

Commenter O1: Veterans National Recovery Center



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TO: yablackhillsfuture@va.gov

May 4, 2016

Please include VNRC on the emailing list at the email above.

**COMMENT
CONCERNING
VA BLACK HILLS HEALTH CARE SYSTEM RECONFIGURATION
Draft Environmental Impact Statement**

In the summer of 2014 the Veterans National Recovery Center (VNRC) submitted a comprehensive proposal to re-purpose Battle Mountain VA Hospital complex in Hot Springs, South Dakota.

VNRC is extremely encouraged that this proposal, tagged the "Medical Miracle" proposal was included in the "Preferred Alternative" as "Supplemental Alternative G" within the Draft EIS for Hot Springs.

Today, the VNRC asks that the "Medical Miracle" alternative remain in the final EIS, and that it be elevated. "Medical Miracle" was the *ONLY* comprehensive proposal submitted that followed the guidelines set forth in the original EIS scoping document. Because of this, "Medical Miracle" if accepted and elevated, is the BEST PROPOSAL TO WITHSTAND LEGAL CHALLENGE. To accept any other proposal may invalidate the entire EIS process in the eyes of the Court.

And also for this reason stated above, VNRC opposed any additional RFP for either sale or an Enhanced Utilization Lease (EUL). We respectfully request, based upon our standing as the only proposal submitted which followed the original EIS scoping document, to be offered an exclusive initial negotiation period with the VA after the Secretary has signed the final EIS.

To do otherwise, will add at least a year to final resolution for repurposing, perhaps with no marginal gain, and likely with significant marginal loss. The draft EIS projects an effective shut-down of the Hot Springs VA facility within two years of the Secretary's final signature. If the EIS is signed without a clear and smooth pathway to the next phase in the life of the Battle Mountain complex, there is no doubt that it will create great economic hardship within the City of Hot Springs and surrounds.

VNRC pledges to work with the US Department of Veterans Affairs, Black Hills VA Health Care System,

O1-1: VA thanks the Veterans National Recovery Center for their comment and interest. VA is not yet in a position to decide on how the existing campus may be reused under the new preferred alternative which includes a limited VA presence on the existing campus (e.g., in renovated Building 12). As such, we are unable to respond to any of VNRC's specific comments or questions at this time. VA will continue to keep VNRC's proposal under consideration and maintain dialogue as needed and appropriate.

O1-1

Commenter O1: Veterans National Recovery Center

Bureau of Indian Affairs, National Historic Register, appropriate other government agencies, the City of Hot Springs and Fall River County to re-purpose the Battle Mountain VA facility as something that will be vibrant for users and veterans and as something that we can all be proud of! With the cooperation and financial support of the VA, the essential purposes of the Medical Miracle proposal can be reached with or without a continued VA medical services presence at the facility.

As to community support, VNRC points to the letter from the Fall River County County Commissioners to The Staff Assistant to the Director, VA Black Hills Health Care System. The letter is dated February 16, 2016 and is signed by Michael P. Ortner, Chairman, Fall River County Commission. That letter opposes the closing or downsizing of the Battle Mountain complex because of the painful economic and personal impacts. However, it does point to an alternate use if in fact the VA decides to close the Battle Mountain VA Hospital complex. The pertinent language is found on page 2 of the letter, and reads:

“If the VA moves forward with its proposed closure the Fall River County Commission would propose that the facility be used for vocational training programs for the health professions as well as such service professions as plumbing and electricians. We would expect significant financial contribution in getting this proposal off of the ground in terms of both some remodeling and initial staffing costs.”

The training of veteran healthcare professionals is a central element of the Medical Miracle proposal and as such, we accept this as an endorsement.

In fact, VNRC has the ONLY fully developed proposal acknowledged in Supplemental Alternative G. This is even though alternatives were vigorously solicited both during the outreach phase for the EIS and also via the impromptu FedBizOpps solicitation put forth during the course of the Draft EIS development. As a result of all this, if a formal RFP for supplemental proposals is put forth after the final EIS is signed by the Secretary, I would be very surprised if you will find anything better.

Because of this, the VNRC asks to be designated by the VA as the immediate direct sole source entity for the purpose of repurposing negotiation. This is fully justified because of your previous outreach and also because of the urgency of resolution for the City of Hot Springs. In this sole source process, we pledge to work with all other external parties, including the City of Hot Springs and will work with the City as full partner. For the VNRC, a sole source negotiation will allow a nuanced negotiation so that the VA, veterans, the city and VNRC can benefit to the fullest.

In developing a sole source agreement, the VNRC will be flexible and will be able to vary from its original proposal for the benefit and requirements of all parties. Two variances come to mind for the VNRC, and there may be others:

* To keep our purpose as a VA-centric training facility for new and existing VA medical staff, we will need to re-arrange support needs to the Regenerative Medicine Burn Clinic and Minnekahta College both for students and for adjunct VA faculty. This may be able to be adjusted via CBOC personnel,

Commenter O1: Veterans National Recovery Center

provision of bus transportation for VA personnel, rotating academic sabbaticals by VA staff, utilization of Active Guard and Reserve medical doctors and personnel on orders for training or via other innovative approaches.

* Regenerative Medicine patients will need to be supplied for the Clinic. During the FDA Clinical Trials phase as the Medical Miracle proposal is being set up, patients and surgeries may need to be at other hospitals on a temporary basis. In this instance, Swiss surgeons familiar with the Elanix regenerative medicine technique would need to be flown in for the surgeries and to provide instruction for convalescent staff. This will need to be included in the sole source negotiations.

* The one thing we cannot give on is the requirement that the Burn Clinic needs to be on federal land because of the prohibitive South Dakota law on stem cells. That will require some form of long term lease for at least a portion of the campus.

Finally, on a note of immediate urgency, I ask that you prevent any effort to strip the Hot Springs facility of materials after the adoption of the final EIS and prior to a final agreement with the VNRC or other entity and the City. This was a huge issue when the VNRC was attempting to get a EUL on the VA facility in Knoxville Iowa. There, the facility was stripped of essentials necessary to function as a consolidated campus. This included all equipment necessary to operate the central kitchen, all beds and furnishings, medical equipment and facilities, maintenance equipment, recreational equipment and even room sinks. It rendered the campus inoperable without an immediate large money infusion. Had we won the EUL RFP competition there, this likely would have stopped us in our tracks.

I will be happy to meet with you or others on this, or talk over the phone. We look forward to a new and prosperous day as an end result of this long journey.

Very Respectfully,

Bob Krause
President
Veterans National Recovery Center

Cc: VNRC Board
Elanix key staff
Mayor, City of Hot Springs

Commenter O2: American Legion, New Hampshire

From: Daniel Yoder <adjutantnh@legionnh.org>
Sent: Monday, November 2, 2015 2:43 PM
To: VA Black Hills Future
Cc: Raughter, John B.
Subject: [EXTERNAL] . Reference to "BHHCS Reconfiguration Draft EIS Closure of Hot Springs medical Center

Dear Sir/Ma'am,

It has been brought to the attention of the American Legion family throughout the country the Hot Springs S.D. VA medical Center is in danger of being closed as the result of a recommendation in a Environment Impact Statement (EIS).

I want to reiterate the response of our National Commander Dale Barnett who said., "sends exactly the wrong message" to veterans needing essential health-care services but often opting to forgo treatment."

"A veteran might not make the effort to travel all the way to Rapid City," Barnett pointed out. "The Hot Springs and surrounding community rely on the VA Medical Center, which is why delegates at The American Legion National Convention in Baltimore last summer unanimously passed a resolution reaffirming its support for the VA Medical Center and residential rehabilitation services there.

Although this closure does not affect me and any of the veterans in the great State of New Hampshire, the impact to veterans who use VA medical services and facilities are concerned this closure will not be the end of the VA's so called restructuring or reorganization as referred to us by Secretary McDonald at his visit with the American Legion at our recent National Convention in August 2015.

Time and time again I receive calls from veterans who are experiencing the same issues of wait times to get a appointment, travel times to medical facilities, and numerous other issues related in connection with the VA to provide quality and time sensitive health care across the country.

Whatever the true reason for recommending the closure of the Hot Springs facility this certainly does not tell the veteran's, who deserve better, that health care is readily available to them if needed and promised.

I want to refer to a article that just came out in military times that addresses the continuing problem of mental health care availability within the VA system as it now and still.

Eighteen months after a scandal broke over waiting periods for Veterans Affairs health care, the department is still struggling to manage patients' schedules, at least in the mental health care arena where some veterans have waited nine months for evaluations, a new government report says.

A review of 100 patient cases by the Government Accountability Office found that while 86 patients seeking an initial mental health evaluation generally were seen within an average four days of scheduling an appointment, they actually waited an average of 26 days from their first request for mental health treatment to get that appointment — and some waited up to 279 days.

(Patricia Kime, October 28, 2015, Military Times)

Granted this piece refers to mental health however if this is going on with mental health patients then it certainly is occurring with other patients as well. I can relate to this because it happens to me all the time as a 100% disabled veteran. My experiences although minor in many cases do reflect the current inability of the VA to provide immediate and timely health care to veterans as needed. Additionally there has been some resolution to the VA in NH to provide

O2-1: VA thanks the American Legion, New Hampshire for their comment and interest. It is VA's belief that the proposed reconfiguration would provide high quality, safe, and accessible health care for Veterans well into the twenty-first century. as described in the EIS. Outpatient primary care and some specialty services would still be available in Hot Springs if the preferred alternative is chosen. Veterans would also have a choice for receiving other care either in the community or at another VA facility.

O2-1

Commenter O2: American Legion, New Hampshire

quicker and more efficient health care to our veterans but closing of important and needed medical facilities is a turn in the wrong direction.

The resolution for many is the Veterans Choice program and may be so for veterans that will need to seek medical care else ware once this facility is closed. But the Veterans Choice program was and is broke before it started. I also have experienced the Veteran Choice program recently where I was referred to a private rheumatologist which was scheduled by Choice within the 30 day period but was cancelled by Choice the day of the appointment without notice to me because they could not provide the physician the related medical records and told the physician's office they had no records of mine to provide. I want to say there are almost 1600 pages of records of mine in the VA system. This caused the appointment to be rescheduled another 30 days down the road, and not only that but the numerous authorizations that took time for each and every order made by the doctor for tests which has drawn out this process and I am no closer to treatment then I was if I was treated in the system. There are too many mandates attached to this program causing veterans to wait even longer for much needed care then if they just took a appointment within the VA system outside the 30 day window. I am tired of the VA using this program as a crutch for referring veterans to outside physicians for health care.

For veterans around the country and in *Hot Springs S. D* and surrounding area., I hope and encourage Secretary McDonald to reconsider this recommendation through the public opinion process and remember that the VA is there to serve the veterans who have sacrificed for this country, and not the other way around. It seems the fight is never over in or out of service for this country.

Thanks for your consideration.

DAMEL S. YODER, Adjutant
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O2-2

O2-2: See group response in Section E.3.3 of Appendix E relating to comments of the Veterans Choice Program and the role that VA believes community providers (care in the community) can play in Veteran health care, particularly in rural settings such as ours.

Commenter O3: American Legion, Hay Springs, NE

December 10, 2015

SH

By unanimous vote of the membership of Legion Post #239 – Hay Springs, Nebraska – we endorse plan E – Save the VA proposal of the EIS for the Black Hills Health Care System.

1. While we do not have the time nor the resources to thoroughly examine the cost projections we doubt that building a new facility would be less expensive than fixing the existing Hot Springs facility.
2. Moving the facility would require our members to drive an additional 50 to 80 miles to receive treatment.
3. Aging veterans find the urban environment intimidating, especially the traffic aspect – the results of a move to Rapid City.
4. We enhance the rural environment by leaving governmental facilities such as the Hot Springs VA in rural towns. The upgrading of the Hot Springs VA should be considered part of rural development. The Hot Springs Community is and has always been very supportive of us veterans and our VA.
5. We believe the services at the Hot Springs VA have been limited, discontinued and moved to make it appear less important and less used than it might otherwise have been.
6. It seems to us that the decision on which plan to choose should put substantial weight on what the veterans who are patrons desire. That is a resounding vote for plan E and absolute rejection for plans A, B, C, D, and G.

Terrance L. Terrell, Commander
 Terrance Terrell
 Commander American Legion Post # 239
 Hay Springs, Nebraska

O3-1: See group response in Table E-2 of Appendix E relating to cost of alternatives.

O3-2: See group response in Section E.3.1 of Appendix E relating to distance travelled and geographic access concerns.

O3-1

O3-3: We understand and appreciate the concerns aging Veterans have in urban environments but believe that the advantages of an urban setting over a rural one, with respect to residential treatment and community integration, warrant moving the RRTP to Rapid City. This is explained more fully in Section 1.2.2.3 of the Final EIS. VA also notes that outpatient primary care will still be available in Hot Springs and Veterans will have greater options to use local providers closer to where they live. See related group responses in Sections E.3.1 and E.3.3 of Appendix E relating to distance travelled and purchased care.

O3-2

O3-3

O3-4

O3-5

O3-4: The decline in services has been due to many legitimate reasons, including reduced patient volume, as described in Chapter 1 of the EIS.

O3-5: VA notes the American Legion's (Hay Springs, NE) support for Alternative E and rejection of Alternatives A, B, C, D and G.