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September 19, 2005

The Honorable James Nicholson
Secretary
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Nicholson,

I am writing to express my concern about the materials prepared by PricewaterhouseCoopers ("PWC") as part of Stage I of its evaluation of the Manhattan and Brooklyn Veterans Affairs Medical Centers ("VAMC"). In reviewing the Stage I Summary Report ("Report") made available to the public and the Stage I Summary Report Appendix ("Appendix" and, collectively with the Report, the "Reports") that was made available only to members of the Local Advisory Panel, it is clear that the Reports do not contain any concrete data to support PWC's conclusion that all 9 options it is recommending (the "Options") are equivalent in terms of quality of care and access to care. In fact, to the extent that any concrete data are present in the Reports, the data actually support a contrary view. Since the data are not present in the Reports, which are acknowledged to be summary, I assume they must be contained in a more complete version of the Stage I data. Accordingly, I would like to receive a copy of the full report on which these summaries are based.

PWC is very clear in acknowledging that it reached the conclusion that the Options provide equivalent access to care based solely on the Department of Veterans Affairs' ("VA") drive time requirements, and that drive time is not a model that works in the New York area. They tell us that they are working with the VA to develop a model that works for New York, and that this new model will be applied in Stage II. Unfortunately that means that the Options to be evaluated in Stage II have been selected based on totally irrelevant drive time analysis, with no real data about how these proposals truly impact access to care.


While PWC has made clear that there are no serious data regarding access to care available to them at this time, they do suggest that they have made a real analysis of quality of care. They suggest that their analysis leads them to conclude that all of the Options are equivalent in quality; however, the Reports contain no data to support this conclusion. While PWC goes on at great length in discussing the market for real estate in Brooklyn and Manhattan, it has very little to say about health care quality. There are no tables explaining how PWC

concluded that the quality of care would be equivalent among all of the Options. Indeed, there are no numbers relating to quality of care at all, except with respect to current problems with excessive wait time (presumably because at present there is more demand from veterans for services than the VA can meet – raising the obvious question of how the VA expects to cope with demand once services are consolidated if it currently is doing such a bad job in achieving VA wait time goals). Wait time may bear a relationship to access to care, but it has very little to do with quality of care. Unless I have a life-threatening emergency, I am not getting better care if I wait one day to see a bad doctor than someone who waited 60 days to see a good doctor – and even then it is not clear.

Further, while PWC makes clear that the affiliation with NYU Medical School would be severed if there is no longer a Manhattan VAMC at 23rd Street, there are no data at all to explain how the VA would replace the high caliber doctors who currently practice there. There are no data about the cost of recruiting good doctors or about the availability of good doctors in the New York market. There is no research on how many doctors would be willing to work at the VA after it has lost its affiliation with one of the finest medical schools in the country. There are no data as to how the loss of the affiliation with NYU would affect the six Centers of Excellence or the Prosthetics Treatment Center or what the VA would have to do to maintain them. There is not even a survey to indicate how many current VA doctors would remain on staff if the affiliation with NYU is lost.

In conclusion, I assume that if there is a summary report and an appendix to a summary report, there must be a full report somewhere. I would like a copy of the full report. Thank you for your attention to this matter. If you have any questions, please call Minna Elias in my district office at (212) 860-0606.

Very truly yours,


CAROLYN B. MALONEY
Member of Congress

CBM/mre

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