

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON VETERANS

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May 4, 2009
Start: 10:40am
Recess: 12:45pm

HELD AT: Hearing Room
 250 Broadway, 14th Floor

B E F O R E: JAMES SANDERS, JR.
 Chairperson

COUNCIL MEMBERS:
 Michael C. Nelson
 Tony Avella
 Lewis A. Fidler
 Leroy G. Comrie, Jr.

A P P E A R A N C E S (CONTINUED)

Roger Newman
Commissioner
Mayor's Office of Veterans' Affairs

Greg Mayers
Senior Policy Advisor
Office of Deputy Mayor Walcott

Ray Aalbue
Public Affairs Officer
New York Harbor Healthcare System

Dr. Stephen Gonzenbach
CARES EUL Liaison
VA New York Harbor Healthcare System

Robert Green
Community Relations
New York Harbor Healthcare System

Manuel Caughman
Representative
Assemblyman William Scarborough

Greg Mays
President
Addisleigh Park Civic Organization

Ruben Wills
Community Advocate
United Council on Veterans' Rights

Renee Hill
Treasurer
Addisleigh Park Civic Organization

A P P E A R A N C E S (CONTINUED)

Pat Toro
President
Vietnam Veterans Queens Chapter 32.

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2 CHAIRPERSON SANDERS: --here, but
3 be that as it may, we are here and I apologize for
4 that. Without further ado this meeting will--

5 [Pause]

6 CHAIRPERSON SANDERS: And good
7 afternoon. I am James Sanders, Jr. I am the
8 Chair of the Veteran's Committee. Today the
9 Committee will conduct a hearing on the St. Albans
10 Medical Facility in Queens. Our main concern in
11 conducting this hearing is to make sure that the
12 optimal care is available to the wounded and aging
13 veterans in our City's communities and to learn
14 about the future plans for the St. Albans campus.
15 As many of you may know, the Department of
16 Veterans' Affairs has undertaken a major
17 redevelopment initiative at the St. Albans site.
18 The development plans call for the reconstruction
19 and leasing of 25 of the 55 acres of land on the
20 campus. There are some leaders in the Veterans
21 community who have serious concerns about what
22 this new plan will look like and would like the
23 entire site to remain dedicated to Veterans use.
24 At the same time, the VA has said that the revenue
25 generated by private use of the land will help

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2 fund the upgrades in healthcare and facilities,
3 which people on both sides of the argument agree
4 are desperately needed. I know members of the
5 public, and especially of the Veterans, share in
6 my interest on this issue. After their service to
7 our country, it would be shameful if we did not
8 honor the dignity of our former service members
9 and do all that we can to see that they are
10 appropriately cared for when health concerns arise
11 and when they reach later stages in life. As I
12 understand it, development discussions and studies
13 about the ultimate plan for St. Albans have been
14 ongoing for nearly a decade. I am optimistic that
15 the best interests of the Veterans being served
16 will prevail. I know that many of you in this
17 room have been making your voices heard on this
18 topic and I appreciate your attendance here today.
19 I am particularly grateful that the chief of
20 audiology of the St. Albans Hospital and two other
21 gentlemen are going to testify also. They have
22 come today from the VA. I know that your schedules
23 are demanding. Gentlemen, you have my deep
24 appreciation for your cooperation, you certainly
25 do, especially now that I've ruined your schedule.

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2 With nearly 300 Veterans currently residing in the
3 New York City area and thousands more are expected
4 to return from service, it is in this City's
5 interest to be vigilant about this project, to be
6 watchful, to listen and to weigh in when
7 necessary. I know you all share the same goals in
8 caring for our Veterans, and with that, right
9 after I introduce members of my Committee, we'll
10 begin with our first witness. I do want to say
11 that today is going to be a busy day for many
12 members. Council Member Avella has already told
13 me that he has to split himself into two so that
14 he can be in two places at one time, and I'm sure
15 we all want to see that. We have also had other
16 council members who were here and as time goes on
17 I will say that they have been here. We have been
18 joined by Queens's best Councilperson, arguably,
19 rivaled only by myself of course, and that is--

20 [OFF MIC]

21 CHAIRPERSON SANDERS: Yes, you're
22 right. Boy, I had it together for a minute.
23 Well, very big argument about whether he is
24 Queens's best Councilperson, and of course that's
25 Council Member Leroy Comrie, who has the area in

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2 question-- that is correct-- has the area in
3 question, and I'm sure he may have one or two
4 statements to make. And we have been joined by
5 Council Member Nelson, who I had a running
6 dialogue on the road here. We were discussing
7 which roads were worse, the ones in Brooklyn or
8 the ones leading from Queens. Well we won't say
9 the words that we were using, but that's a
10 different story. Without further ado we are going
11 to start hearing from the City. I believe we have
12 our Commissioner here. Good to see you, sir.
13 We'll let you start this hearing off, sir.

14 ROGER NEWMAN: Okay. Good morning,
15 Chair Sanders and other Committee Members. My
16 name is Roger Newman and I am the Commissioner for
17 the Mayor's Office of Veterans' Affairs. I am
18 here today to read a short statement from Dennis
19 Walcott, Deputy Mayor for Education and Community
20 Development, who was scheduled to testify before
21 you today but unfortunately had to attend a
22 funeral instead. However, Greg Mayers, Senior
23 Policy Advisor in Deputy Mayor Walcott's Office,
24 sitting to my left, is in attendance with me this
25 morning and the two of us will be happy to take

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2 your questions after I read the statement. The
3 following is a brief chronology of events
4 regarding the federal government St. Albans
5 redevelopment project and a status report of our
6 efforts to secure some of that land for an
7 educational complex. As you are aware in October
8 2007, the Veterans Administration issued an RFP to
9 redevelop 25 acres of its campus in St. Albans,
10 Queens. This area borders the Roy Wilkins-
11 Southern Queens Park, a 53-acre regional
12 recreational resource. The RFP calls for
13 development of the area to conform to local
14 zoning, which is R3-2 for the entire site. This
15 zoning district allows for a variety of housing
16 types, including multi-family buildings-- to the
17 release of the RFP Deputy Mayor Walcott had
18 testified before the advisory committee that the
19 VA had solicited input about the project. And
20 late in 2007 and early 2008 he continued
21 participating in a series of meetings with the
22 residents of the St. Albans community, City, State
23 and federal elected officials and various clergy
24 and community groups to discuss an array of ideas
25 about the types of development that should be

1 included in the project. In addition to housing,
2 a consensus developed on a need for an educational
3 complex. Working with the local community, Deputy
4 Mayor Walcott then facilitated a number of
5 meetings with the School Construction Authority to
6 develop a proposal seeking three to five acres of
7 said land for a school. Last spring, a meeting was
8 arranged with officials of the Veterans
9 Administration and the SCA to discuss the
10 possibilities of carving out portions of the land
11 to build the school. The federal government
12 stated its preference and said to move forward
13 with its original plan, i.e. selecting one bidder
14 to redevelop the entire site, the entire area,
15 leaving negotiations about the individual smaller
16 projects, like our proposed school, in the hands
17 of said developer. In July of last year, City
18 Planning held a meeting in St. Albans to discuss
19 Jamaica rezoning plans, various proposed
20 development projects and the impact such projects
21 would have on the St. Alban's campus. We are
22 mindful of the community's expressed concern
23 throughout this process about the density of any
24 proposed housing. The consensus remains however
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2 for some type of housing as well as a school
3 developed as a separate project. Just two weeks
4 ago on April 15th, 2009, the Deputy Mayor
5 reiterated our administration's position in a
6 meeting in Washington, DC with the Chief of Staff
7 of the new Secretary of the VA. While the federal
8 government will soon finalize its plans regarding
9 this RFP, it is our hope that they will reconsider
10 and negotiate a separate agreement with us for
11 three to five acres of land for the building of a
12 school. Thank you.

13 CHAIRPERSON SANDERS: Thank you.
14 The next speaker-- are you going to speak, sir?

15 GREG MAYERS: No.

16 CHAIRPERSON SANDERS: Okay. So if
17 I'm understanding Deputy Walcott's position, which
18 I suspect is the City's position, the City's
19 interest is a three to five acres of land for the
20 building of the school.

21 ROGER NEWMAN: Correct.

22 CHAIRPERSON SANDERS: Okay. Are
23 there any questions from my colleague?

24 COUNCIL MEMBER NELSON: Do you know
25 of any movement in this area whatsoever, any

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2 developers reach out?

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GREG MAYERS: There have been several developers. In that meeting in Washington, of course, the VA was pretty much silent in terms of the numbers of prospective developers, but we continue to push the importance of the community concerns. Is this on?

COUNCIL MEMBER NELSON: Yes, sir.

GREG MAYERS: The density issue. But the VA's position is still to stick to a single bidder. And we're hoping to hear from them maybe in a couple of weeks.

COUNCIL MEMBER NELSON: I said it was on, but I'm not 100% sure. Is the red light on?

GREG MAYERS: No.

COUNCIL MEMBER NELSON: Oh, okay. Just only to pick up for the recorder. Okay. And is a requisite from the federal government that there could be-- there's supposed to be a school there or that's not--

GREG MAYERS: [Interposing] No.

COUNCIL MEMBER NELSON: --part of it.

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GREG MAYERS: No. It's not a requisite, no. And that's why based on various meetings in the communities and the concerns expressed, given the issue of over crowding in the Southeast Queens area that was one of the ideas or suggestions that came out. If in fact a tract, part of a tract of land could be used to address the overcrowding issues and perhaps look at the prospect of developing a high school there that will reduce, and I think-- Councilman Comrie is not here, but I know he pushed a lot for the area of the overcrowding and would like to see a high school in the district. So those conversations were separate, if in fact, if we could do that as our testimony indicated, we had our School Construction Authority meet and see whether or not how such a school, if in fact, could fit in part of the land, yes.

COUNCIL MEMBER NELSON: And nothing will be-- how much would be remaining for the Veteran's administration or they want to just-- you know, limit it entirely?

CHAIRPERSON SANDERS: We're going to have them here--

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COUNCIL MEMBER NELSON: Oh, okay.

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CHAIRPERSON SANDERS: --they're

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going to--

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CHAIRPERSON SANDERS: [Interposing]

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Terrific. I'd like to hear from them about that.

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Thank you, sir.

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GREG MAYERS: Sure. You're

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welcome.

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CHAIRPERSON SANDERS: Since I have

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no other questions, I will thank the both of you

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very much and thank you kindly for coming out here

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today.

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ROGER NEWMAN: Sure, thank you.

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CHAIRPERSON SANDERS: I look

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forward to working with you on this and other

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issues.

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ROGER NEWMAN: Sure, thank you.

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CHAIRPERSON SANDERS: We'll call

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our next witnesses. And I will apologize in

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advance. You will never hear anyone's name so

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ruined as I'm about to do. This will be a

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classic. Dr. Stephen Gonzenbach.

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[Off Mic]

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CHAIRPERSON SANDERS: Good, I'm

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2 glad it wasn't on. Robert Green and Ray Aalbue.
3 And when you start to testify, would you do
4 yourself and the rest of us a great favor and
5 identify yourself and the correct way of saying
6 your names.

7 RAY AALBUE: My name is Ray Aalbue.
8 I'm the Public Affairs Officer for the New York
9 Harbor Healthcare System. And I think it's fair
10 to say that New York Healthcare System is not only
11 St. Albans, it's the Medical Center in New York
12 and in Brooklyn. I have a prepared statement.
13 The 3,000 Naval facility, Naval Hospital, was
14 built in 1950 by the Department of Defense on
15 grounds previously occupied by the St. Albans Golf
16 Club and Community Center. The Veterans
17 Administration received the St. Albans Extended
18 Care Center, now known as the VA of St. Albans
19 Community Living Center, from the Navy on March
20 14th, 1974. The VA admitted the first veteran
21 resident on April 29th, 1974, and by that June 63
22 nursing care beds were occupied and outpatient
23 care services were offered. The St. Albans
24 Community Living Center serves eligible veterans
25 in the metropolitan area with specialized

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2 geriatric care. The Center's services include
3 extended care rehabilitation, psycho-geriatric
4 care, general nursing home care and domiciliary,
5 providing psychosocial and independent living
6 skills rehabilitation. Outpatient services have
7 been offered at St. Albans for over 30 years.
8 They include primary care, adult day healthcare
9 and specialty care including, optometry, podiatry,
10 rehab services, speech pathology, audiology,
11 nursing clinic, blood draw unit, nutrition clinic,
12 pharmacy, mental health services, social work,
13 home-based patient care, prosthetics, neurology
14 and dermatology, cardiology, urology, ENT, basic
15 x-ray services, women's health, pain management
16 and palliative care hospice services. VA monitors
17 the use of the specialty clinics and increases the
18 availability based on the demand as needed.

19 According to data gathered by the Office of Policy
20 and Planning at the Department of Veterans Affairs
21 Washington, in 2007 there were 70,943 veterans in
22 the borough of Queens, and 22,543 veterans who
23 were enrolled in the VA. All veterans who are
24 enrolled are eligible for care at the clinics and
25 veterans who meet certain criteria are eligible

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2 for care at the domiciliary and access to
3 indefinite long-term care. There are 179 beds in
4 the St. Albans Community Living Center and 50 beds
5 in the domiciliary. In fiscal year 2008, the
6 average daily census for the domiciliary program
7 was 39.3 patients, or 78.6% of capacity, which is
8 50 beds. For the nursing home, the ADC was-- the
9 average daily census was 150.6 patients, or 84.1%
10 of capacity, which is 179 beds. Outpatient visits
11 for the fiscal year 2008 was 44,672 based on
12 approximately 6,530 unique patients. The VA New
13 York Harbor Healthcare System has an aggressive
14 program to ensure veterans from Operation Enduring
15 Freedom, Operation Iraqi Freedom are aware of the
16 VA benefits that are available to them. To
17 disseminate information, VA representatives attend
18 pre-deployment events, post deployment health
19 reassessments, demobilizations and they meet one
20 on one with various units in the metropolitan
21 area. Combat veteran coordinators at each campus
22 provide a full range of services for returning
23 OEF, OIF veterans, active duty personnel and their
24 families. Over a six-year period, approximately
25 500 OEF, OIF veterans have enrolled for care at

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2 the St. Albans campus and over 5,000 have enrolled
3 at the VA New York Harbor Healthcare System. VA
4 New York Harbor Healthcare System was surveyed by
5 the Joint Commission in January 2009 in an
6 unannounced triennial visit and received full
7 accreditation. The VA New York Harbor Opiate
8 Rehabilitation Treatment Programs received full
9 commission accreditation in April and again in May
10 2006. The Healthcare System has full
11 accreditation from the College of American
12 Pathologists, accreditation by the Commission on
13 Cancer of the American College of Surgeons,
14 Commission on Accreditation of Rehabilitation
15 Facilitations, Physical Medicine and Psycho-Social
16 Rehabilitation programs, and the American College
17 of Radiology. VA New York Harbor has two AAALAC
18 accredited animal research facilities, and the
19 research and development program has
20 accreditation, proper accreditation. The St.
21 Albans capital realignment for enhanced use lease,
22 enhanced services. As part of the capital asset
23 realignment for enhanced services process, two
24 local advisory panel public meetings were held to
25 emphasize that the decisions under consideration

1 focused on replacing existing healthcare
2 facilities and services with new residential
3 buildings and outpatient clinics on the St. Albans
4 campus. When the Secretary announced his CARES
5 decisions in August of 2006, he stated that VA
6 would be sensitive to the veteran and community
7 concerns. His decision concluded the CARES
8 process but allowed VA to hold two additional
9 public meetings in October of '06 and January of
10 '07, specifically to seek further community input
11 as VA prepared plans for modernization and reuse
12 of the property through the enhanced use lease
13 process. Congressman Gregory Meeks, District 6,
14 formed a community taskforce and showed support
15 for the EUL process. A VA New York Harbor
16 Healthcare System representative attended a
17 meeting in December of 2006 where the taskforce
18 developed a plan for the use of the property that
19 included, assisted living, a New York City magnet
20 school, transitional housing, and an expansion of
21 Roy Wilkins Park. A EUL public hearing was held
22 on May 29th, 2007, to inform stakeholders and seek
23 community input. All public hearings were widely
24 publicized in local newspapers. In addition to
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2 the public hearings, representatives from VA and
3 VA New York Harbor Healthcare System attended
4 meetings hosted by Congressman Meeks to address
5 local community and veterans' concerns. At every
6 meeting veterans voiced their desire for a full
7 service hospital. VA staff explained numerous
8 times that the data does not support a full
9 service hospital and it would not be considered.
10 There have been rallies in front of St. Albans in
11 March, April and June of '08 and most recently on
12 April 18th, 2009. These events have been covered
13 in the local press and on local cable TV. The VA
14 developed a master plan that proposed an efficient
15 and cost-effective design for the replacement of
16 buildings at St. Albans, and ensure an effective
17 transition of services. The master plan describes
18 the most effective footprint for the campus and
19 ensures that any plans for alternate use or
20 disposal of VA property serve to enhance the
21 Department's mission. VA New York Harbor
22 Healthcare System was directed to work with the
23 Office of Asset Enterprise Management in DC to
24 assist in managing the excess property. The reuse
25 transaction included developing a request for

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2 proposals, an RFP, for healthcare facility
3 requirements and initial terms for a lease. The
4 EUL will allow for up to a 75-year lease with
5 limitations on the product type that the developer
6 can build on the site. The developer will
7 construct both the healthcare facility and the EUL
8 facility. The projected revenue from the EUL site
9 is expected to offset the VA construction costs.
10 VA released an RFP for the EUL in October of 2007
11 and several proposals were submitted in March of
12 2008. A technical review team has met in April
13 2008 to evaluate the written proposals and again
14 in June 2008 to listen to oral presentations.
15 Since the site is more than 50 years old and
16 associated with the Post World War II medical
17 boom, a reassessment of the historic eligibility
18 of the site is in progress. The next step is for
19 OAEM to chose a preferred developer and enter into
20 negotiations with the preferred developer to reach
21 an agreement to replace the existing facilities at
22 St. Albans with a new nursing home, domiciliary
23 and expanded outpatient facilities. That
24 concludes our testimony.

25 CHAIRPERSON SANDERS: Thank you,

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sir. Are the rest of you gentlemen going to have an official formal testimony?

STEPHEN GONZENBACH: I have no formal statement.

CHAIRPERSON SANDERS: Would you be kind enough to give your name for the record?

STEPHEN GONZENBACH: Sure. It's Dr. Stephen Gonzenbach.

ROBERT GREEN: My name is Robert Green.

CHAIRPERSON SANDERS: I want to thank all three of you for the tour that we did I think last Friday where you were kind enough to show me the physical plant and take me around. I have a greater understanding of the site. My own style as the Committee Chair is to raise two questions and yield to my colleagues and then come back with more questions. I always like to get my colleagues in here. I'll start by a comment, which I'll turn into a question. The Queens Borough President has done a report on hospital beds, in Queens of course. And she has said that Manhattan has 7.1 hospital beds for each 100 people in the borough, and yet Queens has 1.4.

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Did your thinking-- does your study take into account the overall condition in Queens or are we just focusing on the Veteran community itself?

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RAY AALBUE: As a VA hospital our patients are veterans, so we just concentrate on the veteran population.

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CHAIRPERSON SANDERS: I see. Well I guess the next question is, what is the current status of the plans, the RFP plans. I'm hearing all kinds of things. I'm hearing that it has been halted-- well what is the current status of the RFP process? I know you can't tell me who's in it and I'm not asking those type of questions.

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RAY AALBUE: We're at the stage now where a preferred developer will be selected. Once that occurs we will enter-- it's not a partnership, it's not an agreement. Once we choose a preferred developer then we enter into negotiations with that preferred developer to see if they can satisfy the requirements of the RFP.

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CHAIRPERSON SANDERS: I see. Council Member, do you have any questions?

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COUNCIL MEMBER NELSON: Some have expressed concerns about the marginalization of

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veterans with the process, certainly with the end result. What are your feelings about that? Do you think that most veterans would be okay with the thought process that's going into this RFP?

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RAY AALBUE: Well if it's based on the rallies and the protests, no.

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COUNCIL MEMBER NELSON: Okay.

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RAY AALBUE: You know, and we've met with-- we've had town hall meetings to express what was in the RFP. We were up from with all that, so. I think we got the word out to people and it's just taking its course to this point.

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COUNCIL MEMBER NELSON: One of the main issues that they were requesting, a full-time hospital.

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RAY AALBUE: The data that was compiled over the yeas, taking into consideration also veterans that are coming back from OEF and OIF, that's Operation Enduring Freedom and Operation Iraqi Freedom, the data that's been compiled does not justify a full-fledged hospital, a full service hospital.

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COUNCIL MEMBER NELSON: Obviously the Office of Asset Enterprise Management

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2 indicates that they're looking certainly not to
3 lose money and to make a profit. But with
4 factoring the human element and our veterans, all
5 veterans and not just the ones returning from
6 being overseas and coming back soon from the
7 various wars out there, have you heard from the HQ
8 VA what the position is on this?

9 RAY AALBUE: There's been a lot of-
10 - we just have a new secretary.

11 COUNCIL MEMBER NELSON: Right.

12 RAY AALBUE: And he's a new
13 veteran, a highly decorated veteran from Vietnam.
14 Everything that I've heard he is very supportive
15 of where we're going with this. Of course again,
16 we really haven't chosen a preferred developer, so
17 we're still waiting for that. You had mentioned
18 something about a profit.

19 COUNCIL MEMBER NELSON: Yeah.

20 RAY AALBUE: I don't think the VA
21 can make a profit.

22 COUNCIL MEMBER NELSON: Not profit
23 itself but to save money for the federal
24 government itself.

25 RAY AALBUE: Well in order to get

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2 what we need done, this is deemed to be the best
3 possible avenue to take an enhanced use lease.

4 COUNCIL MEMBER NELSON: I'm sure
5 we'll hear from the veterans groups about their
6 opinions on that. All right, thank you, sir.
7 Council Member Comrie has returned.

8 CHAIRPERSON SANDERS: While he's
9 getting a seat I will-- I informally requested the
10 other day that as soon as you can that you get me
11 as much of this data that you were speaking of.
12 I'd like to see it and to see it for myself.

13 RAY AALBUE: I emailed the
14 information to Angela--

15 CHAIRPERSON SANDERS: [Interposing]
16 Oh, good.

17 RAY AALBUE: --on Friday. So you
18 should have that.

19 CHAIRPERSON SANDERS: Oh my. You
20 guys don't mess around then. I will yield to my
21 colleague from Queens, Council Member Comrie. Or
22 I can continue until you catch up.

23 COUNCIL MEMBER COMRIE: You can
24 just let me know who is on the panel.

25 CHAIRPERSON SANDERS: Gentlemen,

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would you identify yourselves again?

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RAY AALBUE: My name is Ray Aalbue, I'm the Public Affairs Officer for the New York Harbor.

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STEPHEN GONZENBACH: And I'm Dr. Stephen Gonzenbach, the CARES EUL Liaison.

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ROBERT GREEN: Bob Green, I'm from Community Relations, I'm also the Operation Enduring Freedom, Operation Iraqi Freedom Program Manager at the Harbor.

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COUNCIL MEMBER COMRIE: The Harbor? I'm sorry, what's the Harbor?

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RAY AALBUE: VA New York Harbor Healthcare System. That's the Brooklyn, Manhattan, St. Albans Vas.

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COUNCIL MEMBER COMRIE: And what's your position on the CARES process as you know it to date? What's your-- what do you know about the CARES process as it refers to the St. Albans VA to date? Do you know what the status is? Do you know if RFPs have been delivered, if RFPs have been reviewed?

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RAY AALBUE: Well I read a statement. You know, there was an RFP in 2007.

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Several developers have submitted proposals and the stage that we're in now is the Office of Asset and Enterprise Management in DC is going to select a preferred developer, at which time we will enter into negotiations with the preferred developer. I'd like to reiterate that this is in no way a contract, this is in no way a partnership. This is just entering into negotiations to see if the preferred developer can satisfy the requirements of the RFP.

COUNCIL MEMBER COMRIE: As part of the network that you're talking about, is this proposal or was the RFPs that were submitted, have you had a chance to see any of them, of the RFPs that were submitted for the CARES process to deal with St. Albans hospital?

RAY AALBUE: I was on the team to review them. They were reviewed. We had the written proposals in April, I believe it was, of 2008 and again in June 2008 the developers came in and gave oral presentations.

COUNCIL MEMBER COMRIE: And did these-- any of the presentations that you read met with your overall goals as a network?

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RAY AALBUE: We're not at liberty to speak about the end result of the meetings or the proposals.

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COUNCIL MEMBER COMRIE: Okay, not the specific proposals, but did you come up with a scope and a proposal as a network of VA hospitals which you would like to see in the next 10 years, five years?

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RAY AALBUE: Well there's a master plan available, yes.

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COUNCIL MEMBER COMRIE: And were you able to interject your desires into that master plan?

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RAY AALBUE: It was prepared by the Department, by the New York Harbor Healthcare System.

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COUNCIL MEMBER COMRIE: But the CARES process was separate from that system, wasn't it?

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RAY AALBUE: CARES-- it was a nationwide program.

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COUNCIL MEMBER COMRIE: Right.

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RAY AALBUE: But they looked at all hospitals across the country.

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COUNCIL MEMBER COMRIE: Right. But what I'm just trying to ascertain is did your long term needs meet or were they reflected in the RFPs that were distributed to the developers, not if any developers met them, but if your needs, your projected needs, your projected desires for the New York area were reflected in the RFP that was submitted for the developers to bid on? That's what I'm trying to find out.

STEPHEN GONZENBACH: Well if I may, I think I can answer that. The RFP was specifically for the St. Albans Campus only. It had nothing to do with any of the other VA facilities in Network 3 and all of the materials in the RFP reflected community input as well as the input from VA as to what we wanted to see developed there--

COUNCIL MEMBER COMRIE:
[Interposing] Well--

STEPHEN GONZENBACH: --so I think that would say, yes, our needs were reflected in the RFP.

COUNCIL MEMBER COMRIE: I would take umbrage with the community input part. That

1
2 was a discussion, which I think the community
3 never felt that they had a fair and adequate
4 opportunity to have input into the CARES process.
5 The Community also felt that they were given a bad
6 set of preliminary information where they thought
7 that they had to ensure that housing was built as
8 part of the package in the CARES process only to
9 find out that housing was not a required addition
10 to the upgrading and establishment of the VA
11 hospitals. And also I know that during the public
12 hearings all of the veterans wanted a full service
13 hospital at that facility and yet I'm
14 understanding in the RFP that a full service
15 hospital was not part of the RFP, is that correct?

16 STEPHEN GONZENBACH: That's
17 correct.

18 COUNCIL MEMBER COMRIE: So, if
19 there's that dispute between that the veterans
20 desire for a full service facility with full
21 surgical opportunity at a hospital and with the
22 increasing number of veterans, and with the
23 community being opposed to it, I'm confused as to
24 how it's moved forward to this point. And while I
25 understand now that you have no objections to the

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2 RFP coming from your focus and standing, I would
3 want to say that I have some general objections to
4 where the process is and I'd like to know what we
5 could do as a community and together with the
6 veterans to stop the process at this point. Could
7 you give me any suggestions on that?

8 [Applause]

9 COUNCIL MEMBER COMRIE: I'm the
10 Councilman that represents the area. I've had
11 public positions on this from day one. I know
12 that the community has not been satisfied, no.
13 And when I say the community I mean the community
14 of veterans and homeowners about the process.
15 Right now the veterans are totally unsatisfied
16 with the RFP as it stands because they don't feel
17 it meets their needs. The community is
18 unsatisfied with the process because they don't
19 feel that they had the real opportunity to have
20 real input with full knowledge about the CARES
21 process and now you're sharing with us that
22 proposals were reviewed and written and they're at
23 the Office of Asset Management, I think you said.
24 What is that office? Is that separate from the
25 VA?

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2 RAY AALBUE: It's part of the VA.

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4 COUNCIL MEMBER COMRIE: So in other
5 words a developer was selected and--

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6 RAY AALBUE: [Interposing] There
7 hasn't been a developer selected.

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8 COUNCIL MEMBER COMRIE: So all of
9 the developers are now negotiating with the Office
10 of Asset Management as to a proposal that the VA
11 could work with? And--

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12 RAY AALBUE: [Interposing] They're
13 in the stage now where they're going to select a
14 preferred developer out of the several proposals
15 that were submitted.

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16 COUNCIL MEMBER COMRIE: Based on--
17 do you know what it's based on and what's the
18 criteria?

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19 RAY AALBUE: The criteria that was
20 in the RFP.

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21 COUNCIL MEMBER COMRIE: So it's
22 based solely on the criteria that's in the RFP.
23 And because both ends of the community or all
24 segments-- all users of the hospital are against
25 the plan, all of the veterans in the New York City
area, I would imagine, are against the plan, what

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can we do as a joint community to number one make that known to the federal government; number two to have a meeting with the Office of Asset Management or the VA to try to stop the plan at this point?

ROBERT GREEN: We'll have to take that back with us.

RAY AALBUE: We'll have to take that back with us.

STEPHEN GONZENBACH: We'll take that back to find the best answer for you.

COUNCIL MEMBER COMRIE: Okay. And you could get that back to my office. I'll give you my number. It's 718-776-3700, or you can contact my Chief of Staff at rancehuff@yahoo.com.

RAY AALBUE: You'll have to do that again. I'm sorry.

COUNCIL MEMBER COMRIE:
rancehuff@yahoo.com.

CHAIRPERSON SANDERS: Just to follow up my colleagues, when you say you'll take it back, who do you guys report to on this issue?

RAY AALBUE: Actually this goes all the way up to the VA.

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2 CHAIRPERSON SANDERS: Okay. Which
3 office and is there a person?

4 RAY AALBUE: The Office of Asset
5 and Enterprise Management, Ed Bradley?

6 STEPHEN GONZENBACH: Jim Sullivan
7 is the head, yeah.

8 RAY AALBUE: Jim Sullivan.

9 CHAIRPERSON SANDERS: Okay. What's
10 his title anyway?

11 STEPHEN GONZENBACH: I presume
12 Chief of Office of Asset--

13 CHAIRPERSON SANDERS: [Interposing]
14 Big guy.

15 STEPHEN GONZENBACH: --and
16 Enterprise Management.

17 CHAIRPERSON SANDERS: Okay.

18 STEPHEN GONZENBACH: I don't know
19 for sure, but that's probably it.

20 CHAIRPERSON SANDERS: Not a
21 problem. Just a question.

22 COUNCIL MEMBER COMRIE: Yeah, I
23 just still would like to know where your five year
24 plan is for the network and I would still really
25 want to know that because to my mind I think that

1
2 the veterans in the community and the City would
3 like to know that as well based on the fact that
4 there are more veterans returning with major
5 injuries that need rehabilitation that most
6 veterans don't like to have to hump into South
7 Brooklyn or to Manhattan to get full treatment. I
8 just really would like to know what that-- what
9 your strategy is and what your plan is. I'm
10 disappointed to hear that there was a sign off at
11 your level not to have a full service hospital in
12 a community that could support it, also in a
13 community that we just lost Mary Immaculate
14 Hospital and Jamaica Hospital. We're severely
15 under hospital beds, so at what point did the VA
16 come up with the idea that they didn't need to
17 include more beds in the Southern Queens area is a
18 question that I'd like to know what the VA was
19 thinking, in the New York Metropolitan area, that
20 you didn't need more beds in areas that are
21 losing beds? So I'd like to know that
22 information. If you could give us a copy of your
23 statements or your position paper to the VA, I'd
24 like to see that if possible.

25 RAY AALBUE: Okay.

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COUNCIL MEMBER COMRIE: And also,
how often do you update your needs assessment?

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RAY AALBUE: I believe it's done
annually.

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COUNCIL MEMBER COMRIE: It's done
annually. And is that a public process or a
private process?

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RAY AALBUE: I don't believe it's
public. I think we do it internally.

9

COUNCIL MEMBER COMRIE: Okay.

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RAY AALBUE: I'll have to look at
that.

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COUNCIL MEMBER COMRIE: I think
that's a hearing, Council Member. You know, I
think that at some point we should be able to
allow the community to weigh in on what their
overall needs are for the-- not just the St.
Albans thing, I'm thinking the New York
Metropolitan area. I've got to think that, you
know, hearing that people that have substantial
injuries that go to the St. Albans site have to be
carried to other sites is something that I think
is unfair to veterans. I think that, again, you
know people that are coming from Long Island-- is

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there a Long Island veterans' center?

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STEPHEN GONZENBACH: Northport VA.

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COUNCIL MEMBER COMRIE: And is that

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a full service center?

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STEPHEN GONZENBACH: Yes, it is.

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COUNCIL MEMBER COMRIE: With full

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hospitalization and surgery?

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STEPHEN GONZENBACH: Yes, it is.

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COUNCIL MEMBER COMRIE: And where

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is Northport? Suffolk County?

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STEPHEN GONZENBACH: Yes, I believe

13

so. Is that right? Suffolk?

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COUNCIL MEMBER COMRIE: North

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Suffolk County. Yeah, no. We're Southeast

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Queens. I'm just thinking logistically what

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happens to people from Nassau area or Valley

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Stream or Bayside or anywhere in the eastern part

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of Brooklyn, where do they go if they're a veteran

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and they need full service? So I just don't

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understand the logic. So I'm just trying to get

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to the logic so that I can know how we can focus

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our complaint. But I just want to-- understanding

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that no side is satisfied that I've talked to

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about where the status of the project is, I want

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2 to know what we can do collectively to try to stop
3 the project. So, in other words, we need to go
4 down to DC at this point and register our
5 complaints. That would be my understanding from
6 what I'm hearing this morning. Okay. Well, thank
7 you gentlemen, thank you for saying.

8 CHAIRPERSON SANDERS: Thank you,
9 sir. Council Member Nelson?

10 COUNCIL MEMBER NELSON: Yeah, I was
11 going into that line of questioning just prior to
12 Council Member Comrie's arrival, or re-arrival.
13 39.3 patients, 39 patients let's say, as far as
14 the day program, if you will, and 150 patients of
15 the ADC and there are about 44,672 visits, which
16 was amounting to 6,530 patients. So along the
17 same line of questioning I've found out where they
18 would go. Besides the geographical difficulties,
19 do you know if there's enough room in the other
20 facilities to accommodate, even if they were to
21 trek out there?

22 STEPHEN GONZENBACH: Yes, there is.

23 COUNCIL MEMBER NELSON: Definitely
24 they would be seated or bedded or whatever?
25 Because there will be more and more returnees as

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you know.

ROBERT GREEN: Excuse me, the issue of the returnings, the fact of the matter in our region, in fact the entire northeast, we are losing our veteran populations dramatically. Veterans, as you know, the World War II veterans--

COUNCIL MEMBER NELSON:

[Interposing] They always go south.

ROBERT GREEN: --are retiring, they're going south and they're dying. It was our intention certainly in any of our planning to try to make sure that our services are available. We're very invested in providing quality services to our community. If the veterans aren't here, it's simply a question of numbers. It's very hard for us to justify any kind of expansion of programming. That being said, the plan as I understand it, is going to continue to meet the needs of the veterans in the community. We're not losing; we're actually gaining in this and that will be an efficient but perhaps a leaner machine, but we're certainly going to be an efficient machine. And so there is no question that the resources certainly for this new generation of

1
2 veterans coming back from Iraq and Afghanistan are
3 ample. We're getting absolutely adequate services
4 so that if there's a need we can create it. But
5 we haven't established the need for a tertiary
6 hospital in Queens. The veteran community going
7 back to the-- after World War II when there were
8 many more many veterans in Queens wanted a
9 tertiary hospital. They were unsuccessful in
10 their political fights in Washington. We in the
11 VA have always watched this on the sidelines. But
12 as you know, the numbers there are-- it's a harder
13 case to make today than it was yesterday, and I
14 fear that it will be a harder case to make
15 tomorrow, not that you shouldn't, but I think
16 that's the reality that we are dealing with.

17 COUNCIL MEMBER NELSON: No, Mr.
18 Green. I understand that. But I think we're
19 going to the tremendous inconvenience and the
20 distance if you will. And I think you guys are
21 not the bad guys. I don't think you have-- you
22 know, you don't have the power. It's up to the,
23 really the VA headquarters if you will. I think
24 if you had your druthers you'd like to keep the
25 guys and gals closer by. But I believe you

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understand the concerns the veterans have and I just wish the federal government themselves would be more proactive with this. And I would imagine Congressman Meeks and other representatives will do what they can to hopefully cause as little inconvenience as possible and hopefully keep the facility as far as serving the veterans that have been going there all along, right where it is. Okay, thank you. Thank you, Mr. Chair.

CHAIRPERSON SANDERS: I spoke to the Congressman last night, Congressman Meeks, who was saying if I'm stating his position correctly, that he also has concerns and wants to look at this plan again. I believe that that is his formal position. Let me probe for a second the community involvement. Was there any official involvement by New York City government itself? I understand that on federal property you guys can do what you believe is right within reason. However, the streets, the sewers, all of these other things are New York City by and large. Was there any formal cooperation with City government?

RAY AALBUE: Well throughout all the hearings, City government was participating in

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2 the hearings. I believe the Department of
3 Veterans' Affairs of New York City the head
4 representative was not or if not they were there
5 in person, I believe it was Clarice Joynes.

6 STEPHEN GONZENBACH: Yeah, Clarice
7 Joynes.

8 CHAIRPERSON SANDERS: Any other
9 part of the government? Mayor's Office?

10 RAY AALBUE: Mayor's Office.

11 STEPHEN GONZENBACH: Yeah. We
12 heard from Deputy Mayor Walcott at one time and
13 also Roger Scotland. I don't recall Mr.
14 Scotland's position with the Education Office, but
15 he was there as well representing City Government.

16 CHAIRPERSON SANDERS: All right.
17 How would you respond to the community when
18 they're saying that they're raising the issue of
19 what seems to be, from their point of view or from
20 several of their points of view, encroachment--
21 that we're taking this land away that could be
22 better served by using it purely for the veterans
23 or using it for a park or some other worthy need?
24 How would you respond to something like that?

25 RAY AALBUE: In order to construct

1
2 a new state of the art facility for the veterans--
3 the hospital was turned over to the VA in 1974 as
4 a nursing care facility. And in order to provide
5 the veterans that require that need right now, the
6 best way, the most efficient way to do that, is
7 through an enhanced use lease. Now, I know that
8 everything is going to be taken into consideration
9 as far as dealing with the State, that's going to
10 take, you know, run its course, dealing with the
11 State and the City as far as using the property in
12 the future. But right now we haven't even chosen
13 a selected developer. So all those negotiations
14 aren't even-- they're up in the air.

15 CHAIRPERSON SANDERS: Were you able
16 to bring in any of those charts, any of those 8
17 1/2 by 11s or any graphics that we had spoken
18 about before?

19 STEPHEN GONZENBACH: Yeah, we have
20 a few maps that we were able to bring along.

21 CHAIRPERSON SANDERS: I sure could
22 use them and I bet you my friend who would be more
23 than glad to take them from you, or better yet,
24 the Sergeant-At-Arms. Would you be kind enough to
25 get that? Sorry to deputize you already like

1
2 that. They say that a picture is worth 1,000
3 words and it's always good to see these things.
4 In a moment we'll hear from Council Member Comrie
5 again. I just want to at least let them get their
6 maps right.

7 [Pause]

8 CHAIRPERSON SANDERS: For the
9 purposes of documenting this, I'm going to-- Mr.
10 Sergeant-At-Arms, would you mind handing the media
11 one of these, just so that they can document it in
12 their--

13 [Off Mic]

14 CHAIRPERSON SANDERS: So everyone
15 can see what we're talking about. So this is the
16 proposed plans. Let's all of us concede what's
17 happening now. The physical plant of the present
18 structure is outdated, is antiquated and certainly
19 something has to happen. I think that that I
20 heard in the community, that everybody wants
21 something good to happen. What this good thing
22 is, is a question of-- is a difference of opinion.
23 It's a very, very-- what is being proposed has a
24 lot of things that are what we would need. Would
25 you be kind enough, sir, just to say what are the

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major things that are being proposed? I know that this, the final plan may differ slightly, but what are the things that the RFP hopes for?

STEPHEN GONZENBACH: In terms of VA requirements, Mr. Chairman?

CHAIRPERSON SANDERS: Yes, sir.

STEPHEN GONZENBACH: VA requires that we get a new outpatient facility that has plenty of square feet to handle all of our primary care needs and specialty needs and so on. It has to have a minimum of a 180-bed nursing home facility for a community living center and a 40 bed domiciliary. Those are the three major things that we're looking for. In addition to that we are looking to have a fully reconstructed commissary, just so that you are aware and members of your committee are aware, at that site we produce all of the meals for all veterans within Veterans Integrated Service Network III. So meals that are provided go out to Northport; they go to the East Orange Facility; the Lions facility; Brooklyn, New York, Bronx and the Hudson Valley Healthcare System, which are all part of VA. We also have a consolidated laundry there which also

1 provides services to all of the facilities within
2 Network III, so it's also our proposal that we
3 have fully reconstructed and modernized facilities
4 to continue to provide those services an a small
5 motor pool to handle many of the vans that we use
6 to transport patients and other uses for VA.
7 Those are our requirements on the VA side of the
8 VA facilities.
9

10 CHAIRPERSON SANDERS: Thank you.

11 Before we hear from Council Member Comrie, let me
12 state tat the Council Member has also called me
13 and has given me his concerns and one of his major
14 concerns was that we need to have meetings,
15 hearings like this in the community and as close
16 to the community as we possibly can. He has shown
17 that he is extremely concerned about this issue
18 and wanting for it to be held in the local
19 community. I do appreciate those things and will
20 try to adjust and see how we can accommodate the
21 local community in this hearing process. Thank
22 you very much. Council Member Comrie?

23 COUNCIL MEMBER COMRIE: Just

24 looking at all of the things that you're asking
25 for, are you looking to replace the chapel as

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well?

STEPHEN GONZENBACH: Yes, we are looking to replace the chapel as well, that's correct.

COUNCIL MEMBER COMRIE: Is there anything that precludes the developer from building one large facility that can accommodate all these usages or does the RFP require separate facilities?

STEPHEN GONZENBACH: I think that still remains a negotiated fact, a negotiated option. In our VA's plan you would not want to necessarily have everything in one giant building. When you're providing community living, nursing home services, you want to have them in a smaller community style, small group setting, which has been suggested to be accommodated in smaller buildings, low rise where people have immediate access to the outside. Our larger facility would be an outpatient facility, which we've asked our preliminary designer to keep at the level of two stories so that it remains at the tree line or below. That's been our request, but all of that is strictly up to negotiation still.

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COUNCIL MEMBER COMRIE: And the--
how many beds were you planning for the nursing
home?

STEPHEN GONZENBACH: 180.

COUNCIL MEMBER COMRIE: 180. And
how many for the domiciliary?

STEPHEN GONZENBACH: 40.

COUNCIL MEMBER COMRIE: And, I'm
sorry, can you just re-explain to me what the
purpose of the domiciliary is?

STEPHEN GONZENBACH: Bob, you would
know that answer better than I.

ROBERT GREEN: Sure. The
domiciliary is a social rehab program, it is for
formerly homeless veterans. We work closely with
the New York City shelter system. We have a drop-
in center in Downtown Brooklyn called Project
Torch, where we engage homeless veterans and we
encourage them to come into the facilities for
healthcare reasons. Some of it is substance abuse
and alcohol treatment. When they get to a point
in their recovery where they need to take the next
step, then they will go out to the domiciliary.
It's a four-month program. Again, it runs like a

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2 therapeutic community. And at the end of that
3 experience hopefully they will have a job or a
4 vocational plan as well as a home or a house to go
5 to, often it's single-room occupancy hotels and
6 that sort of thing. The idea is that it gives
7 them this extended time where they can continue to
8 work on their problems and they can make a
9 successful transition back into the community.

10 COUNCIL MEMBER COMRIE: And
11 according to your map here you're hoping that that
12 can be part of the nursing home configuration? Or
13 is that map just the original-- no. According to
14 the map you're looking for the domiciliary to be
15 part of the nursing home or adjacent?

16 STEPHEN GONZENBACH: Yes, the
17 proposals could handle one of the floors.

18 ROBERT GREEN: It currently is part
19 of the configuration. The building, Building 88
20 out in St. Albans is part of the main campus.

21 COUNCIL MEMBER COMRIE: Okay. And
22 what's this non-VA building that's under
23 logistics? What building is that supposed to be?

24 STEPHEN GONZENBACH: The one in
25 green?

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COUNCIL MEMBER COMRIE: Yeah.

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STEPHEN GONZENBACH: That's the New York State Veterans Home.

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COUNCIL MEMBER COMRIE: Oh, that's already existing.

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STEPHEN GONZENBACH: That already exists.

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COUNCIL MEMBER COMRIE: Okay.

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STEPHEN GONZENBACH: Right. That will remain there.

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COUNCIL MEMBER COMRIE: Okay. And then so that's in green. Okay. And the Motor Pool facility, how big is that going to be? Do you have any idea?

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STEPHEN GONZENBACH: If my brain recalls correctly, Councilman, it was about 8,000 square feet. It may end up being smaller than that.

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COUNCIL MEMBER COMRIE: And all of this-- and then the developer has to come-- from what I recall the developer has to come up with all of the money to do the project, correct?

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There's no--

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STEPHEN GONZENBACH: [Interposing]

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Ideally, yes.

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COUNCIL MEMBER COMRIE: --is there any federal money?

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STEPHEN GONZENBACH: Ideally yes.

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COUNCIL MEMBER COMRIE: Is there any federal money that will be put in the project as far as you know at any point?

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STEPHEN GONZENBACH: At this point I'm not privy to that. I don't know if they would or wouldn't.

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COUNCIL MEMBER COMRIE: And then how-- the rest of the land would be available to the developer to develop along whatever guidelines they come up with or would those guidelines be controlled and monitored by the VA?

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STEPHEN GONZENBACH: Our goal is to monitor them and they're supposed to put them, develop it according to what we're asking them to, which was to consider a school, a community living, a park-- I don't remember the other thing you mentioned-- and assisted livings. Those are things, all for veterans, that's what specifically indicated in the RFP.

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COUNCIL MEMBER COMRIE: And did the

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2 RFP talk about the zoning or the density of that
3 space at all? Because I see-- but that wasn't in
4 your statement, a statement from the Mayor's
5 Office about R2-3 zoning-- but was there anything
6 in the proposal or the RFP dealing with zoning?

7 STEPHEN GONZENBACH: Our RFP
8 indicates that any construction must conform,
9 thank you, conform with the local city
10 requirements.

11 COUNCIL MEMBER COMRIE: Okay. And
12 so all of that will be discussed and negotiated
13 with the Office of Asset Management, correct?
14 Does it then go back to the VA for sign off after
15 the Office of Asset Management looks at it?

16 STEPHEN GONZENBACH: I'm not 100%
17 sure of that process, Councilman, but I would
18 suspect you're correct. The major issue is will
19 there be the ability to actually reach an
20 agreement that will be beneficial to both sides,
21 and that's what they're going to do is to try to
22 see if that can actually work.

23 COUNCIL MEMBER COMRIE: Right. I'm
24 curious as to why only 40 beds for the domiciliary
25 when we have such a high rate of homelessness,

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vets, in the City, and Borden Avenue is--

ROBERT GREEN: [Interposing] Well actually the program has changed over the years. We used to have 50 beds. At that time, going back to the 90s, you had many more homeless veterans in the shelter system. The New York City shelter system can hold, what, about 7,000 in domiciled singles in one night. At one time we had maybe 1,500 to 2,000 were veterans, and this is in the 90s. Nowadays the numbers have decreased dramatically. Part of it is because of the aging out of veterans. Homelessness is a younger man's problem. The Vietnam era veterans made the bulk of the homeless. So the numbers, due to the changing of the demographics of the veteran population, have changed. Also, the way we deliver services to homeless veterans has also changed. These are shorter-term hospitalizations. The idea is to get them into transitional living or into living in homes sooner. New York City recently received something like 800 section 8 vouchers dedicated for veterans. So the idea is to work with programs like the Borden Avenue Shelter, which has been reduced in size;

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originally it was 420 beds, now it's 250. The program itself has changed now. And so we are changing with it. So the hope is, of course, is that the numbers will continue to decrease and that we'll be able to attack the problems of homelessness in veterans in a very different way this time around with this war than we did with the Vietnam war, which was just a tragic situation.

COUNCIL MEMBER COMRIE: How many veterans came back from Iraq to the New York Metropolitan area last year?

ROBERT GREEN: Well in our catchment area we understand about 9,000 to this, the Harbor catchment area.

COUNCIL MEMBER COMRIE: Okay.

ROBERT GREEN: And--

COUNCIL MEMBER COMRIE:
[Interposing] And-- I'm sorry. Go ahead.

ROBERT GREEN: Well the other number you want to look at is how many are actually using VA services.

COUNCIL MEMBER COMRIE: Right.

ROBERT GREEN: This is the

1
2 challenge, and I know where you're going. I think
3 it's a great idea, a great question. We know that
4 there are about 9,000 or so who have returned to
5 this area and over 6,000 have enrolled in our
6 hospital roughly. So our usage to discharge is
7 about 62%. That's the highest in the country,
8 sir.

9 COUNCIL MEMBER COMRIE:

10 [Interposing] And isn't it--

11 ROBERT GREEN: [Interposing] The
12 highest. In other areas of the country VA's are
13 utilized maybe at 45 or 50%, but the VA New York
14 Harbor and the Bronx VA are the two hospitals that
15 have the highest utilization in the country.

16 COUNCIL MEMBER COMRIE: Right. And
17 isn't it more VA's coming home with trauma than
18 ever before? Didn't I read a Times report to
19 that?

20 ROBERT GREEN: Well there's more
21 concussion and traumatic brain injury in this war.

22 COUNCIL MEMBER COMRIE: Right.

23 ROBERT GREEN: Due to the nature of
24 the war. In Vietnam it was about 13%.

25 COUNCIL MEMBER COMRIE: No, I don't

1
2 mean physical trauma, mental trauma. Wasn't there
3 an issue about--

4 ROBERT GREEN: [Interposing] Well
5 yes. The estimates are actually from the Rand's
6 [phonetic], they're thinking about conceivably
7 300,000. But these are folks who don't
8 necessarily need in patient treatment.

9 COUNCIL MEMBER COMRIE: Okay.

10 ROBERT GREEN: Many of these-- they
11 need outpatient therapies and counseling, and I
12 think we're going to be adequately able to handle
13 that here.

14 COUNCIL MEMBER COMRIE: Okay. So
15 you think even with the increase in physical and
16 mental trauma your facilities will be able to
17 handle the influx of people coming in even though
18 you're at the highest, 62%, that your facilities
19 will be able to manage that?

20 ROBERT GREEN: Well, we're managing
21 it now. Nobody has a crystal ball clearly. But
22 we are managing it now. And we actually are very
23 pleased that the new veterans are coming in and
24 using our VA. Again, that's a dramatically
25 different problem than we had with the Vietnam

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2 veteran.

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COUNCIL MEMBER COMRIE: Okay. And

just to get back to something that you said

earlier, what are the statistics that you need to

do a tertiary hospital at the St. Albans VA? I

understand that it didn't meet the goal back in

the 70s, 80s, when it was first proposed. But

aren't the numbers higher now with more people

coming in with surgical needs and with the

returning veterans? What kind of statistics do

you need to meet the needs for a tertiary hospital

in a particular area?

ROBERT GREEN: I had said that. I

don't know. Quite honestly I know that it's-- but

the numbers coming in are actually declining.

COUNCIL MEMBER COMRIE: That

doesn't make sense to me, with all due respect.

If you're having--

[Crosstalk]

ROBERT GREEN: Well let me explain

this. The number of Operation Iraqi Freedom

veterans in our system makes up about 5% of our

patient population. Okay? So while those numbers

are coming in and those are keeping our enrollment

1
2 higher, the fact of the matter is that the larger
3 number of the older World War II veterans are
4 declining.

5 COUNCIL MEMBER COMRIE: What about
6 the--

7 ROBERT GREEN: [Interposing] So
8 while we're seeing, we're very happy to see these
9 new veterans coming in, using these facilities,
10 taking advantage of that, it's just the aggregate
11 number, they're really staunching the flow of
12 veterans in our community, you know, that we're
13 maintaining a solid veteran base, but the fact is
14 that the older World War II veterans, who are the
15 major consumers of VA healthcare, are the ones who
16 are leaving our area.

17 COUNCIL MEMBER COMRIE: The Vietnam
18 Vets as well?

19 ROBERT GREEN: Well they're coming
20 in-- no, they're using it in more numbers, but
21 still, again, it doesn't compare.

22 COUNCIL MEMBER COMRIE: So what do
23 you estimate the Vietnam Vet population in the
24 catchment area for your group? I still can't
25 remember the name of your-- what is Heart you

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said? Heart?

RAY AALBUE: The New York Harbor
Healthcare System.

COUNCIL MEMBER COMRIE: New York
Harbor Home Care System.

RAY AALBUE: Healthcare.

COUNCIL MEMBER COMRIE: Healthcare.

Okay. What do you estimate the Vietnam Vets?

ROBERT GREEN: I don't have an
estimate. We could let you know. I guess we can...

COUNCIL MEMBER COMRIE: I just
think that with the Vietnam vets aging out that
you're going to see higher numbers of veterans
needing more, multiple services as well. I'm
curious as to what meets the tertiary number so
that we could argue that as part of our argument.
Okay. And just one last question, the commissary
and the laundry facility, those are the two
buildings in yellow on the map? Or part of the
buildings--

STEPHEN GONZENBACH: [Interposing]
The larger of the two, yes sir.

COUNCIL MEMBER COMRIE: And this
was just a proposal that-- but you're not wedded

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to this design, correct?

STEPHEN GONZENBACH: That's

correct.

COUNCIL MEMBER COMRIE: And again,

the rest of this property you're looking to turn

over for the developer use as part of the

incentive for the developer to work on the

property, correct?

STEPHEN GONZENBACH: That's

correct.

COUNCIL MEMBER COMRIE: And in the

RFP was there a piece cut out for community usage

at all, for the school or for parkland or

anything?

STEPHEN GONZENBACH: It has been

suggested that that's a preference that we have.

COUNCIL MEMBER COMRIE: But it's up

developer--

STEPHEN GONZENBACH: [Interposing]

It's up to the developer to negotiate that.

COUNCIL MEMBER COMRIE: --in their

proposal.

STEPHEN GONZENBACH: Yes, sir.

COUNCIL MEMBER COMRIE: Okay. So

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2 it's just a preference, not a demand. Okay. All
3 right, thank you very much. Thank you,
4 Councilman.

5 CHAIRPERSON SANDERS: Thank you.
6 Let me push it just a little bit more with this
7 proposed site, the proposed site. Around how much
8 is, how much will these new facilities cost. Put
9 me in the ballpark. I know that no one here has
10 an exact figure. I just want to know how much
11 does the developer-- a guesstimate of how much he
12 has to come up with to make this happen.

13 STEPHEN GONZENBACH: I don't know
14 the answer to that. I haven't got a-- I really am
15 not a real estate developer or a construction
16 management person, so I-- you know, what you need
17 to understand is that VA's requirement for
18 construction of VA facilities far exceeds business
19 type developments or other community type
20 developments. They're a very high standard
21 because there's a life expectancy of many years
22 and so the walls much be thicker, the floors have
23 to be thicker, there's reinforcements, ventilation
24 systems, structural supports, which adds a lot of
25 money to the expectations. Not an area of

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expertise that I have, and I just can't answer that.

CHAIRPERSON SANDERS: Well the question has value to this conversation because, especially in light of the information that you have given, in order for a developer to build the facility that we envision in this, they have to make a very healthy amount of money from the other part of the project. In order to make that money there's only a couple of ways that developers make money under those conditions. One of them is by density, another one of course is value and those things are not separate. Density usually in the sense of up in the air, higher-- you have to go higher in the air to get enough density, especially if you don't have high value. If you want to do value, that's another way of doing it, but in this market it's going to be very difficult to do that type of value. Just concerns and for everyone else to be clear on what the VA is proposing is a significant amount of money. But go a step further, my friends. A hospital, just point of information, I've taken no position, a hospital would even raise that amount of money. A

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2 full level hospital would raise the amount of
3 money that the developer would have to come up
4 with, just for us to be clear on what we're
5 speaking about. Having--

6 COUNCIL MEMBER COMRIE:

7 [Interposing] Councilman, that raises a question.

8 CHAIRPERSON SANDERS: Yes, sir.

9 I'm sure.

10 COUNCIL MEMBER COMRIE: Has the VA

11 nationwide ever cooperated with private hospital
12 entities to build facilities? Are you aware of
13 any collaborations?

14 STEPHEN GONZENBACH: I don't know

15 the answer to that directly, Councilman. I think
16 that they would do that. I know that in Westside
17 Chicago they've done something and they are in the
18 process of getting ready to build a new facility
19 in the Denver, Colorado area. Which, to your
20 point, Mr. Chairman, it's expected to cost in
21 excess of one billion dollars to build a tertiary
22 care facility in the Denver, Colorado area.

23 COUNCIL MEMBER COMRIE: A billion

24 here, a billion there.

25 STEPHEN GONZENBACH: Then you're

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talking real money, that's what the saying goes,
right Councilman?

COUNCIL MEMBER COMRIE: Right.

Okay. So there could be a possibility that a
third party or hospital that would be interested
in building.

STEPHEN GONZENBACH: Right. If I
may, Mr. Councilman, I think the key issue here is
that this is a negotiation process. I certainly
am not a person to make those decision.

COUNCIL MEMBER COMRIE: Right.

STEPHEN GONZENBACH: But if I was a
negotiator, I would say gosh, if the person that
you're looking to work with comes up with half and
we need to come up with half, it might be a good
deal, or the person comes up with alternative ways
to make things work so that virtually everyone
comes to consensus and is satisfied, that's what
you need to do. But it's a negotiation process
with skill levels much more than I have, which is
why the Office of Asset Enterprise Management is
involved in this. That's what they're looking to
do. And it may all fall apart. There's nothing
that says that that cannot happen either. There

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may not be enough incentive on either side of the issue that it will work.

COUNCIL MEMBER COMRIE: Yeah, I frankly don't see it.

STEPHEN GONZENBACH: And that I think is what we're also trying to make sure that is fully clear to everyone--

COUNCIL MEMBER COMRIE:
[Interposing] Right.

STEPHEN GONZENBACH: --is that there is no firm commitment. There is not contract, there is no award. This is purely an opportunity to identify a developer that most likely has the wherewithal to pull it off, but we have to negotiate with them to see if it can actually happen, and it may not. We just don't know that. That's a question that only sitting down with a preferred developer and running numbers and doing all scenarios will help to better answer those questions.

COUNCIL MEMBER COMRIE: And if it comes to the point where there's no decision or you can't move forward, then what happens? You go back to the drawing board or re bid?

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2 STEPHEN GONZENBACH: I think that's
3 probably a reasonable approach at this point, Mr.
4 Councilman. We'd have to go back to the drawing
5 board and see what the options are.

6 COUNCIL MEMBER COMRIE: Or do you
7 just re bid?

8 STEPHEN GONZENBACH: Well there
9 have been no bids.

10 COUNCIL MEMBER COMRIE: Okay.

11 STEPHEN GONZENBACH: I think our
12 goal--

13 COUNCIL MEMBER COMRIE:

14 [Interposing] I understand. I understand.

15 STEPHEN GONZENBACH: --and coming
16 back to a question you answered earlier, like what
17 was our goal and our plan, our goal is to ensure
18 that we have the right facilities that are modern
19 and efficient to provide the best possible care
20 that we can for the men and women who have served
21 our nation, and that's where our goal is going
22 with this process. So even if we have to go back
23 to the table and start all over again, our final
24 goal is to make sure we have a clean, modern,
25 efficient, state of the art facility to meet the

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2 needs out there. That's our goal.

3 COUNCIL MEMBER COMRIE: Okay, thank
4 you.

5 RAY AALBUE: With regard to your
6 discussion, the question about hospitals
7 nationwide, the VA has actually taken that into
8 consideration. We, New York Harbor, has a couple
9 of community based outreached clinics, and that's
10 what they're doing. Across the country they have
11 authorized building community based outreach
12 clinics in areas that need that particular type of
13 healthcare. So, they can't afford it, they can't
14 afford to build a new hospital.

15 CHAIRPERSON SANDERS: Turning--

16 COUNCIL MEMBER COMRIE:

17 [Interposing] I'm sorry, Councilman.

18 CHAIRPERSON SANDERS: Please. I
19 yield.

20 COUNCIL MEMBER COMRIE: I have to
21 run down to a meeting with the Central Labor
22 Council and come back. I just want to thank these
23 gentlemen for your information. I think it will
24 be helpful to us as we put together a balanced
25 attack against the project. I don't see how the

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2 project can move forward, and frankly, I don't see
3 how a developer would want to take this bear on
4 all by themselves right now, especially in this
5 market. But I'm going to try to come back up
6 because I know there are other people that want to
7 testify. So I'm going to try and keep the Central
8 Labor Council to a five-minute meeting and come
9 back. I know it's going to be hard to do because
10 everybody likes to talk, we're all New Yorkers and
11 whatnot. Since I just didn't get a chance to
12 reschedule everything, I have to run down there
13 and pay that respect to them. So thank you for
14 letting me. I'll be back. To the audience, thank
15 you and please reach out to me as we deal with
16 this issue. Thank you.

17 CHAIRPERSON SANDERS: Thank you,
18 sir. Please give my regards to our friends. Let
19 me press this issue again and see if I understand
20 it right. Playing with this idea of a joint
21 partnership with some hospital or something of
22 this nature, some other entity, I believe that the
23 mandate of the VA may, in one sense, make it
24 impossible for to do any joint hospital. The VA's
25 mandate of course is to service the veteran

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community. Can other people use a joint facility if there was one?

RAY AALBUE: Being a novice, not educated in this, I think it's federal dollars that you're dealing with, with the VA. And most hospitals have, they're privately funded or City. I'm not sure.

CHAIRPERSON SANDERS: They use many streams, yes.

RAY AALBUE: I'm not sure that the VA would enter in to something like that.

CHAIRPERSON SANDERS: I see. Yeah. I thought of the difficulty even as we were speaking. Then gentlemen, in lieu of that there are a lot of other speakers and that you have been here for quite a while, I thank you. I look forward to this continued conversation, dialogue, that we have been having that we will continue to have. It is very important-- I think that the worst thing that the federal government can do under these conditions is not to speak to the public. I'm not saying that that's what you're doing. And I think that the best thing that we can do is to put the choices before the people and

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2 let them understand that everything has a cost and
3 the cost has to be paid somewhere, and everything
4 has a price. And based on conversation with
5 community, we all could come up with what we
6 believe is the right approach for this facility
7 that everyone agrees should not stay the same. We
8 all again are saying that we need something
9 greater than it is, something better, something
10 more efficient, something far better than what it
11 is. We may differ on what is better and we may
12 certainly may differ on how to get there, but the
13 journey is the critical thing here and that this
14 Committee stands willing to aid in this journey.
15 So I thank you all and I will call my next
16 witnesses. Thank you very much for coming in.

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RAY AALBUE: Thank you.

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STEPHEN GONZENBACH: Thank you.

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CHAIRPERSON SANDERS: Our Assembly
Member from this area, Assembly Member Scarborough
has also weighed in, as just about every-- in fact
every elected official in Southeast Queens, and we
will hear from the Assemblyman's representative or
representatives. Are you here to represent the...?
Okay, we'll hear from the Assemblyman's

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2 Representative. Once you're at the mic, please
3 identify yourself. And this gives me a chance to
4 grill my colleague and give him a hard time, and
5 indeed I may. But I'm sure when the mic is on the
6 other side, you'll return the favor. Good to see
7 you, sir.

8 MANUEL CAUGHMAN: Good morning,
9 Councilman Sanders. My name is Manuel Caughman,
10 representative of Assemblyman William Scarborough.
11 He asked me to read this letter on his behalf and
12 present it to you. The letter states: Dear
13 Chairman Sanders, please forgive the informal
14 nature of this letter. I just received notice
15 that this meeting was taking place today. I am
16 submitting for your consideration a letter sent to
17 former Secretary James B. Peake in April 2008,
18 objecting to the CARE process, its potential
19 impact on our community. The VA hospital is in my
20 assembly district and quite near my home. I would
21 like to raise specific points for your
22 consideration. I support the construction of a
23 state of art, modern hospital for veterans. Given
24 former conditions, I believe a first class
25 hospital on this site, the CARES-- excuse me, this

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letter is written in script; it wasn't typed and due to the last minute--

CHAIRPERSON SANDERS: [Interposing]

You're doing fine, sir. You're doing fine.

MANUEL CAUGHMAN: Thank you. The CARES proposal requiring a private developer to build and finance seven entities on this site-- I am specifically concerned about the impact on the infrastructure that a large scale project will have first-- serious impact on the flooding problems in the area due to high state of the water table. With the water level being close to the ground surface, any sizeable rain rises the water table to flood stages, and flooding already occurs outside the VA facility at 179th Street and Linden Boulevard. The 55 acres of open ground on this VA site absorb a large amount of rainwater and the flooding, and keeps flooding from becoming even worse. A major construction at that site without extensive new sewers will act like a dam. It is cause that the water table to rise, to create flooding conditions throughout the surrounding areas. Furthermore, two main streets adjacent to the VA site, Linden Boulevard and

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2 Baisley Boulevard, are relatively narrow streets
3 and become quite-- and become a gridlock from
4 relatively small increases in traffic such as a
5 funeral or a major event at Roy Wilkins Park. I
6 strongly support the position of our veterans and
7 local civic organizations that this project is
8 unworkable as proposed and would like to support
9 veterans and the rising character of this event.
10 The CARES proposal should be rescinded, and we
11 should work with the VA to develop a project more
12 acceptable to all parties. Thank you for your
13 consideration. Sincerely, William Scarborough,
14 Assembly District 29th AD.

15 CHAIRPERSON SANDERS: Would you be
16 kind enough to take an apology to my friend,
17 Assembly Member Scarborough and say that we
18 certainly will make sure that the community gets
19 better information on when we discuss very
20 important issues to them. It was no slight in
21 that sense. I personally was out of town during
22 much of this; my son's appendix burst and I was
23 down there with him down south. So I didn't get a
24 chance to inform as I would have liked to. I'm
25 considering trying to do this in the local

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2 community. I did do a meeting after my tour, I
3 did do a meeting in with some local community
4 leaders. We will do a far greater one with the
5 Addisleigh Park Civic Association and with other
6 worthy community leaders and of course especially
7 the veterans community. So almost from day one
8 I'd been hearing that the assemblyman had problems
9 with this concept, and you of course have pointed
10 out the flooding issue. Do you know if he has any
11 other issue besides flooding?

12 MANUEL CAUGHMAN: Yes. The high-
13 density project that was presented in the RFP, he
14 is totally opposed to that. Basically the
15 Assemblyman, he had forwarded a letter, which I
16 have in this package, which I will present to you,
17 to the Secretary of Veterans' Affairs, his
18 opposition to this. Also, an email addressed to
19 Brian Simon from Congressman Meeks' office, his
20 opposition and his points on this particular-- his
21 opposition to this particular issue.

22 CHAIRPERSON SANDERS: Well the
23 Assemblyman is known for his very lucid arguments,
24 so I am assuming that those are very well done.
25 For those who are not familiar with this

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2 community, there may be someone in here who fits
3 that, the St. Albans community surrounding the
4 hospital, four stories would be high. I'm not
5 even sure if there's any four-story developments
6 there. There may be one or two somewhere, but
7 offhand it doesn't come to mind. The density
8 question is a real one. In order for the
9 developers to fund these very expensive things
10 that the VA has laid out, you're either going to
11 have to do density, value or some combination.
12 And density, of course, means a lot of buildings
13 together, usually high into the air. It was
14 pointed out to me last night, I got a call from
15 Ms. Bluford [phonetic], who was very kind in
16 letting me know exactly where she stood on this
17 issue. My ear is still ringing. She was pointing
18 out that Rochdale has 5,000 units of housing in it
19 and the proposal according to her was calling for
20 4,000 units, so you're speaking of a Rochdale type
21 development. Although I am a person who wants to
22 see these-- the current facility change, I too
23 have some real concerns in terms of traffic, in
24 terms of policing-- and I could just go on. If
25 this plan is to move forward there has to be a

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2 massive rethinking here, because there's a lot of
3 pieces that are not really taken in to account.

4 Is there anything further that you wanted to say,
5 sir?

6

MANUEL CAUGHMAN: That Assemblyman
7 Scarborough said that he will present a
8 typewritten copy of this. I have to apologize. I
9 received this fax last night at approximately
10 11:00, and as you can see, it's thrown together
11 pretty quickly there. But again, the Assemblyman
12 wanted to thank you for this hearing and we will
13 be working closely with your office in any
14 capacity that we can to prevent high density
15 projects on this particular site. Thank you.

16

CHAIRPERSON SANDERS: I certainly
17 hear you and I thank you and I look forward to
18 working with the Assembly Member to make sure that
19 the needs of the veterans' community and the
20 community at large are well served. Thank you
21 very much, sir.

22

MANUEL CAUGHMAN: Thank you.

23

CHAIRPERSON SANDERS: Let us hear
24 from-- now it's the community's turn. Let's hear
25 from three people at a time. Let's hear from Mr.

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Ruben Wills. Let's hear from Renee Hill

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[phonetic], I won't say Mister or Miss; and Greg

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Mays. Oh, Ms., then I'll do that. This day and

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age you have to be careful. Renee could be

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either. I did get your message, Mr. Mays, and it

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added to the ringing in my ear.

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GREG MAYS: Okay.

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CHAIRPERSON SANDERS: But since I

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called on you, I'll let you start, sir.

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GREG MAYS: Okay. Thank you very

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much. For the record, I'd like to note that the

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representatives from the VA--

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CHAIRPERSON SANDERS: [Interposing]

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I'm not sure if it's cut on.

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GREG MAYS: Hello?

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CHAIRPERSON SANDERS: Oh, okay.

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GREG MAYS: It's on?

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CHAIRPERSON SANDERS: Pull it at

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least a little closer to you.

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GREG MAYS: I'm sorry. For the

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record I'd like to note that it seems as if the

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representatives from the Veterans' Administration

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have left, not only before hearing the concerns of

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the community, but more importantly from hearing

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2 from the veterans, individuals and organizations
3 that I believe are scheduled to speak after we
4 just sort of talk. My name is Greg Mays. Among
5 other things I am the President of the Addisleigh
6 Park Civic Organization, we're the neighborhood of
7 650 homes that are directly across the street from
8 the VA hospital. I'm also here representing
9 another organization, and that's the Coalition to
10 Protect St. Albans. It's a coalition basically of
11 three civic organizations and they are the
12 organizations, the civic organizations, the
13 neighborhoods that surround the VA facility. The
14 first is the Addisleigh Park Civic Organization,
15 the second is the St. Albans Civic Improvement
16 Association, and finally the Octagon Neighborhood
17 Association, which is on the south side of the
18 park. I wanted to just sort of read a statement,
19 and it basically is the ad that appeared in two
20 local newspapers, not this past Thursday, but the
21 Thursday before. And it basically, it's an open
22 letter to the elected representatives of Southeast
23 Queens. In October of 2007 the United States
24 Department of Veterans Affairs issued a request
25 for proposals regarding the redevelopment of the

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2 55-acre St. Albans VA extended care facility.
3 This RFP was the result of a capital asset
4 realignment for enhanced services, CARES, process
5 that reportedly took into consideration the needs
6 and interests of all the parties that might be
7 affected by the potential reuse of the St. Albans
8 VA campus asset. In summary, the released RFP
9 encourages private real estate developers to
10 submit proposals for the redevelopment of the VA
11 site that would include, one, the private
12 developer demolishing most if not all of the
13 existing structures, and two, a private developer
14 building several new facilities for the VA on 30
15 of the site's 55 acres. In order to offset the
16 cost of the demolition and construction of the new
17 VA facilities, the developer would use the
18 remaining 25 acres to build rental housing on land
19 leased from the VA for 75 years. Subsequent to
20 the release of the RFP in a series of meetings
21 designed to gather public feedback, it became
22 immediately evident that the CARES process, one,
23 failed to successfully integrate the needs of
24 those who would ultimately be affected by the
25 site's redevelopment, and two, failed to disclose

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2 the nature of the solution being sought by the
3 RFP. Repeatedly during these meetings veterans
4 expressed interest in a full service hospital that
5 would allow them to avoid having to travel to
6 Brooklyn or Manhattan for the services offered by
7 the full service hospitals that exist there. The
8 need for transitional housing was another interest
9 repeatedly expressed by veterans. While no one
10 would deny veterans the safe and secure housing
11 they deserve, few, if any people, have expressed
12 an interest in non-veterans housing being included
13 in the redevelopment of the VA campus. Each of
14 the neighboring and nearby communities has
15 recently been down zoned by New York City's
16 Department of City Planning. The down zoning
17 effort was undertaken to discourage population
18 growth in neighborhoods who's infrastructures,
19 schools, parks, utilities, transportation and
20 otherwise is already overburdened. Supporting the
21 development of non-veterans housing on the VA's
22 St. Albans campus would only work against the
23 gains made by this recent down zoning. Recently
24 Southeast Queens was identified in New York City's
25 PlaNYC's 2030 document as an under parked set of

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2 New York City neighborhoods. Our goal, our hope,
3 is that should a determination be made that excess
4 land exists after the needs of the veterans have
5 been met, that the acreage deemed not necessary to
6 meet the ongoing needs of veterans be permanently
7 converted back to parkland. Prior to construction
8 of the Naval Hospital in 1950, the present VA
9 campus was occupied by the St. Albans Golf Club
10 and Community Center, presently Roy Wilkins Park,
11 the park at the VA site's western border serves
12 485,000 annually. Its projected needs include an
13 increase in park acreage. Finally regarding the
14 nature of the solution the RFP encourages, none of
15 the interested parties, formally or informally
16 involved in the CARES process envision the United
17 States Department of Veterans' Affairs turning to
18 private interests to meet what many consider to be
19 the ultimate public responsibility, that of caring
20 for those who have fought for the freedoms that
21 this country affords. In fact, many feel that the
22 private solution that the RFP encourages dishonors
23 the service of veterans. We request, we being the
24 coalition members and requesting to the elected
25 representatives, your support in having the RFP

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2 released by the Department of Veterans' Affairs
3 immediately rescinded so that a new CARES process
4 can be launched. Our hope is that a new CARES
5 process will fully integrate the needs of the
6 veterans served by the St. Albans VA extended care
7 facility as well as the needs of the communities
8 surrounding the sites. Respectfully submitted,
9 Greg Mays, President of the Addisleigh Park Civic
10 Organization; Martha Oliver, President of the St.
11 Albans Civic Improvement Organization; and Donald
12 Lemmons [phonetic], President of the Octagon
13 Neighborhood Association. This letter was
14 actually appeared in two local papers and at the
15 bottom of the letter it was inviting community
16 members to join us for a rally to protect St.
17 Albans that took place on Saturday, April 18th at
18 10:00 a.m. This is the second rally that the
19 coalition put together. The one prior to that was
20 about a year before it. Basically we thought that
21 the issue had just sort of died, maybe with the
22 economy, that no one would continue with this type
23 of plan and then recently we heard that a
24 developer was about to be selected, so we
25 immediately just sort of jumped back in to action

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2 to register our complaint, most importantly to the
3 veteran's administration who we feel ultimately
4 just sort of don't necessarily have the interest
5 of, certainly the community, but at times it seems
6 that they don't have the interests of the veterans
7 just sort of at heart. So, that basically is just
8 sort of where we stand. We're not interested in
9 any non-veterans housing being built on the site,
10 and if it's deemed at some point that the ongoing
11 needs of veterans are not being met or there's
12 excess park land, that we want that park land just
13 sort of returned to its original state, which was
14 a park, prior to the initial hospital being built.

15 CHAIRPERSON SANDERS: Thank you
16 sir.

17 GREG MAYS: Thank you.

18 RENEE HILL: I don't know where to
19 start. I'm not a speaker, so. I just want to say
20 that this project is supposed to be for enhanced--

21 CHAIRPERSON SANDERS: [Interposing]
22 If you can identify yourself first.

23 RENEE HILL: I'm sorry, Renee Hill,
24 Treasurer of Addisleigh Park Civic Organization.
25 This project is supposed to be enhancement

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2 according to the VA administration. And this
3 would be no enhancement to the community. I live
4 directly across the street. I have a Tudor home
5 and I don't plan on walking out and seeing a
6 multiple-- multi-family homes across the street.
7 When I bought the house I believed that my
8 property value would go down and it-- according to
9 all the RFPs I've read in other states, they have--
10 - they listen to the community. They listen to
11 the city, the City or the state officials. And if
12 they are against it, then they will back off. But
13 our Congressman Meeks, excuse the expression,
14 didn't listen, and he's for this project, and
15 that's why they haven't backed out. And I've read
16 in the RFPs--

17 CHAIRPERSON SANDERS: [Interposing]
18 Just a point of information.

19 RENEE HILL: Yes.

20 CHAIRPERSON SANDERS: He is saying
21 his last statement is saying--

22 RENEE HILL: [Interposing] He just
23 changed to that. I'm sorry.

24 CHAIRPERSON SANDERS: Okay, just
25 wanted to--

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2 RENEH HILL: [Interposing] I'm
3 sorry. What happened was I've had lots of-- I've
4 been to almost every meeting and so when I'm
5 there, first of all the VA, they know that the
6 Community doesn't want it. They know that the
7 veterans don't want it. But they seem to ignore
8 it; they don't care. So Mr. Meeks seems to be the
9 only one in the community that is for it, and the
10 community had no idea that they had a choice of
11 saying no, we don't want anything. He said you
12 have to have buildings there. So they said, well
13 we're having buildings then, you know, let's have
14 a school. That's how that came about. We are all
15 for the veterans. We're not-- we don't want
16 anything there. If it can stay the same we'd love
17 it because it's peaceful, it's just the way we
18 like it. But if they are planning on putting
19 something there, then make it a school or
20 something, that's how the school came into view.
21 And then we invited the City and that's when the
22 City came and said, okay, we'll think about a
23 school there. But the veterans never even
24 discussed-- the Association never even discussed
25 the infrastructure with the City. So when they

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2 said, oh yeah, the City was at our meetings. It
3 was only for the City's interest to get the
4 school. It was not to talk about the
5 infrastructure or what, you know, what it would do
6 for the community. So in a way they just, you
7 know, acted liked they had pacified what you had--
8 the question you asked, but really it wasn't. Am
9 I right?

10 GREG MAYS: Also to your point, Mr.
11 Chairman, I do know that Congressman Meeks has
12 submitted a letter directly to Secretary Shinseki,
13 asking for a moratorium on the process, and that's
14 something that's actually happened fairly recently
15 that Renee may not have known about.

16 CHAIRPERSON SANDERS: Mr. Willis,
17 Please proceed.

18 RUBEN WILLS: How are you doing?
19 Good morning everyone, or good afternoon. I'm--
20 my name is Ruben Wills and I am a community
21 advocate. I represent also the United Council on
22 Veterans' Rights today at the hearing. I would
23 first like to thank Senator Shirley Huntley,
24 Councilman Comrie, Assemblyman Scarborough and
25 you, Councilman Sanders. You have been the only

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2 electeds that have been truthful and forthcoming
3 with this issue, and I want to make that statement
4 plain. Even though there were some that wrote
5 letters in support in the beginning, they did so
6 not with the full knowledge of the proposal of the
7 density in the project and immediately withdrew
8 their letters, so I want to commend them and thank
9 them on that. To go straight into it, this
10 project, there is no enhancement for our community
11 in this project. This project is a direct
12 contradiction to that term. What the veterans
13 want is what the veterans should get. They want a
14 women's domiciliary, they want a full-fledged
15 hospital, which includes an emergency room. We've
16 had a veteran by the name of Stephen Epps, who
17 while in the fight in the beginning to stop this
18 project, he lives about two minutes from the St.
19 Albans Hospital, he can actually come outside of
20 his yard, less than that, he can actually come
21 outside of his yard and actually can throw a rock
22 and hit the hospital, he had a heart attack in the
23 middle of this fight and was transferred to
24 Jamaica and then transferred to Manhattan because
25 we have no emergency facility. To me that's

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2 nonsense when it comes down to how many veterans
3 we have in our community. We have upwards of
4 200,000 in Queens and Nassau County that need a
5 full-fledged hospital. We have a myriad of issues
6 that would speak against the building or the
7 density proposal in this RFP. The flooding issue
8 is something that has plagued Southeast Queens for
9 the last 30 years and has not been addressed. We
10 have now the looming service cuts for mass transit
11 that is going to cause a lot of problems. For
12 them to give us another Rochdale style complex
13 when Rochdale itself is underutilized to me is
14 nonsense. The federal standard of having \$60,000
15 for a veteran's income to come into this is just
16 to me another loophole, because there's not that
17 many veterans, and please correct me if I'm wrong,
18 Mr. Toro that have \$60,000 to spend on housing,
19 not now. So to me that's just a loophole so that
20 they can say they couldn't find the veterans and
21 put anybody they want into the housing. We have
22 the crime issue, the crime elevation issue. At a
23 time when we've been begging for another precinct
24 just to be able to adequately supply Southeast
25 Queens, we're now asking us to put 4,000 more

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2 residents in. We just had a historic down zoning
3 that Mr. Greg spoke about that was to go directly
4 to the need for the population to be controlled or
5 the types of buildings and the density to be
6 controlled because of the infrastructure. This is
7 a contradiction to that. The complete cares
8 process was done and shrouded in secrecy, which is
9 a direct contradiction to the intent of
10 transparency for it. The community was not let
11 known about the RFP or the proposal for the RFP,
12 which includes the merchants, the small business
13 owners, taxpayers and voters. We were not let
14 known about this. The meetings were handles
15 basically with the intent not to let anybody know,
16 and I think there's a real problem with that. We
17 just lost, and no one is even speaking about that,
18 the only hospital in Community Board 12, which I'm
19 also a member of, Mary Immaculate. Now we have on
20 the table swine flu and everything else. Jamaica
21 Hospital, Queens Hospital and Elmhurst Hospital
22 are in divergence at least three times a month,
23 which means they tell nobody else, it's at
24 capacity, no one else can come. So to close a
25 hospital down and then to put 4,000 more units,

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2 which equals what, upwards of 9,000 people in the
3 community? It's asinine at best. This proposal
4 is not here to help us. This proposal seems to
5 just go to benefit whoever the developer is going
6 to be and those people pushing the developer. I
7 would like you and the power of the City Council
8 to make sure that they investigate this totally.
9 This is not just a bunch of hearings to satisfy
10 us, but a total investigation is launched into
11 exactly what is going on in and around it. The
12 veteran's needs are not being taken as a primary,
13 which to me is something that is beyond-- it's
14 just mind boggling. Our veterans have fought for
15 this country. My stepfather and my father are
16 veterans, and there is by no means or any stretch
17 of the imagination this should be allowed to
18 happen. Our veterans have lost limbs, they have
19 lost some of their mental facilities, not to be
20 funny about it, but they have gone through hell.
21 And yet they're being left just to go by the
22 wayside by the State, the federal government and
23 the City Government. We have more homeless
24 veterans in New York City than ever before, and
25 this is not being taken into account. These

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2 veterans should be taken care of. This facility
3 should be dedicated just for them as was the
4 intent of it. It should not be leased to private
5 interest. If anything, it should go back to the
6 parkland that it was and if there is a school
7 proposal there, that school should be done in a
8 way where it only helps the veterans, whether it's
9 a medical facility or something like that. That
10 is all that we're going to accept. And I am also
11 fully authorized to make this statement, that if
12 they think this project is going forward, please
13 make no mistake that if we have to put bodies out
14 there in front of those bulldozers, we will do it.
15 This project will not go forward in the way it's
16 going to go forward. Thank you very much, Mr.
17 Chair.

18 [Applause]

19 CHAIRPERSON SANDERS: Very
20 powerfully said. I do want to say that Mr. Wills
21 also was one of those who brought it to my
22 attention that it would be a very good thing to do
23 these meetings, many of them, in our local
24 community. I have absolutely heard people and I
25 have every intention in the near future of seeing

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2 if you will invite me or something-- whatever way
3 we can do and do it fair and safe, let me be
4 invited by all three of the civic groups to come
5 and to meet. We are about to hear from our
6 veterans now. They too are not known to bite
7 their tongue on too many issues. And I'm going to
8 bring up one of the most sincere fighters for the
9 veterans' community, Mr. Pat Toro. I thank you
10 for coming in and to sharing your views with us.

11 PAT TORO: Thank you.

12 CHAIRPERSON SANDERS: Is there any
13 other veterans' organizations or any other veteran
14 who wants to speak, I believe at Brother Toro can
15 speak very well for all, but I want to make sure
16 that we give the opportunity to any and all. Good
17 to see you again, sir.

18 PAT TORO: How are you doing,
19 Councilman?

20 CHAIRPERSON SANDERS: I'm doing
21 pretty good now that I'm here, and I'm here.

22 PAT TORO: We'll see how you feel
23 tomorrow.

24 CHAIRPERSON SANDERS: Yeah, well.
25 This is true.

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2 PAT TORO: All right and the
3 chapter has been involved-- first of all, my name
4 is Pat Toro. I'm President of The Vietnam
5 Veterans Queens Chapter 32. We've been involved
6 with this CARES process from the very beginning
7 and we've gone to the hearings at St. Albans.
8 We've argued, we've fought, we've disputed the VA.
9 I'm a little disappointed and it's one of the
10 reasons why sometimes I hesitate coming to these
11 meetings is because the officials get to speak and
12 then they leave. This was an issue that I had
13 with former Chairperson Monserrate. And it always
14 happens. So you wind up speaking to either a few
15 on the panel or the veterans who already know what
16 the issues are. But in listening to what was said
17 here, a lot of-- some of what was said seemed to
18 me to be in the best interests of the community.
19 Now I don't know if the community is the civil
20 community or the veterans' community. Now
21 Congressman Meeks, who at one time I felt I got
22 along with, started a taskforce of which he made
23 me a member. And I attended one meeting. And
24 after I said what I had to say, I was not asked to
25 return. I don't understand that; I'm a very

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2 personal guy. Okay. But I found that one of the
3 problems is that these meetings held in the
4 community, and I'm talking about the civil
5 community, a veteran who lives in that community
6 will stand up and say, yeah, we could use a
7 school, or we can use a clinic and we can use this
8 and whatever. And they're very sincere about it.
9 The problem is that people who hold these meetings
10 then interpret that as that's what the veterans'
11 community wants. And that's not true. I don't
12 know of any veterans coming back from Iraq or
13 Afghanistan or any veterans who are getting
14 discharged or any veterans from the Vietnam War or
15 any prior war or war since then that needs a
16 school. We don't need schools. We asked the VA
17 from the very beginning, give us an assisted
18 living for veterans in that facility. Give us an
19 emergency room. Give us a full-fledged hospital.
20 I had one of my members, a former president, faint
21 in the clinic only to be taken out of a VA
22 facility and taken to a public hospital to be
23 treated. That is not acceptable. We asked for a
24 women's domiciliary. Now the VA sat here and they
25 spoke about how-- and I don't remember if it was

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2 you our Councilman Comrie who mentioned the
3 domiciliary. We've held several meetings at the
4 domiciliary, during the holidays-- this past
5 holiday we provided dinners for those at the
6 domiciliary. I've never seen the population at
7 the domiciliary drop below 50. So I don't know
8 where they're getting these figures from. And
9 that's one of the biggest problems we had with
10 CARES, was that when everything was put together
11 it was put together by stats that were provided by
12 the VA. Okay. The VA, if you have eye problems,
13 they shift you to 23d Street. So you don't fall
14 on the stats for St. Albans. You may go to St.
15 Albans, but they'll shift you there. Anything
16 that's heavy, dental or whatever, gets transferred
17 out of St. Albans. So when you look at their
18 stats, it's not a true stat. Okay? Because
19 they're shifting everything out to 23rd or the
20 Brooklyn Campus. And these are things that have
21 been going on for a while, and we've been trying
22 to get them to understand that this is what we
23 need. This is our property. We're not looking
24 for them to buy property. This belongs to us.
25 And there should not be a problem when it comes to

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2 financing what goes on that property if this is
3 what the VA wants-- I mean what the veterans want.
4 We're not asking for a ball field. We're not
5 asking for a handball court. But when I pick up
6 the newspaper and I read that a funeral home who's
7 adjacent to St. Albans is looking for a bigger
8 parking lot and wants to be included in whatever
9 acreage is leftover, there's something wrong. All
10 right? And I'll tell you a quick story. One of
11 those rallies that we held a couple years ago, all
12 right, one of their representatives from the
13 funeral home, I don't know who it was, wanted to
14 know what it was about. And at that time I had
15 just about had it and I said, well we're trying to
16 get you more space for your parking lot. All
17 right. We're trying to help you out. This is
18 totally crazy. It is. Does St. Albans need to be
19 replaced? Yes, it does. I know there's a lot of
20 older veterans who feel a certain camaraderie to
21 the facility, your Korean Vets and whatever, but
22 let's face it, it does need to be replaced. The
23 VA is not doing anything to it contemplating the
24 moves. We are not against a better facility, a
25 modern facility. We're against this enhanced

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2 lease project, okay, that serves no purpose but to
3 help the VA. I'll tell you a couple of questions
4 that I asked the VA doing the CARES and I never
5 received an answer. How do we know that the
6 money that they received by leasing that property
7 goes back to St. Albans and doesn't wind up in
8 Oregon at some facility out there? They had no
9 answer. The last meeting that they had-- I'm
10 trying to remember, it was Halpern I believe, I
11 can't remember his first name, who actually made a
12 statement that the reason that they were holding
13 that hearing is that because of by law they had
14 to. And that was heard by everybody. So, they're
15 not listening to what we want. We have not
16 changed. We've been asking for the same thing
17 from the very beginning. There are a lot of
18 homeless people in the City of New York. Half of
19 them are veterans. Half of those veterans are
20 Vietnam veterans. 40 years after the end of the
21 war, we still have Vietnam veterans in the street.
22 All right? When this all started, Mayor
23 Bloomberg, who has no conception whatsoever of
24 what it is to be a veteran, all right, stands up
25 and says, yeah, let's put a school there. He

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2 didn't ask anybody. He heard there was going to
3 be some property so lets put a school there. All
4 right? He didn't do no research. He didn't go to
5 the veterans' community and request any
6 information. All he saw was, hey, there's 25
7 acres, we can put something there. You want to
8 put a school there? I'll tell you what you do.
9 Put a school there on five or ten acres and train,
10 go to York College, train the students in the
11 nursing program and have their do their practice
12 time at that hospital, just like it's done at 23rd
13 Street with NYU. All right? That's a school that
14 now helps the community and also helps the
15 veterans. It works very well at NYU. There's no
16 reason why it shouldn't work there. These panels,
17 these taskforces, there's no veterans on them. I
18 mean, this is crazy. All right, so who speaks for
19 the veterans? Well from what I'm hearing I think
20 I believe I've got two weeks notice on this
21 meeting, so I consider myself lucky. Usually I
22 get them the day before. The nursing home that
23 the VA representative spoke so highly about is a
24 New York State nursing home. It's run, it's
25 operated, it's being renovated by New York State.

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2 The VA doesn't have anything to do with it.
3 There's a lot of women in the military now.
4 There's a lot of women who are coming back with a
5 lot of the same problems that the men have. Some
6 are just women problems, some are both. They need
7 a domiciliary. You know, usually the problem is
8 we don't have the land. That's what you hear. We
9 don't have a place to put this; we don't have a
10 place to put that. We have the land. That's our
11 land. And yet, nobody listens. Nobody wants to
12 hear-- well everybody wants to ride on the backs
13 of veterans. All right, we have elected officials
14 who march in parades on Memorial Day and Veterans
15 Day waving their little flags, okay, and saying
16 how we need to support the veterans that are
17 coming back and whatever. Mayor Bloomberg, when
18 he signed the bill into law authorizing the POW
19 MIA flag to fly over City parks made a statement
20 to me, right after he signed that in front of a
21 lot of my members that are here today, where he
22 said, the Vietnam veteran got screwed. And he was
23 right. And he's still doing it. All right.
24 Because I take offense when he stands up and says
25 we have to do this and we have to do that and does

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nothing. Now, Commissioner Newman, who is a Vietnam vet, who left, and he probably left because he knew what I was going to say, okay. He-- and I've told him this. They claim they do all these programs, we don't know nothing about. It's only after we start bitching and yelling and screaming that, I don't know if I can say bitching on there, but okay, and yelling and screaming, all right, that they come out and make a statement.

CHAIRPERSON SANDERS: No, you can.

PAT TORO: Okay. I stand corrected. Being a former Marine, you know what that statement means. The other thing that they brought up was the under utilization of St. Albans. When we got back from Vietnam, VA hospitals were treacherous. They were horror stories. We all know that. Everybody has stories about it or whatever. In this day and age with the economy what it is, now every year we have a Veterans' Information Day and we send out a postcard to unemployed veterans in the borough of Queens to attend this veterans information day. And every year it goes up. When I became president almost eight years go we sent out

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2 approximately 1,000. A couple years ago we sent
3 7,000 postcards out to unemployed veterans.
4 Unemployed veterans need medical care. They need
5 to know that it's there. The problem is that
6 they're scared of it. They're scared of the
7 horror stories. They're scared about how they've
8 been treated at one point or another, all right?
9 And this is why a lot of them will not use the VA
10 facility. Okay? Not to mention the restrictions
11 that the VA puts on how much you make and all that
12 other stuff. The other thing is with the closing
13 of Mary Immaculate and St. John's-- I mean I'm
14 sorry, yeah, St. John's-- hospitals, where are
15 they going to go? There's a lot of veterans in
16 Queens. All right? Where are they going to go?
17 So I don't buy this whole thing that Queens is not
18 or the VA does not need a full-fledged hospital.
19 Why? Manhattan has one. Brooklyn has one. Bronx
20 has one. Why are we so different? Why is there a
21 VA clinic on Queens Boulevard that's being run by
22 the Bronx VA? SO these are all things that we
23 brought forth and we mentioned. You know, they
24 ask for our input and then ignore it. You know,
25 it's-- and I'm going to end with this. The

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2 founding principle of Vietnam Veterans of America
3 is that never again will one generation of
4 veterans abandon another. And I'll be damned, I'm
5 pretty sure I can say that, I'll be damned if
6 we're going to stand by and let them do whatever
7 they feel like doing with property and a VA
8 facility that belongs to us. They need to listen.
9 The community has come around. The community now
10 understands where we're coming from. They know
11 what we need and what we want and they are
12 starting to agree. They're starting to see what
13 the needs are. We constantly get calls at either
14 our Veterans Service Office or at the chapter
15 location from veterans who are coming back and
16 have no idea either what they're entitled to or
17 where they can go for health treatment either for
18 themselves or for their families. And that's a
19 shame. I was asked and I've been asked several
20 times what is the difference between the Vietnam
21 War and the Iraqi War, and I say there is a big
22 difference accept for one thing; we're still
23 getting screwed by the VA. That's all I have to
24 say. Thank you.

25 [Applause]

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2 CHAIRPERSON SANDERS: It's good to
3 be consistent. Let me make some things known.
4 First things first, let me go through my mandate
5 again, my mandate. As the Chair of Veterans
6 Affairs for the City Council, my prime mandate is
7 to inform the veteran community, to inform the
8 veteran community of things, which is why you
9 probably heard how the veteran community heard but
10 the civilian community was not informed in a
11 timely fashion. Usually this is the opposite.
12 Usually the veterans are the ones who say that
13 they heard last. So we're working on it. Now we
14 just have to get both things in harmony somehow.
15 However, as an elected official, I also-- and from
16 Southeast Queens myself, whose father worked in
17 St. Albans in the St. Albans VA Hospital, I
18 understand that whatever happens there, we are in
19 a community. Whatever is going to happen, we're
20 all going to be impacted one way or another. So
21 having heard from my civic organizations, having
22 heard from my fellow elected officials, having
23 heard from people walking the street, everybody
24 wants to have some input. And as a person who
25 believes in democracy, I believe that we can

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2 balance this. I believe that making sure that the
3 veteran community is heard by the VA can also mean
4 that we can make sure that the civic organizations
5 can also be heard. I think it is in everyone's
6 interest. With that in mind, right after I did my
7 tour on Friday I did manage to meet with several
8 veterans' organizations, some who are in the room
9 today. I met with them and we did a tour of that
10 facility, St. Albans. I knew it well, but I'm
11 trying to do this Chair business. I'm trying to
12 get away from all of my preconceptions of the VA,
13 all of my preconceptions of St. Albans and at
14 least hear from them what are they saying. Now
15 here is a bottom line that we are all going to
16 have to grapple with: it is true that the physical
17 plant of St. Albans is not where we all want it to
18 be. If we had our way it would be ultra modern.
19 We can argue over how tall it would be, round it
20 would be. We can argue over everything, but I
21 don't believe that there's a person in this room
22 that would argue that the veterans deserve the
23 absolute best that we can do. So under those
24 conditions, to bring it to a place where we want
25 it to be, money is going to have to come from

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2 somewhere, from somewhere. Now we live in a day
3 where money seems to be no object. Perhaps we
4 should say that this is really a home for Bernie
5 Madoff and maybe we would get all the money that
6 we need. Or maybe we should say that we are
7 actually some large bank that needs a bailout and
8 we would get every penny that we wanted and
9 probably money that we didn't even want; we would
10 get everything that we ever wanted and more. I
11 speak as myself now, it is no question that
12 seemingly the love for veterans stops when the
13 parade ends, if you got a parade. That's the last
14 time that we really, that we see love for veterans
15 based on where does the money go. Forget all of
16 this cheap talk. Are we moving money or are we
17 just talking about it, about loving folk. If
18 you're not moving money to meet needs, then it's
19 not real. And from my point of view I wish people
20 would say that they love veterans a lot less and
21 funded a lot more. And in fact you don't have to
22 say that you love me at all, just fund my needs
23 and you can say whatever you wish. So the money
24 will have to come from somewhere. We have to
25 wrestle with this as a concept. And there's only

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two-- three different things that will happen under these conditions, only three. A, we will use some type of privatization scheme, which is what is being spoken about here, where the developer will pay for these things and there's only a certain amount of ways that the developer can do under those conditions. This one is not science, this one is not even magic, this one is fairly easy; if this facility will cost at least \$500 million, then he has to, the developer has to make \$500 million plus for it to be lucrative, a lot more than \$500 million before they're going to take a shot at this. So, there's only a certain amount of things that you can do with that.

You're either going to talk value or you're going to talk density or you're going to talk some variation, some combination. The second thing, possibility, if we wanted change is that the government would have to come in with a certain amount of money. They can pay for the whole thing, they can pay for a portion of it. Now until recently I would say that this is unlikely, but since the printing presses have never stopped, I really think that we should say that we are Wall

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2 Street East and therefore we would get every penny
3 that we wanted, if we can just claim to be a bank
4 instead of veterans, or the future home for Wall
5 Street or some variation of this. The third
6 thing, which I would contend is the most dangerous
7 my friends, is that we end up doing nothing, we
8 end up doing nothing. Now there are those who may
9 like that, except that it puts you in several
10 dangers. For one, you won't be able to deal with
11 the needs of the people coming home, the traumatic
12 stress disorders and things of this nature that
13 the current facility is not equipped to handle,
14 simply not equipped to handle. And we would be in
15 that sense selling out future vets, in my own
16 view. To do nothing means that those guys,
17 they're just left on their own, everyone knows
18 that there's a problem and yet we don't do
19 anything about the problem, at least in Queens.
20 We can say to ourselves that we're going to send
21 them to Manhattan or wherever we send them, but
22 seemingly Queens residents have the right to be
23 seen in Queens. So I personally don't like the
24 idea of doing nothing. I do think that we should
25 think really hard and long on what are we going to

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2 do here. So from my point of view this is not the
3 end of this conversation but the beginning. We
4 have to engage everyone in it. And again, I'm
5 just a dumb Jarhead. I'm dumb enough to believe
6 that I can have an impact on this stuff, that I
7 can have some real impact here, that if this is
8 the mission that you send me on, then I'm going to
9 keep going at it until, you know, until something
10 falls. Either I fall or the mission falls, but
11 something has got to give. I do not believe in
12 walking away from stuff. I don't. That's not
13 part of my DNA. So under those conditions, my
14 friends, I'm going to meet with you. I'm going to
15 ask for your patience in advance. This one we're
16 not going to solve fast. This one we're not going
17 to solve-- anybody who comes with a magic gavel or
18 whatever else that they come with and say that
19 they can do something overnight is purely lying to
20 you and I'm certainly not going to do that. I am
21 not going to pander either way. I'm going to put
22 out the hard questions that we have to answer. I
23 am going to say, what-- what cards does everyone
24 have to play. And if I see anyone, if I see the
25 VA for that matter not telling it like it is, then

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2 I'm going to privately try to straighten them out.
3 And if they continue to do wrong I will publicly
4 call them on it, and the same is true with all of
5 us, and that's all that I request from you also.
6 We should offer each other what I call critical
7 support. When you are right we should catch you
8 doing something right. We should state that this
9 is right. When you are wrong, we need to pull you
10 to the side. First things first, find out what's
11 going on, how do you see it. If a person stays
12 wrong, then you oppose that, and that's what I
13 offer everyone in this room and outside of this
14 room, critical support with the idea that at the
15 end of this thing two things are done. A, the
16 veterans are held whole, that the mission that
17 this hospital has and the Veterans' Administration
18 and everyone in here, that we're going to make
19 sure that folk who put life and limb on line are
20 made whole, that we don't sell them out. The
21 second mission is that I believe that we can do
22 this without sending a community down the drain,
23 that we don't have to-- it's a false dichotomy. I
24 don't think that it has to be veteran versus
25 civilian or any of this other stuff, that if we

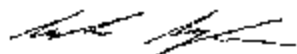
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2 really put our heads together we could come up
3 with something great, something that years from
4 now everyone looks back and says, you know, that
5 was a real win-win, that was a good thing to do.
6 With that in mind, I have already started my
7 conversation with our Congressman. I've started
8 our conversation. Our electeds have weighed in.
9 The State Senator Huntley absolutely has a
10 position here and she wants it known. Our
11 Assemblyman Scarborough, you heard his statement
12 and more. Every elected official has weighed in
13 and is weighing in more. Since it is right, I'm
14 going to also do a meeting with our civilians,
15 with the impacted communities, with the folk who
16 while the most of us veterans may use the center,
17 they open their door to the center, you know,
18 whether we go home or not that is their home and
19 therefore they also have a right to weigh in. And
20 I believe that I'm looking for a win-win. With
21 that in mind, again, we are going to continue this
22 mission. This is not the only thing that this
23 committee will take up, however. There are many
24 other issues and one issue came up the other day
25 when there was a question of vending. Many of you

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2 may have heard there was a question of vending
3 opportunities, the problems that disabled vets are
4 having to get vendor licenses. With my luck there
5 was a Marine in the audience, there's always one,
6 and he of course challenged me to come with him to
7 the vending office. They always do these, those
8 Marines, God bless them, absolutely. Absolutely.
9 We also-- we're trying to see that one through.
10 There is a problem. I'm trying to get a grip on
11 it to figure out what is the dimension of this
12 problem that we're dealing with. I am a hands on
13 type of guy. I have-- I don't fear people. I
14 love going around people. I don't even mind
15 people with sharp differences, as long as they
16 think it out. If they think it out, this is good.
17 Even if we never get to an agreement, at least it
18 was thought out. I can't stand folk who just
19 react, who go into things without thinking. And I
20 don't encourage anyone to do that. With that in
21 mind, my friends, we beat the clock today and I'm
22 surprised at it. Again, let me apologize to
23 anybody who my tardiness messed with. Certainly
24 it was a bad thing this morning. Thank you very
25 much for being here. I do want to thank the City

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2 Council's staff who really have done an excellent
3 job preparing. If you got the phone call, it's
4 because they made the phone calls. Let's be
5 clear. If you have the information it's because
6 they got this information. This is a very
7 difficult thing. This is a federal entity, and
8 yet we have had a hearing about it, and that is a
9 testament to the effectiveness of the people
10 working for the City Council, and I want to thank
11 you and want to continue to thank you. With that,
12 this hearing is closed.
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C E R T I F I C A T E

I, Erika Swyler, certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.



Signature _____

Date May 14, 2009 _____