



Legislation Text

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Res. No. 1067

Resolution calling upon the United States Department of Veterans Affairs to maintain current levels of inpatient and outpatient medical care at the Manhattan Veterans Affairs Medical Center.

By Council Members Quinn, Lopez, Barron, Brewer, Clarke, Comrie, Gennaro, Jackson, Jennings, Nelson, Sanders, Serrano, Sears, Addabbo, Seabrook, Vann, Weprin, Reed, Gonzalez and The Public Advocate (Ms.Gotbaum); also Council Member Gerson

Whereas, The United States Department of Veterans Affairs (VA) operates the Veterans Health Administration (VHA), a national system of hospitals and clinics dedicated to providing comprehensive medical, rehabilitative and psychiatric care to individuals with veteran status; and Whereas, The VHA currently operates approximately 1,300 hospitals, clinics and other medical facilities around the country; and Whereas, Over the past several decades, the VHA has changed its model of providing care, favoring primary and specialty care administered in outpatient clinics to similar care administered in acute care hospitals on an inpatient and/or outpatient basis; and Whereas, The VHA's health care planning process includes a process known as the Capital Asset Realignment for Enhanced Services (CARES), conducted by the CARES Commission, which is "a systematic planning process to prepare VA's facilities and campuses to meet the future veterans health care needs through a methodical, system-wide assessment of the current existing and future needs for space, and of the size, mission and location of facilities, compared to the number of projected enrollees and forecasts of their anticipated utilization of medical services." Draft National Capital Asset Realignment for Enhanced Services (CARES) Plan, 68 Federal Register 50223 - 50288 (August 20, 2003) (hereinafter "Draft CARE Plan"); and Whereas, The CARES Commission has released a Draft CARE Plan, which includes a number of proposed initiatives that would impact delivery of health care to veterans living in New York City, including transferring inpatient services from the New York Campus of the VA New York Harbor Health Care System (hereinafter the "Manhattan VA Medical Center") to the Brooklyn VA Medical Center, located in Bay Ridge, Brooklyn, as well as the possible relocation of outpatient primary and specialty medical care from the Manhattan VA Medical Center to another location in Manhattan; and Whereas, Currently, the Manhattan VA Medical Center is a 378 bed hospital, which offers numerous inpatient medical services, including acute medicine, surgery, acute psychiatry, neurology and rehabilitation medicine, and is also a referral center for the New Jersey/Metropolitan New York City region for interventional cardiology, cardiac surgery and neurosurgery; and Whereas, In addition, the Manhattan VA Medical Center is the only VHA facility which contains both a Research Center of AIDS and HIV Infection (RCAHI) and a clinical care unit; and Whereas, The Manhattan VA Medical Center is uniquely located within a cluster of hospitals, including Bellevue Medical Center and the New York University (NYU) School of Medicine, and such proximity has allowed the Manhattan VA Medical Center fully integrate its residency programs with those at Bellevue Medical Center and the NYU School of Medicine, providing increased quality of care for New York City's veterans; and Whereas, Furthermore, the Brooklyn VA Medical Center is affiliated with the SUNY Downstate Medical School, which is currently being investigated by the New York State Department of Health (SDOH) and the Joint Commission on Accreditation of Health Care Organizations (JCAHO), regarded by the health care industry as the world's premier health facility accrediting body, for critical failures in its backup generators during the Blackout of 2003, which led to patient evacuations; and Whereas, According to Charlene Hill, a spokesperson for JCAHO, "the hospital could lose their accreditation if it's perceived to be an immediate threat to patient safety" after JCAHO's assessment (Brad Hamilton, State Probing Hosp Blackout Nightmare, The New York Post, September 7, 2003); and Whereas, JCAHO accreditation is critical to the viability of a medical institution; and Whereas, With respect to the Draft CARES Plan proposal to move inpatient medical services from the Manhattan VA Medical Center to the Brooklyn VA Medical Center, a major concern to patients and their advocates is the increased distance they will have to travel to access the Bay Ridge facility, a concern which commissioners and staff of the CARES Commission recognized as a potential issue in their report of a site visit to the Manhattan VA Medical Center, where they stated "due to the complexity of travel within the New York Metropolitan Area, eliminating inpatient care at [the Manhattan VA Medical Center] may have a significant impact on the veteran population in this network." Report of July 22 - 24, 2003 CARES Veterans Integrated Service Network 3 Site Visit; and Whereas, The CARES process has been, to date, unacceptably vague, as it does not specify which inpatient medical services are being considered for relocation to the Brooklyn VA Medical Center, creating great uncertainty and unease for patients and their advocates with respect to their knowledge of where they will receive their care in the future, as well as reducing the degree to which patients and their advocates can fully participate in the public comment process, which is a stated priority of the CARES process; and Whereas, To date, the CARES Commission has held one public hearing on the Draft CARES Plan (Bronx, September 17, 2003) and has scheduled a second hearing for October 21, 2003 in Montrose, New York; and Whereas, The CARES Commission has limited the manner in which the public can comment on the Draft CARES Proposal to written commentary, reducing the ability of concerned members of the public to comment; and Whereas, The Council is concerned that the process by which the CARES Commission is conducting its review of the Draft CARES Plan is preventing the public from adequately airing its comments and concerns regarding proposed initiatives; and Whereas, Without such input, the CARES Commission cannot reach an informed conclusion on how best to restructure, if at all, the delivery of medical care to New York City in VHA facilities; and

Whereas, The vagueness and exclusiveness of the CARES process is tantamount to a failure on behalf of the VA to provide adequate notice to the public about its restructuring proposals; and

Whereas, The Draft CARES Plan, if adopted, could potentially lead to the total closure of the current Manhattan VA Medical Center, as it affirmatively proposes to remove all inpatient medical services from the hospital, and suggests that outpatient primary and specialty medical care may also be removed, a closure that would unacceptably jeopardize veterans' access to the health care to which they are entitled; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the United States Department of Veterans Affairs to maintain current levels of inpatient and outpatient medical care at the Manhattan Veterans Affairs Medical Center.

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