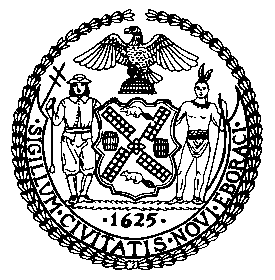
Committee on Veterans

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**THE COUNCIL OF THE CITY OF NEW YORK**

**COMMITTEE REPORT OF THE HUMAN SERVICES DIVISION**

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**COMMITTEE ON VETERANS**

Honorable Robert Holden, Chair

**June 17, 2022**

**Oversight: How New York City's Veterans Access Healthcare**

**INT. NO. 394-2022:** By Council Member Holden

**TITLE:** A Local Law to amend the New York city charter, in relation to requiring each community board to establish a veterans committee

**Res. No. 130-2022:** By Council Members Brewer, Holden, Yeger, Hanif, Sanchez, Stevens, Schulman, Kagan, Ung, Barron, Joseph, Ayala, Restler, Nurse, Williams, Farìas Paladino, Carr, Ariola, Borelli

**TITLE:** Resolution calling on the Federal Government to halt the planned closure of Manhattan and Brooklyn’s Veteran Affairs Medical Centers

**I. INTROUDCTION**

On June 17, 2022, the Committee on Veterans, chaired by Council Member Robert Holden, will hold an oversight hearing entitled *“How New York City’s Veterans Access Healthcare.”* The Committee will also hear Introduction Number 394-2022 (Int. 392), a local law to amend the New York city charter, in relation to requiring each community board to establish a veterans committee, as well as Resolution Number 130 (Res. 130), sponsored by Council Member Gale Brewer, calling on the Federal Government to halt the planned closure of Manhattan and Brooklyn's Veteran Affairs Medical Centers. Among those invited to testify are representatives from the New York City Department of Veterans’ Services (DVS) and other interested parties.

**II. BACKGROUND**

***Factors Impacting Veterans’ Health***

Veterans represent a unique population of men and women who face extraordinary health risks during deployment.[[1]](#footnote-1) Because many veterans have served on overseas missions, including in combat, veterans with service-connected health issues are a clinically complex and potentially vulnerable population.[[2]](#footnote-2) A multitude of social determinants influence the overall health of a veteran, including: employment; income; education; food security; substance use; disability status; and mental health.[[3]](#footnote-3)

Post-traumatic stress disorder (PTSD) is a prime example of how a unique service-related condition impacts a veteran’s overall health. For veterans, mental health problems can present a major obstacle to reintegrating into civilian life.[[4]](#footnote-4) PTSD can develop after experiencing or witnessing a traumatic event that is beyond a typical stressor, such as warfare, natural disasters, or other life-threatening events.[[5]](#footnote-5) The rate of PTSD in the veteran population has been found to be double that of the general population: 12.9% compared with 6.8%.[[6]](#footnote-6) Veterans with PTSD may be at increased risk for other conditions or problems such as traumatic brain injury (TBI), military sexual trauma (MST),[[7]](#footnote-7) sleep problems, substance use, pain, and other psychiatric disorders.[[8]](#footnote-8)

Veterans’ distinctive needs lead to correlated medical conditions. Veterans disproportionately experience higher rates of substance use, post-traumatic stress, suicide, and disability, when compared with their civilian counterparts.[[9]](#footnote-9) Veterans’ growing reliance on private sector health care requires providers to be informed of a patient’s military history so they can offer culturally competent care.[[10]](#footnote-10)

***How Veterans Access Health Care in New York State***

The Veterans Health Administration (VA) provides medical, surgical, and rehabilitative care in New York State through 12 medical centers, dozens of community-based outpatient centers, and 16 Vet Centers (community-based facilities that offer a variety of free services to veterans and their families, including counseling and social services).[[11]](#footnote-11) The VA has spent more than $3 billion annually on health care for veterans in New York.[[12]](#footnote-12) In 2017, nearly half (378,361) of New York veterans were enrolled in VA health care, with approximately 59% of them visiting a VA health care facility during the year.[[13]](#footnote-13) According to a 2011 study conducted by the RAND Corporation, approximately half of the veteran population in New York would prefer to receive their care from private providers.[[14]](#footnote-14) National trends show that veterans who use VA for health care are typically older and sicker than other veterans; however, veterans who rely most on VA care tend to be younger and poorer, and to live in rural areas and lack health care from other sources.[[15]](#footnote-15) In recent years, the VA has faced questions about veterans' access to quality care.[[16]](#footnote-16) Veterans’ hospitals, which treat seven million patients annually, have struggled to see patients in a timely fashion due to the growing number of returning Iraq and Afghanistan veterans and aging Vietnam veterans in need of care.[[17]](#footnote-17)

While VA is a critical source of veterans’ health care, many veterans receive care from outside the VA health system. Most veterans enrolled in VA health care have another source of health coverage, such as Medicare or employer-sponsored insurance.[[18]](#footnote-18) In New York, nearly 70% of veterans under the age of 65 have private health insurance coverage either through their employer, through the New York State of Health insurance marketplace, or by purchasing directly from an insurance company.[[19]](#footnote-19) Approximately 9% of non-older adult veterans in New York only have health care coverage through VA.[[20]](#footnote-20) Thus, providers working in the civilian sector are an increasingly important part of the overall health workforce addressing veterans’ needs.

***Public Versus Private Coverage***

Over the past decade, the demand for health care services among veterans has increased.[[21]](#footnote-21) To meet this demand, the VA has hired more healthcare professionals to work in its facilities and has expanded its purchases of care from private sector providers for veterans whose needs cannot be met in a VA setting.[[22]](#footnote-22) The VA has a variety of programs that allow it to purchase private care for eligible veterans who could not receive services in a timely manner because of the capacity or capability of the nearest VA facility.[[23]](#footnote-23) These programs were consolidated under the Veterans Choice Act in 2014 and expanded under the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION )Act of 2018.[[24]](#footnote-24) Veterans are eligible for the VA’s Community Care program if they meet one of six criteria demonstrating that the VA cannot furnish quality care within a reasonable distance, a timely manner, or it is in the veteran’s best medical interest to seek care outside of the VA.[[25]](#footnote-25)

There are a variety of reasons why New York’s veterans seek care from a community care provider. In a 2018 RAND Corporation survey of private healthcare providers, 39% of providers reported that veterans sought care from their practice because they have established relationships with their veteran patients.[[26]](#footnote-26) 31% reported that veterans chose community providers due to proximity and limited access to specialty care at VA facilities.[[27]](#footnote-27) This shift in demand towards community-based healthcare underscores the need for private healthcare professionals to possess the skills and readiness to manage service-connected needs among New York’s veterans.[[28]](#footnote-28)

***Private Sector Provider Readiness***

Because of the increased reliance on private sector health care in recent years, there is a growing need for non-VA health care providers to be aware of a patient’s military history and provide veterans with culturally-competent care.[[29]](#footnote-29) However, very little is known about whether private health care providers are equipped to offer timely access to high-quality health care that addresses the unique needs of veterans.[[30]](#footnote-30) In 2018, the RAND Corporation conducted a first of its kind study designed to assess the capacity and readiness of health care providers to address the service-connected health-related needs among veterans in New York State.[[31]](#footnote-31) Readiness criteria used in the RAND study included whether survey participants were: (1) currently accepting new patients; (2) prepared to deal with conditions common among veterans; (3) providing high-quality care to their patients; (4) screening for other conditions common among veterans; (5) accommodating patients with disabilities; (6) familiar with military culture; and, (7) screening patients to determine whether they are current or former members of the armed forces or family members of such a person.[[32]](#footnote-32)

The RAND study found that very few of the New York State health care providers surveyed (only 2.3%) meet the readiness criteria to be able to provide timely, high-quality care to veterans.[[33]](#footnote-33) The RAND study also found that while most health care providers in New York State reported accepting new patients (90%), being able to provide timely care (61%) and follow clinical practice guidelines (70%), most also know little about the military culture or veterans, and are unfamiliar with VA initiatives to expand access to community based care for VA-enrolled veterans.[[34]](#footnote-34) For example, 72% of the New York health care providers surveyed did not know how to refer a patient to the VA.[[35]](#footnote-35) Similarly, one in five reported being aware of the programs within the VA Community Care network or were engaged in treating VA patients through the programs.[[36]](#footnote-36)

Based on the study’s findings, the RAND Corporation issued a set of recommendations to help improve the readiness of health care providers across the state, including:

* Increasing provider familiarity with and preparedness related to military culture and service-connected health conditions;
* Improving provider screening practices regarding patients' backgrounds, current clinical concerns, and any relevant occupational or environmental exposures;
* Improving provider understanding about and engagement with the Veterans Health Administration (VHA) and available resources for veterans; and
* Implementing a quality monitoring and management system for community care.[[37]](#footnote-37)

***DVS Services: Care Coordination and Benefits Claims***

The health care systems that serve veterans can be extremely complicated to navigate.[[38]](#footnote-38) In many instances, getting veterans to access the benefits and services that are available to them will require personalized assistance.[[39]](#footnote-39) For example, the VA Health Administration has complicated and changing eligibility and priority rules, and the locations and types of treatments that are available also change over time.[[40]](#footnote-40) Care and benefits available to a given veteran through state programs, local nonprofits, and private insurance can be just as complicated.[[41]](#footnote-41)

Locally, the New York City Department of Veterans’ Services (DVS) provides navigation assistance to veterans and their families through VetConnectNYC, an innovative technology platform provided by Unite US.[[42]](#footnote-42) VetConnectNYC provides veterans and their families with a single point of entry to connect to care, services and resources.[[43]](#footnote-43) DVS Care Coordinators receive all requests made through VetConnectNYC and process them within 3-5 business days.[[44]](#footnote-44) DVS staff work directly with veterans and their families to provide referrals to quality care provided by a network of community-based providers.[[45]](#footnote-45) DVS also connects veterans and their families to VA health programs and provides information regarding insurance options.[[46]](#footnote-46)

Additionally, DVS accredited staff members assist NYC veterans and their families with processing Veterans Affairs (VA) disability claims.[[47]](#footnote-47) DVS accredited staff members in the VA Claims Unit provide quality service, advocacy, guidance, and assistance on the VA claims review process.[[48]](#footnote-48) The mission of the VA Claims Unit is to help prepare and package a VA claim that is substantial, valid, and clearly identifies the pertinent information relevant to the claim.[[49]](#footnote-49)

**III. ANALYSIS OF INTRODUCTION NO. 394-2022**

Introduction No. 394-2022, sponsored by Council Member Holden, would amend the New York city charter to require each community board to establish a veterans committee dedicated to the needs of veterans and their families. Meetings of such veteran committees would be open to the public except where applicable law provides otherwise. This local law would take effect 90 days after it becomes law.

**IV. ANALYSIS OF RESOLUTION NO. 130-2022**

Resolution No. 130-2022, sponsored by Council Member Brewer, calls on the Federal Government to halt the planned closure of Manhattan and Brooklyn’s Veteran Affairs Medical Centers. In March 2022, the U.S. Department of Veteran Affairs (VA) issued market recommendations to the Asset Infrastructure Review Commission for the purpose of modernizing and realigning the VA healthcare system.[[50]](#footnote-50) Among the VA’s recommendations for the Metro New York Market are plans to close the Brooklyn and Manhattan VA Medical Centers while rerouting services by means of strategic collaborations to other medical service providers in the area.[[51]](#footnote-51) The VA cited decreased enrollment over the next decade, aging facilities, accessibility issues and the federal government’s real estate interests among the factors justifying the recommended closures.[[52]](#footnote-52) However, these proposed closures have the potential to dramatically shift how and where veterans in New York City receive health care and mental health services.

Critics of the proposed closures suggest that if the VA’s recommendations are implemented by the AIR Commission, thousands of veterans and their families who live in or near both areas and who depend on these facilities as their main source of health care would be unduly burdened.[[53]](#footnote-53) The American Federation of Government Employees Locals 2094, 862 and 1667 are also concerned that the planned closures would cause mass layoffs among VA employees, many of whom are veterans themselves.[[54]](#footnote-54)

**V. Conclusion**

At today’s hearing, the Committee expects to learn more about the current health care needs of NYC veterans and any challenges veterans face in accessing timely and quality health care services. The Committee is also interested in receiving feedback on Resolution 130 of 2022.

Int. No. 394

By Council Member Holden

..Title

A Local Law to amend the New York city charter, in relation to requiring each community board to establish a veterans committee

..Body

Be it enacted by the Council as follows:

Section 1. Subdivision d of section 2800 of the New York city charter is amended by adding a new subparagraph 23 to read as follows:

(23) Establish a committee dedicated to the needs of veterans and their families, with the meetings of such committee open to the public except as otherwise provided by law.

§ 2. This local law takes effect 90 days after it becomes law.

Session 12

BG

LS #8584

5/13/22

Session 11

ENB

LS#662

Int. 395-2018

Res. No. 130

..Title

Resolution calling on the Federal Government to halt the planned closure of Manhattan and Brooklyn’s Veteran Affairs Medical Centers.

..Body

By Council Members Brewer, Holden, Yeger, Hanif, Sanchez, Stevens, Schulman, Kagan, Ung, Barron, Joseph, Ayala, Restler, Nurse, Williams, Paladino, Carr, Ariola and Borelli

Whereas, As of 2021, an estimated 210,000 veterans live in New York City (NYC) according to NYC Department of Veteran Services; and

Whereas, Veterans selflessly served and sacrificed for our city and our country, and we owe them a great deal of gratitude; and

Whereas, Veteran Affairs medical centers were created to best help veterans with services “under one roof” with (1) system-wide clinical expertise regarding service-connected conditions and disorders; (2) a team approach to primary care that is veteran-centric; (3) a holistic view that includes physical, psychosocial, and economic determinants; (4) and critical support services for family members and caregivers; and

Whereas, Veteran Affairs medical centers are essential and extraordinary in terms of bringing together comprehensive expertise in a single health care system with experts in preventive care, inpatient hospital services, urgent and emergency care services, mental health, and support services; and

Whereas, COVID-19 has greatly affected the veteran population’s health, has exacerbated social isolation and mental health needs, and made these centers more needed than ever; and

Whereas, The Veteran Affairs New York Harbor Healthcare System is a set of hospitals run by the United States Department of Veterans Affairs in the NYC area; and

Whereas, It is comprised of three medical centers, two community outpatient clinics, and three veteran centers; and

Whereas, We continue to keep our promise to veterans that dates back to President Lincoln’s second inauguration when he charged a wounded nation to care for those “who shall have borne the battle” and for their families and their survivors; and

Whereas, That promise echoes into today that there is no more noble mission in this country than keeping that fundamental promise; and

Whereas, The U.S. Department of Veteran Affairs recently recommended closing the Veteran Affairs medical centers in Brooklyn and Manhattan and establishing partnerships with community affiliates and outpatient clinics; and

Whereas, Now more than ever, the federal government should remain fully committed to fulfill the sacred obligation we have for those who served by continuing to advocate for our local NYC Veteran Affairs medical centers to continue to be premier, all-in-one centers for our veterans, their families, caregivers, and survivors; now, therefore, be it

Resolved, That the Council of the City of New York calls on the Federal Government to halt the planned closure of Manhattan and Brooklyn Veteran Affairs Medical Centers.

VM

4/4/2022

LS #8347

1. Terri Tanielian, et al., *Ready or Not? Assessing the Capacity of New York Health Care Providers to Meet the Needs of Veterans*, RAND Corporation (2018), *available at* <https://www.rand.org/content/dam/rand/pubs/research_reports/RR2200/RR2298/RAND_RR2298.pdf> [↑](#footnote-ref-1)
2. *Id*. [↑](#footnote-ref-2)
3. *New York’s Veterans: An In-Depth Profile,* New York State Health Foundation (October 2021), *available at* <https://nyhealthfoundation.org/wp-content/uploads/2021/10/new-york-veterans-in-depth-profile-oct-2021.pdf>. [↑](#footnote-ref-3)
4. *Id*. [↑](#footnote-ref-4)
5. *Id*. [↑](#footnote-ref-5)
6. *Id*. [↑](#footnote-ref-6)
7. Military sexual trauma refers to sexual assault or sexual harassment experienced during military service. [↑](#footnote-ref-7)
8. B.S. Johnson, et al., *Enhancing veteran-centered care: a guide for nurses in non-VA settings*, The American Journal of Nursing (2013), *available at* <https://doi.org/10.1097/01.NAJ.0000431913.50226.83>. [↑](#footnote-ref-8)
9. *Id*. [↑](#footnote-ref-9)
10. *Supra*, note 1*.* [↑](#footnote-ref-10)
11. *Supra*,note 3*.* [↑](#footnote-ref-11)
12. *Id.*  [↑](#footnote-ref-12)
13. *Id.* [↑](#footnote-ref-13)
14. *Id*. [↑](#footnote-ref-14)
15. Carrie M. Farmer, et al., *Balancing Demand and Supply for Veterans' Health Care: A Summary of Three RAND Assessments Conducted Under the Veterans Choice Act*, RAND Corporation (2016), *available at* <https://www.rand.org/pubs/research_reports/RR1165z4.html>. [↑](#footnote-ref-15)
16. *Id*. [↑](#footnote-ref-16)
17. Jennifer Steinhauer and Dave Philipps, *VA Seeks to Redirect Billions of Dollars into Private Care*, The New York Times (Jan. 12, 2019), *available at*

    <https://www.nytimes.com/2019/01/12/us/politics/veterans-administration-health-care-privatization.html>. [↑](#footnote-ref-17)
18. *Supra* note 1*.* [↑](#footnote-ref-18)
19. *Supra*,note 3*.* [↑](#footnote-ref-19)
20. *Id*. [↑](#footnote-ref-20)
21. *Supra*, note 1*.* [↑](#footnote-ref-21)
22. *Id.* [↑](#footnote-ref-22)
23. *Supra*,note 3.*.* [↑](#footnote-ref-23)
24. *Id.* [↑](#footnote-ref-24)
25. *New Eligibility Criteria a major Improvement over Existing Rules*, The VA Vantage Point (Apr. 9, 2019), *available at* <https://blogs.va.gov/VAntage/58621/new-eligibility-criteria-a-major-improvement-over-existing-rules/>. [↑](#footnote-ref-25)
26. S*upra*, note 1*.* [↑](#footnote-ref-26)
27. *Id.* [↑](#footnote-ref-27)
28. *Id.* at 1. [↑](#footnote-ref-28)
29. *Supra*, note 1 at 2. [↑](#footnote-ref-29)
30. *Id*. [↑](#footnote-ref-30)
31. Most of the New York State health care providers surveyed in the study reported practicing in the metropolitan region of the state. *Id*. at 11. [↑](#footnote-ref-31)
32. *Id*. at 8-9. [↑](#footnote-ref-32)
33. *Id*. at 42. [↑](#footnote-ref-33)
34. *Id*. at 46. [↑](#footnote-ref-34)
35. *Id*. at 44. [↑](#footnote-ref-35)
36. *Id*. [↑](#footnote-ref-36)
37. *Id*. at 42 – 45. [↑](#footnote-ref-37)
38. Carrie M. Farmer, et. al., *A Needs Assessment of New York State Veterans: Final Report to the New York State Health Foundation,* RAND Corporation (2011), 55, *available at* <https://www.rand.org/pubs/technical_reports/TR920.html>. [↑](#footnote-ref-38)
39. *Id*. [↑](#footnote-ref-39)
40. *Id*. [↑](#footnote-ref-40)
41. *Id*. [↑](#footnote-ref-41)
42. N.Y.C. Dep’t of Veterans Services (DVS*), Local Law 44 DVS Services and Performance Annual Report for FY 2021 Report* (Dec. 1, 2021), 1, 8, *available at* <https://www1.nyc.gov/assets/veterans/downloads/pdf/local_laws/Local-Law-44-DVS-Annual-Report-2021-Mayor.pdf>. [↑](#footnote-ref-42)
43. *Id.* [↑](#footnote-ref-43)
44. N.Y.C. DVS, *About VetConnectNYC*, *available at* <https://nyc.uniteus.com/vetconnectnyc/>. [↑](#footnote-ref-44)
45. N.Y.C. DVS*, Local Law 44 DVS Services and Performance Annual Report for FY 2021 Report* (Dec. 1, 2021), 1, *available at* <https://www1.nyc.gov/assets/veterans/downloads/pdf/local_laws/Local-Law-44-DVS-Annual-Report-2021-Mayor.pdf>. [↑](#footnote-ref-45)
46. N.Y.C. DVS, *Services: Physical Health*, *available at* <https://www1.nyc.gov/site/veterans/services/physical-health.page>. [↑](#footnote-ref-46)
47. N.Y.C. DVS, *Services: Benefits* Navigation, *available at* <https://www1.nyc.gov/site/veterans/services/benefits-navigation.page>. [↑](#footnote-ref-47)
48. *Id*. [↑](#footnote-ref-48)
49. *Id*. [↑](#footnote-ref-49)
50. U.S. Dep’t of Veteran Affairs, *VA Recommendations to the AIR Commission, Volume II: Market Recommendations*, (March 2022), *available at* <https://www.va.gov/AIRCOMMISSIONREPORT/Volume_II.asp>. [↑](#footnote-ref-50)
51. U.S. Dep’t of Veteran Affairs, *VISN 2 Market Recommendations*, March 2022, 56 - 58, *available at* <https://www.va.gov/AIRCOMMISSIONREPORT/docs/VISN02-Market-Recommendation.pdf>. [↑](#footnote-ref-51)
52. *Id.* [↑](#footnote-ref-52)
53. *See* Sarah Huffman, *Bronx Veterans Voice Concern Over Expected NYC VA Medical Center Closures*, Norwood News, Apr. 25, 2022, available at <https://www.norwoodnews.org/bronx-veterans-voice-concern-over-expected-nyc-va-medical-center-closures/>. [↑](#footnote-ref-53)
54. *See* Max Parrott, Union workers, Maloney rally to Manhattan VA hospital closure, AM New York (Apr. 18, 2022), *available at* <https://www.amny.com/politics/union-workers-maloney-rally-to-stop-manhattan-va-hospital-closure/>. [↑](#footnote-ref-54)