

Statement of Congresswoman Carolyn B. Maloney
Before the Local Advisory Panel of the CARES Project
for the Department of Veterans Affairs
May 3, 2005

Thank you for the opportunity to present my concerns about the feasibility study to consolidate the Manhattan and Brooklyn campuses of the VA New York Harbor Health Care System.

I want to begin by raising two concerns about process. First, I want to point out that most people had very short notice of this hearing, minimizing the number of veterans who were able to sign up to testify. I was informed of this hearing less than three weeks ago, and was asked to submit my testimony barely a week after that notification, which is not nearly enough time. If I, as an elected official who has shown great interest in this matter, had less than three weeks notice, most individual veterans in and around New York have had even less notice. Many heard too late to request time to participate.

Second, I am shocked by the LAP's decision to hold its only currently scheduled hearing on the future of the Manhattan and Brooklyn hospitals in Brooklyn. As they say in real estate – location is everything. By holding the only hearing on this matter in Brooklyn, the LAP is signaling its lack of interest in hearing from supporters from the Manhattan VA hospital. It may be unfortunate, but the truth of the matter is that people from Manhattan and other areas are hesitant to venture here.

When my office reached out to veterans and supporters of the hospital, a number of people responded that they can not make it to Brooklyn. While people are accustomed to traveling to Manhattan for work or pleasure, there are many people who do not know Brooklyn and are unwilling to travel to an unfamiliar neighborhood. As a result, many people who would like to speak out in support of the Manhattan VA hospital will not be coming today. A second hearing should be scheduled in Manhattan to allow all those who wish to speak to make their views known to the LAP. On April 21, 2005, I sent a formal request to VA Secretary Jim Nicholson requesting a Manhattan hearing. As a matter of fairness, this LAP should always schedule hearings in both Manhattan and Brooklyn to allow full participation by those who use each of the hospitals. If you are having any difficulty finding an appropriate location, I would be happy to assist you.

In fact, the reluctance of veterans and their supporters to come to Brooklyn for a hearing is only the beginning of the problem. Far more serious is the fact that veterans are reluctant or unable to travel to the Brooklyn VA Hospital for treatment. The key issue in this

feasibility study should be access. The Manhattan VA hospital is centrally located in New York City and is the most accessible veterans hospital by far for thousands of veterans in the New York region. Closing the Manhattan VA hospital would leave many veterans without the means to access treatment.

To understand the problem, it is important to understand the way in which New Yorkers travel around the city. New York City has the lowest level of car ownership of any region in the nation. The 2000 Census found that 54% of city residents do not own cars. Manhattan has the fewest cars with only 22% of households owning cars. Bronx and Brooklyn follow with only 40% and 46%, respectively, of households owning cars. Only in Staten Island and Queens do a majority of households own cars, and even there substantial minorities do not.

The location of the Manhattan facility is important – it is near several subway and bus lines, and is easy for non-car owning veterans to reach. By contrast the Brooklyn facility is located two miles from the nearest subway station. To get there by mass transit from Manhattan, a veteran would have to take a subway and a bus, a trip of considerably longer than an hour. Even by car, the trip would be more than an hour. The problem is particularly acute for disabled veterans who have a difficult time in getting around the city. If veterans have a hard time traveling to a VA Hospital, they will delay or forego needed treatment.

Diminished services at the Manhattan VA would cause particular hardship to the thousands of veterans in Queens, who would be forced to travel through Manhattan and back out to Queens, round trip, for a multi-hour trip even as they are sick and disabled, needing medical attention. Veterans organizations, including the Queens Chapter of the Vietnam Veterans of America and the leadership of the Borden Avenue Veterans Residence, have contacted me to explain that many of their members have said they will simply stop seeking medical appointments or treatment, as they will be unable to make the long journey to a distant facility.

In addition, there is the question of providing adequate coverage to area veterans. That is why I strongly oppose dismantling any of New York City's veterans hospitals or diminishing the medical services they offer. The New York Metropolitan region currently has 1.3 million veterans, and veterans advise me that they are being asked to wait for appointments at VA medical facilities. In the near term, demand for services is projected to continue to grow, without taking into account veterans returning from Iraq and Afghanistan. I understand that by 2012, the New York Harbor Health Care System as a whole is projected to have a shortfall of 17 acute care beds. Further, I am told that occupancy rates for both the Manhattan and Brooklyn facilities are comparable, at nearly 80%, with occupancy in Manhattan actually being somewhat higher than that of Brooklyn. If the facilities are combined, there would have to be massive expenditures to expand the capacity of the surviving facility. Further, since the specialties of the two hospitals are different, the surviving facility would have to expend considerable sums to acquire both equipment and expertise that are currently lacking.

Both the Manhattan and Brooklyn VA Hospitals have developed specialties that would be difficult to replicate in other locations. Both facilities have affiliations that are important to both the hospital and to the schools who send their medical students for training. The Manhattan VA Hospital is affiliated with the NYU School of Medicine and the NYU School of Dentistry,

and is fully integrated with NYU and Bellevue Medical Centers. Preservation and Amputation Care Team (PACT) and the Prosthetic Treatment Center are located at the NY Campus. The Manhattan VA Hospital's close affiliations with Bellevue, Tisch Hospital, and Rusk Institute of Rehabilitation Medicine contribute to its excellence as an Amputee Center and comprehensive Rehabilitation Medicine Service. At a time when a significant number of soldiers are returning from Iraq and Afghanistan without limbs, it is important to note that the Manhattan VA Hospital's Prosthetic and Orthotic Lab is the only laboratory in this region authorized to fabricate definitive artificial limbs. Furthermore, the Manhattan VA Hospital is the only VHA facility to house both a designated clinical care unit and Research Center for AIDS and HIV Infection. (RCAHI). The Manhattan VA Hospital hosts VA-labelled centers of excellence in six tertiary care specialties (cardiac surgery, neurosurgery, cardiac-vascular surgery, comprehensive rehabilitation services, HIV/AIDS care and dialysis).

The Brooklyn VA Hospital is affiliated with SUNY Downstate, SUNY School of Optometry and the NYU School of Dentistry. The Brooklyn VA Hospital's HIV/AIDS, Cardiac Surgery, Rehabilitation Medicine and Dialysis programs recently have been designated as VHA Programs of Excellence. The Brooklyn medical center maintains a Comprehensive Cancer Care Center providing highly integrated oncologic, surgical and state-of-the-art radiotherapy services. A Fisher House has been approved for the Brooklyn Campus. The Brooklyn VA Hospital has also focused on offering comprehensive health care for female veterans, developing a Women's Healthcare Center, with a dedicated mammography unit.

The best way to improve health care services for New York veterans would be to strengthen the Manhattan and Brooklyn veterans hospitals, not to cut back services, break up key affiliations with top medical institutions, or make health care services more difficult to reach for thousands of veterans. For many veterans, the VA hospital system is the only medical treatment they can afford. Further, VA doctors have experience working with veterans and expertise in the ailments that affect veterans. If veterans have a hard time traveling to a VA Hospital, they will delay or forego needed treatment.

Finally, there are many who believe that this analysis will boil down to real estate values. While the Manhattan VA Hospital may sit on valuable real estate, the services it provides to veterans are priceless. The VA should be in the business of serving veterans, not speculating in real estate. Veterans should not be asked to spend hours traveling to the Brooklyn facility so that the VA can gain a temporary real estate windfall. The value of the real estate must be weighed against the cost of replicating similar services in Brooklyn and establishing a new out-patient clinics in Manhattan, not to mention the cost to veterans who will be forced to travel several more hours to obtain medical treatment. Likewise, before any move is made to close Brooklyn, consideration should be given to the cost of replicating Brooklyn's services elsewhere. Current patient populations make it clear that there is demand in New York City for both facilities, and that this demand will likely grow as existing veteran populations age. Further, the New York metropolitan region continues to grow and to be a magnet for people from other states. We should expect that significant numbers of soldiers returning from Iraq and Afghanistan will be seeking treatment from VA hospitals here. I want to point out that there is widespread political support for keeping the Manhattan VA hospital open. In September 2003, I circulated a letter that was signed by 40 local elected officials, urging the VA to keep the Manhattan VA hospital

open (copy attached). I hope the VA, with the support of this LAP, will reject any move to close our VA hospitals.