

**Montrose/Castle Point VA Medical Centers
Local Advisory Panel Public Meeting
May 11, 2005**

Start Time: 9:05am

Opening Remarks and Introductions

- Participants:
 - LAP members present: MaryAnn Musumeci, Joanne Malina, Arthur Weintraub, Benjamin Weisbroth, Robert Cahill, John Lamoree, Ben Spadaro
 - Absent LAP members: John Testa
 - PricewaterhouseCoopers (PwC) Consultant: Paul Chrencik, Ryder Smith, Jessica Panish
 - Perkins and Will: Susan Niculescu, Robin Hooks
 - VISN Support Team: Alan Hitt, John Grady, Nancy Winter, Natasha de Silva, John Cliffe, John Walsh
 - VA Central Office Support: Lou De Nino, Christina White
 - Public: approximately 100 individuals throughout day

- Welcome: MaryAnn Musumeci, Chair, Local Advisory Panel

- Pledge of Allegiance: led by Robert Cahill

- Overview of Meeting Procedures: (Ms. Musumeci)
 - Introduction of LAP members.
 - Introduction of PwC Team and Perkins & Will.
 - Preview of agenda for today's Public Meeting.
 - Review of Administrative Meeting on May 10, 2005.
 - Motion to accept policy and procedures – unanimously accepted by panel.
 - Review of the history of the CARES studies and Secretary's Decision.

Presentations

- Overview of Demand Forecast Methodology and Review of Forecasted Demand Data: (Ms. de Silva).
 - Presentation of slides.

- Questions from the Panel: none
- Questions and Comment from the Audience:
 - The data is based on 2003 figures; I am concerned that decisions will be made based on old data?
 - Response: The data was compiled in 2004 and certain policy changes have been taken into account. This is not a fixed projection, but will change as needed.
 - Is anyone aware of the fact that PTSD doesn't come on over night and takes years, so you can't put a figure on it?
 - Response: The data is adjusted in clinical areas to accommodate certain conditions.

- Numbers from 2003 have been planned for by board?
 - Response: These numbers are based on actual data from Milliman model; we're not eliminating services, just relocating them
- Do these figures don't take into account Iraq soldiers?
 - Response: These numbers do include Iraq statistics, which is only a 1% addition. The rate of new enrollment is much lower than the rate by which older vets are dying.
- These projections don't take into account future wars.
 - Response: The data is not fixed and would be adjusted should war occur or the DoD change the force projections.
- Why are veterans getting kicked out of the VA medical center and forced in nursing homes?
 - Response: We can't answer operational questions, only to data itself.
- How many years has Montrose come in under budget?
 - Response: We have not given back any money. Hudson Valley is always running at budget and asking for more money just to survive.
- There is a difference of 1600 beds at Montrose since the Vietnam War; every time a bed closes VA loses money. We need to go to Congress to get more money to operate hospitals.
- I am concerned that if we continue to raise the bar – meaning increase the requirements for eligibility – for treatment, this is threatening to the veteran population and skewing the projection charts.
 - Response: Veterans need to communicate these issues to Congress.
- Medicare is paying \$50,000 per veteran in a nursing home. Why are we paying \$1B for care to immigrants?
 - Response: Please just ask questions related to data presented here.
- I believe numbers in Orange County are low.
 - Response: We are charged to run facilities the best we can with the money we have, based on the number of veterans we treat. These numbers were created by central office and DoD, and this is just what we have to work with.

- PwC Methodology and Tools, including Options Development and Timing: Ryder Smith
 - 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) PwC's approach to developing and evaluating BPOs.
 - BPOs will be based on the clinical services required and 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 LAP; second through written testimony; third through a website, and fourth via a mail stop.
 - During the meeting the website address was available on an easel at the front of the room.
 - Input will be collected, analyzed and considered in option development

- Questions from the Panel: none
- Questions and Comment from the Audience:
 - Has the previous CARES commission study been put aside? The Enhanced Use Lease project – was already something approved by Secretary Brown in 1999, and they said to go ahead with it, so what happened?
 - Response: The original agreement was rescinded. In this process PwC will present many scenarios, which might include what was done in the past.
 - If you want veterans input, why do you hold these meetings during the day?
 - Response: Thank you for your input and it is up to the Chair to determine times and locations. We will discuss this for further meetings.
 - What is the status of the previous re-use proposal and VA making any decisions to proceed with project so as not to reinvent wheel?
 - Response: This plan was rescinded by a prior Secretary. We understand the plan included the participation of the township, non-profits, developers and the VA. PwC and Jones Lang Lasalle will read the prior plan materials and consider it in the development of options.
 - There is a great residual of knowledge from 4 years of work by “Montrose Elders,” including a legal agreement, which must be pursued. The VA needs to address this!
 - Five years ago it was decided to reduce Castle Point and move everything else here to Montrose. When that proposal came into fruition just caused great confusion. I question the statistics presented.

Open Floor for Audience Comments:

- **Testimonial 1:** Competition for the enhanced use lease project awarded by Secretary Brown was tough; the new Secretary changed things around, but we still have some of the best people around, especially for housing projects. We worked together for years on proposal which has been halted by new administration. \$50 million in private money is available and this plan won't cost VA anything!
- **Testimonial 2:** Since 2001 have seen great decline in facility; this facility is very short of closing and nothing for vets to do here on weekends because they're so short handed here. I was forced to be locked up a psychiatric unit because no one was here to make a decision about my release. There is a wonderful trauma treatment program here with opportunities to help homeless.
- **Testimonial 3:** My observations from this morning – there are complex issues, but solvable and surprised we are starting over with new options because so much work has already been done in past. John Dotson's project (the one approved by Secretary Brown) demonstrates what can be done here. MMR own/develops assisted living, diagnostic treatment centers, nursing homes and work on development projects. Why was the process at Montrose not proceeding faster? Although this study is new, please consider what was already done in past.
- **Testimonial 4:** Not enough publicity about these meetings and this creates apathy! During the day there won't be enough turn out; can we have meetings in evening or on weekends? Why spend millions to build in Castle Point? Put that money into Montrose and utilize the facilities here. Also, if we're at war, how can we close/cut services?!
- **Testimonial 5:** Note that a VSO will host a town hall meeting in September for all veterans in the county.

- **Testimonial 6:** A large percentage of Montrose is currently NOT being used, extremely expensive to maintain, and can be utilized in better fashion, such as a state of the art outpatient clinic. No services will be shifted except nursing home beds and psychiatric beds. We should build affordable housing for all vets in any county here. We need money to help treat veterans better.
- **Testimonial 7:** Take into account previous testimony from a year ago. The plan to relocate psychiatric services is poor and should not happen here. Outpatient services will not alleviate the clinical situation that veterans carry for years. MDD/ PTSD are long-lasting diseases that can be stimulated by environmental factors. The project to move psychiatric services must stop. Also programs for women and bipolar depression need to stay here.
- **Testimonial 8:** Care provided at Montrose has dropped. People are waiting for stress unit programs because there aren't enough doctors. These should be expanded not cut.
- **Testimonial 9:** I fear that we'll keep having more and more hearings. Outpatient services, podiatry, substance abuse, etc. need more money and should stay here. The "Montrose Elders" proposal includes senior housing, psychiatric services. There are only a few buildings on campus that can handle many uses, so we need to redevelop. I agree with Linda Puglisi's proposal.
- **Testimonial 10:** We should not have to relocate for treatment; many people in situations like mine had to go to Georgia for care for one year, which is not fair or right.
- **Testimonial 11:** This is a unique community that accepts veterans, which you can't find at Castle Point. I'm concerned about troops in Iraq after they return home because they will have needs which can NOT be forgotten. US code requires that reuse of buildings is shared with veterans. How are we going to reuse? We already have facilities here, why build something new at Castle Point? How are we saving money? Domiciliary services and homeless veterans are major issues. Don't rush to judgment and let money dictate decisions.
- **Testimonial 12:** Programs here are vital to all veterans in this community (West Chester, Rockland and Cortland for example). This is the best place for these vets. The campus here has number of buildings that have gone to misuse, scaring veterans away. For many veterans this is their last hope and they don't have anywhere to go. Inpatient PTSD programs are few and far between in NY.
- **Testimonial 13:** Communication has been a major issue inside VA and I am not surprised that numbers are going down due to the VA's inability to outreach to those in need.
- **Testimonial 14:** There is a lack of communication between unions and hospital administration. The union is concerned about why programs are going to be closed down.
- **Testimonial 15:** The Enhanced Use Lease program approved under Secretary Brown seems to have nothing to do with CARES initiative. Yet it should be considered moving forward.
- **Testimonial 16:** This facility was ready for emergency situations that have come up: Desert Storm, 9/11; we did and could take in needy patients.
- **Testimonial 17:** How much of the budget goes here?
 - Response from Chairperson Musumeci: 100% of budget from central office is spent here. None of it goes back. 80% goes to employees and 20% for every day use.
- **Testimonial 18:** The magic of Montrose has helped save my life. We need to let people know about these facilities because they can save lives. Too many veterans need the PTSD programs here because it's peaceful and many don't have any other place to go.

- **Testimonial 19:** The Hospital at Montrose is a great resource for veterans who still need to come home. Time that money be spent on veterans.
- **Testimonial 20:** Only SPH serving Hudson Valley, see broad and diverse region with 3 million residents, 30 acute care hospitals, \$3M in health services. Everyone benefits from planned communities and managed programs. Montrose is a significant asset. Mr. John Dotson's plan represents a marvelous step. This program deserves consideration.
- **Testimonial 21:** "In the multitude of words, sin is still apparent" – hear the voice of reason! This nation will be known for how it treats its veterans.

Testimony from Public Officials

- Senator Charles Schumer (via telephone, hard copy separately available): My hope is shared with the veterans on the role of VA. We must continue to work closely with community, not to just maintain, but improve health care for veterans. The plan to transfer services still sacrifices care of veterans and it doesn't make sense to build new buildings. Money should not be the only consideration. Here are the issues on table: what steps will be taken to ensure the Castle Point facility will have adequate money or space to house these new services? Does the VA intend to expand services at Castle Point to address the aging population in Hudson valley? Will there be sufficient services for new veterans? Will veterans' outpatient clinics in the Hudson Valley include X-ray and other needed services? These clinics serve important functions. We need definitive answers before moving forward. Longer waits and long travel distances are a major concern. Reliance on service utilization estimates is another concern. The current administration has implemented major cuts and has no idea on how to prioritize projects. Thus the future of the Montrose campus is uncertain. I have concerns about housing for lower income veterans and the facilities should absolutely remain for use of veterans care only.
- Senator Hillary Clinton (via telephone, hardcopy separately available): I oppose the VA decision to transfer psychiatric services to Castle Point. On April 19 I met with Secretary Nicholson reiterating these concerns about changes at Montrose and to all NY VA facilities.
- Video from Congresswoman Nita M. Lowey (hard copy transcript separately available): She expressed concerned about CARES proposal because it is breaking promises to veterans.
 - Her concerns with moving services from Montrose to Castle Point include: the commute, delay in getting services, 35 miles additional travel
 - She is concerned about homeless veterans and believes we need to look for other solutions instead of moving services
 - She notes that Montrose could be a first response location for future terrorist attacks
 - She notes that union workers must not lose their jobs
 - She stated that the proposal doesn't make sense, and in conclusion asked for services to be kept at current levels
- Linda Puglisi, town of Cortland supervisor (hardcopy transcript separately available): When the vets come home from Iraq, they need to access the medical services here; I am thus offering a plan from community. Will comments being made today be delivered to Congress? The tape/texts need to be delivered to Congress. The town of Cortlandt proposed partnering with the VA to take over the sewage treatment plant, theatre, gym, and the roads

- Congresswoman Sue Kelly (via telephone; hardcopy transcript separately available): Noted the original plan did move all inpatients from Montrose. Noted her major concern is for easy access. Believes the latest proposal threatens care and she strongly opposes it. Supports the Cortlandt Plan proposed by the Town of Cortlandt – calls it a win-win-win.

Deliberations:

- Ben Weisbroth – We need more publicity prior to meeting and should make the meetings later to gather more attendees. This Hospital is not being closed down, the mission just changing. It is clear that many groups want to use the space here.
- Art Weintraub – It's high time we start sacrificing for veterans. The projections for psychiatric services seem rather soft, especially 18 years from now. Not sure how these projections can be used as an adequate framework for making decisions and may not be realistic given the hostilities that exist today. Adequate funding needs to be available. We need to take a look at the proposals discussed today and seek ways to leverage public and private funds. Life care and assisted living plans need to be considered.
- Bob Cahill – Public transportation from this facility to Castle Point needs to be made available if services are going to be moved. Not one of the elected officials said anything about where the money for this project or any of their other ideas is going to come from. Where is the money going to come from?
- Ben Spadaro – Congress is not funding the VA. People will lose jobs and its not VA's fault. This hospital is not going to be closed and services won't be cut. I have discussed with Jack Grady a means to build a state-of-the-art outpatient facility, but we need the three branches of government to agree to make money available to veterans.
- John Lamoree – Budgets have been cut dramatically at VA hospitals. Where is the money going to come from?
- Joanne Malina, M.D. – What assumptions were made in data projections? We need to look at job force skills needed in future, demographics and day treatment needs for this population in the future. Behavioral health needs should be ensured to include geriatric psych needs.

Adjourn 4:00 PM