
Interview: Dr. Robert Glickman

‘Manhattan VA Medical Center Is Irreplaceable’

Dr. Glickman is the Dean of New York University School of Medicine, of NYU Medical Center in New York. He is serving as a member of the New York City Local Advisory Panel of CARES, a several-year Veterans' Affairs (VA) study. CARES is supposed to be developing criteria for the closing or consolidation of some VA medical centers around the country. Dr.



Glickman, who is opposing any shutdown of the Manhattan center, was interviewed by phone on June 29 by Patricia Salisbury.

EIR: We have been covering the threat to Veterans' Hospitals around the country represented by the CARES assessment process now underway. One of the situations we would like to present in detail is that of New York City, since I understand that there is a possibility that the Manhattan VA Hospital could actually be shut down. Is that the case, and what are the implications?

Glickman: The Manhattan VA Hospital and the Brooklyn VA Hospital are being examined with the idea could they be combined. The models are: First, one site could incorporate the other; or, both sites could disappear with a consensus site being built somewhere else; or, the third model is, leave it alone. So the CARES Commission and PriceWaterhouse-Coopers are trying to analyze the various cases based on volume, demand, need, where the veterans live, programs, education, research, and the economics of having the Manhattan site go to Brooklyn, the Brooklyn site go to Manhattan; are the sites big enough, what does it take to do that? And when all is said and done, have you produced any positive advantage?

EIR: I have seen you referred to in the New York newspapers, as a member of the Committee to Save the Manhattan VA Hospital; and I've seen that you are listed as a member of the CARES Local Advisory Panel. Is this accurate?

Glickman: Well, I'm on all those things. The reason I am, is I have a number of jobs. I'm the Dean of the NYU School of Medicine, so when I have that hat on, I'm for saving the

Manhattan VA, because we have major programs with them.

EIR: Could you spell out for us why we should save the Manhattan VA, assuming an argument is needed at all? To some it seems that it is crazy to even consider shutting the hospital.

Glickman: The reason is, there are about five or six programs that are true regional centers of excellence that don't exist for over 100 miles. Those are heart surgery, vascular surgery, brain surgery, neurosurgery, AIDS, dialysis, and rehabilitation—they make joints there. Those programs just don't exist, they're not anywhere [else]. And this VA, for example, has the best record for heart surgery for any VA in the country. So these are true centers of excellence. These are not replaceable. The reason why this is a unique place, is that literally, it is two blocks away from the NYU Medical school. So doctors literally walk up and back.

EIR: How long has the relationship between the Manhattan VA Hospital and the NYU Medical Center existed?

Glickman: Fifty years. What that means, is that if you have a very expensive, super-duper brain surgeon, you can get that person's services, without having to employ him or her all the way, because you couldn't afford him. So the quality of care—between people based only at the VA and people shared between the NYU School of Medicine, Bellevue Hospital (there are three hospitals within five blocks)—that is an incredible resource. Because the faculty are really, really good. And the VA and Bellevue get the benefit of just tremendous faculty [at NYU] who can have pieces of their time which they split. That VA is integrated into this medical school. So are all of the training programs; that is just one third of the training. You have the private hospital, Tisch Hospital; you have Bellevue, which is a city hospital; and the have the VA hospital. So you have 1,000 interns and residents that are shared among these three hospitals. So as a result, you get an unbelievable collection of talent—the teachers and their programs. So the veterans, I believe—in the most impartial way I can be—really get terrific care. These [doctors] only do that because it is proximate and it is part of a whole program. These people couldn't go to Brooklyn. You couldn't replace it [the Manhattan VA Hospital].

EIR: Along the same lines, I read that something like \$14 million in research is being done by the Manhattan VA, but primarily by NYU Medical Center doctors.

Glickman: Everyone at the VA has an NYU Medical School appointment, so they are faculty of the medical school. They may be deployed by the VA, but academically, they are our faculty. They get grants; sometimes from the NIH, some from the VA. So we are the infrastructure that runs those grants.

EIR: Are the institutions treating wounded from Iraq at this point?



eol.jsa.nasa.gov.

This satellite picture shows the close proximity of the Manhattan VA Hospital and two of the nation's leading medical institutions, the NYU School of Medicine and Bellevue Medical Center. The three lie within seven blocks of each other in the circled area on the map, part of the area New Yorkers affectionately refer to as "bed pan alley," because of its density of medical institutions. This close proximity has fostered a situation in which 250 physicians from the NYU Medical Center treat patients at the VA Hospital, and every medical student at the NYU school does a rotation at the VA Hospital.

Glickman: They have some. It is not the veterans' first port of call, I believe, but certainly in the rehabilitation side, and as they come back to the New York area and need these particular services, this VA is there. But I think they are distributed first down in Washington to Walter Reed.

EIR: Which of course is also proposed to be shut down.

Glickman: I understand. It seems like the timing is not great for this other VA Secretary [new VA Secretary Jim Nicholson]. Wasn't he just defending the VA budget which was a billion and a half short?

EIR: Yes, I wanted to ask about that, because there were two Congressional hearings yesterday, one in the Senate and one in the House, in which the shortfall was discussed. As various Congressman involved in the testimony seemed to indicate, really no one knows at this point the extent of the actual shortfall situation. In fact, the head of the House subcommittee indicated that they that were going to do their own independent investigation because the models used were so faulty

in projecting the actual shortfall. Now, one of the things **EIR** will be running is an op-ed from a state legislator in Pennsylvania, Harold James, who has actually called for a "time out" or a moratorium on all medical cutbacks, including the VA Hospitals. Representative James's statement predates yesterday's hearings, but it would seem relevant, given the completely chaotic picture, the use of a model that not only does not account for war wounded in Iraq, but also neglects to account for the elderly veterans who are flocking into the VA systems, as other health-care systems around them close or become unaffordable. It has become impossible to appraise what the VA system is facing in terms of an increase in enrollment. What do you think of the proposal made by Representative James that a moratorium or a "time out" on these kinds of shutdowns be declared by the Congress?

Glickman: Well, I certainly think that would be the prudent thing to do. I would hate, from a very practical point of view, locally speaking, to delay a decision. To hold it in abeyance means it is hard to plan, if it is just years in limbo.

EIR: Wouldn't limbo could be better than Hell?

Glickman: It would be, yes, except that the facts are such, that these particular circumstances here could be decided on their merits, and don't have to be on hold. Yes, compared to closing them, that [moratorium] would be better. So it's a guess what's the best strategy. I think the point is—with some basis—that this Manhattan VA is not an easily replaceable resource.

EIR: Taking a slightly different perspective, in a few of the cases where the CARES process has proceeded—I'm thinking, particularly, of out in Washington State, where Sen. Patty Murray has been active in defending the VA Hospital in Walla Walla—the process has actually produced a proposal for rebuilding the entire facility on the current site. I'm wondering if there is any of that kind of thinking going on around the Manhattan VA Hospital. In other words if you weren't constrained by the threats of cutbacks, what actually would be desirable there from the standpoint of upgrading?

Glickman: I think that is something the PriceWaterhouse-Coopers people are actually examining. They will work it up. If Brooklyn were to close, would that move to Manhattan? Would Manhattan VA be big enough to handle it? If not, what would we have to do increase the capacity?

EIR: But hypothetically, if we kept them both open, and in those circumstances, I understand that the Manhattan VA plant is somewhat old: Are there things you would like to see done there to improve the situation in terms of plant, or any other aspect?

Glickman: I think it is not a bad plant. It is reasonably recent.

Congresswoman Maloney: What Is White House Aim?

Rep. Carolyn Maloney (D-N.Y.) spoke by phone to a VA-sponsored hearing in Brooklyn on May 3, releasing a statement on CARES, "Is Planned Study Part of a White House Strategy to Close and Sell N.Y. Vets Hospital?"

Congresswoman Carolyn B. Maloney (N.Y.) challenged the U.S. Veterans Administration under President Bush not to use a newly begun study on possible consolidation of Brooklyn and Manhattan VA Hospitals, as a thinly veiled strategy to slash health services to New York veterans, for a cash infusion to government coffers.

Maloney said: "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 have to spend hours traveling so the VA can gain a temporary real estate windfall."

Stressing the essential unfairness of diminished health services to veterans while the country is at war, Maloney said: "At a time when U.S. military personnel are engaged in conflicts in Iraq and Afghanistan and other parts of the world, it would be a terrible mistake to reduce veterans' medical services here at home. . . . Closing the Manhattan VA hospital would leave many veterans without the means to access treatment.

"The New York Metropolitan region currently has 1.3 million veterans, and veterans are being asked to wait for appointments at VA medical facilities. Demand for services is projected to continue to grow."

A letter signed by 40 New York elected officials opposing the closure or diminishment of the Manhattan VA Hospital, is at <http://www.house.gov/maloney/issues/veterans/091503PrincipiLtr.pdf>.

But I think that is too much to hope for—keep them both open and put a lot of money into improving them both. I think the more winnable argument is, if one is going to close. . . . One thing would be to keep them both open, and then, round two would be, "let's fix them up better." But I think that is a lot to ask. One of the things PriceWaterhouseCoopers will deal with, is that neither site is big enough to handle the other. So if one were going to refresh and enlarge a given site, that would accomplish part of what you are saying.

EIR: You might want to consider part of what is revealed in these Congressional hearings, which is, that to paper over the shortfall in the current budget for the VA Hospitals, they are reallocating funds earmarked for maintenance and new acquisitions. So it would be interesting, given that kind of crisis, to consider whether any promised rebuilding will actually occur.

Glickman: Yes, but I think the process [CARES] can't actually be derailed. The PriceWaterhouseCoopers thing is the process, so if we are going to do something like that, it would have to pretty well be in that context.

EIR: Some political figures, like Congresswoman Carolyn Maloney (D-N.Y.) and Councilwoman Margarita Lopez, have pointed to a desire for commercial use of this property, as part of what is motivating what some might say are proposals that made no sense at all. Can you say anything about such commercial motivations?

Glickman: I think that is all implied. All we know is that the property is valuable Manhattan property. Were it to be

available, I think there would be many potential users for it. Whether that is a driver, I can't tell you; I doubt it. I think it will enter into the discussion of what the economics of closing one or the other of the sites would be. But I would not think it is predominantly the main reason for closing one or the other.

EIR: What is coming in the near future? I understood the pace was moving rather rapidly.

Glickman: I think there are meetings of the CARES Commission. We are proceeding with the pace of the Commission. I think there is a meeting scheduled for early Fall, September. And I think that is when the PriceWaterhouseCoopers people present some of the models they have thought about and have them critiqued. And then three or four of them will be selected to develop more.

And we have a whole idea of "Save the VA," as you know, to try to exert whatever influence we can.

EIR: *EIR* founding editor Lyndon LaRouche has proposed a return to Hill-Burton [Act] standards in health care, with which I'm sure you are familiar. This would involve a massive increase in building of hospitals, and medical infrastructure throughout the country.

Glickman: This is a bit beyond me; it is such a big set of questions. I'm not sure I can do it justice—at this time I can't comment on the whole rebuilding of the health-care system. This is another subject, which I would be pleased to talk to you about, but it requires a lot of thinking, about making comments about such a big subject.