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.

Joint Hearing, Impacts of COVID on Veterans,08/14/2020

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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Command Sgt. Major Gary Flaherty
Executive Director
Columbia County Veterans Service Agency

Honorable Ronald C. Tocci
Commissioner
Westchester County Veterans Service Agency

Jason Skinner
Executive Director
New York State County Veteran Service Officer Association

Daniel Griffin
Vice President
NYS Veterans Nursing Home Board of Visitors

Thomas Ronayne
Suffolk County Veterans Service Agency

PANEL 2

Coco Culhane
Executive Director
Veterans Advocacy Project

Solomon Chouicha
Staff Attorney
Legal Services of the Hudson Valley

Dao Sun
Senior Staff Attorney
Legal Services New York City

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and Innovation
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Alexander J. Behm
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(The public hearing commenced at 10:30 A.M.)

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

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

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

ASSEMBLY MEMBER BARRETT: No, I th

I'd like to speak and then have Pam Hunter speak and then I think we can go to our rankers.

SENATOR BROOKS: Okay, very good.

I'll turn it over to Didi Barrett. Again,

you for everybody who is joining us today.

ASSEMBLY MEMBER BARRETT: Thank yo

Senator. Good morning and I just would like us all to begin with a moment of silence to remember the veterans who served our nation and for those who we lost during this pandemic and the other -- going on these last months that we've -- since we last met. So let's pause for a moment.

you all. I've been very proud to serve as chair of the New York State Assembly Veteran's Committee. Over these past months I've made it my mission to connect with veterans and veterans advocates throughout the state to check in and to drop off hand sanitizer and to listen to the stories that people have shared. And from

heard the veteran's community has taken a lot of

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

Currently, we're even experiencing a threat to the U.S. Post Office, which is really one of the largest employers of veterans and veteran's families in the country and so many of our veterans depend on the post office for prescriptions and medications. And so even no we're, we're, our veteran's communities are kind of under target and we need to ensure that veterans have a funded and functioning U.S. Post Office going forward. I want to appreciate, I want to thank all of you who are with us today and I really appreciate everyone making an effort to be part of this. I want to thank the assembly and the senate staffs who did a great job pulling this hearing together. It was important to me that we have a special hearing and I know that

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

I look forward to hearing from each and every one of you scheduled and before doing I've been asked to read these housekeeping rules, so I will do that for those testifying. Please read your testimony, we will be reading all of that submitted. You will need a photo ID for registration purposes that you'll show to the moderator in the waiting room. You'll receive the link to the hearing room via the Zoom chat function in the waiting room when two panels before your panel is testifying. When it is for your panel to testify you will need to turn on your audio and video. Because of the interest in this topic we've asked each speaker to limit

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

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

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Assembly Subcommittee on women veterans.

ASSEMBLY MEMBER PAMELA HUNTER, CHAIR, ASSEMBLY SUBCOMMITTEE ON WOMEN VETERANS:

morning, it's a pleasure to be here in this morning with all of you and to be able to participate in this very important panel discussion, the hearing relative to COVID and veterans. You know, as a veteran myself and participating I try weekly with my American Legion Post, it definitely gives me a point of view relative to the effects COVID has had on veterans especially the toxins that a lot of veterans have been affected by and very, very concerned relative to these presumptive conditions, autoimmune conditions that people have faced with Agent Orange and what we're going to do relative to COVID. I would like to be able to hear testimony about that today relative to the veteran homes; very concerned about our veterans who are living in these elder care facilities and wanting to make sure that all precautions are taken to protect those folks who are living in these homes. You know, PTSD and

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

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

ASSEMBLY MEMBER BARRETT: Thank yo

senator.

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

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Patty Ritchie, Senator Patty Ritchie for a few words.

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

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

ASSEMBLY MEMBER BARRETT: And I w

like to introduce our ranker, a veteran himself, Jake Ashby.

ASSEMBLY MEMBER JAKE ASHBY: Th

Madam Chair. Thank you to the chairs and my fellow ranker on the senate side and all the

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

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

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

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

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

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

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

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

repeated basis to make sure that they're okay. And as a result of that I've only had one veteran, the first Sunday that I called he was contemplated suicide and was actually delighted that he, had received a call and stayed on the phone with me for over an hour. Subsequent t that I got him into the VA treatment programs and as I check on him every week he's doing much better and doing extremely well.

The other two incidents I've had in Columbia County with the result of domestic violence, and both of those cases were handled locally. One we ended up admitting to the VA and in checking with him he's doing very well also. One of the issues that we have is we're a PFC Dwyer Program in Columbia County and that program has been very instrumental in us carrying forward and communicating not only between myself and the veterans, but our peer to peer program has been very successful. We ended up making house calls, delivering food packages to veterans that were locked in and the issue with the PFC Dwyer Program is limited to certain counties in the

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

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

I thank you all, I know my time went

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

ASSEMBLY MEMBER BARRETT: Thank y

SENATOR BROOKS: Okay --

ASSEMBLY MEMBER BARRETT: Go ahea

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

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

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

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

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

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

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

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

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

CMDSGT MAJOR FLAHERTY: Thank you very much.

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

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

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

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

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

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

years that that formula should be changed. There's a minimal amount of money, just to give you an idea. Westchester County, a million people, we get about $35,000 back every year to fund our veteran service agency. Whether we it or not makes no difference, we have to do that anyway.

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

gone back over 20 years ago and it amounted to less than $5.00 per veteran per year. No there's a lot of money that comes from the Feds that goes through our Department of Labor, but that is not state money and in a year where we have a budget that's approaching $190 billion dollars I do believe that most people would agree that veterans are worth a heck of a lot more than what they're getting back.

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

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

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

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

ASSEMBLY MEMBER BARRETT: Ron --

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

ASSEMBLY MEMBER BARRETT: Ron --

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

ASSEMBLY MEMBER BARRETT: -- we ar

yeah, you're past your time and I know that this --

HONORABLE TOCCI: Okay.

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

HONORABLE TOCCI: Okay, sure.

ASSEMBLY MEMBER BARRETT: -- this question entered afterwards, but thank you very

much.

HONORABLE TOCCI: Okay, fine. sorry, I didn't realize it was limited now. stay on.

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

SENATOR BROOKS: Right.

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

today, so thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MR. THOMAS RONAYNE, SUFFOLK COUNTY VETERANS SERVICE AGENCY: Good morning, thank you Senator Brooks. Thank you, thank you to the Chairs and Committee for the opportunity to speak to you hear this morning. Before I begin I'd also like to thank Senator Brooks publically for his service, not only to the State of New York, but for his service in uniform as a member of the New York Army National Guard. So thank you fo that brother comrade, brother. I would, I wou echo all of the comments that have been made here this morning by the previous speakers. experienced in each county across New York State I'm sure a variety of challenges related to COVID, but there are, there are commonalities across the state in terms of the impact on our veteran population primarily with access to care

and services.

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

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

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

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

facility to COVID, just a horrific number. These, these losses are tragically compounded by the fact that the remaining, the remaining residents of the facility have not had visitation since early March and the mental health challenges, the mental health strains that the lack of visitation and the lack of contact with their loved ones places on them is having a deleterious effect on the entire population of these facilities.

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

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

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

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

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

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

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

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

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

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

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

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

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

MR. SKINNER: Senator can I also address

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

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

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

SENATOR BROOKS: Okay, any other comments?

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

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

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

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

ASSEMBLY MEMBER BARRETT: Thank yo

senator and thank all of you for your testimony. I feel like there's, you know, a panoply of subjects that I want to delve into here, but, you know, the mental health issue is something that's always been a high priority of mine. Communication is something that I, you know, as a former journalist that, you know, that just sort of is a tool that I feel that we never use well enough. In talking about the nursing homes and the need for families to be connected, that, you know, that kind of ties in with, you know, with the issues of communication because if people aren't communicating with residents and with the family members there's a sense of desperation that comes out of that. And then equally important is dignity in just keeping the dignity of our veterans and other family members foremost and throughout this process and, of course, there's heartbreaking stories about deaths and, you know, waiting for to be able to bury people and, you know, where bodies are stored.

I guess what I really like to hear from

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

MR. TOCCI: Madame Chair.

MR. SKINNER: Sorry, Ron.

MR. TOCCI: Yeah, I just, real quickly. It's obvious that the frontline services are

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

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

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

ASSEMBLY MEMBER BARRETT: Right, I'm going to interrupt you because I'd like to let --

MR. TOCCI: Oh, that's okay.

ASSEMBLY MEMBER BARRETT: -- Jas

answer and I know --

MR. TOCCI: Yeah, sure.

ASSEMBLY MEMBER BARRETT: -- we'v

talked about that before. So Jason, go ahead.

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

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

ASSEMBLY MEMBER BARRETT: Okay, t you, my time is up so I think senator, if you want to go to the senate and we'll go back and forth between the senate and the assembly.

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

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

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

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

are out there. It's just a suggestion.

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

ASSEMBLY MEMBER BARRETT: I, I don know if co-chair of the hearing, Pam Hunter, Assembly Member Hunter is on. Would you like ask a question?

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

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

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

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

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

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

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

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

reversed.

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

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

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

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

ASSEMBLY MEMBER HUNTER: One quick

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

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

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

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

that money to the veterans? Thank you.

ASSEMBLY MEMBER BARRETT: Thank yo

yes, I think that I share your concern at that, I flagged that myself so I think that's something we definitely want to follow up on. Thank

Pam. We go back to the senate.

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

SENATOR JOHN LIU: Mr. Chairman, I don have a question right now, but I'm very appreciative of this testimony.

SENATOR BROOKS: Okay.

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

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

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

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

SENATOR JORDAN: Okay, good.

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

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

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

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

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

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

anymore take their own lives.

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

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

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

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

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

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

CMDSGT. MAJOR FLAHERTY: Oh, thank

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

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

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

ASSEMBLY MEMBER ASHBY: Wow.

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

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

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

ASSEMBLY MEMBER ASHBY: Yes.

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

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

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

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

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

Program across the state. I really hope that t
legislation gains traction and my conversation
with other states in the northeast including
Connecticut, that when they transition to a
fully-fledged state agency that their funding
went up tremendously and that the services that
they were able to provide were greatly augmented.
So thank you all for being here today and I
appreciate your testimony, and I think I'll be
following up with a few of you afterwards.

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

ASSEMBLY MEMBER ASHBY: Thank you,
Major.

ASSEMBLY MEMBER BARRETT: Senato

SENATOR BROOKS: Okay, thank you.

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

SENATOR PETER B. HARCKHAM: Thank

Mr. Chair. Good afternoon everybody. Th

all for your testimony and for your service, especially during this difficult time. shout out to Dan and Ron who I know from Westchester, thanks for your terrific work. of this has been touched on already, I'd like to take a slightly deeper dive. I'm the chair of the Committee on Alcoholism and Substance Abuse, co-chair of the Senate Task Force on Opioids. Statewide we are seeing a marked increase in overdose death and in suicide, often they go together, co-occurring disorders and,

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

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

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

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

SENATOR HARCKHAM: Thank you.

SENATOR BROOKS: Okay.

ASSEMBLY MEMBER BARRETT: I have t

more assembly members, I don't see any more senators. So should I just take it from here?

SENATOR BROOKS: Yeah, sure [unintelligible] [01:32:04]

ASSEMBLY MEMBER BARRETT: Okay, th

you. The next question or assembly member, Billy

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Jones.

ASSEMBLY MEMBER BILLY JONES:

sorry, my picture is horrible here, but first of all, I want to thank each and every one of you to your service or for your service to our country and thank you to your service to our veterans. lot of times it's veterans helping veterans and thank you so much for that. I just want to to on the nursing home and the veterans home visits. I know it's been, it's been said, but many of us were on a, in a meeting, hearing the other day questioning the Department of Health, Doctor Zucker on this. I just think it is appalling that we can't figure out a policy so that our veterans can see their loved ones in these homes, it truly is. We need to do something about this. We have visits going on in other densely populated facilities, why can't we figure this out for our loved ones in these nursing homes and to see the veterans. I get calls in my office and letters, like many of my colleagues here expressing their, their disappointment, they're just upset over this. How their loved ones are

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

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

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

protection there should not be a cancellation of personal visits especially for those experiencing depression, potentially suicidal and so on. Because they shut down, you know, all personal visits and so on, these people can't get to their providers, and telecommunications doesn't always work. So that would be something that we could focus in on I think it would help.

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

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

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

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

ASSEMBLY MEMBER MARIANNE BUTTENSCHON: Hello, thank you very much to our hosts as well as the panelists. I sincerely appreciate your efforts and to all of our veterans, thank you for your service. I just need clarification and I believe it was Mr. Skinner that was talking about the eviction moratorium in regards to the negative effects that it has on our veterans. Could you just provide a little insight on that?

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

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

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

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

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

ASSEMBLY MEMBER BUTTENSCHON: thank you very much and just one more quick question in regards to the executive order and the nonpayment from your, for vendors. that impacting you?

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

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

ASSEMBLY MEMBER BUTTENSCHON: Chairs.

ASSEMBLY MEMBER BARRETT: Thank yo thank you and our final questioner will be Michael Cusick.

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

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

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

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

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

ASSEMBLY MEMBER CUSICK: There you

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

ASSEMBLY MEMBER CUSICK: There you yep.

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

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

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

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

ASSEMBLY MEMBER BARRETT: So let m

me point that we in the assembly have just passed that bill to do exactly that and I hope that our colleagues in the senate will pass it. through my committee, we passed it a week ago, or so ago on the floor of the assembly. So that at a prior hearing and we're getting it done so.

MR. RONAYNE: Thank you, ma'am.

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

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

ASSEMBLY MEMBER BARRETT: Right, t

you, I agree. I think we have run out of time here and we now have another, a late entry, Brian Manktelow, who wants to ask a question, thank you.

ASSEMBLY MEMBER BRIAN MANKTELOW: Jason, first of all thank you panelists for being on today and thank you all for your service and your dedication to our veterans. As a veter

and as my son is a veteran as well, its most appreciated. Jason, back to the broadband, I absolutely agree with you that one on one, face

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

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

ASSEMBLY MEMBER BARRETT: Seems li

we're having -- speaking of broadband.

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

ASSEMBLY MEMBER MANKTELOW: Can y

me now, Jason?

MR. SKINNER: Yes.

ASSEMBLY MEMBER MANKTELOW: No, I

that we need to have the one on one, absolutely.

CMDSGT. MAJOR FLAHERTY: And I woul

that as an example, is that I have seven, I have seven cases of military sexual trauma.

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

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

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

again, thank you for your service.

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

ASSEMBLY MEMBER BARRETT: I think wraps up this panel. Thank you all. Thi great conversation and I thank you all for your service and for the work you're doing and for giving us the time and the benefit of your insights and senator, you want to say anything?

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

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

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

ASSEMBLY MEMBER BARRETT: Thank stay well and stay safe.

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

ASSEMBLY MEMBER BARRETT: Our ho

SENATOR BROOKS: Everybody have a great day, please.

ASSEMBLY MEMBER BARRETT: Thank

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

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

FEMALE STAFF: Panel 3 is in.

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

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

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

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

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

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

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

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

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

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

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

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

outcomes in service the same as in the civilian world. A government accountability office report showed that from 2011 to 2015 of the veterans who were discharged for misconduct 62% already had a PTSD diagnosis or a related condition. already knew they were suffering from a mental health condition and we're punishing that. Survivors of military sexual trauma are 50% more likely to have a misconduct discharge. all this amounts to is an injustice compounding another injustice, you know, first during service and then when they get out of service and they're cut off from the VA and they're also saddled with this stigma, this branding when they're trying to get a job, you know, and the struggling every day to get by.

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

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

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

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

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

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

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

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

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

I would like, you know, I know in the

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

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in Ulster County.

I think there is [unintelligible] [02:05:34] a significant need for both affordable housing, some [unintelligible] [02:05:39] housing for veterans as well as for providing them with free legal assistance to help them with their eviction [unintelligible] [02:05:46], appeal their disability denials and help protect their rights and help them secure all the benefits that they've earned through their service. Th

for your time.

SENATOR BROOKS: Thank you. Dao

you'll take an opportunity to make your presentation, please.

MR. DAO SUN, SENIOR STAFF ATTORNEY, LEGAL SERVICES NEW YORK CITY: Yes, Chair, tha

you. Good afternoon everyone, my name is Dao Sun. I am a senior staff attorney with the Veterans Justice Project at Legal Services New York City. I want to thank the committee for allowing us to testify at this hearing. want to thank the committee as a veteran, all you do for veterans across the state. We also

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

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

Another major need that we see for

veterans during this pandemic is housing. Housing Court in New York has been closed for the past few months, but they are slowly opening back up and as housing court opens back up there will be more nonpayment cases and holdover proceedings filed by landlords against veterans, just due to the backlog. So we anticipate an uptick in the need for housing assistance for veterans in New York City and we're working with our community partners to address that anticipated uptick. During this pandemic LSNY has also seen an increase in cost from veterans that request who are requesting assistance which has support modifications. This could be downward child support modifications or upward child support modifications.

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

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

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

you.

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

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

SENATOR BROOKS: Anyone else? like to give our co-chair Barrett an opportunity to ask some questions.

ASSEMBLY MEMBER BARRETT: Thank yo

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

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

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

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

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

ASSEMBLY MEMBER BARRETT: Thank yo

thank you. Now Solomon, you want to talk about upstate and compared to what Dao says about downstate.

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

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know, legal service organizations in the New York City area whereas opposed to up in the mid-Hudson regions in terms, there's a lot fewer charitable organizations that can help with rent arrears. Legal Services of the Hudson Valley is the only provider of free civil legal assistance in the mid-Hudson region. I would say also a big difference between the New York City area and mid-Hudson is dealing with transportation issues. I was just in Brooklyn and did I know there were issues, you know, with the MTA, but it's, you know, for a system that runs 24/7 it covers, you know, five boroughs, you know, you can get around pretty easily whereas opposed to in Dutchess County you have some urban areas like the City of Poughkeepsie [unintelligible] [02:18:13] you go to northern or eastern Dutchess it's sometimes rural, the buses that don't work that well and trying to navigate sort of bus system, we're relying on friends or neighbors to give you a lift if you have to go meet with a legal aid attorney or meet with a veterans counselor, it's a lot more challenging.

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

ASSEMBLY MEMBER BARRETT: I'm afra

we're out of time, but thank you all for those answers and I think Dao you talked a lot about the challenges just in New York City so I think we have a point of comparison there. Sen

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

ASSEMBLY MEMBER HUNTER: Thank you,

senator. I just wanted Coco, I guess, and the rest of you as we're talking about the legal services, but other than honorable discharge veterans are they included in all of the veterans statistic information that we receive? you're talking about 20 veterans who commit

suicide per day does that include those veterans as well?

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

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

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

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

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

you.

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

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

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

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

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

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

ASSEMBLY MEMBER HUNTER: Thank you

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

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

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

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

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

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

ASSEMBLY MEMBER ASHBY: No questio this time, all of them were answered.

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

ASSEMBLY MEMBER ASHBY: None at th time, senator.

SENATOR BROOKS: Okay, thank you all

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

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

SENATOR BROOKS: Okay so --

MS. CULHANE: Thank you.

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

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

SENATOR BROOKS: Okay, very good.

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

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

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

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

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in the context of the COVID health emergency. Over half of the women veterans that responded to the series of polls indicate inadequate mental health support at a rate nearly twice that of male veterans as one example. Initially, veterans of color represented or reported higher percentages of social and economic need in every single resource category that we polled on, that's compared to white veterans. Veter color were more likely to report needing support in areas of food, nutrition, housing benefits, claims assistance and mental health.

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

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

And then also doing what I'm doing today, engaging with leaders across New York State to advocate on behalf of veterans and [unintelligible] [02:34:01] crisis. Specifically, communities will play a critical role. Our America Serves networks across the country and in New York State are seeing a shifting need from clients, veterans and their families requesting more tangible services, food, clothing, income support as opposed to what we usually see, which is more focused on housing and employment support. Our career skill training program for [unintelligible] [02:34:29] we moved all of those online to meet the ongoing employment needs of transitioning service members, military members who have labor market connected credentials and certifications. also worked to create virtual environments to

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help veterans find ways to connect with new opportunities.

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

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

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

SENATOR BROOKS: Thank you very much. Staff Sergeant Fitzgerald.

STAFF SERGEANT JAMES FITZGERALD, EXECUTIVE DIRECTOR, NYC VETERANS ALLIANCE: appreciate being able to join you today. you to the Chairs and committees for this opportunity to testify today. My name is Jam Fitzgerald, I'm a 9 year veteran of the United States Army, achieving the rank of staff sergeant. My military career, my military service career spans combat deployments to Iraq and Afghanistan with various assignments with well-renowned military units such as the 101st Airborne. While deployed to Afghanistan with the 101st Airborne, I was seriously injured during

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

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

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members in New York City's Human Rights Law.

The COVID-19 pandemic has resulted in extraordinary impacts to the New York veteran community since initial cases were reported in early March 2020. A slowed government response demanded community organizations pick up an increased burden in order to feel essential support gaps and provide the key resources needed by families during the pandemic. On March 1 through 21st, NYC Veterans Alliance asked veterans and family members for their feedback in an online survey on how the COVID-19 emergency was effecting them and what type of help they required. The survey results from 208 respondents, spoke to wide array of growing concerns with top responses being preventing the spread of the Coronavirus to the their loved ones and continuing to maintain food resources in their household after losing their financial security.

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

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

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

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

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

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

We heard from one veteran that was trying to get out of homelessness that NYCHA had effectively stopped appointments for housing, leaving him in limbo with no government agency giving him and answers. He was left with no options or financial means to safely shelter in place until he connected with our volunteers. Our Veteran Mutual Aid Program placements with secure locations so we can safely shelter in place; our support was needed for 25 nights before additional support was available to move him into more permanent housing. The need f
our extended support was due to the lack and resources available to quickly and effectively house our at risk homeless veterans. Wit
support this veteran would not have received the necessary housing support for them to make it

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

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

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

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

Ashton?

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

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

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

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

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

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

for, for one reason or another. I'll get int
that a little bit more, and also they're not as
available to check in on veterans. So like
Veterans Alliance we at SAGE have also been
reaching out individually to veterans, a Seige
Connect is the new SAGE initiative that links
volunteers to LGBT elders for phone support.
We also have made our veteran support
group available via telephone. We've lost
several veterans over the last few months, a lot
of them COVID related. Housing hasn't been that
big of an issue, but like I said mental health is
really up there. There are some tele-therapy
programs available but it would be nice to see if
that could become a little bit more so, a little
bit more available. The VA has struggled, the
home based primary care system the program there,
has been put on hold. They're still doing like
intakes and evaluations over the telephone, but
that was a big part of our program because a lot
of our veterans are elder and frail, in frail
health and they can't travel to the VA.
somebody else also mentioned that the USPS is

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

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

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

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

SENATOR BROOKS: Okay, thank you. Laura?

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

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

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

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

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

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

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

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

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

Now I wanted to share a little bit about what VOC has done to mitigate some of those issues. We began offering and facilitating virtual networking sessions for employers and veterans. We've assisted clients without the proper technology to complete virtual interviews at VOC now that we're reopened and have implemented a number of safety precautions. We've also purchased cameras to give veterans who have their own computers at home. We've li

directly with the State Division of Veteran Services to help veterans with unemployment

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

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

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

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

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

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

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

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

ASSEMBLY MEMBER BARRETT: Great, t you.

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

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

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

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

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

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

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

ASSEMBLY MEMBER BARRETT: Thank yo

Mike, oh okay, sorry.

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

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

ASSEMBLY MEMBER BARRETT: Thank yo

James and Mike.

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

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

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

ASSEMBLY MEMBER HUNTER: Yes, thar

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

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

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

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

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

ASSEMBLY MEMBER HUNTER: Thank you

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

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

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

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

ASSEMBLY MEMBER HUNTER: Thank you

MS. STRADLEY: You're welcome.

SENATOR BROOKS: Okay, Senator Ritchie.

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

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

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

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

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

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

SENATOR BROOKS: Thank you. A Member Ashby. Oh, there we go, okay, good, sorry.

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

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

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

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

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

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

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

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

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

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

ASSEMBLY MEMBER ASHBY: Thank you, S Sergeant.

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

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

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

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

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

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

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

that.

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

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

accommodate them.

SENATOR HARCKMAN: Thank you.

SENATOR BROOKS: Assembly Member Mantkelow.

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

MS. STRADLEY: You, too.

ASSEMBLY MEMBER MANTKELOW: I pra your recovery and your healing.

MS. STRADLEY: Thank you.

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

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

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

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

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

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

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

ASSEMBLY MEMBER MANKTELOW: Alrig thank you, thank you all for your service and dedication to our veterans and may God bless and please stay safe.

MS. STRADLEY: Thank you, you too.

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

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

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

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

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

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SENATOR BROOKS: Assemblywoman Hunter.

ASSEMBLY MEMBER HUNTER: Yes, thanl

senator. I'd just like to, you know, offer to Benjamin as you're the, I guess, sole representative here today from the Division. panels that we've had today actually have been very exemplary, you know, not having had some of the other folks that maybe would have been able to answer a little bit more specific questions that we would have related to, you know, health or COVID. And obviously, now the Division is here that really if you have an opportunity to speak with your staff or speak with Division staff who were able to be on the call to listen to the hearing. There's definitely been pleas for assistance and help and hopefully, that translates back to the Division to really hear what's happening to Veterans during COVID and, you know, I feel like sometimes they're a really bit under represented and unheard especially during COVID. And so we have really have had an opportunity to get very specific information relative to how COVID is effecting veterans so I

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

SENATOR BROOKS: Senator Ritchie.

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

SENATOR BROOKS: Assembly Member Ashby

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

SENATOR BROOKS: Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SENATOR BROOKS: Thank you very much. I'd like to give co-chair, pardon me, excuse me, Barrett an opportunity to ask the first question.

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

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

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

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

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

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

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

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

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

ASSEMBLY MEMBER BARRETT: I hate of pop your bubble there, but unfortunately, that

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

MR. POMERANCE: Thank you.

SENATOR BROOKS: Assemblywoman Hunter.

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

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

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

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

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

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

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

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

ASSEMBLY MEMBER HUNTER: Right, I j

want to interrupt you for one second because the folks who were on before actually made mention of doing the exact same thing that you're talking about as far as like going through the process, you know, with the process with family members of saying, you know, they do have a pathway, obviously, to getting their benefits, but that takes a while. We're talking about the bureaucracy of government where if there was some mechanism when someone perishes, that, you know, on the front end that there could be something related to on the death certificate this person

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

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

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

ASSEMBLY MEMBER HUNTER: And the

training for the judges?

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

Syke Armor provides that and they do it

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

ASSEMBLY MEMBER HUNTER: Thank you

SENATOR BROOKS: Okay, Assemblyman Ashby, Ashby.

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

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

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

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

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

MR. POMERANCE: Absolutely.

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

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

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

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

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

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

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ASSEMBLY MEMBER ASHBY: I appreciat

that and I will relay that to the administrators that I have been in contact with that the division plans on helping with that, with best effort. Thank you.

SENATOR BROOKS: Senator Ritchie.

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

not accurate at least in my district.
something else I'd like you to take back.

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

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

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

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

SENATOR RITCHIE: And certainly I

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

MR. POMERANCE: Understood and thank you.

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

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

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

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

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

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

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

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

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

SENATOR BROOKS: Thank you.

Assemblywoman Buttenschon.

ASSEMBLY MEMBER MARIANNE BUTTENSCHON: Thank you for the opportunity to all the chairs and to our panelists. I just have a couple questions and first the comments that I reconfirm as my colleague stated the importance of ensuring the possibility of getting family members connected to veterans in our state nursing homes as well as the quarantine issue that was brought up earlier has been a concern that has been addressed within our office. In regards to you testimony today, I just want clarification. stated that you had 12 counties that received the accreditation from the state. Is that correct

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

ASSEMBLY MEMBER BUTTENSCHON: many counties total have it?

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

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

ASSEMBLY MEMBER BUTTENSCHON: now there's 20 that have completed it and it's an annual training?

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

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

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

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

ASSEMBLY MEMBER BUTTENSCHON: annual training that you addressed in your testimony.

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

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

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

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

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

ASSEMBLY MEMBER BUTTENSCHON: just finally, if you were to rank your three, prioritize your three challenges from, from one to three, what are they?

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

ASSEMBLY MEMBER BUTTENSCHON: agency, yeah, just as today as you [unintelligible] [04:04:32] in the office, what do you see?

MR. POMERANCE: I think one challenge that we have in New York State is the fact that there's a lot of veterans who do no self-identify as veterans for a variety of reason. One which I think is that New York State law has

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

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

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

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

That's three kind of right off the cuff

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

ASSEMBLY MEMBER BUTTENSCHON:

MR. POMERANCE: Thank you.

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

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

SENATOR BROOKS: Okay.

ASSEMBLY MEMBER BARRETT: Thank yo

thanks for being here.

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

MALE STAFF: All present.

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

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

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

SENATOR BROOKS: I, yeah, sorry.

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

you again for being here.

SENATOR BROOKS: Okay, Assemblywoman Hunter, please.

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

SENATOR BROOKS: Senator Ritchie.

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

SENATOR BROOKS: Assemblyman Ashby.

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

service, thank you for your continued dedication to our veterans and their families in a time right now when its desperately needed. grateful for your continued service, look forward to hearing from you.

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

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

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

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

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

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

the risk of suicide. The VA's national center for posttraumatic stress disorder identified that symptoms can be magnified by the COVID-19 pandemic to include intense feelings of being unsafe or unguarded with veterans struggling with PTSD, that can increase anxiety. Veterans t want to avoid other people are more than usually worried about contracting the virus. Hea others talking about the pandemic as if we're fighting a war or battle with COVID-19 may bring up uncomfortable feelings and memories, thereby triggering negative emotional responses.

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

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

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

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

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

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

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

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

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

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

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

The emergency food assistance we provided was in response to a large request from our rural communities in the 23 counties. delivered emergency food boxes to almost 600 families in the last three months. This a included fresh meal kits we prepared in our kitchen to subsidize the families who cannot gain access to immediate food resources. As fa career services and social engagement programming our warriors working program provides career assistance to those facing unemployment and looking to get back to work. We worked with ov 200 veterans in the last two months providing those essential services as well.

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

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

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

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

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

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

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

SENATOR BROOKS: Okay, thank you, Eva.

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

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

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

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

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

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

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

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

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

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

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expanding services to people that don't have access to the, especially now. Thank you ver much.

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

MR. AARON LEONARD, CAMPAIGN REPRESENTATIVE, SIERRA CLUB MILITARY OUTDOORS: Thank you for the opportunity to testify today. My name is Aaron Leonard, I've served in the Army from 1997 until I retired in 2014. I curr work in the outdoor, in the venture education fields with the Sierra Club Military Outdoors. We offer veterans and nature based programs to help them transition from the military to a healthy and purposeful civilian lifestyle often through simple day hikes or short three day trips in the New York parks and public lands. thought [unintelligible] [04:28:34] was my experiences and observations as a senior Army leader where I saw many service members struggle both during their time in the military and with their transitions back into civilian life regardless of when or where they served.

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

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

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

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

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

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

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

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

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

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

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

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

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you again for allowing me time to testify.

SENATOR BROOKS: Thank you and Kirby. You got to unmute, Kirby.

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

SENATOR BROOKS: Yep.

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

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

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

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

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

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

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

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

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

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

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

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

ASSEMBLY MEMBER BARRETT: Thank yo

Eva, do you have some thoughts on this?

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

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

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

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

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

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

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

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

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

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

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

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

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

ASSEMBLY MEMBER BARRETT: I think

think Assembly Member Ashby has --

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

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

MS. USADI: Are you asking me, Jake?

ASSEMBLY MEMBER ASHBY: The entire panel.

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

ASSEMBLY MEMBER ASHBY: Thank you

CMSGT. LEIS: If I may --

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

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

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

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

ASSEMBLY MEMBER ASHBY: Thank you.

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

ASSEMBLY MEMBER ASHBY: Okay, thank all.

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

ASSEMBLY MEMBER ASHBY: I am, Chairm thank you.

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

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

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

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

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

SENATOR BROOKS: Anyone else?

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

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

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

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

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

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

SENATOR BROOKS: Any other comments? Okay, we thank you all.

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

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SENATOR BROOKS: Oh, go ahead.

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

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

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

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

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

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again.

ASSEMBLY MEMBER BARRETT: Thank very much, be well.

MS. USADI: Thank you.

MR. LEONARD: Thank you.

SENATOR BROOKS: Okay, we got everybody

MALE STAFF: All present.

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

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

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

SENATOR BROOKS: Okay, Chair Hunter?

ASSEMBLY MEMBER HUNTER: Good aft

I know they were saving the best for last so I know you're going to bring it home on this last panel. Hopefully, you all had had an opportunity to hear the testimony from others so definitely interested in seeing either or hearing maybe something new or something different that maybe some of the others maybe had forgotten to mention or some areas that there are gaps and reinforcing, obviously, some of the things that have been said, especially you folks who are working the legal services area. I know t funds are very, very tight and you are our first defense in helping those who don't have many resources and you're basically our last opportunity for help. So definitely looking forward to hearing from you, thank you.

SENATOR BROOKS: Okay, Assemblyman

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Ashby.

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

SENATOR BROOKS: Okay and Senator Ritchie.

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

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

you.

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

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

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

Simple fact is that veterans mental health challenges are exacerbated by the stress of poverty. New York veterans have a lower educational attainments and a lower income of the national average. Only 17% of New York veterans receive disability benefits. It's significant lower than the national average of about 24%. This gap suggests that more than 50,000 New York veteran families lose tons of millions of federal benefits dollars and accompanying healthcare benefits every year. These benefits are needed now more than ever yet even in good times 88% of low income veterans report receiving inadequate or no professional legal help for their civil legal problems. NYLAG seeks to close that gap despite ongoing resource constrictions and we continue to do so during the pandemic.

pandemic hit we demanded that VA quickly issue

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

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

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

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

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

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

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

SENATOR BROOKS: Thank you, Logan.

MR. LOGAN CAMPBELL, PROJECT COORDINATOR,

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CITY BAR JUSTICE CENTER'S VETERANS ASSISTANCE PROJECT: Good afternoon, everyone, thank you so much for having me here and Meghan, I'm very sorry to hear of the loss of your client. Logan Campbell, I'm the project coordinator of the City Bar Justice Center's Veterans Assistance Project, also known as VAP. VAP helps low incor disabled veterans in New York City by providing pro bono legal assistance on issues related to their claims for benefits from the VA.

In fiscal year 2020, we helped our clients obtain over $850,000 in [unintelligible] [05:05:27] benefits and nearly $20,000 in monthly recurring benefits. I've served in this role for over two years and I'm the first point of contact for all veterans seeking assistance from VAP. I'm testifying here today as representative of the City Bar Justice Center, I'm honored to highlight parts of the City Bar Justice Center longer in testimony.

The most prevalent and concerning trend of the City Bar Justice Center has noticed among New York City's low income veteran population, is

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

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

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

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

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

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

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despite all this some delays are still inevitable.

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

SENATOR BROOKS: Thank you very much, Peter.

MR. PETER KEMPNER, LEGAL DIRECTOR & ELDERLY PROJECT DIRECTOR, VOLUNTEERS OF LEGAL SERVICE: Thank you, good afternoon. N Peter Kempner and I'm the legal director of

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

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

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

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

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

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

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

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

A veteran who has the ability to put a

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

SENATOR BROOKS: Thank you. So

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begin our questioning with Chair Barrett.

ASSEMBLY MEMBER BARRETT: Thank yo

Senator. Thank you, all three of you, first of all Meghan, my condolences on the loss of the client, that's got to be --

MS. BROOKS: Thank you.

ASSEMBLY MEMBER BARRETT: -- a pre

traumatic experience, somebody that you've been working that closely with. And thank you all, and clearly you're all very passionate about the work that you do and it's obviously really important work and I feel like I'm already depleted in a day of asking of questions to come up with some new things to ask, but I do want to sort of touch base with Peter. The, what I he from you that was particularly new today was about the end of life planning and you know, kind of like Pattie, I lost my mother in the last few weeks and so it's kind of fresh in my mind to deal with, you know, how all of the complexities involved in, you know, in that. Were these experiences that you specifically had during COVID with clients or is, is your, you know, vast

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

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

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

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

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

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

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

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ASSEMBLY MEMBER BARRETT: Thank y

thank you all very much.

SENATOR BROOKS: Chair Hunter.

ASSEMBLY MEMBER HUNTER: Yes, thar

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

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

The folks that are most indigent and who need the most need, I know I need my eviction notice taken care of right now, but it's being able to have a calm conversation about and what about all of these other things, because when you get to the hospital during a high peak of COVID time and the person presents at the door, that could be the last time you see that person. You're not allowed inside, you can't and you know, you're talking with them by the phone and it just seems to me we're talking about veterans now. If we know who they are and I know that's been a huge concern with the agency, not knowing who the veterans are, but at least with this small population if we could get to them and kind of assist them, especially the ones who need help in advance, it seems like some of the things that you all are going through right now definitely could be, you know, minimized for the next wave of COVID or for the next, you know, pandemic or

for the next whatever happens going forward.

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

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

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

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

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

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

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

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

SENATOR BROOKS: Ranking member Ashby.

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

MS. BROOKS: Thank you.

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

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figure from.

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

ASSEMBLY MEMBER ASHBY: Okay.

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

ASSEMBLY MEMBER ASHBY: Okay --

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

ASSEMBLY MEMBER ASHBY: Okay.

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

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

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

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

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

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

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

ASSEMBLY MEMBER ASHBY: Thanks for y response and input.

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

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

MS. BROOKS: Absolutely.

ASSEMBLY MEMBER ASHBY: Go ahead,

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

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

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

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

ASSEMBLY MEMBER ASHBY: Right.

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

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

ASSEMBLY MEMBER ASHBY: Appreciate i thank you.

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

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

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

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

SENATOR RITCHIE: Yes.

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

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

SENATOR RITCHIE: Thank you.

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

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

SENATOR RITCHIE: Thank you. all for your time.

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

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

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

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

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

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

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

SENATOR BROOKS: Yes, indeed.

MS. BROOKS: Thank you.

SENATOR BROOKS: Alright, everyone, thank you.

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

SENATOR BROOKS: Yes, bye, bye.

ASSEMBLY MEMBER BARRETT: Be well everyone.

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

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

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.

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