to conditions under which
16 we might be able to open and all of the
17 challenges of social distancing. Having said all
18 of that, I know that you've all had five hours
19 now and you should be complimented and you've
20 probably memorized my testimony so I can go right
21 to the close, which occurred on the second page,
22 and basically say that we stand to lose 20%,
23 maybe 25% of the facilities and probably
24 permanently. And I say that because Chair

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2 Barrett mentioned earlier that, you know, there's
3 a macro delivery system and a micro delivery
4 system and I'd like to look at the posts as the
5 micro delivery aspect of this. And if we, if we
6 lose the post there's probably 800 to 900 posts
7 in the state, American Legion and VFW, etc.,
8 about half of them may be have a facility.

9 If you use that place, lose that place
10 of congregation then the micro delivery system is
11 gone so that all the rest of the, the legal aid,
12 the homelessness, the unemployment and all of the
13 agencies that we hear from so far, the posts
14 become their feeder mechanism, the vets like to
15 talk to vets, and so they don't want to go to get
16 help, not even to the VA sometimes unless there's
17 somebody at the post level that's reaching out
18 for them and encouraging them to find what they
19 need by way of help.

20 So having said that I think that losing
21 the facilities in any percentage, but certainly
22 the threat that we have the, I'll speak to the 30
23 and maybe as much as 40% of federal benefit,
24 which is garnered by veteran service officers,

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2 that's on hold right now. I mean, no new clients
3 because it requires an in depth interview and
4 it's one that's best done person to person. I'll
5 use this hearing as an example. We'd all rather
6 have a hearing in person than we would to do it
7 this way I suspect, but nonetheless, you know,
8 the veteran service officers and you heard from
9 the Division of Veteran Services, the veteran
10 service officers are responsible for millions and
11 millions, probably conservatively \$350 million of
12 federal benefits going to New York veterans. And
13 so be it, be it the VFW's veteran service officer
14 or the county veteran service officer, they're
15 absolutely instrumental in terms of keeping that
16 revenue flowing.

17 So, you know, I think what we need to do
18 and I will close with this, is, you know, stand
19 firm if you can and it's not going to be easy, in
20 terms of the budget cuts because if, if, if we
21 lose this portion of this infrastructure the
22 ultimate bill on down the line and you've heard
23 this before, I know, but the ultimate bill down
24 the line is going to be huge because right now

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2 with all that self-funding, all that veteran to
3 veteran service that's happening at the post
4 level, if that goes away we're going to be
5 depending almost completely on all of the
6 agencies that are supported by the state. Every
7 one of them we love and respect, but we're going
8 to be depending on them completely and that bill
9 is going to be shocking. So that's my message
10 today.

11 SENATOR BROOKS: Okay, thank you very
12 much. So I'd like to open this up to some
13 questions. I'd ask that, excuse me, Chair
14 Barrett, open the questioning session. Yeah,
15 there you go.

16 ASSEMBLY MEMBER BARRETT: Thank you,
17 thank you, had to unmute myself. I thank all of
18 you for your testimony. I mean, the range of
19 expertise and perspectives on this panel was, was
20 particularly noteworthy. I want to zero in
21 because this has been issue of my own, you know,
22 legislatively on what Aaron and Eva had to say.
23 You know, I'm a huge proponent of
24 [unintelligible] [04:38:35] RX, you know, the

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2 therapeutic benefits of nature and we saw this
3 in, during this pandemic that what people did was
4 go out and take walks or turn to nature or
5 discover, you know, birds or biking or hiking or
6 things like that. So I would really like
7 understand from and maybe Alex has some thoughts
8 on this, too, how can we do -- how we can break
9 down those barriers. It seems like rather than
10 advancing these, you know, these concepts we've
11 kind of lost them in, in this, during the shut
12 period and, you know, whether it's, you know,
13 equine therapy or working with horses or, you
14 know, walks and hikes in state parks. So can you
15 talk about how we might do something to break
16 down these barriers at the, you know, at our
17 level at this point or, you know, in partnership
18 with, you know, you all.

19 MR. LEONARD: I would love to address
20 that, Assembly Member Barrett. Obviously, with,
21 if Outdoor RX is signed into law it will do, it
22 will go a long ways towards us being able to
23 better coordinate and synchronize across the
24 different state agencies, the parks, and the

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2 different organizations like mine that work in
3 the state. But the barriers are many and some of
4 them I think you would find surprising. I know
5 that you and I have spoke about this at length,
6 but for those that were not in the room at the
7 time, barriers to accessing the natural world are
8 state parks and public spaces have a lot to do
9 with equity and not having access to
10 transportation is obvious, but less than obvious
11 is the lack of education or knowledge around
12 where to go, what to do, why they would even
13 participate in outdoor activities to begin with,
14 and what to do when they get there. These are
15 all barriers that can be addressed through
16 outdoor education that the state already provides
17 at some level just not in a coordinated way
18 targeting the most vulnerable or marginalized
19 population.

20 ASSEMBLY MEMBER BARRETT: Thank you,
21 Eva, do you have some thoughts on this?

22 MS. USADI: Yes, thank you so much,
23 Didi, I do. I mean, my first thought and I don't
24 mean to be, you know, I don't know what the right

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2 word is, but we need a vaccine and I mean,
3 clearly we have to have treatment available
4 that's going to allow people to be able to be
5 close enough even outside and feel safe about it,
6 and you know, an example is that the horse farm
7 that we work out of is still closed and they
8 don't know when they're going open. And really
9 they're closed for the right reason because they
10 recognize that if their staff gets sick they're
11 not going to be able to care for their animals.

12 And so, you know, even if we wanted to
13 go there and do some things outside we don't have
14 access to that. I know a lot of programs
15 throughout the state that use horses as we do,
16 are in the same boat. So I think that all of
17 these are issues, transportation to get there,
18 people understanding why they should do things in
19 nature. Last night we had a webinar on our
20 Native American Sweat Lodge ceremony and we had,
21 we were very well attended and it was a very good
22 conversation, but that is not something we can do
23 remotely, and people really need to be able to
24 have the experience and it's profoundly healing

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2 to be in that experience with a native healer,
3 and many of these things just can't be done
4 remotely.

5 We're doing our best, you know, we can
6 do narrative medicine, we can do some other
7 things remotely, but we can't, you know,
8 facilitate people being outdoors through a Zoom
9 meeting, it's just not the same.

10 ASSEMBLY MEMBER BARRETT: This is so
11 tragic because these are -- obviously mental
12 health is such a huge issue and it's something
13 that's right there, it's the great outdoors is
14 and nature is just right there. So to feel like
15 we're constrained and don't have access to it
16 for, you know, for veterans and their families
17 just seems tragic. Any other, anybody else?

18 MR. BEHM: Yes, Assemblywoman Barrett,
19 to echo the sentiment from earlier we actually
20 had a great partnership with an equine program we
21 set up in February. We are getting ready for our
22 first class to start and then had to cancel it
23 because the facility shut down. We have tried to
24 adapt, in central New York we have some great

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2 local state and county parks so we've been
3 meeting veterans in a group maintaining social
4 distance and going on walks, taking the canines
5 out to do the same thing with veteran groups.
6 We've also been able to, once golf course
7 restrictions eased a little bit, we were able to
8 use some of our transportation resources to have
9 veterans meet at a golf course, again socially
10 distance and walk the course for some comradery.

11 So we're trying to get unique, but with
12 the restrictions it has been tough to do what we
13 normally do.

14 ASSEMBLY MEMBER BARRETT: Right, okay.
15 Thank you all, thanks very much. Senator.

16 SENATOR BROOKS: Assemblywoman Hunter.
17 Are you good, okay. Senator Ritchie.

18 SENATOR RITCHIE: Just thank you for
19 your testimony and I have no questions at this
20 time.

21 SENATOR BROOKS: Okay, if there's any
22 other legislators that have questions if they can
23 turn on their video screen that would be great.

24 ASSEMBLY MEMBER BARRETT: I think, I

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2 think Assembly Member Ashby has --

3 SENATOR BROOKS: No, yeah, no, that was
4 a lead so I could do him next so get a chance,
5 assemblyman, go ahead.

6 ASSEMBLY MEMBER ASHBY: Thank you.
7 Thanks Didi, and thank you chairman. It was a
8 great, great panel and Eva to your point, I found
9 it interesting over the last couple months and a
10 lot of friends of mine in the veteran community,
11 there's been almost an over population we've seen
12 of people on trails, at fishing access points and
13 it's almost become difficult to find access for
14 everybody and, you know, I know a lot of my
15 veteran friends out there have expressed kind of
16 the same thing because we go out into nature to
17 find that refuge and now it's, it's difficult to
18 find it and sometimes difficult to find parking
19 just to, just to go do it. And I'm wondering if
20 you guys in your experience are seeing veterans
21 have, you know, have those similar difficulties
22 and what are they, and what are they doing now
23 because of that, that's been effective?

24 MS. USADI: Are you asking me, Jake?

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2 ASSEMBLY MEMBER ASHBY: The entire
3 panel.

4 MS. USADI: Yeah, well I, you know, I
5 think it's a great question. I can tell you from
6 our staff, our staff are all combat veterans, our
7 support staff, that they're really trying to do
8 things where they know they're not going to be
9 running into a lot of people because that's the
10 other thing. You know, we don't want our
11 veterans to be isolated, but they also don't do
12 so well with civilians and especially crowds of
13 civilians. So it's not helpful that people are
14 crowding to the few places that are open, a lot
15 of, you know, state parks and national parks are
16 still closed. So my people are trying to find
17 places that they can go with a friend, you know,
18 one person who knows some remote area and they're
19 really trying to protect themselves in that way
20 even more so with these conditions.

21 ASSEMBLY MEMBER ASHBY: Thank you.

22 CMSGT. LEIS: If I may --

23 MR. LEONARD: I would add that it's
24 almost a like a, if, it feels like there's, that

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2 increase usage and things have gotten crowded,
3 but the reality is that the sheer size of the
4 population does not equate to most of them
5 getting outdoors because of their age. Because
6 the average age of the veteran is 65, many of the
7 200,000 vets in the city don't really know how to
8 get to these places because they've grown up in
9 an urban environment where spending time outdoors
10 is not something that they were encouraged to do
11 or taught to do or that they feel comfortable
12 doing. The need for outdoor education has
13 definitely not decreased just because we see more
14 people with access to cars and maybe some
15 experience in knowing how to get outside,
16 primarily white families in the State of New
17 York, having that opportunity is something
18 they've grown up with.

19 When we look at the marginalized, the
20 under-represented veteran populations, especially
21 those in the urban environments in the cities, we
22 don't see an increase in their participating in
23 outdoor activities. We see the same percentages,
24 which is almost 75% of the veterans that we say

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2 we surveyed in the Bronx still do not have access
3 to the natural world other than what they find on
4 the blocks that they live on.

5 ASSEMBLY MEMBER ASHBY: Thank you.

6 CMSGT. LEIS: I was just going to say,
7 through our agency in particular with the Joseph
8 Dwyer project, we've been able to put together a
9 few virtual run series. Many of our younger
10 veterans who want to stay physically active, like
11 I said before the gyms were closed, we've been
12 able to put teams together and from a socially
13 distance perspective, go into state and local
14 parks to be able to do those runs and physically
15 see people from a distance, but that's been
16 helpful for them to get out, out in the outdoors
17 and the environment again and feel healthy.

18 ASSEMBLY MEMBER ASHBY: Okay, thank you
19 all.

20 SENATOR BROOKS: I'd just to like say,
21 I'm sorry, assembly member, are you done, I
22 apologize?

23 ASSEMBLY MEMBER ASHBY: I am, Chairman,
24 thank you.

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2 SENATOR BROOKS: Okay, you know, each of
3 you are kind of in a different situation all of
4 which is greatly driven by the virus and that is
5 that the norm is not there anymore. Where you're
6 working with group activities or outside
7 activities, we, the term, you know, the real
8 solution I guess is a vaccine at the end of the
9 day, but we've got such challenges and as we, as
10 we realize that there may well be another wave to
11 this virus, how are you going to change your
12 programs if that's, if that's going to be the
13 case and then to Kirby, we've talked about this a
14 lot, but the ability to save those facilities
15 that we have and fund them and it's become even
16 more challenging where they might have a rental
17 activity or something, opportunity rather,
18 they're not available. So how much thought are
19 you giving to the next six or eight months if
20 there's, if you will a COVID-2 in terms of the
21 outbreak of this, we see a re-visitation, what
22 that, what is that going to do to your programs?

23 MR. HANNON: Well, I can speak for the
24 VFW and the 30 some odd organizations that belong

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2 to the New York State Veteran's Council and that
3 is that if they have a facility then the -- and
4 the facility can operate even on a part time
5 basis then they'll certainly pursue that. I
6 think that they'll also pursue other forms of
7 outreach and probably beef up the electronic
8 capability of the posts that remain financially
9 solvent. The ones that don't remain financially
10 solvent, obviously senator, are going to go by
11 the wayside and I think the same is true even
12 though the county facilities house the veteran
13 service officers, the same would be true. I
14 think there's going to be a big augmentation of
15 electronic outreach, there's going to be training
16 type of challenge that is like never existed
17 before in terms of trying to conduct in person
18 interviews and the like so that we can continue
19 to get that stream of federal dollars for New
20 York State veterans for the things like COVID
21 deaths, which was discussed earlier.

22 So I think our plans are evolving and
23 certainly we can probably use help with a lot of
24 that, but the bottom line, senator, I think is

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2 that we got to change the way we do business and
3 hopefully, we can do business in some fashion or
4 another.

5 SENATOR BROOKS: Anyone else?

6 MS. USADI: Yeah, from my perspective,
7 you know, there are aspects of our program we can
8 do remotely and we have considered, we're having
9 a meeting in a couple of days because we thought
10 about maybe this group that is registered for our
11 October program that we don't think we'll be able
12 to conduct that we could start meeting with them.
13 As a group we could do some group, you know, as a
14 trauma therapist I don't like to bring people
15 together and then actually not be able to treat
16 them because it's not very helpful. So we want
17 to be able to do some things that will be
18 therapeutic and that will really move people to a
19 different place in terms of their own, you know,
20 challenges from service.

21 And so we're thinking very carefully
22 about what we could do. One of the challenges we
23 have and I know I had a conversation with Ms.
24 Barrett about this a while ago is that, you know,

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2 because of the restrictions about how people are
3 able to use their licenses. For example, we have
4 people coming, registered for our October program
5 who are from all over the country and some of
6 them are from under serviced areas, especially
7 the south and the southwest where they just don't
8 have access to good enough services; and so, of
9 course, we have some from New York as well. But
10 even if I wanted to do a group MDR session
11 because this can be done in a group and I'm
12 qualified to do it, I don't have permission to
13 treat a veteran from a different state where I'm
14 not licensed.

15 So it's like every step along the way we
16 run into some kind of obstacle, which we're
17 trying to think through. And it's also an issue
18 with TriCare who, you know, there's certain
19 sections of the country where when we have a
20 veteran coming from not TriCare East we actually,
21 you know, can't bill for that. We can't bill
22 anyway, yet. So I think there are a number of
23 different levels of complications in terms of us
24 being able to do what we do best, but we are

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2 working, you know, creative response given the --
3 we don't think this is going to change any time
4 soon. And the other thing that we're doing is
5 that this has given us a little bit of an
6 opportunity to kind of regroup because we're
7 still looking for property. We have property
8 that we're working on buying and so that during
9 this period when we're really slowed down we can
10 get ourselves positioned properly so that when
11 the pandemic lifts we will be able to really
12 increase our operational tempo.

13 And that is something that we're working
14 very seriously on so that when things open up
15 we're not going to be doing a couple programs a
16 year, we're going to be doing a lot of programs
17 and so then we will hopefully be able to pull in
18 people that have been waiting not just for us but
19 for anything, you know, that could be helpful to
20 them.

21 SENATOR BROOKS: Any other comments?

22 Okay, we thank you all.

23 MR. LEONARD: Yeah, oh I'm sorry,
24 senator, I was going to add one --

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2 SENATOR BROOKS: Oh, go ahead.

3 MR. LEONARD: Which I think is relevant
4 for this conversation. The strategy that we put
5 in place over a year ago was to support the
6 passage of Outdoor RX that Assemblywoman Barrett
7 sponsored to the assembly, and then Senator
8 Benjamin in the senate and since that's passed
9 and its waiting for it to be signed into law, of
10 course, and then the pandemic hit all about the
11 same time. So our strategy has not changed
12 because passing that bill allows us to take our
13 work to a different level regardless of how we
14 deliver it, the bill would allow us to improve
15 the ability for us to coordinate outdoor
16 education, especially amongst communities who
17 aren't currently receiving them.

18 There are all different avenues that we
19 can reach into these communities. That bill is
20 going to let us study the different ways the
21 state and other organizations can work better
22 together to teach people and themselves how to
23 get out and enjoy our states parks and public
24 lands, and not rely on organizations like mine to

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2 come in and personally take them out on trips.
3 Because what do we touch a year in New York, 500
4 people out of 800,000 veterans, that's an
5 insignificant number of the population. So for
6 us to have a positive, but real effect on the
7 population we absolutely want to still see that
8 bill signed so that can working on solutions with
9 the DVS.

10 We're not changing our strategy so even
11 though we're not leading trips any more, we're
12 just switching to a virtual form of outdoor
13 education and trying to teach folks how to get
14 out there on their own to enjoy the benefits that
15 like our women's veterans group has enjoyed, but
16 to do that on a large scale we have to have help,
17 we can't do that by ourselves.

18 SENATOR BROOKS: Okay, well, we thank
19 you all very much for what you do and the time
20 you've given us today and collectively we'll all
21 continue to work to make the lives of our
22 veterans better. So we thank you very, very
23 much, and if we can bring in the participants of
24 our final panel that would be great. Thank you

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2 again.

3 ASSEMBLY MEMBER BARRETT: Thank you all
4 very much, be well.

5 MS. USADI: Thank you.

6 MR. LEONARD: Thank you.

7 SENATOR BROOKS: Okay, we got everybody?

8 MALE STAFF: All present.

9 SENATOR BROOKS: All present and
10 accounted for. Good afternoon, we welcome you to
11 our veterans' hearings associated with the, the
12 virus. We've had an opportunity to hear from a
13 number of panels, you're actually the final panel
14 of the day. I want to give each of our chairs
15 and ranking members an opportunity to provide you
16 with some opening remarks and then we'll move
17 forward the program. So if Chair, Chair Barrett,
18 I'm losing my voice here, would give us some
19 opening remarks that would be great.

20 ASSEMBLY MEMBER BARRETT: Sure, thank
21 you, Senator. I guess it must be time to wrap
22 this up because you're losing your voice. But I
23 just want to thank you very much for
24 participating. I, this is has been a very strong

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2 series of panels and I'm sure that that, that you
3 will continue that trend and we look forward to
4 hearing what you have to say and thank you for
5 making the time to be here.

6 SENATOR BROOKS: Okay, Chair Hunter?

7 ASSEMBLY MEMBER HUNTER: Good afternoon,
8 I know they were saving the best for last so I
9 know you're going to bring it home on this last
10 panel. Hopefully, you all had had an opportunity
11 to hear the testimony from others so definitely
12 interested in seeing either or hearing maybe
13 something new or something different that maybe
14 some of the others maybe had forgotten to mention
15 or some areas that there are gaps and
16 reinforcing, obviously, some of the things that
17 have been said, especially you folks who are
18 working the legal services area. I know that
19 funds are very, very tight and you are our first
20 defense in helping those who don't have many
21 resources and you're basically our last
22 opportunity for help. So definitely looking
23 forward to hearing from you, thank you.

24 SENATOR BROOKS: Okay, Assemblyman

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2 Ashby.

3 ASSEMBLY MEMBER ASHBY: Thank you,
4 Chairman. I want to thank this panel for hanging
5 in there for the last bit of it, grateful that
6 you're here and I look forward to hearing your
7 testimony.

8 SENATOR BROOKS: Okay and Senator
9 Ritchie.

10 SENATOR RITCHIE: I'd just like to add
11 the same sentiment. Thank you for staying with
12 us all day, we appreciate your time and I look
13 forward to hearing from all of you.

14 SENATOR BROOKS: Okay, so what we're
15 going to ask is each of you give a five
16 presentation, and then we'll go through a series
17 of questions. We truly appreciate you're being
18 here and, you know, you're the end of the line,
19 but as said we save the best to last. So there
20 have been a problems expressed today. We are the
21 assumption you're going to provide solutions to
22 each of them within your five minute
23 presentation, but we welcome to hear what you
24 have to say. So Meghan if we could start with

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2 you.

3 MS. MEGHAN BROOKS, STAFF ATTORNEY, NEW
4 YORK LEGAL ASSISTANCE GROUP: Certainly, Chair
5 Brooks, Chair Barrett, Chair Hunter, committee
6 and staff, good afternoon and thank you for the
7 opportunity to join you here today. My name is
8 Meghan Brooks, I'm an attorney with the Veterans
9 Practice of the New York Legal Assistance Group,
10 which is a nonprofit law office dedicated to
11 providing free legal service and civil matters to
12 low income New Yorkers. And I [unintelligible]
13 [05:00:19] Legal Health Veterans Initiative
14 operates legal clinics in the Bronx, Manhattan
15 and the North Port VA Medical Centers and it
16 includes the nation's first legal clinic focused
17 entirely on women veterans.

18 Meanwhile our veterans practice is a
19 community-based program, it provides
20 comprehensive services to veterans and their
21 families regardless of their discharge status and
22 eligibility to use the VA healthcare system.
23 Across our practices we've certainly seen COVID-
24 19 bring new challenges, but more so the pandemic

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2 has compounded the already serious economic and
3 mental health challenges that New York's 800,000
4 veterans already faced. I actually would like to
5 recognize that just an hour ago I learned that a
6 client of mine died likely by suicide yesterday.

7 Simple fact is that veterans mental
8 health challenges are exacerbated by the stress
9 of poverty. New York veterans have a lower
10 educational attainments and a lower income of the
11 national average. Only 17% of New York veterans
12 receive disability benefits. It's significant
13 lower than the national average of about 24%.
14 This gap suggests that more than 50,000 New York
15 veteran families lose tens of millions of federal
16 benefits dollars and accompanying healthcare
17 benefits every year. These benefits are needed
18 now more than ever yet even in good times 88% of
19 low income veterans report receiving inadequate
20 or no professional legal help for their civil
21 legal problems. NYLAG seeks to close that gap
22 despite ongoing resource constrictions and we
23 continue to do so during the pandemic. When the
24 pandemic hit we demanded that VA quickly issue

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2 COVID responsive policies nationwide and we won.
3 On the ground we established a COVID-19 legal
4 resource hotline. Through the hotline we have
5 assisted more than 1500 individuals and their
6 families to date, including many veterans.

7 The three biggest issues we've been
8 seeing relate to housing, employment and of
9 course, benefits. On the housing front shelters
10 have experienced a veterans surge during the
11 pandemic with estimates that nearly 25% of New
12 York City renters are not current on rent, much
13 of the burden of preventing veteran homelessness
14 will fall on legal services. I understand that
15 as of today the courts have extended the eviction
16 moratorium through October 1st, but we know this
17 pandemic will last far longer than that and
18 temporary measures do not stem my client's
19 housing anxieties. Regarding employment an
20 estimated 14% of all veterans employed before the
21 pandemic have since lost work and since veterans
22 begin their careers later and because their
23 military background does not always translate to
24 the civilian workforce, it takes them longer to

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2 find new employment. Veterans will need legal
3 advocates to help them navigate the unemployment
4 system and to access VA educational, job training
5 or monetary benefits until they can get back to
6 work.

7 As always assistance with VA benefits
8 and healthcare access remains a prominent unmet
9 need. In fact, a lot of the income and
10 healthcare related issues that we see tend to be
11 at the root of the other legal issues our
12 veterans are encountering. Veterans who have
13 been improperly denied critical benefits need
14 attorneys who are well versed in the complexities
15 of the appeals process to help them put together
16 well documented claims that will result in
17 receiving the benefits they've earned.

18 And so there are two main ways we would
19 encourage New York State to respond. First, New
20 York should expand its transformational
21 Disability Advocacy Program or DAP, which funds
22 legal services to fight social security denials
23 to veteran's benefits. Just as DAP actually
24 generates revenue for New York by bringing in

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2 federal Social Security dollars, a veterans DAP
3 would help bring New York veterans VA benefits
4 access to the national average. Similarly,
5 bringing federal dollars to New York and more
6 importantly delivering benefits and healthcare to
7 New York veterans and families when they need it
8 most.

9 Second, this body should pass bill
10 #A10093, which would provide a civil right to
11 counsel for veterans at or below 400% of the
12 federal poverty line who are facing common state
13 law issues. These are issues that push veteran
14 families further into poverty if unresolved. And
15 broadly speaking the issues are foreclosure and
16 eviction proceedings, public benefits hearings,
17 wage theft cases and child support proceedings.
18 As New York works to recover from the impact of
19 COVID-19 civil legal services will continue to be
20 critical and state support for these services
21 will help veterans get back on their feet. Thank
22 you and I'd be happy to answer any questions.

23 SENATOR BROOKS: Thank you, Logan.

24 MR. LOGAN CAMPBELL, PROJECT COORDINATOR,

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2 CITY BAR JUSTICE CENTER'S VETERANS ASSISTANCE

3 PROJECT: Good afternoon, everyone, thank you so

4 much for having me here and Meghan, I'm very

5 sorry to hear of the loss of your client. I'm

6 Logan Campbell, I'm the project coordinator of

7 the City Bar Justice Center's Veterans Assistance

8 Project, also known as VAP. VAP helps low income

9 disabled veterans in New York City by providing

10 pro bono legal assistance on issues related to

11 their claims for benefits from the VA.

12 In fiscal year 2020, we helped our

13 clients obtain over \$850,000 in [unintelligible]

14 [05:05:27] benefits and nearly \$20,000 in monthly

15 recurring benefits. I've served in this role for

16 over two years and I'm the first point of contact

17 for all veterans seeking assistance from VAP.

18 I'm testifying here today as representative of

19 the City Bar Justice Center, I'm honored to

20 highlight parts of the City Bar Justice Center

21 longer in testimony.

22 The most prevalent and concerning trend

23 of the City Bar Justice Center has noticed among

24 New York City's low income veteran population, is

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2 the sheer volume of issues they are facing. We
3 have spoken with too many veterans who have lost
4 their jobs or have had to drop out of school.
5 Too many veterans concerned about whether they
6 will have housing next month, who have suddenly
7 been tasked with serving as caretakers for their
8 elderly and ailing family members. All this in
9 addition to managing the service connected
10 disabilities from which they suffer.

11 Given the genuine impressing crises
12 these veterans are facing, it should no surprise
13 that some are opting not to pursue VA benefits
14 claims at this time. VAP has seen multiple
15 potential clients decide not to proceed with
16 receiving assistance under VA benefit claim
17 because they do not presently have the time to
18 devote to it. It is well known among the
19 veterans community how absurdly long the process
20 can take. Many veterans do not have the time to
21 navigate such a process as the need they are
22 facing are immediate. What good are retroactive
23 benefits to someone who needs the money to deal
24 with the issues in the present? Veterans fear

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2 they won't get to use benefits for years or even
3 in their lifetime. Unfortunately, this fear is
4 not unfounded as VAP has already lost one client
5 to COVID while they were in the middle of their
6 claims process.

7 However, for each veteran who decides
8 not to pursue a claim with VAP there are at least
9 as many if not more seeking VA benefits because
10 it offers a stable income source in these
11 tumultuous times. The demand for our services is
12 currently so high that we have had to close our
13 intake line for the second time in the last two
14 years. The causes of this urgent demand beyond
15 VAP's capacity we believe are two-fold. The
16 first being the need for a steady source of
17 income these benefits provide. The second is
18 then an already arduous process has only become
19 more onerous on our clients. Though, the VA has
20 shifted to a remote work model in a relatively
21 successful manner there is still increased
22 obstacles for our veterans such as an indefinite
23 delay to many compensation and pension exams,
24 which the VA requires a significant amount of

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2 veterans undergo before adjudicating their claim.
3 Even outside the VA this process has become more
4 difficult for our clients.

5 Many of our clients have limited access
6 to the internet or in some other manner lack the
7 necessary resources to sign documents digitally.
8 With the extra steps our office now has taken to
9 send -- now has to take to send and receive mail
10 coupled with the ailments of an embattled post
11 office, our clients are experiencing even greater
12 delays. This is just one example of the many
13 logistical obstacles that have arisen. Our
14 office is actively working to mitigate delays and
15 avoid these obstacles. For instance, we have
16 completely shifted our entire pro bono model,
17 which used to rely on an initial in person
18 meeting between the client and their attorneys to
19 a complete remote model. We have started
20 obtaining most of our clients records using the
21 VA's online database, developed retainers that
22 can be texted to clients and signed using
23 Smartphones and found a host of new ways to
24 communicate with clients while remote. However,

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2 despite all this some delays are still
3 inevitable.

4 The City Bar Justice Center's Veterans
5 Assistance Project is doing our best to overcome
6 these obstacles and answer the surge in demand,
7 but given our current staffing and funding levels
8 we cannot increase our capacity to match. As
9 this pandemic continues to prove unpredictable,
10 veterans will continue to seek stable sources of
11 income such as VA benefits. Unfortunately, these
12 benefits are only becoming more challenging to
13 obtain and veterans will increasingly need
14 assistance to get them. We hope that when they
15 do the state ensures there are enough resources
16 available to them. Thank you for your time and
17 attention today. I'm happy to answer any
18 questions you may have.

19 SENATOR BROOKS: Thank you very much,
20 Peter.

21 MR. PETER KEMPNER, LEGAL DIRECTOR &
22 ELDERLY PROJECT DIRECTOR, VOLUNTEERS OF LEGAL
23 SERVICE: Thank you, good afternoon. My name is
24 Peter Kempner and I'm the legal director of

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2 Volunteers of Legal of Service, also known as
3 VOLS. VOLS was established in 1984 and our
4 purpose is to leverage private attorneys to
5 provide free legal services to low income New
6 Yorkers to help fill the justice gap. I'm also a
7 member of the veterans committee at the Statewide
8 New York Legal Services Coalition. The coalition
9 consists of 50 legal services providers who
10 collectively serve every single county in New
11 York State. My testimony today is on behalf both
12 of VOLS and of the coalition.

13 In addition to my duties as director of
14 Volunteers of Legal Service I founded and
15 supervise the VOLS veterans initiative. I also
16 created and teach the Veteran's Justice Clinic at
17 New York Law school. I sit on the New York City
18 Bar Association's Committee on Military and
19 Veteran's Affairs. I'm a member of the New York
20 State Bar Association's Veteran's Committee and I
21 co-chair the New York City Legal Services working
22 group and I've held many past positions focused
23 on the civil, legal needs of low income veterans
24 in New York State.

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2 We thank the committee for, the
3 committees for holding this critical hearing to
4 examine the impact of COVID-19 on New York's
5 veterans and my testimony today will focus on two
6 legal issues faced by New York's veterans in the
7 wake of COVID-19 crisis and how it is more
8 important than ever to ensure that veterans have
9 access to free legal services in order to fend
10 off potential devastation. Those two issues are
11 eviction and homelessness prevention and the
12 other one is planning for the future and end of
13 life planning. Prior to the COVID-19 outbreak,
14 the VOLS veterans initiative conducted weekly
15 legal clinics at the Manhattan campus of the VA
16 Hospital where we provided free civil legal
17 services to low income veterans age 60 and over.

18 After the crisis shut down the VA
19 Hospital to outside visitors, we shifted our
20 services online and launched a legal hotline for
21 low income elderly veterans to reach us. The
22 number one legal issue that is faced by the
23 veterans we serve is eviction and homelessness
24 prevention. Over the past decade New York State

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2 alongside the legal services community, county of
3 veterans services agencies, veterans service
4 organizations, the VA and other community
5 partners have made tremendous strides in
6 addressing veteran homelessness using a
7 combination of federally funded programs like
8 SSVF, HUD BASH Section 8, Ransom Per Diem in
9 combination with local programs like the
10 Universal Access to Counsel Program in New York
11 City, New York has cut its veteran homeless
12 population significantly.

13 But the COVID-19 crisis has the
14 potential to undo much of the progress which we
15 have made and return us to the days where veteran
16 homelessness was much more prominent and
17 widespread. It's estimated that tens of
18 thousands of New Yorkers may face homelessness
19 when the current moratoriums on eviction filings
20 and eviction executions are lifted. Undoubtedly,
21 there are scores of veterans among those facing
22 homelessness, and many of these veterans are the
23 most vulnerable. They have mental health issues,
24 substance abuse issues, they were formerly

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2 homeless and if evicted making these veterans
3 will end up in shelters and on the streets.

4 To prevent this backslide, we have to do
5 everything we can to prevent the eviction of
6 veterans and accessing free legal services has
7 proven to be a critical tool to prevent this from
8 happening. It's also essential that veterans who
9 are most vulnerable to poor health problems if
10 infected with COVID-19 can engage in proper life
11 planning. A core part of our work is to provide
12 free wills and advanced directives to low income
13 senior veterans. These critical documents ensure
14 that the wishes of senior veterans are clear and
15 carried out by the people that they love and they
16 trust the most. Veterans infected with COVID-19
17 may find themselves in a medically induced coma
18 and on a ventilator for weeks or months. During
19 this time, rent will go unpaid, bills will pile
20 up and in the case of long term and
21 incapacitation loved ones may have to file costly
22 and unpleasant legal proceedings such as
23 guardianship.

24 A veteran who has the ability to put a

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2 proper plan in place by completing a power of
3 attorney, a healthcare proxy and other advanced
4 directives can ensure that the negative
5 consequences of an incapacity are minimized or
6 even avoided by empowering their loved ones with
7 the proper tools to handle their affairs while
8 they battle the virus, they could focus on
9 healing instead of worrying about whether or not
10 they'll have a home to return to when they're
11 released from the hospital. The common thread
12 that brings these things together as I think
13 you've heard repeatedly over the course of the
14 day is how access to free civil legal services
15 counsel is transformative for veterans. If
16 needed, eviction prevention, life planning,
17 access in critical government benefits and on so
18 many other fronts having access to free civil
19 legal services helps abate the negative impact of
20 COVID-19 on New York's veteran community. Thank
21 you for allowing us to submit this testimony and
22 for holding this hearing and I'm happy to answer
23 any questions that you have.

24 SENATOR BROOKS: Thank you. So we'll

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2 begin our questioning with Chair Barrett.

3 ASSEMBLY MEMBER BARRETT: Thank you,
4 Senator. Thank you, all three of you, first of
5 all Meghan, my condolences on the loss of the
6 client, that's got to be --

7 MS. BROOKS: Thank you.

8 ASSEMBLY MEMBER BARRETT: -- a pretty
9 traumatic experience, somebody that you've been
10 working that closely with. And thank you all,
11 and clearly you're all very passionate about the
12 work that you do and it's obviously really
13 important work and I feel like I'm already
14 depleted in a day of asking of questions to come
15 up with some new things to ask, but I do want to
16 sort of touch base with Peter. The, what I heard
17 from you that was particularly new today was
18 about the end of life planning and you know, kind
19 of like Pattie, I lost my mother in the last few
20 weeks and so it's kind of fresh in my mind to
21 deal with, you know, how all of the complexities
22 involved in, you know, in that. Were these
23 experiences that you specifically had during
24 COVID with clients or is, is your, you know, vast

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2 knowledge and expertise kind of anticipating that
3 these are, you know, these are situations that
4 that veterans need to be prepared for and, you
5 know, and others in a crisis like this.

6 MR. KEMPNER: So our organization has
7 had a practice focused around life planning for
8 over two decades. We had started it in our
9 elderly project and just created it in our
10 veterans initiative about two years ago to extend
11 those services in a focused way on veterans and
12 doing outreach at the VA Hospital and other
13 VSO's. During the crisis, we actually also
14 launched a COVID-19 frontline in healthcare
15 workers initiative to provide free life planning
16 documents to people who are working on the
17 frontlines during the COVID-10 crisis, both in
18 hospitals and other healthcare settings, home
19 care workers and the like. So this issue is
20 something that has been important to our
21 organization for a long, long time, but it really
22 brings it into stark relief now about why this is
23 so important when we see folks who are unable to
24 get to their loved ones in the nursing homes. To

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2 see people who will become incapacitated and
3 their loved ones don't have the tools that they
4 need to deal with the banks and deal with their
5 landlords and deal with government agencies in
6 order to access Medicare and Medicaid and VA
7 benefits and whatever it is.

8 And so for us it just reinforces why
9 this practice is so important and you see so much
10 in the free legal service world, no choice but to
11 be defensive, right. So much of the practice is
12 around representing tenants who are facing
13 eviction, but this practice is something that's a
14 little more proactive, to have people plan for
15 the future. We want them to have the right tools
16 in place and hope they never have to use them,
17 but sometimes they do.

18 MS. BROOKS: And I would just like to
19 second that at NYLAG we're also seeing a huge
20 uptick in advanced planning needs and like Peter
21 said you can be offensive in a lot of these,
22 offensive in a lot of these circumstances, but
23 unfortunately, COVID has put us on the defense on
24 a lot of situations as well and there have been

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2 several instances where unfortunately, a client
3 had COVID and we just weren't able to get there
4 in time due to various technologies and things
5 like that.

6 MR. KEMPNER: Right and this echoes back
7 to some of the conversations from earlier with
8 broadband access and access to technology
9 particularly for older veterans who aren't tech
10 savvy and don't have that access that some of the
11 other ones do. Thank goodness the governor had
12 issued multiple executive orders allowing for
13 remote notarization, remote witnessing of these
14 documents and recently both houses of the state
15 legislature passed the bill that will simplify
16 their power of attorney law and hopefully,
17 Governor Cuomo will sign that bill. But we want
18 to make these things as accessible as possible.
19 Technology is important, making the process
20 simple is important, but there are those barriers
21 that are still there especially when we can't
22 meet our clients in person. We would often do
23 hospital visits and home visits, we can't do
24 those right now.

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2 ASSEMBLY MEMBER BARRETT: Thank you,
3 thank you all very much.

4 SENATOR BROOKS: Chair Hunter.

5 ASSEMBLY MEMBER HUNTER: Yes, thank you
6 and again I want to extend my condolences, you
7 know. I've had opportunity at my own American
8 Legion Post that, you know, there's a couple
9 folks that we watch very, very closely because of
10 PTSD and during this time, you know, as we
11 instituted a buddy check program, you know, is to
12 make sure that we are really trying to keep an
13 eye, but you know, it's very difficult.
14 Resources are slim and, you know, we have our own
15 families in some ways to take care of and
16 obviously, these are your clients and it's just
17 ever more important it seems that we do have to
18 be proactive and I'm just wondering, you know, if
19 there's any way, you know, again, I know it
20 always comes to resources throughout, you know,
21 all of the work that you all are doing, if
22 there's any way to even be more proactive. I
23 know, Pete, you were saying about advanced
24 planning, you've been that for 20 years, but it

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2 seems to me, you know, there has been a run to,
3 you know, making sure people's, you know, wills
4 are in place and things are in order.

5 The folks that are most indigent and who
6 need the most need, I know I need my eviction
7 notice taken care of right now, but it's being
8 able to have a calm conversation about and what
9 about all of these other things, because when you
10 get to the hospital during a high peak of COVID
11 time and the person presents at the door, that
12 could be the last time you see that person.

13 You're not allowed inside, you can't and you
14 know, you're talking with them by the phone and
15 it just seems to me we're talking about veterans
16 now. If we know who they are and I know that's
17 been a huge concern with the agency, not knowing
18 who the veterans are, but at least with this
19 small population if we could get to them and kind
20 of assist them, especially the ones who need help
21 in advance, it seems like some of the things that
22 you all are going through right now definitely
23 could be, you know, minimized for the next wave
24 of COVID or for the next, you know, pandemic or

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2 for the next whatever happens going forward.

3 It just seems having these conversations
4 all today we've definitely seen gaps, but it's
5 incumbent upon many of your legal service
6 organizations to, you know, to be their front
7 facing for all of these veterans. So, you know,
8 that's not necessarily a question unless you all
9 had a comment on that, but it seems to me if
10 there's any way that we could be more proactive
11 knowing that this is going to, you know, keep
12 continuing your agencies are at the frontlines to
13 be able to do that.

14 MS. BROOKS: Absolutely, I would agree
15 with that and I would just add that when it comes
16 to being proactive some of the most difficult
17 things to do are identifying what someone is
18 eligible for. We often see in legal services
19 especially for folks who aren't veteran providers
20 specifically, people just aren't issue spotting
21 for the types of things that could be available
22 not only to veterans, but to veterans spouses,
23 veteran survivors, things like pensions, things
24 like dependency and indemnity compensation,

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2 things like HUD BASH vouchers like Pete
3 mentioned. It's really about issue spotting,
4 which it's why it's very important to get someone
5 who's well trained in veterans issues and
6 familiar with what's going on to take a look at
7 clients coming through the door to see what else
8 can be done to help that person reach stability
9 economically with regards to their health, the
10 list goes on.

11 MR. KEMPNER: And I'll add to that. I
12 think that education piece is critically
13 important for all legal service providers to be
14 thinking about what is unique about serving
15 veterans. One of the things that I have always
16 pushed is making sure that legal service
17 providers and frankly, and other organizations
18 are screening for military service when they're
19 intakes with clients. And so you have to ask the
20 question to know whether or not the person that
21 you're working with has served in the military,
22 and you also have to know how to ask that
23 question. I know that that folks have said
24 earlier today and I think Benjamin actually said

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2 it, was that some of these people won't say I'm a
3 veteran, but if you ask in a manner that says,
4 have you served in the military, they might say
5 yes to that, but they won't say yes to being a
6 veteran because of their discharge status,
7 because of when they served. And so it's
8 important to educate around that.

9 We're actually doing a program in
10 conjunction with Fordham Law School in a couple
11 of weeks to train housing attorneys statewide in
12 veteran and military cultural competency. So to
13 teach them to ask the questions, teach them why
14 it's important. I know in my practice through
15 the years, you know, finding out that somebody
16 had served was the key to solving the problem.
17 I've had clients who said to me well, I can't
18 afford the rent and I learn that they're veteran
19 and I'm able to get them on VA pension or some
20 other benefit and then they are able to stay in
21 their home. And I know this has been hinted at
22 before, and Meghan said it in different words,
23 but I always say that the problems of low income
24 people are an interconnected web. When somebody

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2 presents to you with a housing problem, it's
3 often a benefits problem. If somebody presents
4 to you with a benefits problems, it's often a
5 family law problem because of child support like
6 Dao Sun had said earlier today.

7 And so to have that holistic view and to
8 make sure that everybody is screening for
9 military service will allow us to serve the
10 veteran community better.

11 SENATOR BROOKS: Ranking member Ashby.

12 ASSEMBLY MEMBER ASHBY: Thank you, Mr.
13 Chairman. Thank you to the panel, it was great,
14 great testimony. Ms. Brooks, I'm very sorry to
15 hear of the loss of your client.

16 MS. BROOKS: Thank you.

17 ASSEMBLY MEMBER ASHBY: I really
18 appreciate you being here and taking the time to
19 do this despite, despite that loss. I imagine
20 this is the reason why, this is the reason why
21 you're doing it and thank you for that. Earlier
22 in your testimony you talked about only 17% of
23 our state's veterans receiving federal benefits.
24 I'm curious just to know where you got that

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2 figure from.

3 MS. BROOKS: Sure, it's from a legal
4 services corporation survey that was conducted a
5 couple years ago.

6 ASSEMBLY MEMBER ASHBY: Okay.

7 MS. BROOKS: I believe it's cited to in
8 my written testimony.

9 ASSEMBLY MEMBER ASHBY: Okay --

10 MR. KEMPNER: It was actually, it was
11 actually by the New York City Bar Association who
12 conducted that survey.

13 ASSEMBLY MEMBER ASHBY: Okay.

14 MR. KEMPNER: Logan's organization was a
15 partner to Logan's organization.

16 MS. BROOKS: Apologies, Logan.
17 [unintelligible] [05:25:48] written.

18 MR. KEMPNER: It's a May 2018 study that
19 the New York City Bar Association published.

20 ASSEMBLY MEMBER ASHBY: Okay, well, I'm
21 really, really grateful for that figure and it's
22 very, it's very concerning; very concerning that
23 still over half a million of our, well over half
24 a million, over 600,000 veterans would not be

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2 receiving federal benefits that they need and I'm
3 wondering what we could do a better of in terms
4 of screening and augmenting the Division of
5 Veterans Services and their capability to
6 identify veterans of, you know, I think the
7 Department of Transportation and, you know, let's
8 say they were a fraction of the agency that they
9 were, would they be as efficient as they are in
10 maintaining our roads, making sure that people
11 have driver's licenses and implementing all those
12 things. The elevation of the Division of
13 Veterans Services to a full state agency, which
14 would make them more eligible for a lot of the
15 federal funding then I would imagine many states
16 are receiving now could have an impact on this
17 number. You, what are your thoughts on that?

18 MS. BROOKS: Certainly, that would make
19 a lot of sense. I would also note like you had
20 mentioned earlier, one of the barriers that we
21 see so often is folks not identifying as veterans
22 because they received a "bad paper discharge."
23 So one thing that could really be focused on is
24 reaching out to those veterans the screening

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2 question should be did you ever serve in the U.S.
3 military. And also funding, discharge upgrade
4 and similar work, again, thanks to Chair Barrett
5 for her incredible work on the Restoration of
6 Honor Act, that's something that we'll be
7 focusing on and NYLAG as well actually the
8 clients interested in the vendor's license in the
9 city that could help out with. And so it's sort
10 of reaching these populations that haven't
11 historically been reached that I think could help
12 bring those numbers up quite a bit, in addition
13 to other more [unintelligible] [05:27:46]

14 ASSEMBLY MEMBER ASHBY: Thanks for your
15 response and input.

16 MR. KEMPNER: And can I also echo
17 something that Meghan had pointed out earlier and
18 there is a program in New York State already the
19 DAP program, the Disability Advocacy Program for
20 Social Security Benefits. New York has
21 recognized that having counsel in these hearings
22 for federal benefits is an incredibly smart
23 investment. You spend a little money to provide
24 representation and then you get somebody benefits

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2 for a lifetime, and its trickle up economics
3 where people who are low income immediately take
4 that money and they spend it on rent, they spend
5 it at a local grocery store and they spend it on
6 other goods and services in the local economy,
7 which then creates tax revenue for New York
8 State. And so these, these programs pay for
9 themselves and also any veteran who is on state
10 benefits, public assistance benefits, or other
11 state or local funded programs, once they get on
12 VA benefits like the work that Logan does, then
13 they come off of those state benefits and so we
14 have less veterans on our local welfare rolls and
15 less money coming out of local coffers and more
16 federal money in the local economy.

17 MS. BROOKS: Absolutely.

18 ASSEMBLY MEMBER ASHBY: Go ahead, Logan.

19 MR. CAMPBELL: Could I just add a bit to
20 that? I just want to dive a little bit deeper in
21 the numbers to show just how far behind that 17%
22 puts New York State and this is all coming from
23 the City Bar report that Pete mentioned. We're
24 at 17%, the national average fluctuates 23 to 24%

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2 of veterans receiving these benefits, whereas you
3 have large states like Texas and California
4 receiving 29 and 25% respectively. So the
5 investments Meghan and Pete are talking about
6 there's a lot of room for New York to improve in.
7 There's a lot of benefits to give our veterans.

8 ASSEMBLY MEMBER ASHBY: I'm wondering in
9 that study that you all had cited earlier, the
10 generational makeup of it, so are you finding
11 that post-911 or I'm sorry, OIF, OEF veterans are
12 more likely to be receiving benefits versus Gulf
13 War, Vietnam era, Korea and World War II
14 veterans?

15 MR. CAMPBELL: That was one of the
16 things we were more concerned about. I think a
17 lot of people have referenced how New York has a
18 relatively older veteran population --

19 ASSEMBLY MEMBER ASHBY: Right.

20 MR. CAMPBELL: -- which our intuition
21 was they're older, they're more likely to have
22 disabilities and their disabilities are more
23 likely have become severe. So we expected that
24 those veterans should be getting those benefits

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2 whereas they're just for some reason not. So I
3 don't want to give a definitive answer to yours
4 just because I haven't parsed that out of the
5 data specifically, but it's definitely a very
6 concerning trend.

7 ASSEMBLY MEMBER ASHBY: Appreciate it,
8 thank you.

9 SENATOR BROOKS: Okay, if there are any
10 members on that have a question if they could
11 turn on their video, that would be great. Ranker
12 Ritchie.

13 SENATOR RITCHIE: I would just like to
14 say to Meghan, I'm sorry for your loss too and I
15 certainly appreciate your compassion for those
16 that you represent along with the other two
17 panelists. It's certainly, it's certainly comes
18 across. I know that I have been, I think
19 astonished, shocked, I don't know what else to
20 say about the number of veterans that keeps
21 coming across that have not applied for any
22 services that are struggling. And, you know, I'm
23 trying to think what I can do just in my own
24 little world up here on my end to try to

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2 advocate, try to get information out. Any kind
3 of correspondence to the people that I represent
4 in my district to make sure that they know that
5 they can check because the 30% number is just so
6 hard, hard to fathom that there's that many
7 people out there who could be receiving benefits
8 especially now in such trying times and they've
9 not applied for anything or they don't know how
10 to apply or it's too complicated. And I'd just
11 ask in closing is there anything that you think
12 locally because I think you, I'm, my part of the
13 state is probably quite a ways away from where
14 most of the people you're taking care of or
15 trying to help are, what can we do state wise to
16 try to raise the level of awareness of what might
17 be out there and the people who are falling
18 through the cracks?

19 MS. BROOKS: Thank you, you represent
20 Fort Drum area, is that right?

21 SENATOR RITCHIE: Yes.

22 MS. BROOKS: I actually, I have spent
23 4th and 5th grade up at Fort Drum, it's a great
24 place. But I will say that and just on that note

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2 we are seeing a surprising number of recently
3 separated service members. So folks who've just
4 gotten out of the military, who for some reason
5 and DOD is supposed to be doing this, but for
6 some reason their service benefit applications
7 aren't getting in or they're just not being
8 hooked up to the benefits they need to be hooked
9 up with. So even in your district like if
10 there's a large military installation there and
11 being many other districts in the state where
12 there are military installations, those sorts of
13 localized, I think, I think [unintelligible]
14 [05:33:24] could be very useful in addition to
15 any other sort of broad statewide efforts.

16 SENATOR RITCHIE: Thank you.

17 MR. KEMPNER: And I know there was a
18 discussion earlier about discharge and, and what
19 kind of information folks are given and how, what
20 DOD does is frankly just insufficient and so I
21 think much of it should be coming from the
22 federal government, where they should make sure
23 that veterans are connected to, to not only the
24 VA, but also local veteran services organizations

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2 that they're given information going forward and,
3 and maybe even turn that information over to the
4 state DVS and local DVS's in order for them to
5 have the list so they could follow up with them.

6 SENATOR RITCHIE: Thank you. Thank you
7 all for your time.

8 SENATOR BROOKS: First, Meghan, let me
9 join with everyone else and our condolences for
10 your loss. And let me say to all of you you're
11 sincerity and your commitment to what you're
12 doing was very, very clear. Meghan, when you
13 told us the situation you could see, see it in
14 your eyes, you could see it in your face. We
15 have work to do, there's no question about that.
16 The virus itself has made, if you will, their
17 lives much more complicated and the fact that
18 people aren't aware of their benefits we've got
19 to get that information to them multiple ways.
20 And we have to recognize many times when people
21 are separating from service, they're really not
22 ready for the change that's about to come about.
23 You know, we heard from many, many people today
24 and there are some suggestions and we have to

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2 find all the solutions that we need, but it's
3 people like you that are putting in the
4 dedication and the commitment and when something
5 doesn't go right feel the sense of loss that
6 Meghan did, that's going to help us get to where
7 we have to get to.

8 Everyone that's on, on this, everybody
9 that serves in these committees is very, very
10 committed to helping the veterans of this state,
11 as was for many, as we said they're not aware of
12 what they're entitled to and we have to change
13 that. The confusion sometimes with people when
14 they don't understand that they are a veteran or
15 they don't step forward to say they were a
16 veteran, or unfortunately, in some cases maybe
17 too proud to ask for assistance when they need
18 it. We have to change that mindset. So I thank
19 you for what you do and some of you I had an
20 opportunity to talk with earlier, we have a lot
21 of work to do, I think all of us are committed.
22 If you got a suggestion you want to make as we
23 close this hearing, we'd be glad to hear it.
24 Okay, again, we thank you very, very much for

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2 your time and we thank all those that
3 participated today and to everyone on the line I
4 think we've had a long day, but a very
5 informative day and you know, we have some time
6 now to think about what we heard today and
7 collectively work together to build a better
8 bridge, to build a better house, to make some
9 folks lives a lot better and a lot easier to
10 prepare for the challenges that's still to come,
11 and to recognize as we listened today just how
12 much this virus, the economic and job related
13 issues that are out there and the stress it's
14 been put on people, have really, really affected
15 the lives of our veterans. And you can see on
16 these three people, in particular, how its
17 affected their ability to do their job. That
18 extra, that extra piece of the puzzle they have
19 to figure out now is challenging.

20 So we thank everyone very much and I
21 guess we'll bring this to the close, if you guys
22 are all in agreement.

23 ASSEMBLY MEMBER BARRETT: Yes, thank
24 you, senator, for your leadership and thank you

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2 to my colleagues, to Pam and Jake and Patti for
3 being part of this journey with us and thank you
4 all for hanging in there to be our last panel and
5 I think it was really pretty substantive and
6 extraordinary amount of information that was
7 shared and a lot to process as you said.

8 SENATOR BROOKS: Yes, indeed.

9 MS. BROOKS: Thank you.

10 SENATOR BROOKS: Alright, everyone,
11 thank you.

12 ASSEMBLY MEMBER BARRETT: Thanks to
13 everybody, thanks to the committee who is still
14 on, bye, bye.

15 SENATOR BROOKS: Yes, bye, bye.

16 ASSEMBLY MEMBER BARRETT: Be well
17 everyone.

18 SENATOR BROOKS: Yes, everybody, be
19 well, take care.

20 (The public hearing concluded at 3:39
21 p.m.)

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CERTIFICATE OF ACCURACY

I, Claudia Marques, certify that the foregoing transcript of the New York Joint Senate And State Assembly Virtual Public Hearing on the Impacts of COVID-19 On New York's Veterans on August 14, 2020 was prepared using the required transcription equipment and is a true and accurate record of the proceedings.

Certified By



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