

**CARES COMMISSION  
POST HEARING SUMMARY**

---

VISN 3 Metropolitan New York and Long Island  
Bronx, NY hearing  
1:00 p.m. September 17, 2003

- I. Commissioners in Attendance:
- a. Everett Alvarez, Jr., Chairman
  - b. Charles Battaglia, Hearing Chairman
  - c. Sister Patricia Vandenberg, Commissioner
  - c. Al Zamberlan, Commissioner
- II. Market Areas Addressed: Metropolitan New York and Long Island
- III. Market Area Summary

VISN 3  
*Bronx, NY Hearing*

Market Area (Facility)	Planning Initiative (met criteria)	Market Plan Recommendation	DNCP Recommendation
Metro NY	Outpatient Care - Primary - Specialty	Construct outpatient facility on site of current St. Albans facility.	Expansion of in-house space via new construction, conversion of vacant space, and community contracts.
Metro NY	Inpatient Care - Medicine - Psych	Improve efficiency and decreasing length of stay.	Decreasing demand in NY Market will be absorbed at Brooklyn and NY campuses.
Metro NY	Proximity - 60 Mile Acute (Bronx, Brooklyn, NY) - 120 Tertiary (E. Orange, Bronx, Brooklyn, NY)	Not addressed in market plan due to highly urban nature of metro NY market.	Not addressed in market plan due to highly urban nature of metro NY market.
Metro NY	Small Facility - Castle Point	Transfer inpatient psychiatry and nursing home from Montrose to Castle Point.	Montrose inpatient to Castle Point. SCI relocated to Bronx. Castle Point converts to Critical Access Hospital
Metro NY Long Island	Enhanced Use - St. Albans - Northport - Montrose	Northport & St. Albans identified as among top 15 high potential enhanced use lease opportunities for VHA Northport will outsource golf course.  St. Albans: Raze all buildings, construct new nursing home and outpatient facilities and	St. Albans, demolish buildings and design new construction to maximize enhanced use of campus.  Maximize enhanced use potential of Montrose.

		maximize enhanced use potential of campus	
Metro NY	NCA Collaboration - Castle Point - Montrose	Locate NCA cemeteries at both campuses.	Complete feasibility study to evaluate potential land impediments at Castle Point and Montrose.
Metro NY	DoD Collaboration	Ft. Hamilton sharing with Brooklyn; Ainsworth Clinic w/ Brooklyn;	Collocation of Ainsworth Clinic with Brooklyn; Shared services between West Point and Montrose.
Metro NY	SCI	Consolidate all inpatient SCI service to the Bronx VAMC by 2006. Increase beds at Bronx from 62 to 66.	Transfer Castle Point SCI to Bronx. Maintain East Orange SCI unit. Outpatient SCI services remain at Castle Point.
Metro NY	Realignment Brooklyn/Manhattan	Not addressed	Develop plan to consider feasibility of consolidating inpatient care at Brooklyn. Maintain outpatient presence in Manhattan.
Metro NY	Realignment Montrose	Maximize potential at campus – public/private development.	Transfer domiciliary and all inpatient units to Castle Point. Convert to outpatient services and maximize enhanced use potential of campus.
Metro NY	Extended Care	Not addressed	Construction at St. Albans and VA Hudson Valley HCS

#### IV. Brief Description of Hearing Testimony

##### a. Panel 1: Network Leadership

James J. Farsetta, VISN 3 Network Director, accompanied by:

MaryAnn Musumeci, Director, VAMC, Bronx, NY

John J. Donnellan, Jr., Director, VA New York Harbor Healthcare System

Michael Sabo, Director, VA Hudson Valley Healthcare System

Robert S. Schuster, Director VA Medical Center, Northport, NY

Kenneth Mizrach, Director, VA New Jersey Healthcare System

The VISN leadership summarized the CARES process in VISN 3 plan as presented in written testimony, first citing its collaboration with its stakeholders and reliance on the model the national office provided to identify “CARES gaps,” then citing its market plans as they were structured both before and after input from VA’s central VHA office in order to address the specific gaps. Leadership noted that the Draft National CARES Plan [DNCP] differed from VISN 3’s earlier plan. The DNCP included a high priority item that shifted all inpatient workload to the Castle Point campus from the Montrose campus and converted Castle Point to a critical access hospital (CAH), determining that what remained at Montrose would be subject to an enhanced use lease or, unless another

appropriate location were to be chosen, could be used to meet outpatient demand at that site.<sup>1</sup> Also noted was the study regarding the feasibility of shifting inpatient care from the New York campus to Brooklyn, maintaining outpatient and specialty care at the New York campus or another location in Manhattan. In addition, leadership highlighted the proposal to consolidate Castle Point's SCI programs to the Bronx and maintain the East Orange SCI inpatient program, which would be considered for consolidation at a later date. Leadership indicated that the new initiatives are in a study phase at this time. Citing the Montrose campus as an example, leadership also took this opportunity to advise that it viewed the enhanced use lease process as poorly functioning, "not nimble enough" and "hindering many identified leasing opportunities."

Leadership highlighted an increase in patients seeking VA care in the region over the last few years as well as its aging facilities and maintenance costs involved. Highlighted also was the role of the VISN in VA's fourth mission.

In response to questions, leadership indicated that St. Albans nursing home and domiciliary beds operate at 96% capacity, and its outpatient facility offering primary care, including for mental health, and limited specialty care. It further indicated that the proposal to construct a new domiciliary and expand outpatient care, when projected over 20 years, may result in under-serving veterans in Queens County compared to other NY counties. Leadership cited St. Albans' historic value and a general consensus that its acreage could be used for assisted living for veterans.

When asked about the aged infrastructure and projected downturn in veteran population and the proposed studies for closing Manhattan and the absorption of patients at other NY hospitals, leadership responded citing current needs and the relatively new clinical additions that have improved outpatient care in Manhattan and Brooklyn. Leadership cited questions about the validity of the data and noted the access issues favoring maintaining Manhattan.

Upon questioning, leadership described its extensive homeless programs and the important role that vet centers play in the identifying and referring the homeless for treatment. Leadership also discussed the enhanced use project at Northpoint and the problems with the aged infrastructure.

## Panel 2: Veterans Service Organizations

Ben Spadaro, Hudson Valley Veterans Advisory Committee  
John Del Colle, Eastern Paralyzed Veterans Association  
Paul Wekenmann, Disabled American Veterans  
Benjamin Weisbroth, State of New York, Veterans Affairs Division  
R. Mike Suter, The American Legion  
John Rowan, Vietnam Veterans of America

---

<sup>1</sup> Commissioners and the various panels also discussed the proposals for the Montrose campus. Generally, as highlighted below, the panels were not supportive of the DNCP proposal. The summary for the later scheduled hearing in Montrose will discuss the issues in depth.

Murray Runin, Jewish War Veterans  
Craig Strasser, Paralyzed Veterans Association  
Dennis O'Connell, Blinded Veterans Association  
Carl Rohde, Veterans of Foreign Wars

The VSO representatives, many of whom were closely involved in the CARES process, generally supported the VISN's earlier market plans where they were different from the DNCP. They did not support the proposal to study moving services from Manhattan to Brooklyn, citing concerns with access for the handicapped, including the blinded, and possible increases in population. VSOs also indicated that there is already a waiting time issue and asked how consolidating services in Brooklyn could improve that issue. They recognized the need for fiscal responsibility while suggesting that the balance between funding and quality health care should be weighted in favor of quality health care. One VSO cited the Manhattan facility's assistance during the 9-11 attack and to the VA fourth mission and the adverse economic impact that closure would have on the local community.

VSO representatives cited opposition to the DNCP proposal for Montrose, citing support for providing a strong residential care presence in the Montrose area for those veterans in the greater Metropolitan area and concerns about the implementation of plans to move care from Montrose to Castle Point. VSOs also cited concerns that the DNCP's proposed closures, including that of the Montrose campus, seemed to involve psychiatric services. While VSOs supported the improvements at St. Albans, they raised concerns about the lack of a timetable for the projects and the length of time it would take to fund and complete the construction needed.

Approval was cited for leaving the SCI program in East Orange and Castle Point until such time that the Bronx becomes fully operational. PVA specifically spoke positively about "intra-VISN cooperation" and the SCI hub or centers system in VA. Keeping status quo for inpatient services was advocated until it is clear that medical services become fully operational at the Bronx facility.

c. Panel 3: Medical Affiliates

Barry D. Stimmel, M.D., Professor of Medicine, Mount Sinai Medical School  
Eugene Feigelson, MD, Dean, College of Medicine, SUNY Downstate Medical Center  
Robert Glickman, MD, Dean, New York University School of Medicine

All three affiliates noted their strong relationships with VA and the interdependence between VA and the schools. Mt. Sinai Hospital cited its longstanding partnership with the Bronx VA; SUNY Downstate its fully integrated affiliation with the Brooklyn VAMC; and NYU its historic relationship with the Manhattan VA. NYU suggested that a cost-benefit analysis would support maintaining the Manhattan facility rather than moving services and programs to Brooklyn, in addition to the access issues. NYU indicated it has approximately 125 resident slots with VA; all of Mt. Sinai's approximately 800 residents, except those in pediatrics, obstetrics and gynecology, spend

time training at VA hospitals. Mt. Sinai cited its specialty residents' rotations with VA and that the availability of a variety of services led not only to better training for its residents but also better care. Mt. Sinai stated that a reduction of services would diminish the high quality care now given. The need for a combination of inpatient and outpatient activities was noted, with support given to providing ambulatory care training in Brooklyn. Affiliates warned not to rely too heavily upon projections citing a similar study in NYC that did not anticipate AIDS and other things, with the result that beds are now full.

d. Employee Organizations

Ena Thompson-Judd, President, AFGE Local 1988 (NY Harbor HCS)  
Cheryl Jones, President, AFGE Local 862 (NY Harbor HCS)  
Kevin Flanagan, President, AFGE Local 2245 (Hudson Valley HCS)  
Catherine A. Benjamin-Bovell, NYSNA Representative (NY Harbor HCS)  
Martha Cureton-Childs, NYSNA Representative (NY Harbor HCS)  
George Davis, President, AFGE Local 1119 (Hudson Valley HCS)  
Richard Adams, President, AFGE Local 1168 (VAMC Bronx)  
Kevin Konco, President, AFGE 2440 (Montrose HV HCS)

The employee organizations noted potential job losses and that veterans who are unable to move to the new locations would get a lower quality of care from entities that do not regularly treat the specialized needs of veterans. They noted that no facilities should close until the new facility opens and that the care of veterans should be paramount. One cited the statistic that 58 % of the blue-collar VA workers are veterans and their jobs are already being eroded by privatization. The unions also cited the accessibility of Manhattan as versus Brooklyn as a rationale to keep the facility open.

These organizations also did not support the DNCP's proposal for Montrose. One organization cited the historic significance of the Montrose FDR facility and noted its past success with, and the continued need for, psychiatric care. The burden on employees, including the lack of appropriate public transportation between Montrose and Castle Point, was also cited.

A general discussion of the work of nurses and labor-management issues also occurred.

e. Representatives for Members of Congress

Michael Tobman, representing Senator Charles Schumer  
Karen Persichilli Keogh, representing Senator Hillary Rodham Clinton  
Al Beckett, representing Congressman Charles B. Rangel  
Osei Mevs, representing Congresswoman Nita M. Lowey  
Minna Elias, representing Congresswoman Carolyn B. Maloney

The statements of the identified members were read into the record. In addition to strong statements in opposition to the DNCP proposal for Montrose, the statements opposed the move of medical services from Manhattan.

V. Commissioner Views

Market Area (Facility)	Planning Initiative (Met criteria)	DNCP Recommendation	Commissioner Views
Long Island Metro NY	Outpatient Care - Primary - Specialty	Expansion of in-house space via new construction, conversion of vacant space, and community contracts.	Commissioners noted more evidentiary data and analyses of cost/impact on quality of care are needed. Commissioners agreed facility is old, lacks air conditioning and needs upgrade.
Metro NY	Inpatient Care - Medicine - Psych	Decreasing demand in NY Market will be absorbed at Brooklyn and NY campuses.	In the absence of firm psych. beds and medicine data, Commissioners unable to reach judgment. Commissioners noted conflicting information on inpatient bed ADC from VISN leadership.
Metro NY	Proximity - 60 Mile Acute (Bronx, Brooklyn, NY) - 120 Tertiary (E. Orange, Bronx, Brooklyn, NY)	Not addressed in market plan due to highly urban nature of metro NY market.	Commissioners cited witness testimony emphasizing that the proximity standard is not valid in this highly urban area.
Metro NY Long Island	Enhanced Use - St. Albans - Northport - Montrose	St. Albans, demolish buildings and design new construction to maximize enhanced use of campus.  Maximize enhanced use potential of Montrose.	Commissioners note VISNs lack of confidence in enhanced use (EU) process. Commissioners also note that VA needs to consider which EU opportunities to use, citing golf courses as inappropriate.
Metro NY	NCA Collaboration - Castle Point - Montrose	Complete feasibility study to evaluate potential land impediments at Castle Point and Montrose.	Given the lack of information, conducting a feasibility study is an appropriate method to make an evaluation, which should include how much acreage is at stake.
Metro NY	DoD Collaboration	Collocation of Ainsworth Clinic with Brooklyn; Shared services between West Point and Montrose.	There is no data regarding collaboration that would enable the Commissioners to evaluate this recommendation. The proposal with regard to Montrose operations, however, raises the question as to what services there would be shared.
Metro NY	SCI	Transfer Castle Point SCI to Bronx. Maintain East Orange SCI unit. Outpatient SCI services remain at Castle Point.	Commissioners note that EPVA and PVA agree with the recommendation to move the SCI unit, so long as the move occurred only after the new site was fully operative. Commissioners question cost effectiveness of decision not to relocate E. Orange inpatient SCI to the Bronx, indicating need for reevaluation due to low occupancy rate in E. Orange.
Metro NY	Realignment Brooklyn/Manhattan	Develop plan to consider feasibility of consolidating inpatient care at Brooklyn. Maintain outpatient presence in Manhattan.	Commissioners were unable to develop a recommendation due to lack of data. Commissioners also noted that feasibility study on consolidation was not expected to be completed until Oct. 27 and may not include VISN 3.

Metro NY	Extended Care	Construction at St. Albans and VA Hudson Valley HCS	As part of overall VISN 3 plan, including expansion at Lyons and transfers to Castle Point, new construction at St. Albans may be conceptually sound, but Commissioners cited need for additional data to support VISN's statement that it needs more beds, versus than the 120 indicated at St. Albans.
Metro NY	Small Facility - Castle Point	Montrose inpatient to Castle Point. SCI relocated to Bronx. Castle Point converts to Critical Access Hospital	Commissioners raised concerns over the lack of a cost-benefit analysis, the lack of a definition for the 'critical access hospital' (CAH) and the lack of data on economic impact on the employees. <sup>2</sup>
Metro NY	Realignment Montrose	Transfer domiciliary and all inpatient units to Castle Point. Convert to outpatient services and maximize enhanced use potential of campus.	Lack of data foreclosed Commissioners from reaching conclusion on this recommendation.

VI. Other Comments:

Commissioners noted general lack of data and lack of informative responses to questions did not allow for better recommendations.

Commissioners noted that inter-VISN activities should be reevaluated.

VII. Follow-up

Ask for more data so that Commissioners can evaluate DoD collaboration.

Ask for data to support VISN's statement that it needs 200 beds at St. Albans, versus the 120 indicated.

---

<sup>2</sup> Commissioners attending the later scheduled hearing in Montrose will discuss Montrose-related issues in more depth.