

## APPENDIX E: COMMENT RESPONSE

### E.1 Introduction

As described in the CEQ NEPA Regulations at 40 CFR 1503.4(b), the Agency is required to analyze the public comments submitted during the public comment period, conduct further analysis as necessary, and prepare the Final EIS. In the Final EIS, the Agency must respond to the substantive comments received from other government agencies and from members of the public. The responses can include a change in the final EIS, factual corrections, modifications to the analysis or alternatives, new alternatives, or an explanation of why a comment does not require the agency's response. The Final EIS needs to include a copy or a summary of the substantive comments and responses to them.

This comment response appendix for the Reconfiguration of services in the VA BHHCS Final EIS identifies and provides responses to public comments that were received on the Draft EIS. Given the significant controversy surrounding the proposed reconfiguration, VA has opted to include the full set of written comments and transcripts from the public meetings on the Draft EIS in their entirety in Appendix E (Section E.5) of the Final EIS, whether substantive or not, and whether in scope or not. VA believes it important that every comment becomes a part of the public record for the EIS and is available for review by all interested parties. The Record of Decision will present the decisions made by VA and will reflect considerations of these public comments on the Draft EIS.

## E.2 Public Comment Process

VA BBHCS received comments on the Draft EIS in writing by mail to VA BHHCS, by email to VA BHHCS, through the federal regulations docket or a website managed by the EIS contractor, and at the public hearings (transcripts and comment cards). Altogether, VA BHHCS received approximately 410 comment documents from 500 individuals, agencies and organizations (public meeting transcripts included 6 to 25 commenters at each meeting) which contained over 1,500 individual comments. Each comment letter typically contained multiple individual comments on one or more of the topics addressed in the Draft EIS. All comments are presented in Section E.5 of the Final EIS. .

Comments on the Draft EIS were received from government agencies, consulting parties Native American tribes, organizations, and individuals. A two-part comment code links each individual comment to its response in Section E.5. The first part of the comment code is unique to the specific commenter. The second number in the code identifies each individual comment within a submittal, and appears next to that comment in a copy of the submittal provided in Section E.5. The full comments of each commenter are provided in Section E.5 in order to be included as part of the public record. However, only that portion that is considered to be a comment warranting a response is numbered as such.

Additional information on the commenters is provided in Section E.4. This includes a full index of commenters, listed alphabetically, and their assigned commenter number(s), if they provided more than one comment; note that individual commenters who spoke at the public meetings are not given individual commenter numbers but rather are associated with a specific transcript and location where they spoke. For example, all commenters that spoke at the public meeting in Alliance, NE are referred to as “TA” and their comments are numbered in the order provided at the meeting (TA-1, TA-2, etc.).

Comments received were collected during the public hearings, comment cards mailed in separately, letters received by mail (post and email), and through the websites]. There was one national letter writing campaign that included 55 copies of letters containing mostly identical text that had been suggested by the National Trust of Historic Properties (NTHP); several of the form letters included additional personal comments that have also been counted, captured and addressed.

For privacy reasons, VA redacted specific medical information such as diagnoses from the letters included in Appendix E. VA also redacted email addresses, personal phone numbers, and addresses. VA left city and ZIP code information to inform the geographic span of commenters.

### **E.3 Summary of Major Issues Raised on VA BHHCS Draft EIS during Public Comment Period**

The majority of substantive comments were submitted by Save the VA and other consulting parties under the NEPA/NHPA substitution process [list major consulting party commenters?] and related primarily to the NEPA process (e.g., timing of NEPA review), purpose and need (e.g., questioning VA's assessment of need), alternatives (e.g., range of alternatives, ability to meet purpose and need), impacts to historic properties and associated mitigation measures, and the NHPA/NEPA substitution process (e.g., flawed and ineffective). A majority of the individual commenters were Veterans themselves or a direct family member, many of whom had re-located to Hot Springs to be near the VAMC; or Hot Springs residents who have strong ties to the VAMC and the local Veterans, and want Hot Springs to remain a "Veterans Town." They also questioned VA's need for action, as well as the reliability of data used in the EIS, particularly relating to the cost of alternatives and the Veteran population (e.g., where Veterans live and receive care).

The majority of commenters was in opposition to the VA's Preferred Alternative, and supported continued operation of the existing Hot Springs Medical Center in some capacity, although many did not specify which Alternative they supported (i.e., Alternative C, E or F), just that they wanted the facility to remain open. However, of those that did specify, their support was for Save the VA's Alternative E. The Agency received no support for Alternatives B, C or D and only a few votes of support for Alternative A, which was identified as the preferred alternative in the Draft EIS.

One of the main criticisms of the proposed reconfiguration seemed to be based on a misunderstanding of some of the elements of the reconfiguration (e.g., all healthcare services in Hot Springs would be eliminated, hospital would be moved to Rapid City (where a new hospital would be built), Fort Meade would be Veterans' only option for specialty and inpatient care, or, in some cases, Fort Meade would be closed). This led commenters to believe the proposed changes would result in more travel for Veterans, resulting in greater cost and hardship, rather than less, and concluding that VA's geographic access concerns have not been addressed. In particular, many commenters were concerned about the impact of added driving distance and cost on Native Americans, many of whom do not have cars or a even license. These misconceptions have been further clarified in the Final EIS; in particular, the way in which the proposed reconfiguration would help reduce travel and associated out-of-pocket expenses for Veterans, which generated a significant number of comments, has been addressed in the Final EIS (Section 2.2) and is discussed further below. Many comments on the non-VA provider care element of the reconfiguration related to the quality of care they would receive from a non-VA provider; special concern was expressed for Native Americans here too and quality of care available to them through the Indian Health Service if that became their only option.

In almost all cases, the public comments focused on the proposed changes at the Hot Springs campus, including its proposed relocation of the RRTP to Rapid City. Many commenters thought the serene, peaceful and safe setting found in Hot Springs was much more conducive for the

treatment of PTSD patients in particular and cited VA BHHCS's many successes in this area. Almost no opposition was identified to locating a new MSOC in Rapid City. In the area of potential environmental impacts, the major concerns related to impacts the proposed reconfiguration would have on cultural resources and historic properties, given that Hot Springs VAMC is a National Historic Landmark; and on the local economy and community services (including schools) resulting from reduced operations and associated staffing levels under the proposed reconfiguration; these also included potential cumulative impacts when adding in the past decline in services that has occurred over the past 15 to 20 years.

Many comments also related to VA's use of the NEPA/NHPA substitution process. These came primarily from historic properties consulting parties who did not believe VA fully complied with the requirements of the NHPA regulations at 36 CFR 800 in the Draft EIS with respect to the process, the evaluation of impacts on cultural resources and historic properties, and the development of suitable mitigation measures to minimize or avoid potential impacts. Four of the historic properties consulting parties raised formal objections at the end of the public comment period (see Section 1.4 of the EIS).

The Agency also received one or more comments in the following areas: Alternative G, water rights, transportation and traffic, utilities, hazardous waste, environmental justice, general NEPA process and related public involvement activities (e.g. request to extend comment period, how public comments are considered, VA decisionmaking, role of contractor, need to identify preferred alternative, etc.). Finally, many commenters provided no substantive comments, but just wanted to provide an opinion or general criticism of the VA (management, past actions and decisions), or share a personal story or health care experience. A large number of comments were considered to be out of scope (see further discussion below). The Agency received no comments related to the following resource areas: aesthetics, geology/soils, wildlife habitat, noise, and floodplains/wetlands.

Table E-1 provides a breakout by topic and summary, of the most significant issues identified (based on relevance or significance to the EIS and/or the total number of comments received) , and where these issues are addressed in Appendix E (in addition to the individual responses provided in Section E.5).

**Table E-1. Major Comment Areas**

Topic	Most Significant Issue(s)	Where addressed in Appendix E
Document Scope	Inclusion of Fort Meade	Table E-2
	Past Actions at Hot Springs VAMC/Decline in Services	Table E-2
	Decline in Services	Table E-2
	Veteran Population Data	Table E-2
	Accessibility and Necessary Renovations (i.e., ability of historic buildings to meet ABA/ADA and VA	Table E-2, E.5

Topic	Most Significant Issue(s)	Where addressed in Appendix E
	standards)	
	Ability to meet VA standards for residential treatment (e.g., re-location of RRTP to Rapid City)	Table E-2
	Distance Veterans Must Travel for Care	E.3.1
Alternatives	Limited Range of Alternatives	E.3.2
	Ability to meet purpose and need (especially preferred alternative)	E.3.2
	Purchased Care/Community Providers (including Veterans Choice Program and quality of non-VA provider care)	E.3.3
	Cost of alternatives, including renovation, mothballing, and assumed for Alternative E cost estimates	Table E-2
	Alternative G and VA's ability to find adaptive reuse	Table E-2
	Scope and Cost of Alternative E	Table E-2
	General opposition to proposed reconfiguration/proposed action and/or support for staying on campus or Alternative E)	Not Applicable
Impacts	Cultural Resources and Historic Properties (i.e., impacts to Battle Mountain Sanitarium/NHL)	Table E-2
	Mitigation Measures for Historic Properties in Draft EIS (e.g., not developed in consultation with consulting parties)	Table E-2
	Socioeconomics	Table E-2
	Community Services (schools)	Table E-2
	Cumulative Impacts	Table E-2
	Air Quality (expanded to include discussion of greenhouse gas emissions)	Table E-2
NEPA Process	Timing of NEPA review	E.3.4
NEPA/NHPA Substitution	Flawed and Ineffective	Table E-2
Personal Stories	Prefer to continue care at Hot Springs	E.3.5

Topic	Most Significant Issue(s)	Where addressed in Appendix E
Out of Scope	Miscellaneous	E.3.6
Total		

## VA Responses

Frequently, more than one commenter submitted identical or similar comments; in those cases, comments were grouped together, summarized, and given a single response. In compliance with the provisions of NEPA and CEQ regulations, public comments were assessed both individually and collectively by VA. Some comments resulted in modifications to the Final EIS. Comments that were not associated with changes to the Final EIS may have generated responses to correct readers' misinterpretations, to explain or communicate government policy, to clarify the scope of the Final EIS, or to refer commenters to other information in the Final EIS to answer questions.

Comment summaries, by topic, and group responses to similar comments that correspond to the major topics as identified in Table E-1, are provided here in Section E.3. They take two different forms. The more substantive issues requiring a detailed VA response or inter-related topics that are best addressed as a group, are provided in the individual E.3 subsections below. Table E-2, found at the end of Section E.3, includes another grouping by topic and responses, primarily organized by EIS section, of those comments that were repeated a significant number of times by various commenters. The individual comment numbers linked to each comment summary and group response are also identified. The group response offers a more efficient method and opportunity for more detailed response, where warranted, than the available space next to the individual comments in the accompanying volumes in Section E.5. The comment summaries provide a brief overview of the comments for the reader's convenience in reviewing the responses, and are not intended to provide a complete representation or interpretation of the comment's meaning. VA's responses are based on the comments in the letters themselves. VA considers each comprehensive "group response" to a given issue as its formal response to like comments on this issue - either in lieu of (i.e., if no change made in the Final EIS), or in addition to, any changes made in the Final EIS, which are also noted below. The comment numbering scheme is explained in more detail in Section E.4. The individual comments used to develop the group response are identified in Section E.5, where the individual response refers the reader back to this discussion; in some cases this individual response may offer additional elaboration on a related topic specific to the comment, where appropriate.

Finally, a third set of VA responses, specific to those single outlier comments on a unique topic, are provided next to the individual comments in Section E.5.

### **E.3.1 Distance Travelled/Geographic Access Concerns (especially related to Preferred Alternative, A, identified in Draft EIS)**

Comment Summary: A large proportion of the comments related to distance travelled, particularly Veterans who live in Hot Springs and south (NE) and east of Hot Springs (on reservations and in NE). The specific concern is that the proposal/preferred alternative will increase their travel distance/time, NOT reduce it. Associated concerns raised by commenters, many of which were from Native American Veterans living on the Pine Ridge Reservation and raised during the Pine Ridge public meeting, included the special driving challenges faced by some Veterans (e.g., no car and dependence on others for rides or current VA transport system to get to Hot Springs, no drivers license, dangers of highway travel, etc.). Some commenters also pointed to recent situations in which VA made Veterans who lived closer to Hot Springs, travel to Fort Meade for their care.

VA Response: This was one of the most significant set of comments received as commenters either mistakenly believe that all services at Hot Springs would be shutting down under the proposed reconfiguration and/or that Veterans would now have to travel to Rapid City or Fort Meade to in patient and/or specialty care. A related point of confusion was how the preferred alternative could meet purpose and need, especially relating to the need to improve geographic access to health care, if Veterans had to drive further to receive care (see also response in E.3.2).

As explained in the discussion of purpose and need in Chapter 1, VA recognizes that Veterans already have to travel too far for their health care services. The proposed reconfiguration was to help address this need (i.e., decrease the amount of driving time and related out of pocket expenses) by supplementing the care provided to Veterans closer to home where they live in conjunction with care in the community. As described in a related response in Section E.3.3, VA's authority over care in the community has expanded to Veterans in ways not available before, and not anticipated in the Draft EIS, such that care in the community has become a much more viable option to Veterans than in years past. It is now an integral part of the proposed reconfiguration alternatives - as a way to improve overall quality and delivery of care, thereby addressing the geographic access concerns. In addition, the same VA nurses that Veteran patients are used to seeing would help manage care between VA and non-VA providers, to help smooth the transition. This has been further clarified in the Final EIS (Section 2.2).

In addition to the care in the community option, Veterans would continue to have access to primary care, mental health care, and some expanded specialty care services in Hot Springs but in a modern, more efficient setting. Under the new preferred Alternative A-2, the CBOC would be included in a renovated Building 12 on the existing Hot Springs campus. While inpatient and specialty care would no longer be provided at the Hot Springs VAMC, Veterans now have greater access to community providers (including the tertiary hospitals in Rapid City and Scottsbluff), and Veterans would continue to have the option of going to Fort Meade. Native Americans would have the choice, under all the alternatives, to use either a VA or IHS system for their care; they would also still be able to receive primary care through the new CBOC in Hot Springs (see revised Final EIS Section 2.2).

Regarding the reference to past redirecting of patients from Hot Springs to Fort Meade, this was never part of the proposed reconfiguration or any larger reorganization effort. Rather they were intended to be short-term assignments to accommodate temporary staffing issues occurring at both Hot Springs and Fort Meade locations (nursing and ancillary services). Original services will be re-established once the staffing issues have been resolved.

For those Veterans dependent on VA BHHCS's current transportation system, it would continue under all of the alternatives. This has also been clarified in Section 2.2 of the Final EIS.

VA does acknowledge that Veterans who live in the Hot Springs area would have to drive farther to the RRTP which would be relocated to Rapid City under the preferred alternative A-2. Section 1.2.2.3 of the Final EIS has been significantly revised to explain why VA believes the move to Rapid City is necessary. However, because the treatment is residential, it would not require daily long-distance trips. In addition, data show that more than 50 percent of RRTP patients come from outside the BHHCS service area, and generally more patients come from Pennington County than Fall River County; only a small number come from Nebraska counties within the BHHCS service area. Interestingly the state providing the largest number of RRTP patients over the past 3 years, within and outside the service area, is Colorado. Updated RRTP data has been added to Exhibit 1 in Chapter 1 of the Final EIS.

### **E.3.2 Limited Range of Alternatives**

#### **Ability of Alternatives to Meet Purpose and Need**

Comment Summary: These two topics were often mentioned together and overlap sufficiently enough that they are being addressed together in VA's response. NPS and NTHP and many individual commenters expressed concern over the fact that so few of the alternatives met purpose and need (as indicated in the table in the Executive Summary of the Draft EIS. They believe this limits the range of reasonable alternatives that are analyzed in the EIS. They also requested clarification on why those alternatives that included continued use of the Hot Springs campus in some capacity (i.e., Alternatives C and E) did **not** meet purpose and need, and those that included a new off-campus location for the health care facilities did meet purpose and need.

VA Response: The description of each Alternative identified and evaluated in Chapter 2 has been revised in the Final EIS to explain how each alternative does or does not meet purpose and need. In summary, Alternatives B, C and E, while they address certain elements of purpose and need, do not meet purpose and need with respect to meeting VA's standards for residential treatment, specifically because they include an RRTP location in Hot Springs. VA experience and the latest research now help document the significant advantages a more urban setting like Rapid City provides in terms of successful treatment and community reintegration. VA believes that moving the RRTP to Rapid City will provide Veterans with a residential setting to ensure a greater likelihood of success in providing better access to jobs, long-term housing, education and social services agencies. Chapter 1 (Section

1.2.2.3) has also been revised to summarize some of the latest research comparing the advantages of an urban setting over a rural setting with respect to successful community integration.

As additional background, VA's early conclusions at the time the Draft EIS was published, with respect to the renovations needed to improve overall accessibility of the campus buildings, was that the challenges would be too great; this was part of the rationale for the on-campus alternatives not meeting purpose and need in the Draft EIS. Since that time, VA has investigated the matter further and found the buildings can be successfully renovated to meet the federal accessibility guidelines. However, while Alternatives A through E now meet this element of purpose and need, they do not provide the appropriate setting for residential treatment consistent with VA's guidelines and goals.

With respect to commenters' questions as to why the range of alternatives included so many alternatives that did not fully meet purpose and need, the EIS (Section 2.1) explains how the proposed reconfiguration proposal has been considered for many years and that early on VA identified a range of alternatives that offered varying combinations of new construction or leases for new health care facilities in Hot Springs and Rapid City, along with a supplemental alternative that would repurpose all or part of the existing Hot Springs campus and be used in conjunction with other action alternatives.

At the same time, due to the widespread attention generated by VA's proposal to vacate the Hot Springs campus, VA agreed to evaluate alternatives offered by the public, including renovating and re-using one or more buildings on the existing Hot Springs campus. This gave rise to Alternative C. The VA later agreed to evaluate a new expanded services proposal that Save the VA offered for the Hot Springs campus (Alternative E).

Finally, a new seventh alternative (Alternative A-2, a hybrid of Alternatives A and C) was identified by historic property consulting parties during the public comment period on the Draft EIS that VA agreed to evaluate in the Final EIS and has now selected it as the new preferred alternative. It includes operating a CBOC in a renovated Building 12 on the existing campus and a new MSOC and RRTP in Rapid City. This new Alternative is described in Section 2.3.1 and its impacts fully analyzed in Chapter 4 of the Final EIS. Because it is a hybrid of two existing alternatives, the impacts are less than or equal to those previously identified for Alternatives A and C in the Draft EIS.

In summary, VA believes that a reasonable range of alternatives has been identified and evaluated in the EIS. In total, the Final EIS describes, analyzes, and considers 12 possible courses of action: six alternatives (including the no action), one that includes two variations, plus a supplemental alternative that can be implemented alongside four of the alternatives.

### **E.3.3 Concerns with Purchased Care Option, especially Veterans Choice, and Quality of Care from Non-VA Providers**

Comment Summary: Many commenters were critical of the Veterans Choice Program, which was identified in the Draft EIS as one of the purchased care program options available to Veterans.

Commenters complained it does not work, the paperwork for mileage reimbursements takes too long (one of the eligibility requirements is that Veterans have to live more than 40 miles from VA health care facility), appointments are messed up (another eligibility requirement is that appointment with VA facility is more than 30 days out), among others. A related concern with the purchased care option was tied to the quality of care Veterans would receive at a community hospital where (1) the medical staff did not have the necessary experience with Veteran specific health issues to treat them properly; and (2) the smaller hospitals do not have the staff or capacity to take on new patients with respect to workload. Special concerns were also raised about the quality of care associated with the Indian Health Services, which is the community provider for Native Americans (e.g., allegations of substandard healthcare services and mismanagement).

VA Response: VA offers a multi-tiered response to the issues raised.

#### *Veterans Choice Program*

The Veterans Choice Program is a nationwide, established in the Veterans Access, Choice, and Accountability Act of 2014 (“Veterans Choice Act”) that became law on August 7, 2014, and is slated to end when allocated funds are used or no later than August 7, 2017. The Program includes access to health care at non-VA hospitals for rural veterans, as well as increases in staffing and facilities at existing VA medical centers. Veterans who live over 40 miles from nearest VA health clinic or who are unable to get an appointment in a reasonable time frame would be able to receive “choice cards” allowing them to seek treatment from a non-VA facility. Vets can go to other providers that accept Medicare, the military’s health program TRICARE, or at facilities run by DoD.

VA recognizes that many Veterans within the BHHCS service area receive a portion [?] of their health care services through the Veterans Choice Program, and are frustrated with this relatively new and extensive program. However, the Veterans Choice Program is a nationwide program that is not administered by BHHCS, is not implemented in any of the physical facilities being evaluated in the EIS, has no impact on the analysis in the EIS, and is not subject to NEPA review [?]. Therefore, it is beyond the scope of this EIS to evaluate the Program. That said, efforts are underway to help streamline the program, and Section 2.2 of the Final EIS has been revised to clarify its role in the purchased care program currently available to Veterans in the BHHCS (and which would continue under all of the proposed reconfiguration alternatives). Veterans are also encouraged to visit the Veterans Choice website at [www.va.gov/opa/choiceact/](http://www.va.gov/opa/choiceact/) for more information on the program related to eligibility, community providers, etc.

#### *Purchased Care (Care in the Community) Program*

Veterans care is managed by VA. The concept of care coordination requires continuity of service and integration with other organizations (especially Veteran Service Organizations), Federal, state and community-based partners. While a dedicated system of health and social services for Veterans remains the core means for meeting Veterans care needs, the Veterans Access, Choice and Accountability Act of 2014 has introduced new possibilities for serving Veterans. The VA is

committed to a model of service that operates around the Veteran's needs, not VHAs, and to transforming VHA health services from being provider-centric to being Veteran-centric. VA believes an important element to this transformation is fostering new relationships with non-VA care and service providers and other national, state and local organizations whose services can benefit Veterans. It introduces new opportunities to provide care beyond the physical limits of VHA facilities, to allow Veterans safe, timely, efficient and coordinated services outside of VA.

Outside the military health system, no other organization's mission charges them with translating an understanding of the consequences of military exposures on the health of Veterans into state-of-the-art care that helps Veterans not only manage illness, but also achieve their highest level of health and well being. A mandate of this sort cannot begin and end at the doors of a hospital or clinic. The concept requires continuity of service and integration with other organizations (especially Veteran Service Organizations), Federal, state and community-based partners.

While a dedicated system of health and social services for Veterans remains the core means for meeting Veterans care needs, the Veterans Access, Choice and Accountability Act of 2014 has introduced new possibilities for serving Veterans. Today, the VA is committed to a model of service that operates around the Veteran's needs, and to transforming VHA health services from being provider-centric to being Veteran-centric. VA believes an important element to this transformation is fostering new relationships with non-VA care and service providers and other national, state and local organizations whose services can benefit Veterans. It introduces new opportunities to provide care beyond the physical limits of VHA facilities, to allow Veterans safe, timely, efficient and coordinated services outside of VA.

Since publication of the Draft EIS, VA has been given authority to expand the purchased care program (beyond the Veterans Choice Program), now referred to as care in the community (CITC), to Veterans which was not available before. As a result, care in the community has become a much more viable option to Veterans than in years past, and now potentially hundreds of providers are available to eligible Veterans. This option is now an integral part of the proposed reconfiguration alternatives - as a way to improve overall quality and delivery of care, thereby addressing past geographic access concerns (see related response in E.3.1). This represents a change from what was available and described for each of the alternatives in the Draft EIS and Chapter 2 of the Final EIS has been updated accordingly. For example, reference to the specific number of secondary (26) and tertiary (3) hospitals being added to the BHHCS service area as part of the CITC - under certain alternatives (A through D) - has been eliminated from the Final EIS because the list of available providers has already expanded to the hundreds, for some eligible Veterans, as part of other ongoing national CITC initiatives. Most of the revisions have been included in Section 2.2, which now includes more detail on the purchased care program/CITC options available to Veterans, including Veterans Choice and other initiatives. Additional background information on how purchased care works in general and related VA initiatives is provided below for readers' benefit.

Veterans may obtain, at VA expense, routine outpatient medical services and certain inpatient services through community providers. This authorization may be granted when it has been

determined that direct facilities are not available to meet a Veteran's needs. The use of non-VA medical care is governed by Federal laws containing eligibility criteria and other policies specifying when and why it can be used. All community services must be pre-approved before a Veteran received treatment, unless medical event is an emergency. Emergency events may be reimbursed on behalf of the Veteran in certain cases.

After a Veteran is enrolled in VA health care, the criteria for VA's various methods for purchasing community care are then applied to determine when a Veteran may receive his or her health benefits outside of a VA facility. VA is responsible for payment for the care and services furnished under this program. When care is provided for a non-service connected condition, VA will use existing authority to bill and collect from third-party insurance when a Veteran has other health insurance.

VA rolled out a new Medical Community Care Program in 2016, as part of the 2017 Medical Community Care appropriations account required by the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (:L. 114-41). This Program will be simpler than past programs - to make community care easier to understand and administer, and to meet the needs of Veterans, employees and community providers. The Medical Services Appropriation rolls funds into the Medical Community Care Appropriation, and authorizes the VA to furnish Hospital care and medical services to eligible Veterans through contracts or agreements with certain eligible entities, as well as pay for care for eligible beneficiaries. The Medical Community Care Fund consolidates all community care programs under a single appropriation for both Veterans and beneficiaries. It promises to improve the Veteran experience with community care and continues to recognize community care as the pillar for delivery health care to Veterans. This includes delivering personalized, proactive, and patient-driven health care, using metrics and data analytics to drive improvement; using innovative technologies and care models to optimize health outcomes and maintaining a high-performing network to delivery community care.

### *Quality of Non-Provider Care*

Comment Summary: Many commenters expressed concern about VA's reliance on non-VA providers, for example, in lieu of the services currently being offered at the Hot Springs VAMC. Some examples of the criticisms included: civilian hospitals don't have good handle on all the VA mandates; local doctors won't know how to treat conditions unique to Veterans; local hospitals don't have equipment needed to treat Veterans; local hospitals don't have the staff resources or space/capacity to take on a large influx of new Veteran patients; there may be difficulties/challenges in accessing the necessary medical records; not all Veterans can manage non-VA health care services on their own (e.g., multiple purchased care appointments for physical therapy), etc. Many Veterans also specifically asked whether Fall River Hospital would be available to Veterans under the proposed reconfiguration.

VA Response: VA acknowledges there may be a learning curve for some providers in working with the unique conditions specific to Veterans. VA is not responsible for the quality of care provided

throughout the non-VA provider system and this element of the reconfiguration is not subject to NEPA or analyzed in the EIS. However, VA has revised the Final EIS to identify steps it can take to help ensure Veterans receive quality care with these providers. In particular, an important element of the health care services currently provided at BHHCS, and which would continue under the proposed reconfiguration, is the inclusion [continuation?] of managed care for Veterans. VA health professionals and staff would work closely with the Veterans and the providers, as needed, to ensure continuity of care, and be available for additional support as needed. Section 2.2 of the Final EIS has been revised to address how BHHCS nurses would be available to help manage care between VA and non-VA providers, and how VA can monitor the individual care a Veteran receives from a community provider and address any problems that are identified (e.g., from training of local hospital staff in a particular treatment procedure or method to transferring the patient to different hospital if conditions warrant).

Commenters have made a point, to which VA agrees, that no other entity has greater understanding or skill in matters related uniquely to Veterans' health than VA. However, when capacity restricts timely access, when beneficial technologies are only available in non-VHA settings, when geography presents an unacceptable barrier, or when the highest level of excellence is not available within VHA, VA believes that non-community providers can help fill the void.

High risk patients will receive higher levels of contact, more telephone calls or care of chronic conditions at home through use of medical monitoring devices). Enhanced coordination may also include expanded social work and links to community resources.

With respect to questions as to which community hospitals would be available to Veterans under the purchased care program, this is difficult to answer as the number and names often change as VA continues to negotiate, update, and sign contracts with individual providers. The list of non-VHA providers is constantly being updated as VA and VHA must assess whether competency can be developed internally or whether it is better to outsource. Criteria for decision-making may include: overall cost of operations, capacity to engage non-VHA providers in all necessary geographic locations, and capacity to ensure timely completion for both clinical and administrative functions.

However, the number is sufficiently large and the locations sufficiently distributed such that: (1) Eligible Veterans would have many options for various levels of care throughout the BHHCS service area, thereby addressing the need to improve geographic access to health cares (see related discussion in E.3.1); and (2) the number of new Veteran patients each community hospital might take on would be small enough so as not to adversely impact current capacity or strain existing medical staffing resources.

Two other important related points VA continues to reiterate in the Final EIS is that Veterans will still always have a choice to go to a VA facility instead of a local non-provider, and that primary care and some specialty care services will remain in Hot Springs (i.e., not everything is being closed as many commenters mistakenly believed). Under the new preferred Alternative A-2, the new CBOC would be located in a renovated Building 12 on the existing Hot Springs campus.

Finally, with respect to the Native American Veterans and the concerns expressed about the quality of care available through Indian Health Services, they would have the choice, under all the alternatives, to use either a VA or IHS system for their care as a result of a national Memorandum of Understanding that has been established between VA and Indian Health Service. They would also still be able to receive primary care through the new CBOC in Hot Springs.

This information has been further clarified in Chapter 2 of the Final EIS, primarily in Section 2.2.

### **E3.4 Timing of the NEPA Review**

Comment Summary: Save the VA and many other commenters were critical of the timing of the NEPA review, arguing that the VA should have started the EIS process earlier, when news of the proposed reconfiguration was first brought to the public's attention in 2006.

VA Response: The short answer is that the VA considers this NEPA review to be in full compliance with the requirements of NEPA. This has been expanded on briefly in Section 1.0 of the Final EIS, however, the detailed reasoning is provided as part of this response. First, it is important to remember that much of VA's planning and decisions related to the health care services it offers are not subject to NEPA review. The limited scope of the EIS - which evaluates the physical facilities from which health care services are offered within the VA BHHCS catchment area, and not on the health care services themselves - has been a source of confusion for many commenters who expect the document to support decisions on the specific health care services that VA offers to Veterans at any location. It does not. Such decisions are made by Veterans Health Administration professionals and are not subject to a NEPA reviews.

Second, while NEPA requires the review be conducted early in the planning stages, there is no specific time in which it has to be triggered as long as the resulting review/document can serve practically as an important contribution to the decisionmaking process before an action is taken that would potentially affect the quality of the environment. The objective of NEPA is that Federal agencies consider the effects of their actions before decisions are made and before actions are taken. In this case, VA believes the timing of the review to be sufficient given (1) the limited scope of the document - including a focus on ground-disturbing activities associated with existing building modifications and new facility construction, and (2) the fact that the specific locations of these facilities have not yet been identified and site-specific design has not begun. The start of construction is expected to be X years away.

VA also notes that while the EIS includes a bounding analysis in an effort to capture potential impacts at locations not yet identified, it also makes it clear that, in the event any site-specific characteristics of a proposed site for a new facility, once identified in Hot Springs and/or Rapid City, could result in environmental impact not evaluated in this EIS, then another NEPA review would be required.

Therefore, while the planning phase for this particular proposal has extended over a lengthy period, the timing of the EIS is consistent with the requirements of NEPA. Much of the early discussions on the proposed reconfiguration were focused on the types of health care services to be offered, and included early steps in the planning process (e.g., develop purpose and need and initial scope, identify appropriate level of NEPA review, identify legal, financial, technical design and environmental considerations, etc.). Such activities are not subject to NEPA review and, in fact, are necessary before an effective NEPA review can begin.

Related Comment: Save the VA identified VA's past request for funds for a new domiciliary build in 2011 as an example of VA's violation of NEPA [Comment #]:

VA Response: The 2011 request for funding on the new Domiciliary project is not a violation of NEPA, but a function of the VA budgeting process. VA uses the Strategic Capital Investment Planning (SCIP) process to provide integrated, comprehensive, strategic planning for capital investments. SCIP provides a long-range action plan because it requires each VISN to identify the highest priority investments over 2-, 5- and 10-year timelines. Funding requests for specific, proposed projects need to be identified and requested several years out to ensure that funding is appropriated at the time VA is ready to move forward with the project. A request for funding does not mean that the project will necessarily be executed. SCIP is designed to identify and prioritize capital needs using Veteran-centric Decision Criteria. Projects are reviewed and scored annually. As requirements, objectives, and Veteran needs change, project priorities and funding may also change. In this instance, a location for the lease has not yet been determined, no funding has been committed, and a lease or property development contract has not yet been signed. In fact, there has been no effort to send a solicitation package to Contracting because a decision on the re-configuration of services in the VA BHHCS has not been made.

### **E.3.5 Personal Stories**

Comment Summary: Many of the comments received during the public comment period, in the form of personal letters and during the public meetings (as captured in the meeting transcripts), included personal stories shared by Veterans and their families about their past experiences relating to a specific type of health care service provided by a specific provider (both VA and non-VA providers). The positive experiences primarily relate to services received at the Hot Springs VAMC (in support of keeping the facility open) while most of the negative experiences were associated with a non-VA provider or the Veterans Choice Program (see related response in E.3.3).

VA Response: While these personal stories have no direct bearing on the analysis in the EIS, and the type and quality of health care services VA provides at a given location is not subject to NEPA review, VA is committed to delivering the best possible health care to our Veterans and believes that these stories should be heard [and documented?] to help improve on the quality of services provided in the future and to inform the decision to reconfigure services. VA has opted to include the entire content of every comment and personal story in this Final EIS (see Appendix E.5) so that they are a

part of the official public record for the EIS. In addition, because care by non-VA providers is an option provided to Veterans under all of the proposed reconfiguration alternatives, this element of the program is addressed further by VA [indicate where in Appendix]. The Final EIS has also been revised to provide updates on VA's Care in the Community initiative (at national level and within BHHCS) and the options available to Veterans under each of the alternatives.

### **E.3.6 Out of Scope Comments**

Comment Summary: The major out of scope comment categories on the Draft EIS included:

- VA mission decisions regarding types, how and where health care services are provided (other than proposed in EIS)
- Wait times for appointments
- Timeliness of reimbursements
- Travel assistance/pay? Drivers?
- Personal opinions and accusations of VA management and staff
- VA history of cost overruns
- VA's ability to pay for anything because unlimited funds
- Labat's role/how paid, etc.
- Related stores in the newspaper

VA Response: Similar to the comments provided during scoping, many commenters on the Draft EIS continue to look for the EIS to evaluate and support changes in specific health care services that VA offers to Veterans at any location, which it does not. VA has tried to make clear that the scope of this EIS is to evaluate potential impacts resulting only from the alternatives for the proposed physical facilities from which health care services are offered within the VA BHHCS catchment area and not on the specific health care services themselves. Nonetheless, the Draft EIS received many of the same out of scope comments that came in during public scoping for the EIS, including general criticisms of past and proposed changes in health care services at the Hot Springs VAMC, and of VA programs and operations, including other VA construction projects, etc. Such topics are not part of the proposed reconfiguration, not subject to NEPA review and therefore not part of the EIS. Approximately X percent of the comments that were submitted have no direct relevance to scope of the EIS, and did not trigger any change in the EIS analysis. However, VA understands and appreciates the difficulty readers have in separating out proposed changes to the physical health care service facilities from the health care services they provide, and has included additional clarifications in the Final EIS relating to scope, primarily in Chapter 1; these include some additional structural reformatting. In some instances, VA has been able to address past comments previously considered to be out of scope (e.g., relating to the past decline in services) into the Final EIS as part of an updated cumulative impact analysis that considers the effects of past actions on the local and regional economy (Section 4.15).

Each out of scope comment is identified as such in the individual comments and responses are provided, where possible and appropriate, in Section E.5. [Note to VA: mostly responses simply acknowledge comment and say has no bearing on scope of EIS or proposed reconfiguration. In some instances we have included answers to easy and specific questions (e.g., Labat’s role).] Two of the more prevalent comments relate to VA’s history of cost overruns (as indirect comment questioning VA’s cost estimates in the EIS) and belief that VA has unlimited funds and can afford to do whatever is needed.

### E.3.7 Summary of Public Comments by EIS Section

The comment entries in Table E-2 are organized according to relevant sections of the EIS and other generic categories as warranted. Comment responses for topics under each category provide: (1) a list of the comment numbers addressed in that response, (2) a summary of the comments, and (3) the response. All substantive comments from government agencies and consulting parties are addressed either in Section E.3 subsection discussions or in Table E-2.

<b>Table E-2. Public Comments, By Category, on VA BHHCS Draft EIS</b>		
<b>Thematic Comment</b>	<b>Comment Summaries</b>	<b>VA Response</b>
<b>I. Category: General NEPA Process</b>		
Timing of NEPA Review	<b>Section E.3. 4</b>	<b>See Section E.3.4</b>
Need for Supplemental EIS	Several commenters indicated that VA should develop a Supplemental EIS to evaluate all the changes being made since publication of the Draft EIS. VA does not believe that the revisions to the draft EIS warrant issuance of a supplemental EIS prior to releasing the final EIS.	VA does not believe that the revisions to the draft EIS warrant issuance of a supplemental EIS prior to releasing the final EIS. The proposed mitigation measures relating to impact to historic properties have been reviewed by the consulting parties and the new Alternative A-2 analyzed in the Final EIS is a hybrid of two alternatives previously analyzed in the Draft
Trigger for additional NEPA review	Final EIS needs to explain in more detail what will trigger additional environmental review that may be necessary under NEPA to address site specific environmental issues [referring to additional NEPA review after EIS depending on site selected,	An additional NEPA review would be triggered if a site specific location were found to have sensitive environmental resources on site that could be adversely affected from construction and operation (e.g., wetlands, threatened and endangered species/critical habitat, historic or cultural resources, such as an NRHP listed or eligible site(s).
<b>II. Category: Purpose and Need (Chapter 1)</b>		
Accessibility and Needed	Historic buildings can be renovated to meet ABA/ADA and VA	VA agrees that the buildings that comprise the area where veterans are medically treated

**Table E-2. Public Comments, By Category, on VA BHHCS Draft EIS**

Thematic Comment	Comment Summaries	VA Response
Renovations	standards.	<p>on the Hot Springs campus can be renovated to meet ADA/ABA standards and provide modern quality medical care. VA's earlier statements referenced in the comment, relating to NHL renovation constraints and renovation being cost prohibitive, etc., was based on an incomplete set of information. Now that VA has had opportunity to conduct additional study and has access to complete information, VA acknowledges it is possible to renovate the buildings to meet the necessary standards.</p> <p>VA has clarified the statements in Section 1.2.2.1.2 regarding Accessibility and Needed Renovations. Director Horsma stated in the January 2016 historic properties consultation meeting that the buildings can be renovated and reused (transcript in Appendix C). It would be at a significant cost, as shown in Chapter 2, but it could be made accessible. The cost analysis provided in Chapter 2 includes an updated methodology based on the recommendations of a historic architect.</p>
Veteran Population Data	Commenters questioned the accuracy of VA's data used to support the proposed change.	<p>VA used the most up-to-date information available relating to Veteran population and distribution and use of existing facilities within the BHHCS service area. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volumes and services. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data.</p>
<b>III. Scope of EIS</b>		
Inclusion of Fort Meade	STVA and NPS both requested that the proposed renovations at Fort Meade be analyzed in the EIS.	<p>Fort Meade has been added to the APE for cultural resource and the recent renovations have been added to the discussion of cumulative impacts (Sections 3.16 and 4.16). However, the renovation activities are not a part of the proposed reconfiguration. This has been explained more fully in Section 1.1.2.1 in the Final EIS.</p>
Past Actions at Hot Springs VAMC	STVA and many other commenters make constant reference to the decline in services and staffing that	<p>The VA acknowledges the change in services that has occurred at Hot Springs over the past 15 to 20 years. Changes in health care</p>

**Table E-2. Public Comments, By Category, on VA BHHCS Draft EIS**

Thematic Comment	Comment Summaries	VA Response
/Decline in Services	<p>have occurred over the years, and asked that it be addressed in the EIS.</p> <p>.</p>	<p>services and any associated redirecting of staff resources provided at a given facility are at VA's discretion in order to meet, as needed, the goals of its mission. Such decisions are not subject to NEPA review and are not directly analyzed in this EIS, which focuses on the evaluation of potential impacts from the physical facilities and infrastructure in which health care services are offered to Veterans.</p> <p>However, VA recognizes that past economic trends, regardless of cause, have the potential to contribute to cumulative impacts in combination with other actions occurring within the community. Therefore, VA has revised the cumulative impact analysis in the Final EIS (Section 4.16) to consider the past economic decline in the Hot Springs area.</p>
<b>IV. Integration of NHPA Section 106 Process</b>		
Objections to substitution process	<p>Historic properties consulting parties had the option to object to implementation of the process in accordance with 36 CFR §800.8(c)(2)(ii).</p>	<p>Four consulting parties formally objected to the substitution process. VA referred these objections to the ACHP in accordance with 36 CFR Part 800.8(c)(2) on July 11, 2016. A copy of the referral is included in Appendix C. [need to add answer to ACHP - letter still being drafted]</p>
NEPA/NHPA process	<p>The NEPA/NHPA substitution process has been flawed and ineffective.</p>	<p>VA elected to integrate the NEPA and NHPA processes due to the level of public interest in the proposed reconfiguration, and due to the significance of historic properties to many stake-holders.</p> <p>The regulations outlined in 36 CFR §800.8(c) state:</p> <p>(A)n agency official may use the process and documentation required for the preparation of an EIS/ROD to comply with section 106 in lieu of the procedures set forth in §§ 800.3 through 800.6 if the agency official has notified, in advance, the SHPO/THPO and the Council that it intends to do so and the following standards are met:</p> <p>an agency official may use the process and documentation required for the preparation of an EIS/ROD to comply with section 106 in lieu of the procedures set forth in §§ 800.3</p>

<b>Table E-2. Public Comments, By Category, on VA BHHCS Draft EIS</b>		
<b>Thematic Comment</b>	<b>Comment Summaries</b>	<b>VA Response</b>
		<p>through 800.6 if the agency official has notified, in advance, the SHPO/THPO and the Council that it intends to do so and the following standards are met:</p> <ul style="list-style-type: none"> <li>(i) Identify consulting parties either pursuant to § 800.3(f) or through the NEPA scoping process with results consistent with § 800.3(f);</li> <li>(ii) Identify historic properties and assess the effects of the undertaking on such properties in a manner consistent with the standards and criteria of §§ 800.4 through 800.5, provided the scope and timing of these steps may be phased to reflect the agency official's consideration of project alternatives in the NEPA process and the effort is commensurate with the assessment of other environmental factors;</li> <li>(iii) Consult regarding the effects of the undertaking on historic properties with the SHPO/THPO, Indian tribes and Native Hawaiian organizations that might attach religious and cultural significance to affected historic properties, other consulting parties, and the Council, as appropriate, during NEPA scoping, environmental analysis, and the preparation of NEPA documents;</li> <li>(iv) Involve the public in accordance with the agency's published NEPA procedures; and</li> <li>(v) Develop in consultation with identified consulting parties alternatives and proposed measures that might avoid, minimize or mitigate any adverse effects of the undertaking on historic properties and describe them in the EA or DEIS.</li> </ul> <p>VA is confident it has met all the required standards, and documented its efforts in the letter dated July 11, 2016, to refer objections to the ACHP. A copy of this letter is included in Appendix C of the Final EIS.</p>
<b>V. Category: Alternatives (Chapter 2)</b>		
Ability to Meet Purpose and Need	See E.3.2	See E.3.2.

**Table E-2. Public Comments, By Category, on VA BHHCS Draft EIS**

Thematic Comment	Comment Summaries	VA Response
Limited Range of Alternatives	See E.3.2	See E.3.2
Description of Alternative E	<p>STVA had many questions on the analysis of Alternative E in the Draft EIS - questioning the assumptions VA used in developing, analyzing and costing their alternative. In particular, they questioned the need to construct a new structure on campus to accommodate an additional 82 beds (to reach their proposed RRTP capacity of 200 beds); they also questioned the staffing levels VA had assumed, and clarified that they had never been opposed to the proposed MSOC in Rapid City.</p>	<p>VA appreciates the additional clarification provided in STVA's comments and has revised the Final EIS - both the description and cost of Alternative E in Section 2.3.5 and in the impact analysis throughout Chapter 4, for all resource areas (including reduced staffing levels in the socioeconomic analysis), to reflect the updated information provided in STVA's comments. See related response to comments on Alternative E cost estimate provided in Chapter 2.</p>
Alternative F	<p>STVA believes the "No Action" staffing level should be reflective of the staff level at Hot Springs prior to the merger of the Hot Springs and Fort Meade VA's. How does the VA define Alternative F, "No Action?" Does No Action imply that the VA will stop diverting patients and services from Hot Springs and restore or continue to provide services? Or does it imply that VA will continue reducing services and diverting patients as it was prior to the initiation of the NEPA process? Continuing a "business as usual" approach by the VA would guarantee that the VA manages the Hot Springs campus into a situation where closure is inevitable. In this instance, Alternative F would be a severe Adverse Effect, not meeting anything outlined in the purpose and need, and causing an outcome of "adverse effect by neglect" on the historic landmark."</p>	<p>VA has revised the description of Alternative F, No Action, in Section 2.6 of the Final EIS to clarify that No Action refers to continuing the status quo which reflects current conditions. This is consistent with CEQ NEPA guidelines. The analysis of impacts for the No Action alternative in Section 4.10.7 is based on this definition.</p>

**Table E-2. Public Comments, By Category, on VA BHHCS Draft EIS**

Thematic Comment	Comment Summaries	VA Response
Alternative G	Finding an adaptive reuse for the campus is nearly impossible. What will happen to the buildings when VA leaves?	<p>VA is aware that finding an adaptive reuse of unoccupied buildings through Alternative G will be a challenging process. VA has committed to developing a comprehensive marketing strategy for identifying potential redevelopment partners. Section 5.2 has been significantly expanded to include a detailed list of mitigation measures developed to address scenarios under Alternative G.</p> <p>If portions of the campus will not be occupied for a period of three months or longer, VA has committed to undertake steps to ensure a comprehensive plan for appropriate long-term preservation. More information about the long-term preservation plan is available in Section 5.2. VA has committed to preserving these buildings for at least five years and may update and renew the plan for an additional five years. If after five years (if the plan is not renewed), the building or buildings are not actively being , VA will again enter into consultation on the future disposition of that property pursuant to Section 106 of the NHPA and its implementing regulations (36 CFR §800).</p>
Purchased Care and Veterans Choice Programs	<b>See Section E.3.3</b>	<b>See Section E.3.3</b>
Quality of Care through Community Providers	<b>See Section E.3.3</b>	<b>See Section E.3.3</b>
Costs of Alternatives	<p>Many comments on costing include requests to update costs, to provide additional breakout and explanation of costs (specifically to see if and how mothballing costs were handed.</p> <p>Other related comments considered to be out of scope include VA’s history of cost overruns on other construction projects.</p>	<p>In response to public comments, VA has conducted another evaluation of the original assessment/cost estimates [from JLL report] and updated the Final EIS to provide additional costing information for each alternative in Chapter 2 as follows:</p> <ol style="list-style-type: none"> <li>(1) Clarify assumptions and identify additional breakout costs where requested by commenters (e.g., mothballing)</li> <li>(2) Develop a cost estimate for new preferred Alternative A-2, based on</li> </ol>

**Table E-2. Public Comments, By Category, on VA BHHCS Draft EIS**

Thematic Comment	Comment Summaries	VA Response
		<p>CBOC pricing component in Alternative C, which also included renovations to Building 12 to accommodate the new CBOC.</p> <p>(3) Revise the cost estimate for Save the VA Alternative E based on incorrect assumptions JLL included in the original analysis.</p> <p>Due to current appropriations law restrictions, VA is unable to expend appropriated funds to update this data. However, while the data could not be updated, use of the original data set (from the Draft EIS) in developing new costs for Alternatives A-2 and revising costs for Alternative E, ensures a consistent comparison of costs across all the alternatives.</p> <p>VA has also made the supporting Jones, Lang, LaSalle 2012 report available on its website</p>
Cost updates torn Alternative E	Question initial assumptions VA/JLL made in costing Alternative E. T	Costing information provided in Section 2.3.5 of the Final EIS has been revised to reflect the change in project scope and assumptions identified by STVA in their public comments. This includes elimination of a new structure to accommodate an additional 82 RRTP beds. Because STVA also expressed support for the MSOC in Rapid City so this has been added as an element of Alternative E as well.
Mothballing Costs	VA proposing to make difficult decision based on what will provide best care and service for least cost. Important for 30-year cost to adequately reflect alternatives and costs associated with them. Unclear how cost projections would be affected if campus closed and maintained to NHPA standards. Need more clarity on what factors included and cost of known or potential environmental issues for maintaining campus or transferring to new owners. VA may want to	VA recognizes the importance of fully funding a comprehensive program for the maintenance of historic buildings in an unoccupied state. VA also recognizes the extraordinary cost of mothballing a campus of this size and acknowledges that such cost is not easily absorbed in an annual maintenance budget. The Final EIS (Chapter 2 Alternative Descriptions) has been revised to breakout costs for non-recurring maintenance and repair of the buildings while in an unoccupied state, in VA's annual Strategic Capital Investment Plan (SCIP) ten year planning process, with

**Table E-2. Public Comments, By Category, on VA BHHCS Draft EIS**

Thematic Comment	Comment Summaries	VA Response
	<p>provide a cost range to reflect dynamic situation [comment that decision not based solely on cost] Also unknown if potential users of campus would have capital to acquire, remodel, and operate some of the buildings and whether that is a factor in the resulting estimate. [no cost for Alt G] There also may be costs that have not been calculated in regards to environmental concerns, such as costs of appropriately maintaining and/or closing out wastewater treatment system and addressing potential legacy environmental issues.</p>	<p>emphasis on the priority of such non-recurring maintenance and repair given by BHHCS and VISN 23.</p> <p>Non-Recurring Maintenance (NRM) project requirements less than \$1M don't require business cases in the Strategic Capital Investment Plan (SCIP) and will be handled as below-threshold VISN/Station projects. FY18 SCIP guidance does not affect these types of projects and funding comes directly from the Medical Facility appropriation for V23 which is then apportioned to each site based on VERA allocation and need.</p> <p>NRM project requirements greater than \$1M require SCIP business cases. High priority projects receive VACO allocated NRM funding equal to 10% of the total cost. The remaining cost is supported by the VISN NRM allocation. Stabilization/mothballing of Hot Springs' buildings doesn't easily fit within the SCIP guidance for FY18 projects. However, VISN 23 has the authority to prioritize NRM projects within network, is committed to protecting the Hot Springs campus, and has historically received adequate funding to do so.</p> <p>If VA must leave all or part of the historic buildings of the Hot Springs campus unoccupied, and upon issuance of the ROD, VA shall seek funding at least annually for recurring maintenance and repair of the buildings while in an unoccupied state. VA shall include in its required six month written reports to all consulting parties, the results of any and all of VA's efforts to seek such funding.</p>
<p>Environmentally Preferable Alternative (Section 2.7)</p>	<p>CP10-40: Disagrees that Alt E would have greatest potential for impact to Battle Mountain Sanitarium/NHL. Renovations focus on interior of buildings. It is the only one that</p>	<p>After additional study, VA agrees and has revised Section 2.7 of the Final EIS accordingly.</p>

<b>Table E-2. Public Comments, By Category, on VA BHHCS Draft EIS</b>		
<b>Thematic Comment</b>	<b>Comment Summaries</b>	<b>VA Response</b>
	meets P&N while avoiding negative impact on NHL property, and the only alternative compliant with various Executive Orders and government studies.	
<b>VI. Category: Cultural Resources and Historic Properties</b>		
Mitigation	The mitigation measures in the draft EIS were not developed in consultation with the historic properties consulting parties.	More consultation with historic properties consulting parties regarding measures to resolve adverse effects to historic properties was planned following issuance of DEIS consistent with CEQ/ACHP Guidance on Substitution and 36 CFR Part 800.8(c). Section 5.2 of the Final EIS has been significantly revised to include detailed measures to mitigate adverse effects for each of the alternatives, based on consultation with historic properties consulting parties.
Change in NHL status	VA must not change or alter the Battle Mountain Sanitarium National Historic Landmark.	The regulations codified in 36 CFR 800.10 require VA “to the maximum extent possible, undertake such planning and actions as may be necessary to minimize harm” to a NHL. It does not impose a substantive requirement that a federal agency minimize harm to the NHL to the maximum extent possible. Throughout the NEPA process, VA has thoroughly considered prudent and feasible alternatives that will minimize harm to the NHL. The alternatives are described in detail in Section 2.3 of the Final EIS and the consultation process as specifically related to cultural resources is detailed in Appendix C.
<b>VII. Category: Socioeconomics</b>		
Economic impacts	Economic impact would be devastating to Fall River and Hot Springs Community. State study indicates negative impact of \$55 million in lost jobs, payroll, student numbers, sales and property tax and population. In county of 7000 this is a kick in the face.  Need to narrow impacts to Hot Springs which would be more significantly affected than the county as a whole. row impacts	Sections 4.10 and 4.11 of the Final EIS has been revised to address impacts on the local Hot Springs Community and acknowledge the potential for major impacts.

<b>Table E-2. Public Comments, By Category, on VA BHHCS Draft EIS</b>		
<b>Thematic Comment</b>	<b>Comment Summaries</b>	<b>VA Response</b>
	specific to Hot Springs area. Impact on ranching business may be small but on local grocery store is big.	
Cumulative Impacts	The cumulative effects went almost unmentioned.	The cumulative impacts discussion (Section 4.16) has been revised to address the past economic decline in the region as past actions/trends that can affect the local and county/regional economy in combination with the proposed reconfiguration. The analysis has been further updated to include an evaluation of potential impacts from a newly proposed national call center which would be located in Buildings 3 and 4 of the existing Hot Springs campus. The call center, which would employ 120 persons, would help reduce the impacts (employment and income) resulting from the proposed reconfiguration.
<b>VIII. Category: Other Impacts</b>		
Air Quality	Final EIS needs to include analysis of greenhouse gas emissions associated with project, qualitatively describe relevant climate change impacts, and analyze reasonable alternatives and /or practical mitigation measures to reduce greenhouse gas emissions.	Response: A discussion of GHG emissions estimates for the existing operations and operations under each alternative has been added to Sections 3.2 and 4.2 respectively. As the existing and alternative scenarios are shown to be insignificant contributors to statewide GHG emissions, and as several of the alternative scenarios are estimated to reduce GHG emissions from existing conditions, further discussion of minimization measures, design changes, or climate change adaptation are not warranted.
Utilities	Concerns about wastewater treatment facility being stagnant for too long due to disuse. This should be analyzed in greater detail or explain how treatment facility will be maintained or closed to avoid problems with facility or its discharge in the future should it not transfer to new occupants in a timely manner.  Need to recognize that reduction in flow also represents a loss in revenue for the City of Hot Springs.	EPA has incorrectly cited the VA General Permit (SDG860037) as pertaining to a waste water treatment facility on the Hot Springs VAMC campus. The permit actually pertains to direct discharge of water supplied by the spring source in excess of facility requirements. The operational issue regarding reduced flows to the waste water treatment facility owned and operated by the City of Hot Springs and resulting operational changes to that facility are outside the scope of the EIS.  VA has received additional data on operation of the wastewater treatment plant from the

**Table E-2. Public Comments, By Category, on VA BHHCS Draft EIS**

<b>Thematic Comment</b>	<b>Comment Summaries</b>	<b>VA Response</b>
	<p>Regarding supplemental alternative G - what is going to happen to us with the different alternatives you have? This is something to catastrophic and I don't believe some of that has been evaluated.</p> <p>Requests for city engineer to provide threshold information on wastewater plant.</p>	<p>City of Hot Springs. It clarifies that there is no particular cut off below which a certain inflow level would result in a sudden change in performance; and the losing current flow could increase risk of this adverse condition.</p> <p>Sections. 3.15 and 4.14 of the Final EIS have been revised to acknowledge the situation, including the loss in revenue for the City of Hot Springs.</p> <p>Water rights are described in Section 3.14.2.1; no further changes have been made.</p>

## E.4 Index of Commenters

Comments on the Draft EIS were received from government agencies, Native American tribes, organizations, and individuals listed in Tables E-3 and E-4 below. As summarized previously, a two-part comment code links each individual comment to its response in Section E.5. The first part of the comment code is unique to the specific commenter, as listed in the second column of the table below. The second number in the code identifies each individual comment within a submittal, and appears next to that comment in a copy of the submittal provided in Section E.5. The full comments of each commenter are provided in Section E.5 in order to be included as part of the public record. However, only that portion that is considered to be a comment warranting a response is numbered as such.

To facilitate finding a particular commenter, each commenter's name is included alphabetically in the first column of the table, rather than by commenter number, which was assigned in order of receipt. In many cases, the same person submitted comments on multiple occasions and/or in multiple forums (written letter), and so may have more than one commenter number assigned to them. Comments made during the public hearings are assigned a unique transcript code based on location; individual commenter names are not called out, however, they can be found in the full transcripts provided in Section E.5. Tables E-3 and E-4 i

Table E-3. Summary of Comment Letters on VA BHHCS EIS by Government Agencies and Other Organizations

Commenter	Commenter Number
<b>Government Agencies [also includes Historic Properties Consulting Party Members]</b>	
U.S. Environmental Protection Agency, Region 8	G1
Fall River County Commission [also a Consulting Party member]	G2
South Dakota State Representative Lance Russell	G3
U.S. Department of the Interior	G4
City of Hot Springs, Planning Administrator [City of Hot Springs also a Consulting Party member]	G5
South Dakota, Wyoming and Nebraska Congressional Delegation	G6
City of Hot Springs, Public Works	G7
National Park Service [Nick Chevance]	G8
National Park Service, [Dena Sanford] [also a Consulting Party member]	G9, G15, G16, G19, G23, G24, G34, G35, G39, G40, G42
Advisory Council on Historic Preservation	G10, G13, G18, G26, G28
Mayor of Hot Springs	G11, G12
Hot Springs Historic Preservation Commission [also a Consulting Party member]	G17, G29, G41
South Dakota State Historic Preservation Commission [South Dakota	G14, G20, G21, G22,

Commenter	Commenter Number
State Historic Preservation Office]	G30, G32, G33, G37, G43
Fall River County Historical Society [also a Consulting Party member]	G27, G38
National Park Service, Midwest Region Office	G36
<b>Native American Tribes</b>	
Upper Sioux Community	N1
<b>Section 106 Consulting Parties (not already identified in Government listing above)</b>	
Don Ackerman	CP-1, CP-6, CP-7
National Trust for Historic Preservation	CP-2, CP-8, CP-11, CP-12, CP-14, CP-16, CP-19, CP-20
Save the VA	CP-3, CP-9, CP-10, CP-17, CP-18
American Federation of Government Employees	CP-4, CP-5, CP-13
<b>Other Organizations</b>	
Veterans National Recover Center	O1
American Legion (New Hampshire)	O2
American Legion (Hot Springs)	O3

Table E-4. Summary of Comment Letters on VA BHHCS EIS by Individuals and Public Meeting Transcripts

Commenter	Commenter Number
<b>Form Letter</b>	
55 individuals submitted a copy of the same form letter (several with minor variations) as part of NTHP write-in campaign []	F1
<b>Individuals</b>	
Ackerman, Mary Ann	IA1
Adams, Lynn	IA6
Adelona, Ebun	IA7
Allen, Joe	IA2
Atchley, Carl	IA3
Atchley, Donna,	IA4
Atchley, Dustin	IA5
Bailey, Emerson	IB18
Bailey, Emerson	IB26
Baltazar, Rachel Carmela	IB19
Banales, John	IB1
Banales, Norma	IB2
Bassett , Gladys	IB21

<b>Commenter</b>	<b>Commenter Number</b>
Batchelor, Laura	IB3
Batchelor, Laura	IB22
Batchelor, Dave	IB23
Behrens, Rita	IB27
Beldin, Kimberlee	IB24
Belitz, Doris	IB4
Belitz, Larry	IB5
Bennett, Leslie	IB20
Benson, Kay	IB6
Benson, Leonard	IB7
Bentson, Lynette	IB8
Bentson, Roger	IB9
Boelinger, Robert	IB10
Bergen, Ron	IB11
Bershon, Richard	IB12
Birkholt, Frank	IB13
Black Feather, Wanda	IB16
Boone, Maxine	IB25
Bredlau, Judith	IB14
Broces, Leona	IB15
Brown Eyes, Erroll	IB17
Cady, C.W.	IC-1
Calhoon, Brad	IC-2
Cape, Paula	IC-3
Cates	IC-14
Chaudhari, Mike	IC-4
Clarke, Mark	IC-5
Clarke, Rita	IC-6
Collogan, Gerald	IC-7
Connell, Alan	IC-16
Connelly, Lane	IC-8
Cook	IC-15
Corrigan, George	IC-9
Craft, Franklyn	IC-10
Cuckler, Nancy	IC-11
Cummings, Keaton	IC-12
Cummings, Megan	IC-13
Daniels, Norma	ID-1
DeRouchey, Leeanne	ID-2
DeVries	ID-6
DeVries, Shiela	ID-3
DiCiaccio	ID-7
Duennerman, Mary	ID-4
Duncan, Demetrius	ID-5
Dygas	ID-8

<b>Commenter</b>	<b>Commenter Number</b>
Ebert	ID-3
Edwards	ID-4
Isenbraun, Robert	ID-1
Evangelista, Jill	ID-2
Farrell, Jane	IF-1
Farrell, Joyce	IF-7
Fees, Erma	IF-2
Fenner	IF-8
Ferro, Joseph	IF-3
Fetters, Barbara	IF-9
Fisher, Shane	IF-10
Fleharty, Norma	IF-4
Foster, Franklin	IF-5
Fuller, David	IF-6
Gallagher, Judith	IG-1
Galvin, Jon	IG-2
Geiser	IG-11
Geiser, Tom	IG-15
Geiser, Tom2	IG-14
Goeman, James	IG-3
Goesch, Wilbur	IG-4
Goldberg, Robert	IG-16
Gomez, Rafael	IG-17
Goodyear, David	IG-5
Gossel, Robert	IG-6
Goulet, Mary	IG-7
Gray	IG-12
Griffin	IG-10
Griffin, Steve	IG-18
Grosz, Terry	IG-13
Gunhammer, Rhonda	IG-8
Gunhammer, Richard	IG-9
Haydn, Kenneth	IH-1
Harry Shirt, Jo Ann	IH-11
Hale	IH-12
Hampton, Derrick	IH-2
Hankinson, Lori	IH-21
Harvey	IH-13
Harvey, Doug	IH-18
Harvey, Edward	IH-17
Harvey, Edward	IH-3
Harvey, Edward 2	IH-4
Hay, Charles	IH-22
Haynie, Ruth	IH-5
Heier	IH-19

<b>Commenter</b>	<b>Commenter Number</b>
Heinzen, Clifford	IH-6
Heinzen, Virginia	IH-7
Heiser, Robert	IH-8
Henry, Sheri	IH-23
Herman, Larry	IH-9
Hiller, Joe	IH-24
Hofer, Lori	IH-25
Holley	IH-14
Hollrah	IH-20
Holmes, Perry	IH-16
Hotz, John	IH-26
Houwman, Mary	IH-10
Hubner	IH-15
Ikonen, Robert	II-1
Jacome, Ricardo	IJ-1
Jarding	IJ-8
Jennings, Donna	IJ-2
Johnson, James	IJ-3
Johnson, Jim	IJ-4
Johnston	IJ-9
Johnston, David	IJ-11
Jones, Dale	IJ-5
Jones, Kadin	IJ-6
Jones, Kylee	IJ-7
Julin	IJ-10
Kalvels	IK-5
Kearns, Patrick	IK-7
Keffeler, Mark	IK-1
Kizer, Terry	IK-2
Koch, Angela	IK-3
Kocourek, Rhonda	IK-4
Kraft	IK-6
Lamphere, Marc	IL-1
Lays Back, Randy	IL-9
Leite	IL-10
Lerman, Caryn	IL-2
Lind	IL-12
Long, Lynda	IL-3
Lorang, Kenneth	IL-4
Lorang, Liz	IL-5
Luallin, Uriah	IL-6
Lucey, Phoebe	IL-7
Luebke	IL-11
Luther, Ellen	IL-8
Lyke, Pat	IL-13

<b>Commenter</b>	<b>Commenter Number</b>
Madsen, Berry	IM-1
Makes Him First, William	IM-17
Marciniak, Laura	IM-26
Marshall	IM-19
Martin, Chris	IM-2
Martin, Pat	IM-3
Martin, William	IM-4
Martinez, Mike	IM-18
Martyniuk	IM-24
Mason, Frank	IM-5
Mason, Lynn	IM-6
Massa, Sandy	IM-7
McCulloch	IM-25
McGarity	IM-20
McPherson, Lisa	IM-27
Merkel, Beth	IM-8
Merkel, Gary	IM-9
Miller	IM-21
Miller, Evie	IM-10
Miller, Glenn	IM-11
Miller, Ricky	IM-12
Mills, William	IM-13
Moeller, Ted	IM-28
Moer, Richard	II<14
Moir, Kim	IM-15
Moisan	IM-22
Monfore, Charlene	IM-16
Muller	IM-23
Nash	IM-5
Nash, John	IN-1
Nash, Sharon	IN-2
Nelson, Aletha	IN-3
Nelson, Morris	IN-4
Ohliger, Ilene	IO-1
Ohliger, Patricia	IO-2
Okerson, Deborah	IO-3
Olsen	IO-5
Orr, Veldon	IO-7
Ostrem, Norman	IO-4
Owen	IO-6
Palmer, Chachi	IP-1
Panill, Chris	IP-2
Parker, Stephen	IP-3
Paterson	IP-11
Peck, Duane	IP-14

<b>Commenter</b>	<b>Commenter Number</b>
Pederson, Mary	IP-4
Peterson, Sarah	IP-5
Piper, Millie	IP-6
Pitchard, Robert	IP-13
Powers, Brian	IP-8
Price, John	IP-15
Pucket, Amy	IP-9
Pudwill, Norman	IP-10
Pulliam, Floyd	IP-12
Radziwon, John	IR-12
Rasmussen, Frank	IR-1
Reed, Cynthia	IR-2
Reichardt, Bob	IR-3
Rensich, Taylor	IR-4
Renstrom, John	IR-5
Ritterbush	IR-9
Roberson, Stacey	IR-6
Rodgers	IR-10
Rodgers, Sandra	IR-11
Rush, Richard	IR-7
Russell, Deb	IR-8
Salles, Greg	IS-1
Scheimo, Tom and Hope	IS-2
Schmit, Troy and Brenna	IS-3
Schuman, Kathy	IS-4
Schwarzenbach, John	IS-24
Schweigert, Gary	IS-5
Shanklin, Mary	IS-6
Shaw, Denis	IS-7
Sides, John	IS-8
Sich	IS-22
Skenzy	IS-23
Slatery, Terence	IS-9
Smith, Duane	IS-10
Speirs, Jane	IS-11
Sperlich, Peg	IS-12
Spillane, Christa	IS-13
Spitzer, Beth	IS-25
Spitzer, Helen	IS-14
Standen, Julie	IS-15
Stave, Martha	IS-16
Stoeckl, Raymond	IS-17
Strauser, Gary	IS-18
Strauser, Patricia	IS-19
Suter, Leslie	IS-20

<b>Commenter</b>	<b>Commenter Number</b>
Symington, Rosalie	IS-21
Taylor, William	IT-1
Tays, Cecile	IT-2
Teez, Richard	IT-8
Telcamp	IT-9
Terill, Carolyn	IT-3
Terrell, Terrance	IT-11
Theusch	IT-10
Tifford, Jason	IT-4
Tillotson, Donald	IT-5
Tobin, Paul	IT-6
Tubbs, Ben	IT-7
Umiker, Eldon and Mailyn	IU-1
Van Norman, Jamie	IV-1
VanNorton, Chris	IV-3
Venard, Donna	IV-2
Vento, Lee	IV-4
Walker	IW-14
Wall	IW-15
Wall	IW-8
Walter, Barb	IW-1
Wanzer	IW-9
Waxler, Mary	IW-2
Weaver	IW-10
Wegner	IW-11
Wieseler, Lori	IW-16
Wilaby, Cristina	IW-3
Willoughby, Bob	IW-4
Wilson, Dennis	IW-5
Wilson, Mary	IW-6
Winterstein	IW-12
Witt, Russell	IW-17
Wittmeier	IW-13
Wocicki, Janet	IW-18
Wynia, Hugh	IW-7
Young Day, Marvin	IY-1
Zimmerman, Loren	IZ-2
Zuhlke, Keith	IZ-1
<b>Public Meeting Transcripts</b>	
Comments numbered consecutively within entire transcript and not broken out by individual speaker. Refer to transcript to match comment to individual speaker	
Alliance public meeting transcript	TA
Chadron public meeting transcript	TC
Hot Springs public meeting transcript	TH

<b>Commenter</b>	<b>Commenter Number</b>
Pine Ridge public meeting transcript	TP
Rapid City public meeting transcript	TR
Scottsbluff public meeting transcript	TS

## **E.5 Comments and Responses**

The remainder of this appendix presents the public comments, received in written submissions and verbal testimony, on the Draft EIS and VA's responses to the comments. Commenters' submittals are presented in the order listed in the table in Section E.4. Given the inclusion of the full comments from every commenter, this Appendix is very large and has been provided on a CD. The files are further divided into multiple volumes/subparts to facilitate access to the information (and reduce file size for reviewing this Appendix electronically).