



NEW YORK STATE SENATOR

Liz Krueger

Testimony Before The Capital Asset Realignment For Enhanced Services Local Advisory Plan Regarding VA Hospitals In Brooklyn And Manhattan on May 3, 2005

LIZ KRUEGER July 12, 2010

Good morning, I regret that I am unable to appear in person; however the State Senate is in session and I must be Albany. I thank John Donnellan, Director of the Department of Veterans Affairs, New York Harbor Healthcare System for agreeing to have my staff person, Susan Chamlin present my testimony.

I represent the 26th Senate District, which includes Midtown, East Midtown, and the Upper East Side. I am testifying today in opposition to undertaking a feasibility study that begins with initially flawed appraisals of both the value and the need for the Manhattan VA Hospital to continue to function in its present Manhattan location.

All of us who are truly interested in the health care of the men and women who have valiantly served our country have the responsibility to ensure that our veterans are provided the highest standard of care possible. Unfortunately, as currently proposed, the CARES plan would undermine that standard of care; therefore I think we need to frame the analysis of care to veterans differently.

I would suggest that the questions that should be asked are:

- What are our health care priorities for veterans?
- How can the VA Hospital in Manhattan improve and maintain its level of excellence?
- How can we support and encourage public and private cooperative medical alliances that improve medical services to veterans?
- How do we continue research initiatives that study illnesses affecting veterans?
- What additional resources are necessary for the returning wounded veterans from the Afghanistan and Iraqi war operations?

As the New York Times so aptly stated, “the VA Hospital in Manhattan is regarded by medical experts as a star in the nation’s constellation of veterans’ hospitals”. With 1.3 million veterans in the NY metropolitan region, the Manhattan VA Hospital currently has a waiting list for patients seeking to use its services. People travel to the Manhattan VA Hospital from as far away as Philadelphia because of the high quality of care it provides. The hospital has been designated a center for excellence in six tertiary care specialties: cardiac surgery, neurosurgery, cardiac-vascular surgery, comprehensive rehabilitation services, HIV/AIDS care and dialysis. Additionally, the Manhattan VA Hospital offers other specialty programs that are recognized for quality and innovation, including specialized services related to the treatment of amputees. Their Prosthetic and Orthotic Laboratory is the only laboratory in the region authorized to fabricate definitive artificial limbs.

The VA Hospital is also located in an area known as “bedpan alley”, which is an area that has a concentration of hospitals on the East Side of Manhattan. This location has allowed the VA Hospital to develop strong professional and academic relationships with surrounding institutions, particularly NYU Medical Center and Bellevue Hospital Center and their physicians to the benefit of VA patients. This relationship also benefits the surrounding

hospitals as the VA is in a position to work together with these institutions on a variety of health care issues. The financial burden that the New York City Health and Hospital Corporation could experience with the closing of the Manhattan VA Hospital would add to the crisis the City is facing in stabilizing its health care costs. An increased demand on Medicaid in the absence of adequate VA services is also a disturbing possibility.

There are 1500 people employed at the Manhattan VA Hospital and although many might be offered other positions within the VA system I am skeptical they could travel to other regions for work. This is especially true of nursing staff that because of critical shortages would be easily absorbed by other hospital in Manhattan. Their services would be lost to the VA system.

The Brooklyn and Manhattan facilities do not serve the same populations. Due to the realities of public transportation, veterans, especially those who are elderly and/or disabled, being required to travel routinely between boroughs would be an acute problem. The Manhattan VA Hospital is unique in that it is close to several subway and bus lines whereas the Brooklyn facility is located two miles from the nearest subway station. New York City has the lowest level of car ownership of any region in the nation. The 2000 Census found that only 46% of city residents own cars; Manhattan has the fewest number of car owners with only 22% owning cars. Physicians with specialized areas of expertise, with demanding hospital/private practices, and teaching assignments at local medical schools would be unable to factor additional transportation time into their schedules. Again, the results would leave veterans underserved.

In conclusion, I would like to mention the hypocrisy that exists in our country's treatment of our veterans. We allocate billions of dollars to the war effort, distribute reams of yellow ribbons and then hide the goal of hoping to realize millions of dollars from real-estate deals involving the Manhattan VA Hospital behind the veil of consolidating services for veterans. The veterans who have served our country and the enlisted men and women currently risking their lives in the Middle East deserve an honestly constructed plan to provide easily accessible, consistently high quality medical care—close to 500 of these recently wounded presently receive care at the Manhattan VA Hospital, with more expected each month. Returning wounded soldiers deserve the best health care we can provide and them must not be asked to shoulder additional burdens.

Thank you for the opportunity to speak on the infeasibility of consolidating services for the VA Hospitals in Manhattan and Brooklyn.