

**Brooklyn-Manhattan VA Medical Centers
Local Advisory Panel Public Meeting
May 03, 2005
Marriott at Brooklyn Bridge
Start Time: 3:00PM**

➤ Participants:

- Local Advisory Panel members present: Van Dunn, MD, Chair; Michael Simberkoff, MD; Eugene Felgelson, MD; George Basher; Clarice Joynes; Kenneth Mizrach
- Local Advisory Panel members absent: Robert Glickman, MD; Gerard Kelly
- PricewaterhouseCoopers: Ryder Smith, Garey M. Fuqua, Paul Chrencik, Dana Walker, Kristin Eberhard
- Perkins + Will: Susan Niculescu; Sally Hindereger
- Economics Research Associates: Shuprotim Bhaumik; David Anderson
- VAMC Support Team: John Mazzulla, Public Affairs Office; Stephen Gonzenbach, CARES Support Team Leader; Christine Crockett, Data Manager
- Others: Allen Berkowitz, Assistant Director, VA Office of Strategic Initiatives; Louis DeNino, VSSC; Jay Halpern, Special Assistant to the Secretary and Designated Federal Official, VA Office of Strategic Initiatives
- Public (estimated attendance: 350 excluding above, other VA support staff and media)

Opening Statements: (Dr. Van Dunn)

- Overview of Meeting Agenda
- Introduction of Panel Members
- Introduction of Team PwC
- Introduction of VAMC Support Team
- Purpose of the public meetings
 - To listen to the input of stakeholders
 - To announce upcoming meetings
- Motion passed to accept a letter from Mayor Bloomberg into public record
- Motion passed to deviate from set agenda to permit special consideration and allowances for testimony of elected officials
- Motion passed to allow panel members to ask questions during and after presentations
- Motion passed to allow questions from the audience only after presentations
- Explanation of methods in which stakeholders can submit feedback (oral testimony, written testimony, comment forms, website)

- Pledge of Allegiance
- Standard Operating Procedures: Dr. Gonzenbach (CARES Support Team Leader)
 - Report on Local Advisory Panel Administrative Meeting from the morning
 - Purpose was to develop Standard Operating Procedures (SOP), and address roles and responsibilities of the Local Advisory Panel
 - Also covered meeting logistics to prepare for the public meeting .
 - Motion to accept minutes of Administrative Meeting
 - Call to vote; motion carried unanimously; passed as stated
 - Further described the time allowed for testimony and explained the light indicators (green, yellow, red) that will be used for timing purposes
 - Explanation of rules for giving testimony:
 - Three-minute time limit for speakers
 - Before giving testimony, speaker should give and spell their names and identify their affiliation
 - Motion to accept the SOP:
 - Call to vote; motion carried unanimously; passed as stated

Demand Planning and Statistic Presentation

- Stephen Gonzenbach presented slides summarizing demand planning and statistical analysis.
- History and background of CARES
- Review of the Secretary's May 2004 Decision Document
- Purpose of the business study
- The role of the Local Advisory Panel:
 - To study the Secretary's decision
 - Study is limited to what is identified in the Secretary's decision
- Projections done by Milliman USA, one of the leading healthcare actuaries in the country
 - Looked at private sector projections and adjusted them to conform to VA characteristics (i.e., age of population; services utilized)
 - Projections are updated every year
- Discussion of market areas
- Questions and comments from the Panel:
 - Do projections include current troops serving in Iraq? Response: Yes.
 - Do the projections assume no more wars? Response: No, will be adjusted based on DoD force projections.
 - Can you clarify behavioral health and substance abuse needs and the variance between Manhattan and Brooklyn Campuses? Response: Not at this time.
 - Are clinical services considered, ie pulmonary care? Response: Yes.

- Questions and Comments from the Audience:
 - How are the increased needs of medical care for Vietnam Vets being considered? Response: These are factored into the projections.
 - When was the data compiled? Response: 2004.
 - Is CARES considering future care needs? Is it considered that some people have two residences? Response to both: Yes.
 - Are the Reserves and the National Guard, as well as troops returning from Iraq considered in the data? Response: Yes.
 - Does the data take into consideration the Medicare and Medicaid budget cuts? Response: No.
 - Are satellite offices feasible? Response: Yes, depending on the options to be developed.

Methodology and Tools, including Options Development and Timing for Brooklyn-Manhattan

- Ryder Smith, Lead Consultant at PricewaterhouseCoopers, LLP presented slides.
 - Recapped the history and background of the Secretary's Decision and the goal of the current study.
 - Outlined what will be studied, the study phases, timelines, PwC's role, and project organization chart.
 - Introduced the idea of Business Plan Options (BPOs) and PwC's approach to developing and evaluating BPOs.
 - BPOs will be based on the clinical services required and will consider location, organization of services, ownership of buildings and land, and operations of buildings and land.
 - Public and Interest Group input will be sought through four principal means: first in the meetings with Local Advisory Panel; second through written testimony; third through a website, and fourth via a mail stop.
 - Input will be collected, analyzed and considered in option development
- Questions from the Panel:
 - What is the role of Homeland Security facilities and Public Transportation as it relates to the access of the facilities? Response: This data will be considered in the development of the options.
 - What is the weighting of quality, access and cost concerns? Response: No weights have been assigned at this time.
- Questions and Comments from the Audience:
 - Will the public have access to the data that is part of the study? Response: Yes.

- Is the utilization of the Manhattan facilities being considered?
Response: Yes.
- Is the PricewaterhouseCoopers contract public information?
Response: No. A summary of the Statement of Work is publicly available.
- Who is PricewaterhouseCoopers and why were they chosen for this contract? Response: PwC is one of the largest healthcare professional services firms. The contract was competitively awarded.
- How are property values being considered? Response: This will be determined during the study.
- How are people who live in Long Island being considered?
Response: This data is available to the study.
- Is the decision already made? Response: No.

Open Floor for Audience Comments:

- **Testimonial 1:** Will consolidation enhance or maintain and improve quality of care? The Brooklyn VA should not close its doors. The Brooklyn VA is essential. Land is available for expansion at the Brooklyn VA, including parking.
- **Testimonial 2:** The speaker is opposed to any closure of any VAMC, especially Brooklyn VA. Should not break promises to veterans, such as through co-pay increases and enrollment fees. The Manhattan VA is not easily accessible by Staten Island veterans.
- **Testimonial 3:** Opposed to any reduction in service at Brooklyn VA. Staten Island veterans must travel over an hour to get care. Parking is not an issue at the Brooklyn VA. Focus should be on improving access, not closing the facility. The Brooklyn VA is large enough for future expansion.
- **Testimonial 4:** Against any closing or reduction of services. The Brooklyn VA is highly accessible by car. There is plenty of parking. Long commutes to Manhattan VA would prevent those seeking medical care from getting it. Should not close any veteran facility.
- **Testimonial 5:** The conclusions of the CARES commission are ill-conceived and not worth a dime. The speaker thinks the 23rd Street facility will be closed. Veterans will begin a PR battle. The public will back the veterans.
- **Testimonial 6:** The speaker is opposed to any consolidation of services at either facility. Healthcare needs to be reachable to be useful. It is very difficult to use public transportation to reach the Manhattan VA from Staten Island, regardless of being disabled or not. Do not consolidate. Keep both campuses open. Cut the pork out of budget and give to veterans thorough

healthcare. Include veterans in every meeting going forward on this topic. This committee and the politicians should be truthful.

- **Testimonial 7:** The Manhattan VA is a premiere facility, particularly in tertiary care areas. Consolidation would not preserve this. You would have to rebuild programs from scratch. You would have to spend hundreds of millions of dollars. Do not close, and keep the mission of both facilities.
- **Testimonial 8:** This meeting was poorly announced and over a Jewish holiday. What's going on? What's going on? We need access to healthcare today. Veterans deserve better. Find a way.
- **Testimonial 9:** Make a good faith effort, and keep veteran's interest as priority. Create a better system, not a consolidation. Consolidate back office and non-clinical functions. Veterans need a VAMC in Staten Island and Queens. Veterans would like to be kept aware of progress. The speaker would like to be hopeful that criteria are the proper ones. Found out from nurse in Manhattan VA that the facility will be closing.
- **Testimonial 10:** The Manhattan VA must continue to function as it does now. The speaker received a heart valve implant in 2002. The speaker totally relies on Manhattan VA for all medical support and at that location. Logistically, the speaker believes it would be very difficult to get treatment at another facility as the commute is already an hour each way.
- **Testimonial 11:** The speaker has been enrolled in Manhattan VA for 30 years. There is a geographic incompatibility to get to Brooklyn VA from New Jersey; the Manhattan VA is much more convenient. What is the alternative: Philadelphia? What is the validity on service separation data and DoD projections? There is a difference in the numbers of wounded today than to WWII and Korea. The speaker doubts the enrollee projections.
- **Testimonial 12:** The speaker was on the street for 18 years after Vietnam with PTSD and received treatment at Manhattan VA. The speaker needs the VA. The VA is a lifeline. When those servicemen return from Iraq, they will need treatment and facilities or else there will be consequences in the next 20 years.
- **Testimonial 13:** Why are we having this conversation in first place? The speaker participated ten years ago at Manhattan VA, in a sub-site of NYU aids trial. If the Manhattan VA is lost, we also lose hospital affiliations. Access to care and quality care are two main issues.
- **Testimonial 14:** It took many years after end of prior wars before diseases and problems were identified and treated (Agent Orange and Gulf War

Syndrome). The veteran community is suspicious of VA CARES. The process denies fairness.

- **Testimonial 15:** Stop the nonsense in DC about cutting services and benefits.
- **Testimonial 16:** The speaker had quadruple by-pass at Manhattan-VA. The Manhattan VA has grown from just a VA facility to a superb medical center.
- **Testimonial 17:** The speaker's mental and physical health depends on care from VA. Eliminating one of two VAMCs in NYC will create hardship.
- **Testimonial 18:** The speaker believes veterans are being used and taken advantage of. Promises are being broken.
- **Testimonial 19:** The speaker does not understand how you can cut back on services when military is still in harm's way overseas. Do not cut veteran's services.
- **Testimonial 20:** The VA is underfunded. It is impacting healthcare to veterans. Veterans from Iraqi wars will need healthcare for years to come. Money was taken from VA budget to build roads. No VA facility should be downsized, particularly in New York.
- **Testimonial 21:** There were 10 beds for VA at Bailey Seton Hospital in Staten Island, though now closed.
- **Testimonial 22:** Provide just treatment for those that served and now need healthcare; the speaker lives in New Jersey, and uses Manhattan VA as it is more accessible than those in New Jersey. Keep the VA hospitals open.
- **Testimonial 23:** The speaker is a nurse at Manhattan VA. You must provide quality patient care to veterans. A network of care is required for veterans. The DoD has contracted with Brooklyn VA for some services. Consolidation will inconvenience too many veterans. CARES commission should review the management of Harbor Health Care System.
- **Testimonial 24:** Do not eliminate services at Manhattan VA. Manhattan VA is part of an advanced research network. Manhattan VA has many centers of excellence. There will be significant loss of jobs, if closure occurred at Manhattan VA. Do not close Manhattan VA, it is a great institution.
- **Testimonial 25:** Veterans had a delayed and short notice about Local Advisory Panel hearing. Need better communication next time. Questions to ask of PwC: How many CBOCs will be opened and when? How much will it cost to open five CBOCs in Manhattan? Where will doctors and nursing staff

at Manhattan VA go? What would workload be at new CBOCs? Will they be able to compete with Brooklyn VA visits? How will Brooklyn VA handle all inpatient visits, if Manhattan VA is closed?

- **Testimonial 26:** This is all about divide and conquer. Tell a big lie long enough. . . . VA must remove means test for income and eligibility requirements. Need one comprehensive healthcare system for all Americans.
- **Testimonial 27:** Neither Manhattan nor Brooklyn have capacity to absorb the other. Patient access, training and research would be compromised under any consolidation. Faculty would no longer be able to care for veterans if Manhattan facility was consolidated into Brooklyn. There is also a close NYU-Manhattan-Saint Albans relationship.
- **Testimonial 28:** The two VA facilities are not in close proximity or underutilized. Most NYC residents live within drive time standards. Though Staten Island is close to Brooklyn VA, many still go to Manhattan VA due to not having an automobile.
- **Testimonial 29:** We do not speak of access in miles. We use the clock to measure distance. Many veterans cannot get on subways due to disabilities. Should not change anything in Brooklyn or Manhattan.
- **Testimonial 30:** There is a shortage of funds to treat veterans due to war on terror. There is a stigma over PTSD and other mental health issues. In January of 1996 the speaker flat-lined in Brooklyn VA. The speaker was in a drug-induced coma for 30 days. The speaker flew to the Richmond VA and had quadruple bypass. If this service is available at Manhattan VA, the speaker asked why was he sent and treated at the Richmond VA.
- **Testimonial 31:** Neither Brooklyn nor Manhattan should close. Workload has been going up in pathology, while FTEs have been going down. Closure will destroy strong level of care as well as affiliations. Closure will ruin vital functions at both.
- **Testimonial 32:** The veterans need facilities, not cutback or consolidation. \$150-million was spent to improve Manhattan VA. We should continue to improve and enhance services. Female veterans need gynecology services. Veterans need geriatric care. Veterans need upgraded psychiatric care. PTSD is on the increase, not decrease. Do not close facility.
- **Testimonial 33:** Bring the services to where veterans live. Closing should not be based real estate value.
- **Testimonial 34:** Veterans have real access issues and difficulties of getting around. As a working doctor, we need to maintain or improve current access.

Outcomes in VA population are better than civilian outcomes. One combined facility could not sustain that level of care. VA care is cost effective. There is no fat in system.

- **Testimonial 35:** What are the effects of outsourcing care on demand forecasts in the model? Global outsourcing will impact veterans. The 2004 DoD statistics are inaccurate. We need new numbers with outsourcing included. Then it will be seen that the facilities should be expanded.
- **Testimonial 36:** The idea of either of these hospitals closing does not make any sense. CARES is wrong in the first place; it doesn't consider elder care or mental care. We are concerned that PwC is basing study only on VA data without validation or other sources. You should reopen programs at Manhattan VA, because the consolidation has already occurred. Services are separate between what's offered at the two sites. Veterans take mass transit to Manhattan and drive cars to Brooklyn.
- **Testimonial 37:** The medical schools not affiliated with VA lack the same quality as those affiliated with VA. VA healthcare is active part of DoD. SUNY-Downstate would be severely impacted if Brooklyn VA closed.
- **Testimonial 38:** Don't forget the issues for female veterans. Don't downsize. Keep your promises.
- **Testimonial 39:** Closure or consolidation would lead to self-medication, drug use and minority concerns.
- **Testimonial 40:** Veterans don't want any facility to close. Veterans healthcare is an obligation by the government. Instead of plans to close you should plan to open more facilities in the short- and near-term.
- **Testimonial 41:** A consolidation is not feasible without significant adverse impact. Access is essential to higher quality healthcare. PwC takes access for granted. Brooklyn VA patients come by automobile. Travel to each facility by automobile and public transportation from different areas and origination points. The training programs are beneficial to recruitment, and consolidation would negatively impact such. Consolidation would also impact access, quality of care, education, and research.
- **Testimonial 42:** Why disrupt or shutdown something that provides unique treatment to a concentrated number of veterans at the Manhattan VA?
- **Testimonial 43:** VA CARES proposal is a modest proposal. However there is a geographic population in need of both facilities.

- **Testimonial 44:** Manhattan VA provides essential services and cannot be replicated anywhere. It excels in many indicators of quality. The referral program in VISN 3 cannot be replicated.
- **Testimonial 45:** Closing or altering function of Manhattan VA should not occur. There are two different worlds of medicine and research and education between the two facilities. Closure of Manhattan VA would force veterans to drop out of VA system and seek care in municipal facilities. CBOCs would provide a lesser quality of care.
- **Testimonial 46:** In 1996, the speaker had open heart surgery that took seven and a half hours at NYU because of having had medical insurance. The speaker was delayed one day due to emergency surgery by surgeon at Manhattan VA.
- **Testimonial 47:** There is no need to close either facility at Brooklyn or Manhattan.
- **Testimonial 48:** The speaker went into Brooklyn VA for psychiatric treatment. The country owes it to veterans.
- **Testimonial 49:** (This speaker read a poem available on the full meeting transcript).
- **Testimonial 50:** Given the reconfiguration of military and current deployments, young and old vets both will need access to healthcare.
- **Testimonial 51:** Veterans with special needs from addicts to elderly to others should remain at facilities, including Manhattan and Brooklyn.
- **Testimonial 52:** This is a moral issue for veterans. We are forced into VAMC. Don't take it away.

Testimony from Public Officials:

- Senator Charles Schumer: We cannot justify eliminating services in the Brooklyn-Manhattan areas under these criteria. The VA is prioritizing cost-cutting measures over a commitment to Veterans.
- Senator Hillary Clinton via telephone: Strongly opposes closing or consolidating either of the Manhattan or Brooklyn facilities, and has serious concerns regarding the process by which the VA decides to make changes to the New York facilities.
- Congresswoman Maloney via telephone: It is a terrible mistake to reduce healthcare coverage. This is a veiled strategy to cut healthcare coverage.

We should use the opportunity to enhance Manhattan VA with reduced wait times and better quality care. There should be more than one hearing in other locations. The public notice of the hearing was short and limited. The Manhattan VA is near mass transit. If travel is long, veterans will delay or forgo treatment. The Brooklyn VA is two miles away from nearest subway stop. Harbor Health Care System in 2012 will have a shortfall of 17 acute care beds. Manhattan VA has centers of excellence. Should reject any attempt to close either hospital.

- Representative on behalf of Representative Nadler: Closing the Manhattan VA is not an option. Veterans are unable to use subway to commute to Brooklyn VA.
- Mr. Marty Markowitz, Brooklyn Borough President: The website content is not populated. Cannot close either facility (Manhattan or Brooklyn) or cut benefits to veterans. Veterans are usually dependent on mass transit. Many subway stations are inaccessible to handicapped. They should be able to go to familiar environments. Take the path as was taken previously to Canandaigua last year about abandoning the plan to shutdown facilities.
- Representative on behalf of State Senator Liz Krueger: I am against a feasibility study which will have a flawed basis. The CARES process would only worsen healthcare for veterans. Would transferred employees travel to other facilities, if offered positions? Against any real estate deals in Manhattan.
- Representative on behalf of Assemblyman Scott Stringer: Consolidation would harm quality and access. There is a strong demand for Manhattan VA, with waiting lists for certain services. Consolidation would weaken relationships and affiliations with NYU and other hospitals. Consolidation is really a closure. There should be no reduction in services.
- Representative on behalf of Assemblyman Mirones: Against consolidating or closing the Brooklyn VA facility. There should be no reduction to healthcare services for veterans.
- Representative on behalf of Marty Golden: Both hospitals should remain open. There should not be an attempt to reduce service to veterans. Any cuts should be reconsidered and rejected.
- Representative on behalf of Congresswoman Velasquez Expresses strong opposition to any reduction in service in Brooklyn or Manhattan. Expansion should be considered, not reduction. Veterans are on six-month waiting lists in New York metro area.

- Representative on behalf of Councilman Gentile: Consolidation of services will reduce services and quality of care. Veterans were promised high quality care. We should discuss re-utilization of entire floors at Brooklyn VA, not more closures. The problem is lack of medical staffing, not demand or need for services. We should increase medical staff at both hospitals. Prevent six-month waiting lists for surgery. Keep medical care available and accessible. Keep both centers open and fully functioning.
- Representative on behalf of Councilwoman Lopez: I am against any service elimination or consolidation of the Brooklyn campus. The wait time is up to a year to see a specialist.

Local Advisory Panel Deliberations - Recap of Public Comments

- Van Dunn, MD, Chair: VA access is a right not a privilege, and access should be measured in time and not distance. There are no perceived notions or options; we value what you say, and will formulate recommendations based upon public comment. Despite possible insufficient notice we extended today's hearing until everyone spoke that wanted to. Summary of the majority of comments includes access issues (considering access in New York City is different than other VA locations; public transportation and traffic must be considered), quality of care, and the need for more sufficient public notice of meeting times and locations.
- Michael Simberkoff, MD: I appreciated comments from VSOs, veterans, affiliates, and co-workers. We have to use data provided from DoD, VA, and PwC. Next time advance notice of the meeting will be provided along with what options are being considered to allow for review time. I appreciate your attendance and comments.
- Eugene Fegelson, MD: I am moved by the passion and feeling of speakers. We are not programmed to come here to support consolidation or closure.
- George Basher: This is not an easy process. Thank you.
- Kenneth Mizrach: I am proud to be here. You made me very proud.
- Clarice Joynes: I heard your concerns and comments. We will provide sufficient notice for future meetings.

10:45pm - Call for adjournment.