

New York City Veterans Advisory Board

Minutes for the April 13, 2022, meeting held virtually,
representing the meeting for Queens

Members

Present:

Wendy McClinton (Brooklyn)
Todd Haskins (Manhattan)
John Rowan (Queens)
Paul Dietrich (Staten Island)

Mercedes Elias (Queens)
Joe Bello (Bronx)
Andrew Walcott (Brooklyn)
Jennifer Kamrowski (Manhattan)

Absent:

Charles Hernandez (Bronx)

Peter Kauffmann (Queens)

Note: Awaiting board member to be appointed by Speaker's Office.

Minutes

- Wendy McClinton (Chair) commenced the meeting at 6:00 pm.
- Chair McClinton goes over the agenda. All VAB members introduced themselves to the audience.

Presentation:

Wendy stated that the purpose for this meeting was to go over the proposed VA closings submitted to the Assets and Infrastructure Review (AIR) Commission to modernize and realign the VA healthcare system. Introduces Rosemary Cancel-Santiago, Interim Director of the James J. Peters VA Medical Center in the Bronx and Bruce Tucker, Interim Medical Director of the NY Harbor Healthcare VA in St. Albans, Manhattan, and Brooklyn. Wendy introduced elected officials, Rachel Ferrari from Senator Gustavo Rivera's office and Councilmember Holden, Chair of NYC Veterans Committee.

Councilmember Holden briefed about his hearing on veteran homelessness and stated he is looking for updated information and visited Borden Ave housing in Long Island City, is working to get individual modules back into DHS portion of the facility as well as better food. He is also circulating a letter to other council members to oppose the closings of the VA healthcare facilities.

Wendy turns the meeting to Bruce Tucker and Rosemary Cancel-Santiago to go over the market assessment recommendations. He notes that a paid consultant submitted the recommendations after a market assessment was done from 2019-2021 and submitted to the VA Secretary. They

are currently in a process with the AIR Commission for review and not approved. The recommendation goes from the AIR commission to the President of the United States for approval who submits the recommendations to Congress. Congress reviews the recommendations for approval prior to implementation by the VA.

National challenges to overcome

- 1) Aging infrastructure of the facilities built in the 40's and 50's.
- 2) Changing needs of veterans.
- 3) Changes to health care.

All recommendations can be found here:

<https://www.va.gov/AIRCOMMISSIONREPORT/docs/VISN02-Market-Recommendation.pdf>

Below are a few of the highlighted items:

Bronx recommendations:

- Realign outpatient services in Queens medical facility from other facilities.
- Modernize existing inpatient unit and surgical inpatient rooms to single bedrooms.
- Construct new inpatient mental health unit and convert current mental health unit to single patient rooms.
- Single bedrooms for nursing home.
- Expand services to provide acupuncture, chiropractor, and rehab therapy.
- Transition spinal cord services to absorb East Orange, NJ unit.
- Expand and create relationships to provide women's health services.
- Expand and increase use of telehealth.

NY Harbor recommendations:

- Replace Manhattan campus with strategic partner and discontinue services at Manhattan campus
- Relocate Emergency Department services from Manhattan to community provider and discontinue services at Manhattan campus
- Close the Manhattan campus
- Establish a strategic collaboration to provide inpatient medical and surgical, outpatient surgical, and emergency department services and discontinuing these services at the Brooklyn campus
- Relocate RRTP services provided at the Brooklyn VAMC to current or future VA facilities and discontinuing these services at the Brooklyn VAMC
- Close the Brooklyn campus
- Expand mental health services in Staten Island

Wendy opens the floor for questions.

Public Comments: The following comments were submitted to the board during the virtual meeting and were addressed throughout the course of the meeting. Both questions and responses are provided.

Ian Blackstone: Not clear if hospitals are closing or not, what does this mean for the veterans that rely on comprehensive, integrated care?

- Response: Bruce Tucker responded that the goal is to continue providing services regardless of what facility it is in. The goal is to provide holistic, comprehensive care and emphasizes that these are only recommendations. Clarifies that the recommendation is to close the Manhattan and Brooklyn VA facilities if they can enter into a strategic collaboration.

Is there anything to do with privatizing some portion of care provided by the VA?

- Response: Strategic collaboration would be with a private partner.

Would care with the private provider be integrated into the VA system?

- Response: Too early to say what it would look like.

Ricardo Garcia: Enrolling Healthcare Projection (EHCP) model that was used showed decline in number of veterans using VA and increase in veterans leaving NYC. There are issues with the model because it was done during the pandemic and doesn't include dependents or active-duty service members, therefore the data is skewed. Second, the VA has not promoted services to attract younger veterans. Has anyone done an impact assessment to what closing the Manhattan VA is going to do with the influx to the Bronx VA and Queens facilities? It is unsustainable.

- Response: Bruce Tucker responded and agrees with engaging veterans to recruit more veterans to use the VA facilities. The private company that did the assessment submitted the recommendations to a congressionally appointed commission, therefore he recommends getting in contact with your state representatives to voice concerns to the commission. Cannot answer any specific questions on how the data was pulled.

Privatization costs money that will fall upon the city and state.

Steven Epps: Do you really think farming veterans out with result in better care? We will be low priority for these private facilities. Nassau and Queens have the largest population of veterans yet they have no hospital.

Kamini Persaud: Does the city plan on sending the current staff – doctors, nurses, etc. to these new facilities that they are going to send the veterans to? Do they understand how long it takes to get an appointment at the VA hospital?

- Response: Bruce Tucker responded it is too early to project what the staffing requirements will be. For the appointment times they are opening back up 70-80% pre-COVID numbers.

Richard Pascarelli: What impact is there going to be on the mental health of veterans and how is that going to be addressed?

- Response: Bruce Tucker responds that he cannot answer what will happen in the future state. Currently, they are putting a lot of emphasis on meeting mental health needs, especially coming out of the pandemic. Both mental health and substance abuse.

Errol Davis: Concerned about the impact on Vietnam veterans who are primarily using the VA facilities.

Chad Royer: Concerned about suicide rates in neighborhood directly to veterans. Concerned about service delivery being compromised when veterans have to leave their level of comfort. Have we thought about service members currently serving and how their transition to civilian life will be affected?

- Response: Bruce stated he was not part of assessment, but veterans are the center of care. Mental health is in focus. Bronx currently has a program – Project Lifeforce spearheaded by a clinical psychologist Joe Geraci – US Army veteran.

How would private providers be held accountable?

- Response: Can only answer how it is addressed now. If a concern is presented, they work with the facility who provided the care to address the problem/issue.

Dondi McKellar: Memorial Sloan Kettering could not accommodate a procedure with an overnight stay needed during pandemic where the Brooklyn VA was able to accommodate. If we are looking at outsourcing, are we looking at the full level of care needed for these procedures?

- Response: Bruce stated we cannot determine what it will look like.

Craig Caruana: VA already has a challenge getting veterans into the system. If this plan is approved, there will be additional loss of trust and it will be harder to attract recently discharged veterans. Have you thought about this?

- Response: Bruce agreed with statement but noted that the recommendations only recently came out and they must focus on recruiting now.

Samuel Cottes: Veterans want to go to the VA facility near where they live and transportation is difficult to get to other locations.

Michael Moreno: Important to nip this in the bud and ask to be helped in the way we want to be helped and not what some consultant thinks we need. VA healthcare providers understand unique needs of veterans better than outside provider.

Pamela Harris: Not all veterans have a car or can afford to go to another borough or state to receive treatment. What transportation options will there be for them?

- Response: Process would have to be worked out based on final recommendations. Veterans Transportation Service is currently available for veterans who need treatment at the Bronx.

Ian Blackstone: To force veterans to travel to another borough to receive treatment by hundreds or thousands violates a basic standard of care.

- Response: Even if recommendations go through there will still be services provided in Manhattan.

William: Who initiated this assessment and how much did it cost us taxpayers?

- Response: Do not have the answer.

The VA facilities provide a certain level of comfort to veterans and closing facilities is a bad idea.

John Rowan: This is purely political and it is good to see support from our local elected officials and our state elected officials. Conducting assessment during COVID provided poor data. It is important for us to get our elected officials involved because who is picking up the slack when the VA hospitals close? NYU currently works with Manhattan VA and is in support of it staying open. One of key aspects of current legislation is opening up VA benefits to all veterans.

Frank Russo: Feel as if the rug is getting pulled out from underneath them.

Bobby Tambourine: Most egregious offense against Vietnam veterans since they use the facilities the most.

Jennifer Kamrowski: Questioned the quality of numbers and using at a basis to determine quality of care. Nuanced idea of travel that is unique to NYC and cannot be compared to other geographic locations where distance is not traveled in the same manner.

Marty Edelman: What alternative medical facilities will be able to provide the full range of services that the VA currently provides?

- Response: If this passed as written, it would stay the same in Manhattan. In Brooklyn, it would be a multi-unit facility with the strategic partner.

End of public comments.

Wendy turned the meeting over to the Commissioner for final comments. Commissioner Hendon listed contact information for DVS.

Meeting adjourned.

Next meeting: 6 pm June 8, 2022

Submitted by: Mercedes Elias, Secretary