

**Local Advisory Panel Public Meeting
Montrose/Castle Point VA Medical Centers
Theatre-Building 2
September 22, 2005**

Start Time: 3:00pm

Participants:

- **LAP members present:** MaryAnn Musumeci (Director Bronx VA Medical Center), Joanne Malina MD (Chief of Staff VA Hudson Valley HCS), Arthur Weintraub (Past President, Northern Metropolitan Hospital Association) , Benjamin Weisbroth (Deputy Director, NY State Division of Veterans Affairs), John Lamoree (Vice President, M&T Bank), Ben Spadaro (Southern Westchester Veterans Coalition)
- **Absent LAP members:** John Testa (Mayor of Peekskill), Robert Cahill (Past NY State Commander Ex-POW)
- **Team PwC:**
 - PricewaterhouseCoopers (PwC): Ryder Smith (Team Leader), Patrick Ryan, Jessica Panish, Craig Stauffer
 - Perkins + Will (P+W): Susan Niculescu, Robin Hooks
- **S&S/ACG:** Mark Wadill, Kim Burke
- **VISN Support Team:** Alan Hitt, John Grady, Nancy Winter, Natasha de Silva, John Cliffe
- **VA Central Office Support:** Lou DeNino
- **Public:** Approximately 96 individuals throughout day

Opening Remarks: (MaryAnn Musumeci, Local Advisory Panel (LAP) Chair)

- Introduction of LAP members and Team PwC
- Changes to standard operating procedures: There will be 10 days, not 14 days, after the LAP meeting for stakeholders to submit input.
- Change to operating procedures unanimously accepted by the LAP.

Pledge of Allegiance: Led by Phil Wise from Audience

Report on Administrative Meeting Procedures: (MaryAnn Musumeci, LAP Chair)

- During the administrative meeting, the LAP reviewed the agenda for the public meeting, reviewed the study timeline and noted that the next LAP meeting (LAP 3) is to occur in approximately eight weeks from today, reviewed the stakeholder reports in the presentation, and adjusted the LAP Standard Operating Procedures. This included the change from 14 to 10 days post-LAP meeting for public comments.
- The LAP also determined how to take questions from the public during this meeting, reviewed the contractor's presentation that will be given during this public meeting, asked questions of the contractor to clearly understand the options, noted that LAP members can create new options to be assessed by the Secretary, and determined how the LAP will conduct deliberations.

CARES Study and Business Plan Options (BPO) Presentation: (Ryder Smith, PwC and Susan Niculescu, P&W)

➤ **Team PwC Stage I Recap**

- Informed the public that there are large-scale drawings of the site plans located around the theater.
- Recap of the first LAP meeting, reiteration of the 2004 Secretary's Decision, and purpose of the two future LAP meetings stated.
- Currently nearing the end of Stage I. The Secretary will make a decision on the options to study further before Stage II.
- Recap that Team PwC begins each stage with a congressional briefing that is similar to the presentation given today.
- Responsibility at Montrose is to first address the healthcare needs of the veterans, and then look at the potential VA re-use options. After those re-use options are addressed, non-VA reuse options will be looked at further. Non-VA re-use options are the last thing that will be looked at because they are the last priority.
- Purpose of today's meeting: The LAP can add options that are not recommended in the meeting or within the Secretary's Decision. The Secretary is not required to adhere to the recommendations by Team PwC or the LAP.

➤ **Stakeholder Feedback**

- 59 forms of stakeholder input were received between January 1, 2005 and June 30, 2005.
- Key stakeholder input includes:
 - Ideas for complementary use
 - The options do not preclude any of the ideas heard thus far from stakeholders
 - Expansion or enhancement of VA clinical services
 - All options permit future enhancement to services per VA planning initiatives
 - National Cemetery Administration – use 20 acres of land at Montrose or Castle Point
 - All options permit some form of this plan to be implemented, if so chosen
 - The State of New York (easement along the Hudson River at Montrose)
 - All options permit some form of this plan to be implemented, if so chosen
 - Town of Cortland (use of specific elements on the Montrose site)
 - All options permit some form of this plan to be implemented, if so chosen
 - Montrose Elders / Assisted Living Enhanced Use Lease Plan
 - All options permit some form of this plan to be implemented, if so chosen

- **Presentation of Option Development Process and Baseline Option**
 - Site plan overview for the Montrose Campus.
 - Site plan overview for the Castle Point Campus.
 - Review of services provided at Montrose and Castle Point VAMCs.
 - Overview of the current status and projections for each site.

- **Question by member of the public:** Why are priority groups 7 and 8 not part of the analysis?
 - **Response by Ryder Smith:** They are part of the analysis, but are not part of the presentation.

- **Question by member of the public:** Why is there not a figure on the estimated amount of maintenance at the Castle Point site?
 - **Response by Ryder Smith:** Team PwC has that information and it is part of the Summary report on the website; we did not put it in the presentation.

- **Presentation of Montrose BPOs:**
 - Overview of the options development process.
 - Overview of initial screening criteria (access, quality of care, and cost).
 - Majority of the discussion today will include business plan options that passed the screening criteria and were assessed further.
 - Options are not in any sort of priority order. The option numbers do not mean anything

 - **BPO 1**
 - Montrose Baseline: Reflects the current state projected out to 2013 and 2023 accounting for projected volumes for the remaining services, to be consolidated in renovated buildings, and assuming same or better quality, and necessary improvements for a safe, secure, and modern healthcare environment
 - Outpatient and domiciliary services remain on the Montrose site. Acute psychiatry beds, long term psychiatry, and nursing home beds will be moving to Castle Point in new or renovated facilities.
 - Castle Point Baseline: Reflects the current state projected out to 2013 and 2023 including transfers in from Montrose and out to Bronx, to be consolidated in renovated buildings, assuming same or better quality, and necessary improvements for a safe, secure, and modern healthcare environment
 - Spinal cord injury patients will be transferred to the Bronx, and acute psychiatry, long-term psychiatry and nursing home patients will be transferred from Montrose to Castle Point. Extensive renovation and some new construction to accommodate transferred volume from Montrose. Other services remain unchanged.

 - **BPO 2 – Build New By Fire Station.**

- **BPO 3** – Build new by Engineering/Warehouse.
- **BPO 4** – Build new by Current Domiciliary and Inpatient Psychiatry.
- **BPO 5** – Build new Domiciliary by Residential Area and New Outpatient Service in area of Present Domiciliary.
- **BPO 6** – Build new Domiciliary and New Outpatient Service in Two Locations.

➤ **Presentation of Real Estate Parcels at Montrose:** Mark Wadill

- [Introduction of Mark by Ryder Smith]: Stated that the goal today is to propose certain locations for healthcare services. Until we have clearer direction on what is to be studied further, it is premature to determine what should be placed within each parcel.
- Separated campus into seven different parcels.
- Parcels A and B are located near the entrance.
- Parcel C encompasses the majority of the buildings and largest parcel.
- Parcel D is situated between the main campus and residential north of the site.
- Parcel E sits on a cliff.
- Parcels F and G border the Hudson River.
- Any future re-use would not be constrained by the boundaries of the parcels.

Montrose Options: Questions from the Public to Team PwC

- **Question by member of the public:** The intention is to build a two-story domiciliary, but in the presentation it noted 60 domiciliary and 11 residential rehabilitation beds. Where did Team PwC get those figures? Where are the PTSD folks? Presently there are 21 beds in the PTSD program. What this presentation is saying is that by 2023 it will be down to 11 beds. Has anyone taken into consideration the current situation?
 - **Response by Ryder Smith:** The data is from the VA and is based on 2023 projections. PTSD is in Residential Rehabilitation.
 - **Response by MaryAnn Musumeci:** A year ago, VA Central Office decided that this is what will be needed at Montrose. What is understood is that the data have been considered and will be assessed each year.
 - **Member of the public, second follow-up question:** Do the numbers take into account the current wars?
 - **Response by MaryAnn Musumeci:** Those veterans were taken into consideration in the numbers.
 - **Member of the public, third follow-up question:** How would the domiciliary facility be structured to incorporate three programs in one building?
 - **Response by Susan Niculescu:** At this time, the footprints are just a gross order of magnitude. If there are three

programs, then it may be three wings or three stories. These are just rough orders of size.

- **Question by member of the public:** If the initial assumptions are changed, and we are making conclusions on false assumptions, then these are wrong. Currently there are services like a gym, a pool, bowling alley, and this room. As part of the outpatient picture, is that included in the analysis of the baseline?
 - **Response by Susan Niculescu:** Those services are not included in the baseline, except if they can be used for an outpatient clinic building or service. Team PwC is accounting for the need, such as 270,000 visits and how many are primary care, PT/OT, or eye clinic. For each category, Team PwC has the necessary square footage checked with the VA. It is a normal projection for this facility going into the future. Right now, the study is at a higher level of grossing than what the member of the public is talking about and it will come next, but what Team PwC is talking about now is the rough order of magnitude.
 - **Response by Ryder Smith:** Team PwC would need to look at the volume to see if those buildings would warrant clinic building or service. If the decision is made to build a clinic, the VA updates its projections, and then it would go into detail planning to determine the specific requirements needed. That would come at implementation. What Team PwC is determining is size and how it's placed. Those existing services are not required for healthcare options, which is what's being assessed at this point.
 - **Member of the public, second follow-up question:** How can Team PwC have a plan without knowing the parameters for the needs, etc.? If I was building a house, I would need to know what I would need to provide in the house.
 - **Response by Susan Niculescu:** Team PwC does have an accounting for the need, knows the number of visits expected in 2023, and what departments the patients will be going to.
 - **Member of the public, third follow-up question:** States the question in a different way. If a person needs a hip replacement, then they need a pool to move their leg. There is a square footage requirement for the pool. Somewhere, someone had to say that was the type of visit. Is that part of the study?
 - **Response by Susan Niculescu:** The study is at a higher level, what the member of the public is taking about is what will come next. Team PwC is not at that level of detail yet. Team PwC is zeroing in on what options are to be discussed further.
 - **Response by Ryder Smith:** Team PwC does have the volume information. At this stage, Team PwC is determining the size of the house (sticking with the

analogy), and does not know the kind of bedrooms, and the number of baths per floor, for example. Team PwC is at Stage I and not ready for that level of detail yet.

- **Question by member of the public:** As for the outpatient building, does Team PwC have a size for the building yet?
 - **Response by Susan Niculescu:** Yes, gross magnitude is a four-story building, 25,000 square feet per floor. It would encompass the services that Montrose has now projected out to 2023.
 - **Member of the public, second follow-up question:** Services have been eroding over the years.
 - **Response by MaryAnn Musumeci:** Interrupts speaker, stating that these questions need to relate specifically to the options. Later on, the public can give their opinions on the particulars, but only after the Castle Point options are discussed.
 - **Member of the public, third follow-up question:** Could veterans see the river from the domiciliary in option 5?
 - **Response by Susan Niculescu:** Trees are in the way, there is a cliff, but there is a possibility that someone can see the river.
 - **Member of the public, third follow-up question:** The yellow portion on the site map (referring to a site map picture in the presentation). Is that for security?
 - **Response by Susan Niculescu:** Yes, that is for security. There is a 150-foot security perimeter for federal buildings requested.
 - **Response by Ryder Smith:** Susan is referring to a goal from Homeland Security that there is a setback from the buildings; not a requirement, but a goal. And it will not be fenced in.

- Ryder Smith points out that if the public has a concern over the auditorium or the gymnasium, to let the LAP members know. The purpose of the hearing is for the public to express themselves over the buildings' outcomes. If the public wants to continue operation of certain facilities, let your voice be known and tell the LAP.

- **Question by member of the public:** Very suspect on the figures. Last time it went on the 1990 census. The public knows nothing about where the numbers are coming from. Seems like a workable institution; why fix what is not broken?
 - **Response by MaryAnn Musumeci:** The public needs to keep the focus on the options.

- **Question by member of the public:** When looking at proposed options, some buildings will be vacated. What type of coordination efforts will be taken for the displaced ancillary services?
 - **Response by Ryder Smith:** Good implementation question, but Team PwC is not anywhere near implementation and cannot answer the question. The options must ensure that access to care is not interrupted, and that process is a normal part of implementation planning.

- **Castle Point Options Presentation:**
 - Any of the Castle Point Options can work with any of the options at Montrose.
 - **BPO 7** – Build a new facility by the education building.
 - **BPO 8** – Build a new facility in the residential area.
 - **BPO 9** – Replacement / Renovation, River Road South.
 - **BPO 10** – Replace buildings 19, 20, 21.
 - Options not selected for Assessment:
 - Three options were not selected for assessment at Montrose.
 - There were no other options at Castle Point that failed the initial screening test.

Castle Point Options: Questions from the Public to Team PwC

- **Question by member of the public:** In Team PwC's BPO for Castle Point, the new buildings are away from the other structures and do not lend themselves to long term patients and psych patients to be able to use the other facilities. What is Team PwC doing with the other buildings if a new outpatient clinic is being built? What happens to the current outpatient clinic that is there now?
 - **Response by Ryder Smith:** There are three options that look at completely new facilities. In those three options, the existing buildings are completely vacated and no new services will be provided at those buildings. There is no re-use study at Castle Point.
 - **Member of the public, second follow-up question:** Has anyone ever considered moving Castle Point to Montrose and just leaving a clinic at Castle Point. Has that been considered?
 - **Response by Ryder Smith:** That is not part of our direction from the Secretary. We cannot speak on previous decisions.
 - **Response by MaryAnn Musumeci:** From what I understand, the projections show that more veterans will be using the Castle Point facility than the Montrose facility.

- **Question by member of the public:** Is this process supposed to come up with one option from the ten or one from Montrose and one from Castle Point?

- **Response by Ryder Smith:** The process will come up with one option for each site.
- **Question by member of the public:** Is there a cost projection?
 - **Response by Ryder Smith:** In Stage II, there will be cost projections.
- **Question by member of the public:** Can the Bronx take the SCI unit?
 - **Response by MaryAnn Musumeci:** It was in the initial CARES plan. It was actually decided to do that a while ago.
- **Question by member of the public:** How did Team PwC come about the definition of outpatient care services? A member of the public was told that they needed to use healthcare services, including the pool. Most medical people recognize that exercise is imperative to healthcare and encourage people to use the gym, so how did it fall through the loop? If a doctor prescribes it, then it should be a clinic visit. Seems like assumptions are wrong. Is there a way to revisit the numbers so the pool can be included?
 - **Response by Susan Niculescu:** Team PwC took all existing outpatient services that are at Montrose now and projected them to 2023 based on information given to Team PwC from the VA.
 - **Member of the public, second follow-up question:** Was told by private physicians to join a health club, and the VA doctor prescribed the same thing when he came here. Curious that the pool is a recreation pool and most medical people recognize that exercise is an imperative part of healthcare. Most people would use the gym and it is prescribed.
 - **Response by MaryAnn Musumeci:** The VA looked at routine healthcare services and provided numbers of clinic visits. They did not include the pool, gym, etc. unless it was included in the rehabilitation stop codes. The pool did not count as a clinic stop.
 - **Member of the public, third follow-up question:** If the numbers are wrong, then the wrong numbers are crunched.
 - **Response by MaryAnn Musumeci:** I do not think the VA will put pool clinic visits in the numbers, unless it was part of rehab.
 - **Member of the public, fourth follow-up question:** The doctor told me to use the pool. It was a clinical recommendation.
 - **Response by MaryAnn Musumeci:** The pool was not in the numbers.
 - **Response by Susan Niculescu:** If you have a large number of physical therapy patients visiting, there may be a pool for healthcare needs. However, if there is only a small number visiting each year, there may not be a clinical need for a pool.

- **Member of the public, fifth follow-up question:** Is there a way to revisit the numbers, because some numbers are questionable?
 - **Response by MaryAnn Musumeci:** There may be more options presented by the LAP members, and the public can voice their concerns. During the public testimony, the public can make comments on the record.

- **Question by member of the public:** Presently, a member of the public has to travel 100 miles round trip for an hour's worth of therapeutic pool. Team PwC talks about combining two residential hospitals; how can there not be a pool between them? When Team PwC talks about building the kinds of structures Team PwC is building, the cost of a pool is so insignificant in the total numbers, it is almost stupid to not include a pool.
 - **Response by MaryAnn Musumeci:** The public can add their opinions and have it on the record. Now we have to finish up the presentation.

- **Question by member of the public:** Questions from the floor and answers from the floor, will they be recorded?
 - **Response by Ryder Smith:** Yes, they will be in the meeting summary, which will be posted on the VA CARES website.

- **Question by member of the public:** Cannot go along with them (options) because it seems like Team PwC is closing everything. Thinks another set of options need to be presented. Does not see why Montrose should be closed. All these options say it will close and can't see why it is to close. It is unreasonable, without common sense.
 - **Response by MaryAnn Musumeci:** Reiterates that the opinions of the public will be recorded during public testimony.

- **Question by member of the public:** Views Montrose as a campus and wants to see the whole plan, not a parcel.
 - **Response by MaryAnn Musumeci:** The public needs to hold comments until the open forum. This process looks at the options at each site, and then the LAP will vote on the options which will be presented to the Secretary. The Secretary is the one making the ultimate decision. This piece is just to look at these options based on what has already been decided.

- **MaryAnn Musumeci** asks the other LAP members if they would like to make suggestions on any of the options.
 - **Proposed new options**
 - **Benjamin Weisbroth, LAP Member:** Add an option that will move domiciliary care to Castle Point VAMC.

- **Joanne Malina, LAP Member:** Nursing homes should be all one floor. We provide training programs and quarters for trainees, so this should be considered when we move those services to Castle Point.
- **Comment by Benjamin Weisbroth, LAP Member:** Suggests taking a break and asks the public to help the LAP make decisions that will help all veterans.
- **Comment by Arthur Weintraub, LAP Member:** Comments that any reconfiguration that takes place should try to consolidate building structures and not have a fragmented approach. Focus on new construction, rather than on renovation. In 2023, there will be a great degree of obsolescence trying to bring the buildings up to code. It is imperative to concentrate on new construction and modern buildings, rather than retool existing structures.

<Break until 5pm>

- **Sign-up for public testimony portion.**
- **Reconvene 5:20PM**

Open Testimony & Deliberations

- **Testimony 1:** Mr. George Davis, Union President
 - Thanks the panel.
 - Feels that the plan is a poor plan and that the consolidation project does a disservice to the veterans at Montrose.
 - Encloses pamphlet to the LAP members to show the cost savings of relocation to the FDR (Montrose) campus not Castle Point.
 - FDR campus is unique and graphically designed to accommodate veterans' services.
 - Currently, there are nine vacant buildings at Montrose. Believes buildings can be used for geriatric, acute psychiatric, substance abuse services, PTSD for men, creation of a women's post military PTSD program.
 - FDR has an ongoing relationship with veteran's state nursing home. FDR is scenic and has an aesthetic landscape.
 - Castle Point will not generate community support to their expanded plan.
 - There are 45 newly developed homes near the Castle Point campus (range from \$350,000 to \$500,000 for each home). People there do not want 800 additional traffic vehicles filling their streets and roads.
 - FDR has recreational and social accommodations in place that can be updated to serve the veterans.
 - Relocating FDR services to Castle Point is a waste of taxpayer's money. Building new units at Castle Point is not tax effective.
 - Montrose can absorb Castle Point's medical programs.
- **Testimony 2:** Jean, Bordewich representing Senator Schumer.
 - Reads statement from Senator Schumer.

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- Gave out contact numbers: 914-285-9741, and outside Westchester 845-758-9741 for veterans to give input.
 - Montrose is a campus that should be kept for the use and benefit of veterans.
 - Senator may have more comments to add since the Senator did not see the presentation given today.
 - Recommendations from Secretary's Decision should be revisited.
 - Plan to transfer services from Montrose will sacrifice ability to provide care to veterans.
 - If not executed properly, services transferred to Castle Point will affect the veterans. The commute is difficult for many and other potential short comings.
 - This panel and PwC must work closely with the community to maintain and enhance veterans' services. Only consider options that enhance quality of care: ensure Castle Point will have adequate space to absorb services from Montrose considering various resources.
 - Expand services at both sites considering the needs of a new generation of veterans and the aging population.
 - The BPOs endorsed should consider long term care, and rehabilitation. Outpatient clinics should be expanded, as well. Montrose property can be used for housing for lower income veterans who are already struggling.
 - The panel has the ability to shape the healthcare for veterans in the Hudson Valley.
 - It is vital that the panel take into account the likely need for expansion of critical services due to the current wars.
 - The future of the Montrose property: dire need in Westchester to find affordable housing for veterans. Veterans are concerned that housing will be built for middle and higher income individuals and not lower income individuals.
 - Need to make good on the promise to veterans.
 - Thanks the LAP for the opportunity to present Senator Schumer's testimony.
- **Testimony 3:** Representative Sue W. Kelly (testimony shown via VHS Tape).
- Veterans need to have easy access to healthcare needs.
 - VA is sending too much of the funding to other areas of the country.
 - GAO study found that through 2002, the VA's budget allocation formula sent billions of dollars to the south and southwest when it should have gone to the northeast.
 - Save Veterans Act – replace VERA (Veterans' Equitable Resource Allocation) with another formula.
 - Opposes transfer of patients from Montrose to Castle Point.
 - Sec. Nicholson promised to visit the Montrose and Castle Point campus before making a decision for the CARES process.
 - Believes the Town of Cortlandt plan is a bi-partisan solution and should be considered by the LAP.

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- Hopes the VA takes a look at the well developed plan and that it is the best option.
- Services provided should never be compromised or diminished.
- **Testimony 4:** Linda D Puglisi, Supervisor, Town of Cortlandt.
 - Thanks the LAP panel.
 - Preserve and continue services at Montrose.
 - Wants to help veterans by operating large VA facility.
 - Town has a plan to help all parties involved. The Town can take over the VA roads, The Town has the resources to maintain the roads and can save the VA \$75,000 or more per year.
 - Take over swimming pool and recreation, saving VA \$200,000 each year.
 - Take over theater and community services, saving VA \$50,000 per year.
 - Take over sewage plant and save the VA \$120,000 per year.
 - Take over a building for a veterans' museum.
 - Can oversee the renovation of buildings for affordable housing for veterans and can maintain land for community purposes.
 - Can save the VA hundreds of thousands of dollars, if not millions, over time.
 - Ideas can save the VA, community, and the town.
 - Act now; strongly consider the partnership.
- **Testimony 5:** Representative for Congresswoman Nita M. Lowey.
 - Reads statement from Congresswoman Nita Lowey.
 - Strongly concerned with the proposal to restructure the VA facilities in New York State.
 - Cannot make the VA facilities inaccessible to local heroes and their families.
 - Encourages the LAP to remember the veterans when deciding which proposals to send on to Secretary Nicholson.
 - Encourages the public to contact their local representatives.
- **Testimony 6:** Letter from Representative Eliot Engel.
 - Letter read by MaryAnn Musumeci, LAP Chair.
 - Concerned with the consolidation of the two campuses.
 - Unfair plan that increases services to veterans in the west with an expense to those veterans in the east.
 - Would be a better nation if the nation can allocate funds to take care of all veterans.
 - Protecting veteran rights is the least we can do for veterans.
 - Committed to seeing veteran healthcare and benefits programs are fully assessed.
- **Testimony 7:** Statement by Commander of Ex-POW's.
 - Letter read by Ben Spadaro, LAP member.

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- No one understands the need for a strong mental healthcare system. Advocates strengthening of mental health services, including PTSD, substance abuse, and homeless services.
 - CARES results need to strengthen mental healthcare.
 - High occupancy rates that house nursing home care and mental health and others cannot be considered as underutilized on the Montrose campus.
 - Concerned for the continued treatment for POWs with PTSD.
- **Testimony 8:** Senator Hillary Clinton via phone.
- Thanks the panel members.
 - Opposes the ill-considered decision to transfer psychiatric and inpatient services from the Montrose to the Castle Point campus; not in the best interest of the veterans.
 - Met with Secretary Nicholson on April 19th to reiterate strong concerns over Montrose/Castle Point facilities.
 - New York veterans need to be given a full and fair opportunity.
 - Strongly believes that the CARES process has been rushed.
 - Decision Document from May 2004 did not focus on all of the various factors that need careful consideration.
 - Additional analysis is necessary before closing the inpatient services at Montrose and shifting additional patient care to Castle Point.
 - The VA does not appear to have completed its strategic plan for long-term care.
 - Proceeding with drastic changes in New York's facilities calls into question the VA's commitment to follow Congressional intent.
 - Faulty VA projections regarding the number of service members returning from Operation Iraqi Freedom and Operation Enduring Freedom was reportedly one of the reasons the VA had to make enormous revisions in its recent health care budget projections.
 - Travel concerns should be taken into consideration. Many Montrose veterans will find it difficult to travel to Castle Point.
 - Our nation made a pact to those who served our country; that those who served will always have access to healthcare.
 - The consolidation of services at the facilities goes against that commitment to the nation's veterans.
 - Tells veterans that the VA has not done its homework. Urges the panel to listen to the voice of New York veterans.
- **Testimony 9:** Representative from American Legion.
- Thanks the panel.
 - In the beginning, there was CARES 1. There were problems with CARES 1; the data for the veteran population were based on the 1990 census. Eventually that was updated and used data from the 2000 census. Unfortunately, most people got the short form of the census. Only the long form included a question asking if you were a veteran or not.

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- Concern is that moving people from one campus to the next is like taking someone out of their home.
 - The presentation showed that having new buildings up to the current code will improve the quality of healthcare, but doctors and nurses provide healthcare, not buildings.
 - With the veterans coming back from the current wars, Congress decided that all veterans going over get two years of care. Congress opened the door and will have to keep it open. Can't say we will take care of you for a few days and then you have to go somewhere else.
 - Addresses the panel. You are the mouthpiece for all veterans. We support the LAP panel and without a doubt, all of us will continue to provide the LAP with information that is prevalent and important.
- **Testimony 10:** Comment from LAP Member Ben Spadaro.
- Would like to ask the LAP chair, Maryann Musumeci, and LAP member, Joanne Malina, if they know if any veteran has ever been turned away that has been enrolled in the VA healthcare system today. Does not see anything happening differently today than what was happening years ago.
 - **Joanne Malina:** Do not know of any veteran who has been turned away.
 - **MaryAnn Musumeci:** Also, does not know of anyone who has been turned away.
 - **Comment by member of the public:** Folks being turned away are priority 8. Need to include all veterans; veterans in group 8 are not included. Either they are veterans or they are not veterans.
 - **Response by Ben Spadaro:** That came out of the halls of Congress, which is not a VA decision.
- **Testimony 11:** Legislative Committee Chair, Department of New York Jewish War Veterans of the USA.
- Understands the process is considering the disposition of land on the Montrose reservation.
 - That is based on a faulty assumption that current demand for VA healthcare will not increase.
 - Category 8 applies a means test to the veterans who lack a service-connected disability when they register with the VA. Over the next few years, it is plausible that category 8 will be eliminated.
 - This is not the time to sell part of the Montrose reservation for private development.
 - Only thing clear is that the land at Montrose is worth more than at Castle point.
 - Asks the LAP to create new options. Create an option and have Team PwC come back with new options in a few weeks. Keep both campuses open.
 - Last Item: Options that make the most sense are 1 and 4.

- **Testimony 12:** Legislative Committee member, Department of New York Jewish War Veterans of the USA.
 - Remembers ten years ago, a study was conducted which showed that the best long term future was to move most of the facilities from Castle Point to Montrose and only retaining outpatient and critical local care facilities.
 - That should be looked at again.
 - As a retired engineer, some of the buildings are not in bad shape. Recommends any buildings that are available be converted to veterans low income housing and in addition make a burial place for veterans.
 - Commends the panel for their job.

- **Testimony 13:** Member, Vietnam Veterans of America Chapter 869
 - Answers the question, if a veteran has ever been turned away from care. The answer is yes, knows of two people who have tried to get back in the program and could not get back in.
 - Acute Psychiatric patient and became a PTSD patient, now an outpatient.
 - There are currently 21 beds available in unit 13 C/D.
 - Is on a three- month waiting list to get in 13 C/D. There are veterans looking for care who are told they have to wait.
 - Sees continual reduction in care that patients are receiving on site.
 - PTSD unit was 90 days of care, and it has been reduced to 45 days of care.
 - Numbers do not take into account anything that is going on in the real world today.
 - The facility here is pleasant, moving the facility up the hill is not right.
 - Montrose is a mental health facility. It should remain a mental health facility. It should be enhanced and not reduced and not given out to developers.
 - This is not better healthcare.

- **Testimony 14:** James Lugon, U.S. Deputy Commissioner, NY Parks and Recreation.
 - Waterfront spot is a key spot for veterans. The State is interested in acquiring that land and maintaining it as a state park. The land would be available for everyone.
 - None of the options under consideration mentioned the water front.
 - Shifting the maintenance cost to the State would be cost effective.
 - Important piece of Hudson River waterfront would be saved and at no cost to the VA.
 - The VA can focus its efforts on healthcare.

- **Testimony 15:** Glenn Stanley, VAMC Employee, Engineering, and a veteran.
 - Montrose has helped speaker in many, many ways.
 - Monetary value should not be placed on healthcare.
 - Will be looking for younger people to speak up and stand up for veterans' rights.
 - Heard many young people saying, "I don't want to join military".

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- Looking for younger people to come and enlist and make sacrifice for us to maintain what we have and wish to continue to have in the future.
- Let's not put any value on it.

- **Testimony 16:** Mary Mangione, Director, Hudson Valley Greenway.
 - Thanks veterans for their service.
 - Greenway is in full support of State of New York to obtain waterfront.
 - Waterfront property provides a critical link in the greenway trail, linking many trails together.
 - Town of Cortlandt has been a great partner to the Greenway initiative.
 - Key part of opportunity is to alleviate funds to maintain the trails.
 - Thanks the panel for the opportunity to speak.
 - Hopes that the community of Cortlandt will become a larger part of the veteran community.

- **Testimony 17:** Daniel Griffin, Executive Director, Vietnams Veterans of America, Westchester County Chapter.
 - Slowly losing more services at Montrose VAMC.
 - Seems to be closing not because of the administration of the facility, but because of funding.
 - Has a WWII Veteran living in his home because Castle Point administrator said he could not stay there.
 - At one time, Montrose had an operating facility.
 - Less and less testing is being done at the Montrose facility.
 - Services are eroding and slowly going to Castle Point.
 - Wants to make sure the services that were lost are brought back.
 - At one time, Montrose was a one-stop shop for all veteran services.
 - Need medical health treatment for the veterans.
 - Younger veterans' physical wounds will be taken care of, but the PTSD will not. Most veterans wait ten years until they seek PTSD help.
 - There is a law that was addressed in the original CARES plan that a percentage of some of the beds will be set aside in case of a natural disaster or a terrorist attack. Montrose has the space; keep it open and have the beds set aside for such an event.
 - Increase services, not decrease them here.

LAP Deliberation on the Options: (facilitated by MaryAnn Musumeci)

- Thanks the public for their comments; the LAP will now move into deliberations on the options.
- **Comment by Ryder Smith:** Note that the LAP does not need to vote on the baseline as it moves forward no matter what.

LAP Options Voting

- **Montrose Options**

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- **BPO 1**
- No voting necessary for the baseline option, BPO 1.

- **BPO 2**
- Approve 4, Disapprove 2. Option is recommended to the Secretary for further analysis.

- **BPO 3**
- Approve 3, Disapprove 3. Option is not recommended to the Secretary for further analysis.

- **BPO 4**
 - Ben Spadaro, LAP Member asks the VISN Engineer to talk about the new renovations.
 - John Cliffe, VISN Engineer: New construction is in this option. Would prefer construction of new buildings as opposed to maintaining and renovating the buildings. New construction will impact the hospital because the buildings to be demolished under this option are currently occupied.
- Approve 6, Disapprove 0. Option is recommended to the Secretary for further analysis.

- **BPO 5**
- Approve 0, Disapprove 6. Option is not recommended to the Secretary for further analysis.

- **BPO 6**
- Approve 0, Disapprove 6. Option is not recommended to the Secretary for further analysis.

- **BPO 11**
- Proposed new option: Move domiciliary to Castle Point and keep outpatient clinic at Montrose. Put state-of-the-art outpatient facility at Montrose VAMC.
- Location of the facilities would be similar to where they are located in BPOs 2 or 4.
- Approve 6, Disapprove 0. Option is recommended to the Secretary for further analysis.

➤ **Castle Point Options**

- **BPO 7**
- Approve 6, Disapprove 0. Option is recommended to the Secretary for further analysis.
- With a caveat that the nursing home be single story, not multi-story.

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- **BPO 8**
- Approve 0, Disapprove 6. Option is not recommended to the Secretary for further analysis.

- **BPO 9**
- Approve 0, Disapprove 6. Option is not recommended to the Secretary for further analysis.

- **BPO 10**
- Approve 1, Disapprove 5. Option is not recommended to the Secretary for further analysis.

Summary of LAP voting

BPO #	Approve	Disapprove
1	Not voted	Not voted
2	4	2
3	3	3
4	6	0
5	0	6
6	0	6
7	6	0
8	0	6
9	0	6
10	1	5
11	6	0

- Panel Chair asks if there are any additional comments before closing the meeting.
- No additional comments were made.

End of public meeting

- The meeting was adjourned at **6:55 pm**.