



Veterans Healthcare Policy Institute
Strengthening Care for Veterans and the Nation

**The Impact on Physician Training
of VA's Recommendations to the AIR Commission
for the Metro New York Market**

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This analysis projects the impact of VA's recommendations to the Asset and Infrastructure Review (AIR) Commission on physician training, using New York City as a case example. In sum, the recommendations, if followed, will diminish the quality of care for veterans and accelerate physician shortages in the broader healthcare system.

Background

The [VA's AIR report](#), released in March, identifies two VA medical centers in New York City – the **Manhattan VA Medical Center** and the **Brooklyn VA Medical Center** – for closure. No VA facilities will be built to replace them. The Manhattan VA would close once an undefined “strategic collaboration” with a non-VA hospital is established. The Brooklyn VA will close regardless of whether a strategic collaboration is established.

Both facilities today have academic affiliations with local medical schools, totaling 261 residency/fellowship positions. Manhattan's partnership is with New York University (NYU), accounting for 153 stipends annually. Brooklyn's is with the State University of New York (SUNY) Downstate Health Science University, accounting for 108 stipends. The VA Office of Academic Affiliations (OAA) pays these stipends to VA Medical Centers who, in turn, pay the affiliate for the time the trainees spend at the VA caring for veterans.

The Manhattan VA has the following residency/fellowship programs:

addiction psychiatry, anatomic pathology, anesthesiology, cardiovascular disease, cardiac electrophysiology, consultation-liaison psychiatry, dermatology, emergency medicine, endocrinology, gastroenterology, geriatric medicine, hematology-oncology, hospice and palliative medicine, infectious disease, internal medicine, interventional cardiology, nephrology, neurological surgery, neurology, ophthalmology, orthopedic surgery, head and neck surgery, pain medicine, physical medicine and rehabilitation, plastic surgery, psychiatry, pulmonary disease, radiology, rheumatology, surgery, thoracic surgery, and urology.

The Brooklyn VA has the following residency/fellowship programs:

anatomic pathology, cardiovascular disease, dermatology, endocrinology, gastroenterology, geriatric medicine, hematology-oncology, infectious disease, internal medicine, nephrology, ophthalmology, orthopedic surgery, physical medicine and rehabilitation, psychiatry, pulmonary disease, radiology, rheumatology, surgery, and urology.

Impacts

Those residency/fellowship programs which are anchored on VA inpatient units — which are most of the programs -- will be eliminated once the medical centers close. This will be the case even if strategic collaborations are forged with non-VA hospitals. VA training funds are restricted to serving enrolled veterans and are not available for hospital units that provide care to the general public.

Consequently, the closures will significantly diminish core funding to NYU and SUNY Downstate Health Science University. Their residency/fellowship training programs will shrink, and fewer clinicians will be created. A loss of hundreds of positions means that, year by year, there will be **incrementally fewer physicians available**, including for the very veterans being sent to the private sector through the Veterans Community Care Program.

The closures also translate into lost rotations for medical students. This, along with the reduction of resident and fellows training inside VA, will **negatively impact the national workforce committed to the care of veterans**. VA training programs are the single best mechanism for the recruitment of VA health professionals, including those that relocate to other geographic regions. Positive experiences of treating veterans – as well as being mentored by renowned experts – in veterans' healthcare issues are, for a substantial number of trainees the biggest determinant in their decision to seek VA employment. Roughly 60% of current VA physicians participated in VA training programs.

There will also be a marked **decrease in the number of healthcare professionals with an understanding of veterans' complex conditions**, making it more difficult for veterans to get high quality care outside of the VA.

There will be fewer medical professionals familiar with the distinct advantages of VA's coordinated, fully integrated healthcare system. These advantages include primary care - mental health integration, well-honed geriatric and home-based primary care, pioneering palliative and end-of-life care, interdisciplinary integrated pain management, trauma-informed care, and proactive identification and intervention with potentially suicidal patients – to name only a few.

Finally, our analysis examines only the impact on physician training in New York City. It equally applies to nurses and other health care trainees, as well as to the scores of academically affiliated VA inpatient units and medical centers in other locales that are slated to close.