

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON VETERANS

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June 17, 2022  
Start: 10:05 a.m.  
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HELD AT: HYBRID HEARING - COMMITTEE ROOM -  
CITY HALL

B E F O R E: Robert F. Holden, Chairperson

COUNCIL MEMBERS:

Joann Ariola  
Gale A. Brewer

A P P E A R A N C E S

James Hendon, Commissioner of Department of  
Veteran Services

Amauri Espinal, Executive Director of Community  
Services, Department of Veteran Services

Kevin Lapham

Joseph Riota

Derek Coy

Joseph Vitti

Kimberly Moore

Dr. Ariane Ling

Peter Kempner

Dan McSweeney

Dondi McKellar

2 SERGEANT-AT-ARMS: Good morning, everyone.  
3 Welcome to today's hybrid New York City Council  
4 meeting of the Committee on Veterans.

5 If you wish to submit testimony, you may  
6 send it to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov). Again, that's  
7 [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov).

8 Thank you for your cooperation. Chair, we  
9 are ready to begin.

10 CHAIRPERSON HOLDEN: Good morning. I am  
11 Council Member Robert Holden, Chair of the New York  
12 City Council's Committee on Veterans, and I want to  
13 thank you all for attending this critical oversight  
14 and legislative hearing on how New York City's  
15 veterans access healthcare.

16 Today, we will hear Reso 130 sponsored by  
17 Council Member Gale Brewer calling on the Federal  
18 Government to halt the planned closure of Manhattan  
19 and Brooklyn's Veterans Affairs Medical Centers.

20 We will also hear my bill, Intro 394,  
21 which requires each Community Board to establish a  
22 committee dedicated to the needs of veterans and  
23 their families within the community district. As a  
24 former Community Board Member myself, I know having  
25 an institutionalized voice on the Board will help

2 local veterans connect with the resources they need,  
3 and that's a serious issue that we have today with  
4 our veterans connecting to their benefits, and  
5 certainly a Community Board Committee can help and  
6 will help so when I first learned about the proposed  
7 closing of the VA Hospitals, I organized a letter to  
8 the VA protesting the closures. Now get this, all 51  
9 Council Members signed the letter. That has never, I  
10 don't think it's happened at least in my lifetime, to  
11 have 51 Council Members agree on anything, much less  
12 signing onto a letter. Again, I want to thank my  
13 staff for that because it's not an easy task to get  
14 all the Council Members in a timely fashion, get them  
15 to read the letter, get them to sign on, but they all  
16 did so, if somebody can come up with another case  
17 where 51 Members signed on, I'll eat my words, but I  
18 don't think it's happened again, in my memory. That  
19 tells you what New York City feels about the proposed  
20 closures of the VA Hospital. In March 2022, the VA  
21 submitted recommendations to modernize and realign  
22 the VA healthcare infrastructure to the Asset  
23 Infrastructure Review Commission called AIR. The VA's  
24 recommendation for the Metro New York market include  
25 closing, this is one, closing the flagship Manhattan

2 VA Medical Center and partnering with an affiliated  
3 hospital to provide inpatient and outpatient services  
4 at a new location, relocating emergency department  
5 services from the Manhattan VA Medical Center to  
6 partnering hospitals, 3, closing the Brooklyn VA  
7 Medical Center and replacing it with an outpatient  
8 clinic, and then 4 is modernizing the St. Albans and  
9 Bronx VA Medical Centers to address inpatient needs  
10 and increased demand resulting from the closures of  
11 the Brooklyn and Manhattan facilities. Despite the  
12 VA's pledges of strategic collaboration and  
13 partnership with the remaining medical centers and  
14 private providers, it remains unclear how the VA will  
15 coordinate and optimize the delivery of medical care  
16 in the absence of these 2 centrally located  
17 facilities. The fact that the report references the  
18 Manhattan VA as a "desirable piece of land that could  
19 be valuable to a development partner." If you just  
20 heard what I said, it suggests the interest of  
21 veterans is not the only consideration and lucrative  
22 financial interests, real estate, can also be at  
23 play. They say that real estate is valuable there,  
24 and they're putting, the VA, if you read that, the VA  
25 is saying it's a valuable piece of real estate and

2 that's why we want to close it because we can realize  
3 a lot of money from that, which is disgraceful. This  
4 leaves New York City's veterans and their families  
5 questioning how they will secure the healthcare  
6 services they need and are entitled to. At the  
7 Veterans Advisory Board meeting, the VA  
8 representatives were unable to answer many questions  
9 from New York City's veterans. Unfortunately, the  
10 Veterans Administration ignored our request to send a  
11 representative to testify today. At first, there was  
12 silence from the VA when we told them about the  
13 hearing, and, then when my staff finally got someone  
14 on the phone, they claimed they were not given enough  
15 notice. When the public hearing notice was pointed  
16 out to them and it was again weeks and weeks ago, the  
17 VA reminded us that they would need to see all of the  
18 questions ahead of time, and the person who would  
19 testify would, of course, need approval from a  
20 nameless bureaucrat who would not testify themselves  
21 even though they're the ones making the decision so I  
22 am confident that if we satisfied every requirement  
23 asked of us, the VA would still not be here today.  
24 Ultimately, the VA just doesn't want to answer  
25 difficult questions, and that's on the record now.

2 The Mission Act requires the VA to consult with  
3 veterans and veteran service organizations served by  
4 the affected regions. The VA's unwillingness to  
5 discuss its proposals highlights why so many veterans  
6 do not trust the VA. We often hear about Americans  
7 losing faith in public institutions and the spread of  
8 misinformation. Unfortunately, Secretary Denis  
9 McDonough's decision not to send a single  
10 representative today contributes to these trends.  
11 However, today's hearing is an opportunity for our  
12 veterans to voice their questions and concerns about  
13 how the proposed closures of the VA flagship  
14 facilities will impact their healthcare. Veteran  
15 service organizations such as the Veterans of Foreign  
16 Wars, VFW, Disabled American Veterans, DAV, and the  
17 Paralyzed Veterans of America, PVA, have criticized  
18 the opaque process that produced the VA's  
19 recommendations to shutter New York City's VA Medical  
20 Centers. I am committed to doing everything I can to  
21 ensure that VA employs a robust and transparent  
22 hearing process to weigh the consequences of closure  
23 on the veteran community.

24 I look forward to a productive  
25 conversation with New York City's Department of

2 Veteran Services about how the proposed closure of  
3 the Manhattan and Brooklyn VA Medical Centers will  
4 impact the quality and availability of veteran  
5 healthcare in New York City and how it will affect  
6 New York City's continuum of care. This includes  
7 evaluating the military cultural competency of New  
8 York City's private healthcare providers, notable  
9 trends in DVS requests for health and mental health  
10 services, and DVS' ongoing communication with the VA  
11 about the proposed recommendations.

12 I want to thank the Veterans Committee  
13 staff for their help in assembling this hearing,  
14 Committee Counsel Nicholas Connell, Policy Analyst  
15 Elizabeth Arzt, and Principal Finance Analyst  
16 Sebastian Bacchi, and, of course, my staff, Chief-of-  
17 Staff Daniel Kurzyrna, and Legislative Director Craig  
18 Caruana.

19 Gale Brewer said she would come and talk  
20 about her bill so I would like to turn it over to  
21 Committee Counsel to issue the oath. Thanks.

22 COMMITTEE COUNSEL ARZT: Thank you, Chair.  
23 My name is Elizabeth Arzt, and I am the Policy  
24 Analyst to the Committee on Veterans for the New York  
25 City Council.



2           Before we begin, I want to remind those  
3 members of the public who are participating virtually  
4 that you will be on mute until you are called on to  
5 testify, but you will be unmuted by Council staff. I  
6 will be calling on panelists to testify. Please  
7 listen for your name to be called. I will  
8 periodically be announcing who the next panelists  
9 will be. Please note, there may be a few seconds of  
10 delay before you are unmuted when we get to the  
11 public portion of the testimony. Thank you in advance  
12 for your patience.

13           All hearing participants should submit  
14 written testimony to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov).

15           At today's hearing, the first panel will  
16 be representatives from the administration followed  
17 by Council Member questions and then followed by  
18 public testimony.

19           During the hearing, if Council Members  
20 would like to ask a question of the administration or  
21 specific panelists, please raise your hand to alert  
22 the Chair or Committee staff.

23           I will now call on members of the  
24 administration to testify. Testimony will be given by  
25 James Hendon, Commissioner of the Department of

2 Veteran Services. Additionally, the following  
3 representative will be available for answering  
4 questions, Amauri Espinal, Executive Director of  
5 Community Services, Department of Veteran Services.

6 Before we begin, I will administer the  
7 oath. Do you affirm to tell the truth, the whole  
8 truth, and nothing but the truth in your testimony  
9 before this Committee and to respond honestly to  
10 Council Member questions?

11 COMMISSIONER HENDON: I do.

12 EXECUTIVE DIRECTOR ESPINAL: I do.

13 COMMITTEE COUNSEL ARZT: Thank you. You  
14 may begin when ready.

15 COMMISSIONER HENDON: Good morning, Chair  
16 Holden, Members of the Committee, advocates, and New  
17 York City veterans. My name is James Hendon. I am  
18 honored to serve as Commissioner of the New York City  
19 Department of Veteran Services. I'm joined by my  
20 Colleague and Army veteran, Amauri Espinal, Executive  
21 Director of Community Services at DVS. Thank you for  
22 providing this opportunity to discuss the very  
23 important topic of veterans' healthcare as well as  
24 Resolution 130-22 sponsored by Council Member Brewer  
25 which calls on the Department of Veterans Affairs to

2 halt its proposed closures of the Manhattan and  
3 Brooklyn VA Medical Centers and Intro 394 sponsored  
4 by Chair Holden requiring each Community Board to  
5 establish a Veterans Committee. Each of New York  
6 City's veterans and their dependents deserve access  
7 to timely, culturally competent, and high-quality  
8 healthcare. It is a right they have earned through  
9 their immense sacrifice and selfless service to our  
10 country. That is why the current administration  
11 firmly believes VA healthcare services should not be  
12 reduced in New York City. More than a decade's worth  
13 of scientific studies has established that the  
14 Veterans Health Administration delivers care that is  
15 not only equal but often superior to that available  
16 in the private sector.

17           Earlier this year, when the VA released  
18 its market recommendations to the Asset and  
19 Infrastructure Review Commission calling for the  
20 closure of the Brooklyn and Manhattan Medical Centers  
21 and the realignment of the Staten Island community-  
22 based outpatient clinic with New Jersey, Mayor Adams  
23 made it very clear that he would fight hard to keep  
24 these facilities open and properly accessible. Now is  
25 now the time to consider reducing healthcare services

2 of veterans, especially as the Senate considers  
3 passing the Promise to Address Comprehensive Toxic  
4 Act of 2021, also known as the PACT Act. This  
5 important bill is aimed at improving healthcare and  
6 benefits for veterans exposed to toxic substances. If  
7 passed, the PACT Act will expand healthcare  
8 eligibility for post-911 veterans, affecting about  
9 3.5 million combat veterans who are suspected to have  
10 been exposed to burn pits and other hazardous agents.  
11 In New York state alone, roughly 13 percent of  
12 veterans began serving during the post-911 war  
13 operations in Iraq and Afghanistan, and that figure  
14 is expected to rise by 22 percent by 2025. The  
15 potential for sweeping healthcare eligibility  
16 expansion means that VA services in New York City  
17 must be increased, not diminished.

18 In addition, women are the fastest  
19 demographic among the veteran population, making up  
20 roughly 9.4 percent of the total force with 2 million  
21 strong. Plus, the VA expects the number of women  
22 veterans to double by 2040. This population growth  
23 alone highlights the need for more specialized  
24 women's health treatment options, an expansion that  
25 would be stunted should any of the New York City VA

2 Healthcare Facilities close. The VA's recommendations  
3 to the Asset and Infrastructure Review, or AIR,  
4 Commission also points to privatization to right-size  
5 the VA's footprint in New York City. However, there  
6 are significant risks associated with shifting  
7 veterans' healthcare to the private sector. Military  
8 cultural competency is crucial when it comes to  
9 providing care that veterans can trust, especially  
10 given the community's high rates of service-connected  
11 PTSD and physical disability. VA clinical  
12 professionals have been specifically trained to  
13 understand and care for the unique needs of our  
14 veterans, and we do not want this trust to be  
15 diminished. As the VA and Congress continue  
16 discussions about the potential expansion of care in  
17 the community for veterans, it is essential to  
18 consider private provider readiness including  
19 familiarity with military culture. We must also focus  
20 on the negative impacts that closing these 2  
21 facilities will have across New York state. The VA is  
22 the second largest federal employer in the country,  
23 and the closure of these facilities will most  
24 certainly result in job loss for New Yorkers  
25 currently employed at the Manhattan and Brooklyn VA

2 Medical Centers, many of whom are veterans  
3 themselves. The VA also contributes about 1.8 billion  
4 dollars in federal operating dollars to New York City  
5 and over 7 billion to the state. Without question,  
6 the downsizing of healthcare facilities will lessen  
7 federal investment in our city and state. The closure  
8 of these hospitals will also likely mean that New  
9 York state will be forced to increase spending on  
10 Medicaid for veterans while losing funding brought in  
11 by VA benefit. There is also a concern that these  
12 closures will cause added burden on the city's  
13 hospital system, especially the facilities run by our  
14 sister agency, New York City Health and Hospitals.

15           The burden of reduced services should not  
16 be put on our veterans. Instead, the VA's focus  
17 should be on increasing outreach so that our veterans  
18 are better aware of the services available to them at  
19 these hospitals in addition to investing in  
20 modernization and facility upgrades at each New York  
21 City VA facility. We understand there's a long runway  
22 before the AIR Commission takes further action  
23 regarding the VA Market recommendations. Therefore,  
24 we must use this precious time to advocate for what  
25 is best for New York veterans.

2 DVS is committed to amplifying our  
3 community's voice and ensuring the New York  
4 Congressional Delegation understands that these  
5 facilities are vital to the landscape of veteran  
6 services in our city. We also urge the VA and the AIR  
7 Commission to actively consult and collaborate with  
8 local veteran service organizations and veteran  
9 stakeholders in the Metro New York market during all  
10 future market assessment activities.

11 The New York City Department of Veteran  
12 Services firmly supports Resolution 130-2022 and  
13 especially thanks its sponsor, Council Member Gale  
14 Brewer, as well as Chair Holden and Committee Members  
15 for taking this bold position to protect New York  
16 City veterans' access to high-quality healthcare  
17 services. We also appreciate the Chair's efforts to  
18 introduce bill number 394 requiring each Community  
19 Board to establish a Veterans Committee. We value the  
20 Council's interest in supporting the veteran  
21 community more broadly, and, as such, the  
22 administration is reviewing the bill to further  
23 evaluate its implications and impact.

24 While the final outcomes of the VA AIR  
25 Commission are beyond the control of New York City

2 government, our agency remains unshaken in our  
3 commitment and mission to ensure all New York City  
4 veterans get connected to excellent care. Our Vet  
5 Connect NYC Care Network features 12 vetted  
6 healthcare providers that offer support within the  
7 areas of both physical and mental health. Some of  
8 these providers include the Center for Urban  
9 Community Services, Hope for the Warriors, the Steven  
10 A. Cohen Military Family Clinic at NYU Langone, and  
11 the Area Vet Centers.

12           Through Fiscal Year 2022, the top 3 most  
13 frequently requested healthcare services amongst our  
14 constituents were individual counseling, supportive  
15 therapies, and psychiatric services. This sheds light  
16 on the types of services that our constituents will  
17 rely on from our Vet Connect NYC Network providers  
18 should the anticipated closures of VA Medical Centers  
19 actually take place.

20           DVS takes great care in the service  
21 referral coordination support we directly provide to  
22 our veterans. As such, in 2021 DVS began the  
23 implementation of 2 health assessments known as the  
24 Patient Health Questionnaire 9, the PHQ-9, and the  
25 General Anxiety Disorder 7, or the GAD-7, to screen



2 our clients for depression and anxiety. Since 2021,  
3 DVS staff have conducted just under 900 health  
4 assessments for which 18 percent indicated severe  
5 anxiety or depression. These assessments have added  
6 depth to our client triage process and have enabled  
7 our staff to evaluate the totality of our clients'  
8 needs so they may be matched with providers that  
9 offer appropriate care.

10           It is also important to note that our  
11 agency provides care coordination support to any  
12 veterans regardless of their discharge status. It is  
13 widely known that bad paperwork and other-than-  
14 honorable discharges can severely limit a veteran's  
15 access to VA healthcare services. Realizing the  
16 important role that having good paperwork plays in  
17 providing a bridge to healthcare treatments, our  
18 office specifically contracts with 2 legal service  
19 providers that are also part of the Vet Connect NYC  
20 Provider Network to support discharge upgrades. Our  
21 goal is to eliminate as many barriers to healthcare  
22 as possible. Whenever our team encounters a veteran  
23 who is not eligible for VA healthcare services, we  
24 refer them to Health and Hospitals for connection to  
25 the city's Get Covered NYC Program that connects low-

2 income New Yorkers to affordable health insurance  
3 coverage. Disability determination also expands  
4 access to healthcare services and benefits, which is  
5 why DVS became accredited to process VA disability  
6 claims in the summer of 2020. Since July 2020, DVS  
7 has successfully actioned 299 claim submissions, the  
8 vast majority of which involved a claim of  
9 disability. Only 14.9 percent of New York City's  
10 veterans currently receive disability compensation,  
11 and we believe the number of those who are eligible  
12 may be much higher, especially if the Honoring or  
13 PACT Act passes.

14           Some of our most vulnerable veterans are  
15 those who are ineligible for VA healthcare services  
16 and experiencing homelessness. That is why DVS is an  
17 administrating partner in the HUD-VASH program. HUD-  
18 VASH, Housing and Urban Development-Veterans Affairs  
19 Supportive Housing, program is a collaborative effort  
20 between the Department of Housing and Urban  
21 Development and city agencies that provides Housing  
22 Choice Vouchers, or HCV, rental assistance subsidies,  
23 case management, and supportive services to veterans  
24 in need. Services provided are designed to help  
25 homeless veterans and their families find and sustain

2 permanent housing and access healthcare, mental  
3 health treatment, substance use counseling, and other  
4 supports necessary to help them recover and maintain  
5 stable housing. At DVS, we strongly believe that  
6 accessibility starts first and foremost with  
7 awareness. In addition to the services I just  
8 mentioned, DVS also maintains a robust website,  
9 newsletter, and printed resource guide booklet, all  
10 of which promote information about healthcare  
11 services including VA facility locations and other  
12 wellness benefits.

13           Shortcuts could not be taken when it  
14 comes to making sure our veterans stay healthy and  
15 well-positioned to lead purposeful lives. Now's the  
16 time for collaboration between all levels of  
17 government, to make sure that certain healthcare  
18 options for this communities are not scaled back. We  
19 value the working relationship we have with the U.S.  
20 Department of Veteran Affairs and call on VA  
21 leadership to leverage DVS as a strategic partner  
22 when they consider what the future holds for VA  
23 facilities in our city.

24           I'm happy to share that earlier this week  
25 DVS co-hosted a community convening with the Bob

2 Woodruff Foundation that brought together roughly 250  
3 veterans and representatives from community-based  
4 organizations to discuss solutions for some of the  
5 issues that face the veteran population.

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

17           CHAIRPERSON HOLDEN: Thank you,  
18 Commissioner, for your very thorough testimony. I'll  
19 have a few questions and then I'll get into  
20 questions, right now, my Colleague. We also are  
21 joined by Council Member Joann Ariola and Council  
22 Member Gale Brewer is just coming. We'll give you  
23 time to get settle and then maybe you'll jump in with  
24 your testimony on your legislation.

2           Again, thank you, Commissioner, and it's  
3 good to see that we're on the same page about this. I  
4 knew we would be. I just have a few questions and  
5 then I'll turn it over to questions from my  
6 Colleagues.

7           The 2018 VA Mission Act establishes a  
8 process for realigning and modernizing facilities of  
9 the Veterans' Health Administration. Pursuant to the  
10 Mission Act of 2018, the VA Secretary is required to  
11 consult with veterans and veteran service  
12 organizations served by the affected regions. To the  
13 best of your knowledge, do you know whether DVS,  
14 local veteran service organizations, or the New York  
15 City veterans were consulted by the VA as part of the  
16 Market Area Assessment for the Metro New York Market  
17 that was included in the written report of March  
18 2022?

19           COMMISSIONER HENDON: To my knowledge, no,  
20 we were not consulted, Mr. Chair.

21           CHAIRPERSON HOLDEN: Ah-ha. Right at the  
22 bat, again, the reason why the VA is not here today  
23 is because they know there's been a number of  
24 missteps, and this is the first one.

2           The Mission Act of 2018 further requires  
3 the AIR Commission to conduct public field hearings  
4 that include a veteran or local officials in regions  
5 impacted by the VA Secretary's recommendations to  
6 close a VA facility. Has DVS learned of any plans by  
7 the AIR Commission to hold public field hearings on  
8 these potential closures in New York City?

9           COMMISSIONER HENDON: We have not heard  
10 about any plans for these types of hearings, Mr.  
11 Chair.

12           CHAIRPERSON HOLDEN: Okay. Again, another  
13 ah-ha. We're getting into a pattern here. We're going  
14 to start. If the proposed closures are agreed to, it  
15 is unclear how the VA will seek to rebalance and  
16 optimize the delivery of medical services between VA  
17 and community-delivered care in the Metro New York  
18 Market. Has DVS received any additional information  
19 from the VA about the proposed recommendations to  
20 reset the Metro New York Market?

21           COMMISSIONER HENDON: We have not, Mr.  
22 Chair.

23           CHAIRPERSON HOLDEN: Okay. They're batting  
24 0. The VA recommended replacing the Manhattan VAMC by  
25 partnering with an academic affiliate to establish a

2 new facility offering inpatient mental health. Does  
3 DVS have any information whatsoever about which  
4 academic affiliates the VA is considering partnering  
5 with?

6 COMMISSIONER HENDON: We have no  
7 information, Mr. Chair.

8 CHAIRPERSON HOLDEN: Wow. This is going to  
9 continue. Has DVS engaged the local veteran community  
10 about the VA recommendations to reset the Metro New  
11 York Market? If so, what are the top concerns raised  
12 by local veterans, veteran service organizations, and  
13 local providers?

14 COMMISSIONER HENDON: We have engaged the  
15 community, Mr. Chair, through already discussing it  
16 with veterans at separate events that they have and  
17 through our Veteran's Advisory Board meetings as far  
18 as being an active member there where this is  
19 discussed, and in other venues. The top issue is  
20 people don't want to lose their healthcare, Mr.  
21 Chair. People are afraid of the idea of not having  
22 the services they've used and depended on for years.

23 Another piece of this is for our veterans  
24 in Staten Island and Richmond County, the  
25 recommendation is that rather than utilize services

2 in the city and in the state that they use the East  
3 Orange VA, and so there's a whole other situation  
4 here in asking them to go to another state and use  
5 different transportation arteries to be able to  
6 access healthcare coverage, and that's a huge issue  
7 as well, Mr. Chair.

8 CHAIRPERSON HOLDEN: Again, I was going to  
9 ask another question, but you answered it in your  
10 testimony. Again, what unique services do the  
11 Manhattan and Brooklyn VA Medical Centers provide  
12 that the New York City Vet Centers and community  
13 clinics presently do not offer?

14 COMMISSIONER HENDON: Before getting deep  
15 into that, I want to be clear it's the cultural  
16 competency that these centers have and these are  
17 hospitals, difference between a clinic and a  
18 hospital. Just to read through, the Margaret Cochran  
19 VA, Manhattan VA, has 27 different services it  
20 offers. The Brooklyn VA has 34 different services it  
21 offers. In contrast, when you look at the clinics, if  
22 you look at the Harlem VA Clinic, they have 4  
23 services, look at the clinic in Staten Island, the  
24 Community VA Clinic, they have 13 services. I'll read  
25 you some of the hospital services then read you some



2 of the clinic services to get an idea of just the  
3 disparity here. Advance nursing support, audiology  
4 and speech support, blind and vision support, COVID-  
5 19 vaccines, cardiology, dental oral surgery,  
6 dermatology, emergency care, gastroenterology,  
7 homeless veterans care, LGBTQ+ veterans care, mental  
8 health care, military sexual trauma care, nutrition,  
9 food and dietary care, ophthalmology, orthopedics,  
10 PTSD care, pain management, pharmacy, podiatry,  
11 primary care, urology, vocation rehab and employment  
12 services, whole health services, that's just listing  
13 Manhattan VA. If we add some things from Brooklyn  
14 because they have more at Brooklyn, it's cancer care,  
15 gynecology, minority veterans care, palliative and  
16 hospital care, patient advocates, returning service  
17 member care, suicide prevention, women veterans care.  
18 This is what we're seeing at the hospitals, when you  
19 think the VA Medical Centers, those are hospitals.

20 To talk through clinics, some of the  
21 things listed for Harlem VA Clinic, addiction and  
22 substance abuse care, homeless veteran care, mental  
23 health care, primary care. Just 4 services. When you  
24 contrast the clinic versus the hospital. Staten

2 Island has more but the same idea of fewer services  
3 compared to the hospital itself.

4 For the Vet Centers, the Vet Center is  
5 more about mental health related needs and behavioral  
6 needs. It's not a place where you're looking at  
7 pharmaceutical, supportive, things along those lines.  
8 So when we look at the Vet Centers, to list some of  
9 the services offered at Harlem Vet Center, individual  
10 and group counseling, family counseling for military-  
11 related issues, bereavement counseling, military  
12 sexual trauma counseling referrals, community  
13 outreach and education, substance abuse assessment  
14 referrals, employment referrals, and referrals of  
15 other VA services. You can see this difference  
16 between the Vet Centers in what they do on the  
17 counseling side, the clinic in what they do as far as  
18 a limited group of services, and the hospitals,  
19 themselves, which are really the juggernaut.

20 CHAIRPERSON HOLDEN: Yeah. The hospitals  
21 also have, again like you said, one-stop shopping,  
22 and you don't have to travel all over the city or all  
23 over the tri-state area so it's so important to the  
24 hospitals open.

2 I would like to turn it over to Council  
3 Member Gale Brewer to give remarks on her Resolution.

4 COUNCIL MEMBER BREWER: Thank you very  
5 much. I'm sorry to be tardy, and I have read your  
6 testimony, sir, and I could not agree more and also  
7 with the Chair. These hospitals must stay open. I  
8 can't tell you how many times I've stood there with  
9 Congresswoman Maloney, Senator Gillibrand, and others  
10 because we've been through this scenario before.  
11 There was a time also when the hospital, at least in  
12 Manhattan, was supposed to close and we fought it,  
13 and we absolutely have to do the same. I remember  
14 during COVID we're all trying to find a shot, and  
15 guess where the best shot was. It was only for  
16 veterans as it should be or their families, but the  
17 VA Hospital was the first, the most organized, did  
18 the most outreach, etc. Also, I have to say I've been  
19 there a few times when the local 802 from the  
20 Metropolitan Opera came and performed for the  
21 veterans, and that's like heaven to be in that space.  
22 Cannot close that hospital. I know the Chair feels  
23 the same way. He's actually written a letter so I'm  
24 here. My husband is a vet. I have spent a great deal  
25 of time working on these issues. The Soldiers and

2 Sailors Monument in our area on the Upper Westside  
3 means everything to me. We're going to find that  
4 freaking 50 million dollars to fix it up and make  
5 sure that it's what it should be. Obviously, I want  
6 to thank your Department because over the years when  
7 I was Borough President, we often had veterans who  
8 are in our Uptown, 125th Street Office to assist  
9 people. You have to have peer-to-peer. You said that  
10 several times. The work that is done in the courts,  
11 mental health for veteran court, only veterans. The  
12 judge has to be a veteran, the people who work there  
13 have to be a veteran, you can't bring veterans to  
14 another hospital basically. It's got to be peer-to-  
15 peer. I don't understand why the federal government  
16 doesn't understand that.

17 I'm here basically to say that Reso 130  
18 calls on the federal government to halt immediately  
19 any planned closure of the Manhattan and Brooklyn  
20 Veterans Affairs Medical Centers. I don't think I  
21 need to, you just listed all the amazing services,  
22 and you said very, very clearly that if it's not  
23 carried out by those who understand the veteran  
24 experience, it's not going to work so stop thinking,  
25 federal government, that it will because it won't. We

2 have over 210,000 veterans living in the 5 boroughs.  
3 Obviously, I know one of them quite well, but I also  
4 know many others. They have unique needs. We should  
5 be expanding more resources, making sure that they  
6 get the care and mental health services that they  
7 require. This is not a done deal as I understand it  
8 so this is the time to fight. We have a long road  
9 ahead so I thank you very much, Mr. Chair, for all of  
10 your caring and commitment to the veterans, and I  
11 think that we need to make sure that this does not  
12 happen, and I look forward to supporting with my  
13 Colleagues this Resolution. At least it would put the  
14 city of New York on record. We care about our  
15 veterans, and, for goodness sake, do not close these  
16 hospitals that have the ability. Find other ways to  
17 make them available to even more families or to other  
18 kinds of opportunities. They have excellent doctors.  
19 They have excellent committed health professional  
20 staff. I've met many of them. I want to go to the  
21 Philharmonic and/or the Metropolitan Local 802  
22 orchestras in the lobby. It's phenomenal. Thank you  
23 very much.

24 CHAIRPERSON HOLDEN: Thank you, Council  
25 Member Brewer. Thank you for your decades of service

2 to our veterans, and you continue that work in this  
3 new Council.

4 I just want to go over a few more  
5 questions and then I'll turn it over to my Colleague,  
6 Council Member Ariola, but the veterans' access to  
7 healthcare. U.S. veterans are eligible for VA  
8 healthcare based on length of service and discharge  
9 status. To the best of your knowledge, Commissioner,  
10 what percentage of New York City's veterans are  
11 ineligible for VA healthcare?

12 COMMISSIONER HENDON: Before I answer that  
13 question, Mr. Chair, I just want to say thank you  
14 again to Council Member Brewer for her steadfast  
15 support. Same thing for you also, being the son of a  
16 veteran and being the wife of a veteran, it's allies  
17 like you that make it possible for us to win these  
18 fights because we have to keep fighting. I just  
19 wanted to acknowledge that.

20 As far as the number of veterans who are  
21 eligible for VA healthcare, a couple of pieces to  
22 this as far as how to respond to this. One piece is  
23 it's nuanced how the VA determines eligibility.  
24 Anyone who served prior to September 7, 1980, is  
25 considered effectively to be someone who is able to

2 access healthcare, no questions asked. Once you get  
3 beyond September 7, 1980, the rules change a little  
4 bit in that if you enlisted after September 7th or  
5 you entered active duty October 16th, 1981, then you  
6 need to have served 24 months on federal status as  
7 far as active status or have completed whatever your  
8 federal obligation was active duty. There are other  
9 caveats there. On the other side of it, if you were a  
10 Guardsman or Reservist, you need to have been on  
11 federal orders and completed the term of orders  
12 separate from having completed annual training. This  
13 is a difficult question to answer. It's nuanced. I  
14 want to say that. I also want to call out, though,  
15 the VA puts out its own Gross Domestic Expenditure  
16 Report where it says here's what we estimate the  
17 population of those who are eligible to be is. The  
18 most recent report was published June 7, 2022. That's  
19 FY-21. The count they have of eligible in the 5  
20 boroughs is 164,745, 164,745. We always say a larger  
21 count for our number of veterans because we're  
22 including so many other people. If you look at all  
23 these different nuances, you can see why our number  
24 is higher than what they've got as their estimate,

2 but it's 164,745, and, of those, 24.6 percent utilize  
3 the VA healthcare system.

4 CHAIRPERSON HOLDEN: You mentioned  
5 something in your testimony, which was kind of  
6 alarming when you look at it. You said since February  
7 2021, DVS staff have conducted just under 900 health  
8 assessments, of which 18 percent indicated severe  
9 anxiety or depression. Are those people that you  
10 surveyed, they weren't receiving any health services  
11 to your knowledge?

12 COMMISSIONER HENDON: I want to defer to  
13 Amauri from our team to dig deeper in that answer,  
14 but I just want to call out what we started to do,  
15 working with the Office of Community Mental Health  
16 was put questionnaires up as far as this GAD-7 and  
17 the PHQ-9, the screeners for depression, for anxiety  
18 so that when someone comes to us we would ask them  
19 these things, we can't force someone to answer, but  
20 we would take what we could to see if there's anyone  
21 who is in a crisis point so we can work with them.  
22 Someone could come to you about housing, but then you  
23 learn there are other things going on. They could  
24 come to you about claims, and you learn there are  
25 other things going on. This is how we were able to



2 identify these individuals so we could see and make  
3 sure that there was a net there. They weren't going  
4 to completely fall or have issues on the mental  
5 health side. I'll defer to Amauri to add more info  
6 there.

7 EXECUTIVE DIRECTOR ESPINAL: Thank you,  
8 Commissioner. Good morning, Mr. Chair. Good morning,  
9 Council Member Ariola. Good morning, Council Member  
10 Brewer and Committee Counsel.

11 Yes, the 18 percent is an alarming number  
12 of severe diagnoses for anxiety and depression. The  
13 individual circumstance of that veteran dictates what  
14 type of treatment they may be or may be not receiving  
15 it. Many of our veterans are already connected with  
16 healthcare through the Vet Center or the VA or maybe  
17 even their own private healthcare. We started these  
18 mental health screeners in partnership with the  
19 Mayor's Office for Community Mental Health, and it's  
20 really used as a tool for us to better gauge the  
21 needs within the community. We do get oftentimes  
22 veterans that are already receiving treatment, and  
23 they say I'm okay, I have my therapist, my  
24 psychiatrist, etc., I'm looking for a job or I'm  
25 looking for help with affordable housing, things like

2 that so it really depends on the individual  
3 circumstance, but we still recommend certain  
4 treatments that they may not be privy to and other  
5 community-based resources for their mental health for  
6 their specific needs as well.

7 CHAIRPERSON HOLDEN: Again, in just  
8 dealing with serious mental illness, everybody knows,  
9 at least most of the doctors will tell you this, that  
10 serious mental illness left untreated always gets  
11 worse. It doesn't get better by itself, and I  
12 experienced that by the way in my life with my father  
13 serving in World War 2. He had post-traumatic stress  
14 disorder, but nobody ever diagnosed it. The VA  
15 certainly didn't understand it then, and, left  
16 untreated, he had a very difficult life. So did my  
17 family. I have firsthand knowledge of what happens to  
18 a family, what happens to a person who has the  
19 horrendous memories of war and they're not treated.  
20 If we have this many who are not being treated or not  
21 being diagnosed. Another thing that you mentioned in  
22 your testimony, Commissioner, is that only 14.9  
23 percent of New York City veterans currently receive  
24 disability compensation and we believe the number of  
25 those who are eligible may be much higher, especially

2 if the Honoring our PACT Act passes, so we talked  
3 about this earlier when I met with you that that's a  
4 low number. The national average is what, for  
5 disability?

6 COMMISSIONER HENDON: 25.6 percent, the  
7 national average so America, 25.6 percent, New York  
8 City 14.9 percent.

9 CHAIRPERSON HOLDEN: We're about 15  
10 percent in New York City so we have some work to do  
11 which is why my bill to establish a Veterans  
12 Committee on each Community Board can help with  
13 communications and access to healthcare and certainly  
14 mental healthcare, which is very, very important.  
15 Again, that's the most alarming part that we're  
16 seeing and certainly in your testimony. Do you have  
17 any questions, Councilwoman?

18 COUNCIL MEMBER ARIOLA: (INAUDIBLE)

19 CHAIRPERSON HOLDEN: Okay. The Veterans  
20 Choice Act, Commissioner, of 2014 and the Mission Act  
21 of 2018 sought to streamline and expand access to  
22 private sector community-based healthcare for those  
23 veterans. If a veteran contacts DVS in need of a  
24 physical or a mental healthcare referral, what  
25 criteria does DVS employ to determine if the veteran

2 should utilize the VA's Community Care Program  
3 instead of visiting a VA facility?

4           COMMISSIONER HENDON: Mr. Chair, I guess  
5 the issue is the VA makes that decision of which door  
6 they push someone on as far as whether they go  
7 through the VA's Community Care Program or whether  
8 they use their own internal healthcare assets so,  
9 unfortunately for us, it's referring someone to VA  
10 healthcare and getting them in that door for it, once  
11 they're in that door then the VA will make that  
12 decision as to whether this person will go down the  
13 VA Community Care Program aisle or whether they'll go  
14 down the VA Veteran Health Administration aisle,  
15 dealing directly with them.

16           CHAIRPERSON HOLDEN: Yeah. On that,  
17 according to a 2018 survey conducted by the RAND  
18 Corporation, only 20 percent of New York licensed  
19 healthcare professionals reported routinely screening  
20 their patients for a military or a veteran  
21 affiliation and only 2.3 percent of New York State  
22 healthcare professionals fully met the recommended  
23 criteria to be able to provide timely high-quality  
24 care with an informed understanding of a veteran  
25 military history. This is why, again, it's so

2 important not to close our hospitals. All these facts  
3 and figures point to how absurd it is to close any  
4 hospital, first of all, but certainly a veteran's  
5 hospital.

6 What comments and feedback and patterns  
7 has DVS observed about medical practitioner readiness  
8 from those veterans who have sought treatment from  
9 providers outside the VA?

10 COMMISSIONER HENDON: We've seen veterans  
11 say look, I would rather engage with people who  
12 better understand my issues and my needs is one piece  
13 of it. We've seen veterans who say look, I'd rather  
14 be in a place where there's so much camaraderie when  
15 I walk into my VA Medical Center to be able to see  
16 brothers and sisters-in-arms and family members so  
17 we've seen those types of things.

18 On the culturally competency point, we're  
19 trying our best to combat this, Mr. Chair. We've  
20 developed communities of practice known as our Crisis  
21 Intercept Mapping Networks in different areas within  
22 the city where we try to make sure that our  
23 healthcare providers on the mental health side and  
24 the general health side are educated on how to  
25 interact and how to engage our veterans so we're

2 doing what we can to try to increase that competency,  
3 but I think a key piece of it is to be able to work  
4 with someone who directly can identify with what I'm  
5 going through and to be around the community, as far  
6 as be within my tribe.

7 CHAIRPERSON HOLDEN: Yeah, I talk to a lot  
8 of veterans, and they like to be with other veterans.  
9 They like to talk, and I have a lot of VFW and  
10 American Legion Posts in my district, and that's why  
11 they're still continuing and they need to talk about  
12 the issues that they're facing and that's how some of  
13 them receive treatment certainly because they talk to  
14 other veterans. I don't know why the VA doesn't  
15 understand this. It's amazing that they want to just  
16 scatter health services to veterans. When veterans,  
17 by the way, go to facilities, they know the doctors  
18 understand their treatment, what they need. They know  
19 the doctors know what their problems are certainly,  
20 and they have a history of it rather than just  
21 dealing with a new doctor and having to go into a  
22 situation that is not best for them.

23 Do any my Colleagues have questions? Do  
24 you want... Okay.

2 COUNCIL MEMBER ARIOLA: As long as we're  
3 on the topic of mental health, many of the veterans  
4 that we come into contact with, whether it's in  
5 shelter or unhoused, have mental illness, and I'm  
6 very interested in the Vet Connect Program that you  
7 run. For FY-2021, what was the total number of  
8 service requests for health-related services received  
9 by the agency, and, of that total, how many of the  
10 requests were made through Vet Connect?

11 COMMISSIONER HENDON: I'll start, and I'll  
12 let Amauri tack onto this. Right away, I'm going to  
13 just read information from Local Law 44 on this piece  
14 too. Thank you so much, Madam Councilwoman, for this  
15 question.

16 For me, just the mental health  
17 (INAUDIBLE) I have right away. I've got the other  
18 reports I can go through, but, for mental health, FY-  
19 19 had 44 mental health inquiries, FY-20 had 30  
20 mental health inquiries, FY-21 had 127 mental health  
21 inquiries. Key changes here. One is we started to  
22 institute these questionnaires as far as the GAD-7  
23 and PHQ-9 so asking so we can see these things.  
24 Another piece is we brought Vet Connect in-house so  
25 we could have more positive control over when folks

2 reach out and have these needs and the followup and  
3 whatnot so those are as far as the questions of what  
4 we've gotten that way.

5           As far as Vet Connect, everything we do  
6 is through Vet Connect now. It's not a situation  
7 where, a few years ago we would track what came to us  
8 through 311 would be separate from what came through  
9 Vet Connect would be separate from what came through  
10 people just calling the agency, etc. Now, everything  
11 that we receive, we process in the Vet Connect  
12 platform. That is how we triage things and account  
13 for everything so when I read the 127 for FY-21, that  
14 is all of it in that platform.

15           COUNCIL MEMBER ARIOLA: Okay. How many  
16 service requests for mental and behavioral health  
17 services were received by the agency?

18           COMMISSIONER HENDON: I'm so sorry. I will  
19 get you the healthcare numbers. That was the mental  
20 health. The 127 for FY-21, that was the mental  
21 health. I've got the Local Laws right now to get you  
22 the broader healthcare numbers.

23           COUNCIL MEMBER ARIOLA: Thank you. Does  
24 the agency have any information to share about the  
25 total number of service requests received? Okay, that



2 was fine. You're saying that was part and parcel of,  
3 right? It was mental health and health services.

4 COMMISSIONER HENDON: We have the total  
5 numbers too just to get it down for the record. FY-19  
6 total inquiries received 3,955, FY-20 total inquiries  
7 received 3,189, FY-21 total inquiries received 4,984.  
8 Most recent Fiscal Year 4,984 inquiries received in  
9 the agency, Madam Councilwoman.

10 COUNCIL MEMBER ARIOLA: Having worked for  
11 a hospital system that had a lot of veteran's  
12 programs, it's a not-for-profit, but it had a lot of  
13 free services for veterans in case they wanted to  
14 come, especially in the dental program, so a lot of  
15 it was a lot of outreach that had to be done and then  
16 a lot of followup. My question is because it's very  
17 difficult to track our veterans, especially if they  
18 are unhoused or in our shelter system, how does Vet  
19 Connect track to make sure that there's followup,  
20 healthcare visits being kept, the appointments being  
21 kept? Is there a followup with that veteran?

22 COMMISSIONER HENDON: I'm going to defer  
23 to Amauri who runs the system to go deep on that, but  
24 I want to be clear. When we took ownership of this,  
25 because before this was something that was contracted

2 out as far as who dealt with all the engagement and  
3 the care coordination within, when we took control of  
4 it, it was for the explicit purpose to be able to  
5 stick the landing on followup, and that's a key  
6 reason why many of these numbers spike if you look at  
7 it from FY-20 to '21 when we had positive control of  
8 it, but I'll defer to Amauri to add more.

9 EXECUTIVE DIRECTOR ESPINAL: Thank you,  
10 Commissioner. Thank you for that question, Council  
11 Member.

12 You're correct when you say that it is  
13 difficult to get this outcome data for the treatment  
14 that we refer our veterans to. Within the Vet Connect  
15 NYC platform, any time a referral is made, that  
16 provider either accepts or rejects that referral.  
17 Usually, if they reject it, it's because they're at  
18 capacity or they simply don't provide that service.  
19 We've been trying to gather data. It has been a  
20 challenge though because of HIPAA laws and various  
21 other barriers to collecting information, but, most  
22 recently, DVS has created a Constituent Satisfaction  
23 Survey that we are sending out to each veteran that  
24 we've referred, and, hopefully, from that we can  
25 gather trend analysis to really look at how that

2 referral process is working and if, in fact, their  
3 mental health has improved. It's something that we  
4 have fought with to gain, and, hopefully, we can have  
5 some data to report back to the Council in the near  
6 future on those surveys.

7 COUNCIL MEMBER ARIOLA: I'm interested in  
8 the survey. How do they receive the survey?

9 EXECUTIVE DIRECTOR ESPINAL: Via email,  
10 Council Member.

11 COUNCIL MEMBER ARIOLA: Via email?

12 EXECUTIVE DIRECTOR ESPINAL: Yes.

13 COUNCIL MEMBER ARIOLA: Okay, so when they  
14 log in, they have an email address and such and  
15 that's how you communicate back and forth with them?

16 EXECUTIVE DIRECTOR ESPINAL: Yes.

17 COUNCIL MEMBER ARIOLA: Okay. I'm good.

18 CHAIRPERSON HOLDEN: Thank you. I'll now  
19 turn it over to Council Member Brewer.

20 COUNCIL MEMBER BREWER: Thank you. Just  
21 following up on that. I know we've tried for years  
22 when folks leave the service, come to New York, we're  
23 trying to keep them out of the shelters, but you  
24 still don't have the ability to know who's coming to  
25

2 New York, right, because that would be an example of  
3 how you could start the tracking?

4 COMMISSIONER HENDON: That's correct,  
5 Madam Councilwoman. We know what our point-in-time  
6 count tells us. We're just now starting to ask this  
7 question of those who we see, 12 months prior to  
8 being housing insecure, where were you? What we've  
9 seen is that people are giving us answers like I was  
10 in Chicago, I was in New Jersey, I was in Texas, etc.  
11 so we're trying to get a handle on what proportion of  
12 our housing-insecure veterans are originally from New  
13 York City versus those who come here because of this  
14 being a right-to-shelter place.

15 COUNCIL MEMBER BREWER: Right.

16 COMMISSIONER HENDON: Then, with that, go  
17 to the VA and say look, will you fund us as far as  
18 expanding some of these efforts because this is a  
19 national, we're taking care of people beyond the 5  
20 boroughs here, but this is a very important point  
21 that we're trying to nail down.

22 COUNCIL MEMBER BREWER: I've been trying  
23 for 20 years.

24 COMMISSIONER HENDON: Huh?

2 COUNCIL MEMBER BREWER: I said I've been  
3 trying to do it for 20 years. We need to work on that  
4 more because that would help you with your tracking  
5 if you had those numbers immediately. All right.  
6 Let's keep working on that.

7 I know you talked about the AIR  
8 Commission. If you could just be a little bit more  
9 specific, I know you spoke about it and I read your  
10 wonderful testimony, last time we went through this,  
11 did the proposal get to the AIR Commission or did it  
12 stop before it got there, and has the Mayor, I  
13 haven't heard the Mayor talk about this issue, maybe  
14 I missed it, but I think that we need to have a much  
15 bigger voice about this issue. Two things, one, where  
16 are we exactly with the AIR Commission, and what we  
17 can do to be helpful, and what has the Mayor done?

18 COMMISSIONER HENDON: First off, I have to  
19 take it from 30,000 feet and then drill down to this.  
20 I keep telling veterans it's almost like we fight for  
21 the next generation, we fight for the next generation  
22 of benefits. It goes all the way back to Captain  
23 Daniel Shay, Shay's Rebellion, 1786. Veterans of the  
24 Revolutionary War protesting to get benefits and you  
25 can keep going and going and going. We track this

2 back. I've had veterans say this reminds me of the  
3 fight to keep the Manhattan VA alive in 2004. It  
4 reminds me of the fight to keep VA services. There  
5 was a fight in '96. We found a fight back in 1980. It  
6 keeps going back, and so, from broader strokes here,  
7 it's our turn, I hate to say this, to fight for the  
8 people who come after us to be able to benefit.

9           As far as the question about the Mayor,  
10 he has made public statements about this subject,  
11 just making clear that we are lockstep with the  
12 Council and lockstep with our delegation here in New  
13 York being against any closure or realignment or  
14 changing of the transportation arteries for our VA,  
15 for our networks.

16           To speak on what's going on D.C. right  
17 now, the Commission needs to be approved by the  
18 Senate. That hasn't happened yet. One thing that is  
19 occurring is it seems that Members of our U.S. Senate  
20 are making sure that that Commission is not approved  
21 because if they don't meet certain timelines, this  
22 entire process dies and so that's where this  
23 currently is as far as the actual state of play with  
24 things. I hope that answers the questions.

2 COUNCIL MEMBER BREWER: That answers the  
3 questions, and we'll follow up because now that we  
4 know that that's where the pressure point, no  
5 Commission, no closure, and that's where we should  
6 be.

7 COMMISSIONER HENDON: Just for the record,  
8 the statement that the Mayor put out was in March  
9 about being clear about our stance on this.

10 COUNCIL MEMBER BREWER: He needs to do it  
11 more often and he needs to do it louder because the  
12 veterans, like I talk to them also, I talk to the  
13 ones that are always disgruntled, those are always my  
14 constituents, and they are not happy that he's not  
15 saying it enough. I'm just telling so tell Mr. Mayor  
16 that he has to talk about it more often.

17 COMMISSIONER HENDON: I appreciate you  
18 saying that. Thank you so much.

19 COUNCIL MEMBER BREWER: Thank you very  
20 much.

21 CHAIRPERSON HOLDEN: Commissioner, this is  
22 an interesting question. Why can't DVS get a list of  
23 veterans who have "veteran" on their driver's license  
24 or state ID? This might be a way to expand outreach  
25 and connect with veterans. Have you looked at that?

2                   COMMISSIONER HENDON: Couple of things.  
3 That's a great question. We have. It's just recent  
4 that the state passed legislation where the  
5 Department of Motor Vehicles will share that  
6 information with the New York State Division of  
7 Veteran Services and so that legislation just took  
8 effect May 10, 2022, as far as where they now have a  
9 data-sharing program officially. We're working on a  
10 memorandum, MOU, with New York State DVS so we can  
11 have a data-sharing agreement so we can be able to  
12 plug into that as well to try to make sure we can  
13 identify as many of our vets as possible, Mr. Chair.

14                   CHAIRPERSON HOLDEN: Do you know when  
15 that's going to happen?

16                   COMMISSIONER HENDON: I can't put a set  
17 time on it. I believe it'll happen very soon. There's  
18 a back and forth between our General Counsel and  
19 their team at the State to just lock this in so we  
20 can have all that information.

21                   CHAIRPERSON HOLDEN: Yeah, that's very  
22 important to get, again, so we make sure our New York  
23 City veterans get the services they deserve and are  
24 entitled to and certainly in the disability area  
25 we're lagging way behind the national average so



2 that's critical that we reach out. That's really, I  
3 think, one of your mission statements is to connect  
4 with the veterans of New York City to make sure that  
5 they're getting the benefits they deserve. If you  
6 could give us an update on that, when that might  
7 happen, or how close we are to that?

8 COMMISSIONER HENDON: As soon as it's in  
9 place, we'll let you know, Mr. Chair.

10 CHAIRPERSON HOLDEN: Okay. All right. I  
11 have a few more questions on my bill, the Community  
12 Boards establishing a Veterans Committee. Currently,  
13 how often and by what mechanism does DVS communicate  
14 with local Community Boards? Does DVS attend monthly  
15 district service Cabinet meetings ever?

16 COMMISSIONER HENDON: We've attended  
17 Borough Board meetings. We've also attended  
18 individual Community Board meetings as well. We had a  
19 push last year to try to get many of our veterans to  
20 sign up to join Community Boards, push on social  
21 media, push in our newsletter also to try to increase  
22 the amount of synergy in this area so we do have  
23 regular touches. We continue to maintain the list of  
24 District Managers and Community Board Chairs as well,  
25 and we invite them to various events like our Fleet

2 Week Breakfast, Veterans Day. I personally send a  
3 holiday email individually to each of our District  
4 Managers and Community Board Chairs of the 59, Mr.  
5 Chair.

6 CHAIRPERSON HOLDEN: How often does DVS  
7 connect with VFW Halls and American Legion Halls or  
8 Posts to understand the needs of veteran service  
9 groups because they have their own meetings in  
10 places. Do you ever send a rep to these meetings?

11 COMMISSIONER HENDON: We will send reps  
12 when invited, and we will just attend when we hear  
13 about them. A key piece for us is to maintain the  
14 line of communication. During COVID, we had a micro-  
15 grant program where we distributed micro-grants to  
16 many of our veteran service organizations so we were  
17 able to raise money and then took that money and cut  
18 it up evenly so each of our VSOs received 1,136  
19 dollars a piece that applied for it. We also pushed  
20 out gift cards from Home Depot to our various VSOs,  
21 and so things like this allow us to keep that line of  
22 communication. A lot of our food work also involved  
23 us putting food together which still occurs every  
24 Wednesday in East New York and was occurring in Bronx  
25 for a year and a half. We would have food we would

2 (INAUDIBLE) up and then have the VSOs come pick up  
3 those meals to go get out to food-insecure New  
4 Yorkers and so these are ways where in real time we  
5 maintain lines of communication with our VSOs, Mr.  
6 Chair.

7 CHAIRPERSON HOLDEN: You mentioned in your  
8 testimony, you said that the Mayor's Office or at  
9 least the administration is still looking at the  
10 feasibility of having Veterans Committees on  
11 Community Boards. Why not just say yeah, this is a  
12 good idea, rather than leaving like, what's to  
13 discuss on this? I think we all agree that if we're  
14 for veterans that we should have Community Boards  
15 have a committee, whether it's mandatory, and I would  
16 like to see it mandatory that every Community Board,  
17 because they all have veterans living in the district  
18 obviously, so why not have a committee that would  
19 just work with them, especially given the stats that  
20 we have citywide that veterans in New York City are  
21 not getting what they deserve so anything, certainly  
22 communications would help, so why wouldn't the  
23 administration say automatically yeah, it's a good  
24 idea? Do we have to discuss this really?

2                   COMMISSIONER HENDON: For me, I support  
3 the intent of it completely. I'm very much in the  
4 corner on this. I'm respecting the larger process  
5 because I recognize that this is something that's  
6 bigger than DVS as far as the structure of these  
7 boards, but, for me, to be clear, we very much  
8 support the intent. We understand what the end-state  
9 with it, and I can't emphasize enough how much we  
10 appreciate the leadership on this. I'm looking at it  
11 from the perspective of respecting a larger process  
12 here as far as what's going on with (INAUDIBLE)

13                   CHAIRPERSON HOLDEN: So you have discussed  
14 this with the administration, the idea?

15                   COMMISSIONER HENDON: That is correct, Mr.  
16 Chair, yes.

17                   CHAIRPERSON HOLDEN: I don't want to put  
18 you on the spot, but when can we get an answer on  
19 this because we would like to advance this and the  
20 sooner, the better so what I would like is that we  
21 don't just go forever and then we're into next year  
22 and still this thing is not moving so I would like a  
23 commitment, maybe with the next hearing or even  
24 before, that the administration is willing to do this  
25 because this seems like a no-brainer to me so I'm a

2 little surprised that we're even getting oh, we'll  
3 get back to you on this. It shouldn't be. I will talk  
4 to the administration myself. I know you can only do  
5 so much, but I think this is a very important bill,  
6 and we tried this in the last Council. It didn't go  
7 anywhere so I don't want the same thing to happen  
8 because I think we introduced this 2018, 2019, and we  
9 had multiple Council Members who were supporting it  
10 and it didn't get to a vote so I don't want to dwell  
11 on this but I would certainly like some kind of  
12 feedback from your office as to what the  
13 administration feels about this, one way or another.  
14 If they're against it, then we'll go to whatever we  
15 have to do. We'll do the end-around. Thank you,  
16 Commissioner.

17 Any other questions from my Colleagues?  
18 Thank you, Commissioner. Thanks so much for your  
19 testimony. Happy Father's Day to you too.

20 COMMISSIONER HENDON: Thank you so much.  
21 If I may just say one thing, just for our audience  
22 that's watching this from afar, just to make sure  
23 that if anyone needs any support from the agency, you  
24 can always call us, email us, find us on social  
25 media. The number is 212-416-5250, 212-416-5250,

2 website is [nyc.gov/vets](https://nyc.gov/vets), that's [nyc.gov/vets](https://nyc.gov/vets). They  
3 can email us. It's [connect@veterans.nyc.gov](mailto:connect@veterans.nyc.gov). It's  
4 [connect@veterans.nyc.gov](mailto:connect@veterans.nyc.gov). Our social media handle is  
5 @nycveterans, @nycveterans, and happy Father's Day.

6 CHAIRPERSON HOLDEN: Thank you,  
7 Commissioner. If somebody certainly your office can  
8 stay for public testimony, I think we...

9 COMMISSIONER HENDON: I'm going to be  
10 sitting in the back.

11 CHAIRPERSON HOLDEN: You'll be in the  
12 back. Great. I kind of expected that. Thanks so much,  
13 Commissioner. Thank you.

14 COMMISSIONER HENDON: Thank you.

15 COMMITTEE COUNSEL ARZT: Thank you. We  
16 have concluded administration testimony. We will now  
17 turn to public testimony.

18 I'd like to remind everyone that we will  
19 be calling individuals one-by-one to testify. Each  
20 panelist will be given 3 minutes to speak.

21 For virtual panelists, after I call your  
22 name a member of our staff will unmute you. There may  
23 be a few seconds of delay before you are unmuted, and  
24 we thank you for your patience.

2 The Sergeant-at-Arms will make an  
3 announcement before you start your testimony.

4 Council Members who have questions for a  
5 particular panelist should raise their hand or alert  
6 Committee staff. You will be called on after the  
7 panel has completed their testimony in the order in  
8 which you raised your hand.

9 I would like to now welcome Kevin Lapham.  
10 After Kevin, Joseph Riota (phonetic).

11 You may begin.

12 KEVIN LAPHAM: I will try to keep this to  
13 3 minutes. I believe I may go over a little bit. Good  
14 morning, Chairperson Holden, Council Members, and  
15 guests. Thank you for this opportunity to testify on  
16 behalf of the American Federation of Government  
17 Employees National Veterans Affairs Council in  
18 support of Resolution 130-2022.

19 AFGE's National Veterans Affairs Council  
20 represents 283,000 VA employees, including the  
21 majority of employees at the Brooklyn and Manhattan  
22 VA Hospitals who have the privilege of caring for  
23 veterans every single day. Many of these employees  
24 are also veterans who receive their care from the VA,  
25 myself included. I'm a National Health and Safety

2 Representative for the National VA Council, the  
3 Second Vice-President for the New York/New Jersey VA  
4 District Council, and a Desert Storm Army veteran.  
5 I've worked at the Manhattan VA both clinically and  
6 non-clinically for almost 20 years. My current  
7 assignment is with the Research and Development  
8 Service.

9 Council Member Brewer's Resolution will  
10 send a strong message to the VA Secretary and to  
11 Congress that proposed closures must not go forward.  
12 What veterans deserve instead are fully staffed  
13 facilities and a true capital investment in VA  
14 infrastructure to meet the growing demands of aging  
15 veterans and veterans who gain eligibility through  
16 new laws such as the pending Toxic Exposure  
17 Legislation.

18 AFGE and the National VA Council have  
19 waged a long, intense fight against VA privatization,  
20 and we are fiercely opposed to the proposals to  
21 shutter the doors at the Manhattan and Brooklyn VAs  
22 and to close or gut dozens of other VAs across the  
23 country. We have urged Congress to reject the AIR  
24 Commission outright by refusing to confirm any  
25 nominees to the Commission and by enacting Senate



2 Bill S-4297, which is a bipartisan bill to repeal the  
3 Commission. Privatization has already weakened the VA  
4 and sent large numbers of veterans to private, for-  
5 profit providers, especially since the passage of the  
6 VA Mission Act of 2018, which created the AIR  
7 Commission. Private sector providers often do not  
8 understand veterans' unique conditions and are not  
9 held to the same high standards as the VA for wait  
10 times, driving times, or quality of care. veterans  
11 have reported that their medical records have been  
12 lost and to receiving medical bills and bad credit  
13 because of delays in VA payments to private  
14 providers.

15 CHAIRPERSON HOLDEN: You can go on. You  
16 can go on.

17 KEVIN LAPHAM: Thank you, sir. Closing our  
18 facilities will only subject more veterans to these  
19 hardships. Privatization has increased incrementally  
20 every year through chronic short-staffing and under-  
21 funding of infrastructure needs. In my department,  
22 for example, we've lost over a third of our staff and  
23 there's no plan to replace them. In the General  
24 Preventative Medicine Department of the Brooklyn VA,  
25 support staff are performing double the official

2 workload while management seems unwilling to  
3 recognize this or to fill the 10 vacancies that have  
4 caused this strain. The recommendations are based on  
5 pre-COVID data and incorrect assumptions about future  
6 patient enrollment and private sector capacity and  
7 willingness to care for veterans. The New York Market  
8 Data fails to reflect all the veterans and non-  
9 veterans who received life-saving care at the VA when  
10 the pandemic overwhelmed Elmhurst Hospital and the  
11 valuable training opportunities that will be lost if  
12 these facilities close. In fact, the proposed  
13 closures have already caused some dieticians and  
14 social workers to leave the Brooklyn VA for other  
15 more secure positions elsewhere. The Market Data also  
16 fails to explain what happened to all the superstorm  
17 Sandy funds that were supposed to repair and upgrade  
18 these facilities. The recommendations use words like  
19 reset, realign, right-size, modernize to justify  
20 closing VAs and sending veterans to private sector  
21 hospitals or to VAs that will require longer, more  
22 costly travel. They also ignore the fact that not a  
23 single dollar has been appropriated to modernize or  
24 expand the Bronx or St. Alban's VAs to replace vital

2 services that will be lost like Brooklyn's  
3 Residential Substance Abuse Treatment Program.

4           Finally, the recommendations do not  
5 reflect the full cost of closing our emergency rooms,  
6 which fulfill a unique for veterans in crisis. At the  
7 VA, these veterans meet with specially trained VA  
8 police officers and emergency medical personnel who  
9 know how to talk them down, have access to their  
10 medical histories, and who can easily coordinate with  
11 their primary care providers. These closures would  
12 force veterans to either travel all the way to the  
13 Bronx VA or risk care at a private ER that doesn't  
14 understand the true wounds of war. At the VA,  
15 veterans feel like human beings, not just numbers.  
16 The community and camaraderie we find at Brooklyn's  
17 Homeless Drop-in Center or Manhattan's New York  
18 Harbor Club cannot be lost. The VA Secretary keeps  
19 assuring employees that these recommendations will  
20 not lead to the loss of union jobs because displaced  
21 employees will be able to find work at other VAs or  
22 in telehealth. Tell that to the disabled veterans in  
23 housekeeping, groundskeeping jobs that are specially  
24 designated for veterans and to the many healthcare

2 workers in positions that must be done in person such  
3 as respiratory therapy.

4 In closing, I, the American Federation of  
5 Government Employees, and the National VA Council  
6 urge you on behalf of the veterans who depend on the  
7 Brooklyn and Manhattan VAs and for the dedicated  
8 frontline workers who care for them. Please pass  
9 Resolution 130-2022. Thank you.

10 CHAIRPERSON HOLDEN: Thank you. By the  
11 way, thank you for your service, but thank you for a  
12 very powerful of the facts obviously. Your comment on  
13 the pre-COVID data that they're using because that's  
14 obvious that they're using pre-COVID because it's  
15 like the pandemic didn't happen to the VA, at least  
16 according to this. We were looking for hospital beds.  
17 We were opening up Javits. We were opening up tents  
18 in the park. Were they paying attention to the  
19 pandemic? Did the VA actually see this? To suggest  
20 closing any hospital. Certainly, we're still not out  
21 of the pandemic. This is an insult. Obviously, this  
22 is absurd. We're going to fight it, and, certainly,  
23 the Resolution will pass. I can guarantee it, that it  
24 will pass the Council because we got 51 Council  
25 Members to sign on to a letter saying the same thing.

2 Again, like I said in the beginning, it's never done.  
3 You never get 51 Council Members to agree on  
4 anything. Certainly, they agreed on this. This to me  
5 is a slap in the face to New York City and to  
6 veterans, to suggest even closing any hospital but  
7 certainly a VA hospital.

8           Again, your comments about losing their  
9 records and all sorts of other things, getting bills,  
10 that's an obvious, anyone could see that would happen  
11 and it has by your testimony. I thank you again for  
12 terrific and powerful testimony.

13           If my Colleagues have any questions?

14           COUNCIL MEMBER BREWER: First of all, your  
15 testimony was excellent. Thank you.

16           KEVIN LAPHAM: Thank you.

17           COUNCIL MEMBER BREWER: Are any of the  
18 other unions, obviously not representing your  
19 employees, but any like 1199 even though, because  
20 some of these unions, as you know, support fellow  
21 union members, and I just was wondering because this  
22 is so important to us have you gotten support from  
23 others to be, as we say, no AIR, no closure?

24           KEVIN LAPHAM: Every union has stepped up  
25 to this. Within what is called Vision 2, which is the

2 New York/New Jersey, we have SCIU, we have AFGE, we  
3 have National Nurses United, and we have the National  
4 Federation of Federal Employees, and all are speaking  
5 very much the same, that these closures need to be  
6 reassessed, they need to be repealed, this isn't the  
7 right way, our veterans deserve better.

8 COUNCIL MEMBER BREWER: Thank you very  
9 much. Thank you, Mr. Chair.

10 CHAIRPERSON HOLDEN: Thanks again. Thank  
11 you so much.

12 KEVIN LAPHAM: Thank you.

13 COMMITTEE COUNSEL ARZT: Next, I would  
14 like to call on Joseph Riota to testify. You may  
15 begin when the Sergeant starts your clock.

16 JOSEPH RIOTA: Good morning. Thank you for  
17 allowing me this time to voice my opinion. I  
18 apologize in advance. I'm a little nervous. I've  
19 never done this before, but I have a story that I  
20 hope you won't mind hearing.

21 My name is Joseph Riota. I was born in  
22 Argentina, and I came to the United States in 1974. I  
23 have lived in New York since then. I love New York,  
24 and I love this country where I became a citizen as  
25 fast as I could legally do so. I am an American by

2 choice. I am here to support the City Council's  
3 effort to oppose the closure of VA Medical Centers in  
4 Brooklyn, Manhattan, and anywhere else in our city,  
5 in our state, in our country. Unfortunately, I know  
6 firsthand how VA closures and privatization will harm  
7 the care of our veterans. My oldest Joseph Matthew  
8 Riota, or Joey as we call him, is an Air Force  
9 Veteran who was honorably discharged 6 years ago. He  
10 suffers from schizophrenia and has received care for  
11 the last 6 years at the VA Centers in Brooklyn,  
12 Manhattan as well as Northport in Long Island.

13           As you well know, the AIR Commission's  
14 recommendation will largely dismantle these VA  
15 Centers which serve tens of thousands of veterans.  
16 The next logical question is where would our veterans  
17 go when we close these facilities. I will give you a  
18 real-life example of where they will go. On February  
19 16, 2022, my son was taken by ambulance to Huntington  
20 Hospital in Huntington, Long Island. Huntington  
21 Hospital is a private hospital which is part of  
22 Northwell Health Corporation. Coincidentally,  
23 Northwell Health Corporation is one of the many  
24 corporate providers that will benefit from closing VA  
25 Hospitals in New York City and Long Island. Another

2 coincidence is that the nominee for Chairman of the  
3 AIR Commission, Mr. Patrick Murphy, is a consultant  
4 for Northwell Health Corporation. The care that my  
5 son received had Huntington Hospital was nothing  
6 short of inhumane. I have provided details in my  
7 written statement, but I'll summarize it like this.  
8 He was there for 5 days, 5 days without a shower, 5  
9 days without a change of clothes or underwear, 5 days  
10 without access to basic toiletries. My wife and I  
11 were barred from seeing him or talking to him on the  
12 phone or making any medical decisions about his  
13 medical care, and we're not just Joey's parents,  
14 we're also his legal guardians.

15 CHAIRPERSON HOLDEN: You can go on.

16 JOSEPH RIOTA: Thank you. Hospital staff  
17 at Huntington Hospital refused to recognize our  
18 guardianship, telling us for 5 days "that kind of  
19 thing does not apply here." I wrote to Mr. Michael  
20 Dowling, the CEO of Northwell Health Corporation, who  
21 had his Executive Director and Medical Director at  
22 Huntington Hospital write me 2 letters. Their Medical  
23 Director, after reviewing their security camera  
24 footage and interviewing their staff, apologized to  
25 me on a letter that I have also provided as part of



2 my written statement and said on her letter  
3 "Northwell could have done better." Northwell could  
4 have done better. By the way, still to this day, no  
5 one has been disciplined because of the care my son  
6 received at Huntington Hospital. I agree that many VA  
7 facilities need investment and modernization, but  
8 that is not a reason to close them down. As a matter-  
9 of-fact, when I was finally allowed to visit my son  
10 at Huntington Hospital, I can tell you firsthand  
11 Huntington Hospital also needs infrastructure  
12 improvements and modernization so both institutions  
13 need infrastructure and physical improvements, but,  
14 firsthand knowledge, only at the VA, only at the VA,  
15 veterans receive compassion, respect, and outstanding  
16 medical care. Huntington Hospital and Northwell  
17 Health Facility is a hellhole where mentally ill  
18 veterans are not allowed to shower, change clothes,  
19 even brush their teeth, and that is an example of  
20 where our mentally ill veterans will go if we close  
21 our VA facilities and we place them with Northwell  
22 facilities.

23 In summary, none of our VA Hospitals  
24 should be shut down. Please, pass Resolution 130-2022  
25 without any delay. What we need is funding for the

2 VA. What we don't need is a commission staffed with  
3 Northwell consultants making decisions about who  
4 treats our veterans. Thank you so much for this time.

5 CHAIRPERSON HOLDEN: Thank you so much for  
6 that testimony. You gave the best example as to why  
7 we have to keep these hospitals open. I'm sorry your  
8 son wen through this horror and your family went  
9 through it, and we will certainly look into it also  
10 as a Committee, but, if anybody hears this testimony,  
11 certainly the VA should've been here to hear this,  
12 because you probably gave the best graphic example  
13 that anybody's ever given that I've heard as to why  
14 we certainly shouldn't close these hospitals, but why  
15 the veterans need experienced veteran physicians to  
16 take care of them and to help them. Great example.  
17 I'm sorry again that your son went through this but  
18 be assured that your testimony will go a long way in  
19 helping us keep these hospitals open. I know we will.  
20 We'll have to fight, obviously, but you gave  
21 tremendous testimony. I thank you for that. Again, I  
22 thank your son for his service. Sorry you had to go  
23 through this, but I think some good will come of  
24 this, of your testimony, so thank you so much for  
25 that.

2 JOSEPH RIOTA: Thank you, Mr. Chair.

3 COMMITTEE COUNSEL ARZT: Next, we're going  
4 to turn to our virtual panels. Our next panel will be  
5 Derek Coy followed by Joseph Vitti followed by  
6 Kimberly Moore and Dr. Ariane Ling. Derek Coy, you  
7 can begin when the Sergeant starts your clock.

8 SERGEANT-AT-ARMS: Starting time. Sir, it  
9 seems like you're still on mute.

10 COMMITTEE COUNSEL ARZT: You have to wait  
11 to be unmuted, Mr. Coy.

12 CHAIRPERSON HOLDEN: Sergeant, can we  
13 unmute? All right. One second. We're having some  
14 technical difficulties here.

15 COMMITTEE COUNSEL ARZT: Can you try  
16 speaking again, Mr. Coy?

17 CHAIRPERSON HOLDEN: Yeah, we still don't  
18 hear you.

19 COMMITTEE COUNSEL ARZT: I think that  
20 we're having some technical difficulties so we're  
21 going to come back to you, Mr. Coy.

22 The next panelist we'll call on is Joseph  
23 Vitti.

24 SERGEANT-AT-ARMS: Starting time.

2 COMMITTEE COUNSEL ARZT: Mr. Vitti, you  
3 can begin when the Sergeant starts your clock.

4 CHAIRPERSON HOLDEN: One second, Joseph.  
5 We don't hear you in the Committee Room here. It  
6 appears to be on our side then. Sorry. Apparently,  
7 you can be heard on Zoom but not in the Committee  
8 Room here so we certainly want to hear your  
9 testimony. Still working on that. Yeah, we're not  
10 hearing... We're working on the sound problem. Sorry.  
11 There's going to be a slight delay. We're getting  
12 technical support here so they'll be a slight delay.  
13 Five minutes, I guess. Five minutes, Sergeant. I'm  
14 sorry for this. We can't hear any of the people on  
15 Zoom in the Committee Room here. We can see you, but  
16 we can't hear you. Sorry.

17 COMMITTEE COUNSEL ARZT: Again, I'd like  
18 to just say we're working on technical issues. IT is  
19 on their way over, and we appreciate everyone's  
20 patience with the delay. We apologize.

21 UNKNOWN: Joseph Vitti, if someone could  
22 unmute Joseph Vitti and we can test your audio to see  
23 if it's coming through in the Committee Room, please.

24 Hello. Is there anyone on Zoom that can  
25 do a mic test?

2 UNKNOWN: Testing, testing.

3 UNKNOWN: Okay, we heard something. Can you  
4 test it again? Whoever just did an audio test, can  
5 you try and do another one?

6 UNKNOWN: Testing. Testing.

7 JAN ATWELL: This is Jan Atwell. I don't  
8 know if you can hear me. It may be that the witness is  
9 too low.

10 COMMITTEE COUNSEL ARZT: We can hear you,  
11 Jan. Thank you.

12 JAN ATWELL: Maybe we can go back to Mr.  
13 Derek Coy and see if that will work.

14 DEREK COY: Hi, testing. Can you all hear  
15 me?

16 COMMITTEE COUNSEL ARZT: Mr. Coy, can you  
17 try speaking again?

18 DEREK COY: Yes, can you all hear me?

19 COMMITTEE COUNSEL ARZT: Yes, thank you.

20 CHAIRPERSON HOLDEN: Okay. Mr. Coy, I  
21 think we're ready. Could you start speaking?

22 DEREK COY: Absolutely. Can you hear me  
23 loud and clear? Excellent. Should I go ahead and get  
24 started?

2 Great. Thank you, Chairperson Holden and  
3 Members of the Committee for the opportunity to  
4 provide testimony at today's hearing. My name is  
5 Derek Coy, and I'm Program Officer at the New York  
6 Health Foundation. I'm also a former Sergeant in the  
7 United States Marine Corps and a veteran of the Iraq  
8 War. Understanding and addressing the health needs of  
9 New York's veteran population is a core part of my  
10 role at the foundation, but I also have direct  
11 experience in accessing healthcare from a variety of  
12 sources after transitioning out of the military in  
13 2008. As a service-connected disabled veteran who  
14 received an honorable discharge, I have also had some  
15 level of private insurance after the leaving the  
16 military so I'm fortunate to have access to both  
17 facilities in addition to private options and I've  
18 used them both. Living a stone's throw away from the  
19 Bronx VA for nearly a decade while also working  
20 equally as close to my non-VA primary care provider  
21 has allowed me to choose whichever provider is most  
22 convenient at the time and having these options has  
23 really given me a lot more control over my healthcare  
24 decisions. My experience is reflective of what most  
25 veterans prefer. Multiple studies have shown that

2 most veterans choose between VA and private providers  
3 based on practical reasons like their family already  
4 receives in one location, one option is more  
5 convenient, or they prefer the care in one compared  
6 to the other. We also know that my generation of  
7 veterans, those that served after 911, are split  
8 nearly evenly down the middle when given the option  
9 between choosing access VA healthcare or a non-VA  
10 community provider. Despite this, there are a number  
11 of factors that create challenges and barriers to  
12 accessing care. For instance, only about half of the  
13 veteran population is enrolled in VA care as you  
14 heard earlier today, and that's because of a variety  
15 of archaic and evolving eligibility standards, and  
16 about 2/3 of those eligible will actually use this  
17 care in any given year, and this is certainly true in  
18 New York as well. This is unfortunate considering,  
19 again as you've heard, VA care is often on par and  
20 even better when compared to private providers'  
21 quality. VA facilities nationwide outperform  
22 community hospitals in key areas of patient  
23 experience. Studies have shown that veterans who use  
24 VA care also rely on private options for about 70  
25 percent of their healthcare needs. On top of this, VA

1 outsources about 1 in 3 of its appointments to the  
2 private sector. Again, as you've heard, using private  
3 providers can come at the risk of receiving services  
4 that do not take the military and veteran experience  
5 into account. Research by the RAND Corporation and  
6 funded by NY Health shows that less than 3 percent of  
7 private providers in New York state meet the  
8 qualifications for providing high-quality, culturally  
9 competent care to military veterans. Because of the  
10 evolving needs of the community, lacking this  
11 experience can have grave consequences. Veterans  
12 deserve both a strong VA and high-quality community-  
13 based options so that they receive the best care no  
14 matter where they go, regardless of where they choose  
15 access. Providing healthcare should not be the  
16 responsibility of one sole entity, be it VA or  
17 private providers. The onus should be shared  
18 considering the veteran community relies heavily on  
19 both for their healthcare needs. Providing veterans  
20 with options is the right thing to do and is  
21 reflective of what this community has expressed that  
22 it prefers. Veterans, themselves, need to have a  
23 prominent seat at the table and ongoing research and  
24 discussions. Regardless of the final results of the  
25



2 restructuring process, it simply cannot be successful  
3 if the voices of veterans whose access to healthcare  
4 will be directly impacted by the decisions are not  
5 heard and listened to.

6 SERGEANT-AT-ARMS: Time expired.

7 DEREK COY: We respect and share the  
8 Council's commitment to New York City's veterans. I  
9 hope you will look to New York Health Foundation as a  
10 resource for this important work moving forward and  
11 thank you for the opportunity to provide testimony  
12 today.

13 CHAIRPERSON HOLDEN: Thank you, Mr. Derek  
14 Coy, for your patience, by the way, and your terrific  
15 testimony.

16 COMMITTEE COUNSEL ARZT: Mr. Joseph Vitti,  
17 you may begin when the Sergeant starts your clock.

18 SERGEANT-AT-ARMS: Starting time.

19 JOSEPH VITTI: Good afternoon, Chair  
20 Holden and Members of the New York City Council  
21 Committee on Veterans. My name is Joseph Vitti. I'm  
22 the Senior Advisor for Veteran Affairs for VNS Health  
23 and a former USMI Officer.

24 We are the largest hospice and home  
25 health service provider to veterans in New York City,

2 caring for over 2,200 veterans for homecare services  
3 and to over 950 veterans on hospice. VNS Health's  
4 Hospice Veterans Program is a level 5 We Honor  
5 Veterans program. This is a national collaboration  
6 between the Department of Veteran Affairs and the  
7 National Hospice and Palliative Care Organization  
8 which empowers hospice professionals to meet the  
9 unique needs of dying veterans to ensure a positive  
10 patient experience. VNS Health's Veterans Outreach  
11 Program has dedicated a team of veteran liaisons to  
12 support our veteran patients with their diverse and  
13 complex needs who come from all 5 boroughs of New  
14 York City. Through this program, we're able to expand  
15 healthcare access to veterans and their families and  
16 assist veterans in accessing their benefits,  
17 resources to which they're entitled to, and educate  
18 VNS Health staff about the unique needs of veteran  
19 patients and their families.

20                   We're grateful for the recent 80,000  
21 dollars that the Council included in the recent  
22 enacted FY-23 budget. We had originally sought  
23 250,000 dollars, reflecting our intent to expand  
24 outreach and connect more veterans to care. This  
25 additional funding would support our staff and

2 resources with the focus in the Bronx and Manhattan  
3 and Queens while expanding to elsewhere where we are  
4 seeing an increased census in other sites as well.

5 Partnerships with a strong and adequately  
6 funded VA healthcare system in New York City is  
7 essential to our work. We need one another to refer  
8 and collaborate on care to better understand the  
9 evolving needs of aging veterans and to identify and  
10 respond to these trends. Of the approximately 140,000  
11 veterans in New York City today, approximately 71  
12 percent of them are 55 or older. This community has  
13 diverse and complex physical and mental health needs  
14 that the VA addresses with a multitude of services  
15 and benefits. However, because of the complexity of  
16 the VA system and systemic poor health literacy  
17 amongst veterans, many never fully access or utilize  
18 these benefits that they need. In addition, in the  
19 post-COVID era of digital literacy and access to  
20 telehealth services, they are even more critical. The  
21 VA healthcare system including CBOS and Vet Centers  
22 and community care network providers like VNS Health  
23 provide access to affordable and accessible care to  
24 mitigate some of these social determinants that are  
25 prevalent within the veteran community. According to

2 a peer-reviewed medical study, veterans are diagnosed  
3 with approximately 8 to 10 chronic conditions versus  
4 their non-veteran counterparts that are diagnosed  
5 with nearly half. For the thousand of veterans VNS  
6 Health has cared for over the years, health literacy  
7 has been a major need. Most veterans simply do not  
8 know what VA health benefits they are eligible for  
9 and how those benefits work in conjunction with  
10 Medicare, Medicaid, or their private insurance  
11 benefits. Veterans also do not realize that they can  
12 receive care with the support from the VA with...

13 SERGEANT-AT-ARMS: Time expired.

14 JOSEPH VITTI: Thank you for the  
15 opportunity to provide this testimony, and we  
16 appreciate the City Council's leadership on veterans'  
17 issues and our ongoing efforts and partnerships.  
18 Thank you so much.

19 CHAIRPERSON HOLDEN: Thank you, Joseph,  
20 and thank you, again, for your testimony and  
21 patience. I appreciate it.

22 JOSEPH VITTI: Thank you.

23 COMMITTEE COUNSEL ARZT: Next, we'll call  
24 on Kimberly Moor to testify. You may begin when the  
25 Sergeant starts your clock.

2 SERGEANT-AT-ARMS: Starting time.

3 KIMBERLY MOORE: Thank you to Chairperson  
4 Holden and the Committee on Veterans for the honor  
5 and privilege of testifying before you today. My name  
6 is Kimberly Moore, Director of Care Café at Yeshiva  
7 University's Wurzweiler School of Social Work. Care  
8 Café is a citywide initiative that brings mental  
9 health services to vulnerable populations. Our  
10 students and faculty have pioneered a targeted model  
11 of embedding Care Café programs in local community  
12 institutions to provide mental health services  
13 tailored to specific constituencies including  
14 vulnerable populations, Holocaust survivors,  
15 veterans, immigrant populations, and school-age  
16 children. Over the last year, many questions emerged  
17 about how and why veterans are not connected to  
18 medical services and other veteran-specific  
19 programming. Our findings have been that the low  
20 enrollment in veteran services was due to the many  
21 challenges of navigating the complex social systems,  
22 nuances around eligibility due to discharge status,  
23 long wait times, and feelings of distrust and  
24 resentment for some. In an effort to mitigate this, a  
25 pointed effort by many veteran services and

2 community-based programs was initiated with the goal  
3 of re-strategizing around how to connect veterans to  
4 care effectively. Earlier this week, Care Café  
5 celebrated June's Social Awareness Theme, Men's  
6 Health Month. Our invitation to collaboratively  
7 partner for the street outreach activity, to the Vet  
8 Centers, veteran outreach program specialist Damian  
9 Guzman served with us to engage veterans and their  
10 families on the spot to inquire about their needs,  
11 supports, and introduce the variety of available  
12 services for veterans. Standing together, a veteran  
13 services program representative and a team of social  
14 workers provided several consultations and received  
15 direct requests for help from veterans to connect  
16 them to medical services and preventative services  
17 with a resounding theme of relief. One veteran  
18 explained that he has been having the same mental  
19 health challenges with depression for the past 15  
20 years post-discharge from service and wants to work  
21 and cannot seem to move forward. After having a  
22 stroke 2 years ago and still experiencing  
23 neurological symptoms today while not connected to  
24 medical care, another veteran indicated I was on my  
25 way to the store but I saw the veteran table here,

2 and I realized that the time was now. I had  
3 questions. I am just happy that I was able to walk up  
4 and actually speak to a person. Since connecting with  
5 these veterans, both have followed up with the Care  
6 Café program, and we will have one-on-one support up  
7 to and including referrals for health educator,  
8 assisting with scheduling appointments for specialty  
9 care, and linking them together for opportunities for  
10 health socialization. To answer the question how do  
11 you New York City veterans access healthcare, the  
12 answer is with hand-over-hand approach, increased  
13 visibility, the strength of diversified linkages, and  
14 the increased frequency and utilization of  
15 nontraditional settings for direct outreach such as..

16 SERGEANT-AT-ARMS: Time expired.

17 JOSEPH VITTI: Institutions, community-  
18 based programs, and academic institutions. The  
19 Yeshiva University Wurzweiler School of Social Work  
20 Care Café Program is positioned to serve in this  
21 capacity, and we wish to share with our colleagues to  
22 support the continued opportunities to support our  
23 veterans. Thank you so very much for this  
24 opportunity.

2 CHAIRPERSON HOLDEN: Thank you, Kimberly,  
3 for your excellent testimony and highlighting the  
4 problems that our vets are facing, and the  
5 Commissioner is listening to you right now. He's here  
6 so I can assure you. Council Member Brewer has a  
7 question.

8 COUNCIL MEMBER BREWER: Thank you very  
9 much. One question is we obviously want to keep the  
10 hospitals run by the VA open. How have you utilized  
11 them and how have you found them helpful or not?

12 KIMBERLY MOORE: Right now, we've actually  
13 just started partnering with the DVS and really,  
14 really utilizing those services now so we're going to  
15 be actually hand-walking the veterans that we've made  
16 contact with through these services to see how it  
17 actually works out so we're very kind of new in this  
18 process, but we are going to be standing side-by-side  
19 to see what the seamless flow of service delivery  
20 looks like.

21 COUNCIL MEMBER BREWER: Thank you. Keep us  
22 updated. Thank you.

23 KIMBERLY MOORE: Will do. Thank you.

24

25



2 CHAIRPERSON HOLDEN: Kimberly, if you  
3 could actually contact my office for updates, we'd  
4 appreciate it because..

5 KIMBERY MOORE: Absolutely. Thank you so  
6 much.

7 CHAIRPERSON HOLDEN: Your insight is very,  
8 very important to us. Thank you.

9 KIMBERY MOORE: Thank you.

10 COMMITTEE COUNSEL ARZT: The next witness  
11 is Dr. Ariane Ling. You may begin when the Sergeant  
12 starts your clock.

13 SERGEANT-AT-ARMS: Starting time.

14 DR. ARIAN LING: Good morning, Chair  
15 Holden and Members of the New York City Council  
16 Committee on Veterans. I am Dr. Ariane Ling. I'm a  
17 clinical psychologist and the Assistant Director of  
18 the Steven A. Cohen Military Family Center at NYU  
19 Langone Health. I am testifying today on behalf of  
20 Dr. Amanda Spray, our Director. The Cohen Military  
21 Family Center at NYU Langone Health was established  
22 10 years ago with the goal to fill in the gaps of  
23 mental health services available to veterans and  
24 their families in the New York City area. Since  
25 inception, our Military Family Center has provided

2 mental health treatment to over 3,000 veterans and  
3 their family members. We have developed strong  
4 partnerships with the VA, the Department of Veteran  
5 Services, and many other veteran service  
6 organizations. The sheer number of veterans and  
7 family members served demonstrates the necessity for  
8 public/private partnerships in order to meet the  
9 needs of our community and ensure access to  
10 healthcare. In fact, we have found that veterans and  
11 their family members are seeking mental health  
12 services at a higher rate than any other point since  
13 we opened. We experienced 170 percent increase in  
14 referrals over the past year. This sharp increase has  
15 resulted in struggles to meet the demand and  
16 ultimately a significant waitlist for our services.  
17 Mental health is an essential component of the health  
18 and wellbeing of our veterans and military families,  
19 and, as such, we see it as imperative that the DVS  
20 prioritize veterans' mental health by supporting  
21 their community partners who provide mental health  
22 treatment to veterans. The Department has worked hard  
23 to connect veteran community to determine their needs  
24 in both before and throughout the pandemic. DVS does  
25 not provide any services to veterans directly.

2 Rather, they serve as a bridge which often results in  
3 referrals to our center and other essential services  
4 in the community. While DVS always refers to our  
5 community partners to provide specific services that  
6 the veterans are seeking, they do not provide direct  
7 funding for these services. Direct funding support  
8 from DVS would ensure that these essential services  
9 provided by community partners, which DVS relies  
10 heavily upon to support the veterans, can continue.  
11 This is particularly important now when the need for  
12 mental health services is higher than ever before  
13 across the veteran and military family community.  
14 Veterans and their families seeking mental health  
15 services, and it's imperative to ensure that they can  
16 access these needed services. Our Center is equipped  
17 to work together with the community to address the  
18 ever-growing needs of the veterans and their  
19 families, and we hope that the Council will further  
20 invest in the veteran population to ensure that we  
21 are not leaving veterans and their family members  
22 behind.

23 Thank you, again, for the opportunity to  
24 testify today.

2 CHAIRPERSON HOLDEN: Thank you, Dr. Ling,  
3 for your testimony. I'd like you, again, if you can  
4 contact my office so we can talk more about the  
5 funding part of it, we'd like to know about it and  
6 certainly anything we could do for our veterans we'll  
7 try to work on and any improvements, I'd like to hear  
8 from your office also as to how we can get better in  
9 providing services for our veterans. Thanks, again,  
10 for your patience and for your testimony. Thanks.

11 DR. ARIAN LING: That's all right. Thank  
12 you.

13 COMMITTEE COUNSEL ARZT: Our next and  
14 final panel will be Peter Kempner, Dan McSweeney, and  
15 Dondi McKellar. Peter Kempner, you may start when the  
16 Sergeant starts your clock.

17 SERGEANT-AT-ARMS: Time starts now.

18 PETER KEMPNER: Thank you. Good morning.  
19 My name is Peter Kempner, and I'm the Legal Director  
20 at Volunteers of Legal Service, also known as VOLS.  
21 In addition to my duties as Legal Director at VOLS, I  
22 also founded and supervise the VOLS Veterans'  
23 Initiative. I also created and teach the Veterans'  
24 Justice Clinic at New York Law School. I sit on the  
25 New York City Bar's Committee on Military and

2 Veterans Affairs. I'm a member of the New York State  
3 Bar Association's Veteran Committee, and I co-chair  
4 the New York Legal Services Veterans Working Group.

5 In addition, I've held many past positions focused on  
6 the civil legal needs of low-income veterans in New  
7 York City. The core work that the Veterans Initiative  
8 here at VOLS does for veterans is the drafting and  
9 execution of life-planning documents. We do last  
10 wills and testaments, powers-of-attorney, healthcare  
11 proxies, living wills, and other advanced directives.

12 Prior to the COVID-19 outbreak, the VOLS Veterans  
13 Initiative conducted a free weekly legal clinic at  
14 the Manhattan VA Hospital where we provided free  
15 civil legal services to low-income veterans aged 60  
16 and over. After the crisis shut down the VA Hospital  
17 to outside visitors, we moved our services online and  
18 launched a legal hotline for low-income aging  
19 veterans. Despite the move away from in-person  
20 clinics at the VA Hospital, we maintained close ties  
21 to the social workers and other staff at the VA. They  
22 are a critical connection between the VA's patients  
23 and providers who serve the veteran community. VOLS  
24 is not the only legal services provider that  
25 maintains close ties to Brooklyn and Manhattan VA

2 Medical Centers. Many of our fellow providers also  
3 recognize the importance that these facilities  
4 provide as a touchpoint between veterans facing legal  
5 challenges in addition to their medical needs. The  
6 social workers at the VA Hospitals embody the  
7 holistic view that the best way to help veterans  
8 includes physical, psychosocial, and economic  
9 determinants. As a legal services provider, we often  
10 rely on referrals and assistance from the staff at VA  
11 Hospitals to provide services. Recently, we were  
12 contacted by a veteran whose daughter received their  
13 information from a VA social worker. He's a 97-year-  
14 old World War 2 veteran who had been hospitalized at  
15 the Manhattan VA and was about to be transferred to a  
16 rehabilitation facility. He needed Medicaid to help  
17 cover the cost of homecare, but he was unable to  
18 complete the forms by himself and his daughter's  
19 hands were tied without a power-of-attorney. His  
20 daughter lived in Las Vegas and had been desperately  
21 calling service providers, but none were able to make  
22 the hospital visit to meet with him. We informed her  
23 that if we got the information, we'd be able to be at  
24 his bedside within 2 days, and we prepared that  
25 power-of-attorney to execute. When we arrived at the

2 hospital, our partners on the VA social work staff  
3 informed him that he was about to be transferred to  
4 the rehab facility. We rushed down to his room with 2  
5 VA social workers in tow to act as witnesses and  
6 arrived at the same time as...

7 SERGEANT-AT-ARMS: Time expired.

8 PETER KEMPNER: The ambulance crew. We  
9 convinced them to wait for him to sign his documents  
10 before they took him to the ambulance to the rehab  
11 facility. We would not have been able to do this  
12 without the staff at the VA Hospital and the social  
13 workers. The VA Hospitals are neat places where  
14 veteran-centered care is primary, and it is a model  
15 which I have not seen replicated elsewhere. While the  
16 VA is not always perfect, I have no doubt that the  
17 over 200,000 veterans who call New York City home  
18 will lose a significant service if the Manhattan and  
19 Brooklyn VA Hospitals were to close.

20 Thank you to the Sponsors of Resolution  
21 130, and we support your calls to halt the closures  
22 of the Manhattan and Brooklyn VA Medical Centers.  
23 Thank you for allowing us to submit this testimony  
24 today.

2 CHAIRPERSON HOLDEN: Thank you, Mr.  
3 Kempner. By the way, it's great to see you again and  
4 thanks for all that you do for our veterans, and it's  
5 very important. By the way, are you still meeting  
6 with them one-on-one personally? You're not doing it  
7 online anymore, right, or you do both?

8 PETER KEMPNER: We're doing both. We're  
9 not back in the Center on a regular basis like we  
10 were pre-pandemic, but we will meet veterans in  
11 person, whether it's in our office or senior centers  
12 or at their hospital beds in the VA Hospital.

13 CHAIRPERSON HOLDEN: Yeah, it's so  
14 important the service you offer for our veterans who  
15 are older and maybe don't have a computer or don't  
16 know how to navigate through the system. We thank you  
17 again, Peter, and keep up the great work. Thanks so  
18 much.

19 PETER KEMPNER: Thank you, Chair Holden.  
20 Thank you, everybody.

21 COMMITTEE COUNSEL ARZT: Next, I'd like to  
22 call on Dan McSweeney to give testimony. Dan, you may  
23 begin when the Sergeant starts your clock.

24 SERGEANT-AT-ARMS: Time starts now.



2 DAN MCSWEENEY: Great. Thank you very  
3 much, ladies and gentlemen. It's great to see the  
4 City Council Members and staff as well as  
5 Commissioner Hendon and his staff. The testimony that  
6 we've heard today obviously points to the fact that  
7 New York City has one of the best, if not the best,  
8 community of support for veterans in the country. The  
9 VA Medical Centers in Brooklyn and Manhattan are  
10 absolutely essential elements of that support  
11 network, and I am dumbfounded that they would be  
12 proposed to be closed. I have personal experience  
13 with the VA Medical Center in Manhattan because back  
14 in 2010 I suffered from a deep vein thrombosis and  
15 almost died without the care I received immediately  
16 by putting into the ICU at the 23rd Street hospital.  
17 There are over 200,000 veterans in New York as we  
18 know. I'm dumbfounded by the idea that they would  
19 even consider closing either or both of these  
20 facilities. That's the first thing to say.

21 The second thing to say is the idea of  
22 adding Veterans Committees at each of the Community  
23 Boards is a no-brainer. This is where the rubber  
24 meets the road when it comes to policymaking and  
25 implementation and developing relationships in New

2 York City. Veterans should be formally represented in  
3 the Community Boards. That's really all I have to  
4 say. I appreciate the fact that attention is being  
5 paid to these critical issues, and I want to thank  
6 everybody for your service.

7 CHAIRPERSON HOLDEN: Dan, thanks so much  
8 for your testimony and lending your voice to the  
9 battle to not close these hospitals, but your  
10 personal story is very, very important, and we need  
11 to hear from more veterans who certainly want to keep  
12 the hospitals open and how important the hospitals  
13 are to certainly your health so we thank you again,  
14 Dan, and, again, please keep in touch with us because  
15 your voice is very, very important to hear. Thank  
16 you.

17 COUNCIL MEMBER BREWER: I just want to say  
18 I second that, of course, Dan McSweeney. This is a  
19 gentleman, Mr. Chair, who is active in his community,  
20 both for Veterans Affairs and also just community-  
21 wide so he's a hero in our neighborhood. Thank you.

22 COMMITTEE COUNSEL ARZT: Last on this  
23 panel, I'd like to call Dondi McKellar. You may begin  
24 when the Sergeant starts your clock.

25 SERGEANT-AT-ARMS: Time starts now.

2 DONDI MCKELLAR: Hello. Can you hear me?

3 COMMITTEE COUNSEL ARZT: We can hear you.

4 DONDI MCKELLAR: Chairperson Robert Holden  
5 and Members of the Veterans Committee. Thank you for  
6 this time. Greetings. My name is Dondi McKellar,  
7 pronoun is he/him. I'm a proud LGBTQ+ United States  
8 Navy service-disabled veteran. I served in the Navy  
9 from 1981 to 1987. I come before you today because I  
10 support the federal government to halt the planned  
11 closure of the Manhattan and Brooklyn Veterans  
12 Affairs Medical Centers. I suffer from post-traumatic  
13 stress disorder, PTSD, due to military sexual trauma  
14 and lung cancer. I rely on both the Manhattan and  
15 Brooklyn VA facilities for my healthcare and quality  
16 of life. Without these medical centers, I feel that  
17 my life expectancy is bleak.

18 In 1981, I was brutally sexually  
19 assaulted on a military base in Meridian,  
20 Mississippi, requiring hospitalization for 2 weeks  
21 with a perianal cyst, anal warts, and hepatitis B,  
22 which I sustained from the assault. At 19, I was  
23 naïve and thought that the bumps that was around my  
24 rectum was hemorrhoids, which I was told after the  
25 assault. I applied Preparation-H given to me by

2 medical personnel. I finished in 1985 with my active  
3 duty portion of my enlistment. I registered and  
4 started going to the VA Medical Center in Manhattan.  
5 My first visit, I requested Preparation-H, and they  
6 asked me why. I explained that I had hemorrhoids and  
7 this was what was given to treat them. The facility  
8 scheduled an appointment to see a doctor who informed  
9 me that I had anal warts and not hemorrhoids. The  
10 Preparation-H was not the treatment for this  
11 condition. I had them surgically removed in 1987  
12 after undergoing treatment for 2 years at the  
13 facility. Unfortunately, they were growing inside of  
14 my body, and this was the course of treatment  
15 recommended to correct the medical issue, restoring  
16 me with some sense of dignity.

17 I was diagnosed with lung cancer in 2015  
18 and received treatment at the Brooklyn VA Medical  
19 Center. They are the only VA facility in the 5  
20 boroughs that treat veteran cancer patients. My  
21 glomus tumor is very rare, less than 50 in medical  
22 recorded conditions history. One of my physician's  
23 name is Mohammad Al-Ajam. His team published the  
24 findings of the Glomus Tumor and CHEST annual meeting  
25 2017, Toronto, Canada. The team came up with a way to

2 treat and monitor the growth of my glomus tumor. You  
3 see, only 3 out of 10 patients survive the carotid  
4 resection procedure surgery due to the locality of  
5 the tumor. I'm glad that the team at the Brooklyn VA  
6 Medical Center found another approach. Fortunate to  
7 be seen at Memorial Sloan Kettering Medical Center  
8 too during the pandemic, needed my procedure done.  
9 Memorial Sloan Kettering Medical Center was unable to  
10 ensure the treatment. They could only see me as an  
11 ambulatory patient.

12 SERGEANT-AT-ARMS: Time expired.

13 DONDI MCKELLAR: I needed to have someone  
14 to pick me up afterwards. I didn't have anyone  
15 because I live alone. The Brooklyn VA Medical Center  
16 sent a car to my home in the Bronx and kept me  
17 overnight to ensure I got the healthcare I needed to  
18 stay alive. They sent me back home by car and called  
19 and checked on my recovery the next day. I know the  
20 service given to me at the New York City Veterans  
21 Affairs Medical Centers have been lifesaving and the  
22 healthcare is outstanding. The environment is set up  
23 so you can receive a variety of helpful information  
24 to assist you when you transition to civilian life. I  
25 received a recommendation to be a part of the medical

2 marijuana program to help me with my PTSD and the  
3 glomus tumor from the VA Manhattan Medical Center. I  
4 was able to use (INAUDIBLE) MD to complete the  
5 process and receive a medical marijuana card. I  
6 believe that the New York City VA Medical Centers  
7 place the veterans' overall healthcare needs first. I  
8 need for these facilities to remain open.

9 Thank you for your time. Dondi McKellar.

10 CHAIRPERSON HOLDEN: Thank you, Dondi.

11 Nice to see you again, by the way, and thank you for  
12 your heartwarming story. This is a very, very  
13 important part of this hearing. Your testimony that  
14 really the hospital saved your life and certainly  
15 gave you comfort and really obviously you had the  
16 best treatment possible at the hospital, and we thank  
17 you for your testimony. Again, great seeing you  
18 again, and hopefully we'll see each other again.

19 I just want to wrap up this hearing.

20 Thank you all for your very valuable testimony. All  
21 the panelists were great.

22 In closing, I want to thank Bianca Vitale  
23 who was Committee Counsel for the Veterans Committee.  
24 She went to the other side but that's the good side  
25 too so we're both working as a team, and we want to

2 thank Bianca for all her great work on this  
3 Committee. We wish you luck, and we know you have a  
4 great boss so you should be in good hands.

5 I want to thank Elizabeth Arzt also, our  
6 Counsel, who's done a great job, your first hearing.  
7 Thank you so much for that. Sergeants-at-Arms, thank  
8 you all. Thanks for your help.

9 This hearing is adjourned. Thank you.

10 [GAVEL]

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C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date July 29, 2022