

**CARES Hearing**  
**Testimony of Dr. Barry Stimmel, Dean for Graduate Medical Education**  
**Deans Representative, Mount Sinai Medical School**  
**Bronx, VAMC**  
**September 17, 2003**

Thank you Mr. Chairman for allowing me to address the commission, and your guests. I appreciate the opportunity to share with you some of our thoughts related to this important process.

The Mount Sinai School of Medicine and the Bronx VA Medical Center have a history of more the 25 years of affiliation. This affiliation has been founded and nurtured through an extremely successful partnership in research, renowned for several Middleton Research Award Winners, and a Nobel Laureate Award. Our partnership with the Bronx VA has provided Residents and Fellows from the Medical School with an opportunity to add to their experience and training and, most importantly, for the veteran patients to benefit from the very latest methods and technology available in medicine today. The successes of this partnership <sup>have</sup> ultimately enriched the clinical programs and the quality of care to the Veteran population. The Medical School remains very committed to adding to these successes in the future.

Throughout the past 1.5 years the Medical School has been intimately involved in and followed the CARES process. Medical School, as a stakeholder in the CARES process, been able to monitor and discuss with the Bronx Medical Center common goals and objectives. The Deans Committee has received regular updates on CARES and we have participated in various discussions with our Bronx VA affiliate.

In particular, from the Medical School perspective, we note that in the short term, the increased workload predicted in both inpatient and outpatient settings, as projected in the data assembled by the network, will require that the School coordinate closely with our Bronx affiliate to ensure proper staffing and coverage in all critical areas.

Alternatively, the recent studies of AMI care in the VA have also reminded us that community standards of care are continuously developing. The Medical School understands that such changes will require the successful affiliate of the future to fully embrace and understand the significance of

local specialty services in order to ensure uniformity and accessibility of patient care.

In the past, as now, and looking as far into the future as our data and our imaginations will allow us to go, the Medical School will honor this beneficial relationship and our affiliate friendship to the Bronx VA so that together we may provide the care that America's veterans deserve.

Thank you, Mr. Chairman.

September 2, 2003

Richard E. Larson  
Executive Director  
CARES Commission  
[carescommission@mail.va.gov](mailto:carescommission@mail.va.gov)

Dear Mr. Larson:

Thank you for the invitation to provide input on the CARES draft national plan. I would like to review briefly ways that I believe the State University of New York Downstate Medical Center (Downstate) can enhance both patient care and academic activities at the Brooklyn Campus of the New York Harbor Healthcare System (NYHHS).

These proposals reflect three fundamental commitments by Downstate:

- (a) Our commitment to the Veterans Healthcare Administration (VHA) mission to provide the highest quality of care to its veteran-patients.
- (b) Our willingness to work within the reality of declining demographics and the CARES Initiative's concerns about the undue proximity of tertiary care VA centers. We recognize the inherent potential for rightsizing of facilities in New York City as well as the other economic and fiscal constraints with which the VA is currently contending.
- (c) The continued importance placed by our medical school on its affiliation with the Brooklyn Campus of the VA-NYHHS and our desire to preserve and, indeed, to enhance, that affiliation. The historic wisdom of the alliance between the VA system and academic medicine in the United States has been amply and repeatedly demonstrated in the commitment of both organizations to quality patient care. Our school's historic contribution to patient care through our role in the recruitment and retention of highly competent faculty at the Brooklyn VA as well as in the selection and supervision of resident physicians rotating there are manifestations of that commitment.

Downstate has a strong interest in providing active support and assistance to the VA in the transitions that lie ahead. We are ready and willing to collaborate in the development of long-term plans to care for the veteran population through sharing agreements, leasing agreements, contracts, joint ventures or whatever other mechanisms are appropriate.

Two-thirds of NYHHCS enrollees reside in Brooklyn, Queens and Richmond counties. We believe that an upgrading of services to the Brooklyn-St. Albans catchment areas is highly desirable. Any future plans for decreased inpatient care at the New York (Manhattan) campus of NYHHS will make such upgrades even more critical. Access to both ambulatory and acute health care services should be available at the Brooklyn campus. Any diminution of acute health care services would likely affect the quality of specialty services, as competent specialists would be less likely to accept positions at centers that lacked opportunities to follow through with acute care when needed. The impact on residency and fellowship training programs of diminished acute care services would also be negative.

There are, undoubtedly, many directions in which collaboration between Downstate and the Brooklyn Campus could evolve. These include:

- (1) A collaboration based on the status quo. In this scenario, the VA would maintain acute care services at the Brooklyn Campus. Downstate would continue its affiliation and could offer tertiary and quaternary care services at the University Hospital when necessary through a clinical service agreement.
- (2) Alternatively, NYHHCS could divest itself of part or all of the acute care facilities at the Brooklyn campus, but continue to provide some acute services on-site through a contractual arrangement with Downstate. This would involve leasing part or all of the acute care portion of the hospital to Downstate and contracting with the school to provide the full range of acute care to category 1-6 veterans at that site and high-end tertiary care at the University Hospital. In this scenario, the VA would retain ambulatory services for primary and some specialty care at the Brooklyn Campus.
- (3) NYHHCS could negotiate a sharing agreement with the Medical school to provide all acute care at the Brooklyn Campus. In this arrangement, the school would utilize the acute care facility for non-veteran patients as well. In exchange for the use of the facility, the school would, through a service contract, provide the full range of acute care services to veteran patients. High-end tertiary care would be referred to Downstate as in the first proposal. Ambulatory care would also be as in the first proposal.

These proposals are not mutually exclusive. They could be implemented in increments through a mutually agreed upon road map and timeframe.

A good beginning is, in fact, already in place. Plans are in process for the provision of emergency care services to the Brooklyn VA campus through our Department of Emergency Medicine. When implemented, these plans will provide expert emergency care for veterans and, in coordination with the Department of Surgery, enhancement of the availability of acute surgical care for veterans requiring admission. These services could easily be extended to non-veterans. Downtime in the OR at the Brooklyn VA campus would present the opportunity for surgery on non-veterans brought to the ER and needing hospitalization. As a next step, downtime in the endoscopy suite and the invasive cardiology labs could lead to increased activity through sharing or leasing agreements.

The recent personnel change in Radiation Oncology at the VA is still another timely opportunity for the medical school and the Brooklyn campus to begin another confidence building enterprise.

Utilization of an evening shift in the outpatient facility would provide the opportunity to provide care from Downstate faculty to both veterans and family members. Still another example of a first step might be the headquartering of Downstate's Division of Gerontology and Geriatric Medicine at the Brooklyn-St. Albans campus.

There are, undoubtedly, many other ways that expanded collaborations between Downstate and the Brooklyn Campus can be used to share resources and opportunities and strengthen the capacity of both institutions to achieve their missions. To this end, we welcome the CARES initiative and stand ready to plan creatively and implement plans that will serve the needs and aspirations of both institutions.

Sincerely,

John C. LaRosa, M.D.  
President

cc: Eugene Feigelson, M.D.  
Edmund Bourke, M.D.  
Alan Shalita, M.D.  
Ivan M. Lisnitzer

Testimony  
of  
Robert Glickman, MD  
Dean, New York University School of Medicine  
Chief Executive Officer, NYU Hospitals Center

Capital Asset Realignment for Enhanced Services (CARES) Commission

September 17, 2003  
1:00 PM  
VA Medical Center  
Main Hospital  
Room 3D-22  
130 West Kingsbridge Road  
Bronx, New York

Good afternoon Mr. Alvarez and Members of the CARES Commission. I am Dr. Robert Glickman, Dean of the New York University (NYU) School of Medicine and Chief Executive Officer of the NYU Hospitals Center. Thank you for this opportunity to appear before you personally to share the views of the NYU School of Medicine on the proposed CARES plan for VISN 3, as it relates to the Manhattan facility of the Veterans' Affairs New York Harbor Health Care System (Manhattan VA campus). NYU has had the opportunity to respond to the VISN 3 regional plan recommendations. However, these are our first comments on the CARES Commission recommendation to consolidate VA NY Harbor services at Brooklyn, resulting in the closure of the Manhattan VA.

The Manhattan VA is located on the East River in the heart of New York City's health care community. The facility has been at the forefront of clinical care and research for veterans across the Southeast Region of the VISN 3 regional system. The Manhattan VA campus now hosts VA-labeled Centers of Excellence in six tertiary care specialties including:

- The Center for Excellence for Cardiac Surgery
- The Center for Excellence for Neurosurgery
- The Center for Excellence for Cardiac-Vascular Surgery
- The Center for Excellence for Comprehensive Rehabilitation Services
- The Center for Excellence for HIV/AIDS care
- The Center for Excellence for Dialysis

Expertise in these fields has led to the Manhattan VA becoming a high quality VISN 3 regional center for these tertiary services, serving patients from throughout the region, including parts of New Jersey, Pennsylvania and upstate New York. These

designations, in recognition of the excellence in these programs are dependent upon the quality of the NYU School of Medicine's faculty and training programs. Some patrons from other VA VISN regions are drawn to the Manhattan VA campus because of this excellence. Nearly 200 veterans a year receive cardiac surgery and another 200 veterans are neurosurgery patients. For example, in 2002 over 30 patients came from New Jersey to the Manhattan VA for neurosurgery and 20 came from Long Island. Over 100 veterans came from the Hudson Valley for cardiac catheterization and 82 came from New Jersey.

The Manhattan VA is also renowned for other quality specialty programs. There is a Urology Stone Center that includes a state-of-the-art lithotripter. Other specialized services include micro-vascular surgical techniques for free flaps, surgical techniques for vitrectomy and prosthetic joint replacement, the latest cryosurgical techniques for micro-vascular ENT surgery and state-of-the-art treatment for dermatologic patients by offering Mohs Surgery.

The Preservation and Amputation Care Team (PACT) and the Prosthetic Treatment Center are located at the Manhattan campus. The close affiliation with Bellevue Hospital, Tisch Hospital, and the Rusk Institute of Rehabilitation Medicine contribute to the Medical Center's excellence as an Amputee Center and a Comprehensive Rehabilitation Medicine service. The Prosthetic and Sensory Aids service operates satellite clinics at other VISN 3 facilities. The VISN Footwear Center provides special orthopedic shoes to veterans throughout the network. The Prosthetic and

Orthotic Lab is the only laboratory in the region authorized to fabricate definitive artificial limbs.

The Primary Care program offers coordinated basic and specialized health care for veterans. In addition, Mental Health primary care teams have been established for veterans whose primary diagnosis is psychiatric.

Veterans deserve regional centers of excellence. It is a mistake to think that these centers can be replicated in Brooklyn, except with great cost to recruit the same level of excellent faculty that the NYU School of Medicine has built around the Manhattan VA.

The historic relationship between the NYU School of Medicine and the Manhattan VA campus began approximately fifty years ago in 1954, when the doors to the new VA facility were opened. This partnership is built upon the integration of the NYU School of Medicine's programs with the Manhattan VA. The integration includes residency training programs, research conducted by the NYU School of Medicine faculty, at or jointly with the VA. Over the years, we have been working together tirelessly to develop one of the most respected clinical, education and research medical institutions in the world. The level of high quality care available to veterans in our area as a result of this partnership, is indisputable.

The NYU School of Medicine residents benefit greatly from access to these training programs in these high quality services. The future of these residency training programs, especially the surgical programs, are in jeopardy based on the proposed plan. Currently, there are 125 NYU residents at the VA, 26 are surgical residents.

The NYU School of Medicine and the Manhattan VA campus are involved in approximately \$5 million in joint research; \$4 million is from the National Institutes of Health (NIH). Joint research endeavors have been increasing over the past few years. The NYU School of Medicine faculty has integrated its research efforts at the VA, which includes the occupancy of three floors of research space. All of these research projects are in jeopardy if the Manhattan campus program moves to Brooklyn.

These clinical, education and research efforts have evolved slowly over the last fifty years. Now that the synergy has been so strongly established, there is no limit to what can be accomplished for our veterans in the next fifty years.

Veterans deserve ease of access to these high quality programs and specialists for all that they have given to their country for all of us. As American troops travel the globe to strike at terrorism, this is no time to consider reducing their future access to high quality care that can only result in the improvement in their quality of life. In fact, it is unconscionable to propose any compromise of access to services to these dedicated individuals.

Clearly, access is a major issue in an area as congested as New York City. Perhaps you are not familiar with the public transportation system here. The way it is structured is for the benefit of commuters to have easy access to Manhattan for employment. For those coming from the Hudson Valley or New Jersey, as well as from the outer boroughs of New York City, you have to come to Manhattan to get to Brooklyn

because of this structure. Moreover, the Brooklyn VA is not easily accessible from Manhattan. It requires both a train and bus ride. Many of our veterans suffer from physical disabilities such as the loss of limbs, as well as mental disabilities, that can make such a trip exceptionally challenging.

This commute is not likely to be feasible for the approximately 250 faculty members from NYU who serve the entire medical campus from NYU's Rusk and Tisch Hospitals to the Health and Hospital Corporation's (HHC) Bellevue Hospital to the current Manhattan VA campus. The NYU School of Medicine's faculty and training programs can not be easily transferred to the Brooklyn VA. It would not be prudent to forfeit the many positive benefits resulting between NYU and VA partnership that would be caused by this distance issue.

The 60 minute travel time criteria is not a reasonable measure for New York City. It can take that long just to travel crosstown in Manhattan, if there is inclement weather or a presidential visit.

According to VA criteria and estimates, the Manhattan VA campus has a need for an additional 17 beds through the year 2012. This is based on the current number of people involved in the armed services. However, given the war on terrorism in Afghanistan, Iraq, and the Middle East, as well as the Liberian and North Korean situations, it is not possible to project what the total VA needs might be even up to the year, 2012. For the years 2012 to 2022, the VA estimates a downturn of need. But how can the estimates be developed now for these years when we are even unclear as to what

will happen in the next few years? Moreover, with the threat of another terrorist attack in New York City, the resources of the Manhattan VA campus are essential to the planned emergency response for New York City and the region.

Although, the elimination of jobs is not the intent of the plan, this could happen. Nurses from Manhattan would be asked to commute to Brooklyn. Given the problem of nurse shortages, these nurses will be able to find other positions in Manhattan easily. They are likely to forego the commute. This raises the issue of whether there will be enough nurses in Brooklyn to staff the additional capacity needed there. It is my understanding that there are approximately 1500 employees at the Manhattan VA. Available health professions resources should be an important planning factor in the decision.

The issue of resources also is a central question in determining the cost benefit analysis of closing the Manhattan VA campus and relocating programs and services to Brooklyn. The sale of the Manhattan property is unlikely to cover the full cost of this move. Additionally, there is concern that the necessary funding will not be appropriated by Congress to implement the plan.

Neither health care system has the infrastructure and bed capacity to accommodate the full workload of the other. This translates into costs for the planning, architect and engineer expenses and the construction of new space at the Brooklyn site. These costs must also take into consideration demolition costs, asbestos removal and nuclear radiation factors. Is it feasible to uproot major medical equipment and move and

install them in Brooklyn? How much reinvestment in the infrastructure of the Brooklyn facility is necessary to accommodate all of these programs?

In conclusion, the loss of the Manhattan VA as a close affiliate will impair the excellence of the NYU School of Medicine's training programs. Such a loss will force the NYU School of Medicine to reduce training programs and to decrease its workforce. VA stipends are crucial for the support of faculty with joint appointments. This action would terminate the research that is supported by federal funds and that is of utmost importance to the veterans' population. It would end the access to quality tertiary care to dedicated veterans, provided by the six Centers of Excellence at the Manhattan VA.

To quote the VA Mission statement, "Veterans have earned our respect and commitment, and their health care, benefits and memorial services drive our actions". The CARES Commission should allow this mission statement to drive their actions. Let us move forward with the response that is in the best interest of both the veterans and the NYU School of Medicine. Allow NYU to continue its historic partnership with the Manhattan VA. Together, we will continue to offer high quality medical care. Together, we will continue our research that will result in improvements in the quality of life for veterans who have sacrificed so much for us.

Thank you for your interest in the views of the NYU School of Medicine.