BROOKLYN (BK) – MANHATTAN (MN) VA MEDICAL CENTERS

Local Advisory Panel Meeting – Public Meeting
Sheraton Hotel 53rd and 7th – New York Ballroom
September 19, 2005, 8:30 AM – 9:00 PM

I. Participants

Local Advisory Panel (LAP) Members: Van Dunn, MD, Chair; Michael Simberkoff, MD; Eugene Feigelson, MD; George Basher; Clarice Joynes (joined meeting 8:53 AM); Robert Glickman, MD; Gerard Kelly, Kenneth Mizrach
VA: Stephen Gonzenbach, CARES Support Team Leader; Stephen Bergen, Interim CARES Support Team Leader; Christine Crockett, Data Manager; Allen Berkowitz, COTR and Assistant Director, Office of Strategic Initiatives; Jay Halpern, Special Assistant to the Secretary and Designated Federal Official, Office of Strategic Initiatives; John Mazzulla, Public Affairs Office; Peter Juliano, Public Affairs Office
Team PwC: Ryder Smith (PricewaterhouseCoopers), Paul Chrencik (PwC), Rick Battaglia, MD (PwC), Garey M. Fuqua (PwC), Ryan Ewalt (PwC), Susan Niculescu (Perkins + Will), Sally Hinderegger (Perkins + Will), Shuprotim Bhaumik (ERA)
Public: Approximately 210 attendees

8:30 AM - 9:30 AM

II. Pledge of Allegiance: Van Dunn

III. Opening Remarks: Van Dunn

- Welcome
- Approved first LAP public meeting minutes
    - Gerard Kelly abstained
    - Clarice Joynes absent
- VACO request to amend SOP from 14 days to 10 days for approval of minutes
    - Vote was unanimous
    - Clarice Joynes absent
- Noted LAP will be using Roberts Rules of Order
- Introduction of LAP members
- Ryder Smith: PwC introduced himself and Team PwC
- Van Dunn: Introduced Stephen Gonzenbach
    - Reviewed purpose of LAP and explanation of CARES process
    - Gave an overview of agenda and instructions for stakeholder input
    - Described responsibilities of the LAP Chair

- Van Dunn:
    - Relayed major stakeholder concerns, of which he reviewed a sampling
    - Gave an overview of the timeline of the CARES process
    - Requested Ryder Smith proceed with PwC presentation

IV. Presentation: Ryder Smith

- Recapped first public LAP meeting
- Project timeline overview
- Reviewed the Secretary's Decision of 2004 for BK–MN
- [Final LAP Member arrives at 8:53 a.m., Clarice Joynes, Mayor's Office]
- Overview of Healthcare, Capital Planning, and Re-Use Studies
- Reviewed the purpose of the second public LAP meeting
- Additional slide: "More About This Meeting…" clarified what the meeting will and will not accomplish.
- Reviewed public input received to date and top key concerns
- Rick Battaglia: Described how Team PwC is using stakeholder input for option development
    - Access to healthcare services, specifically drive time standards applicability to BK–MN
    - Increased geographic coverage of CBOCs
    - Quality
    - Retaining services at the current VAMCs
    - Protecting medical education and research affiliations
- Van Dunn allowed questions from the audience
- Question: When will the drive time study be available, and is it being used as the key driver to decide which three options will be selected and presented to the Secretary?
    - Answer – Ryder Smith: It would have been nice to have this data before, unfortunately Team PwC was not provided this data. The study is unique to the BK-MN and Boston sites and was not started at the same time as the other analyses. When the data is complete in the next couple months, Team PwC will use the data to develop the options in Stage II.
- Question: What is the timeframe for the third and fourth meetings?
    - Answer – Ryder Smith: The third meeting will be approximately eight weeks from now, and the fourth meeting will be around March 2006.
- Comment by LAP Member Robert Glickman: Will quality in terms of handicap access be incorporated into the study as well?
    - Answer – Smith: Yes.
- Comment from veteran: Noted did not know about this hearing, and should have been informed about the meeting so that they could come to

talk about drive time issues. Why were the meeting details not posted in the MN hospital?

- John Mazzulla explained the notices that were given to the public. The New York Post, New York Daily News, and Staten Island Advance all published weekday and weekend notices. Letters from the Director were distributed throughout the VAMC and news releases / media alerts were sent more than seven days prior to the meeting.
- Comment from veteran: Noted he received an email from PAO about the meeting in the middle of August.
- Question – Woman veteran from WW II: Are there considerations being taken into account for women? She was referred from MN to New Jersey for treatment multiple times for treatment that applies directly to women.
- Stephen Gonzenbach – Summary of LAP Administrative Meeting on Thursday, September 15, 2005
    - Team PwC explained the Business Plan Options (BPOs)
    - The LAP:
        a. reviewed new ethics rules and exception related to financial disclosure
        b. reviewed agenda and processes for today
        c. decided to collect questions about the options via a comment card system. Van Dunn would receive the questions and ask them of the contractor.
        d. reviewed the dates of press releases and other public notices
        e. tested the light system for the public comment period
        f. reviewed the demand model and discussed the implications of Afghanistan and Iraq veterans returning
- Ryder Smith – Current status at BK–MN
    - Overview of VAMCs and projections
    - Discussed map showing the percentage of enrollees by borough, excluding the Bronx [which is not part of NY Harbor Health Care System], for 2023
    - Discussed patient origin for 2003. For Brooklyn, the largest portion of inpatient and ambulatory patients come from Brooklyn and Queens; Manhattan draws more broadly from all boroughs.
    - Discussed map of public transit system and current VA facilities
    - Question: Why did you neglect Priorities 7 and 8 when you talked about the enrollees?
        a. Answer – Team PwC: The large amount of the veterans being served are Priorities 1 – 6, and the service needs of Priorities 1 – 8 are included in the demand model.

- Comment – If you are not including Priorities 7 and 8, you are not including enough of the services in your analysis.
    a. Response – Team PwC: We cannot speak to VA policy, but the service needs of all Priority Groups are included in the demand model.
- Susan Niculescu discussed current services provided and campus overview for both campuses
    a. BK
        i. LAP Member Michael Simberkoff comment: Despite 2/3 mile walking distance, there are bus stops on the campus.
            1. Response – Susan Niculescu: Agreed
        ii. LAP Member Robert Glickman comment: Fort Hamilton sits adjacent to the campus and is an important component.
            1. Response – Susan Niculescu: Agreed
        iii. LAP Member Gerard Kelly question: What is the timeframe for $30M plus in maintenance?
            1. Answer – Team PwC: This is VA data; it reflects a five year plan for funding.
    b. MN
        i. LAP Member Robert Glickman comment: There are six Centers of Excellence including the prosthetics program, and the prosthetics area is an important part of MN.
    c. CBOCs
- Ryder Smith added to his answer about the Priority 7 – 8 question by saying that those priorities were included in the analysis, but were not shown in the slides.
- Public Comment: Priorities 7 and 8 require an annual decision from the Secretary. Are you working on the assumption that the freeze on Priority 8 will not be lifted?
    a. Answer – Allen Berkowitz: Priority 8 is frozen, but still receive healthcare. Priority 7 is not frozen. The freeze only applies to new veterans. Contractor is required to use FY06 budget and policy restraints. This assumes legislation will pass and that Priority 8 will decrease even further. New policy and Congressional decisions may impact, however, most Priority 8s and Priority 7s mainly use services for pharmaceutical/ drug benefits.
    b. Follow-up question: So the study is based on legislation that has not been passed, correct?
    c. Answer – Allen Berkowitz: Refer back to the demand and model presentations from the first LAP public meeting.

- Public Question and Comment: Is SoHo only a drug program? The subway map does not show distance.

- Ryder Smith – Option Development Process
  - Universe of options
  - Initial screening criteria
  - Development of the comprehensive BPOs for Stage I
  - Options overview
    a. Shuprotim Bhaumik – Re-use/ redevelopment options
       i. Vacating MN entirely
       ii. Vacating BK entirely
       iii. Vacate both and build new facility
  - LAP Member Simberkoff: Response to the SoHo question. The CBOC referred to here [SoHo] is the clinic that does provide primary care and for those who cannot travel to the medical center and is collocated with VBA.
  - Public Comment – Cannot call that a clinic.
  - Ryder Smith – Nine options that have passed initial screening and have now undergone a more detailed assessment
  - Assessments of Options in Stage I
    a. Healthcare access
    b. Rick Battaglia: Healthcare quality
    c. Public Comment: Noted a slide which is not in the addendum slides.
       i. Ryder Smith: Apologized and said that Team PwC would provide later in the day. [Note – during the lunch break copies of the slide were made and provided to attendees]
    d. LAP Member Robert Glickman comment: Not all options are equal in terms of quality, despite making it through the initial screening. Making it through the initial screening does not mean these options will make it through the process unchanged.
       i. Rick Battaglia: Agreed
    e. Impact on VA and local community
  - LAP Chair Dunn: Please put questions concerning specific options on a card and submit to VA staff. LAP will ask questions directly of Team PwC.
  - Discussed Baseline Options for BK and MN
    a. Question – LAP Member Gerard Kelly: This option assumes you will move forward with all services as offered?
       i. Answer – Team PwC: No, the baseline is a snapshot in time. Invest what is necessary to make modern, safe, and secure. Will adjust for

all projections on utilization and does not take into account current local plans.

b. Cannot make the DHS 150-ft setback goal at either campus on any BPO in the metro area.
c. Question – LAP Chair: Are there standard indicators for healthcare quality?
    i. Answer – Team PwC: Agreed that that is necessary. Not comparing VA quality to community using discrete indicators. Comparing only VA to VA.
    ii. Follow-up Comment from LAP Member Michael Simberkoff: Quality does depend very heavily on affiliates.
    iii. Answer – Team PwC: Agreed. The BPOs do add to quality of care currently given. If affiliations are impacted in a negative fashion, it would be very difficult for the VA to provide the same quality of care. These factors will show up in more detailed analysis in Stage II.
d. LAP Member Robert Glickman Comment: Baseline is not really an option. The VA already consolidated in 1999, and some efficiencies were realized. Only options 1, 6, and 7 are some iterations of a VA plan with both facilities intact.
e. LAP Chair Dunn conveys public questions
    i. Access to Brooklyn lacks subway access
        1. LAP Member Eugene Feigelson Comment: There have been operational efficiencies due to the 1999 consolidation.
        2. LAP Member Gerard Kelly Comment: Option 1 is not reality.
        3. Response from Team PwC: Option 1 is used as a comparison for methodological purposes. Adjustment of the Baseline would cause the comparative values to other options to be adjusted equally.
    ii. Is waiting time taken into consideration when addressing quality?
        1. Response – Team PwC: It is certainly taken into consideration. However, if that wait time is not caused by lack of space and associated with operational issues, it is not being considered. The study is not about daily operations, but

overall capacity. In this way wait times are being taken into account.

iii. What are the security goals from DHS for the options?
    1. Response – Team PwC: Cannot answer that in more detail than the goal of a 150ft setback from the road.

iv. Why is the location of the Fort Hamilton near Brooklyn VAMC important?
    1. Response – LAP Member Michael Simberkoff: Fourth point of mission for the VA allows the VA to interact with active duty personnel being deployed and returning.

v. Are the forecasts for veterans populations still based on 2001 statistics?
    1. Response – Allen Berkowitz: It was updated to include FY03 data as of September 2003. Will rerun data when FY04 data is available. Team PwC will run a sensitivity analysis in Stage II.

vi. Public Comment: You are dealing with smoke and mirrors. There is a lack of background and references. Where are the footnotes for this presentation?
    1. LAP Chair Dunn: Must be in a form of a question about the options.
    2. Response – Team PwC: The companion document has those details and is available on the website.

<Break from 10:15 a.m. to 10:45 a.m.>

- Discussion of BPO 2
    a. Note that the Options are not in any kind of rank order or priority
    b. This Option explores consolidation at BK, with some ambulatory services moved to the expanded Harlem and SoHo CBOCs. MN is completely vacated
    c. Discussed assessment
    d. Likely to be more cost effective than the baseline
- Discussion of BPO 3
    a. This Options explores consolidation at MN, with some ambulatory services moving to two new CBOCs near transportation hubs with potential locations in Queens

and Borough Hall in Brooklyn. BK would be completely vacated
    b. Visual representation of potential locations
    c. Discussed assessment
    d. Likely to have comparable cost effectiveness with baseline
    e. LAP Chair Dunn: No questions from the audience at this time
- Discussion of BPO 4
    a. This Option explores consolidation at MN, keeping ambulatory at BK, and developing two new CBOCs in Queens and Borough Hall. BK is vacated for inpatient services
    b. Discussed assessment
- Questions from the LAP
    a. LAP Member Michael Simberkoff: How do you foresee moving services would maintain quality?
        i. Answer – Rick Battaglia: Would be difficult to recruit faculty. The issues the LAP Member outlined are very important issues to consider.
        ii. Follow-up Comment – LAP Member Michael Simberkoff: Recruiting includes staff as well.
        iii. Answer – Rick Battaglia: Consolidations could also enhance one campus or the other's opportunity for affiliations.
        iv. Follow-up Comment – LAP Member Michael Simberkoff: New community partnerships may not achieve quality currently provided on each site.
        v. Follow-up Comment – LAP Member Robert Glickman: Affiliates mix and match faculty in a very small radius. Tremendous depth and richness of quality by people being able to rotate between three different service providers. Taking this allocation apart would make it difficult to rebuild to this level of quality. Also, doctors do not desire as much to go to distant locations. An isolated ambulatory care facility would be difficult to staff. Manhattan needs the capacity to respond to emergencies.
        vi. LAP Chair Dunn: NYU is a center for anti-terrorism.
        vii. LAP Member Joynes: Has the VA looked at where the proposed CBOCs would be?

1. Team PwC – Only general areas around transportation hubs have been identified.

viii. LAP Member Feigelson: Quality of care will be negatively affected. There has been a major investment in oncology equipment in BK that will not be transferable. BPO 4 will have an impact on specialists that serve that clinic. Would not be as likely to work with the VA.

ix. LAP Member Mizrach: Don't forget the referral patterns from NJ for Manhattan.

x. LAP Member Kelly: The new CBOCs are not realistic as replacements for hospitals. Continuity of care is a major issue. Needs to be improved, and would be lost if we embrace CBOCs.

xi. LAP Member Basher: CARES process is looking at 18 sites around the country. The standardized analysis process frames unique situation in BK–MN the wrong way. It does not address the uniqueness of this system.

xii. LAP Chair Dunn: Need to be able to provide specialty services within primary care. Need to make sure that specialty care is both invasive and non-invasive.

xiii. LAP Member Simberkoff: The BK campus has been approved to be a site for a Fisher House. Place to stay for veteran and/or families. No place to put that in MN. Would be a loss for veterans if we did not accommodate that already approved structure.

xiv. Congresswoman Maloney: How do you expect to sustain the Centers of Excellence in certain options without affiliations?

1. Rick Battaglia: Would be a major challenge.
2. Ryder Smith: If Options 2, 8, or 9 were to go forward, we would have to figure out what it would take to sustain those centers.

xv. Question: Were the Bronx VAMC and Bronx-operated Queens CBOC taken into consideration?

1. Ryder Smith: We will consider that issue if an option requires, but the Bronx and its facilities are not part of our scope.

xvi. Question: Will funds from any re-use be distributed within VISN? VBA offices and potential ability of an option to bring those services to a site?
    1. Ryder Smith: If the space is available to accept the VBA, we will take that into account.

xvii. LAP Member Glickman: Congressman Maloney's statement's last paragraph talks about re-use. Hope re-use is not the driver of these decisions.
    1. Ryder Smith: Re-use is the last element to be considered, but we must take into account the re-use options for the Stage II Options. Regardless, healthcare quality and access has to be maintained or enhanced. If an option does not meet those criteria, it will fail.

- Discussion of BPO 5
    a. This Option convert MN to medical/ surgical, converts BK to psychiatry/ behavioral health in focus (redistribution of services between BK and MN). No new or enhanced CBOCs are included
    b. Discussed assessment
    c. Cost effectiveness is comparable to the baseline
- Discussion of BPO 6
    a. This Option is a realignment of service lines between the two campuses. No new or enhanced CBOCs are included
    b. Discussed assessment
    c. Cost effectiveness is comparable to the baseline
- Discussion of BPO 7
    a. This Option is an incremental realignment with CBOC expansions. It is less aggressive than BPO 6 in that it realigns principally at the subspecialty level, and not a service line level. It also includes expansion of two CBOCs (Harlem and SoHo) and creation of two new CBOCs (Queens and Brooklyn)
    b. Discussed assessment
    c. Cost effectiveness is comparable to the baseline
- Questions from the LAP
    a. LAP Member Feigelson: To some extent BPO 6 is in place. I am very strongly against BPO 5. We stopped building stand-alone psychiatric hospitals in 1965. It would be a regression in time to even consider such an option.

i. Rick Battaglia: This is largely a true statement. The coming together of biologic care and psychological care creates very unique benefits.

b. LAP Member Simberkoff: BPO 7 is actually the one that is already occurring, not BPO 6. BPO 5 is a very bad idea. Deprives our most vulnerable patients of much needed and promised medical care. BPO 6 has features which are appealing, but would disagree with particular details (e.g. Why move BK women's health to MN when BK has a close proximity to Fort Hamilton?). Other than those details, would endorse BPO 6.

c. LAP Member Glickman: BPOs 6 and 7 will not be black and white. There will be mixing and matching. End result should be better efficiencies. Not sure if BPOs 6 and 7 can be parsed apart. Does not think he can choose between the two.
   i. LAP Chair Dunn: What are the next steps for BPOs?
   ii. Ryder Smith: The LAP recommends what to move forward with. If Secretary recommends these options, we could gain additional directional details from LAP at the third meeting.

d. LAP Member Basher: There will be years between now and when these options would be implemented. Should deal with reality now and adapt as time passes.

e. LAP Member Kelly: Have struggled with definitions of services provided. Seems that need for outpatient services was not addressed in BPO 6.
   i. Ryder Smith: Just a matter of definitions. Could view BPO 6 with a CBOC expansion. We wanted to present BPO 6 and BPO 7 as different ends of the spectrum with CBOCs.
   ii. Follow-up question from LAP Member Kelly: Mental health services. Has the increased need for PTSD issues been included in the options?
   iii. Ryder Smith: The data projections do include mental health data. In terms of current conflict in Iraq, not currently in data. When data is available, that data will be incorporated and plans adjusted accordingly.

f. LAP Member Basher: More cost effective to put mental health into CBOCs. Is it conceivable that price tag would cause one to exclude the other?
    i. Mr. Smith: That is doubtful.
g. LAP Member Feigelson: Mental health problems from Vietnam will reoccur with Iraq. Should be taken into account.
h. LAP Member Mizrach: Do we take into consideration how national disasters/ emergencies might impact funding?
    i. Allen Berkowitz: Congress takes into account where funding goes in the case of emergencies. Vietnam veterans sought mental health care more than WW II veterans. Increased projected mental health utilization due to realization of trend that has been brought up.
i. Public: Are there any re-use proceeds for BPOs 6 and 7? BPO 5?
    i. Ryder Smith: For BPOs 5, 6, and 7, Team PwC does not anticipate significant re-use proceeds.
j. Public: Where does the projected data indicate increased need in terms of location and type of service?
    i. Allen Berkowitz: At the first LAP meeting, forecast demand data was shared by CIC for the NY Harbor market. Refer to website where that data is presented.

- Discussion of BPO 8
    a. This Option is a new consolidated VAMC in Queens. Both BK and MN would be vacated in entirety and relocated to this new facility. No new or expanded CBOCs
    b. Discussed assessment
    c. Possibly more cost effective than the baseline
- Discussion of BPO 9
    a. This Option is a new consolidated VAMC in Brooklyn and new CBOCs. Both BK and MN would be completely vacated and relocated to these new facilities
    b. Discussed map of potential locations
    c. Discussed assessment
    d. Possibly more cost effective than the baseline
- Questions from the LAP

a. LAP Member Joynes: Looking at consolidating at St. Albans?
    i. Ryder Smith: At this point no. Only general locations have been described along transportation hubs.
b. LAP Chair Dunn: What was different between eliminated options and BPOs 8 and 9?
    i. Ryder Smith: We eliminated all options contemplating building a new facility in MN due to cost effectiveness. In BK and Queens, we kept one of each in both Boroughs based on the access questions and potential to cost effectively replace the current facilities.
c. LAP Member Feigelson: Queens does not have a medical school to affiliate with.
d. LAP Chair Dunn: Expanding CBOC in MN. Why did you not consider expanding SoHo?
    i. Ryder Smith: If BPO 8 moves forward, Team PwC can certainly examine that scenario.
e. LAP Member Simberkoff: If BPO 8 or 9 were implemented, they would not have medical affiliates and have a gap in time which would create a gap in service, which would cause inferior quality of care than what is currently provided.
f. LAP Member Glickman: Would be the worst of all worlds. Would lose proximity to Fort Hamilton and affiliations.
g. LAP Chair Dunn: Referring back to BPO 6, concern about where heart and diabetes services would be located.
    i. Ryder Smith: Have not gone into that level of detail, but would go into that level of detail should BPO 6 be recommended by the LAP. Would not consolidate diabetes and endocrinology services, those should remain at both BK and MN. Would not change cardiac surgery, which is currently consolidated at MN.

<Break from 12:00 p.m. to 1:00 p.m.>

V. Public Comment

- Re-introduction of LAP Members
- Overview of public comment process
- The public can submit entire text of their statement to the LAP
- We will go in order of how each speaker has signed up

- Elected officials will speak immediately
- Congressman Nadler
    - Upgrading both facilities is the option to choose
    - Access is perhaps the strongest argument
    - Drive time does not apply in New York City
    - Many individuals do not have cars
    - Any proposal to isolate care would rule out many veterans from having access
    - There is a high quality of care now
    - The projection of reduction in enrollees is outdated
    - Both facilities are being fully utilized
    - Over 2,000 veterans from Iraq and Afghanistan have already enrolled in the NY Harbor Health Care System
    - Opposed to a complete consolidation of services into one center due to access
    - Do not close either facility
- Congresswoman Maloney
    - Full report has not been made available. Makes it difficult to analyze the report
    - Has put in a request to the VA to make full report available
    - Enrollee numbers underestimated
    - Proposals do not make sense except for baseline and BPOs 6 and 7
    - The MN VAMC is the only VA hospital with six Centers of Excellence
    - Only VA hospital in the northeast that makes prosthetics
    - Would like to put entire testimony on the record
    - If hospitals are closed, veterans will lose
    - PwC has skewed all nine options to be equivalent in terms of quality and leaves cost effectiveness as the only decision making point
    - Increased need for prosthetics
- Senator Clinton
    - Should not close either BK or MN hospital
    - Bottom line must be excellent services provided to veterans as efficiently as possible
    - Should not elevate financial concerns over needs to provide care
    - Secretary Nicholson agreed to consider Senator Clinton's recommendations that the process be transparent and voices be heard
    - Strongly opposes closing either campus
    - Affiliations would be negatively impacted and, therefore, veteran healthcare would be negatively impacted

- Both campuses have been through a successful re-evaluation process
- Access issues for both campuses
- Enrollee numbers need to be revised per budget shortfall

- State Senator Liz Kruger
  - Services must be kept and adapted to deal with the projections
  - Importance of having a healthcare system that can react to emergencies
  - Would like to see the actual report
  - The two VA hospitals have already merged into NY Harbor in 1998
  - None of the options would have any significant differences in access or quality of care. Throws the whole report's integrity into question.
  - Money gained by selling land cannot be the priority
  - Favors BPO 1
  - Merit of BPOs 6 and 7 rest on continued teaming with community
  - Time to expand access and quality
- Assemblyman Stringer
  - Recommend baseline option
  - VA has a waiting list for its services
  - Demand will increase as the troops return from abroad
  - Quality is enhanced by relationships with affiliates
  - MN much more accessible than BK
  - Consolidation is a closure
  - Shifting services will certainly hurt healthcare
  - Sends a national and international message that "we do not take care of our own"
  - We should be better than everybody else
- NYC Councilwoman Lopez Representative: Jennifer Culp
  - Supports baseline option only
  - Has only prosthetics production in the northeast
  - Strong affiliations
  - Men and woman already returning to NYC
  - Current wait time problems, must address these first
  - MN has good level of accessibility
  - Consolidations would cost the city millions per year and would mean veterans not going to the hospital as much as they could or should
- Speaker #1
  - Had spinal surgery at MN and had three people in the room from Iraq or Afghanistan

- Did not close any facilities during WW II, should not do it now

- Speaker #2
  - Army veteran
  - Honorable discharge after 2 years of active duty
  - Testified in BK to urge that the MN VA must remain open
  - States emphatically that this hospital plays too vital of a role to close it
  - Only hospital in 100 mile radius to offer six Centers of Excellence
  - Renowned teaching hospital as well
  - Had a heart valve implant; relies totally on that hospital for support today. Without that hospital in that location he would be dead
  - 70% of MN residents do not have cars
  - Those on dialysis must be at the hospital three times a week
  - Thousands of veterans coming home from Afghanistan and Iraq
  - Rising costs of this war should not mean a lack of care upon a soldier's return
- Senator Schumer
  - MN and BK medical centers must stay open
  - Recommendations are fatally flawed by not including the mission of the VA
  - Impossible to see how consolidating services would serve the goal of providing better healthcare service
  - Current healthcare provided is superb
  - Disrupting those services would greatly hinder the ability to provide same level of services
  - Access/drive time issues
  - BK and MN VAMCs operate as one hospital called NY Harbor
  - Both facilities are full
  - Look carefully at each option
  - Recommends BPOs 1, 6, and 7
  - Find options that increase efficiency, reduce cost, and maximize healthcare services without closing a hospital
- Staten Island Borough President Molinaro Representative: Mr. Covino
  - Voices opposition of any elimination of any VA owned property
  - Should be preserved in case of emergency
  - Need to pursue means to preserve, rather than dispose of, VA owned property
  - No justification for closing a campus for standards of care or cost effectiveness

- Requests that all information from previous study be included in this study
- VA is prohibited from reimbursement for Medicare
- Cost savings plans are being advances while services are being stretched thin

- Speaker #3
  - Travel problems would be caused
  - Why are the two facilities underutilized? Will it continue?
    a. Made more difficult to utilize by federal government
    b. It is possible that Priority 8 will be eliminated.
  - Not the time to close either facility, time to build a new one
- Congresswoman Maloney
  - Chart that rates healthcare access and quality to be equal: cannot be equal if Centers of Excellence are not equal
  - Only thing that is not equal is cost effectiveness
  - Request for supporting documentation that was used to come to this analysis
- Congressman Weiner
  - Problem is that we must choose between bad options that do not deal with reality
  - Large number of very senior veterans
  - Also large number of very young veterans coming home from the war
  - Must analyze how to expand services
  - Taking care of veterans is not a profit making venture
  - Work should be looked at through the lens of how to best provide care for veterans
  - Keep status quo in place for some time
  - Hold Congress and Administration accountable for cutting services for veterans
  - Need to increase service and decrease wait time
  - Supports baseline
  - Should have a new conversation about options with a new perspective
- Dr. Brotman, Vice Dean at NYU School of Medicine
  - Merger has already happened
  - Misconception that there is a low occupancy rate: currently 85%
  - Equal quality and access is not valid
  - Supports BPO 1, 6, and 7
  - Does not support any options with CBOCs that are distant from hospitals
- Speaker #4
  - Supports BPO 1 only
  - Other options are not viable

- Study is flawed due to flawed data
- As a statistician, does not approve of the study's statistics
- In the report, supporting comments about the Options are provided, but the negatives are not provided

- New York City Mayor Michael Bloomberg
  - Strongly urges to recommend that all VA hospitals stay open
  - We have a moral obligation that we cannot shirk
  - Four compelling, practical reasons to keep hospitals open
    a. Great demand for services
    b. Both BK and MN campuses provide excellent and highly specialized healthcare services
    c. Access issues
    d. Would strain NY public existing healthcare system
- Speaker #5
  - Army veteran
  - Being provided VA services is one of the few promises a soldier is guaranteed
  - Administration needs to find the money and stop VA budget cuts
  - CARES Commission is a misnomer
  - VA overhead is well under HMO overhead
  - Supports continued consideration of BPOs 1, 6, or 7
- Speaker #6
  - Question for Team PwC: How many of you are doctors or have served in the military?
  - Two hands raised
  - PwC is both judge and jury and without qualifications
  - Summary report lacks references
  - "The price of freedom is visible here" plaque on a VA hospital wall
  - Would like to recommend Option 10: shut this meeting down, go back to the drawing board, and tell Washington what we really need to do to provide quality services
- Councilwoman Moskowitz
  - To be contemplating shutting down such a facility at a time of war is unconscionable
  - Decreased access is unacceptable
  - Location is pivotal to affiliations
  - Should name 1st Avenue "Hospital Mile"
  - The loss of such a world class hospital would be catastrophic
  - BPOs 2, 8, and 9 are unacceptable
  - BPOs 1, 6, and 7 are preferable
  - Recommends BPO 7

- Inappropriate for federal government to intervene with real estate speculation
- Speaker #7
  - Korean War veteran
  - Take care of the veterans, or you won't have a country
- Dr. Bourke, Chairman of Medicine at SUNY Downstate
  - Recollections of veteran stories
  - Closing BK VA would hurt access significantly
  - Would hurt continuity of care as well as treatment of urgent care
  - Would hurt affiliations
  - Recommends not to close BK hospital
- Congressman Fossella
  - Focus should be to maintain and improve access
  - Should not conclude that there should be BK or MN closing that would hurt access
  - Should listen to affiliates' recommendations
  - Should not remove VA from proximity of Fort Hamilton
  - Need to make adjustments for growing number of women veterans
  - Could expand services at current location
  - Both BK and MN facilities should remain open

<Break from 3:10 p.m. until 3:30 p.m.>

- Assemblyman Richard Gottfried representative: Ms. Kaiser
  - Consolidation of services must be decided locally
  - Recommends BPOs 1, 6, and 7
  - Opposes BPOs 2, 3, 4, 5, 8 and 9
- State Senator Tom Duane
  - Extremely concerned that MN hospital would be closed
  - MN hospital very accessible
  - BPO 1 is most acceptable
  - BPOs 2 through 5 would destroy quality of care at MN hospital
  - Tremendous bang for your buck by having affiliations with educational hospitals
  - BPOs 2 through 4 would threaten ability to respond to an emergency
  - Need local input to realign services
  - BPOs 8 and 9 would not be cost effective
  - Consolidating services means reducing services
- Speaker #8
  - The simple answer is no

- Reality is that we need both hospitals
- Eliminate SoHo CBOC from discussions
- Wounded not by enemy, but by own government
- No to closing anything
- Will have more veterans to deal with

- Speaker #9
  - Recommends BPO 7
  - Take what you have, and build on it
  - Do not throw it away
  - Expand current CBOCs
  - Wants to make sure LAP is on the side of the stakeholders
- Speaker #10
  - Korean War veteran
  - Resides in Queens
  - Concerns about data
  - Does not believe there was enough time for providing notice for meeting and comment forms
- Speaker #11
  - PwC should fire the managing auditor who created the report
  - Business plan studies says that it is business oriented
  - Access issues
  - Ability to go to MN hospital then to work in MN would disappear if there was only a hospital in BK
  - Keep both facilities open
- Dr. Riles, Chairman of Surgery, NYU
  - Quality of surgical services
  - Quality is only as good as the quality of the people that can be recruited
  - To move services away would be bad for veterans
- Speaker #12
  - Vietnam veteran
  - Number of veterans in NYC increases as veterans return from Iraq and Afghanistan
  - Any proposal to close veteran hospitals at a time of war lacks foresight
  - If either hospital is closed, it is the veterans that will pay the price
- Speaker #13
  - Both hospitals need to be considered as one hospital
  - No other template from around the country could be used for transportation or access
  - Create a research center with affiliates as partners
- Speaker #14
  - Vietnam veteran

- Services have vastly improved since 1985
- Need epidemiology data from the VA to make the decision
- Will see more and more veterans come into the system
- Keep hospitals open
- Expand care

- Dr. Zenilman, Professor and Chairman of Medicine and Surgery, SUNY Downstate
  - Represents department's opposition to any closure of the BK hospital
  - It is an integral part of the SUNY department
- Speaker #15
  - Need extended care services of St. Albans because older men are being called into active duty
  - Another gentleman read letter because speaker was visually impaired
- Speaker #16
  - P.O.W. in the European Theatre in WW II
  - Need to keep both hospitals
  - Empty space in DC allowed for Gulfport veterans to get housed in DC
  - Good, innovative services currently provided
  - Group has donated over $200,000 over the past year to VA hospitals
  - May have to tell Secretary that we need a budget
  - VA has changed for the better. Did not used to be able to talk to the VA like this and be heard
- Speaker #17
  - Speaking for military woman and friends
  - Most veterans are computer illiterate
  - Read a poem along the theme of "What's Going On"
  - Closing hospitals is not the answer
  - Veterans kept their promise, now it is time for the VA to keep its promise
  - Need more services
- Dr. Crackow, Chairman of Urology Department, SUNY Downstate
  - Vice Chair of Medical School
  - Veteran from Tet Offensive
  - Unanimous opinion is that neither the BK nor MN campus should be closed. Should move to reduce duplication as much as possible.
- Dr. Rendon, Director, Hunter Bellevue School of Nursing, CUNY
  - Greatest nursing shortage in the world of healthcare
  - Students get to learn with VA hospitals to help address the nursing shortage

- Any alteration on any NY Harbor would greatly deteriorate these educational programs

- Speaker #18
  - War veteran
  - Here to represent the victims of the VA hospitals
  - They are locked up and experimented with for the purpose of research
  - Close down these programs
  - Otherwise close down hospitals all together
- Speaker #19
  - Korean War veteran
  - PwC's work has been deemed faulty and does not pass close scrutiny
  - PwC's conflicts of interest need to be investigated
  - If an attack/ disaster/ emergency takes place, need to have VA hospitals available
  - Contract between government and veterans should not change with a change in administration
- Dr. Goldfarb, NYU School of Medicine
  - Model program for how to improve services for VA hospitals around the country
  - VA hospitals are important to disaster response. Current disaster response includes VA hospitals as integral.
- Speaker #20
  - Member of CERT, VP of Neighborhood Association, Advocate of veteran and women's veterans
  - Worried about moving services out of MN
  - Many homebound veterans
  - Should not put real estate value over providing veteran healthcare services
- Speaker #21
  - Department Agent for Disabled Veterans of America for State
  - WW II veteran
  - What is the purpose of having a superior medical Veterans Administration?
  - First priority is defense
  - Second priority is economics
  - Veterans are ready to fight
  - Nothing is too expensive when it comes to taking care of our veterans
- Speaker #22
  - Echoing sentiments of Mayor Bloomberg
  - Please do not close hospitals or laboratories
  - DHS will not stand for it

- Speaker #23
    - Send a letter to inform veterans
    - Cut down funding for prescriptions
    - Questions from first LAP meeting remained unanswered
    - PwC is only thinking about money
- Speaker #24
    - Vietnam veteran
    - Recommends not closing down the two hospitals
    - Should re-open closed beds in BK
    - Without the facilities, what are we going to do? Where are we going to go?
- Speaker #25
    - 1959 – 1963 veteran
    - When he was in the service, he was told all his medical would be free
    - Category 8 and has to pay for services to get them for free
    - Market includes one location, enrollee number includes location
    - Says good access at MN and poor access at BK, how can you recommend closing MN and moving services to BK?
    - Baby boomers will increase utilization of hospitals
- Speaker #26
    - Vietnam Navy veteran
    - BK care is very good
    - Take special care of you, especially if you are an inpatient
    - Any change would potentially disrupt the quality of care that is being given
- Dr. Zolla-Pazner, Professor, NYU and Director, Special Pathology at MN
    - Research program at the VA hospital was described as the jewel and crown of the VA system for AIDS
    - VA patients suffering from infectious diseases will suffer
    - MN VA should not be closed
- Speaker #27
    - Coordinator for JPAC
    - Meeting tomorrow night on hospital closings in NYS
    - Closing any VA hospital is like saying, “Get over it!”
    - Those veterans deserve the very best my tax dollars can offer them
    - Health and housing do mix
    - Do the right thing. Keep hospitals open. Expand services
- Speaker #28
    - Veteran who was involved in Germany occupation
    - Everything’s been said that needs to be said
    - Needs the VA

- Not much to live for if you have to travel to medical facility a certain number of miles
- Veterans support one another
- Teaching hospitals helping young college students learn to be nurses and doctors
- Gets by thanks to the blind group
- Government does not owe him anything. He owes everything to God and Country.

- Mr. Frank
  - Health Chairman of Community Board 6
  - The Borough Board passed Board 6's resolution
  - All community boards oppose any scaling back of services at MN VA
  - Manhattan care will be lost if Bellevue and NYU are lost
  - Other hospitals will have to absorb the veterans if VA services are lost
- Speaker #29
  - Blind veteran
  - Uses the BK hospital
  - Have had to depend on the VA hospital once in MN and once in BK to save his life
  - Cannot read or write, which were his great pleasures
  - Furnished with a magnifier for home use
  - Without the VA hospitals, doesn't know what he would be doing
  - Attends one meeting a week with blind veterans, and it's his only contact with the outside
  - Do not close down the veterans hospitals
- Speaker #30
  - Vietnam veteran
  - Here to testify on behalf of all veterans
  - Did volunteer work at BK hospital for two years
  - Supports what the DAV, VFW, and American Legion had to say
  - Speaks on behalf of the 369 Veterans Associates
  - Was operated on in that hospital twice
  - Please keep the MN hospital open
- Speaker #31
  - Vietnam veteran
  - It is all emotional
  - George Washington quote
  - September 11 occurred here
  - Imagine the PR that would come about if the VA hospitals are closed

- Speaker #32
    - WWII veteran
    - Served for 12 years
    - Would be foolish to close hospitals when there are more soldiers coming
    - Have to keep the hospitals open
- Speaker #33
    - Korean War veteran
    - Should not close hospitals
    - Only reason he is alive today is that the BK and MN hospitals have saved his life multiple times
    - Treatment could not be better
    - Will need hospitals when new veterans come home
- Mr. Ranald
    - Colonel, President of Reserves Officer Association – New York
    - CUNY Professor, Veteran of Korean War
    - MN facility is unique and provides high quality
    - Most professionals will not be able to do the work in BK
    - If MN is closed, will lose a critical mass of world class medical personnel
    - The savings may be very little yet you would lose highly qualified personnel
    - Due to time and mobility, recommends against any closures or mergers of MN hospital
- Speaker #34
    - Vietnam veteran
    - Homeless 1978 – 1992
    - Found out in 1992 that he had PTSD
    - Without the VA, he would have been a dead man
    - If you close hospitals, you will have a lot of homeless veterans
- Speaker #35
    - Vietnam veteran
    - Does not understand what is going on
    - Was always led to believe that he would take care of his country, and his country would take care of him
    - Cannot believe that anyone would want to close down a VA hospital
    - Are we a great nation anymore?
    - Very few veterans came home well
    - I can’t see why America would close down any hospital
    - Need to respect veterans
- Dr. Sedlis, Chief of Cardiology at the MN campus

- Only his independent perspective using his experience, not speaking on behalf of VA
- Projections show increased cardiac needs
- Program could not exist unless it was adjacent to the NYU campus
- Programs could not be developed from scratch
- BPOs 2, 8, and 9 would result in reduced access in cardiac care
- BPO 7 is by far the best option available

- Speaker #36
  - 20 years of service at the MN campus
  - Recommends BPO 7 as the only option worth pursuing
  - Keeps decision making in the hands of local leadership
  - Would not have otherwise adverse effects of affiliations, etc.
  - Stuff happens and must be prepared for when it does
  - Physical consolidation is not necessary and is unthinkable at the current time
- Dr. Steigbigel, NYU Professor, Infectious Diseases at MN campus
  - Recommends BPO 7
  - Location in the center of the city is essential for affiliations as well as for response to any kind of disaster
  - Closing MN campus would negatively affect the access and quality of care
- Speaker #37
  - Director, GMHC
  - Strongly opposes closing the MN campus
  - MN campus is the largest provider for HIV patients in the tri-state area
  - Taking this healthcare away from veterans requires veterans to make yet another sacrifice
- Speaker #38
  - Do not need to use bottom line nomenclature
  - MN campus is very convenient
  - Sometimes easier to get to MN VA from BK than to get to the BK VA from BK
  - More maimed people now than before
  - Needs to be more than just the bottom line in a humane society
- Mr. Aldi
  - United American Nursing Association
  - Standing beside the veterans as the veterans has stood beside our country years before
  - Did PwC address how a patient would feel after being treated after having to travel for additional treatment?

- Where would the treatments be done? Where would the HIV clinics go? Where would supplies be located?
- Recommends BPO 7

- Speaker #39
  - Disabled veteran from WW II
  - Does not know how he would get to the BK hospital
- Dr. Blaser, NYU Chair of Department of Medicine
  - Need for a federal hospital in MN
  - Need to keep current affiliations
  - Faculty at the MN VA are researching areas pertinent to veterans
- Speaker #40
  - Daughter of a deceased WW II veteran
  - Service offers young men and women an opportunity for development within him or her self
  - VA is supposed to help veterans move on with their lives
  - It would be a great disservice to veterans if these hospitals are closed
- LAP Chair Dunn
  - Thank you to everyone who came to speak before the panel
  - Some really good take away messages
  - Heard anger, frustration, and disbelief with this kind of government intervention
  - Gained a lot from statements regarding the adverse impacts that closing either VA campus would cause
  - Believes the rest of the panel has heard your message

<Break from 6:35 p.m. until 6:40 p.m.>

VI. LAP Deliberations: Van Dunn

- Any additional testimony can be submitted to VA mailstop or online
- BPO 1 does not need to be voted upon
- BPO 2
  - Failure to maintain quality of care
  - Access/ travel time is a major issue
  - DHS concerns
  - Vote: 0 Yes, 8 No – Option is not recommended to the Secretary to move forward into Stage II
- BPO 3
  - Access/ travel time is a major issue
  - Lose affiliation ties with SUNY Downstate
  - Lose proximity to Fort Hamilton

- Implication that there is something wrong with what we have right now, and not so sure that's the case. Work with what we have right and work to fix what we have wrong.
- Vote: 0 Yes, 8 No – Option is not recommended to the Secretary to move forward into Stage II

- BPO 4
  - Same comments as BPO 3
  - Removing services would change the character of that clinic
  - Concern that not all specialties would be provided when primary ambulatory care is provided
  - Vote: 0 Yes, 8 No – Option is not recommended to the Secretary to move forward into Stage II
- BPO 5
  - Denies veterans access to healthcare
  - Standalone psychiatric facilities are outdated
  - Concern about continuity of care
  - Health problems that occur simultaneously argues against separating students
  - Fisher House would be difficult to replicate elsewhere
  - Vote: 0 Yes, 8 No – Option is not recommended to the Secretary to move forward into Stage II
- BPO 6
  - Question – LAP Member Kelly: Is there any plan to examine current plans to see if a new facility will need to be built?
    a. Answer – Team PwC: Yes. We do have information on the condition of the buildings and what investments would be required. We have examined what would be required to bring them up to being modern, safe, and secure.
    b. Follow-up – LAP Member Kelly: Would that include anything as drastic as building an entirely new building?
    c. Answer – Team PwC: Have not considered that yet, but would be feasible given amount of land available.
  - In favor of appropriate realignment without delineating services
  - Fold in future plans of affiliates into VA plans
  - Are working toward consolidation along service lines
  - Would ask PwC not to be too specific regarding the delineation of services
  - Difficult to run acute care without surgical services
  - Combine BPOs 6 and 7
  - Not possible to have one service line at one facility and not at another. Need input from facilities about what makes sense.

- Would like to ask Team PwC to re-explore the various lines of services that would be consolidated as part of BPO 6 and remove specifics about service lines in BPO 6
- Explanation of BPO 6 vs. BPO 7 to audience
- Look at the appropriateness of the facilities moving forward
- Vote: 7 Yes, 1 No – Option is recommended to the Secretary to move forward into Stage II

- BPO 7
  - Access/ travel time preserved
  - Quality care with affiliates preserved
  - The close relationship between BPO 6 and BPO 7 is an important relationship to be recognized
  - CBOC expansions will focus further study on access
  - Vote: 8 Yes, 0 No – Option is recommended to the Secretary to move forward into Stage II
- BPO 8
  - Well architected, effective, new facility
  - Instead of wounding one hospital, you wound two
  - Access, quality, homeland security, and relationship with DoD issues
  - Eliminates two strategic locations for medical centers
  - Vote: 0 Yes, 8 No – Option is not recommended to the Secretary to move forward into Stage II
- BPO 9
  - Same comments on BPO 2 and 9
  - Expensive to build new facility in downtown BK
  - Vote: 0 Yes, 8 No – Option is not recommended to the Secretary to move forward into Stage II
- BPO 10* suggested by Michael Simberkoff
  - Build a new facility at both BK and MN on the current sites
  - Examine replacement on-site buildings
  - Follow approach of BPO 7 with CBOC expansion
  - Maintaining BK for 20 years would not be wise
  - Vote: 2 Yes, 4 No, 2 Abstain – Option is not recommended to the Secretary to move forward into Stage II

- Options the LAP recommends to the Secretary for further study are therefore: BPOs 1 (Baseline, automatic inclusion), 6, and 7 as seen in the following table:

BPO	Yea	Nay	Abstain
2	0	8	0
3	0	8	0
4	0	8	0
5	0	8	0

6	7	1	0
7	8	0	0
8	0	8	0
9	0	8	0
10*	2	4	2

*New proposed option by LAP

- LAP Chair Dunn: Thank you to everyone that gave their input today

Meeting Adjourned: **7:42pm**