NOTICE OF ONLINE VIDEO PUBLIC HEARING

SUBJECT: The Impacts of COVID-19 on New York’s Veterans

PURPOSE: To explore veteran-specific impacts of COVID-19 including, the provision of care at State veterans’ nursing homes, access to health and mental health services, loss of employment opportunities, and ways to protect veterans from future adverse impacts.

Friday, August 14, 2020
10:30 a.m.
Web Link: https://www.nysenate.gov/events
https://www.nyassembly.gov/av/live/

ORAL TESTIMONY BY INVITATION ONLY

COVID-19 has had a dramatic impact on the State overall, with residents of nursing homes, including the five state-regulated veterans’ nursing homes, experiencing a significant number of COVID-19 related deaths. Veterans and their families have also suffered unique impacts. For example, veterans struggling with PTSD, substance abuse and isolation issues have had to struggle with access to health and mental health services, which sometimes requires unavailable broadband service, while also experiencing higher than average unemployment rates. At the same time, the organizations that provide critical programs and services to address the needs of the veterans’ community have had to change the ways they provide such services while coping with decreased resources. The purpose of this hearing is to allow the Committees to examine these issues and solicit feedback from interested stakeholders on how to best address these issues.

Persons invited to present pertinent testimony to the Committees at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified of means by which to testify and/or in the event of emergency postponement or cancellation.

Oral testimony will be limited to five minutes’ duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to meet the needs of those who may have a disability, the Legislature, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

John E. Brooks  Didi Barrett
Chair, Senate  Chair, Assembly
Committee on Veterans, Homeland Security &  Committee on Veterans’ Affairs
Military Affairs

Pamela Hunter
Chair, Assembly
Subcommittee on Women Veterans
PUBLIC HEARING REPLY FORM

ORAL TESTIMONY BY INVITATION ONLY
Testimony will be taken only upon approval by the Committee Chairs. Individuals who have been invited to present testimony at the public hearing on the Impacts of COVID-19 on New York’s Veterans are requested to complete this reply form as soon as possible and e-mail a copy of planned testimony. Individuals invited to participate will be notified within 48 hours of the hearing. All replies and draft testimony submissions must be e-mailed to:

Nic Rangel, Senior Counsel
Senate Committee on Veterans, Homeland Security and Military Affairs
Email: Rangel@nysenate.gov
Phone: 518-455-7925

&

Joanne Martin, Principal Analyst
Assembly Committee on Veterans’ Affairs
Email: martinj@nyassembly.gov
Phone: (518) 455-4363

☐ I have been invited to make a public statement at the hearing. My statement will be limited to five of minutes, and I will answer any questions which may arise.

☐ I will address my remarks to the following subjects:

____________________________________________________________________

☐ I do not plan to attend the above hearing.

☐ I would like to be added to the Committee mailing list for notices and reports.

☐ I would like to be removed from the Committee mailing list.

☐ I will require assistance and/or handicapped accessibility information. Please specify the type of assistance required: ________________________________________________________________

ALL INFORMATION BELOW MUST BE COMPLETED:

NAME: ___________________________________________________________________

TITLE: ___________________________________________________________________

ORGANIZATION: ___________________________________________________________________

ADDRESS: ___________________________________________________________________

E-MAIL: ______________________________________________________________________

TELEPHONE:__________________________________________________________________