

**Testimony of NYC Department of Veterans' Services (DVS)  
New York City Council Committee on Veterans  
Oversight Hearing on Veterans Access to Healthcare  
June 17th, 2022, 10:00 am (Virtual)**

***Introduction***

Good morning, Chair Holden, members of the committee, advocates and New York City Veterans. My name is James Hendon, and I am honored to serve as the Commissioner of the New York City Department of Veterans' Services (DVS). I am joined today by my colleague and Army Veteran Amauri Espinal, Executive Director of Community Services at DVS.

Thank you for providing this opportunity to discuss the very important topic of Veterans' Healthcare as well as Resolution No. 130/22, sponsored by Council Member Brewer, which calls on the Department of Veterans Affairs (VA) to halt its proposed closures of the Manhattan and Brooklyn VA Medical Centers, and Intro. 0394, sponsored by Chair Holden, requiring each community board to establish a Veterans committee.

***Position on Resolution 130-2022 and Intro.0394***

Each of New York City's Veterans and their dependents deserve access to timely, culturally competent, and high-quality healthcare. It is a right they have earned through their immense sacrifice and selfless service to our country. That is why the current administration firmly believes VA healthcare services should not be reduced in New York City. More than a decade's worth of scientific studies has established that the Veterans Health Administration (VHA) delivers care that is not only equal, but often superior, to that available in the private sector.

Earlier this year, when the VA released its market recommendations to the Asset and Infrastructure Review (AIR) Commission calling for the closure of the Brooklyn and Manhattan medical centers and the realignment of the Staten Island Community-Based Outpatient clinic with New Jersey, Mayor Adams made it very clear that he would fight hard to keep these facilities open and properly accessible.

Now is not the time to consider reducing healthcare services for Veterans, especially as the Senate considers passing the Honoring Our Promise to Address Comprehensive Toxins Act of 2021, also known as the PACT Act. This important bill is aimed at improving healthcare and benefits for Veterans exposed to toxic substances. If passed, the PACT Act will expand healthcare eligibility for Post-9/11 Veterans, affecting about 3.5 million combat Veterans who are suspected to have been exposed to burn pits and other hazardous agents. In New York State alone roughly 13% of Veterans began serving during the Post 9/11 war operations in Iraq and Afghanistan and that figure is expected to rise by 22% by 2025. The potential for sweeping healthcare eligibility expansion means that VA services in NYC must be increased, not diminished.

In addition, women are the fastest growing demographic among the Veteran population, making up roughly 9.4% of the total force with 2 million strong. Plus, the VA expects the number of women Veterans to double by 2040. This population growth alone highlights the need for more specialized women's health treatment options, an expansion that would be stunted should any of the New York City VA health facilities close.

The VA's recommendations to the AIR Commission also points to privatization to "right size" the VA's footprint in NYC, however, there are significant risks associated with shifting Veterans' healthcare to the private sector. Military cultural competency is crucial when it comes to providing care that Veterans can trust, especially given the community's high rates of service-connected PTSD and physical disability. VA clinical professionals have been specifically trained to understand and care for the unique needs of our Veterans, and we do not want this trust to be diminished. As the VA and Congress continue discussions about the potential expansion of care in the community for Veterans, it is essential to consider private provider readiness including familiarity with military culture.

We must also focus on the negative impacts that closing these two facilities will have across New York State. The VA is the second largest federal employer in the country, and the closure of these facilities will most certainly result in job loss for New Yorkers currently employed at the Manhattan and Brooklyn VAMCs, many of whom are Veterans themselves. The VA also contributes about \$1.8 billion in federal operating dollars to New York City, and over \$7 billion to the State. Without question, the downsizing of healthcare facilities will lessen federal investment in our city and state. The closure of these hospitals will also likely mean that New York State will be forced to increase spending on Medicaid for Veterans while losing funding brought in by VA benefits. There is also concern that these closures will cause added burden on the city's hospital system, especially the facilities run by our sister agency, Health + Hospitals.

The burden of reduced services should not be put on our Veterans. Instead, the VA's focus should be on increasing outreach so that our Veterans are better aware of the services available to them at these hospitals, in addition to investing in modernization and facility upgrades at each NYC VA facility.

We understand there is a long runway before the AIR Commission takes further action regarding the VA market recommendations, therefore we must use this precious time to advocate for what is best for New York Veterans. DVS is committed to amplifying our community's voice and ensuring the New York Congressional Delegation understands that these facilities are vital to the landscape of Veterans services in our city. We also urge the VA and the AIR Commission to actively consult and collaborate with local veterans' service organizations and veteran stakeholders in the Metro New York market during all future market assessment activities. The NYC Department of Veterans' Services firmly supports Resolution 130/2022 and especially thanks its sponsor, Council Member Gail Brewer, as well as Chair Holden and committee members for taking this bold position to protect New York City Veterans' access to high quality healthcare services.

We also appreciate the Chair's effort to introduce bill no. 0394, requiring each community board to establish a Veterans committee. We value the Council's interest in supporting the Veteran community more broadly, and as such, the administration is reviewing the bill to further evaluate its implications and impact.

## ***DVS Resources and Services***

While the final outcomes of the VA AIR Commission are beyond the control of New York City government, our agency remains unshaken in our commitment and mission to ensure all NYC Veterans get connected to excellent care.

Our VetConnectNYC care network features 12 vetted healthcare providers that offer support within the areas of both physical and mental health. Some of these providers include Center for Urban Community Services (CUCS), Hope for the Warriors, The Steven A. Cohen Military Family Clinic at NYU Langone Medical Center, and the area Vet Centers. Throughout Fiscal Year 2022, the top 3 most frequently requested healthcare services among our constituents were individual counseling, supportive therapies, and psychiatric services. This sheds light on the types of services that our constituents will rely on from our VetConnectNYC network providers should the anticipated closures of VA medical centers actually take place.

DVS takes great care in the service referral coordination support we directly provide to our Veterans. As such, in 2021, DVS began the implementation of two health assessments, known as the Patient Health Questionnaire-9 (PHQ-9) and the Generalized Anxiety Disorder-7 (GAD-7), to screen our clients for depression and anxiety. Since February 2021, DVS staff have conducted just under 900 health assessments, for which 18% indicated severe anxiety or depression. These assessments have added depth to our client triage process and have enabled our staff to evaluate the totality of our client's needs so they may be matched with providers that offer appropriate care.

It is also important to note that our agency provides care coordination support to any Veteran, regardless of their discharge status. It is widely known that "bad paperwork" and an "other than honorable" discharge can severely limit a Veteran's access to VA healthcare services. Realizing the important role that having "good paperwork" plays in providing a bridge to healthcare treatments, our office specifically contracts with two legal services providers, that are also part of the VetConnectNYC provider network, to support discharge upgrades.

Our goal is to eliminate as many barriers to healthcare access as possible. Whenever our team encounters a Veteran who is not eligible for VA healthcare services, we refer them to Health + Hospitals for connection to the City's "Get Covered NYC" program that connects low-income New Yorkers to affordable health insurance coverage.

Disability determination also expands access to healthcare services and benefits which is why DVS became accredited to process VA disability claims in the summer of 2020. Since July 2020, DVS has successfully actioned 299 claim submissions, the vast majority of which involved a claim of disability. Only 14.9% of NYC's Veterans currently receive disability compensation, and we believe the number of those who are eligible may be much higher, especially if the Honoring Our Pact Act passes.

Some of our most vulnerable Veterans are those who are ineligible for VA healthcare services and experiencing homelessness. That is why DVS is an administering partner in the HUD-VASH program. HUD-VASH is a collaborative effort between the Department for Housing and Urban Development (HUD) and city agencies that provides Housing Choice Voucher (HCV) rental assistance subsidies, case management, and supportive services to Veterans in need. Services provided are designed to help homeless Veterans and their families find and sustain permanent

housing and access health care, mental health treatment, substance use counseling, and other supports necessary to help them recover and maintain stable housing.

At DVS, we strongly believe that accessibility starts first and foremost with awareness. In addition to the services I just mentioned, DVS also maintains a robust website, newsletter, and printed resource guide booklet, all of which promote information about healthcare services, including VA facility locations, and other wellness benefits.

### ***Conclusion***

Short cuts should not be taken when it comes to making sure our Veterans stay healthy and well-positioned to lead purposeful lives. Now is the time for collaboration between all levels of government to make certain healthcare options for this community are not scaled back. We value the working relationship we have with the U.S. Department of Veterans Affairs and call on VA leadership to leverage DVS as a strategic partner when they consider what the future holds for VA facilities in our city.

I am happy to share that earlier this week, DVS co-hosted a community convening with the Bob Woodruff Foundation that brought together roughly 250 Veterans and representatives from community-based organizations to discuss solutions for some of the issues that face the Veteran population.

Last, I'd like to take this opportunity to share a clear message with our community: the New York City Department of Veterans Services remains focused on serving you despite whatever may happen that is beyond the City's control. We will do our utmost to make certain you do not experience in any gaps in healthcare or any other life services. That is our steadfast commitment. It is an honor and privilege to serve all of you and I thank you for allowing me to testify before you today. We are pleased to address any questions you may have.

**Written Testimony of David Gonzalez  
National Vice President, District 2  
American Federation of Government Employees, AFL-CIO**

**Before**

**New York City Council Hearing  
“How New York City Veterans Access Healthcare”  
June 17, 2022**

Thank you for the opportunity to submit written testimony for today’s hearing.

I am David Gonzalez, National Vice President of District 2 for the American Federation of Government Employees, AFL-CIO (AFGE). AFGE represents approximately 700,000 federal and District of Columbia government employees in 70 agencies, including 283,000 employees of the Department of Veterans Affairs (VA). We represent thousands of hardworking employees at VA medical centers in the New York area.

AFGE strongly supports Council Resolution 130, calling for the federal government to halt plans to close the Brooklyn and Manhattan VA medical centers, and urges that you pass it without delay.

As a Navy veteran, I am well aware of the outstanding, compassionate care provided by our country’s network of VA medical centers and clinics. Around nine million veterans receive life-saving care from the VA, a number that will grow by at least one million over the next decade with Congressional passage of the Honoring the PACT Act, which extends benefits to veterans exposed to burn pits and other toxic hazards.

The VA performs essential missions beyond direct care for veterans. During the pandemic, VA hospitals supplied others with more than a million pieces of essential protective equipment and treated hundreds of infected members of the public who overflowed from private hospitals, including the Brooklyn and Manhattan VA medical centers which provided 50 desperately needed ICU and medical inpatient beds. Thousands of VA healthcare workers deployed across all 50 states to assist the response to the pandemic. More than 250 heroic VA employees made the ultimate sacrifice, succumbing to COVID-19 themselves. Beyond the pandemic, VA researchers work tirelessly to expand the frontiers of medical knowledge. More than 70% of U.S. doctors have received training from the VA; veteran medical centers are an indispensable part of the country’s medical training system.

For all these compelling reasons, now is not the time to eliminate or downsize VA medical centers. However, the recommendations awaiting the VA’s Asset and Infrastructure Review or AIR Commission would do exactly that. The AIR Commission is the unfortunate result of the 2018 VA MISSION Act, which has resulted in extensive privatization of VA healthcare already.

Proponents of the MISSION Act have portrayed the law as offering veterans the choice of care. Nothing could be further from the truth, however. The provisions creating the AIR Commission

establish a fast-track process for closing VA medical centers. The law required the VA to conduct a series of healthcare market assessments throughout the country. The VA's contractor conducted these assessments in a highly flawed manner. Most of the data used by the VA about the availability of private sector care were collected prior to the COVID-19 pandemic. The Government Accountability Office, the VA Inspector General, and the VA's own expert panel have all faulted this decision, because as we all know, the availability of private sector care has greatly diminished due to COVID-19. Nowhere is this shortfall more acute than in the field of mental health care, where the VA's care is second to none, and private sector care is increasingly scarce.

Despite these serious data shortcomings, in March 2022 the VA unveiled a sweeping series of recommendations that would close approximately 20 VA medical centers around the country and drastically downsize up to 40 other medical centers, many to the point that they would cease to be functioning hospitals.

New York City and the state as a whole would be devastated by these recommendations, with the proposed closure of the Manhattan and Brooklyn VAMCs, the closure and privatization of urgent care at the Montrose VAMC, and the closure of the Castle Point VAMC. More than 112,000 veteran enrollees in the Metro New York Market will be harmed by these closures. Nor will those veterans find relief elsewhere in the state; the VA has proposed closing the Albany VAMC and privatizing emergency, inpatient, and surgical services at the VAMC in Northport, Long Island.

These proposed changes are a disaster in the making. In reading the VA's proposal it is clear that the department has no serious plan for how to replace these services in the private sector. Even if it had such a plan, these recommendations will still cost lives and waste money. Survey after survey has shown that veterans prefer to receive care from the compassionate professionals at the VA – one-third of whom are veterans themselves and all of whom have specialized knowledge and expertise in treating the complex conditions of veterans.

The VA's integrated care has tremendous benefits for veterans and taxpayers. A recent study from Stanford University researchers found that older veterans who receive emergency care from VA hospitals are 46% less likely to die than those who go to private hospitals. And the VA's care is 21% less costly, saving huge sums for taxpayers, who pay the bill in either case.

The MISSION Act establishes an almost unstoppable process for closing VA hospitals if the AIR Commission members are confirmed. The Commission has a very limited time and budget for conducting its work; final recommendations are due in January 2023. To change a VA closure recommendation, the burden of proof falls on the Commission to show that the VA deviated from its own criteria for developing recommendations. And the Commission would be largely reliant on the VA's own staff for its work. In short, the Commission is hardly independent at all. Once the Commission finishes its work, only the president – or Congress through a joint resolution of disapproval – can halt the closure process.

There are many misconceptions about the AIR Commission process. While the VA has proposed hundreds of billions of dollars in new facility construction, there is not one dime

appropriated in the MISSION Act to support these proposals. If the AIR recommendations are not blocked, VA hospital closures would have to move forward, come hell or high water, within three years. But any future construction would be contingent on massive new appropriations from future Congresses, contrary to years of drastically underfunding VA infrastructure needs.

A second misconception is that the VA could not and would not move forward with hospital closures unless new replacement facilities were built. However, there is clearly no such language in the MISSION Act. Closures are mandatory; new facilities are empty promises.

AFGE strongly supports Resolution 130 opposing the closure of VA hospitals in the city. In fact, we recommend that you adopt more comprehensive language, urging Congress to disavow the AIR Commission process entirely, by not confirming any Commissioners through the Senate and by repealing the statute creating the Commission. Bipartisan legislation (S. 4297) proposed by Senators Manchin and Rounds, joined by five other senators from both parties, would do exactly that and repeal the Commission's authority. AFGE urges the Council to support this legislation.

Members of the Council, the VA health care system is an indispensable national treasure that delivers on President Lincoln's promise to care for those "who shall have borne the battle." It is the country's crown jewel of successful public health care, delivering superior health outcomes at reasonable costs. The VA should be strengthened, not dismantled and privatized. For far too long, Congress has failed to invest the necessary funds for VA facility modernization. The AIR process and its proposed closures would only worsen this problem and send the VA into an irreversible downward spiral. Please work with the VA's workforce, veterans, and public supporters to prevent that from happening.

Thank you for the opportunity to submit testimony.



HEROIC  
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PROJECT

Jesse Gould

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Testimony in support of HB 5396: An Act Increasing Access to Mental Health Medication  
Connecticut Public Health Committee  
March 14<sup>th</sup>, 2022

Senator Abrams, Representative Steinberg, Senator Anwar, Senator Hwang, Senator Somers,  
Representative Petit, and distinguished members of the Public Health Committee,

My name is Jesse Gould, and I represent many military veteran voices across the country, and I am writing **in strong support of HB 5396**, which will establish a psychedelic assisted therapy pilot program utilizing the FDA's Expanded Access Program, an advisory board to make ongoing recommendations to the state, automatically reschedule MDMA and psilocybin in accordance with federal law, and implement federal guidelines as they are made available.

I am an Army Ranger veteran with 3 combat deployments to Afghanistan. I am writing to you today as both a military veteran and a US citizen. As a veteran, I represent the voice of a community that is suffering through an unprecedented mental health crisis. As a civilian, I bring the simple request to reexamine certain laws that are now outdated and prevent the emergence of effective treatment options.

The prospect of treating mental health and addiction disorders with psychedelic compounds may seem daunting on the surface. Before psychedelic therapy saved my life, I would have been skeptical as well, but I've come to discover that my prejudices were not supported by facts. Among the veteran population, rates of Post-Traumatic Stress Disorder, depression, and suicide have soared. Since the start of the Global War on Terrorism, more veterans have died as a result of suicide than in combat by more than a factor of 20. Veterans are also four times more likely to have suffered from opioid addiction as a direct result of negligent pain management programs. Despite over \$80 billion dollars of funding, the Department of Veteran Affairs (VA) has not been able to find any real solutions to this epidemic.

As a result of my own life-saving experience with psychedelic substances, I founded the nonprofit organization Heroic Hearts Project (HHP). Each year we receive hundreds of requests from veterans who are seeking psychedelic-assisted psychotherapy. The majority of these veterans have tried everything the VA has to offer and come to HHP near hopeless. Controlled psychedelic experiences have been the only thing that has allowed them to regain their life and hope for a better future. Currently, these veterans have to travel outside the country for life-saving mental health care. We must change this embarrassing reality. Research is supporting the anecdotal evidence and now laws need to reflect this new understanding that psychedelics can have medical benefits.





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Over the past two decades, researchers around the world have renewed scientific understanding of the benefits of psychedelic medicine on the brain and body, so it is with growing certainty that scientists and medical professionals are now working with policymakers to bring plant-based medicines like psilocybin above ground for therapeutic uses.

Research from major institutions around the world has shown psilocybin to be a promising clinical treatment tool for a wide range of mental and psychiatric diagnoses including anxiety, addiction, depression, end-of-life anxiety, and post-traumatic stress disorder. As a result, psilocybin is increasingly considered one of the most natural, effective, non-addictive, and safe treatment options for depression and anxiety when administered in clinical settings. These impressive results have led the U.S. Food & Drug Administration to grant both psilocybin and MDMA their Breakthrough Therapy designation for treatment-resistant depression and PTSD.

State lawmakers now have an essential role to play in the movement toward the safe, supervised use of psychedelic assisted therapy. Citing this research, groundbreaking initiatives in favor of psilocybin and MDMA are occurring at all levels of government, private and public research institutions, and throughout mainstream society.

Conservative states like Texas, Utah, Missouri, and Oklahoma are passing bills at record speeds. We do not want the citizens of Connecticut to miss out on this healing modality. With mental health becoming a more present issue in our communities, everyone knows someone who stands to benefit from access to psychedelic assisted therapy.

Please support HB 5396.

Thank you,  
Jesse Gould

A handwritten signature in black ink that reads "Jesse Gould". The signature is written in a cursive, flowing style.

Executive Director  
Heroic Hearts Project



Good morning councilmembers, my name is Matthew Ryba, I am a Marine Corps combat veteran of Iraq and Afghanistan and Director of community outreach and education at New-York Presbyterian's Military Family Wellness Center, housed at Columbia University Irving Medical Center and Weill Cornell Medicine. Thank you for taking my testimony today. And an additional thank you to Chair Holden and Councilwoman Paladino for their discretionary funding support for our program in the recently passed budget.

Recent data collected from the American community survey and US Department of Veteran Affairs states there are approximately 200,000 identified military veterans currently living in the five boroughs of New York City. I will also point out for the purpose of my organizations, that recent studies have shown that of those veterans, 15 to 30% likely carry a mental health diagnosis of PTSD or Major Depressive Disorder. As of 2021 the Bureau of Labor reports that 27% of the veteran population have reported service connected disabilities, and many, many more veterans do not report, or under report significant health deficiencies.

This is especially important given the nature of today's hearing, with many concerned about the recommended closure of two VA hospital facilities in the New York metro area. An announcement that is concerning not only for the veterans who depend on these VA facilities for care, but for the thousands of New Yorkers employed at these facilities. Especially worrisome for elder veterans who are reliant on the VA for geriatric care, veterans from the Vietnam era, who are not only experiencing later life medical complications, but service related complications with theater specific ailments, such as cancers and health issues due to Agent Orange. It is also troubling for veterans of recent wars, who have a much higher combat survival rate with chronic injury than previous wars, exposure to burn pits- experiencing a myriad of health complications linked to this military practice, and for veterans struggling with mental health issues whom I advocate for, and who receive their mental health treatments from VA hospitals.

I do firmly believe that all veterans in New York and representatives of this veteran constituency should be lobbying for these facilities to remain open, as they are of vital importance to veterans who do not have other options for healthcare. I also believe that should these facilities close, that the Committee, along with state and local veteran agencies have a responsibility to the veterans of NYC to find a solution to meet the health and wellness needs of this underserved population. Although the Veterans Administration healthcare system provides invaluable resources to this community, it is also important to note that 50% of veterans in New York are not registered for, refuse, or don't qualify for VA services, while their family members are usually excluded from accessing these services altogether. Of the 50% of veterans who are registered to use VA medical services, only half use it regularly. Ultimately, only 1/4 of the veterans in NY are actually utilizing the VA healthcare system.

New York needs to have a plan for alternative care not only for these 25% of veterans at risk of losing health services, but for the 75% of veterans seeking services elsewhere, by working with programs within the Dept. of Health, the Office of Mental health at the state level, non-profit organization, private practices, and health foundations. The only way to ensure the health and wellness security of our veterans is to plan for the worst-case scenario and offer alternatives



to the Federal veteran healthcare systems by increasing the availability of local community based healthcare solutions. This is not limited to emergency medicine and physical health, but should include preventative medicine, health education, suicide prevention, and mental health options. Let me stress, this is NOT an undertaking for the city's Department of Veteran Services to provide, however, DVS is positioned perfectly as a referral source of veterans to medical colleges, the Dept. of Health, and other pro bono and nonprofit healthcare organizations. DVS is positioned to fundraise and distribute funding in the form of health grants to support veteran health programs which already exist.

One such program being the New York–Presbyterian Military Family Wellness Center (MFWC) at Columbia University Irving Medical Center (CUIMC) and Weill Cornell Medicine (WCM). As you know, since 2016 we have sought to bridge this treatment divide for veterans who do not qualify or are not amenable to VA services by providing cost-free, evidence-based assessment and treatment to local area veterans, active-duty service personnel, and their adult family members and caregivers. Since its inception, the MFWC has prioritized collaborations with regional public and private institutions, seeking to complement existing resources rather than to compete with or replace them. One important community collaborator in our mission to provide these mental health resources to veterans and military families in NYC has been DVS though Vet Connect NYC, who over the last 4 years have provided 35 referrals of veterans seeking mental health care to our programs.

Over the last six years, the Military Family Wellness Center has conducted thousands of screens, and enrolled hundreds veteran and military family member patients into our care. The primary conditions we treat are PTSD, major depression, anxiety disorders, and adjustment disorders (e.g., readjustment to civilian life). Both our clinical sites, at the Columbia's PTSD Research and Treatment Center, and Weill Cornell Program for Anxiety and Traumatic Stress are in-network providers listed on Vet Connect NYC.

This being said, we at the MFWC feel it is important to highlight that our clinics, along with other health service providers listed on Vet Connect NYC are non-profit organizations, many who struggle to find funding in order to continue serving the veteran community of New York. While VetConnect NYC serves an important purpose of connecting veterans to the resources they need, it is the nonprofit organizations providing veteran services that are equally in need of support in order to be able continue to offer these resources. The Veteran's initiative in the FY2023 budget recently passed was one of the few initiatives that has remained at pre-pandemic funding levels, despite veterans in NYC being one of the most affected populations of the pandemic.

Another concerning statistic, from the 2018 RAND paper *Ready or Not?* commissioned by the NY Health Foundation, found that the state of NY is extremely unprepared for dealing with veteran health needs, should the VA close. As stated in the paper the 92% of providers accepting new patients drops to 2.3% when accounting for the seven areas of provider readiness criteria for working with veteran patients. At the Military Family Wellness Center, we are proud to be in that 2.3%, our clinicians and researchers have unparalleled experience working with military service members of all duty status. Many of our civilian faculty, clinicians, and staff have decades of experience caring for service members and their families. Our staff also includes



several veterans who know firsthand the psychological impact deployment and military severance may have on service members and their families.

Our innovative Center has distinct advantages in four areas: ease of access, minimal bureaucracy, confidentiality and privacy, and a wide range of high-quality treatment options. These treatments include short-term prolonged exposure therapy (PE), interpersonal therapy for PTSD and depression (IPT), and cognitive-behavioral therapy (CBT), as well as pharmacotherapy, emotion focused therapy for couples, group CBT for insomnia, and our recently tested, first in the nation, standardized, manualized equine assisted therapy for PTSD. To better facilitate patient care access, most psychotherapy treatments are also available via our telemedicine platform, which has been utilized consistently over the last two years of the COVID-19 pandemic.

The challenges facing military families are enormous. The health challenges and health disparity of our veteran population are a forefront issue in the veteran community. Although the VA continues to provide most of the care, thousands of individuals seeking service-related mental health treatment in the New York region do not receive it. The MFWC has established a record of excellence in addressing these gaps in service -gaps in service that will certainly widen should these recommended closings of NYC VA facilities happen. Through focus on ease of access, privacy, and high-quality care, we have become a recognized and valued resource in the local military family community. With the help of local government leaders, and community collaborators like Vet Connect NYC, we hope to expand our scope of service and provide vital treatment to this highly-valued but under-served population.

Councilmembers, thank you for your time,

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**Testimony for the June 17<sup>th</sup> New York City Council Committee on Veterans Oversight Hearing:  
How New York City's Veterans Access Healthcare**

**Amanda Spray, PhD  
Steven A. Cohen Military Family Center at NYU Langone Health**

Good Morning, Chair Holden and members of the New York City Council Committee on Veterans. I am Dr. Amanda Spray, Clinical Psychologist and Director of the Steven A. Cohen Military Family Center at NYU Langone Health.

We appreciate the Committee for holding this hearing on how New York City's veterans access healthcare.

The Steven A. Cohen Military Family Center at NYU Langone Health was established almost ten years ago in July 2012 with the goal to fill in the gaps in mental health services available to veterans and their families in the New York City area. We were established to fill a well-documented gap in services to veterans and their families. Literature suggests that 40-60% of veterans who may benefit are not receiving mental health care and that those who are not connected to care die by suicide at a higher rate than those who are connected. Some veterans struggle with connecting to the VA for a variety of reasons including ineligibility and preference. We also know from the 2018 RAND report that there is a dearth of military culturally competent providers in this state. Our center was established to address the mental health challenges of this population by providing culturally competent, accessible, high quality, evidence based treatment to veterans and their family members.

Since inception, our Military Family Center has provided mental health treatment to over 3000 veterans and their family members. We have developed strong partnerships with the VA, the Department of Veterans Services, and many other Veteran Service Organizations. The sheer number of veterans and family members served demonstrates the necessity for public-private partnerships in order to meet the needs of the veterans and their families in our community and ensure their access to healthcare. Our partners appreciate the gaps our Center fills in veteran's mental healthcare by: providing our services completely free of charge; offering our services to veterans regardless of their discharge status, combat exposure, or era served; opening our services to family members of veterans; making appointments available outside of business hours; and offering our services face to face and through a telehealth platform. In fact, we have found that veterans and their family members are seeking mental health services at a higher rate than at any other point since we opened; we experienced a 170% increase in referrals over the past year. This sharp increase has resulted in struggles to meet the demand and ultimately a significant waitlist for services.

Additionally, we have observed that veterans and their family members are presenting with higher rates of Depressive Disorders, Substance Use Disorders, and Relationship distress diagnoses this year compared to last. We provide evidence based treatments for these difficulties we are seeing more of

**The Steven A. Cohen Military Family Center at NYU Langone Health**

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this year, and we provide treatment for substance use disorders, an area that is often siloed from mental health services and can render someone ineligible for mental health care. We have also experienced student veterans struggling with online learning and seeking evaluation to determine the nature of their challenges and our recommendations on how to address these difficulties in order to remain enrolled in school. Our Center is also uniquely equipped to assist with these difficulties often caused by traumatic brain injury, PTSD, and/or longstanding ADHD that was previously undiagnosed.

Our Center is dedicated to delivering evidence based care that has demonstrated efficacy. We employ measures at the beginning of treatment and throughout to ensure the treatments that have been shown effective in research are also helping the patients we serve. Analysis of our data reveals that veterans and their family members show clinically and statistically significant improvements pre- versus post-treatment in symptoms of PTSD, depression, and anxiety, and improved quality of life. At the Military Family Center at NYU Langone, our veterans and military families are being provided with gold standard treatments with strong evidence of their effectiveness.

Mental health is an essential component of the health and wellbeing of our veterans and military families. As such, we see it as imperative that DVS prioritizes veteran's mental health by supporting their community partners who provide mental health treatment to veterans

The Department has worked hard to connect to the veteran community and determine their needs both before and throughout the pandemic. DVS does not provide any services for Veterans directly, rather they serve as a bridge, which often results in referrals to our center and other essential services in the community. While DVS always refers out to community partners to provide the specific services that the veterans are seeking, they do not provide any direct funding for these services. Community partners are forced to obtain funding for these services elsewhere, such as through philanthropies and even here at the City Council. Direct funding support from DVS would ensure that these essential services provided by community partners, which DVS relies heavily upon to support the veterans, can continue. This is particularly important now when the need for mental health services are higher than ever before across the veteran and military family community.

Veterans and their families are seeking mental health services, and it is imperative we ensure they can access these needed services. As described, we are experiencing an increased need for mental health services by veterans and their family members over the last two years. Our Center is equipped to work together with the community to address the ever-growing needs of veterans and their families. We hope the Council will further invest in the Veteran population to ensure we are not leaving veterans and their family members behind.

Thank you again for the opportunity to testify today.

**TESTIMONY OF KEVIN M. LAPHAM  
ON BEHALF OF  
THE AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES  
NATIONAL VETERANS AFFAIRS COUNCIL  
BEFORE THE COUNCIL OF THE CITY OF NEW YORK  
HEARING ON "HOW NEW YORK CITY VETERANS ACCESS HEALTHCARE"  
JUNE 17, 2022**

Good morning, Speaker Adams and Councilmembers:

Thank you for the opportunity to testify today, on behalf of the American Federation of Government Employees National Veterans Affairs Council, in support of Resolution 130-2022. AFGE's National VA Council represents 283,000 VA employees, including the majority of employees working at the Manhattan and Brooklyn VA Medical Centers who have the privilege of caring for veterans every day. Many of these employees are also veterans who receive their care from the VA, including myself.

I am a National Health and Safety Representative for the National VA Council, the 2<sup>nd</sup> Vice President of the New York/New Jersey VA District Council and a Desert Storm Army veteran. I began working at the Manhattan VA nearly 20 years ago in the surgical ICU and then in a med-surg ward. Currently, I work in the Research and Development department.

Councilmember Brewer's resolution will send a **strong** message to the VA Secretary and to Congress that proposed closures **must not go forward**. What veterans deserve, instead, are full staffing and a **true capital investment** in VA infrastructure to meet the growing demands of aging veterans and veterans who gain eligibility to VA health care through new laws, such as the pending toxic exposure legislation.

AFGE and its VA Council have waged a long, intense fight against VA privatization, and we are **fiercely** opposed to the VA Secretary's proposals to shutter the doors of the Brooklyn and Manhattan VAs, and to close or gut dozens of other VAs across the country. We have *urged* Congress to reject the AIR Commission outright by refusing to confirm **any** of the Commission nominees, and by enacting S. 4297, a bipartisan bill to repeal the Commission.

VA privatization has already weakened the VA and sent large numbers of veterans to private, for-profit providers, especially since passage of the VA MISSION Act of 2018, which created the AIR Commission. Private sector providers often do not understand veterans' special conditions and are not held to the same standards as the VA for wait times, driving times or quality of care. Sometimes, medical records are lost, and veterans end up with medical bills and bad credit because of VA's delays in making payments to private providers. Closing our VAs will subject even more veterans to these hardships.

Privatization also increases incrementally every year through chronic short staffing and underfunding of infrastructure needs. In my department, for example, we have lost over a third of the staff and there is no plan to replace them. In the Brooklyn VA's General Preventive Medicine Department, medical

support assistants are performing double their official workloads to make sure that every veteran and family member receives satisfactory service. Meanwhile, management does not seem to be willing to recognize their extra effort or fill the ten vacancies that are straining these employees and the department's ability to meet veterans' needs.

The Secretary's recommendations are based on outdated, *pre*-COVID data and incorrect assumptions about future patient enrollment and private sector capacity and willingness to care for veterans. The NY market data fails to reflect all the veterans and nonveterans who received lifesaving care at the VA when the pandemic overwhelmed Elmhurst Hospital. Or the valuable medical training opportunities in NY that will be lost if our VAs close. In fact, the proposed closures have already caused some dietitians and social workers to leave the Brooklyn VA for more secure jobs elsewhere.

The market data also fails to explain what happened to all the Superstorm Sandy funds that were supposed to be spent to repair and upgrade our VA.

The recommendations use words like "reset", "realign", "right-size" and "modernize" to justify closing our VAs and sending veterans into the private sector or to VAs that require longer, more costly travel.

And they ignore the fact that not a single dollar has been appropriated to modernize or expand the Bronx or St. Albans VAs to replace vital services that will be lost. What will Brooklyn veterans do if their residential substance abuse treatment program closes before a new one is built at St. Albans?

The recommendations do not reflect the full cost of closing our emergency rooms which fulfill a unique need for veterans in crisis. At the VA, they are met by specially trained VA police and emergency medical personnel who know how to talk them down, have access to their medical histories and can easily coordinate with their treating physicians. When our VA emergency rooms are gone, will our veterans in crisis have to travel to the Bronx VA to get stabilized, or will they end up in a corporate run emergency room where their unique wounds of war are not known or understood?

At the VA, veterans feel like human beings, not just numbers. The VA is their second home and a unique community where they can spend time every day with other veterans at the homeless drop-in center in Brooklyn or the New York Harbor Club space at our Manhattan facility

The VA Secretary keeps assuring VA employees that these recommendations will not lead to the loss of union jobs because displaced employees will be able to find work at other VAs or in telehealth. The Secretary should tell that to disabled veterans in housekeeping and groundskeeping jobs *specially designated for veterans* and to the many health workers in positions that must be done in person, such as respiratory therapy.

In closing, we urge you, on behalf of the veterans who depend on the Brooklyn and Manhattan VAs, and for the dedicated front-line workers who care *for* them, to pass Resolution 130-2022. Thank you.



**New York City Council Veterans Committee**  
***How New York City's Veterans Access Healthcare***  
*June 17, 2022*

Good afternoon, Chair Holden and Members of the New York City (NYC) Council Committee on Veterans. My name is Joseph Vitti, and I am the Senior Advisor for Veteran Affairs for VNS Health (formerly known as the Visiting Nurse Service of NY) – I also served in the Army as a military intelligence officer serving in various roles for infantry and field artillery battalions. Thank you for the opportunity to testify about access to health care for New York City's veterans.

VNS Health is the largest free-standing not-for-profit home and community-based health care organization in New York, providing care to more than 40,000 patients and health plan members every day. VNS Health is honored to serve our veterans through our hospice and home care programs. We ensure that veterans and their loved ones receive the respect and care to serve their unique needs. We are the largest hospice and home health service provider to veterans in New York City. In 2021, VNS Health provided home health services to over 2,200 veterans and provided hospice services to over 950 veterans.

VNS Health's Hospice Veterans Program is a Level 5 *We Honor Veterans Program* serving all five boroughs of NYC. This national collaboration between the U.S. Department of Veterans Affairs (VA) and the National Hospice and Palliative Care Organization (NHPCO) empowers hospice professionals to meet the needs of dying veterans and ensure a positive patient experience.

**VNS Health Veterans Outreach Program**

VNS Health's Veterans Outreach Program has a dedicated team of veteran liaisons to support and enhance our veteran patients' experiences to ensure affordable, accessible, and quality healthcare delivery to ensure positive outcomes. Our veteran patients come from Manhattan (31%), Queens (33%), Brooklyn (14%), Staten Island (13%), and the Bronx (9%). In terms of war eras, 22% of our patients are WWII veterans, 24% are Korean War veterans, 16% from Vietnam veterans, 8% are Cold War veterans, and 30% from Peacetime/Other.

Through this program, we are able to expand healthcare access to veterans and their families; assist veterans in accessing the benefits and resources to which they are entitled; educate physicians, nurses, social workers, spiritual care counselors, and home health aides about the

special needs of veteran patients (including recognition of PTSD, other mental health issues, and various service-connected health conditions that are prevalent among the veteran community); transition veterans into the community from inpatient facility settings; and increase community awareness on the needs of the veterans population.

Partnership with a strong, adequately funded VA health system in New York City is essential to our work. We need each other to refer and collaborate on care, to better understand the evolving needs of aging veterans, and to identify and respond to trends. Likewise, appreciate the collaboration with the NYC Department of Veterans Services (DVS) and social service programs to coordinate additional care of benefits – such as access to home-delivered meals.

We are grateful for the \$80,000 that the Council included in the recently enacted FY23 budget. However, we sought \$250,000, reflecting our intent to expand outreach and connect more veterans to care. Additional funding would support staff resources with a focus in the Bronx, Manhattan, and Queens while expanding our services in Brooklyn and Staten Island. VNS Health would use these funds to:

- 1) Support NYC veterans' access to their VA benefits and other community resources through veteran-centric patient advocacy efforts supported by VNS Health veteran liaisons;
- 2) Expand and continue partnerships with VA hospitals, various healthcare and hospital sites, and community-based/veteran service organizations;
- 3) Focused outreach and education to community-based organizations and providers about veterans' population health needs for home healthcare and end-of-life services; and
- 4) Hire an additional veteran benefits specialist and coordinator to support the growing veteran census needing VA and community benefits and resources.

### **Aging Veterans in New York City**

Of the approximately 140,000 veterans in NYC today, 71% are 55 or older. This community has diverse and complex physical and mental health needs that the VA (our nation's largest healthcare system) addresses with a multitude of services and benefits. However, because of the complexity of the VA system and systemic poor health literacy among veterans, many never fully access or utilize the benefits they need. In addition, in the post-COVID era digital literacy and access to telehealth services are even more critical.

As NYC's veteran population continues to age, it is becoming even more important to conduct outreach so that they know about their full VA benefits which can include home care, long term care, and hospice services.

The VA healthcare system, including Community-Based Outpatient Clinics (CBOCs), Vet Centers, and community care network (CCN) providers like VNS Health, provide access to affordable, accessible care and help mitigate some of the social determinants prevalent within the veteran community. According to one peer-reviewed medical study, veterans are diagnosed with approximately 8-10 chronic conditions, while non-veterans are diagnosed with nearly half. Many of these conditions are military service connected. Veterans will thus need greater levels of health care and more coordinated care.

For the thousands of veterans VNS Health has cared for over the years, health literacy has been a major need. Most veterans simply do not know what VA health benefits they are eligible for, and how those benefits work with Medicare, Medicaid, or private insurance benefits. Often, VA benefits can cover costs that are not covered by other insurance. For instance, veterans can receive Medicare and VA hospice benefits, but also receive palliative treatment such as chemotherapy under VA benefit.

Veterans also often do not realize they can receive care from VA CCN providers, which extends the VA healthcare benefit beyond the walls of VA hospitals to community-based providers. This misconception often leads to veterans not receiving care because they do not know what is available or they are concerned about medical costs.

This proud aging community is often reluctant to seek help and discuss delicate and intimate issues that impact caregivers' ability to deliver effective and quality care. CCN providers like VNS Health provide a safe space for this underserved and vulnerable community to seek help.

### **Conclusion**

Thank you for the opportunity to provide this testimony. We appreciate the City Council's leadership on veterans' issues and offer our ongoing partnership and collaboration.



## NEW YORK CITY COUNCIL COMMITTEE ON VETERANS

**Friday June 17, 2022, 10:00 a.m.**

**SUBJECT: Oversight – "How New York City's Veterans Access Healthcare."**

Good morning. My name is Peter Kempner. I am the Legal Director at Volunteers of Legal Service (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.

In addition to my duties as Legal Director of VOLS, I founded and supervise the VOLS Veterans Initiative. I also created and teach the Veterans Justice Clinic at New York Law School; I sit on the New York City Bar Association's Committee on Military and Veterans Affairs; I am a member of the New York State Bar Association Veterans Committee; I co-chair the New York Legal Services Veterans Working Group; and I have held many past positions focused on the civil legal needs of low-income veterans. The core work that the VOLS Veterans Initiative does for veterans is the drafting and execution of life planning documents which include Last Wills and Testaments, Powers of Attorney, Health Care Proxies, Living Wills and other advance directives.

By engaging in effective life planning, elderly and disabled veterans are more likely to stay in their homes, age in place in the community and live with dignity. A veteran who has executed a power of attorney empowers their agent to seek government benefits to pay for housing costs, to sign leases, apply for and recertify housing subsidies, and deal with any issue that may arise with their landlord or housing provider. The agent can also seek SNAP, Medicaid, and other critical benefits.

Prior to the COVID-19 outbreak, the VOLS Veterans Initiative conducted free weekly legal clinics at the Manhattan Campus of the Department of Veterans Affairs' NY Harbor Health Care System where we provided free civil legal services to low-income veterans aged 60 and over. After the crisis shut the VA Hospital to outside visitors, we moved our services online and launched a legal hotline for low-income aging veterans. Despite the move away from in-person clinics at the VA Hospital, we maintained close ties to the social workers and other staff at the VA. They are a critical connection between the VA's patients and providers who serve the veteran community.

VOLS is not the only legal services provider that maintains close ties to the Brooklyn and Manhattan VA Medical Centers. Many of our fellow providers also recognize the importance of these facilities as touch points for veterans facing legal challenges in addition to their medical needs. The social workers at the VA hospitals embody the holistic view that the best way to help veterans includes physical, psychosocial, and economic determinants. As a legal services provider we often rely on referrals from and the assistance of the staff at the VA Hospitals to provide services.

Recently we were contacted by a veteran's daughter who received our information from VA social work staff. He is a 97- year-old World War II veteran who had been hospitalized at the Manhattan VA and was about to be transferred to a rehabilitation facility. He needed Medicaid to help cover the cost of home care, but he was unable to complete the forms himself and his daughter's hands were tied without a power of attorney.

His daughter lived in Las Vegas and had been desperately calling service providers, but none were able to make the hospital visit to meet with him. We informed her that we could come to the VA hospital in two days. If he were able to get us the information we needed by then, we would come to his bedside with a prepared power of attorney to execute.

When we arrived at the hospital, our partners on the VA's social work staff informed us that he was about to be transferred to a rehab facility. We rushed down to his hospital room with two VA social workers in tow to act as witnesses and arrived at the same time as the ambulance crew. We convinced them to wait for him to sign his documents before they took him in the ambulance to the rehab facility. We left the original documents with his belongings and sent a copy to his daughter.

When she received the document, she sent us the following note: "Thank you. What you do is amazing and so helpful. He is going to rehab for the 20 days we can get, and this buys me some time to try to organize getting him some in home care. You took one thing off our plate to organize by doing this. I feel so lost and helpless right now and you helped by doing this one little thing. I am truly grateful."

The reality was that we would not have been able to serve this veteran without the referral from the VA Hospital and without the help of the social work staff. The VA Hospitals are unique places where veteran-centric care is primary, and it is a model which I have not seen replicated elsewhere. While the VA is not always perfect, I have no doubt that the over 200,000 veterans who call New York City home will lose a significant service if the Manhattan and Brooklyn VA Hospitals were to close.

Thank you to the sponsors of Res. No 130 and we support your calls to halt the proposed closures of the Manhattan and Brooklyn VA Medical Centers. Thank you for allowing us to submit this testimony and for supporting the New York City veteran community.

Peter Kempner, Esq.  
Legal Director

Chairman Robert Holden, members of the Veterans Committee:

Greetings. My name is Dondi McKellar, my pronoun is He / Him. I am a proud LGBTQI+, United States Navy Service Disable Veteran. I served in the Navy from 1981 to 1987

I come before you today because I support (***Federal Government to halt the planned closure of Manhattan and Brooklyn's Veteran Affairs Medical Centers***). I suffer from Post Traumatic Stress Disorder (PTSD) due to Military Sexual Trauma (MST) and Lung Cancer. I rely on both Manhattan and Brooklyn VA facilities for my health care and quality of life. Without these Veteran Affairs Medical Centers I fear my life expectancy is bleak.

In 1981, I was brutally sexual assaulted on military base in Meridian Mississippi. Required hospitalization for two weeks with peri-anal cyst, condyloma acuminatum (Anal Warts) and Hepatitis B which I sustain from assault. At 19, I was naive and thought the bumps around my rectum were hemorrhoids which I was told after the assault. I applied Preparation H, given to me by medical personnel. I finished in 1985, with the active duty portion of my enlistment. I registered and started going to the VA Medical Center in Manhattan. My first visit I requested Preparation H and they asked me why? I explained that I had hemorrhoids and this is what I was given to treat them. The facility sechulde an appointment to see a doctor, who inform me that I had anal warts and not hemorrhoids. That Preparation H was not the treatment for this condition. Had them surgically removed in 1987, after undergoing treatment for two years at the facility. Unfortunately they were growing inside of my body and this was the course of treatment recommended to correct the medical issue. Restoring me with some sense of dignity.

I was diagnosed with lung cancer in 2015 and received treatment at the Brooklyn VA Medical Center. They are the only VA facility in the five boroughs that treat veteran cancer patients. My glomus tumor is very rare, less than 50 in medical recorded condition's history. One of my physician names is Mohammad Al-Ajam MD,FCCP. His team published findings on my glomus tumor in **Chest Annual Meeting 2017, Toronto Canada**. The team came up with a way to treat and monitor the growth of my glomus tumor. You see, only 3 out of 10 patients survive the carotid receptioning procedure surgery due to the locality of the

tumor. I am glad the team at Brooklyn VA Medical Center found another approach!

Fortunate to be seen at Memorial Sloan Kettering Cancer Center too, during the pandemic I needed my procedure done. Memorial Sloan Kettering Cancer Center was unable to ensure my treatment. They could only see me as an ambulatory patient and I needed to have someone to pick me up afterwards. I didn't have anyone because I live alone. The Brooklyn VA Medical Center sent a car to my home in the Bronx and kept me overnight to ensure I got the health care I needed to stay alive. They sent me back home by car and called to check up on my recovery the next day. I know the service given to me by the NYC VA Medical Center has been life saving and the healthcare is outstanding. The environment is set up so you can receive a variety of helpful information to assist you on your transition to civilian life. I received a letter recommending me to be a part of a medical marijuana program to help with my PTSD and Glomus tumor from the VA Manhattan Medical Center. Was able to use NuggMD to complete the process and receive a Medical Marijuana card. I believe the NYC VA Medical Centers places the veterans' overall healthcare needs first. I need these facilities to remain open!

Thank you for your time.

Dondi McKellar, USN (MST) He/Him

Good morning and thank you for allowing me this time to voice my opinion.

I am here today to tell you what happened to my son, Joseph Matthew Riotta, an Air Force veteran, who was honorably discharged 6 years ago.

Here is a picture of my son, Joey. I show you this picture so you can see that my son, although mentally disabled, is *still a human being* and should be treated like one. While that should be obvious, unfortunately, that is *not the case* at Huntington Hospital, a Northwell Health facility in Huntington, New York, where mentally ill patients are treated worse than animals.

On February 16, at 2 am, I received a call from a doctor at Huntington Hospital informing me that my son had been taken there by ambulance due to having suffered a psychotic break. As it always happens during this type of calls, the hospital person informs me that I should call at 9 am in the morning to find out how my son is doing and find out about visiting hours.

The same day, shortly after 9 am, I called Huntington Hospital where I was told that they did not have to talk to me because that would be a violation of my son's HIPPA rights. When I stated that I am my son's legal guardian and offered to fax or email a copy of the Guardianship Court Order they told me that "that kind of thing does not apply here" and hung up. Just in case you think that I got the one Hospital person that did not know what she was doing, I had the same, *exact* experience on multiple calls to Huntington Hospital from February 16 until February 19, THAT'S FOUR DAYS, SPEAKING TO MANY DIFFERENT PEOPLE. Finally, on February 19<sup>th</sup>, a supervisor told me that my son was there indeed, and I could visit him the next day, February 20<sup>th</sup>.

On February 20<sup>th</sup>, at 3:30 pm I was allowed to see my son at Huntington Hospital Psych Ward, Unit 2N. My son had been there for five days now without a shower, a change of underwear or clothes, or access to basic toiletries. He smelled awful and looked even worse. On top of that, he was so embarrassed because he always likes to look presentable in front of his mother, my wife, who was with me visiting.

After almost two hours of begging and finally arguing and yelling, a staffer agreed to escort my son to the shower.



After writing an email of complaint to Michael Dowling, Northwell's CEO, I received a letter from Jean Cacciabaudo, Huntington Hospital's Medical Director. After reviewing their security camera footage and speaking to her staff, Ms. Cacciabaudo admits, in her letter, that they "could've done better." When I spoke with Ms. Cacciabaudo and asked her why my son did not receive a change of clothes or a shower in 5 days, she admitted that Northwell does not have a budget for underwear or toiletries but that "that would be a good idea".

I will be happy to provide you with copies of all the letters I have mentioned.

In summary, Huntington Hospital, this place, *this hell hole* where mentally ill people are not allowed to shower or receive a change of clothes for days on end is where our mentally ill veterans will go when you close our VA facilities and replace them with Northwell facilities. If that is what you want to do, I respectfully ask that you send your sons and daughters there first, have them experience what my son experienced and then, if your conscience still allows it, vote to close the VA.

Thank you for listening and allowing me to tell you my son's story.

joseph riotta

Good morning and thank you for allowing me this time to voice my opinion.

My name is Joseph Riotta. I was born in Argentina, and came to the United States in 1974. I have lived in New York since then. I love New York, and I love this country, where I became a citizen as soon as I could: I am an American *by choice*.

I am here to support the City Council's effort to oppose the closure of VA medical centers in Brooklyn, Manhattan, and anywhere else in our state and our country.

Unfortunately, I know first-hand how VA closures and privatization will harm the care of our veterans.

My son, Joseph Matthew Riotta – Joey – is an Air Force veteran, who was honorably discharged 6 years ago. He suffers from schizophrenia and for the past six years has received care at the VA medical center in Northport, Long Island. The AIR Commission's recommendation would largely dismantle the Northport VA medical center, which serves more than 50,000 veterans.

On February 16<sup>th</sup>, my son was taken by ambulance to Huntington Hospital, in Huntington, Long Island. Huntington Hospital is a private hospital which is part of Northwell Health. Coincidentally, Northwell Health is one of the corporate providers that will benefit from closing VA hospitals in New York City and Long Island. Another alarming coincidence is that the nominee for chairman of the AIR Commission, Patrick Murphy, lists himself as a consultant to Northwell Health in his official biography.

The care Joey got at Huntington Hospital was *inhumane*. I've provided details in my written statement, but, in short, Joey was held there 5 days in their mental ward, Unit 2N. During that time:

- (1) He was kept for 5 days without a shower, fresh underwear, or a change of clothes
- (2) My wife and I were barred from visiting him or providing clothing or making informed decisions about his care, despite the fact we are Joey's legal guardians.
- (3) Hospital staff refused to recognize our guardianship – we were told “that kind of thing doesn't apply here.”
- (4) When I wrote the CEO of Northwell about the deplorable conditions at Huntington Hospital, I received a letter from their Medical Director, acknowledging, after reviewing their security camera tapes and interviewing her staff that “Northwell could have done better”. By the way, still to this day, no one at Northwell has been disciplined for how my son was treated.

While I agree that the Northport VA needs investment and modernization, that is not a reason to close it down. As a matter of fact, the facilities at Huntington Hospital also need investment and modernization. However, while both institutions need physical and infrastructure improvements, only at the VA are veterans treated with compassion, respect *and* receive outstanding medical care.

Huntington Hospital, a Northwell Health facility, *this hell hole* where mentally ill veterans are not allowed to shower or receive a change of clothes for days on end is where our mentally ill veterans will go if we close our VA facilities and replace them with Northwell facilities.

In summary, *none* of our New York VA hospitals should be shut down. Please pass resolution 130-2022 without delay and make it stronger. What we need is *funding* for the VA, not an AIR Commission staffed with Northwell Health consultants making decisions to close hospitals and clinics. Thank you.

Joseph Riotta  
email: [joeriotta@yahoo.com](mailto:joeriotta@yahoo.com)  
cell phone: [REDACTED]

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 304/22 Res. No. 130/22  
 in favor  in opposition

Date: 6/17/22

*DVS  
Commissioners*  
Name: James Hendon  
(PLEASE PRINT)

Address: 1 Centre Street, suite 2208  
NY, NY 10007

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 0394 Res. No. 130-2022  
 in favor  in opposition

Date: \_\_\_\_\_

Name: AMAURI ESPINAL  
(PLEASE PRINT)

Address: 1 CENTRE STREET, 22nd FL.

I represent: MVC DEPT OF VETERANS' SERVICES

Address: 1 CENTRE ST, 22nd FL.

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. 0130-2022

in favor     in opposition

Date: 17 June 2022

(PLEASE PRINT)

Name: KEVIN LAPHAM

Address: 1230 Leland Ave #2K Bronx NY

I represent: American Federation of Gov't Employees

Address: 80 F St. Washington D.C.

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor     in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: JOSEPH RIOTTA

Address: 20 MINCHER PLACE

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms