

Commenter IN1: John Nash

Commenter IN1: John Nash

Environmental Impact Statement (EIS) Comment Sheet

Name: John NASH
 Address: [REDACTED]
HOT SPRINGS SD 57747
 Phone: [REDACTED]
 e-mail: NA

Release Information to the Congressional Yes No
 Section: 2.3.5 3.10.2.3

Need: RESTORE or REPLACE The damage done To
The HOT SPRINGS VA Hospital
So Many Veterans from NOT only HOT SPRINGS But
Colorado Nebraska Wyoming Montana as well
as South Dakota use this Hospital because of the
quality of care and good staff there are rooms
for so many more beds there NOT being used
 Purpose: To give heading to our many Veterans that
have waited so long for the care they deserve
and have been promised - The VA pays for them
to go to Rapid City's Corner Stone Mission when
there are empty spaces in the Hospital here
which they are trying to close. These men are
living mostly in the streets of Rapid City near
Bart's and drug dealers rather than in a
more healthy environment.

I John Nash give permission/authorization for _____ to
 enter this information online on my behalf.
[Signature] 3-22-16
 Signature Date

IN1-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

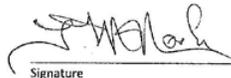
IN1-2: VA is committed to providing quality care to its Veterans and believes that there is a need for change, as described in the EIS, and that the proposed reconfiguration would better meet the current and future needs of our Veterans, including our homeless Veterans.

IN1-1

IN1-2

Commenter IN1: John Nash

Addition Comment: With so many other VA hospitals failing
 and new ones being built with tremendous cost
 and time over run - it is mad to systematically
 disassemble and destroy one of the best and most
 efficient hospital in America. I am a veteran of
 Viet Nam (US Navy) and have visit several VA hospitals
 which none can compare to this hospital. Therefore I
 moved to Hot Springs and purchased a home to be near a
 good hospital where vets are treated well and with
 respect and affection with great care. If closed
 down I'll need to relocate to a poor care hospital and
 poor climate worse yet the small town loss of economy
 makes my property useless to try to sell on a poor market
 This hospital should be re-assembled as it was 20 yrs
 ago to give healing to our deserving veterans and
 could be done much less and less expensive than
 the cost over run happening in the large metro hospitals
 The state of S.D. recently spent \$1.2M to upgrade their
 Veterans Home now state of the art the feds could spend
 little compared to their poor over budget metro VA hosp.
 This impact statement should have been done 20 yrs ago
 before the destruction and some one should have been
 held accountable for this action.


 Signature

3-22-16

Date

IN1-3

IN1-3: While the proposal calls for closing of the
 existing hospital, eligible Veterans now have more
 options for care from community providers (hospitals),
 at VA expense, closer to where Veterans live. See group
 response E.3.3 in Appendix E relating to purchased
 care option and quality of care.

Commenter IN2: Sharon Nash

Environmental Impact Statement (EIS) Comment Sheet

Name: Sharon K. Nash
 Address: [Redacted]
Hot Springs, S.D. 57747
 Phone: [Redacted]
 e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: 2.3.5

Need: I Don't know what you want me to say, I just know what's in my heart.

Our Vets come here and are treated with the respect they deserve! They are called by name, not a number. They don't have to go through twenty drug dealers to get to our VA, like they do in Denver. They come here to the peace, serenity and beauty

of our Black Hills. They are treated with love and respect by the people who live in Hot Springs and by the people who work at our VA. We take care of our own & we consider them ours! This is the Veterans Town after all.

On the practical side, why do you want to waste umpteen million dollars of the tax-payer's money, not yours, but ours, on another place? This one is ready to go, in great shape, as it has been for decades! Why are our Vets shipped off to Rapid City and put in a homeless shelter that the VA pays for? Your impractical side is showing

I, Sharon K. Nash give permission/authorization for Poderson to OU&R enter this information online on my behalf.

Sharon K. Nash 3-18-16
 Signature Date

IN2-1: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans, including our homeless Veterans.

IN2-1

| Commenter IN2: Sharon Nash | |
|--|---|
| <p>Addition Comment: <i>again! Plenty of room for everybody! You can't close it any way. It's on the Historical Register and a National Treasure. I also want you to know that the way you treat our Vets should be punishable! I hope you think long & hard before you take the drastic action of closing our VA and throwing our Vets to the wolves!</i></p> | IN2-2 |
| <p><i>Sharon K. Nash</i></p> | IN2-2: The Hot Springs VA campus contains the Battle Mountain Sanitarium National Historic Landmark. All National Historic Landmarks also are listed in the National Register of Historic Places. See Table E-2 for federal agency obligation to actions that potentially affect National Historic Landmarks. |
| Signature | Date |

Commenter IN3: Aletha Nelson

| Commenter IN3: Aletha Nelson | |
|--|--|
| <p>2.3.5 SAVE THE VA I agree with the purposely set forth by SAVE THE VA. their purposely makes the most since and is better able to care for the rural veterans of the area. Hot Springs has always been known as THE VETERANS TOWN and have taken care of the veterans for over one_hundred years.</p> <p>1.2.2.2.2 DISTANCE TRAVELED I am so angry I do not know where to begin. The EIS states that the purpose and need for relocating the the veterans health care to Rapid is to ensure access closer to where the veterans live, cut down on their travel time,reduce out-of-pocket expenses for veterans travel and provide quality care for the veterans. The Hot Springs facility cares for veterans from many rural areas, including the Native American veterans who live on the Pine Rldge reservation. How will relocating the facility to Rapid City cut down on their travel time and expense? They will have to travel much farther with the limited ability to travel. What about the veterans who travel from Nebraska, Wyoming and other areas of the United States. The reason the existing location is having problems is because the administration has been allowed to cut the services offered. They are continuing to do this so they look good. The administration is not looking into what is best for the veterans, they are only thinking of how it looks for them to be right. The Hot Springs VA has never failed to give the best treatment and care to the veterans. They have never failed an inspection. The reason for the difficulties recruiting and retaining staff is because of the slow loss of services, they could not just close the place so they have been doing it a little at a time. The problem with the patient volume is that the veterans have been sent to Fort Meade making it look like there is more need in that facility instead of the Hot Springs facility. Is no one listening to the veterans, do their needs not mean anything to the VA administration? They served for us, now we need to serve them!</p> <p>There are many veterans from very rural areas who are already traveling long distances to come to the VA facility in Hot Springs SD and by having them travel another 180 miles will be even more of a hardship for them and their families. The Va facility in Hot Springs serves rural South Dakota, Nebraska, Wyoming, and the Pine Rldge Reservation. With the waiting list to get medical help being a problem now, why is there any proposal to close any facility that has been providing help for veterans for over 100 years.</p> <p>As the wife of a veteran who is getting medical treatment from the Hot Springs VA I am concerned about the proposed closing of the facility. My husband is a Vietnam veteran who is over 65 years old and retired from the VA where he was employed for many years. With the VA sending veterans to a different hospital it will be a hard ship for me to get my husband to another place, the closest VA is 90 miles away making the trip a total of 180 miles to see a doctor. A private facility does not have the knowledge to treat many of the veterans.</p> <p>The EIS also states that the facility does not meet facility requirements, and that in the future the Veterans population will change, and that the veterans face long distances, extended travel time, and costs to access primary and secondary care. I do not see how moving the facility to Rapid City is going to change that. The veterans are going to have to travel an additional 56 miles. They will have to pay the expense for gas and travel time. Where is the saving in that brilliant idea.</p> <p>The salary is listed as a problem and the rural location. The way it stands right now no one wants to take a job that is not secure, and the jobs announcements are for temporary employment. I know several doctors who would like to work here if the job was permanent. Someone did not do their homework.</p> <p>Many of the accessibility and renovations that the EIS has listed can be taken care of with a little bit of work and maybe less than has been listed. Where did they get the amounts</p> | <p>IN3-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</p> <p>IN3-2: Outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and under the new preferred Alternative A-2, these services would be provided in Building 12 on the existing campus. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. This is also an integral part of the proposed reconfiguration and access to local providers is how the proposed reconfiguration would help reduce current driving times and distances. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.</p> <p>IN3-3: VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS. Under the new preferred alternative A-2, VA would renovate the exiting Building 12 and operate the CBOC, allowing VA to maintain a continued presence on the campus.</p> <p>With respect to the residential treatment program, one of the main reasons to relocate the RRTP to Rapid City is to take advantage of the community services available which have been shown to help achieve successful community reintegration. This has been explained further in Section 1.2.2.3 of the Final EIS. Patients for the residential treatment program come from all over the service area and U.S. so the move should not put additional hardship on them. Additional information on RRTP patients and where they reside has been added to Exhibit 1 in the Final EIS.</p> |

| Commenter IN3: Aletha Nelson | |
|---|--|
| <p>they have listed? As far as the. Residential treatment goes, there are houses on the ground that could be used for this. Right now they are either empty or being rented to non veterans. One of the houses has been turned into a museum. This could house several. What a waste when it could benefit the veterans. There are homeless veterans from this area that are staying at the shelter in Rapid City at the expense of the VA, the houses could be used for them. The more I read the angrier I get. Administration need to get their head on straight and listen to the veterans of this area.</p> <p>I have not seen anywhere in the EIS about what would happen to the employees who would be loosing their jobs. How this would effect the entire area. The school system would suffer because of the loss of students. My job would be in Jeopardy. I am the wife of a Vietnam veteran, I do not want to have to drive my husband to Fort Meade or to Rapid City for a doctor. I feel this is to much travel for an elderly person. He served for this country and now you plan on taking his VA from him. Shame on you!</p> <p>I am outraged at the proposal to close the facility that has been giving to veterans for so many years and that is giving my husband the care that he needs now. How can the people in Washington make a decision about this when they have not been here to visit our VA? The two people who have recommended the closure have now resigned. Why are they still going forward with the closure proposal? How can anyone make an intelligent decision without being informed of the proposal put forth by the "Save the VA?"</p> <p>3.11.2.1.1 HOT SPRINGS AND FALL RIVER</p> <p>The closing of the VA hospital will affect many people, especially the rural veterans who already have to travel a great distance for their treatment. We have the best PTSD program in the area, the veterans do not want to go elsewhere. With the problems of the backlog for the treatment of our very brave men and women who have serviced our country, why would you want to close a facility that has never gotten a bad report concerning the care of our veterans? The veterans deserve to have the best care and they can get that from the Hot Springs VA and the surrounding community.</p> <p>If the facility is closed it will not only affect the veterans who use it, but the community as well. We are a small town, therefore the VA is the biggest employer for the people of Hot Springs. I should say was, it has been slowly down sized for years. Not only will there be people from the VA loosing jobs, but the community will loose economy, prices will go up, homes will set empty since these families will have to go elsewhere for jobs. It will be a domino effect, businesses will struggle, the school system will struggle, Fall River Health will struggle. I have worked in the school system for over thirty years, there is a big problem if we loose the estimated 300 students due to the closure of the VA, many personal from the school will loose their jobs and students will loose programs. The entire community will be affected in some way. Hot Springs community, "The Veterans Town" will no longer be a town.</p> <p>The Save the VA committee has worked for years trying to fight the closure, they have enough paper work to prove that the figures given are not accurate. I was hoping that the EIS will take a closer look at the numbers and what is the best choice for the rural veterans around the area which include rural South Dakota, Wyoming, Nebraska, and Colorado. Contact the representatives from those areas.</p> <p>The community of Hot Springs wants our veterans to get the best treatment possible and we believe that our hospital can do this for them, like we have for over a hundred years. Veterans and the VA have always been an important part of our city. Why else would we be known as "The Veterans Town?"</p> | <p>IN3-4: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration. With respect to the existing VA employees, VA has stated that no VA employees would lose VA employment as a result of the proposed reconfiguration, although this could mean the need for retraining for another VA job outside of Hot Springs. Finally, VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. Though this call center is not related to the proposed reconfiguration of healthcare services, it would bring up to 120 jobs to the area to help address potential economic concerns, and is an example of the types of adaptive reuses available for the Hot Springs campus under Alternative G.</p> <p>IN3-4</p> <p>IN3-4</p> |

Commenter IN3: Aletha Nelson

Mrs. Aletha Nelson

Hot Springs, SD 57747

Phone:

e-mail:

Release Information to the Congressional : YES
Section: _____ 2.3.5 3.11.2.1.1 1.2.2.2.2

I Aletha Nelson give permission/authorization for SAVE THE VA to enter this information online on my behalf.

Aletha Nelson

Commenter IN4: Morris Nelson

| Commenter IN4: Morris Nelson | |
|--|--|
| <p style="text-align: center;">Environmental Impact Statement (EIS) Comment Sheet</p> <p>Name: <u>Morris Nelson</u></p> <p>Address: [REDACTED]</p> <p>Phone: [REDACTED]</p> <p>e-mail: [REDACTED]</p> <p>Release Information to the Congressional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Section: _____</p> <p>Need: <u>The VA in Hot Springs, SD, needs to remain open rather than move all programs to Sturgis Sturgis or Rapid City.</u></p> <hr/> <p>Purpose: <u>Reasons to remain open are: 1) Closure would be economic economically devastating for Hot Springs. 2) A new facility in Rapid City would make it more difficult for Native Americans from the reservation to receive service. 3) Appointments in Sturgis are even more difficult. 3) The various addition/treatment programs could still be operated in Hot Springs in a much quieter environment than in Rapid City. 4) Hot Springs and the nearby reservations have high concentration of veterans.</u></p> <p>I, <u>Morris E Nelson</u> give permission/authorization for _____ to enter this information online on my behalf.</p> <p><u>Morris E Nelson</u> Signature <u>4-23-2016</u> Date</p> | <p>IN4-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional. However, there are no plans to move all of the programs to Sturgis or Rapid City. No programs would move to Sturgis. The existing CBOC in Rapid City would be expanded to include more specialty care services (closer to Hot Springs than Sturgis) and the RRTP would also be relocated to Rapid City.</p> <p>Outpatient primary health care and certain specialty care will continue to be provided in Hot Springs; under the new preferred alternative A-2, these services would be provided in a renovated Building 12 on the existing campus. Also, while the proposal does call for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.</p> <p>IN4-2: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.</p> <p>IN4-3: Veterans, including Native Americans, would have the option of receiving care from local community providers, at VA expense. See response to IN4-1.</p> <p>IN4-4: Rapid City offers other important advantages related to successful community reintegration as described in revised Section 1.2.2.3 in the Final EIS.</p> |

Commenter IN5: Sharon Nash

Environmental Impact Statement (EIS) Comment Sheet

Name: Sharon K. Nash

Address: [REDACTED]

Hot Springs S.D. 57747

Phone: [REDACTED]

e-mail: [REDACTED]

Release Information to the Congressional Yes No

Section: _____

Need: _____

Purpose: I don't know all the fancy stuff you want to hear, all I know is that what you're doing to our Vets by closing this V.A. is a crime and should be punishable. Here they don't have to walk past 20 dope dealers on the way to the V.A. like Denver. They have beautiful, serene surroundings where they can relax and lose stress. You put them in homeless shelters in Rapid City that the V.A. is paying for, after you spent a fortune upgrading this one. What kind of sense that does that make? The Vets are the ones who are paying for your bad decisions. I sincerely hope you re-think this decision and bring them home where they belong!

I, Sharon K. Nash give permission/authorization for whoever to enter this information online on my behalf.

Sharon K. Nash 2-13-16
Signature Date

IN5-1: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans, including our homeless Veterans.

VA also interprets your comments as support to keep the existing Hot Springs open and fully functional.

IN5-1

| Commenter IO1: Eileen Ohliger | |
|---|---|
| <p style="text-align: center;"><u>Environmental Impact Statement (EIS) Comment Sheet</u></p> <p>Name: <u>Eileen Ohliger</u></p> <p>Address: <u>[Redacted]</u> <u>Hot Springs, SD 57747</u></p> <p>Phone: <u>[Redacted]</u></p> <p>e-mail: <u>[Redacted]</u></p> <p>Release Information to the Congressional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Section: <u>2.3.5 > Alternative E</u></p> <p>Need: <u>Not cost effective to move VA to Rapid City. Information presented against VA in Hot Springs appears inaccurate. Information presented by Save the VA findings more realistic. If true, VA move very misleading + relocation to Rapid appears to be based upon lies and not in best interest of veterans served.</u></p> <p>Purpose: <u>1.2.2.1.1 > VA admin. has led to downsizing of staff, responsible for overloading case loads + numbers served + should have no problems retaining qualified staff. Problems seen 1st hand with husband + how staff not replaced when leave etc.</u></p> <p><u>1.2.2.1.2 > cheaper to renovate than rebuild! How many vets that are handicapped have had problems with accessing services physically?</u></p> <p>I, <u>Eileen Ohliger</u> give permission/authorization for _____ to enter this information online on my behalf.</p> <p><u>Eileen Ohliger</u> Signature Date <u>1-8-16</u></p> | <p>IO1-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</p> <p>IO1-2: VA used the most accurate and up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volumes and services.</p> <p>IO1-3: There are many reasons that have contributed to the current situation today. These are explained in Chapter 1 of the EIS. Past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), based on a variety of factors. They are not subject to a NEPA review and not addressed in the EIS. See also group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the Final EIS.</p> <p>IO1-4: A more detailed breakout of costs of each alternative has been provided in Chapter 2 of the Final EIS; they show that renovation costs are higher. However, VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS. Also, under the new preferred alternative A-2, VA would renovate the exiting Building 12 and operate the CBOC on the existing campus.</p> <p>The final decision will not be based solely on cost.</p> |

| Commenter IO1: Eileen Ohliger | |
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| <p>Additional Comment: 1.2.2.1.3 > What better residential area than Hot Springs, vets with PTSD etc should not reside in large cities with alcohol + drug easily accessible + very loud noises etc,</p> <p>(#3)</p> <p>1.2.2.1.4 > Information presented against VA in Hot Springs false. Much info presented by Save VA in papers etc, is more accurate,</p> <p>(#4)</p> <p>1.2.2.2.1 > Hot Springs central area for VA. Called "The Veterans Town" for about 100 yrs. Still serving vets. Listen to vets opinions!</p> <p>(#5)</p> <p>1.2.2.2.2 > Outside Hot Springs VA leads to more travel time especially for Native Americans</p> <p>(#6)</p> <p>3.10.2 > Why change or fix what was not broken. History of + all services received by my relatives. Traveling further is expensive + difficult. Rural areas targeted based on socioeconomic issue.</p> <p>(#8)</p> <p>3.10.2.1 > Is it better to keep treatment at a location that population is lower + more supportive to individuals?</p> <p>(#9)</p> <p>3.10.2.1 > If VA stays in Hot Springs jobs, schools, business etc. will pick up with population. Creation of more jobs again, people residing elsewhere etc.</p> <p>(#10)</p> <p>3.11.2.1-5 > Never seen any negative effects of VA or Vets on school crime parks etc. Since own'd home here. Only positive + assets to community!</p> <p><u>Eileen Ohliger</u> 1-8-16 Signature Date</p> | <p>IO1-5: Safeguards would be incorporated into the design and program in Rapid City to help keep Veterans safe. The reasons for relocating the RRTP to Rapid City have been explained more fully in Section 1.2.2.3 of the Final EIS; they relate to more opportunities to ensure successful reintegration.</p> <p>IO1-6: Outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care. This response also addresses options for Native Americans.</p> <p>IO1-7: Outpatient primary and some specialty care services would be provided in Hot Springs under all of the alternatives. Under the new preferred alternative, VA would continue to maintain a small presence on the existing Hot Springs. Save the VA Alternative E could have beneficial impact on the local economy.</p> |

Commenter IO1: Eileen Ohliger

Addition Comment:

1.2.2.2.2 > High costs added to veterans
for travel/gas. Not all vets
are eligible for gas & assistance
for travel time!

IO1-6

3.10.2.3 > Removing vets from Hot Springs
will affect rentals, lower our
home evaluations and affect taxes.
This town has high population of
vets in homes here.

IO1-8

3.11.2.4.1 > Approx 70% of students
in school are veteran related.

→ Moving the VA out of Hot Springs
could be very detrimental
to the town! Travel ^{distance} housing +
school issues could be downfall
of town.

Eileen Ohliger 1-8-16
Signature Date

IO1-8: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools. VA would also take measures to help address these impacts (see Section 4.10 and Chapter 5). See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

Commenter IO2: Patricia Ohliger

IO2-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

Environmental Impact Statement (EIS) Comment Sheet

Name: Patricia Ohliger
 Address: [Redacted]
Hot Springs SD 57747
 Phone: [Redacted]
 e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: 2, 3, 5 -> Alt E

Need: SAVE the VA Proposal

In regards to the EIS overall sections as an elderly member of the Hot Springs Community I feel the VA should be saved here. I have only seen positive effects on the community + Veterans. Based on information I have read I believe that it is ~~more~~ cost effective to grow

our VA in Hot Springs. Everywhere in this community supports the best care for our veterans! (Put the effects in to expansion and combine with the reputation of "excellence and best care our veterans deserve!")

IO2-1

I Patricia Ohliger give permission/authorization for _____ to enter this information online on my behalf.

Signature Patricia Ohliger Date 1-9-16

Commenter IO3: Deborah Okerrson

Commenter IO3: Deborah Okerrson

Environmental Impact Statement (EIS) Comment Sheet

Name: Deborah Okerrson

Address: [REDACTED]

Hot Springs, SD 57747

Phone: [REDACTED]

e-mail: _____

Release Information to the Congressional Yes No

Section: _____

Need: _____

Purpose: _____

I Deborah Okerrson give permission/authorization for Save the VA to enter this information online on my behalf.

Deborah Okerrson 4-28-2016
Signature Date

| Commenter IO3: Deborah Okerrson | |
|---|---|
| <p style="text-align: center;">April 2016</p> <p>Dear Sirs:</p> <p>I wish to address my concerns regarding the "reconfiguration" of the Hot Springs campus of the Black Hills Healthcare System. The area I specifically wish to address is:</p> <p>Section 1.2.2.1.1: Difficulty Recruiting and Retaining Qualified Staff, and Maintaining Clinical Competencies.</p> <p>As a Physician Assistant and long term member of the medical staff at the Hot Springs VA, I feel I can offer a perspective based on personal experience. As a matter of fact, since my husband was also a Physician Assistant and long term employee at this same facility, I feel my perspective is a balance of personal and professional experience. Volumes could be written in each of these sections, but I will try to be brief and concise.</p> <p>1) "Low patient volumes detract from staff ability to attain and retain core competencies"</p> <p>As a provider within the system, I never felt there to be a low patient volume. There were always more patients waiting to be cared for than I had time during the day. My ability to attain and retain core competencies was more related to there being no time or money dedicated to medical staff continuing education. My ability to care for patients adequately was diminished as services were cut from the facility thus reducing my ability to adequately care for those veterans needing those services. It has been proven that the statistics used in the VA proposal are for the most part inaccurate and misleading. As my husband often says, " 29.437623% of all statistics are made up on the spot." I have always felt that I could accept closure of the facility based on true numbers but not on based on deceptive practices.</p> <p>2) "Difficulty matching private sector salaries"</p> <p>True. I definitely could have earned a larger salary in the private sector BUT in the same sense I would have had to work longer hours, take more on call, and therefore also taken more time away from my growing family. In addition, there is also the intangible feeling of personal fulfillment gotten by "serving those of have served", something that is not tied to monetary gain.</p> <p>3) "Rural location limits appeal of relocating"</p> <p>The entire rural sector of America deals with this on a daily basis, HOWEVER, there are those in the medical profession that seek that very environment. A good working environment goes a long ways in recruiting and retaining professionals and there the VA has a major shortfall. You only need to look nationally to see that the VA bureaucracy detracts rather than enhances the ability of medical professionals to give good care to the veteran. This is not something unique to this setting or a reason to close a facility once rated as number 1 in patient care nationwide. In fact, it seems that the logical approach would be to nurture rather than stifle the people giving that care. If you would look at the people that were medical staff at that time, you would find that while they are no longer working at the VA, the majority continue to be employed in this very rural area and if you ask them why they left, each would cite administrative roadblocks as a major factor.</p> | <p>IO3-1: Thank you for your comment and for sharing your perspective and opinion as a (former) VA employee. With respect to the bigger picture situation, however, VA continues to review the most up-to-date data and still maintains that there are challenges associated with low patient volume and staff recruiting and retention efforts. As the agency is responsible for Veterans health care nationwide, VA continually compiles data from all facilities about volumes and services.</p> |

Commenter IO3: Deborah Okerrson

Personally both my husband and I would both be working at the VA at the present time if not for the autocratic bureaucratic decisions forced upon us, many of which were against our personal code of ethics.

4) "Fall River County is a health care professional shortage area"
This again is true but again, if you look at the employees at the local health care facilities they are staffed by former VA medical staff, nurses, pharmacists, lab technicians etc. The VA recruitment has been a boon to the local health care industry.

In addition there are two specific quotes I wish to address:

1) "Recruiting and retention difficulties have resulted in high staff turnover, prolonged vacancies, and more dependence on short term (locum tenens) physicians"
The use of locum tenens medical staff is meant to be a useful tool to "bridge the gap" between providers. I would argue that, it is instead being used as a tool to disrupt continuity in medical care. Looking back, we had many locums staff members that were employed here for a year or more but were reluctant to "sign on" permanently because they then lost all control over their practice or that as soon as they began to actively question administrative directives would no longer have their contracts renewed. At any level, if you questioned, you were replaced. At one point we had the Chief of Housekeeping as the clinic manager in Primary Care. He changed the focus to problem solving for Primary Care Providers and giving them some control over their clinic practice. Because he had no medical background he had to earn the respect of the medical community and he successfully did so. It was like a breath of fresh air in the clinic but was not well received by mid level management and most especially by nursing administration. Without that administrative support he soon moved on and the cycle of staff turnover started all over again.

2) "Also affected by limits on the designated level of medical services that VA can provide in Hot Springs"
These are bureaucratic standards forced on every level of the VA health care system and even the private healthcare system by "powers from above". You only need to look at the correlation between our current level of addiction to prescription pain medications and the Joint Commission addition of pain as the "5th vital sign" as an example of bureaucracy gone amok. This should not be a reason to close a facility but rather a reason to review what are called "standards of care."

Thank you. I appreciate this opportunity to express my perspective and hope it assists you in coming to the right decision.



IO3-2

IO3-3

IO3-2: VA appreciates your positive feedback on the quality of staff from local providers. An integral element of the proposed reconfiguration is greater reliance on local community providers (e.g., hospitals) under the care in the community program. Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live and VA believes this offers another way to improve overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

IO3-3: These two additional staffing related comments are very specific to health care operations and staff hiring and management practices and are more appropriate for consideration by VA health care professionals and manager and have no direct bearing on this EIS. They are not addressed further here but have been entered into the public record, via the NEPA process, and will be shared with appropriate VA personnel. Thank you for your input on this matter.

Commenter IO4: Norman Ostrem

Commenter IO4: Norman Ostrem

Environmental Impact Statement (EIS) Comment Sheet

Name: Norman L. Ostrem

Address: [REDACTED]

Hot Springs, SD 57747

Phone: [REDACTED]

e-mail: _____

Release Information to the Congressional Yes No

Section: _____

Need: _____

Purpose: _____

I _____ give permission/authorization for _____ to enter this information online on my behalf.

Signature

Date

Commenter IO4: Norman Ostrem

Addition Comment: Oct., 2015. I had a [redacted] and [redacted]. My regular doctor was not available and was told to go to urgent care. The doctor ordered an xray and told me I had bronchitis. He ordered antibiotics for 10 days, which I had to stop early because of rash. Saw a different doctor two weeks later. He said my rash was gone and no sign of bronchitis. Several weeks later saw my regular doctor. Another xray. He said I never had bronchitis, I have pneumonia and gave me meds for that and said to see him in a month. When the pneumonia was much improved and set up a 6 month appointment saying he was leaving and would have a new doctor.

How can you keep neglecting veterans this way by cutting service to nearly nothing knowing full well what the military is going through now and creating more patients than ever. It's not like the first & second world wars when we sent thousands of men overseas and they buried them in foreign countries. We had smaller rate of returning vets that needed medical attention. Give our men & women a place to return to here in Hot Springs, SD.

Norman Ostrem April 29, 2016
 Signature Date

IO4-1: Thank you for sharing your past health care experiences. VA recognizes the situation can be improved and believes that the proposed reconfiguration is necessary to provide quality care and to meet the current and future needs of our Veterans.

IO4-2: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional.

IO4-1

IO4-2

Commenter IO4: Norman Ostrem

Addition Comment: I was told I would get a letter in
 advance of my 6 month appointment for April 2016
 Last week, April 22, I called to ask about my 6-month
 check for April, having not heard from anyone. I
 was told I have no appointment, but could schedule
 one for me in August or September. When I asked
 why not now the answer was, the doctor, the
 only doctor, comes only on Mondays, and her
 schedule is full till then. So I have an appointment
 for my April checkup in Sept. I'm 78 years old and
 the only chronic conditions I have are [REDACTED]
 [REDACTED] from some former reason, and
 a [REDACTED] from a car
 accident in 1956. I can manage fairly well.
 What about all those who have service injuries
 of one sort or another? Lost eye, limb, or sanity?
 Many were coming here just for care until they
 started cutting service here in Black Hills VA in Hot
 Springs, S.D. Have those men and women a
 break and keep this facility available. The care
 here was tremendous when I moved here in 1972.

IO4-2

Norman L. Ostrem April 29, 2016
 Signature Date

Commenter IO5: Scott Olsen

Commenter IO5: Scott Olsen

From: [REDACTED]
Sent: Tuesday, November 3, 2015 2:38 PM
To: VA Black Hills Future
Subject: [EXTERNAL] BHHCS

I am very happy to see the changes that are coming to our VA Health Care Areas.

IO5-1

I am a 17 year Cancer survivor, [REDACTED] with total removal and then replacement of a NEW [REDACTED] and many other items changed or replaced. I have been free of Cancer from March 8th 1998. I have YET to find any Doctor in our Black Hills health care system that understands just what my problems are, and how to handle the different problems that do happen to me. After last year when I had total [REDACTED], the VA at Ft. Meade, after I drove the 30 miles to Ft.Meade, spent 8 hours in the emergency room, sent me to Rapid City Regional Hospital and I found a NEW Local Doctor in urology, Dr. Michael Brekhuis, that was trained in the removal and replacment of A Bladder. He does understand my total problem as do I.

Even with finding this Doctor that can take care of my problems, I still have to drive to Ft. Meade, then check in at the Emergency Room or Hospital and when they find out that they cannot take care of me, and then send me back to Rapid City Regional, seems to me to be a long way around the problem.

The need to be able to check into a LOCAL VA Center, that had 24 hour emergency care, is needed in our City of Rapid City, SD

Rapid City has needed the proper Care Center for many years. Because of my health problems, I must go to Ft. Meads first and then when they are unable to take care of my problem they send me to Rapid City Regional Hospital and then they handle my problem.

I spent a year in the Las Vegas/Henderson Nevada area and I was very impressed with the way the VA took care of myself with my type of problem. The layout of the VA Clinics in this total area is one that does work very well.

IO5-1

I do support your total plan to take care of the HotSprings/Rapid City/Ft.Meade areas.

I am a happy Vet and I understand how to make the VA System work for me. Now you will be able to take care of a number of other Vets that do not use the VA System because of location. I wish that the 5 year plan was shorter!!

Thank, You
 Scott C. Olsen
 [REDACTED]
 Rapid City, SD 57703
 [REDACTED]

IO5-1: Thank you for your support of the proposed reconfiguration. Under the proposal, the specialty care services would be significantly expanded in Rapid City, and Veterans have more options for care from local community providers (e.g., Rapid City Regional), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.

Commenter IO6: Mark Owen

Commenter IO6: Mark Owen

From: VA Black Hills Future <vablackhillsfuture@va.gov>
Sent: Tuesday, May 10, 2016 3:50 PM

Subject: FW: [EXTERNAL] Hot Springs Hospital Closure

From: mark.owen@yahoo.com [REDACTED]
Sent: Thursday, May 05, 2016 5:37 PM
To: VA Black Hills Future
Subject: [EXTERNAL] Hot Springs Hospital Closure

I wanted to let you know I am totally for your current proposal to close Hot Springs and move the facilities to Rapid City. I hope you are able to proceed with your current plan.

Thank You

Mark R. Owen

IO6-1

IO6-1: Thank you for your comment and support for the proposed reconfiguration.

Note that outpatient primary care and some specialty care services would continue to be provided in Hot Springs as well.

Commenter IO7: Veldon Orr

Black Hills EIS Public Comment

#11

COMPLETE



Collector: New Web Link (Web Link)
 Started: Thursday, October 29, 2015 9:50:25 PM
 Last Modified: Thursday, October 29, 2015 9:57:29 PM
 Time Spent: 00:07:04
 IP Address: [REDACTED]

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

| | |
|-----------------|--------------|
| Name | Veldon L Orr |
| City/Town | Rapid City |
| State/Province | SD |
| ZIP/Postal Code | 57702 |
| Email Address | [REDACTED] |
| Phone Number | [REDACTED] |

Q2: My mailing list and contact preference is: *Respondent skipped this question*

PAGE 2

Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

I feel that the VA facility at Hot Springs should be closed. A facility in Rapid City would be a much better use of taxpayer funds as a large population of veterans is located in this area.

IO7-1

IO7-1: Thank you for your comment and support for the proposed reconfiguration.

Note that primary care and some specialty care services would continue to be provided in Hot Springs as well.

Commenter IP1: Chachi Palmer

Environmental Impact Statement (EIS) Comment Sheet

Name: Consuelo M. Chachi Palmer

Address: [REDACTED] Hot Springs 57747

Phone: [REDACTED]

e-mail: [REDACTED]

EIS Section: 2.3.5

EIS Statement: Alternative E-Save the VA Proposal

Comment: I work in a local grocery store and speak on a regular basis with numerous veterans.

The veterans I speak with come from surrounding areas and states and are also our local veterans. They come for various services and are extremely pleased with services they receive at our local VA and are happy with the way they are treated by the staff. These veterans are very disappointed with the depletion of services over the last few years which cause them to travel long distances to receive care.

They are disappointed in the fact the doctors who cared for them are not at this VA any longer due to non-renewal of contracts.

On the positive side, the veterans feel comfortable at this local VA and feel it is a healing place for treatment. They feel accepted, are greeted warmly by residents and are given an opportunity to work at local businesses even though many of the veterans are here on a temporary basis.

The city of Hot Springs is easily accessible to the veterans who are residing at the local VA which makes them feel less confined and helps with their state of mind and enhances their treatment. They do not feel overwhelmed in our friendly community.

In the conversations I have with these diverse veterans, they all want the BHHCS restored to full service status.

IP1-1

IP1-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

| Commenter IP1: Chachi Palmer | |
|--|--|
| <p>Release Information to the Congressionals <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I <u>Consuelom Chachi Palmer</u> give permission/authorization for <u>Save the VA</u> to enter this information online on my behalf.</p> <p><u>Consuelom Chachi Palmer</u> <u>17 FEB 2016</u> Signature Date</p> | |

Commenter IP2: Chris Pannill

Environmental Impact Statement (EIS) Comment Sheet

Name: Chris Pannill

Address: [Redacted]

Hot Springs SD 57747

Phone: [Redacted]

e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: _____

Need: As a certified EMT it would increase our work load. If we have be driving to Fort Meade all the time there will be no ambulances to answer 911 calls.

Purpose: We need to keep the VA open. We need to grow our services. We need to open the wards and put beds in. If we do this the ambulance can be used for cardiac arrest, car crashes. It will be free to be used for true emergencies.

I Chris give permission/authorization for save the VA to enter this information online on my behalf.

Signature: Chris Pannill Date: 4-23-16

IP2-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IP2-1

Commenter IP3: Stephen Parker

Commenter IP3: Stephen Parker

Environmental Impact Statement (EIS) Comment Sheet

Name: Stephen W. Parker

Address: [REDACTED]

Aurora, CO 80014

Phone: [REDACTED]

e-mail: _____

Release Information to the Congressional Yes No

Section: 2.3.5 save VA

Need: Denver VA in Aurora, CO sent me up here because they are way much over budget and late getting built

Purpose: I have been stay at camp ground here by Hot Springs am attaching copy s of Denver Paper to show why I am living in camp ground. I would buy property here, if you keep VA in Hot Springs

I _____ give permission/authorization for _____ to enter this information online on my behalf.

Signature: Stephen W. Parker Date: 02-02-16

IP3-1: VA acknowledges your support to keep the Hot Springs facility open and has made it part of the public record for this EIS.

We are in receipt of the attached articles and acknowledge the criticisms received on another VA facility. We also are sorry for any direct impact the problems in Denver have had on you. However, it is not within the scope of this EIS to address issues at other VAMC facilities.

IP3-1

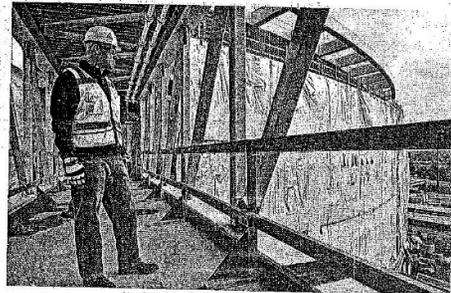
Commenter IP3: Stephen Parker

ina and Nevada. It
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to about \$1.67 bil-
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multiple hearings
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ed have become
d over VA's in-
capability," he

ginning as early as 2006 in which VA of-
ficials held lawmakers at arm's length,
insisting they had learned from their
experience.
In July 2013, KT sued VA for breach-
ing its contract.
At a hearing five months later,
Haggstrom again deflected questions
about Aurora, but with a twist.
"VA will not be able to respond to the
matters at issue in the litigation as it
may compromise the government's legal
position," he said, adding that "the
VA has changed the way it conducts
business significantly."
Haggstrom left the agency shortly af-
terward just as VA investigators que-
ried him about the project.
He was one of just two VA officials
who suffered any ramifications for the
debacle in Aurora -- and, even then, the
impact on his career was minimal.
He retired in March with full bene-
fits, after collecting \$63,777 in bonuses
from 2009 to 2013.
"I'm not going to say I'm not account-
able, but I was not on the site on a day-
to-day basis," Haggstrom said in an inter-
view outside his northern Virginia home.
He did not offer an explanation of
what happened, but noted the VA's con-
struction division worked closely with
the agency's legal team, which battled
KT in court.

That no one is being punished for
what happened is a sore point for law-
makers. "The parade of VA executives
who retire or resign in lieu of any form
of accountability is nothing short of in-
sulting to veterans and taxpayers," Rep.
Jeff Miller, chair of the House veterans
committee, said in March.
One obstacle, perhaps, is the disarray
of the project itself and the finger-point-
ing that went along with the court fight.
Judl Guy, the Denver medical center's
project coordinator, tried to get rid of
Pogany, the project executive. She testi-
fied that he failed to control the design-
ers. But the medical center itself re-
quested more than 1,400 design chang-
es, according to court records. Guy
explained that the budget was not her
responsibility and nobody told her to
stop asking for things.
VA spokesman Paul Sherbo charac-
terized the design-change requests as
comments, many repetitive in nature,
which resulted in minor changes.
Sometimes project leaders haggled at
length over small details. They spent six
months, for example, deciding where the
sinks should be installed in an MRI lab.
"The record is replete with instances
in which the agency's on-site personnel
lacked confidence in each other's
abilities and respect for each other's ac-
tions," the appeals judges wrote.

\$804 million construction budget was off
by more than a billion dollars.
Even the OIG is "currently reviewing
VA's major construction process, in-
cluding the Denver facility," a spokes-
woman said.
The U.S. Army Corps of Engineers
also is expected to produce a report
soon on VA construction problems at
its major medical centers.
Finally, a VA-appointed adminis-
trative investigation board is drafting an
accountability report.
VA Deputy Secretary Sloan Gibson
said that report is finished but the agen-
cy is awaiting the conclusion of the OIG
inquiry before it acts on the findings.
This includes the possibility of punish-
ing junior-level staffers involved in the
Aurora project who still are with the VA.
"We won't make any decisions about
accountability actions until we've got
the (OIG) report because it is at least
possible that the (OIG) uncovers some
additional evidence," Gibson said.
Since taking office in early 2014, Gib-
son estimates he has been to the Aurora
site nine times.
"I just leave a pair of boots out there
so I'm ready when I get there to knock
around the site," he said in an interview.
He blamed the mess in Colorado on
two factors: the VA's use of an unfam-
iliar contract method, the IDC, and its
decision to agree to the terms of the
2011 handwritten note.
"The missteps are unforgivable," he
said. "We own that. I own that. I have
since the day I raised my hand and
swore the oath. We are committed to
fixing those. We are committed to
finishing this project."
But Gibson was optimistic for the fu-
ture -- as well as how veterans and tax-
payers ultimately will see the project,
which he expected would be complete
by the end of 2017.
"It's going to be a marvelous place for
veterans to receive their care for decades
to come," he said. "And quite frankly, I
think you get some relatively small num-
ber of years down the road and people
aren't going to be thinking or talking
about what the building cost. They are
going to be thinking about the great care
that's being delivered for veterans."



Chris Bantner, a managing partner with Kiewit-Turner, crosses a pedestrian bridge at the new Veterans Affairs hospital in Aurora. Denver Post file

Mark K. Matthews: 202-668-8907, mmatthews@denverpost.com or twitter.com/nkmatthews

| | | | | |
|---|---|---|---|--|
| <p>\$181,497</p> <p>LYNETTE ROFF Director Denver VA Medical Center who replaced general hospital was under construction. Retired in 2015, and questions related to her leadership and talent worth by file.</p> | <p>\$457,100</p> <p>CHARLMA QUARLES Deputy assistant general counsel, filed brief for VA legal team in Kiewit-Turner case. She is still employed by the VA.</p> | <p>\$136,246</p> <p>TIMOTHY POGANY Former project director responsible for supervising design and construction in Aurora. Reassigned in 2013.</p> | <p>\$122,274</p> <p>THADDEUS WILLOUGHBY Contract officer, responsible for administering the contract terms. He is still employed by the VA.</p> | <p>\$115,288</p> <p>THOMAS HAYDEN Former senior resident engineer on Aurora project. Reassigned in 2013.</p> |
|---|---|---|---|--|

Commenter IP3: Stephen Parker

December 2012, officials to put aside KT to coordinate

government. Although acts as the progress, was pre-project. Agency in one week with (KT) to sage is."

spokesman, pro-Perlmutter out and then bringing afterwards, need to hearing a day."

called back to made the trip. spokesman said he he could have ne difficulty in acuracy

government agen-not difficult, in them," he said. s calcified, with n Congress will l still be there."

applies to the the Office of two occasions, s congressional estigations into were rebuffed.

Rep. Coffman, Michael Bennet onse was that it ved because of en KT and the

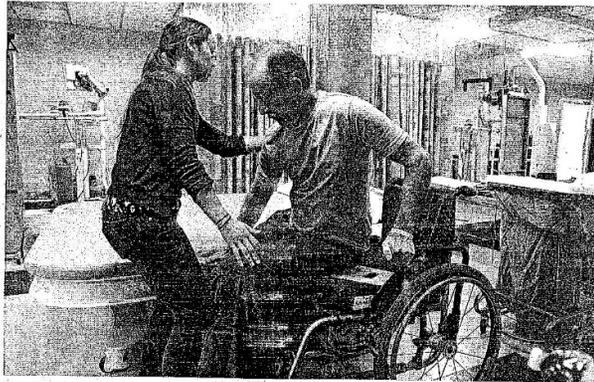
de"viewed by stor as inter-richard Griffin, irector general, r Griffin later be-

30, had a blind e Aurora hospi- r- budget VA (May 2014 that Nabors, one of rs, to the VA to

for Congress n — was the April 2013. he doors on the ell as VA facili- and Nevada. It cts faced major ombined price lion.

as since proved he time for the 30 million, ac- hit \$2.73 billion about \$1.67 bil- ing home and a aumatic stress n program for ed.

ed the number The price tag



therapist Joayr Truong helps patient Jim Sacre learn how to get out of a bed and into his wheelchair. "We get that new VA hospital, it'll be a heck of a lot more convenient," Sack said. "This thing should have been built 30 years ago, as it would have been a hell of a lot cheaper." Cyrus McCrimmon, The Denver Post

"The missteps are unforgivable. We own that. I own that." Sloan Gibson, VA deputy secretary

VA obstinacy

The lack of oversight was made worse by VA obstinacy. In dealing with Congress, agency officials often closed ranks and shielded internal decisions. At a House hearing in May 2013 to examine the GAO report's findings as well as the pace of VA construction, frustrated members of Congress got few answers.

"One of the most distressing items in the (GAO) report is that VA failed to learn from its mistakes as it went from project to project," said Coffman, whose congressional district included the hospital starting in early 2013.

But Coffman was told not to worry. "The lessons we have learned from (the project in Orlando, Fla.) and other past major construction projects are guiding us in our management of the Denver and New Orleans replacement hospitals," said Glenn Haggstrom, then the VA's construction chief.

It was one of numerous instances beginning as early as 2006 in which VA officials held lawmakers at arm's length, insisting they had learned from their experience.

In July 2013, KT sued VA for breaching its contract.

At a hearing five months later, Haggstrom again deflected questions about Aurora, but with a twist.

"VA will not be able to respond to the matters at issue in the litigation as it may compromise the government's legal position," he said, adding that "the VA has changed the way it conducts business significantly."

Haggstrom left the agency shortly af-

ter. Lawmakers such as Bennet and Perlmutter said they told the VA that fighting KT was a losing strategy and that the agency should settle.

The VA never did. The result was a crushing decision against the agency in December by the U.S. Civilian Board of Contract Appeals.

The court found the behavior of VA officials did not comport with "standards of good faith and fair dealings required by law." The VA never gave KT a workable design—in part because it "did not control its designer"—and, when presented with more cost-effective options, VA officials "paid no heed."

Phillipa Andersén, who led the VA legal team that developed the Aurora contract and fought KT in court, retired last spring after being questioned about her role.

Every other senior executive involved, VA officials say, is gone from the project. Many have retired, and lower-level staffers are working elsewhere in the agency.

"That no one is being punished for what happened is a sore point for lawmakers." The parade of VA executives who retire or resign in lieu of any form of accountability is nothing short of insulting to veterans and taxpayers," Rep. Jeff Miller, chair of the House veterans committee, said in March.

One obstacle, perhaps, is the disarray of the project itself and the finger-pointing that went along with the court fight.

Judi Guy, the Denver medical center's project coordinator, tried to get rid of Pogany, the project executive. She testified that he failed to control the designers. But the medical center had to

wait. The board also noted that James Lynn, the Jacobs Engineering consultant who brokered the handwritten 2007 agreement, "described this group, prior to a shake-up in June 2013, as the least effective and most dysfunctional staff on any project that he had ever seen."

Four investigations

Today, investigations abound.

Last year, Shinseki resigned after a scandal in Phoenix, where veterans died waiting for appointments. This year, Griffin, the acting inspector general, departed amid complaints about his office's effectiveness.

In Colorado, four investigations into the Aurora hospital debacle are completed or underway.

The GAO updated its findings this year, citing the switch to a stand-alone medical center as a major contributor to its ultimate cost. Colorado Sens. Bennet and Cory Gardner want the GAO to plunge deeper, inquiring just how a \$604 million construction budget was off by more than a billion dollars.

Even the OIG is "currently reviewing VA's major construction process, including the Denver facility," a spokeswoman said.

The U.S. Army Corps of Engineers also is expected to produce a report soon on VA construction problems at its major medical centers.

Finally, a VA-appointed administrative investigation board is drafting an accountability report.

VA Deputy Secretary Sloan Gibson said that report is finished but the agency is awaiting the conclusion of the OIG investigation before it puts out the findings.

The first paragraph of the “path forward” agreement originally read: “All parties agree that they must get price to \$604 mil. They will each expend resources to reach that goal.”

<< FROM 1A

Even now, there is no agreement on fully funding the new medical campus, which the VA admitted in March could cost a stunning \$1.73 billion.

The design includes features such as a curved lobby spanning two city blocks, 43 elevators and a vivarium for animal experiments. The cost is five times an initial \$228 million estimate and nearly three times the \$604 million construction target.

This outcome, however, was far from the minds of KT and VA officials the night they agreed to handwritten terms. They codified their note as Supplemental Agreement 007 and later showcased the project with a slide show.

The presentation included photos of actors who played James Bond, Special Agent 007, with one frame declaring “in every instance we all leave debonair, smiling and alive.” They were right on one count: The major players are still alive.

New hospital coming too late

Like many area veterans, Jim Sackhas waited two decades for a modern replacement for the aging Denver VA Hospital. The new medical center in Aurora will have 30 beds for veterans with spinal-cord injuries, something the existing

couldn't do to outpace initial professional fees. Sackhas' lawyers were to Skinned. "However, it was also undesirable to compromise the project to the point it can no longer function as a stand-alone facility."

The letter was signed by eight of nine Colorado members of Congress, in-

the contractor aboard early to assist the designer and accelerate construction. Yet in Aurora, the designers had been working sporadically for four years when KT was hired in 2010 to provide price.

That proved a recipe for conflict, delay and rising costs.

By August 2011, a consultant had pegged the price at \$677 million. A VA analysis listed 27 high risks, from cost overruns to insufficient staffing, poor communication, an unfamiliar contracting method and a need to roll in the archaic “slow or unclear decision-making.”

Meanwhile, pressure mounted for the VA and its contractor to reach a deal to start construction. Veterans were frustrated and angry. Perimeter, the district's congressman at that time, threatened to accompany them with shovels to a protest.

Under this cloud, the VA and KT got together on Nov. 9, 2011, to hammer out an agreement.

KT wanted its book to take precedence over design-team specifications. Dewey Newton, a KT executive, testified the plan featured “custom glass, trim floors, custom wood and copper doors.”

When the two sides met in a brick building at the site that once belonged to a doctors group, the local VA team thought they had a deal, but Kyrgos, the

“Congratulations to all of you,” a regional VA leader replied. “Great job!” Kyrgos, who retired from the VA this year, declined to comment for this story.

Issues with the design

From the project's earliest days, there were issues with the design. In January 2006, a high-powered coalition of architects and engineers was hired to develop a blueprint for the facility. Later, work would be suspended twice as the VA changed size and budget estimates.

The compromise led the group on the architect's side, Skidmore, Owings & Merrill in Chicago and HOK Architecture in Denver. The engineering component was managed by Cator Ruma & Associates in Lakewood and S.A. Miro Inc. in Denver.

As many as 24 firms were involved at the point of coming to congressional attention. By the time the coalition had major concerns.

About a month before the VA and KT signed their handwritten agreement, Skidmore's Thomas Fromm, the JVT director, wrote the VA and warned against going forward. His worry: KT and the design team remained at odds

with the VA. Fromm wrote, “There will be no agreed-upon financial baseline against which the parties will be able to measure and control costs.”

Commenter IP3: Stephen Parker

Commenter IP3: Stephen Parker

scaring pain of bullet wounds, vojtsak testified Thursday. trying to hold them together

Congress OKs bill to keep VA moving

Stopgap measure intended to keep work going on hospital

Dan Elliott
THE ASSOCIATED PRESS

DENVER

Congress gave final approval Friday to another stopgap measure to avoid a work stoppage on the over-budget veterans medical center under construction outside Denver, but it is still struggling to come up with a longer-term agreement with the Obama administration to finish the facility.

The House approved a deal Friday raising the project spending cap by \$150 million, to slightly more than \$1 billion. The Senate approved it Thursday.

The project would have hit its previous spending cap of \$900 million within days, forcing a halt in construction. Contractor Kiewit-Turner has said a shutdown would add up to \$200 million to the project's price.

The half-finished medical center is expected to cost up to \$1.73 billion, nearly triple the estimate the Veterans Affairs Department gave last year.

The VA is asking Congress for \$625 million more to complete a slightly scaled-back version. Lawmakers balked, demanding significant concessions in exchange for more money.

Congress wants to strip the VA of the authority to manage future large construction projects and said the department should fire those responsible for the Denver overruns.

Two internal VA investigations are underway. No firings have been announced, but the department said all the key executives on the project have been replaced.

It was the second time Congress passed a stopgap measure for the project. The previous deal came three weeks ago.

The measure approved Friday allows the VA to shift \$150 million from elsewhere in its budget to Denver hospital construction but doesn't provide any new money.

Steven Rylant, president of the United Veterans Committee of Colorado, said he was relieved construction would continue but frustrated that no final deal was reached.

"Congress, like a lot of things, just kicks the can down the road," he said. "In this case, they're not kicking the can down the road, they're kicking the veterans down the road, and we're getting tired of it."

Republican Rep. Mike Coffman, whose district includes the hospital, said Friday that keeping the project moving has required a bipartisan effort by the Colorado delegation.

OPEN HOUSE
Saturday, June 13 (12-2pm)
3105 Laurel Lane

Hwy. 40 to Wilson Creek Rd. Left on Aspen Ski Way. Right on Alpenglow Way. Take a hard left on 'A' Street Circle. Stay straight on 'Val d'Sere' Circle to Laurel Lane. Home is on the left.



4 bedroom home with main floor master plus a caretaker. Custom finishes such as maple floors and a two story stone fireplace. Abundant windows and multiple outdoor spaces were created to maximize the incredible panoramic South Valley views.

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VA chief defends department

The secretary, who was warmly welcomed in Denver, responds to recent criticism.

By David Ollinger,
The Denver Post

Somedays, the Department of Veterans Affairs catches more criticism than any other federal agency.

That was not the case Saturday in Denver when Robert McDonald, VA Secretary, arrived in the Sheraton Denver Downtown Hotel. The national convention of Disabled American Veterans greeted VA Secretary Robert McDonald with a standing ovation and applauded his remarks.

There is no shortage of congressional critics, including those who have talked about privatizing the VA, and to tout its accomplishments.

In the research arm of the VA, he said, he has found that veterans waiting for care "is a national epidemic" and lamented the abject neglect. The department is the largest employer of nurses in the nation and boasts the lowest foreclosure rate on the home loans it guarantees.

At the same time, he said, VA "is not doing a good job of serving the VA Americans need the VA."

The DAV crowd applauded when McDonald said the number of veterans awaiting benefit decisions had been cut in two years from 60,000 to slightly more than 40,000, and that the department had largely met its promise to end veteran home-

lessness. "We're not going to rest," he said, until the program is a roof over their head and service of challenges lying ahead.

While the numbers of veterans are declining, demands for VA medical care are not.

McDonald said that, in several factors: The veteran population is aging and needs more medical care. More than a decade of war and higher survival rates from severe injuries have yielded a younger group of veterans with health problems.

And the federal government has decided, after decades of debate, to treat Agent Orange exposure as a possible cause of many diseases, including cancers.

In addition, "we know we still have a lot of veterans waiting for care," he said.

McDonald's speech set the stage for another convention event Monday, when he will face House Veterans Affairs Committee chairman Jeff Miller, R-Fla., a leading critic of VA scandals and budget problems, for a panel discussion.

One likely topic: the half-finished VA hospital in Aurora, which began with a \$604 million construction budget in December and budget that budget by a half-billion dollars.

The secretary barely mentioned that project during his speech.

But in a media briefing afterward, he said he feared "if we



VA Secretary Robert McDonald discusses the department's importance for veterans and their families during the opening session of the DAV convention, Saturday in Denver. Photo by Callaghan O'Hara, The Denver Post



Sarah J. Royce beams during a standing ovation for VA Secretary Robert McDonald at the Sheraton Denver Downtown Hotel.

"don't get something solid" from Congress to complete construction, its opening will be delayed further.

"Nationally, this is a huge issue," he said. "I wouldn't be lousy to not be a part of it."

While the VA and Congress have yet to agree on a financing plan, McDonald expressed confidence that they will.

"I don't know of a single member of Congress who wants to punish a veteran," he said.

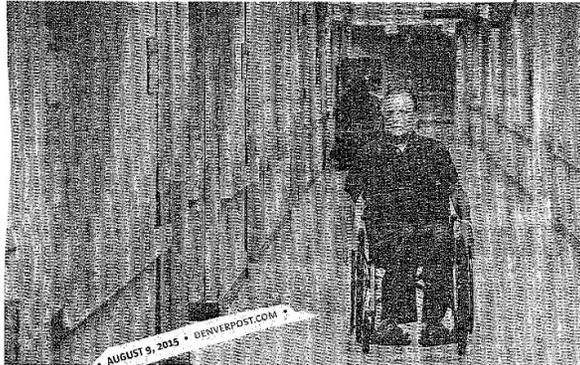
David Ollinger: 303-956-4498,
dollinger@denverpost.com or
twitter.com/dollingerdp

Read: The Denver Post breaks down the missteps in the Aurora VA hospital project. » 1A

Commenter IP3: Stephen Parker

Commenter IP3: Stephen Parker

anatomy of a calamity



Colorado resident Steve Beck, 57, leaves the kinesiotherapy room at the Veterans Affairs hospital in Long Beach, Calif., on July 30. The Vietnam veteran flew to California in March for treatment of a prostate sore, and he remains there. Cyrus McCremon, The Denver Post

By Mark K. Matthews, David Olinger and David Migoya The Denver Post

The biggest construction failure in VA history began with a handwritten note signed two days before Veterans Day 2011.

On that Nov. 9, project officials from the U.S. Department of Veterans Affairs were locked in a 7½-hour meeting with executives of Kiewit-Turner, the construction team tapped to build a hospital in Aurora for the agency.

The purpose was to settle on a final price, but negotiations had not gone well.

When KT joined the project more than a year earlier, the estimated cost to build it was \$285.8 million, with the goal of finishing the medical complex in 2014. But after several months of pre-construction work, KT executives were convinced the figure was too low.

So the two sides put together what became known as "The Book," a pain-by-numbers guide that spelled out a plan to build the hospital for \$604 million. In it, KT agreed to the price but insisted on design changes and other allowances to reduce costs.

But a key VA executive found those terms unacceptable.

Chris Krygos, who helped run the Aurora project from Washington, D.C., had flown in for the Colorado meeting. He had not looked at the book — as he would later testify in a lawsuit arising from the project — but he insisted it be thrown out.

"This is for health care," Krygos testified. "This is something the VA cannot sacrifice." He walked out of the meeting at one point, threatening to call off the talks and find another contractor.

What saved the deal was a simple proposal — and

a pen and paper. Rather than fight over the book's details, negotiators agreed to shrink the deal to a handwritten note of 70 words with two basic terms: KT would build the hospital for \$604 million, and the VA would provide the design to get them there.

That brief note became the pact to start work on a state-of-the-art medical campus spread across 21 acres. Its signing also marked the moment when the VA hospital in Aurora began to devolve from a mismanaged project to a national calamity.

The VA could not hold up its end of the deal and control its designers, who initially operated under a contract that left the construction price blank. It later bottled KT in court for 17 months and lost. The agency soon-walled elected officials as costs, delays and questions mounted, and its own investigative staff did nothing.

VA officials pressed ahead with the project despite repeated warnings — internal and external — about the project's high risk of busting its budget.

Congress, too, shares blame. Colorado's delegation was largely ineffective — and often impotent — in keeping the project on track. The most they did was ensure, early in the process, that the VA would build the hospital as a stand-alone complex even though a less expensive option existed.

To tell the story of the troubled project, The Denver Post read hundreds of court documents, interviewed dozens of those involved and reviewed congressional testimony going back a decade.

HOSPITAL • 16A

Commenter IP4: Mary Pederson

| Commenter IP4: Mary Pederson | |
|---|---|
| <p style="text-align: center;">Environmental Impact Statement (EIS) Comment Sheet</p> <p>Name: <i>Mary Helen Pederson</i></p> <p>Address: Hot Springs, SD 57747</p> <p>Phone: [REDACTED]</p> <p>e-mail: [REDACTED]</p> <p>Release Information the Congressional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Section: <u>3.11</u></p> <hr/> <p>Need: Access to care.</p> <p>Purpose: VA management clearly knows that the impact of closing the Hot Springs VA will limit, and in many cases deny health care to eligible veterans. Yet for reasons still undefined VA management continues toward the closure process.</p> <p>For example, veterans seeking care in Hot Springs cannot get timely appointments; auxiliary diagnostic services have been closed arbitrarily in Hot Springs; there are inadequate primary providers on staff; after regular duty hours veterans are denied urgent care services; these veterans denied care are not accounted for and incur bills from the private sector, and in turn the VA denies responsibility for reimbursement of veterans health care that the VA diverted to the private sector; the VA transportation network is totally inadequate in meeting the needs of an aging veteran population; the transportation network focuses solely on the convenience of the VA, not the veteran who significant limitation in his or her travel options.</p> <p>Viewed from a non biased point of view, such actions on the part of VA management could be considered neglect, or abuse on their part.</p> <p><i>Mary Helen Pederson</i> give permission/authorization for <u>C. of C.</u> to _____</p> <p>Enter this information online on my behalf.</p> <p><i>Mary Helen Pederson</i> _____ <u>27 April 2016</u> _____</p> <p>Signature Date</p> | <p>IP4-1: VA BHHCS recognizes the challenges of providing quality care in the current situation and these are all drivers for the proposed reconfiguration. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow us to meet the current and future needs of our Veterans.</p> <p>IP4-2: While the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. This would also help reduce driving distance, time and expense for Veterans. Significant improvements continue to be made in the implementation of the care in the community programs. See group responses in E3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.</p> |

Commenter IP4: Mary Pederson

Environmental Impact Statement (EIS) Comment Sheet

Name: *Mary H. Pederson*

Address: [Redacted]

Hot Springs, SD 57747

Phone: [Redacted]

e-mail: [Redacted]

Release Information the Congressional Yes No

Section: 3.10.2.4

Need: Loss of income.

Purpose: With the prospect of the VA closing and subsequent loss of employment by the people of the area, I had to sell my property due to the loss of business. In addition, I closed my workshop for similar reasons.

The arbitrary reduction of services at the Hot Springs VA since 2011 has been devastating to the community served by this facility. This situation will be amplified with closure.

VA management did not consider, or comprehend the magnitude of economic collapse facility closure would bring upon Hot Springs, and the surrounding communities.

I Mary H. Pederson give permission/authorization for Chamber of C. to

Enter this information online on my behalf.

Mary H. Pederson 27 April 2016

Signature

Date

IP4-3: VA is sorry for the difficulties you have experienced with respect to property and job. The challenges VA has and continues to face in delivering safe and quality health care are outlined in the EIS (Chapter 1).

Past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), based on a variety of factors. They are not subject to NEPA review, however, see group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the Final EIS.

IP4-4: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration. Finally, VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. Though this call center is not related to the proposed reconfiguration of healthcare services, it would bring up to 120 jobs to the area to help address potential economic concerns, and is an example of the types of adaptive reuses available for the Hot Springs VAMC under Alternative G.

IP4-3

IP4-4

| Commenter IP4: Mary Pederson | |
|--|---|
| <p style="text-align: center;">Environmental Impact Statement (EIS) Comment Sheet</p> <p>Name: <u>Mary Pederson</u></p> <p>Address: [REDACTED] Hot Springs, SD 57747</p> <p>Phone: [REDACTED]</p> <p>e-mail: Release Information the Congressional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Section: <u>3.11</u></p> <p>Need: VA management mismanagement and presentation of invalid data to justify the closure of the Hot Springs VA Medical Center.</p> <p>Purpose: In 2010 when VA management finalized their decision to close the Hot Springs facility their data to move services to Rapid City did not accurately reflect current and near future economic factors for Rapid City in terms of population, capital costs, and human resources. For example, in western South Dakota, and in particular Rapid City there is a critical shortage of primary care providers, and nursing staff.</p> <p>VA management consistently misrepresented the impact of VA Hot Springs closure on Native American veterans that had been served over the past nearly one hundred years. This misrepresentation also applies to veterans residing in rural communities in Nebraska and Wyoming. <i>Montana</i></p> <p>I <u>Mary Pederson</u> give permission/authorization for <u>Chairman of Com.</u> to Enter this information online on my behalf.</p> <p><u>Mary Pederson</u> _____ <u>27 April 2016</u> _____ Signature Date</p> | <p>IP4-5: First, outpatient primary care and specialty care services will still remain in Hot Springs under proposed reconfiguration (and on the existing campus under the new preferred alternative 2), and no Veterans would lose VA employment. The existing CBOC staff in Rapid City could continue working in the expanded specialty care (MSOC) facility in Rapid City, and there would be health care job opportunities in Rapid City for the existing Hot Springs employees as well.</p> <p>IP4-6: Native Americans 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. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.</p> |

| Commenter IP4: Mary Pederson | |
|---|---|
| <p>Environmental Impact Statement (EIS) Comment Sheet</p> <p>Name: <u>M. H. Pederson</u></p> <p>Address: [REDACTED] Hot Springs, SD 57747</p> <p>Phone: [REDACTED]</p> <p>e-mail: [REDACTED]</p> <p>Release Information the Congressional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Section: <u>2.3.5</u></p> <p>Need: Bias decision making process on the part of VA management.</p> <p>Purpose: VA management has clearly known for years the role of VA health care for Native American veterans, and the impact of an arbitrary decision process of limiting such care to this population. This is evident as a racial bias on the part of VA management decision making. VA management understands that limiting care to Native Americans by closing their closest VA facility, i.e. Hot Springs Medical Center will not change the position of the Indian Health Service, which does not provide routine care to Native American veterans.</p> <p>VA management has no approved plan in place for an outpatient facility in Hot Springs. There has been no VA Central Office approval, no congressional approval, or stakeholder approval. Statements to that effect have no basis. In the end, what VA management does know is that in fact there will not be a new VA clinic in Hot Springs considering proximity of VA health care resources in western South Dakota.</p> <p><u>M. H. Pederson</u> give permission/authorization for <u>Chamber</u> to</p> <p>Enter this information online on my behalf.</p> <p><u>M. H. Pederson</u> <u>27 April 2016</u></p> <p>Signature Date</p> | <p>IP4-7: As stated in responses to IP4-2 and IP4-5, primary care and some specialty care services would continue to be provided in Hot Springs (and on the existing campus under the new preferred alternative). In addition, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.</p> <p style="text-align: center;">IP4-2</p> <p style="text-align: center;">IP4-7</p> |

Commenter IP5: Sarah Peterson

Commenter IP5: Sarah Peterson

Environmental Impact Statement (EIS) Comment Sheet

Name: Sarah Peterson
 Address: [Redacted]
Hot Springs SD 57747
 Phone: [Redacted]
 e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: 3.10.2.6 VA Employees

Need: there are 357 FTEE's at the Hot Springs VA. If the VA closes the businesses in town will suffer & close the VA are the largest segment of the 3,000 person population & the highest paid. When leaving will devastate & turn this town

Purpose: into a ghost town. Property values will plummet & all the Veterans that have moved here to be close to the HS VA will leave. Hot Springs will become a ghost town.

2.3.5236 Alternative E. Save the VA Proposal

I, Sarah Peterson give permission/authorization for Sarah Peterson enter this information online on my behalf.

Signature: Sarah Peterson Date: 2.2.2016

IP5-1: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration. Finally, VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. Though this call center is not related to the proposed reconfiguration of healthcare services, it would bring up to 120 jobs to the area to help address potential economic concerns, and is an example of the types of adaptive reuses available for the Hot Springs VAMC under Alternative G.

IP5-1

IP5-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IP5-2

Commenter IP5: Sarah Peterson

Environmental Impact Statement (EIS) Comment Sheet

Name: Sarah Peterson

Address: [REDACTED]

Hot Springs, SD. 57747

Phone: [REDACTED]

e-mail: [REDACTED]

Release Information to the Congressional Yes No

Section: 3.1.2.4.1 Hot Springs Schools.

Need: If the U.A. closes the employees will leave town for work. Their kids make up 40% 50% of the students in the hot Springs school. In a town of only 3,000 people this will have a major impact on the school population. We will lose tax dollars

IP5-1

Purpose: If our schools will be forced to close. As a result of this more professionals will leave town & our town will die. We want to be able to sell our home as they want to be anybody to buy them

2.3.5 Alternative E - Save the VA proposal

IP5-2

I, Sarah Peterson give permission/authorization for Sarah Peterson enter this information online on my behalf.

Signature: Sarah Peterson Date: 2.2.2016

Commenter IP6: Millie Piper

Commenter IP6: Millie Piper

Environmental Impact Statement (EIS) Comment Sheet

Name: MILLIE PIPER

Address: [REDACTED]

HOT SPRINGS

Phone: _____

e-mail: _____

Release Information to the Congressional Yes No

Section: 1.2.2.2.

Need: DISTANCE VETERANS MUST TRAVEL FOR CARE

BUT NOW WE ARE 6 MIN FROM VA-RC. WOULD BE AN EXCESS OF 60 MILES WE DON'T DRIVE - DAUGHTER (WORKS AT VA) HAS TO TAKE TIME OFF TO TAKE US.

Purpose: 2.3.5.1 ALTERNATIVE E1

MILLIE PIPER give permission/authorization for Sara [Signature]
 enter this information online on my behalf.

Millie Piper 9-2-16
 Signature Date

IP6-1

IP6-1: Primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. This should help reduce driving distance and time for Veterans. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.

IP6-2

IP6-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

Commenter IP7: Rex Piper

Commenter IP7: Rex Piper

Environmental Impact Statement (EIS) Comment Sheet

Name: Rex Piper
 Address: [Redacted]
Hot Springs SD
 Phone: _____
 e-mail: _____

Release Information to the Congressional Yes No

Section: 1, 2, 12, 20

Need: Distant Vets have to travel for care.

RIGHT NOW WE ARE 5 MIN FROM VA RC. WOULD BE IN EXCESS OF 60 MILES I DON'T DRIVE - DAUGHTER (WORKS AT VA) HAS TO TAKE TIME OFF TO TAKE ME -

Purpose: To 3.5. Eternity Pa

I, Rex Piper give permission/authorization for [Signature] to enter this information online on my behalf.

Signature: Rex Piper Date: 2-2-16

IP7-1

IP7-1: Outpatient Primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. This should help reduce driving distance and time for Veterans. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.

IP7-2

IP7-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

Commenter IP8: Brian Powers

Commenter IP8: Brian Powers

*Response to this comment letter is provided in the Government Comments section - **G44**, Hot Springs Historic Preservation Commission.*

Subject: Hot Springs Historic Preservation Commission comments and concerns of the Draft EIS.

Summary of comments and concerns of the draft EIS document.

VA BHHCS continues to proceed with the reconfiguration of services, without completing all due diligence. To date, the VA BHHCS has "never" had any study completed, (by non biased independent party) to determine what services, (if any) should be moved, and if moved, from what locations, to where? VA BHHCS has made assumptions, without taking the proper steps to arrive at the conclusions they have.

VA BHHCS is assuming that the Landmark buildings at the Hot Springs VA campus (due to historic constraints) can't be renovated to meet current VA ADA/ABA, and Mental Health design guidelines. This assumption, "is not correct". The VA BHHCS has both campuses that have to follow the exact same historic preservation guidelines. Both campuses are within Historic preservation districts. And both campuses can have renovations completed, as long as the renovations meet H-P guidelines.

The existing location of the VA Hot Springs Landmark buildings is still the best location for providing the services that they provide for Veterans. By leaving VA services in the Landmark buildings, the VA will comply with the following.

- (1) Executive order 11593
- (2) Executive order 12898
- (3) Executive order 13008
- (4) Executive order 13007
- (5) Executive order 13287
- (6) Report: Recommendations on Sustainable Siting for Federal Facilities, April 5, 2010.
- (7) Report: DOD/VA Study on pre-World War II Masonry buildings.
- (8) VA Directive 7545 Historic Preservation Guidelines.
- (9) VA Goal to reduce Greenhouse Gases.

The removal of Veterans Care from the existing location, cuts the major part of the Heart of the Hot Springs Historic Preservation District. The Town Known as the Veterans Town will significantly suffer the loss of 110 years of cultural Presence of Veterans Healthcare. The very reason the Landmark was designated. Since the 1880's Hot Springs has been a major Care Center for thousands of Veterans for SD, Wyoming, Nebraska, Colorado, and far beyond. When Civil War Veterans asked for this Veteran Care Center to be constructed in Hot Springs, many asked why such an isolated area? The answer then is the same as it is now, the quiet, isolated, peaceful setting is "Good" for Healing Veterans!

If the VA will compare the overall costs to maintain, renovate, and clean the existing Landmark buildings, the VA and Taxpayers have put very little into the historic buildings. and the records will show that there are very few, if any federal buildings, that have been as cost affective over the past 110 years! The point is that most newer buildings life span is about 40 years to 60 years. If renovated, the existing Dom. buildings will outlast modern buildings 2 to 3 fold. The taxpayers have a bargain, and will continue to save, if the VA renovates and stays put.

Commenter IP8: Brian Powers

If the VACO Historic Preservation Office, does not Preserve the VA's National Landmarks, what will they Preserve? The VA funded study 2004 to 2011 was to establish where the VA historic preservation priorities should be. It determined the historic importance, and Integrity of the 11 National Homes for Volunteer Soldiers, established by President Lincoln. of the 11 National Homes, only 4 retain enough integrity and importance to be nominated for Landmark status. Of the 4 Landmarks, the Battle Mountain Home, was the first established Medical Complex, rather than just too house Veterans. The Battle Mountain Home still retains the majority of the original buildings, and still is in remarkably good condition. The Battle Mountain Home for Disabled Volunteer Soldiers, is a very large part of the history of Veterans Health Care.

Alternative E is the only option that the VA has to provide future Veteran Care, and meet the majority of the VA goals, guidelines, and Executive orders.



5-3-2016

Brian Powers
Chairman, Hot Springs Historic Preservation Commission.

Commenter IP9: Amy Pucket

Commenter IP9: Amy Pucket

Thank you for your comment and your support to our Veterans. VA is aware of the special relationship Veterans have with the Hot Springs community.

Environmental Impact Statement (EIS) Comment Sheet

Name: Amy Pucket
 Address: [REDACTED]
Hot Springs, SD 57747
 Phone: [REDACTED]
 e-mail: NDNE
 Release Information to the Congressional Yes No
 Section: _____
 Need: _____

Purpose: I am head of the food pantry in Hot Springs. We have quite of few veterans who use the food pantry. I enjoy seeing them and talking with them. Our town is good for the vets because they can walk to the food pantry or where ever they need to go. I know of several vets who live at the Evans and they have a terrific camaraderie. I believe being able to walk & talk with each other (I live close to each other) is a big benefit.

I Amy Pucket give permission/authorization for _____ to enter this information online on my behalf.

Signature Amy Pucket Date 4/24/16

Commenter IP10: Norman Pudwill

Commenter IP10: Norman Pudwill

| Environmental Impact Statement (EIS) Comment Sheet | |
|--|---|
| <p>Name: <u>NORMAN L. PUDWILL</u></p> <p>Address: <u>[REDACTED]</u> <u>HOT SPRINGS SD 57047</u></p> <p>Phone: <u>[REDACTED]</u></p> <p>e-mail: <u>[REDACTED]</u></p> <p>Release Information to the Congressional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Section: _____</p> <p>Need: <u>Keep the VA in Hot Springs the veterans need care at this location. The veterans need care in this location as travel to other locations too costly.</u> <u>Stop shifting employees in DC leaving them home to them</u></p> <p>Purpose: <u>To cancel budget cuts used Employees in DC.</u> <u>Workers need to be protected in the hospital Employees in local VA.</u> <u>Take care of all Veterans at their home locations</u></p> <p>I, <u>Norman Pudwill</u> give permission/authorization for <u>Committee</u> to enter this information online on my behalf.</p> <p><u>[Signature]</u> 4/28/16 Signature Date</p> | <p>IP10-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional.</p> <p>VA also notes that outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.</p> |

IP10-1

Commenter IP11: William Paterson

Commenter IP11: William Paterson

From: VA Black Hills Future <vablackhillfuture@va.gov>
Sent: Wednesday, February 3, 2016 7:33 PM
Subject: FW: [EXTERNAL] Project Information Request

From: William Paterson [REDACTED]
Sent: Friday, January 29, 2016 1:39 PM
To: VA Black Hills Future
Subject: [EXTERNAL] Project Information Request

Good afternoon,

I am writing to see if right of way acquisition will be required by the Reconfiguration of VA Black Hills Health Care System project. If right of way acquisition is required for this project, is there an anticipated timeline for when right of way acquisition and construction will begin? Also, is there a project map/layout available that shows the planned improvements and proposed right of way acquisition? Thank you for your time and assistance.

Sincerely,

William Paterson
 Biersdorf & Associates

[REDACTED]
 Minneapolis, MN 55402
 [REDACTED]

IP11-1: Right-of-way acquisition information is not available at this time as no decision has been made and no site selected in Rapid City, or off-site location identified in Hot Springs. Under the new preferred alternative, however, outpatient primary services and some specialty care services would continue to be provided on the existing Hot Springs campus; as such, there would be no need for any new right-of-way acquisition in Hot Springs under this alternative.

IP11-1

Commenter IP12: Floyd Pulliam

Commenter IP12: Floyd Pulliam

| | | | | | | | | | | | | | |
|--|--|--|------------------------------|--|-----------------------|--|--|--|------------------------|--|--|--|---|
|  <p>COMMENT FORM</p>  <p>VA BLACK HILLS HEALTH CARE SYSTEM RECONFIGURATION Draft Environmental Impact Statement</p> <p style="text-align: center;">PLEASE PRINT CLEARLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">NAME: <u>FLOYD W. PULLIAM</u></td> <td style="width: 30%;">ADD TO MAILING LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>EMAIL ADDRESS: [REDACTED]</td> <td>IF YES, I PREFER TO BE CONTACTED BY: <input type="checkbox"/> EMAIL <input checked="" type="checkbox"/> U.S. POST OFFICE MAIL</td> </tr> <tr> <td colspan="2">STREET: [REDACTED]</td> </tr> <tr> <td colspan="2">CITY/STATE/ZIP: <u>PINE RIDGE, S.D. 57770</u></td> </tr> <tr> <td colspan="2">ORGANIZATION (if any):</td> </tr> <tr> <td colspan="2">Comments: <u>HOT SPRINGS HAS BEEN GIVING ME TOP NOTCH MEDICAL OPTIONS SINCE I WAS WOUNDED. VERY GOOD SERVICES (LOCAL WOMEN'S)</u></td> </tr> </table> <p style="font-size: small; text-align: center;">Comments must be postmarked or sent electronically by February 5, 2016. Email to vablackhillfuture@va.gov. Postal mail to address on reverse. Online submission direct to EIS contractor at www.blackhillseis.com (with option to submit anonymously).</p> | NAME: <u>FLOYD W. PULLIAM</u> | ADD TO MAILING LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO | EMAIL ADDRESS: [REDACTED] | IF YES, I PREFER TO BE CONTACTED BY: <input type="checkbox"/> EMAIL <input checked="" type="checkbox"/> U.S. POST OFFICE MAIL | STREET: [REDACTED] | | CITY/STATE/ZIP: <u>PINE RIDGE, S.D. 57770</u> | | ORGANIZATION (if any): | | Comments: <u>HOT SPRINGS HAS BEEN GIVING ME TOP NOTCH MEDICAL OPTIONS SINCE I WAS WOUNDED. VERY GOOD SERVICES (LOCAL WOMEN'S)</u> | | <p>IP12-1: Thank you for your comment. VA interprets this comment as support to keep the existing facility open and fully functional. Note that outpatient primary care and some specialty care services would continue to be provided in Hot Springs under the proposed reconfiguration. They would continue on the existing Hot Springs campus under the new preferred alternative.</p> <p style="text-align: center; margin-top: 20px;">IP12-1</p> |
| NAME: <u>FLOYD W. PULLIAM</u> | ADD TO MAILING LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | |
| EMAIL ADDRESS: [REDACTED] | IF YES, I PREFER TO BE CONTACTED BY: <input type="checkbox"/> EMAIL <input checked="" type="checkbox"/> U.S. POST OFFICE MAIL | | | | | | | | | | | | |
| STREET: [REDACTED] | | | | | | | | | | | | | |
| CITY/STATE/ZIP: <u>PINE RIDGE, S.D. 57770</u> | | | | | | | | | | | | | |
| ORGANIZATION (if any): | | | | | | | | | | | | | |
| Comments: <u>HOT SPRINGS HAS BEEN GIVING ME TOP NOTCH MEDICAL OPTIONS SINCE I WAS WOUNDED. VERY GOOD SERVICES (LOCAL WOMEN'S)</u> | | | | | | | | | | | | | |

Commenter IP13: Robert Pritchard

Commenter IP13: Robert Pritchard

Environmental Impact Statement (EIS) Comment Sheet

Name: Robert Floyd Pritchard
 Address: [REDACTED]
Hot Springs, SD 57747
 Phone: [REDACTED]
 e-mail: _____
 Release Information to the Congressional Yes No
 Section: 1.2.2.2.2
 Need: Alternative E

Purpose: -travel, inconvenience for friends to help me make my appt. Get better care at the Hot Springs facility

I Robert Floyd Pritchard give permission/authorization for JULIE SAUCOMM to enter this information online on my behalf.
Robert Floyd Pritchard 1-8-16
 Signature Date

IP13-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IP13-1

IP13-2: VA also notes that outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.

IP3-2

Commenter IP14: Duane Peck

Commenter IP14: Duane Peck

Black Hills EIS Public Comment

#25

COMPLETE



Collector: New Web Link (Web Link)
 Started: Wednesday, December 02, 2015 9:50:48 AM
 Last Modified: Wednesday, December 02, 2015 10:00:58 AM
 Time Spent: 00:10:10
 IP Address: 66.69.92.105

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

Name duane peck
 Address [REDACTED]
 Address 2 [REDACTED]
 City/Town hot springs
 State/Province SD
 ZIP/Postal Code 57747
 Email Address [REDACTED]
 Phone Number [REDACTED]

Q2: My mailing list and contact preference is: Please contact me via U.S. Mail at the address I entered above.

PAGE 2

Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

I have had to use the emergency at Hot Springs V.A. several times in the past year which without it could have resulted in very bad outcomes if I had to travel to Rapid City for immediate care. I am also told I need [REDACTED] due to nerves [REDACTED] a [REDACTED] and possibly a [REDACTED] which could be taken care of right here in Hot Springs if they would put this hospital back to the way it was 10 years back. I have had to go to Sioux Falls for [REDACTED] and Cheyenne Wyo. for [REDACTED]. This hospital here in Hot Springs is needed to care for us rural veterans, who can no longer take these long trips elsewhere. They should be looking at returning this hospital to a hospital instead of undermining it's role to practically nothing. Fall River Hospital cannot handle all the rural veterans so again it will mean more trips to Rapid City. If we really care about giving good health care to rural veterans re-instate this hospital back to what it used to be.

IP14-1

IP14-1: VA acknowledges your support to keep the existing Hot Springs hospital open and fully functional.

While the hospital would be closed under the proposed reconfiguration, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.

Commenter IP15: John Price

Commenter IP15: John Price

Black Hills EIS Public Comment

#18



COMPLETE

Collector: New Web Link (Web Link)
 Started: Wednesday, November 18, 2015 3:34:11 AM
 Last Modified: Wednesday, November 18, 2015 4:05:42 AM
 Time Spent: 00:31:31
 IP Address: [REDACTED]

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

Name John D. Price
 City/Town Sturgis
 State/Province SD
 ZIP/Postal Code 57785
 Email Address [REDACTED]
 Phone Number [REDACTED]

Q2: My mailing list and contact preference is: Respondent skipped this question.

PAGE 2

Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

I would like to say that I would be in favor of the plan which calls for a new facility and expansion of service in Rapid City, South Dakota. This plan seems to be the most cost effective and efficient delivery of services to the larger number of veterans. As a retired VA Employee and Vietnam Veteran, I am familiar with the transportation issues, recruiting issues, education collaboration issues, aging infrastructure, which challenge the delivery of high quality healthcare in rural areas. Rapid City is an excellent community with full referral healthcare services, mass transportation, nurse training colleges, and provides a home to a large number of resident veterans. Rapid City Emergency Services are second to none in the area. It just makes sense that tax payer dollars could be saved in so many areas if a new facility was to be built in Rapid City.

IP15-1

IP15-1: Thank your support of the proposed reconfiguration.

Commenter IR1: Frank Rasmussen

| Environmental Impact Statement (EIS) Comment Sheet | |
|--|--|
| <p>Name: <u>Frank E Rasmussen</u></p> <p>Address: <u>[REDACTED]</u> <u>Hot Springs, SD. 57747</u></p> <p>Phone: <u>[REDACTED]</u></p> <p>e-mail: _____</p> <p>Release Information to the Congressional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Section: <u>1.2.2.2</u></p> <p>Need: <u>Distance of must travel for [REDACTED] appointments, now I live 5 minutes away from my doctor at The VA in Hot Springs Im 87 now and if The VA closer I dont know How long I would live</u></p> <p>Purpose: <u>2,3,5 alternative E.</u> <u>SAVE The VA</u></p> <p>I <u>Frank Rasmussen</u> give permission/authorization for <u>Sarah Peterson</u> to enter this information online on my behalf.</p> <p><u>Frank E Rasmussen</u> <u>02/02/2016</u> Signature Date</p> | <p>IR1-1: VA also notes that outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care. IR1-1:</p> <p>IR1-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</p> |

Commenter IR2: Cynthia Reed

| Commenter IR2: Cynthia Reed | |
|---|---|
| <p>To those who are concerned about the VA's current proposal to re-organize the health-care offered to veterans within their service area within South Dakota, North Dakota, Montana, Wyoming and Nebraska -</p> <p>From: Cynthia Reed address: [REDACTED] Hot Springs, SD 57747 phone: [REDACTED] e-mail: [REDACTED]</p> <p>Release Information to the Congressional: yes</p> <p>Regarding the EIS - general, missing section</p> <p>Hot Springs, SD, has been a community focused on health care for veterans for over 100 years, and has unavoidably developed a cultural identity around this service. The VA's current proposal to close and/or further reduce the Hot Springs VAMC would accelerate and intensify the cultural impacts of loss of such identity.</p> <p>The US government is required to assess the cultural impact of its decisions that may affect its citizens, prior to the execution of such decisions.</p> <p>To date, I have seen no announcement of any such study being, or planned to be, conducted within the community of Hot Springs and Fall River County, South Dakota. Nor have I seen results of, and I believe there has not been, any such effort to document the impact of VA's proposed changes to the Hot Springs VAMC.</p> <p>I hereby request that a serious, scientific, professionally designed and implemented, complete in-depth study be undertaken to thoroughly document any impacts to the cultural identity of Hot Springs, SD, and the surrounding countryside, that could be manifested upon and as a result of this proposal by the VA to close or further reduce the Hot Springs VAMC.</p> <p>In the meantime, I also request that the VA cease any further reduction of services offered at the Hot Springs VAMC in order not to invalidate the scientific accuracy of such study.</p> <p>Signed:  Date: 26 January 2016</p> | <p>IR2-1: VA has fully satisfied the NEPA requirements with respect to the scope, content and analysis conducted as part of the EIS. Potential impacts to cultural resources and historic properties have been addressed in Section 4.3, and detailed mitigation measures identified and Chapter 5.0.</p> <p>IR2-2: Past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), based on a variety of factors. They are not subject to NEPA review, however, see also group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the Final EIS.</p> <p style="text-align: center;">IR2-1</p> <p style="text-align: center;">IR2-2</p> |

Commenter IR3: Bob Reichardt

Commenter IR3: Bob Reichardt

Environmental Impact Statement (EIS) Comment Sheet

Name: Bob Reichardt

Address: [REDACTED]

Hot Springs

Phone: _____

e-mail: _____

Release Information to the Congressional Yes No

Section: _____

Need: _____

The VA Hospital in Hot Springs

needs to stay.

Purpose: _____

One of the reasons we recently

moved to Hot Springs was the VA Hospital

it will be an hour to drive to Fort Meade,

and I have to pay my way there, & the

expense is a lot. If we had Casey, and ~~we~~

the we've had to get everything to pay the

cost of traveling from Interior so often.

I _____ give permission/authorization for _____ to

enter this information online on my behalf.

Signature _____ Date _____

IR3-1: VA acknowledges your support for keeping the Hot Springs hospital open and fully functional and has made it part of the public record for this EIS.

IR3-1

IR3-2: Outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Expanded specialty care services would also now be available in Rapid City. Finally, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care. Greater access to local providers should help reduce driving time, such as to Fort Meade, although Fort Meade will also remain an option for Veterans.

IR3-2

Commenter IR4: Taylor Rensich

Commenter IR4: Taylor Rensich

Environmental Impact Statement (EIS) Comment Sheet

Name: Taylor Rensich

Address: [REDACTED]

Phone: _____

e-mail: _____

Release Information to the Congressional Yes No

Section: _____

Need: FOR VETERANS TO GET HELP THAT THEY NEED

Purpose: _____

I _____ give permission/authorization for _____ to enter this information online on my behalf.

Signature: [Signature] Date: 4/23

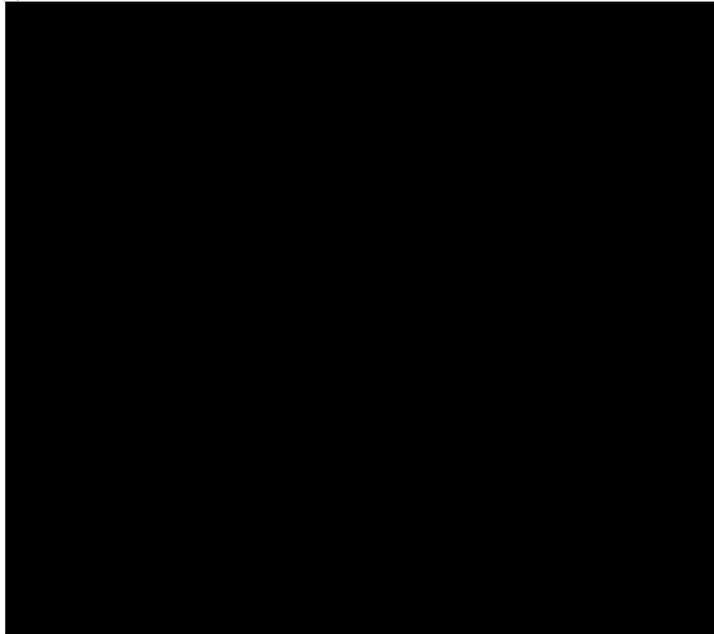
IR4-1: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow us to meet the current and future needs of our Veterans.

IR4-1

Commenter IR5: John Renstrom

Commenter IR5: John Renstrom

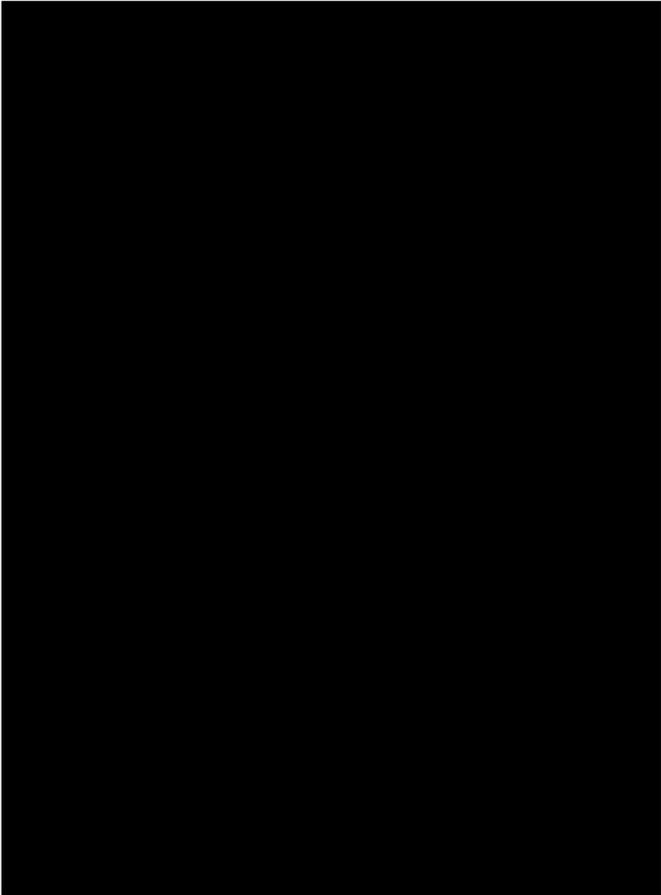
John E Renstrom
[Redacted]
Hot Springs South Dakota 57747
[Redacted]
VA Secretary McDonald, Black Hills Health Care
System Director Sandra Horsman, EIS staff,
Senators John Thune, Mike Rounds
and the Veterans affairs committee
Representative Kristi Noem
Any other interested party



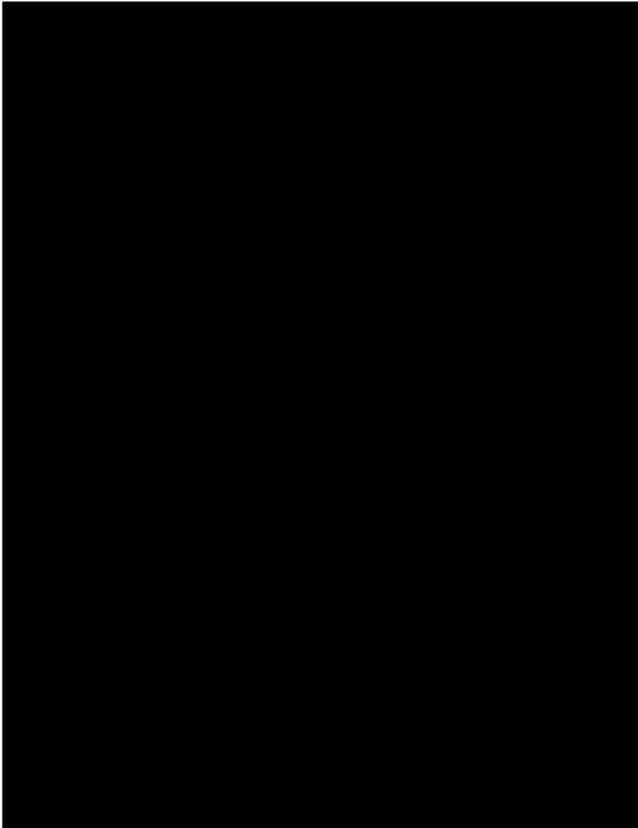
IR5-1

IR5-1: VA appreciates your important and detailed feedback on recent and past VA health care service experiences, and has forwarded the completed patient satisfaction survey to the responsible health care personnel within the VA who handle this information. However, given the extent of personal health care information you have included (e.g., specific to your illnesses, etc.) and patient privacy considerations, its inclusion in the public record for this EIS is not appropriate and the completed survey information has been heavily redacted.

In response to your questions and concerns regarding how your experiences would have been affected by the proposed reconfiguration, it is impossible for VA to address individual patient-specific impacts. The overall goal, however, is to improve the existing quality of care and delivery of service (e.g., reduced wait times and distance travelled) for our Veterans. Under the proposed reconfiguration, primary care and some specialty care services would continue to be provided in Hot Springs; expanded specialty care would be provided in Rapid City; and Veterans would have more options with more community providers for services (e.g., urgent care, pharmacy, inpatient care), at VA expense, closer to where Veterans live. This would cut down on travel time. VA staff would also continue to work closely with Veterans and local providers to ensure continuity of care and monitor quality of care provided to Veterans. See group response in Section E.3.3 of Appendix E related to purchased care options and quality of care received.

| Commenter IR5: John Renstrom | |
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| Commenter IR5: John Renstrom | |
|---|--|
|  | |

| Commenter IR5: John Renstrom | |
|---|--|
|  | |
| <p>Let's Just Back up John Renstrom</p> | |

Commenter IR6: Stacie Roberson

Commenter IR6: Stacie Roberson

Environmental Impact Statement (EIS) Comment Sheet

Name: Stacie Roberson

Address: [Redacted]

Hot Springs, SD 57747

Phone: [Redacted]

e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: 2.35 - 3.11.2.1.1

Need: Continue the PTSD Program adding beds as necessary. The small town has opened our hearts to these men that have served our country. My brother, born in Hot Springs, was in Desert Storm and moved back to Hot Springs to be close to this facility that helped him heal heart/mind through their programs! Community encouragement.

Purpose: 1

[Empty lines for additional comments]

I, Stacie Roberson, give permission/authorization for Save the VA to enter this information online on my behalf.

Signature: Stacie Roberson Date: 2/26/16

IR6-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal), including keeping the PTSD program in Hot Springs, and has made it part of the public record for this EIS.

IR6-1

Commenter IR7: Richard Rush

Commenter IR7: Richard Rush

Environmental Impact Statement (EIS) Comment Sheet

Name: Richard Rush
 Address: [REDACTED]
Hot Springs
 Phone: [REDACTED]
 e-mail: _____

Release Information to the Congressional Yes No

Section: 2.3.5 & 3.10.2.1

Need: As its in family
The numbers for the population of veterans
that Hot Springs serves is much larger than
Fall River County and some counties in Wyoming
and Nebraska. They also come from southeast
Montana, Colorado, Minnesota and Kansas.
Lot of them end up moving to Hot Springs.

Purpose: Rely on VA which support and needs
As serves vets here the whole time
they will leave towns be like
Edgemont. And State Veteran's Home is
here, look at the burden and care you
will be taking away from them. Lies
and broken promises.

I Richard Rush give permission/authorization for Mary Helen Pedron to
 enter this information online on my behalf.

Signature: Richard Rush Date: 2/28/16

IR7-1: VA is committed to providing safe and quality care to its Veterans and believes that there is a need for change in the health services configuration, as described in the EIS. VA believes that the proposed reconfiguration would better meet the current and future needs of our Veterans.

IR7-1

Commenter IR8: Deb Russell

Commenter IR8: Deb Russell

Environmental Impact Statement (EIS) Comment Sheet

Name: Deb Russell

Address: [Redacted]

Oral, SD 57766

Phone: [Redacted]

e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: _____

Need: I would like to address the need raised about attracting competent staff to Hot Springs. In the past we had many medical professionals who enjoyed living here. Many were friends. They made competitive wages with benefits. Now the jobs are listed as temporary with no benefits.

Purpose: If professionals were offered permanent jobs with the appropriate benefits there would be many who would love living in this beautiful town. We have golf, water sports, fishing, hunting, nature, hiking, bicycling and scenery. It is only a fast 50 miles to a city with more to do. There is no reason that professionals would not be happy at Hot Springs.

over →

I _____ give permission/authorization for _____ to enter this information online on my behalf.

Deb Russell 2-4-16
Signature Date

IR8-1: There are many reasons for the past reduction in services and staff recruiting difficulties. VA has identified what it considers the most important ones in Chapter 1 of the EIS.

IR8-1

Commenter IR9: Allison Ritterbush

Commenter IR9: Allison Ritterbush

From: VA Black Hills Future <vablackhillsfuture@va.gov>
Sent: Tuesday, May 10, 2016 3:54 PM

Subject: FW: [EXTERNAL] EIS Comment
Attachments: VA doc.docx

-----Original Message-----

From: wyattnotes@goldenwest.net [REDACTED]
Sent: Tuesday, May 03, 2016 10:27 PM
To: VA Black Hills Future
Subject: [EXTERNAL] EIS Comment

Please let me know that you were able to open this document.
Thank you

Commenter IR9: Allison Ritterbush

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

NAME: Allison Ritterbush LPC-MH, QMHP

EMAIL: [REDACTED]

ADDRESS: [REDACTED]
Hot Springs, SD 57747

This letters is intended to help point out significant deficits the VA has been utilizing in its evaluation of the VA Hot Springs and the veterans it serves. "The VA is committed to providing our Veterans with the timely, high-quality care and services they have earned and deserve," said Sandra Holsman, Director, VA Black Hills Health Care System. However, the recommended reconfiguration would move the VA in the direct opposite direction as it director states.

PURPOSE

- Increasing access to care closer to where Veterans reside

CHALLENGE

I will begin with the issues regarding the reconfiguration and how it would affect or Native American Veterans. Senator Rounds just recently brought into light the dire state IHS is currently in. "In taking office in January 2015, it has become clear to me that Indian Health Service (IHS), specifically in the Great Plains Area, which covers South Dakota, North Dakota, Nebraska and Iowa, is plagued with systematic problems affecting Native Americans in South Dakota. We need to understand the organization itself before we can begin to solve problems. We know though, that if we don't solve the problems at IHS, we will continue to see more examples of hospitals failing to meet basic requirements to provide safe health care, therefore losing essential services like emergency care. The Rosebud hospital's emergency department has been on diversion – which essentially means it is shut down – for four months, forcing patients to be diverted to facilities 50 or more miles away. The Winnebago and Pine Ridge hospitals have also been cited for serious safety deficiencies. We need to focus on why so many problems continue to occur at IHS, especially in the Great Plains Area, and why they aren't getting fixed." This is the suggested facilities that our Native American Veterans use within the reconfiguration of the Hot Springs VA. It is more than obvious that the state of affairs that the IHS is currently in is not an acceptable alternative that would provide our veterans with timely, high quality care and services as the VA states that our veterans deserve.

The other issue that the VA is giving for justification of the reconfiguration is that of not being able to obtain professionals to the area. As a professional of this area, this is an absolute outrageous fabrication. I would like to point out that Fall River Health Services here in Hot Springs, has been able to bring on new doctors, PA's, and a psychiatrist all within this year. I have working relationships with and all of these professionals and each one was attracted to the area because of what the area can bring to families and health. My husband who is a doctor and myself as a mental health therapist, chose this area after realizing Denver was not a good place to raise a family.

As we speak of Denver, the debacle which is the Denver VA's reconfiguration should be all the proof needed that reconfiguration may look good on paper (with fabricated numbers to justify), however does nothing to improve veterans lives while hurting tax payer by blowing budgets. The same team that has suggested that the reconfiguration would cost the Black Hills VA reconfiguration is \$148, 622,461, is the same team that said Denver VA would only cost 450 million. They were off 550 million dollars, it is clear we cannot go off the numbers that were initially given and need to be assessed prior to any decision being made. We should be focusing on veteran care, the veterans have spoken and want the Hot Springs VA to remain open.

PURPOSE

- Providing locations and facilities that support VA's efforts to enhance and maintain quality and safety of care in the 100,000 mile catchment area.

IR9-1: Native Americans 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. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

Your concerns related to care available through the IHS are included as part of the public record, but are not directly relevant to the scope of activities being evaluated in this EIS and should be raised in another forum.

IR9-1

IR9-2: Private practice offers advantages over the VA that many professionals find appealing. Recruiting remains a challenge for the VA as described in the EIS.

IR9-3: VA acknowledges your concerns but it is not within the scope of the EIS to address the situation in Denver.

IR9-2

IR9-3

| Commenter IR9: Allison Ritterbush | |
|---|--|
| <p>CHALLENGE</p> <p>The Hot Springs VA has never failed an inspection. Our only barrier is the barriers you as administration put up with the refusal to fill positions, source them out to Fort Meade, and eliminating services.</p> <p>PURPOSE</p> <ul style="list-style-type: none"> • Reducing out-of-pocket expenses for Veterans' travel <p>CHALLENGE</p> <p>As Senator Rounds has pointed out, sending people over 50 miles away for health care is not an appropriate alternative. This is exactly what the VA is suggesting is acceptable for our veterans in the reconfiguration. I would strongly suggest that all the individuals in the decision making process look at traveling between 1-3 hours for their own health care needs, it is guaranteed they would not feel like this is an feasible or viable option for themselves or their families. It is absolutely clear that no one should have to travel these kinds of distances to receive the care they need. Good health care is not only for our urban veterans but should be absolutely available for our rural veterans as well. The Veterans in Rapid City have only a 30 mile drive to a VA hospital. If the reconfiguration happens you will do nothing more but increase travel and out of pocket expenses for veterans in western South Dakota, Nebraska and Wyoming. You should have to give clear and precise numbers of how the removal of the Hot Springs VA would really reduce these costs. Example of what a Veteran from this area has to do to get to an appointment in Rapid City. Leave at least 1½ hours before appointment time. This is at least a 60 mile drive, add in having to eat at least one time in Rapid City between 8-15 dollars if they are travelling alone. If they have an appointment where they will have something done, they may need a travel companion to drive them. This person also will eat with the veteran, is giving at least ¼ of their day to attend one appointment. This also puts the veteran in a very hard position if they do not have a spouse or family member to travel with them. They have to find someone to volunteer their time. Through all the town hall meetings, it was heard over and over again that often our Native American veterans do not have adequate transportation, they do not need another barrier in front of them for their health care needs.</p> <p>I understand that the VA is not here to help support our town, but our town is here to support our veterans. This is something they will never receive in an urban setting. You will never find an area that will go to battle for our veterans as Hot Springs did for ours.</p> | <p>IR9-4: Continuing to provide safe and quality care at the Hot Springs campus remains a concern and is the reason for the proposed reconfiguration.</p> <p>IR9-5: One of the integral elements under all of the proposed reconfiguration alternatives is that Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live so they don't have to travel as far. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. They offer another way to improve overall quality and delivery of care. See group responses in Sections E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.</p> |

Commenter IR10: Sandra Rodgers

Commenter IR10: Sandra Rodgers

From: VA Black Hills Future <vablackhillsfuture@va.gov>
Sent: Tuesday, January 26, 2016 3:25 PM
Subject: FW: [EXTERNAL] My Comments on the Draft Environmental Impact Statement E.I.S.

-----Original Message-----
From: Sandra Rodgers [REDACTED]
Sent: Monday, January 18, 2016 7:53 PM
To: VA Black Hills Future [REDACTED]
Subject: [EXTERNAL] My Comments on the Draft Environmental Impact Statement E.I.S.

First, I must apologize as I hit the wrong key, and lost my statement. You may share my comments with the Congressional Representatives. I address the purpose and need to restore the Hot Springs Veterans Hospital to what it was before all the cutbacks.

Though I have only been in South Dakota for three years, I have kept myself very informed. There has been a lot of media coverage and much of the information provided to you, is incorrect. The Hot Springs Veteran's Hospital should be the model for all the Hospitals in their system.

I fully agree with the option of the Save the VA 2.3.5 Alternative E The Veterans need the VA to fulfill their promises, and provide the Health Services they've been promised.

They should not have to travel these great distances, any longer.

The financial burdens to the West River of South Dakota, according to a recently published article speaks of the \$55 Million Dollar impact on West River - Not just Hot Springs, but all of West River.

But, the most important thing is the veterans' access to care, though, the financial impact is nothing short of a disaster. Quote Begin " Economic impact of VA closing is grim, new state report says

John D. Taylor Dec 29, 2015.
 West River region could see \$55 million hit by 2020 if 318 VA jobs go

HOT SPRINGS – All of western South Dakota – not just Hot Springs or Fall River County – will be in for a big financial hit, more than \$55 million by 2020, if Hot Springs' VA facility is reduced the way the U. S. Veterans Administration Black Hills Health Care Services (VA BHHCS) wants to, according to a new state calculation.

Rachel Forrest, Senior Economic Analyst, with the state Department of Labor and Regulation, Labor Market Information Center (LMIC), compiled the information and shared it with her boss, LMIC Administrator Bernie Moran and Hot Springs' acting Chamber of Commerce Executive Director Scott Haden. The LMIC analysis considered three things involving every West River region county but Pennington and Meade, potential beneficiaries of the VA's plans:

- The direct effects of the value of production, employment and payroll from VA operations
- The indirect effects – how businesses that supply goods and services purchased by the VA to support its operation – would be impacted
- "Induced effects," the value of VA employees spending their earnings and all local businesses that support the VA's operation.

To do this the report considered three separate scenarios:

- The current estimated economic impact of the VA.
- The impact of the VA dropping 100 employees in 2018.

IR10-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IR10-2: Outpatient primary health care and certain specialty care will continue to be provided in Hot Springs (on the existing campus under the new preferred alternative A-2). Expanded specialty services would also be available in Rapid City. Finally, an integral element of all of the alternatives is that eligible Veterans now have more options for care from community providers (urgent, specialty and inpatient care), at VA expense, closer to where Veterans live. Greater access to local providers should help reduce the distances Veterans have to travel. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IR10-3: Thank you for sharing the information in the state report; we have included it as part of the public record for this EIS. VA recognizes the potential for adverse impact on the local economy and has addressed these impacts in Sections 4.10, 4.11 and 4.16 of the Final EIS. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

IR10-1

IR10-2

IR10-3

Commenter IR10: Sandra Rodgers

-The impact of the VA cutting 318 employees – essentially what is outlined in the VA's preferred alternative in the draft Environmental Impact Statement (EIS) currently under consideration – by 2020.

According to this new report, the current economic impact generated by the VA in the West River region includes nearly 550 jobs, generating some \$30 million in labor income which spins off almost \$65 million in output.

This is created by 373 direct employees who generate the bulk of the income, nearly \$26 million; by 77 indirect employees who created another \$2 million in income; and by 99 induced employees who create \$2.7 million in income.

If the VA cuts its work force by roughly a third in 2018, 100 direct jobs would be lost, 21 indirect jobs would vanish and 26 induced jobs would vanish.

The direct economic loss would total \$8.2 million, most of it – nearly \$7 million — from the direct employees.

This, in turn, would spin more than \$17 million in additional dollars out of the western South Dakota economy, most of it again from the direct employees.

If the VA cuts 318 jobs from Hot Springs, by 2020 the total economic hit would be more than \$55 million.

This would come from 468 lost jobs – the 318 from the VA, plus 66 more from indirect businesses and another 84 from induced business.

These lost jobs would create a \$26 million labor income hole, which gets deeper when \$38 million in lost direct impacts, nearly \$7 million in indirect impacts and almost \$10 million in induced impacts are tallied into the equation.

The study also looked at the impact on the region's top 10 industries for the 2020, 318 jobs gone scenario: Hospitals would lose more than \$39 million; restaurants nearly \$700,000; real estate incurs a \$1 million hit; other health care services would drop \$435,000; dry cleaning and laundry would drop \$57,000; the wholesale trade would be out nearly \$950,000; auto repair and maintenance could see a \$306,000 whack; building services, \$120,000; retail food and beverage stores, \$192,000.

All of these money figures are in 2015 dollars.

The last economic impact was from 2011, and Forrest notes that there are more sectors included in this analysis. " end Quote

There has been so much more media coverage, however, surely all understand the situation. BTW, I am a 73 year old Navy Widow and I thank you for the opportunity to speak.

in Gratitude,

Sandra I. Rodgers

http://rapidcityjournal.com/news/local/communities/hot-springs/community/economic-impact-of-va-closing-is-grim-new-state-report/article_760024a0-ae61-11e5-9afb-afb92f24e850.html

Commenter IR11: Sandra Rodgers

Commenter IR11: Sandra Rodgers

Black Hills EIS Public Comment

#33

COMPLETE



Collector: New Web Link [Web Link]
 Started: Monday, January 18, 2016 9:17:59 PM
 Last Modified: Monday, January 18, 2016 9:45:14 PM
 Time Spent: 00:27:15
 IP Address: 68.69.84.58

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

Name: Sandra I. Rodgers
 Address: [Redacted]
 Address 2: [Redacted]
 City/Town: Hot Springs
 State/Province: SD
 ZIP/Postal Code: 57747
 Email Address: [Redacted]
 Phone Number: [Redacted]

Q2: My mailing list and contact preference is:

Please contact me via U.S. Mail at the address I entered above.

PAGE 2

Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

First, I must apologize as I hit the wrong key, and lost my statement. You may share my comments with the Congressional Representatives. I address the purpose and need to restore the Hot Springs Veterans Hospital to what it was before all the cutbacks. Though I have only been in South Dakota for three years, I have kept myself very informed. There has been a lot of media coverage and much of the information provided to you, is incorrect. The Hot Springs Veteran's Hospital should be the model for all the Hospitals in their system.

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Rachel Forrest, Senior Economic Analyst, with the state Department of Labor and Regulation, Labor Market Information Center (LMIC), compiled the information and shared it with her boss, LMIC Administrator Bernie Moran and Hot

41 / 89

IR11-1: Your original statement was not lost as two duplicate statements are now included. See responses to identical comments in IR10.

Commenter IR11: Sandra Rodgers

Black Hills EIS Public Comment

Springs' acting Chamber of Commerce Executive Director Scott Haden. The LMIC analysis considered three things involving every West River region county but Pennington and Meade, potential beneficiaries of the VA's plans:

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All of these money figures are in 2015 dollars.

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in Gratitude,

Sandra I. Rodgers

Commenter IR12: John Radziwon

Black Hills EIS Public Comment

#23



COMPLETE

Collector: New Web Link (Web Link)
 Started: Tuesday, December 01, 2015 11:30:17 AM
 Last Modified: Tuesday, December 01, 2015 11:44:51 AM
 Time Spent: 00:14:34
 IP Address: [REDACTED]

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

| | |
|-----------------|---------------|
| Name | John radziwon |
| Address | [REDACTED] |
| Address 2 | [REDACTED] |
| City/Town | Rapid City |
| State/Province | SD |
| ZIP/Postal Code | 57701 |
| Email Address | [REDACTED] |
| Phone Number | [REDACTED] |

Q2: My mailing list and contact preference is:

Please contact me via U.S. Mail at the address I entered above.

PAGE 2

Q3: Please enter your comments here-reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

I live in Rapid City and have to make, on average, two trips a month to get service in Fort meade, Sturgis. If those services will be provided in Rapid City, which I hope will be the results of the move, then I will be in favor of the proposed change. I have been't Hot Springs VA before for certain services and found the facility to be cold and not friendly. The service provided was more then adequate. From a cost ztandpoint, I believe it ust take more money to maintain an old facility compared to a modern one.If this is to happen, I only hope that all services will be in one facility rathered rather than scattered.

IR12-1: Thank you for your comment and support for the facilities proposed for Rapid City. They would include the RRTP and a new MSOC that would significantly expand the types of specialty services currently available in Rapid City and should help avoid travel to Fort Meade for such services. In addition, one of the integral elements under all of the proposed reconfiguration alternatives is that eligible Veterans now have more options for care from community providers (e.g., inpatient hospital care at Rapid City Regional), at VA expense, closer to where Veterans live so they don't have to travel as far (although Fort Meade would remain an option to Veterans). This option offers another to improve overall quality and delivery of care. See group responses in Sections E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IR12-1

Commenter IS1: Greg Salles

Environmental Impact Statement (EIS) Comment Sheet

Name: Greg Salles

Address: [Redacted]

Hot Springs, C.D. 57747

Phone: [Redacted]

e-mail: _____

Release Information to the Congressional Yes No

Section: _____

Need: The town of Hot Springs has been known as the Veterans Town with our State Veterans Home and VA Hospital, several patients have said that they prefer Hot Springs instead of some of the larger towns because of its nice clean atmosphere and less bad influence.

Purpose: I don't believe it's good policy to close down a perfectly good facility to darkly need care.

I, Greg Salles give permission/authorization for _____ to enter this information online on my behalf.

Greg Salles Signature Date 9/23/16

IS1-1 VA acknowledges your support for keeping the existing Hot Spring facility open and fully functional.

Note that outpatient primary care services and some limited specialty services will still be provided in Hot Springs under the proposed reconfiguration (and on the existing Hot Springs campus under the new preferred alternative). Eligible Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

IS1-1

Commenter IS2: Tom and Hope Scheimo

Environmental Impact Statement (EIS) Comment Sheet

Name: Tom & Hope Scheimo

Address: [REDACTED]
Hot Springs, SD 57747

Phone: [REDACTED]

e-mail: [REDACTED]

Release Information to the Congressional Yes No

Section: _____

Need: _____

THE VA USED TO ALLOW THE VETS - OR THE VETS USE TO HAVE
VEGIE GARDEN - MEALS AND WHEELS - ALLOW THE VETS
THEMSELVES TO DO & TO RECRUIT FROM THE
TOWN TO DO THINGS THAT NEED TO BE DONE
AT THE VA. MY UNDERSTANDING IS THIS IS THE WAY IT USED TO BE
AND THE LEGISLATION IS TAKING AWAY. IT IS TIME TO TURN OFF THE
WHEEL - DUMP OUT THE WHEELS & RESUME THE LEGISLATION.

Purpose: _____

I _____ give permission/authorization for _____ to
 enter this information online on my behalf.

Signature _____ Date _____

IS2-1: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow VA to meet the current and future needs of our Veterans. Under the new preferred alternative, VA would continue to provide primary and some specialty care services on the existing Hot Springs campus and therefore continue to maintain a presence there.

IS2-1

| Commenter IS2: Tom and Hope Scheimo | |
|--|--|
| | |

| Commenter IS2: Tom and Hope Scheimo | |
|---|--|
| <p>Addition Comment: _____</p> <p>THINGS ARE NOT CHEAPER TO RUN AWAY FROM FOR ANYONE THE VA RENTS TO, LEASES TO, SELLS TO WILL NEED TO BE ABLE TO USE THE SPACE + DUE TO MORAL OBLIGATION + LEGAL CLAUSES - THE VA (THE OWNER/SELLER/LANDLORD) WILL HAVE TO PAY FOR IT WHILE PAYING FOR THEIR NEW DIGS + THE PROBLEMS ACCOMPANYING THESE NEW DIGS -</p> <p>MY NOW-BUSINESS BUT PERSONAL TOUCH OF HUMANITY VIEWS OF KEEPING THE VA IN ITS CURRENT HOME (LAND MARK BUILDINGS) IS THAT ^{(1) THIS} IS THEIR HOME + IF OTHER COMPANIES + SCHOOLS WOULD BE INTERESTED IN USING THESE FACILITIES TO (1) HELP PEOPLE GET BETTER + (2) HELP EDUCATORS + STUDENTS LEARN TO HELP PEOPLE HANDS ON - WHY CAN'T THE CURRENT VA DO THE SAME? + (2) SEE ATTACHMENTS.</p> <p>_____ _____ _____</p> <p>Signature _____ Date _____</p> | <p>IS2-1: Renovation versus new construction or lease costs are broken out further in Chapter 2 of the Final EIS. The new preferred alternative includes renovating Building 12 on the existing campus to operate the CBOC, although this would be more costly than new construction. Closure of the existing hospital would be replaced by greater reliance on local community providers for urgent care and inpatient hospital needs, and not require construction of a new hospital.</p> <p>IS2-2</p> <p>IS2-3</p> <p>IS2-4</p> |

Commenter IS2: Tom and Hope Scheimo

1.2.2.1.3

Many difficulties our veterans of every age face are emotional and psychological in nature; with the feeling of uselessness added to all other maladies.

In metropolitan areas, these ailments are thought best handled in controlled settings of therapy and group counsel, where the "patients" are kept in a loving, positive environment—yet, they must, even in a group venture out to take care of business sometime. And when "on the outside" the pendulum can swing to the other extreme as the "patient" encounters, outside their group, not love but are even ignored and/or abused.

In small, tourist towns such as Hot Springs—though far from perfect—when an injured, hurting Vet ventures from the Veteran's Home into the community, they are treated as a real person. There will be a passer-by who says "hi"—the grocer who will ask if they are new in town—and the bold child who will inquire about any visible, physical disability.

Yes—there are also a few—residents or visitors—who may be cruel or mean. At the same time, there are those—residents and visitors—who will speak up for the Vet.

And—until a Vet is ready to venture from the home—there are groups in town, both non-religious and religious, who visit them on their territory in order to: welcome them, hope to fill their needs and hope to assist or find assistance for needs within the town.

Most have learned, especially the Vet, who has pledged their lives for their country—we all need help.

Sometimes we are the helper.

Sometimes we are the helped.

And most times we are both at the same time.

The Hot Springs needs the VA and, truly, the VA and its Vets needs Hot Springs.

~Scheimo
Hot Springs

my understanding is this is the way it used to be --
but the lobster is about 3 months
It is time to turn off the head dump and the
water is correct the lobster.

Commenter IS3: Troy and Brenna Schmit

Environmental Impact Statement (EIS) Comment Sheet

Name: Troy and Brenna Schmit

Address: [REDACTED]

Hot Springs, SD 57747

Phone: [REDACTED]

e-mail: [REDACTED]

Release Information to the Congressional Yes No

Section: 3.11.2.4.1 Hot Springs School

Need: will affect school by loss of jobs, ~~and~~ families moving and the

support VA gives to the school + activities.

Purpose: 2.3.5 Alternative E - Save the VA proposal

I, Brenna Schmit give permission/authorization for Erin Peters enter this information online on my behalf.

Signature: Brenna Schmit Date: 2-2-14

IS3-1: VA recognizes the potential for adverse economic and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc.

IS3-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IS3-1

IS3-2

Commenter IS4: Kathy Schuman

Commenter IS4: Kathy Schuman

Environmental Impact Statement (EIS) Comment Sheet

Name: Kathy Schuman
 Address: [Redacted]
Hot Springs, SD. 57747
 Phone: [Redacted]
 e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: _____

Need: Many Veterans live in and around our town because of the VA here and also because our town deeply cares for the men and women who have devoted their lives to making sure we continue to enjoy the freedoms so many take advantage of. My father gave many years of service

Purpose: to this country and retired to this community because of this VA. His health has been compromised because of his service and by you removing the VA you continue to compromise not only his but many others who have given and are not listened to when it comes to their needs. Just your lack of ~~discipline~~ ~~and~~ ~~dis~~ disrespect you have shown our community is very hard to comprehend. I am very disappointed in our elected officials who don't listen to their constituents and use their office for
 I, Kathy Schuman give permission/authorization for _____
 enter this information online on my behalf.

Kathy Schuman _____
 Signature Date 4-23-16

their own personal agenda!

IS4-1: Thank you for your comment. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow that VA to better meet the current and future needs of our Veterans, including your father. This includes continuing to provide primary care and some specialty care services in Hot Springs, expanded specialty care services in Rapid City, and greater reliance on local community providers (e.g., urgent care and inpatient hospital care). See group response in Section E.3.3 of Appendix E relating to purchased care options and quality of care.

IS4-1

Commenter IS5: Gary Schweigert

Commenter IS5: Gary Schweigert

Environmental Impact Statement (EIS) Comment Sheet

Name: Gary Schweigert

Address: [Redacted]

Hot Springs, S.D. 57747

Phone: [Redacted]

e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: I am Veteran US Army RA17574271

Need: Health needs

Medical Issues

Purpose: I am only one, who has had several health needs over the years. Having this V. A. facility in Hot Springs has improved my life and considering the heart attack I saved my life.

Section: 1.2.2.1

I, Gary Schweigert give permission/authorization for Chamber to enter this information online on my behalf.

Signature Gary Schweigert Date Jan 27, 2016

IS5-1: Thank you for sharing your VA health care success story. We acknowledge your support for the existing campus in Hot Springs. VA is committed to providing safe and quality care to its Veterans and believes that the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans.

IS5-1

Commenter IS5: Gary Schweigert

Environmental Impact Statement (EIS) Comment Sheet

Name: Gary Schweigert

Address: [REDACTED]

Hot Springs, S.C. 57247

Phone: [REDACTED]

e-mail: [REDACTED]

Release Information to the Congressional Yes No

Section: 1.2.2.2.2

Need: distance to get to the VA here in
Hot Springs

Purpose: My wife and I will be moving to German
Valley in Illinois. The closest VA from
there will be Madison Wisconsin

I Gary Schweigert give permission/authorization for Chambers to enter this information online on my behalf.

Gary Schweigert Signature Date Jan 24, 2016

Commenter IS6: Mary Shanklin

Commenter IS6: Mary Shanklin

Environmental Impact Statement (EIS) Comment Sheet

Name: Mary Shanklin

Address: [Redacted]

Custer, SD 57730

Phone: [Redacted]

e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: _____

Need: the Need is For the Veterans to Keep what they have. Not Springs is not a huge city to be able to lose the V.A. It is a win win situation for both if they can get past the thought of losing the V.A. Not Springs also offers a Lifestyle that is so good for the soul that you can not get in Cities.

Purpose: _____

IF your in a wheelchair or have a walker and you are established with a house and neighbors and a hospital and Doctors- what do you honestly think the purpose should be.

How are you thinking to make this transition easy for these people to get to your new facility, they can't.

I Mary Shanklin give permission/authorization for _____ to enter this information online on my behalf.

Signature Mary Shanklin Date 4-22-16

IS6-1: VA interprets your comment as support to keep the existing Hot Springs facility open and fully operational.

IS6-1

IS6-2: Outpatient primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (e.g., urgent care, inpatient hospital care), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.

IS6-2

Commenter IS7: Dennis Shaw

Commenter IS7: Dennis Shaw

| Environmental Impact Statement (EIS) Comment Sheet | |
|--|---|
| Name: <u>Dennis Shaw</u> | <p>IS7-1: VA acknowledges your support to keep the existing Hot Springs hospital open and fully operational.</p> <p>In addition, note that outpatient primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (e.g., urgent care, inpatient hospital care), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.</p> |
| Address: <u>[Redacted]</u> | |
| <u>Hot Springs, SD 57747</u> | |
| Phone: <u>[Redacted]</u> | |
| e-mail: <u>[Redacted]</u> | |
| Release Information to the Congressional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Section: _____ | |
| Need: _____ | |
| _____ | |
| _____ | |
| Purpose: <u>Moved here due to VA closer than before, this is a vet town and needs this hospital here to service the vets needs</u> | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| I <u>Dennis Shaw</u> give permission/authorization for _____ to enter this information online on my behalf. | |
| <u>[Signature]</u> _____ Signature Date <u>4-23-16</u> | |

IS7-1

Commenter IS8: John Sides

Commenter IS8: John Sides

We need to save our VA (option E), as closing it would have a negative economic impact on the entire Southern Hills region. If we lose these basic services, our local veterans would have to make a two-hour commute just to meet their basic medical needs. Beyond losing local jobs, it's not unrealistic to believe that property values would fall as more veterans choose to live closer to their care providers.

Through the years, I have spoken with many veterans who said that Hot Springs provided the best care of any veteran's hospital they had visited. Hot Springs is a special place; the Native Americans recognized the healing atmosphere of the area long before the town existed.

We hope to see the Hot Springs VA expand and return to its historical grandeur.

John Sides

Smithwick S.D.
57782

IS8-1

IS8-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IS8-2

IS8-2: Outpatient Primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (e.g., urgent care, inpatient hospital care), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

Commenter IS9: Terence Slatery

Commenter IS9: Terence Slattery

Environmental Impact Statement (EIS) Comment Sheet

Name: Terence E. Slattery (Wife, Lori J. Slattery)

Address: Delricks, S.D. 57763

Phone: [Redacted]

e-mail: N/A

Release Information to the Congressional Yes No

Section: _____

Need: *I am a veteran and use the Medical facilities at Hot Springs. It is the only VA facility I have used and I am very pleased with the care I have received. Many other veterans I know have used other VA facilities and they all tell me that none compare with the good care they have received at Hot Springs VAMC. If it closes I will have to drive 140 miles to Fort Meade, others I*

Purpose: *know will be force to travel much further. Over the years the VA has chipped away at all the services available at Hot Springs making it much more difficult to receive the best possible care. Now I must travel 400 miles or more to get the same care I could get in Hot Springs in 1975-80. Instead of diminishing our VA, I say build it up.*

Also this County (Fall River) and the City of Hot Springs will be devastated by the loss of the employees at the VA that make a living wage, provide a tax base and allow a small hometown environment to thrive.

Terence E. Slattery give permission/authorization for _____ to enter this information online on my behalf.

Terence E. Slattery Signature 3/11/2016 Date

IS9-1: Outpatient Primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Expanded specialty care services would also now be available in Rapid City. Also, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care. Greater access to local providers should help eliminate need to go to Fort Meade, although Fort Meade will also remain an option for Veterans.

IS9-1

IS9-2: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

IS9-2

Commenter IS10: Duane Smith

Commenter IS10: Duane Smith

Environmental Impact Statement (EIS) Comment Sheet

Name: Duane E Smith
 Address: [REDACTED]
57744
 Phone: [REDACTED]
 e-mail: _____

Release Information to the Congressional Yes No

Comments refer to EIS Section(s): _____

Need: The Hot Springs facility is clean well kept and easily accessible for everyone. If the building is deteriorating it is not at all noticeable to most, would put a hardship on patients from Nebraska, Wyoming and Western So. Dak.

Purpose: The staff and employees at Hot Springs are all very friendly and caring. The care is excellent and the waiting time is very good. There is a need to renovate services that have been cancelled such as surgery etc. To close a building that has lasted 100 years and will last a lot more. Structures that are built now only last less than half that time.

I _____ give permission/authorization for _____ to enter this information online on my behalf.

Signature _____ Date _____

Addition Comment: Rapid City does not need anymore health care facility. I personally will find another alternative than to find care in Rapid City

Duane E. Smith 3-11-16
 Signature Date

IS10-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IS10-1

Commenter IS11: Janet Speirs

Commenter IS11: Janet Speirs

Environmental Impact Statement (EIS) Comment Sheet

Name: Janet D Speirs

Address: [REDACTED]

Hot Springs SD

Phone: [REDACTED]

E-mail: [REDACTED]

Release Information to the Congressional Yes No

Section: 3.10.2.4

Need: Regarding income. According to Alternative A and the Hot Springs VA closes, our median income for the city Hot Springs would lower considerable. 300 jobs would be lost. The VA is the highest paying employer in Hot Springs. 300 jobs lost really means at least double that would be moving from Hot Springs. 600 lost in a town of 3700 is a 16% decrease. Taxes would rise, with a smaller fire department, smaller police force, and fewer people working on charities. The way of life would change. Fewer grocery stores (we only have two) and fewer places to eat and shop would be a probability. More trips to the larger community of Rapid City which means more fuel costs. So many more people will move because they have to. Alternative E would possibly increase population. This would also provide more services to the veterans both inpatient and outpatient therefore providing better quality of care.

Purpose:

I Janet Speirs give permission/authorization for Hot Springs Chamber of Commerce/Justin Gausman to enter this information online on my behalf.

Janet D Speirs Signature 1-24-16 Date

IS11-1

IS11-1: Alternative E would result in less economic impact on the local Hot Springs community. Sections 4.10, 4.11 and 4.16 have been revised to address potential impacts on the local community. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts.

Commenter IS11: Janet Speirs

Environmental Impact Statement (EIS) Comment Sheet

Name: Janet D Speirs

Address: [Redacted]

Hot Springs SD

Phone: [Redacted]

E-mail: [Redacted]

Release Information to the Congressional Yes No

Section: 1.2.2.1.2

Need: Regarding accessibility mentioned in executive summary of veteran needs, I am part of the historic preservation committee. During that time discussed the remodeling going on in our domiciliary. Just before the VA announced the possible closure of the Hot Springs VA and domiciliary, two buildings had been remodeled. Two new elevators were added. A lesser slope of the ramps made it easier to walk up the ramp. A new women's building was finished. Rather than a dormitory style of living, it is now semi-private baths with individual rooms for the women residents. Another building was almost finished but remodeling was stopped with the announcement of the possible closure. It only had bathrooms to finish. A plan was discussed as part of Alternative E of building small duplexes around the perimeter of the domiciliary to house single veteran's with children. There is plenty of room to build. No mention in Alternative A regarding single veteran with children.

I think it needs to be mentioned about the original construction of the VA Hospital in Hot Springs. The designer specially wanted ramps to both floors of the domiciliary. He mentions in his narrative that he wanted a handicapped veteran in a wheel chair to be able to remove himself from a fire by just rolling down the ramps. Not waiting for an elevator which would be turned off in a fire anyway or someone to carry him to safety.

Purpose:

I Janet Speirs give permission/authorization for Hot Springs Chamber of Commerce/Justin Gausman to enter this information online on my behalf.

 _____
Signature Date 1-24-16

IS11-
2

IS11-2: VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS. Under the new preferred alternative A-2, VA would renovate the exiting Building 12 and operate the CBOC, allowing VA to maintain a continued presence on the campus.

Reasons to relocate the RRTP to Rapid City are further explained in Section 1.2.2.3 of the EIS and relate to the significant advantages it offers Veterans for successful community reintegration.

Commenter IS11: Janet Speirs

Environmental Impact Statement (EIS) Comment Sheet

Name: Janet D Speirs

Address: [Redacted]
Hot Springs SD

Phone: [Redacted]

E-mail: [Redacted]

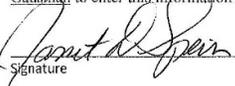
Release Information to the Congressional Yes No

Section: 1.2.2.1.1

Need: In response to the alleged difficulty recruiting listed in Alternative A . I am a former employee of the pharmacy at the Hot Springs VA. I retired 7 years ago. When I left the pharmacy had no problem hiring replacements. Since the time the VA announced the possible closure of the Hot Springs VA pharmacy many pharmacists have left. They have dropped from 8 permanent pharmacists to 2.8 pharmacists. Under alternative E they would have no problem recruiting if the VA announced that the Hot Springs VA pharmacy would not close. There are no plans to have a pharmacy in a CBOC clinic in Hot Springs. The wait times of a veteran going to the pharmacy in Rapid City would increase considerably which would not provide the quality of care desired.

Purpose:

I Janet Speirs give permission/authorization for Hot Springs Chamber of Commerce/Justin Gausman to enter this information online on my behalf.

 Signature
Date 1-24-16

IS11-3

IS11-3: VA interprets your comments as general support for expanded services at Hot Springs under Alternative E and has made it part of the public record for the EIS.

Under the proposed reconfiguration, Veterans would have more options for care from community providers (including pharmacy services), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

Commenter IS12: Peg Sperlich

| Commenter IS12: Peg Sperlich | |
|---|--|
| <p>January 23, 2012</p> <p>Eric Shinseki Secretary Veterans Affairs 810 Vermont Avenue Washington, D.C. 20420-0001</p> <p>Dear Secretary Shinseki,</p> <p>I am Peg Sperlich of Hot Springs, South Dakota, retired Business Manager for the Michael J. Fitzmaurice South Dakota Veterans Home which as you know is across town from the Hot Springs VA Medical Center. I'm sure you've received many letters telling of the remarkable working relationship between these two veterans health care facilities located in "The Veterans Town", and the positive effect on the "heroes" both serve. I'm writing to share just a couple from my personal experiences.</p> <p>I now volunteer and work several part time jobs. One Viet Nam veteran I do housecleaning for suffers with PTSD. His home is located within easy walking distance of the Hot Springs VA, <u>which allows him to walk to his various appointments and clinics (very important as he is unable to drive and his wife is also disabled).</u> He is one of several people I know that <u>moved to Hot Springs to be near the excellent services provided at our local VA.</u> He now has a level of comfort and confidence that has been established with the professional staff there, without which this veteran would likely not seek or <u>receive the treatments he absolutely needs in order to function at some level of normalcy.</u> <u>Change is not easy for those living with PTSD,</u> and he deserves to continue receiving only the best care the VA and this nation can provide, without disruption, <u>and without undue hardship.</u></p> <p>Several years ago, while working at the State Veterans Home, I had the privilege of helping one of our wounded warriors, Franklin A Bull Tail Scout, publish his book "Grandfather's Bedtime Stories – Three Traditional Sioux Folktales". This proud Marine was awarded <u>two Purple Heart medals for his selfless service in the Korean War,</u> and had many disabilities preventing him from passing on these historic Lakota stories in the traditional way of their verbal history. The book project began some 12 years earlier as he was receiving treatment at our Hot Springs VA Medical Center. At that time he was assisted in getting two of the stories written down by a staff member there as part of his Speech Therapy. As a result this veteran was recognized for</p> | <p>IS12-1: Thank you for sharing your story and personal contact experiences with Veterans and the care they received at Hot Springs.</p> <p>VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</p> <p>VA is committed to providing continued quality and safe care to its Veterans and believes that the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans. This includes greater access to local community providers closer to where Veterans live. See group response in Section E.3.3 of Appendix E relating to purchased care option and quality of care under this option. VA would continue to closely manage and coordinate care between Veterans and local providers.</p> |

IS12-1

Commenter IS12: Peg Sperlich

his work at the 2006 National Veterans Creative Arts Festival that was held in Rapid City and he was able to appear on stage in his wheelchair while the song he wrote was performed as the opening number. This took an amazing amount of coordination between his healthcare providers at both the Hot Springs VA and the State Veterans Home, and would not have happened without the excellent personalized care he received at both facilities. During the final stages of completing his book, Mr. Scout had to be transported to the VA three times a week for [REDACTED]. Because this life-saving treatment was available to him in Hot Springs he enjoyed a productive life and was able to accomplish his dream and leave a lasting legacy for his family (and all people) before he died in 2009.

Keep the VA facility in The Veterans Town, and do what must be done to make it more efficient while providing MORE services here to our brave heroes to whom we owe so much.

Thank You!

Peg Sperlich

[REDACTED]

Hot Springs, SD 57747

[REDACTED]

IS12-
1

Commenter IS13: Christa Spillane

Commenter IS13: Christa Spillane

Environmental Impact Statement (EIS) Comment Sheet

Name: Christa Spillane

Address: [REDACTED]

Phone: [REDACTED]

e-mail: [REDACTED]

Release Information to the Congressional Yes No

Section: 3.11.2.5

Need: Parks and Rec. budget would most likely be affected by losing the VA

Purpose: Alternative E - 235

I Christa Spillane give permission/authorization for _____ to enter this information online on my behalf.

Signature: Christa Spillane Date: 1-22-16

IS13-1: Potential impacts on community services are addressed in Section 4.11 of the EIS.

VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IS13-1

Commenter IS14: Helen Spitzer

Commenter IS14: Helen Spitzer

Environmental Impact Statement (EIS) Comment Sheet

Name: Helen Spitzer
 Address: [Redacted]
Hot Springs, SD 57747
 Phone: [Redacted]
 e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: 1.2.2.2 Distance Veterans must travel for
 Need: My husband is a veteran and as he ages his needs may increase so we need to have the VA here rather than far up to have to drive so far to a VA. We've lived here all our married life and will not be moving to be near a VA elsewhere

Purpose: 2.3.5 Alternative E - Save the VA Proposal

I Helen Spitzer give permission/authorization for Sarah Peterson to enter this information online on my behalf.

Signature: Helen Spitzer Date: 3/1/16

IS14-1

IS14-2

IS14-1: Outpatient Primary health care and certain specialty care would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, Eligible Veterans now have more options for care from community providers (e.g., inpatient hospital care), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IS14-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

Commenter IS15: Julie Standen

Commenter IS15: Julie Standen

Environmental Impact Statement (EIS) Comment Sheet

Name: Julie Standen
 Address: [REDACTED]
Hot Springs, SD 57747
 Phone: [REDACTED]
 e-mail: _____

Release Information to the Congressional Yes No

Section: I retired from the Navy in 1990 and

Need: Could already see the hand writing on the wall. Do not count on the VA system for my future health care - do plan accordingly and make other arrangements for my health care. Sully I was right!

THIS IS ABOUT BROKEN PROMISES TO THOSE

Purpose: WHO SERVED THIS COUNTRY!! AND THIS IS ESPECIALLY TRUE FOR VETS WHO CHOOSE TO LIVE IN RURAL OR FRONTIER areas. How dare we make it inconvenient for the VA to provide care? you fall out on your high horses, Daphy inside the Washington DC Beltway and say there is still care available. So what if you have to drive 2-3-4 hours one way to get it. Services are still being provided - what cares if they are so inconvenient, as to render them virtually nonexistent?! The (over)

I, Julie Standen give permission/authorization for _____ to enter this information online on my behalf.

Signature: [Signature] Date: 1/31/14

IS15-1: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans. While the proposal calls for closing of the existing hospital, outpatient primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Expanded specialty care would also be made available in Rapid City. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. Access to local providers would help reduce the distances Veterans have to travel for health care. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IS15-1

Commenter IS15: Julie Standen

Addition Comment: people who care are the elderly, vets who were fed a line of promises - and believed them! The VA will be there; all you have to do is put your life on the line. Well they did; WWII, Korea, Vietnam and the current ridiculous activities in the mid east. The men men and women went, they served and they had expectations that the government would live up to their promises. I guess that makes veterans of the U.S. military just a bunch of deluded fools.

I grew up 25 miles from Fort Springs. I had a great uncle who lived his entire life after WWII in this VA facility. It was a great community dedicated to caring for our vets. Now it is nothing more than a pretty, empty shell. SUPPOTER ON YOU!

All vets are entitled to reasonably convenient access to high quality care. They should not be looking at refusing because they haven't the resources to drive for hours to get health care.

Julie Standen
Signature

Date

1/31/16

Commenter IS16: Martha Stave

| Commenter IS16: Martha Stave | |
|--|--|
| <p>Release Information to the Congressional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I <u>MARTHA J. STAVE</u> give permission/authorization for <u>Save the V.A.</u> enter this information online on my behalf.</p> <p><u>Martha J. Stave</u> <u>1-25-16</u> Signature Date</p> | |

Commenter IS17: Raymond Stoecki

Commenter IS17: Raymond Stoecki

Environmental Impact Statement (EIS) Comment Sheet

Name: RAYMOND STOECKI
 Address: [REDACTED]
HOT SPRINGS SD 57747
 Phone: [REDACTED]
 e-mail: [REDACTED]
 Release Information to the Congressional Yes No

Section:
 Need: There was a promise made to Veterans when they served,

Purpose: IT'S SAD THAT THE GOVERNMENT DOESN'T RESPECT THE PROMISES THAT IT HAS MADE. HAVING TO DRIVE 100 MILES TO RECEIVE CARE IS RIDICULOUS. THERE SHOULD BE A LIMIT AS TO HOW FAR YOU HAVE TO GO TO RECEIVE CARE.

I Raymond Stoecki give permission/authorization for _____ to enter this information online on my behalf.

Raymond Stoecki 3/23/16
 Signature Date

IS17-1: Outpatient Primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Expanded specialty care would also be available in Rapid City. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. Greater access to local providers would help cut down on distance Veterans have to travel. See group responses in E.3.1 and E3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IS17-1

Commenter IS18: Gary Strauser

| Commenter IS18: Gary Strauser | |
|---|---|
| <p style="text-align: center;">Environmental Impact Statement (EIS) Comment Sheet</p> <p>Name: <u>Garry D. Strauser, MD (Former Hot Springs VA Employee, Current FRHS Board Member, and Interested Taxpayer)</u></p> <p>Address: <u>[REDACTED]</u> <u>Hot Springs, SD 57747</u></p> <p>Phone: <u>[REDACTED]</u></p> <p>e-mail: <u>[REDACTED]</u></p> <p>Release Information to the Congressional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sections: 2.3.1.2 and 3.11 and 3.11.2.1.1 and 3.11.2.2.1 and 3.11.2.4.1 and 3.15.1.1 and 3.15.1.2 and 4.10.2.2 and 4.10.2.2.1 and 4.10.6.2 and 4.10.6.2.1 and 4.11.1</p> <p>“Under Alternative A, VA BHHCS would gradually reduce the number of employees in Hot Springs from the current level, which is 357 full-time equivalent employees (FTEEs), and increase the number of employees in Rapid City, which is currently 30 FTEEs.” Furthermore: “Approximately 67 FTEEs would staff the proposed Hot Springs CBOC and maintain the vacated campus, a decrease of 290 FTEEs in Hot Springs. Approximately 128 FTEEs would staff the proposed Rapid City area MSOC and RRTP, an increase of 98 FTEEs in Rapid City. The remaining Hot Springs FTEEs not transitioned to Rapid City would decrease through eligible retirements, early retirements, buy-outs, and voluntary separations. No VA employees would lose VA employment, although they may need to fill a different job, with retraining as needed.”</p> <p>The above statements by VA cannot ensure continued VA employment for all current Hot Springs VA personnel. With a net of 192 FTEEs no longer working in Hot Springs and also not employed in Rapid City, how can the VA possibly guarantee—as they have said they would—that no current employee would lose his/her job <i>involuntarily</i>? Who can ensure that there will be sufficient employees who are willing to retire, take a buy-out, or voluntarily separate? We are talking about 192 FTEEs—that’s a <i>minimum</i> of 192 individuals. That is a lot of people!</p> <p>Because this scenario is untenable, at best, the VA’s proposal should be considered disingenuous, and Alternative A should be rejected in favor of Alternative E.</p> <p>Even if the VA scenario played out as they have suggested, there would undoubtedly be a large number of employees who would have to “voluntarily” separate from VA service. Since the overall pay scale at the VA is generally higher than that available from other employment in the community, there would be significant socioeconomic effects within the community and surrounding area. Former VA employees (now without jobs) would seek lower-paying employment, would resort to living on fixed incomes, or—more likely—would move away, in pursuit of jobs that would permit them to raise their families and live in the manner in which they had become accustomed. Thus, there would be significant ripple effect, leading to vacant housing with stagnant sales, possible foreclosures, decreased income for rental property owners and realtors, decline in school enrollment, decreased business for local entrepreneurs, and decreased tax revenues for city, county, ambulance district, and school system. The latter will also experience significant further reduction in funding because of the per capita decrease</p> | <p>IS18-1: The commitment of a VA job for every VA employee includes the potential need for re-training and re-location to another VA facility location.</p> <p>IS18-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</p> <p>IS18-3: VA recognizes the potential for adverse economic impact on the local economy, schools, etc., and has addressed these impacts in expanded sections 4.10, 4.11 and 4.16 of the Final EIS. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.</p> <p>VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. If implemented, the center would bring up to 120 jobs to the area, which should also help address potential economic concerns. Though this call center is not related to the proposed reconfiguration of healthcare services, it is an example of the types of adaptive reuses available for the Hot Springs VAMC under Alternative G.</p> |
| | IS18-1 |
| | IS18-2 |
| | IS18-3 |

Commenter IS18: Gary Strauser

Environmental Impact Statement (EIS) Comment Sheet

Name: Garry D. Strauser, MD (Former Hot Springs VA Employee, Current FRHS Board Member, Save the VA Ad Hoc Sub-Committee Member—for Generation of Fall River Hospital White Paper, Property Owner, Tax Payer)

Address: [Redacted]
Hot Springs, SD 57747

Phone: [Redacted]

E-mail: [Redacted]

Release Information to the Congressional Yes No

Sections: 1.2.1 and Appendix B (Residential Rehabilitation Treatment Program (RRTP) Physical Plant White Paper) of Save the VA Proposal (Appendix B of EIS)

Purpose and Need, and Comments:

In Section 1.2.1, the VA Administration claims that the "purpose of VA's proposal to reconfigure health care services in the BHHCS is to provide high- quality, safe, and accessible health care for Veterans well into the twenty-first century by: Ensuring facilities for Veterans receiving any services...can be well-maintained within available budgets and resources;" and, further, claims to have "identified a need to reconfigure health care services in the BHHCS catchment area because: ...Facility costs at the Hot Springs campus negatively affect VA's stewardship of funds appropriated for Veterans health care."

The Save the VA Committee has addressed VA's perceived "need" to realign the VA BHHCS in its logical rebuttal that is nicely defined in Appendix B of the Environmental Impact Statement (EIS). It is vital that ALL decision-makers carefully read and thoroughly understand the contents of the Residential Rehabilitation Treatment Program (RRTP) Physical Plant White Paper enclosed in Appendix B.

Save the VA Committee provides the following information on page B-54 of EIS Appendix B:

| | |
|---|--|
| Projected Costs of VA Administration Proposal: New RRTP Complex in Rapid City | \$37,400,000.00 |
| Activation money for furniture, computers, new equipment for new RRTP | \$11,000,000.00 |
| New CBOC in Hot Springs with Dialysis | \$15,000,000.00 |
| Activation money for furniture, computers, new equipment for new CBOC | \$5,000,000.00 |
| Maintenance of abandoned Hot Springs VA Campus with National Historic Landmark status. Estimated costs include heat, maintenance of roads and grounds, security and building maintenance. | \$2,500,000 per yr. x 25 = \$25,000,000.00 |
| ESTIMATED TOTAL: | \$93,400,000.00 |

Notation is made that a time-span of 25 years was utilized in the maintenance computation, instead of the 30-year time span that the VA Administration used in its computations. The figure of \$25,000,000.00 obviously resulted from multiplying \$2,500,000 by 10, rather than 25, as shown. So, the Maintenance Total apparently was intended to be \$62,500,000.00, rather than the \$25,000,000.00 shown in the above table.

However, when plugging in the 30-year time-span and using updated information for established maintenance costs to mothball the historic Hot Springs facility (i.e. \$5.33/sq.ft. for 425,000 qualified sq.ft.), the following is considered to be more accurate: 425,000 sq.ft. x \$5.33/sq.ft. = \$2,265,250.00 per yr.; and—when taking 30 years into account—Maintenance Costs = \$2,265,250.00 /yr. x 30 yrs. = \$67,957,500.00 (rather than \$25,000,000.00).

IS18-5: VA website to access JLL report created in response to this proposed reconfiguration can be located on the VA Black Hills Future website at:

VA has made your comment and excerpts from Appendix B of the Final EIS also available here as part of the public record.

A more detailed breakout of costs for each alternative has been provided in Section 2.3 of the Final EIS and the costs of Alternative E have been adjusted slightly per their comments on the Draft EIS (see VA responses to CP11 comments which are from Save the VA). See group response in Table E-2 of Appendix E relating to costs of the Alternatives and cost of Alternative E. While VA is unable to update any costs due to current appropriation restrictions, VA believes the original estimates, which included renovation cost estimates based on recommendations by a historic architect), continue to provide a representative basis for comparison among alternatives.

IS18-5

| Commenter IS18: Gary Strauser | |
|---|---|
| <p style="text-align: center;"><u>Environmental Impact Statement (EIS) Comment Sheet</u></p> <p>Name: <u>Garry D. Strauser, MD (Former Hot Springs VA Employee, Current FRHS Board Member, Save the VA Ad Hoc Sub-Committee Member—for Generation of Fall River Hospital White Paper, Property Owner, Tax Payer)</u></p> <p>Address: <u>[REDACTED]</u> <u>Hot Springs, SD 57747</u></p> <p>Phone: <u>[REDACTED]</u></p> <p>E-mail: <u>[REDACTED]</u></p> <p>Release Information to the Congressional <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Section: 1.2.2.1.4 and Save the VA Proposal as Described in Appendix B and 3.3 and 3.3.5.1.2</p> <p>Comments:</p> <p>In order to justify the purpose and need of providing quality healthcare to America's Veterans while adhering to cost restraints and stewardship responsibilities, VA Administration has claimed in Section 1.2.2.1.4 (Facility Costs Negatively Affect VA's Stewardship of Funds Appropriated for Veterans Health Care), that a "contributing factor to the relatively high costs within VA BHHCS is the increasing age and cost of operating, maintaining, and improving buildings that range from 40 to over 100 years old." But I contend that—as long as the buildings are safe, soundly built, optimally accessible and functional, and maintainable at a cost less than reasonable alternatives—older buildings actually can be preferable to newly built facilities. Thorough rationale has been described in Save the VA's Proposal (Appendix B) to support Alternative E, and reject VA Administration's Alternative A.</p> <p>Tens of thousands of our country's Veterans have been cared for at the Hot Springs VA / Battle Mountain Sanitarium National Home for Disabled Volunteer Soldiers since 1907. This number far exceeds the 42 U.S. Presidents and their families who have lived in the White House since John and Abigail took residence in 1800, and is even far greater than the fewer than 1200 U.S. Senators, Representatives, and Supreme Court Justices who have utilized the U.S. Capitol Building at some time since that same year.</p> <p>Though extensively burned in 1814, leaving only the exterior shell of the building, the original White House was fully restored over the next three-year period. Although occasional remodeling has been undertaken through the years, the next major reconstruction occurred from 1949-52, when the interior of the White House was completely gutted and entirely rebuilt. Why didn't they just build a brand new one? Wouldn't it have been quicker, and easier? No, Congress and the American people felt this Historic Landmark should be preserved.</p> <p>The U.S. Capitol is currently undergoing another major restoration of its Dome, marking only one of many reconstruction, renovation, and remodeling projects the building has undergone since first being built in 1793. So, when it was badly burned during the War of 1812, why did Congress decide to rebuild it, rather than just constructing a new one? Why, over the past two centuries, has Congress appropriated money to make multiple renovations and modifications, rather than rebuild? They have done so because this Historic Landmark should be preserved.</p> | <p>IS18-6: VA has revised statements about the suitability of the historic campus buildings to be adapted to comply with the ABA. See Table E-2 of Appendix E relating to accessibility.</p> <p>Also, under the new preferred alternative, Building 12 would be renovated to operate the CBOC so that VA would maintain a presence on the Hot Springs campus.</p> |

IS18-6

Commenter IS18: Gary Strauser

Environmental Impact Statement (EIS) Comment Sheet

Name: Garry D. Strauser, MD (Former Hot Springs VA Employee, Current FRHS Board Member, Save the VA Ad Hoc Sub-Committee Member—for Generation of Fall River Hospital White Paper, Property Owner, Tax Payer)

Address: [REDACTED]
Hot Springs, SD 57747

Phone: [REDACTED]

E-mail: [REDACTED]

Release Information to the Congressional Yes No

Sections: 4.11.2.2, 4.11.2.2.3, 2.3.1.2, Appendix B. (Appendices A, I, and J), 3.11.2.4.1, and Public Scoping Comments 3.2.5 and 3.2.11

Need and Comments:

We became property owners in Hot Springs, South Dakota when I moved here with my wife and family to begin work as a board-certified diagnostic radiologist at the Hot Springs VA Medical Center (VAMC) in August 1987. We have now been in our home for over 28 years, living four blocks from the south entrance to the VA grounds.

I fully retired in 2011, and our children are all grown and gone, living in other states. Our mortgage should be paid off in another couple years. Although we love to travel elsewhere to visit our children, grandchildren, and other family and friends, we enjoy living in this community. We have friends here, our church family is here, we feel safe here, many of our interests and activities are here, and we look forward to living out our lives right here in Fall River County.

AT LEAST THAT'S WHAT WE THOUGHT...UNTIL DECEMBER 12, 2011. That's when the VA announced their proposed realignment of the Hot Springs facility.

Although any personal concerns certainly are of much lesser importance than the many mental health, medical, and surgical needs of our Veterans, I have a very real concern regarding how the loss of the VA would impact the citizens of our community and us as a married couple.

But why should we, or anyone for that matter, want to live somewhere that faces a devastating economic crisis? Our community has been facing a diminishing census over the last several years, in part secondary to the significant downsizing of the local VAMC by its Administration. But it is now very likely that the trend will increase even more in the next few months and years if the wishes of VA leadership are carried out—specifically, their plan to realign the Hot Springs facility by closing the hospital and relocating the domiciliary and its programs to Rapid City (Alternative A).

According to Section 4.11.2.2 of the EIS document (describing the impacts of operation under Alternative A), the “reduction of approximately 216 FTEs whose residence is Fall River

| Commenter IS18: Gary Strauser | |
|---|---|
| <p>County...would reduce VA wages...over the five-year implementation time period. The reduction in VA wages would be moderate when compared to total wages earned in Fall River County and minor when retirement-eligible FTEEs and wages are included. ...Local sources of funding for FDs, emergency medical services, PDS, schools, and parks are predominantly property and sales taxes. Property taxes would not be affected by reduction in FTEEs and wages because the tax would still be paid regardless if the property is occupied. ...Fall River County could experience a minor to moderate decrease in sales tax revenue..." "The VA Hot Springs campus is federal government property on federal land owned by VA. It is not defined as "entitlement land" under the Payments in Lieu of Taxes Act (31 U.S.C. 69); therefore, Fall River County does not receive federal payments associated with the VA campus to offset losses in property taxes that fund community services."</p> <p>More realistic consequential economic losses to VA employees—and to area-wide non-Veterans, as well—following implementation of Alternative A are described in Appendix J: Hot Springs Business, Community and Economic Impact White Paper, contained in the Save the VA Proposal (Appendix B of the EIS). Careful attention should be given to the contents of this White Paper, acquired by the concerned citizens of The Veterans Town.</p> <p>Although I would expect our property taxes to rise significantly as our tax base goes down, Section 4.11.2.2 of the EIS suggests that they would remain stable. This stance, however, makes the unproved assumption that property owners will be able to remain solvent and continue to pay their property taxes. In this largely elderly community, there is little to suggest that this would be the case.</p> <p>Although VA claims that "Fall River County does not receive federal payments associated with the VA campus to offset losses in property taxes that fund community services," it is clear that VA is not accounting for some existing revenue offset to the taxpayer through the longstanding Impact Aid program (discussed in more detail, below) to the local school district. This tax offset would largely be lost, or severely compromised, if Alternative A is adopted, but would be preserved if Save the VA's Alternative E were implemented.</p> <p>As far as the community experiencing "a minor to moderate decrease in sales tax revenue," I think it is much more likely that implementation of Alternative A would lead to a moderate to severe decrease in sales tax revenue. That loss of tax base for the City of Hot Springs would be expected to have long-lasting ramifications for the area. Online information indicates that the census of Hot Springs was 4146 people in 2000 and 3711 people in 2010, with census figures for Fall River County being 7400 in 2000 and 7094 in 2010. Hot Springs and the surrounding area would continue to decline as even more folks move away in order to find employment. Additionally, our young people will not be drawn back home, and older people—non-Veterans as well as Veterans—will be reluctant to move here to retire. This will seriously impact businesses, volunteer organizations, and individual volunteer activities in the area; and, undoubtedly, there will be a loss of the arts and entertainment. Veteran and civilian service organizations will be drastically affected. Our homeowner insurance premium rates are likely to go up when fire and police protection is reduced. There will be the real potential for increased crime, with reduced availability of social and child protective services. Many of these concerns have been included in Sections 3.2.5 and 3.2.11 (Summaries of Public Scoping). I urge</p> | <p>IS18-7: As indicated in response to IS18-3, the Final EIS has been revised to address potential impact to the local economy and community, including potential impacts on schools. See group response in Table E-2 of Appendix E relating to socioeconomics; see also revised sections 4.10, 4.11 and 4.16 (cumulative impacts).</p> <p style="text-align: center;">IS18-7</p> |

Commenter IS18: Gary Strauser

decision-makers to pay careful attention to the entire list of comments made by our informed and concerned public.

When local VA services are further diminished or closed, as would be the case with implementation of VA's Alternative A, there definitely would be further impact on the Hot Springs School District. With loss of VA employees and accompanying federal funding, schools will lose students and teachers. Quality of education consequently will suffer.

The Save the VA proposal (Appendix B of the EIS) contains a School Committee White Paper (Appendix I) that states the following: "In 1995 there were 1001 students enrolled and 492 employees at the VA. In 2011 there were 813 students and 385 VA employees. While we cannot directly connect the total drop in student numbers to decline in VA staff numbers, it would certainly appear there is some connection. Further reduction would no doubt cause smaller enrollments. The district receives Impact Aid for students who have parents that work and/or live on federal property. Impact Aid is a very important source of revenue for the operation of the Hot Springs School District. These federal Impact Aid revenues come to the district in lieu of local tax dollars for land that is owned by the federal government...For our district, we receive around \$22,000 for those students connected to the VA. We currently have 118 students with parents connected to the VA."

So, although the Save the VA Committee mentions Impact Aid, VA's Section 3.11.2.4.1 of the EIS does not specifically describe this source of revenue. It also is important to realize that the federal property cited (i.e. that specific property involved in generating the Impact Aid) must actually be located within the very school district that receives the Impact Aid. Therefore, children of any VA employees who live in Hot Springs but work in a VA facility in Rapid City would no longer be eligible to generate Impact Aid federal dollars for the Hot Springs School District. Therefore, the local school district will lose even these Impact Aid dollars because the parents' VA employment falls outside the school district.

According to the data that Save the VA has uncovered, however, the "largest Impact would be the loss in state aid and school apportionment that are calculated per head count. That amount is approximately \$5,000 per pupil. It is easy to see that the loss of 50 students would amount to approximately \$250,000 or a quarter of a million dollars. 100 students would be \$500,000 or a half-million dollars." This is a significant loss for this school district, and there would be grave consequences for the students of our community. This information does not square with VA's claims.

The VA's Alternative A claims that the "reduction of approximately 216 FTEs whose residence is Fall River County would have a minor impact on the capacity of the Fall River County school districts." However, I contend that the impact would be shown to be highly significant in Hot Springs if the VA, rather than using combined numbers from all three school districts in the county, were to choose, instead, only to confine its attention to the Hot Springs School District. VA claims that, because "more than half of the FTEs (116 of 216) would be eligible for retirement by FY 2020 (see Section 4.10.2.2.1) and would probably not have school-age children at home, the impact on school enrollment would be much less." Although this may

Commenter IS18: Gary Strauser

seem to be a reasonable assessment at first glance, it clearly demonstrates what has been happening at the Hot Springs VA for several years. Namely, for decades, VA has elected not to recruit replacements for those employees who retire. This management "strategy" has intentionally caused the workforce to decrease in size, but, also, to become more aged over the years. Thus, the school district has slowly experienced smaller and smaller enrollments because younger VA employees (having school-age children) are not brought in to this community. So, instead of comparing school district enrollment statistics obtained immediately before and after reconfiguration, VA should be looking specifically at those enrollment statistics for the Hot Springs School District projected to occur immediately after VA reconfiguration, and compare them to enrollment data acquired from the year 1995—i.e. prior to the "slow hemorrhage" experienced by the Hot Springs VA employee workforce after integration of Hot Springs VAMC and Fort Meade VAMC to become VA BHHCS some two decades ago.

Also, the saleable value of our old two-story home undoubtedly will go way down, and it is very unlikely that we actually will be able to sell it. If it doesn't sell, it would be difficult for us to move into a retirement community, assisted living facility, or nursing home.

So, as a senior citizen, I am very concerned where my wife and I will be able to live in our old age. Will we be able to sell our house? Will the assisted living facility and nursing home stay open?

But, more importantly, implementation of the VA Alternative A will have even more devastating effects for our Veterans—many of whom already can't afford to move away. They will be "stuck" in this area—now, without access to the VA healthcare that was promised them. That really bothers me.

Hopefully other folks, in their comments, will address the vital needs of our Veterans in more detail. The proposal by VA BHHCS (Alternative A) was poorly conceived. The Save the VA Committee's proposal (Alternative E) offers an excellent plan for maintaining and expanding needed care for America's Veterans, and the plan allows this to be done right here in Hot Springs, South Dakota. Attention should be given to this plan. I believe it is a good one. The facts speak for themselves, if the decision-makers will take the time to read them over and understand them.

I, Garry D. Strauser, MD, give permission/authorization for The Hot Springs Chamber of Commerce/ Justin Gausman to enter this information online on my behalf.


 Signature _____ Date 02/03/2016

Commenter IS18: Gary Strauser

Environmental Impact Statement (EIS) Comment Sheet

Name: Garry D. Strauser, MD (Former Hot Springs VA Employee, Current FRHS Board Member, Save the VA Ad Hoc Sub-Committee Member—for Generation of Fall River Hospital White Paper, Property Owner, Tax Payer)

Address: [REDACTED]

Hot Springs, SD 57747

Phone: [REDACTED]

E-mail: [REDACTED]

Release Information to the Congressional Yes No

Sections: 1.2.2 and 1.2.2.1.1 and 1.2.2.1.4

"Needs" and Responsive Comments:

The VA claims that reconfiguration of the VA Black Hills Health Care System (VA BHHCS), with specific preference to Alternative A, is needed because "quality of care offered at the Hot Springs facility is constrained because VA has difficulties recruiting and retaining qualified staff to work at that location, and maintaining clinical competency of Hot Springs staff due to low patient volume."

I moved to South Dakota with my family in 1987, leaving an enjoyable academic radiology specialty practice at the University of Colorado Health Sciences Center in Denver in order to serve our Veterans and practice general diagnostic radiology at the Hot Springs VAMC. My wife and I have now enjoyed living in Hot Springs for the past 28+ years. I retired from full-time practice in 2002, after 15 years of full-time VA service; and, subsequent to my retirement, I continued to work intermittently as a board-certified fee-basis radiologist for another eight years at the same facility.

After providing the same consistent standard of radiology services to Veterans in Hot Springs for over 23 years, I unexpectedly received a letter from VA BHHCS Human Resources Management at the beginning of 2011. The letter stated that the VA BHHCS no longer needed my services.

My immediate surprise was that the VA would make such a move at a time when it was already well known that the only other Hot Springs VA radiologist (the sole full-time staff radiologist) was battling a terminal illness. The staff radiologist went on to die in May 2012—and he was not replaced. As far as I know, no effort was ever made to recruit a replacement. And, certainly, no one tried to call me back as a part-time replacement or even as a local consultant.

Thus, there is no in-house radiologist available at the Hot Springs VA. In fact, there is no practicing radiologist in Hot Springs or in all of Fall River County. Although standard radiographic studies and magnetic imaging (MRI) and computed tomography (CT) examinations are viewed and interpreted electronically by well-qualified off-site board-certified radiologists, patients requiring hands-on examination by a radiologist—such as fluoroscopy patients—are no longer able to have their procedures done in Hot Springs. This includes elderly and debilitated stroke patients who may need swallowing studies, for instance. They are, instead, required to travel to Rapid City or Fort Meade for a simple 10-15 minute examination. And providers seeking urgent imaging consultations must call off-site radiologists with their questions and concerns. Thus, evaluations, diagnoses, and treatments are delayed for some veterans. Potential for compromise of patient care certainly exists.

It would seem that fair questions are in order. How does this support the VA's contention that it cannot retain or recruit competent health care professionals to serve our Veterans? How does this confirm that

Commenter IS18: Gary Strauser

they have diligently tried to do so? And how does this reflect an effort by VA Administration to take care of our Veterans, and provide them with quality health care closer to where they reside?

I previously had been aware that other physicians and mid-level practitioners had failed to be recruited or retained by VA BHHCS, despite the providers' expressions of interest in working—or continuing to work—at the facility in Hot Springs. Upon receiving the aforementioned letter, however, the oft-talked-about issue of intentional downsizing of staff and services at the Hot Springs campus of VA BHHCS became a personal reality to me, and it was transparent that the Administration of VA BHHCS was disingenuous in its assertion that there was difficulty in “recruiting and retaining qualified staff to work at that location.”

Despite systematic widespread dismantlement of various other services at the Hot Springs VA over the course of several years (with coinciding augmentation/initiation of corresponding services at the Fort Meade VA), the volume of work certainly had not diminished significantly in the Imaging Service. Thus, I saw no reason to believe there was any justification for “concerns” by Administration regarding possible degradation of “clinical competency of Hot Springs staff due to low patient volume” in Imaging. So why would they intentionally make this cut—especially since I live only four blocks from the facility, have no plans to move from the area, and worked fee-basis without VA benefits, receiving no more than basic Medicare-comparable pay per case?

The EIS document states that the “federal government has difficulty in matching private sector salaries in addition to competing with a nationwide shortage of professional medical staff (see, for example, HRSA 2013). Some specialties are difficult to recruit in Hot Springs (orthopedics, laboratory technologists, sleep laboratory technicians, internal medicine, psychiatry, respiratory therapists, mental health professionals), even given the availability of the Education Debt Reduction Program, recruitment incentives, and enhanced salary rates.”

It is well documented, however, that the local civilian hospital in town, operated by Fall River Health Services (FRHS), has been able to successfully recruit many highly-sought-after health professionals (see below for more details) during the same time frame in which the VA has claimed that the “rural location limits the appeal of relocating to Hot Springs.” The VA claims that despite offering “recruitment/relocation incentives of up to 25 percent of basic pay,” that “recruitment for this location remains a challenge,” and that these “recruiting and retention difficulties have resulted in high staff turnover, prolonged position vacancies, and more dependence on physicians who specifically seek positions for only a short period, usually a few weeks to a few months (referred to as “locum tenens” physicians).”

Furthermore, as a 16-year member of the Board of Directors of FRHS, I can say that VA salaries actually are often comparable or greater than our local private sector salaries. Specifically, while salaries for physicians, nurse practitioners, and pharmacists are locally comparable at the VA and FRHS, salaries for pharmacy technicians and nurses are, in fact, relatively *higher—not lower*—at the VA. And importantly, employee benefits *universally* are relatively *better* at the VA.

Over the last few years, FRHS specifically has been able to recruit personnel to fill the following positions: laboratory technologist, ultrasound technician, pharmacist, pharmacy technician, respiratory therapist, family practice physician, internist, psychiatrist, registered nurse, physician assistant, certified nurse practitioner, mental health professional, occupational therapist, physical therapist, and physical therapy assistant. In addition, the following individuals provide scheduled patient services at FRHS—although they are not actually employed by FRHS: general surgeon, podiatrist, orthopedic surgeon, ophthalmologist, board certified emergency room physician, certified registered nurse anesthetist, sleep laboratory technician, echocardiographer, and speech and language pathologist.

Commenter IS18: Gary Strauser

This is of important note since, according to the EIS document, "the only part-time medical positions in Hot Springs for which VA BHHCS has tried to recruit are a surgeon and a certified registered nurse anesthetist, in both cases because full-time positions could not be supported by the workload." This seems to substantiate the fact that VA has demonstrated little effort to adequately staff the Hot Springs VAMC. Further confirmation comes from the fact the VA has never contacted FRHS to inquire about sharing staff or other professional health personnel on a part-time basis.

There is substantial evidence—and by many witnesses in addition to myself—that there have been numerous qualified physicians and other professional health care workers who have openly expressed a desire to permanently move to Hot Springs and practice at this VA, but who have not been recruited. Instead, the VA has "chosen" to offer only short-term (less than one year) contracts or employment positions. So, what responsible person would think about moving his/her family to a place where there is such built-in uncertainty? Why has the VA chosen to offer regular employment opportunities for applicants at Fort Meade and Rapid City, but failed to do so at the Hot Springs VA? It is difficult to believe that the VA Director/Administration is genuinely interested in adequately staffing the Hot Springs VA. It seems much more likely that the system has been manipulated in order somehow to try to justify a need to reconfigure BHHCS.

In Section 1.2.2 of the EIS, "need" for reconfiguration is further based, in part, on the claim that facility "costs at the Hot Springs campus negatively affect VA's stewardship of funds appropriated for Veterans health care." Section 1.2.2.1.4 states that "VISN 23's responsible stewardship of appropriated funds is impacted by VA BHHCS's high operating costs: the VA BHHCS cost per unique patient is the highest among VISN 23 health care systems, many of which have facilities that offer more costly and more highly complex medical services compared to those available in VA BHHCS."

Regarding the need for responsible stewardship of VA funds, it should be emphasized that VA BHHCS has elected to send most of its after-hours and weekend CT scan patients to FRHS for examination. This pattern of assessment has been more routinely implemented since the full-time CT technologist retired a few years ago. No attempt was made to recruit a replacement. Despite already having a CT scanner of its own, VA instead chose to pay out unnecessary dollars for FRHS to accomplish what could have been done on site, if only the VA would recruit and/or train radiological technologists to do the studies. And it is noteworthy that an additional \$700+ expenditure is necessary every time the patient's condition requires an ambulance for the four-mile round trip for the examination. VA Administration's management decisions have driven up operating costs at the Hot Springs VAMC. "This is no way to run a railroad."

The premise that these sections (1.2.2, 1.2.2.1.1, and 1.2.2.1.4) support a "need" for Alternative A is "built on sand." The deficiencies cited by VA result from long-term manipulation by the very Administration that called for reconfiguration. By the VA Administration stepping up, doing what is right, and replenishing the staff, services, and resources that it has systematically removed from the Hot Springs facility, Alternative E can be implemented and provide a firm foundation for rejuvenated and sustainable quality outpatient and inpatient health care and ancillary services for our Veterans and growth of our vital PTSD program—all in Hot Springs.

I, Garry D. Strauser, MD, give permission/authorization for The Hot Springs Chamber of Commerce/ Justin Gausman to enter this information online on my behalf.

 _____
Signature

02/03/2016
Date

IS18-8: Past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals) based on a variety of factors. Such decisions are not subject to a NEPA review or included within the scope of this EIS to address. Your concerns are being made part of the public record, however. See also group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the Final EIS.

Section 2.3 of the Final EIS has been revised to clear indicate how each alternative does or does not meet purpose and need. As indicated earlier, VA has changed its preferred alternative to new Alternative A-2 which includes operating a CBOC on the existing Hot Springs campus. Another important element under all of the alternatives is the option for receiving care from local community providers closer to where Veterans live. See group responses in Sections E.3.2 and E.3.3 of Appendix E relating to ability to meet purpose and need, and to purchased care option and quality of care.

IS18-8

Commenter IS19: Patricia Strauser

Commenter IS19: Patricia Strauser

Environmental Impact Statement (EIS) Comment Sheet

Name: Patricia A. Strauser (Retired RN, Homemaker, Hot Springs Property Owner, Taxpayer)

Address: [Redacted]
Hot Springs, SD 57747

Phone: [Redacted]

E-mail: [Redacted]

Release Information to the Congressional Yes No

Sections: 1.2.2 and 1.2.2.1.1

Need and Comments from the Perspective of Spouse of a Former VA Employee:

We became property owners in Hot Springs, South Dakota when my husband took a job as a board-certified radiologist at the VA in August 1987. I previously had been employed as a registered nurse and manager of the post-anesthesia recovery unit at the Denver Children's Hospital, but chose to become a homemaker and full-time stay-at-home mother after our move. I should add that we were delighted to move to this rural area from "the big city." Yes, shopping was less available, but I—speaking from the perspective of a spouse—would do it all over again. It was a very good place to rear our children, and an easy place to form long-lasting, wholesome relationships and take part in valued volunteer activities. My husband enjoyed his years of service at the VA and felt honored to help take care of the health needs of our country's Veterans.

Over the years, we have met many other professional medical folks who moved to this community to be employed or contracted by the VA. I do not believe the VA has a legitimate problem in recruiting physicians and other healthcare professionals. Fall River Health Services (FRHS) certainly has had no problem in doing so, and the VA is able to offer its professional employees relatively better benefits than FRHS. Therefore, I believe VA's perceived "need" for reconfiguration (as in Alternative A)—based on "difficulties recruiting and retaining qualified staff"—is entirely unfounded. I support adoption of Alternative E.

I, Patricia A. Strauser, give permission/authorization for Hot Springs Chamber of Commerce/Justin Gausman to enter this information online on my behalf.

Patricia A. Strauser Feb 3 - 2016
 Signature Date

IS19-1: Thank you for your comment. VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IS19-1

Commenter IS20: Leslie Suter

Commenter IS20: Leslie Suter

4/21/16
 TO WHOM THIS MAY CONCERN,
 I've lived in Hot Springs since '64.
 I eventually purchased a house on
 S. River. Now I want to move to Texas
 to be with my children & sisters. I've got
 my house for sale with Century 21.
 I had an interested party who works
 at the VA. Now this talk of closing the
 VA and moving to Rapid City has swayed
 her away. Please rectify this problem
 soon, for the town's sake and take better
 care of OUR VETERANS!!!

Leslie W. Suter

IS20-1

IS20-1: Thank you for your comment. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration would better meet the current and future needs of our Veterans.

Commenter IS21: Rosalie Symington

Commenter IS21: Rosalie Symington

Environmental Impact Statement (EIS) Comment Sheet

Name: Rosalie Symington
 Address: [Redacted]
Hot Springs SD 57749
 Phone: [Redacted]
 e-mail: [Redacted]
 Release Information to the Congressional Yes No

Section: 2, 3, 5
~~Impact to Self~~
 Need: Longer wait times at clinics; longer time for emergency room; reduced medical services to Veterans and to local citizens. Less community for all of us. Increased cost to citizens for private vs VA healthcare.

3.11.2.1

Purpose: Have the gov't realize the impact to Veterans and Citizens of closing the VA

I Rosalie Symington give permission/authorization for _____ to enter this information online on my behalf.

Signature: [Signature] Date: 3/18/16

IS21-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional.

VA believes that the proposed reconfiguration would help improve the quality of care to Veterans in the service.

IS21-1

Commenter IS22: Nancy Sieh

Commenter IS22: Nancy Sieh

From: VA Black Hills Future <vablackhillfuture@va.gov>
Sent: Wednesday, December 2, 2015 11:44 AM
Subject: FW: [EXTERNAL] black hills va

From: Nancy Sieh [REDACTED]
Sent: Tuesday, December 01, 2015 2:02 PM
To: VA Black Hills Future
Subject: [EXTERNAL] black hills va

My opinion is to keep the facility in Hot Springs open mainly because of Veterans State Home being there. It only makes sense that they have a hospital to treat those living in the new facility if the need arises. Another reason is those veterans that live in the very southern part of our state from the Missouri River west need this so assist in their travel. Going to Sturgis from here is nearly 60 miles farther. Keep the hospital in Hot Springs! Nancy Sieh

IS22-
1

IS22-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional.

Commenter IS23: Skenzy

Commenter IS23: Skenzy

From: VA Black Hills Future <vablackhillsfuture@va.gov>
Sent: Tuesday, December 1, 2015 3:46 PM
Subject: FW: [EXTERNAL] Leave it in Hot Springs!

-----Original Message-----
From: Skenzy, [REDACTED]
Sent: Tuesday, December 01, 2015 9:08 AM
To: VA Black Hills Future
Subject: [EXTERNAL] Leave it in Hot Springs!

I am emailing this comment from my husband.
 "I am torn! The facility would be better if it was in Rapid and how much money can you dump into an old facility anyway"!?
 However, this will be devastating to the city of Hot Springs and the veterans that live there. My husband is a Vietnam Vet and is just starting to rely on your services. There are many veterans out there that need our help. The money needs to be spent one way or the other.
 What needs to be considered is what will be best in the long haul. It's been part of that community for many many years. Leave it there to benefit our natives that live closer and to maintain what Hot Springs was built around.
 Unfortunately, with the weather the way it is, myself and others will probably not make it to the meeting in Rapid tonight. I am glad you are allowing plenty of opportunity and time for our vets to speak out on this, so thank you.
 Regardless of the outcome...our vets need our help and should come before the refugees!!!!

Sent from my iPad

IS23-
1

IS23-1: Thank you for your comment and interest in our Veterans and the care they receive. VA is committed to providing quality care to its Veterans and believes that there is a need for change in the health services configuration, as described in the EIS, and that the proposed reconfiguration would better meet the current and future needs of our Veterans.

Under the new preferred alternative, VA would continue to provide primary care and some specialty care services in a renovated Building 12 on the existing campus. Veterans would also have greater access to local community providers (urgent care, inpatient care, pharmacy) to provide care, at VA expense, closer to where Veterans live.

Commenter IS24: John Schwarzenbach

Commenter IS24: John Schwarzenbach

Black Hills EIS Public Comment

#49



COMPLETE

Collector: New Web Link (Web Link)
 Started: Saturday, February 27, 2016 12:51:42 AM
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PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

Name John R. Schwarzenbach
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Q2: My mailing list and contact preference is: Please contact me via email at the email address I entered above.

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Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

I am a retired VA physician. I worked in the Hot Springs VA from 1998 until April, 2014 when I retired. I was a primary care physician and also held the position of ACOS (Associate Chief of Staff) for Primary care for 9 years and finished my VA employment as a hospitalist at the Hot Springs VA. I have chosen to retire in Hot Springs and presently live there with no plans to move. I am very concerned about that the VA is trying to do with the Hot Springs VA and wanted to express my opinion from the above positions.

I feel that the VA has not been truthful in its dealings with the public, the VA staff in Hot Springs and especially the veterans. The numbers and costs have been mentioned many times before and I have no additional comments but to say that I agree with the Save the VA Committee's reports and findings.

As soon as I started my position of I began to hear comments and concerns from the staff at the Hot Springs campus of threatened downsizing/closure at this facility. I expressed my comments to Peter Henry, then the Director of the Black Hills Health Care System, who reassured me that that was not the case. He said several time that Hot Springs was more stable than Fort Meade both politically and geographically and Fort Meade was the one that should be concerned. Since that time it has been clear that there has been a steady and planned erosion of services at Hot Springs with the services transferred to Fort Meade. There is no doubt in my mind that the plan all along was to save Fort Meade. I do not know the reason why. These feelings were also expressed by Dr. Robert Petzel, VISN 23 Director at the time. Since that time services have steadily been eliminated from the Hot Springs campus and transferred to Fort Meade. "Death by a thousand cuts" was a term coined by one of Senator Tim Johnson's staff and that has been the case.

There have been many reasons given, but they do not hold water. When Performance Measures were looked at, BHCS always did well with Hot Springs at least on an equal footing with Fort Meade and many times actually outperforming Fort Meade, This being despite all the ongoing cuts to our system. Were continually lied to about the future of Hot Springs and the cuts continued. There were significant cuts not only in Primary Care, but also in Mental

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future of Hot Springs and the CUs continued. There were significant cuts not only in Primary Care, but also in Mental Health. Clinical positions were not filled while administrative positions were filled. We were told that it was hard to recruit to Hot Springs, but I know personally of several physicians and nurses who wanted to come here and would have if they had been given a chance.

Another example deals with Surgery. We had a Urologist who lived in Hot Springs, bought a house and wanted to stay. She also applied for the vacant job of Chief of Surgery. It is well known that the search committee made her their first choice, but Peter Henry would not hire her and instead hired a Fort Meade surgeon for the position. Also, after that was done, she applied for permanent job status after being temporary for at last 2 years(which is standard and approved procedure). The new chief of Surgery would noted that for some unknown reason so she decided that she should resign which she did. She then moved to Helena, MT where she was on the surgical staff and later was promoted to head of Surgery.

There was another surgeon here at about the same time who was transferred here from Fort Meade. After she was here awhile she became an invaluable asset to our hospital. She got to where she really liked us and we liked and respected her. Everything was going well and even our Performance Measures equalled or surpassed Fort Mead's. At that time, for unknown reasons, she was then transferred back to Fort Meade. After being there about 3 weeks, she was dismissed because of some charges later found to be totally inaccurate. This has been verified, but management did significant harm to her at the time. She would have been very happy to have stayed in Hot Springs, but was not permitted to do so.

Mental Health had 3 Psychiatrists on staff, but lost 2 over a period of 2 years because of inappropriate workload. There is no doubt about this either. They were left with one Psychiatrist doing the work of 3. He did his best, but ultimately he also was forced to leave. I do not know the present situation.

There were as many vacancies in the nursing staff, both inpatient and outpatient, that were not filled when they could have and should have. I cannot say enough about the good and hard work of the remaining staff to keep the hospital and clinics functioning well.

I am concerned about what has been taken away from the veterans in our area. What people do not understand is that veterans want to come here. It is like family where they are known and respected. Veterans like to receive care at a Veteran's hospital. This is something that people on the outside do not understand. For example, veterans in Scottsbluff, NE, who are in another VISN, come to Hot Springs rather than Cheyenne, WY which is in their VISN and closer. This is their choice and a special arrangement between the VISN's was made to allow this. People like to come here. We also serve the Pine Ridge Indian Reservation and have an excellent relationship with them.

Our PTSD/substance abuse program here is second to none, yet management wants to move it to Rapid City. I have talked to many patients over the years while they were in the program and then out. Every one of them was grateful for the care they received. They went on today that they were better off in a rural setting and that if they had been in Rapid City they thought they would have relapsed. Our program includes patients from all across the nation, urban and rural settings alike and the comments are the same.

I also cannot tell you how many patients over the years have told me about how much better they were treated in Hot Springs than Fort Meade and they prefer to come here if I all possible.

The present programs, including First Choice, is a disaster. Veterans do not like it at all and I know for a fact that they do not receive the same care at a contract provider's office than in a VA facility. This is one of those intangibles that is hard to explain, but true. Ask any veteran and they will tell you.

In coming, I just want to say it is travesty what the VA and the BHHCS are doing to the veterans in this area. Everything they say if based on false premises. Veterans have been promised health care and we need to make good on that promise. It is actually cheaper in the long run to provide care at a VA facility. Administrative costs are out of sight and that increases the health care costs without providing any service. Those in the clinical realm provide good, quality care despite management and certainly not because of them and that care is what we need to be concerned about. I do not believe there is a better place for veterans to get their care than the Hot Springs VA. I know it is not a full service hospital nor should it be. It has functioned well as a rural health care facility(critical access in the private realm) as was approved by the CARE commission a few years. In fact the VA's rural health care division had its formative start at Hot Springs after the CARE commission came here.

I do hope you will consider these thoughts in your final decision. We need to preserve health care in the Hot Springs VA area as not to do so is a failure on our part. Our veterans deserve as much for the price they paid. Do not be misled by false information the VA and BHHCS are putting out, but do the right thing and let Hot Springs stay open. There is not a

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IS24-1: Revised Section 1.2.2.3 of the Final EIS more fully explains the reasons for moving the RRTP to Rapid City, which include the significant advantages a more urban city provides in support of successful community reintegration.

IS24-2: See group response E.3.3 in this Appendix relating to criticisms and role of the Veterans Choice Program in the proposed reconfiguration. Section 2.2 of the Final EIS has also been revised to clarify the purchased care (now referred to as Care in the Community) element of the proposed reconfiguration under all of the alternatives.

IS24-3: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional and has made it part of the public record for this EIS.

IS24-1

IS24-2

IS24-3

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better place anywhere for the PTSD program and there is not a better primary care/rural health hospital setting than here in Hot Springs, SD

Commenter IS25: Beth Spitzer

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| <div style="border: 1px solid black; padding: 5px;"> <p>#29</p>  </div> | <p>COMPLETE</p> <p>Collector: New Web Link (Web Link) Started: Friday, December 11, 2015 4:48:41 PM Last Modified: Friday, December 11, 2015 4:55:00 PM Time Spent: 00:06:19 IP Address: [REDACTED]</p> | | | | | | | | | | | | | | | | |
| <p>PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.</p> | | | | | | | | | | | | | | | | | |
| <p>Q1: Please enter your name and contact information.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name</td> <td>Beth Spitzer</td> </tr> <tr> <td>Address</td> <td>[REDACTED]</td> </tr> <tr> <td>Address 2</td> <td>N/A</td> </tr> <tr> <td>City/Town</td> <td>Hot Springs</td> </tr> <tr> <td>State/Province</td> <td>SD</td> </tr> <tr> <td>ZIP/Postal Code</td> <td>57747</td> </tr> <tr> <td>Email Address</td> <td>[REDACTED]</td> </tr> <tr> <td>Phone Number</td> <td>[REDACTED]</td> </tr> </table> | | Name | Beth Spitzer | Address | [REDACTED] | Address 2 | N/A | City/Town | Hot Springs | State/Province | SD | ZIP/Postal Code | 57747 | Email Address | [REDACTED] | Phone Number | [REDACTED] |
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| <p>Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):</p> <p>From the Draft EIS: 1.2.1 Statement of Purpose and Need The purpose of VA's proposal to reconfigure health care services in the BHHCS is to provide high-quality, safe, and accessible health care for Veterans well into the twenty-first century by:</p> <ul style="list-style-type: none"> • Providing locations and facilities that support VISN 23's efforts to enhance and maintain quality and safety of care in the 100,000-square-mile catchment area • Ensuring facilities for Veterans receiving any services comply with accessibility requirements for handicapped individuals, support current standards of care, and can be well-maintained within available budgets and resources • Increasing access to care closer to where Veterans reside • Reducing out-of-pocket expenses for Veterans' travel <p>VA has identified a need to reconfigure health care services in the BHHCS catchment area because:</p> <ul style="list-style-type: none"> - VA has difficulty maintaining high-quality, safe, and accessible care at the Hot Springs campus. - Existing locations and facilities constrain the quality of care, range of services, and access to care that VA offers to Veterans in the catchment area. <p>My response to the purpose: 1. The Hot Springs VA has never failed an inspection. The quality of care of the patients has not been called into question. Before the reconfiguration of the Hot Springs VA, it was voted by patients to be one of the top VA's in the country. 2. The Hot Springs VA is handicap accessible and has been for many years.</p> | | | | | | | | | | | | | | | | | |
| 31 / 89 | <p>IS25- 1</p> | | | | | | | | | | | | | | | | |

IS25-1: There are many elements that factor into VA's determination that a change in the current health configuration is necessary to ensure the continued delivery of quality care to our Veterans.

Renovations related to accessibility would be required if the facility were restored to its full use or expanded services proposed in Alternative E.

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| <p style="text-align: center;">Black Hills EIS Public Comment</p> <p>3. The access to care question is an interesting one. First, veterans have repeatedly voiced that they want to be treated at a VA hospital. Eliminating the Hot Springs VA hospital which has inpatient, specialty and urgent care services, means veterans that are serviced by the Hot Springs VA will have to travel further to reach a VA hospital—at Fort Meade. Second, while the VA says they will make arrangements for the veteran to be seen at their local hospital, the failed Choice program should prove this is not reliable information. In addition, the VA has ignored the fact that the local hospital has admitted it probably cannot handle the amount of patient workload that would occur if the VA hospital closed. Third, private hospitals are not trained to recognize or screen for unique veteran problems such as PTSD and Agent Orange. They also do not have the electronic record system that the VA has which is the best in the country. Fourth, the VA continues to ignore the unique nature of the Domiciliary (Dom). The Dom is a treatment program for PTSD and drug and alcohol abuse. The patients in this program come from all over the country; the majority are not from the local area. Moving the domiciliary to Rapid City does not make access to care closer to where Veterans reside.</p> <p>4. Reducing out-of-pocket expenses is much the same as above. Veterans served by the Hot Springs VA will actually have more expenses as they travel to Fort Meade for their care. Again, the failed Choice program shows expenses will not be reduced. Veterans who have tried to utilize the Choice program complain of waiting on the phone for long periods of time before being able to talk to a person or calls being dropped before they could speak to a person. Some veterans, out of frustration, have given up trying to use the Choice program and have paid for appointments out of pocket.</p> <p>My response to the need: *See my response in points #1 and #2 above. I would also add that the difficulty in hiring staff has increased largely due to the media concerning the future state. When the media continually says that the Hot Springs VA is going to close, it does not entice applicants to move their families to Hot Springs because they do not want to uproot them a few years later and even new graduates aren't interested in starting a career in a facility that has a tenuous future. If the VA would declare that the Hot Springs VA facility is going to stay, it would immediately help the hiring situation. *The Hot Springs VA once offered more services and housed more veterans. It is capable of doing that again. The Hot Springs VA still has the space necessary to offer a variety of care, services and access. Unfortunately, when the VA Black Hills was reconfigured, the majority of funds for maintenance went to the Fort Meade VA and was not equally distributed between the facilities. If that had been done, the Hot Springs VA could have been maintained at a higher level. There is plenty of space to remodel the domiciliary to provide for private rooms.</p> <p>1.2.2.1.3 Limited Ability to Meet Current VA Standards for Residential Treatment Recovery Model of Care The domiciliary's location in Hot Springs is not consistent with the "recovery" model of care. The setting of an RRTP should help Veterans improve their life skills and be complemented by access to jobs, public transportation, long-term housing, education, acceptable activities/diversion, and other social services agencies. A larger city would offer a greater depth of community services, more housing choices and capacity, a wider range of employment and educational opportunities, and a more robust clinically skilled labor force to support recovery.</p> <p>My response: When a person comes for PTSD or alcohol or drug abuse treatment, they should be concentrating on what they need to do to get well. They should NOT be seeking jobs, taking education classes to obtain a degree, or looking for housing. They should be concentrating on healing and recovery. That is why the majority of treatment programs are located in park-like settings away from the hustle and bustle of city living. This is why Hot Springs has been the preferred location for many veterans from all over the country to come for healing. After the patient has made progress in their recovery and shown that they can handle greater responsibility, only then should they seek jobs, housing, etc. This can take place in a transitional residence, which is more commonly referred to as a TR House.</p> <p>One local veteran who went through the domiciliary treatment program stated that of the 78 people in his program there was only himself and one other veteran who was from Rapid City that was from the local area—all the rest were from outside the local area. Many of these veterans who are from outside of the local area, come here for treatment and plan to return home to their families and professions. They are not looking for jobs, housing, and education in the area because they won't be staying.</p> <p>If the VA believes Rapid City can offer better jobs, housing, and education opportunities, then they should explore building another TR House there but not relocating the domiciliary. It also makes sense to have an inpatient facility located with the domiciliary so that veterans who relapse can detox on campus and be close to their support team.</p> <p>1.2.2.2.1 Locations of Veteran Population Compared to VA Medical Facilities Current and Projected Veteran Population Locations The existing VA BHHCS facilities are not in the same locations as Veteran population centers. Pennington County, SD, had the highest concentration of Veterans in 2014 at 47.1%. The second highest concentration was in Rapid City, SD, at 32.1%.</p> <p style="text-align: center;">32 / 89</p> | <p>IS25-2</p> <p>IS25-2: Primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2; expanded specialty care would be provided by the VA in Rapid City. An integral element of the proposed reconfiguration under all alternatives is the expanded option for care from community providers (e.g., urgent care, specialty care, inpatient), at VA expense, closer to where Veterans live. This option would help reduce distance Veterans have to travel for health care (and associated out of pocket expenses). See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.</p> |

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| <p style="text-align: center;">Black Hills EIS Public Comment</p> <p>had the highest population of veterans in FY 2014 at 12,433, approximately 90 percent were enrolled to receive VA health care services.</p> <p>My response: The VA has continually used wrong data to base its decisions. Native American veterans from the reservations have continually been under-represented. A point of interest is that at the recent open house for the EIS held in Rapid City, only approximately 20 people attended. This is pathetic considering the supposed high number of veterans that live there. Apparently the Pennington County veterans are not too concerned about having to travel to Hot Springs or Fort Meade. In comparison, when the EIS open house was held in Hot Springs, approximately 150 people attended.</p> <p>2.0 ALTERNATIVES</p> <p>A. Hot Springs: new CBOC, cease services at existing VA campus Rapid City: new MSOC (replacing leased CBOC) and 100-bed RRTP Cost: \$148,622,461</p> <p>B. Hot Springs: new CBOC and 100-bed RRTP, cease services at existing VA campus Rapid City: new MSOC (replacing leased CBOC) Cost: \$168,234,767</p> <p>C. Hot Springs: renovations for new CBOC in Building 12 and 100-bed RRTP in domiciliary at existing VA campus Rapid City: new MSOC (replacing leased CBOC) Cost: \$229,838,861</p> <p>D. Hot Springs: new CBOC and 24-bed RRTP, cease services at existing VA campus Rapid City: new MSOC (replacing leased CBOC) and 76-bed RRTP Cost: \$176,040,980</p> <p>E. Save the VA Proposal Hot Springs: renovations and construction to continue and expand inpatient and outpatient services at existing VA campus, including 200-bed RRTP Rapid City: services from existing leased CBOC Cost: \$247,036,697</p> <p>F. No Action Cost: \$215,082,431</p> <p>G. Supplemental alternative to A, B, C, or D for re-use of part or all of existing Hot Springs campus</p> <p>My comments: 1. I question the accuracy of the cost figures for every proposal. There is no breakdown in the report to show how they came up with the figures. For Alternatives A, B, and D, the cost to mothball the Hot Springs VA campus year after year appears not to be a part of their figures. For Alternative E they inflated the cost by adding additional buildings that are not a part of the proposal claiming there is not enough space for private rooms and classrooms in the current Domiciliary. This is inaccurate. When Director DiStasio was asked at a Town Hall meeting when the engineering firm had been on campus, he had to admit they had not set foot on the property. How can any contractor come up with an estimate if they have never even been to the property? I wonder if that is how the Denver VA got its estimates as well. 2. It is claimed that the 100+ year old building just can't be renovated or it will be too costly to renovate. Nonsense. I recently traveled to Europe and was in numerous buildings that were hundreds of years old and still being used. One gentleman told us that his apartment building was older than the United States! The Domiciliary is a beautiful building and there is none like it in the world. That history should be honored, not degraded. There is craftsmanship in the Domiciliary. How wonderful it would be for the building to be modernized for the veterans but its historical character and craftsmanship kept in place. 3. Alternative G reveals the plan to utilize the abandoned campus for the "Medical Miracle" project which involves the "Battle Mountain Research Institute...partially owned by the Swiss private sector firm Elanix and [would] focus on regulatory clinical studies for regenerative products derived from human stem cells (human fetal tissue)." This is not a viable use for the VA campus considering that SD law does not permit such research.</p> <p>Below are some of the SD laws that are in place: 34-14-16. Research that destroys human embryo prohibited--Violation as misdemeanor. No person may knowingly conduct nontherapeutic research that destroys a human embryo. A violation of this section is a Class 1 misdemeanor. Source: SL 2000, ch 169, § 1. 34-14-17. Research subjecting human embryo to substantial risk prohibited--Sale or transfer of embryos for research prohibited--Violation as misdemeanor. No person may knowingly conduct nontherapeutic research that</p> <p style="text-align: center;">33 / 89</p> | <p>IS25-3: Native Americans 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. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.</p> <p>IS25-X(4): VA has revised the statements regarding the suitability of renovating the existing buildings to comply with the ABA. See Table E.2.</p> <p>IS25-Y(5): The "Medical Miracle" is one option under Supplemental Alternative G. It is not the selected option for redevelopment of the campus. A redevelopment plan cannot be chosen or even evaluated in depth until VA has issued the Record of Decision.</p> <p>IS25-4</p> <p>IS25-5</p> |

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| <p style="text-align: center;">Black Hills EIS Public Comment</p> <p>subjects a human embryo to substantial risk of injury or death. No person may sell or transfer a human embryo with the knowledge that the embryo will be subjected to nontherapeutic research. A violation of this section is a Class 1 misdemeanor. Source: SL 2000, ch 169, § 2.</p> <p>34-14-18. Use of cells or tissues obtained in violation of § 34-14-16 or 34-14-17 prohibited. No person may use for research purposes cells or tissues that the person knows were obtained by performing the activities described in §§ 34-14-16 and 34-14-17. A violation of this section is a Class 1 misdemeanor. Source: SL 2000, ch 169, § 3.</p> <p>3.0 AFFECTED ENVIRONMENT 3.10 Socioeconomics Socioeconomics are described using demographic and employment measures, as these measures influence the local economy and housing demand.</p> <p>My comments: The socioeconomic loss for Fall River County if the VA campus is reduced from 357 employees to a CBOC of 67 employees is greatly underestimated in the report. A loss of 290 jobs (some of the best jobs in the area financially speaking) will effect businesses and house values. Already the number of empty business fronts has increased and houses sit with For Sale signs in front of them for years. People who have already left the area for new jobs are unable to sell their homes in Hot Springs.</p> <p>Besides the loss of the employees, there is no mention of the loss of local veterans who will leave Hot Springs to move closer to their VA care compounding the problem even more. Hot Springs is known as the Veterans Town for a reason. Veterans have moved here specifically because of the VA hospital and domiciliary. Veterans who can't afford the travel and who do not want to be seen by the private sector, will have a hard choice to make.</p> <p>The report says that VA employees will not lose their jobs because of the number of people who are eligible to retire and those who simply choose to relocate elsewhere. What they don't say is that as these employees retire and relocate, new people are hired (in most cases) so there is no real decrease in employees. Also not addressed is the fact that whole departments will be eliminated with the reduction from a hospital to a CBOC. There will be no need for food service, police service, fire department, human resources, etc. in a CBOC. If these people are to be offered positions in Fort Meade, there are very few who will continue to live in Hot Springs because an hour and a half commute one way is not fun for anyone, especially with South Dakota's winter weather to contend with.</p> <p>4.0 ENVIRONMENTAL CONSEQUENCES 4.11.2.2.3 Schools The reduction of approximately 216 FTEs whose residence is Fall River County would have a minor impact on the capacity of the Fall River County school districts. There were 1,088 students enrolled in the three districts at the end of the 2014 school year (see Table 3.11-1). Students account for approximately 15 percent of the population, or 150 students per 1,000 residents, based on the 2015 projected population of 7,262 for Fall River County (see Table 3.10-1). Using this simple ratio, if all 216 FTEs relocated out of Fall River County with school-age children, the enrollment would decrease by approximately 32 students or 2.9 percent. This decrease would be minor when compared to the evaluation criteria. Because more than half of the FTEs (116 of 216) would be eligible for retirement by FY 2020 (see Section 4.10.2.2.1) and would probably not have school-age children at home, the impact on school enrollment would be much less. Assuming the remaining 100 FTEs would relocate from Fall River County and all would have school-age children, the decrease in school enrollment would be 15 students or 1.3 percent, which would be a minor impact.</p> <p>My comments: Again, the effect on the school district is grossly underestimated. Just thinking of people who I know at the VA who have families, I can account for 15 students and I don't know probably half of the employees. The idea that a loss of 290 employees, their families, and the veterans who moved here for their care, will mean the "impact would be minor or moderate" is just not realistic. There is also no mention of the loss of money that comes into the school district because of the federal VA campus property. This needs to be examined in the final EIS report.</p> <p>In conclusion: I believe the agency's analysis is incomplete. If Labat Environmental, Inc. is to look objectively at the alternatives, then they also need to do their due diligence in using correct figures and actually investigate the matter rather than just regurgitating the figures that the VA provides them.</p> <p>In the final analysis, the veterans are the purpose and need of any VA. If the majority of veterans say they want their care to remain in Hot Springs, why aren't their voices being heard?</p> <p>Submitted by: Beth Spitzer</p> <p style="text-align: center;">34 / 89</p> | <p>IS25-6: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.</p> <p>VA has stated that no VA employees would lose VA employment as a result of the proposed reconfiguration, although this could mean the need for retraining for another VA job outside of Hot Springs.</p> <p>IS25-6</p> <p>Finally, VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. Though this call center is not related to the proposed reconfiguration of healthcare services, it would bring up to 120 jobs to the area to help address potential economic concerns, and is an example of the types of adaptive reuses available for the Hot Springs VAMC under Alternative G.</p> |

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Hot Springs, SD 57747

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Commenter IT1: William Taylor

Environmental Impact Statement (EIS) Comment Sheet

Name: William G. Taylor

Address: [Redacted]
Hot Springs SD 57747

Phone: [Redacted]

e-mail: N/A

Release Information to the Congressional Yes No

Section: _____

Need: _____

Purpose: _____

I William G. Taylor give permission/authorization for _____ to enter this information online on my behalf.

William G. Taylor Signature 1-22-16 Date

Commenter IT1: William Taylor

NAME: William G. Taylor, [REDACTED] Rushville, NE
 VETERAN: U. S. ARMY 1968-73, VIETNAM VETERAN 1970-71
 SERVICE-CONNECTED FOR [REDACTED] 100%
 ADDRESS: [REDACTED] Hot Springs, SD 57747
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MY COMMENTS:

Background. My father was a disabled World War II veteran. He and my mother, my older sister and I moved to the Hot Springs area in 1956. A main factor in the move was the services available through the VA. My mother worked as a nurse's aide at the State Veterans Home. My father later lived in the State Veterans Home. He received all of his medical care at the VA.

IN THE EARLY 90s, I WENT THROUGH VA PROGRAMS, AND THE VA HERE HAS PROVIDED ALL OF MY MEDICAL CARE.

I HAVE ALSO RECEIVED SERVICES AT FT. MEADE, 95 MILES FROM MY HOME. I do not like the drive. It is 2 hours up and 2 hours back and you have to fuss with Rapid City traffic, and you have to have a vehicle working, which is hard at times. I have older vehicles that are not reliable.

Before the VA began to draw down services and close facilities for services, I liked the professional people at the Hot Springs VA. They were always friendly. You could get what you wanted when you needed it. The doctors were better then. The nurses were good.

I began to notice changes - that were not for the better - in the early 2000's. They started giving us a different doctor every time we came. It took longer to get an appointment. It could take 6 months to a year to get an appointment. Before the draw-down it took less than 30 days to get an appointment. For specialty appointments like ENT, they say under "Veterans Choice" if you have to wait more than 30 days to see a provider, you can use that program. But then that takes another 60 days. It took me 3 months to get an ENT appointment this past year. After I saw the [REDACTED] specialist he set me up for x-rays in Rapid City, and that was another trip. I had the x-rays he ordered and the VA tried to charge me for the x-rays because I didn't have "authorization." Then his staff set me up to return to him for follow-up so he could tell me what the x-rays said. I went but then he couldn't see me because the authorization had not come through. I had to go back again 2 days later. And when I got there, they said they still did not have the authorization, but they would see me if I signed a paper saying I would pay for it. I could not deal with the paperwork, and neither could the professionals and their staff. Also I had to make numerous trips to Rapid City. I was not paid mileage because of the messed up authorization. In the past I could do everything I needed at the Hot Springs VA, and it went smoothly without all the bureaucracy and trips I could not afford.

In 2014, I needed an [REDACTED] that I used to be able to get at the Hot Springs VA. I had to go to Ft. Meade for that.

THE HOT SPRINGS VA SHOULD REMAIN IN HOT SPRINGS. We get veterans from Nebraska and Wyoming. Years ago veterans would come here to the Hot Springs VA Domiciliary from Iowa, Nebraska, Wyoming, Colorado, Kansas, from all over the country. They came here because the Hot Springs VA was the best. They came for the small-town atmosphere. I know veterans who refuse to go to VAs in Arizona and elsewhere because of the wait times, the attitudes of the people, and they don't want to deal with that.

SIGNED: s/ William G. Taylor

See attached written EIS Comment Sheet.

IT1-1: Thank you for your service and for sharing your past experience with health care services at Hot Springs. VA recognizes there have been problems with staffing, wait times, etc., in the past, as described in the EIS, and these are all drivers for the proposed reconfiguration. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration would better meet the current and future needs of our Veterans.

VA acknowledges your support to keep the Hot Springs campus in Hot Springs. Under the proposed reconfiguration, outpatient primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IT1-1

Commenter IT2: Cecile Tays

Environmental Impact Statement (EIS) Comment Sheet

Name: Cecile Tays

Address: [REDACTED]

Phone: [REDACTED]

e-mail: _____

Release Information to the Congressional Yes No

Section: _____

Need: We desperately need our local VA, as many local and a large area of veterans are in need and can't travel long distances to other VA's. We have a wander program for PTSD - why take it away? The Vets love the small towns and communities. Our town really supports our Veterans - it's known as the Veterans town.

Purpose: _____

I Cecile Tays give permission/authorization for _____ to enter this information online on my behalf.

Cecile Tays Signature Date 4-23-16

IT2-1: VA acknowledges your support to keep the Hot Springs campus in Hot Springs. Under the proposed reconfiguration, outpatient primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IT2-1

Commenter IT3: Carolyn Terrill

Environmental Impact Statement (EIS) Comment Sheet

Name: Carolyn Terrill

Address: [REDACTED]

Hot Springs SD 57141

Phone: _____

e-mail: [REDACTED]

Release Information to the Congressional Yes No

Section: _____

Need: Concerning the town of Hot Springs and the loss of VA and people leaving the community.

Purpose: Losses to community of Hot Springs

Loss of vitality in community with professional people leaving
A school addition was made because of student population before VA
leaving - needs to be paid for with taxes.
Probably more housing vacancies and no new building - decrease in
tax base and professional people usually have higher median properties.
Possibility of one grocery store closing - less competition
Possibility of one pharmacy closing.
Other businesses could close
According to a reputable Fall River Hospital Board member, VA (over)

I _____ give permission/authorization for _____ to
 enter this information online on my behalf.

Carolyn J. Terrill _____ 01-22-2016
 Signature Date

Nancy Gregory

IT3-1: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses in Hot Springs; section 4.11 addresses potential impacts on local community services (including schools). Chapters and 4 identify measures VA would take to address these impacts. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

Regarding the availability of local providers, VA is continually updating and adding new contracts with providers. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. It is another way to improve overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

IT3-1

Commenter IT3: Carolyn Terrill

Environmental Impact Statement (EIS) Comment Sheet

Name: Carolyn Terrill

Address: [REDACTED]

Hot Springs SD 57147

Phone: _____

e-mail: roca@guts.net

Release Information to the Congressional Yes No

Section: _____

Need: Promises for healthcare were made to veterans when they joined

Purpose: Advantages of Hot Springs services over Rapid City include Veterans have moved to make their home in Hot Springs because of the hospital facilities in Rapid City would require at least one additional hour of travel. There would be more traffic congestion in Rapid City. Veterans say they are happy with treatment in Hot Springs - some say the best they have had. Hot Springs has a more relaxed lifestyle where you can be part of the community. There are fewer businesses of a questionable nature, so that feeling could be top priority. According to the news, there are many VA health facilities that are over-maxed and maybe mismanaged, risking the health and well-being of Veterans. Why the consideration of closing unique locations when the need for veteran healthcare will continue as long as we have wars?

I _____ give permission/authorization for _____ to enter this information online on my behalf.

Carolyn J. Terrill 01-22-2016
Signature Date

Nancy Gregory

IT3-2: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow that - to meet the current and future needs of our Veterans. See also response to Comment IT3-1 and group response in E.3.1 of Appendix E relating to distances travelled by Veterans.

Under the new preferred alternative A-2, VA would continue to maintain a presence on the existing campus through operation of an updated CBOC in renovated Building 12.

IT3-2

Commenter IT4: Jason Tilford

Environmental Impact Statement (EIS) Comment Sheet

Name: Jason Tilford

Address: [Redacted]

Phone: [Redacted]

e-mail: NA

Release Information to the Congressional Yes No

Section: 3.10.2.6. VA Employees

Need: If The VA closes I feel that it would hurt our town they help us out a lot to our town they put a lot of money in our town and feel the town would lock up

Purpose: 23.5 Alternative E. Save the VA Proposal

I, Jason Tilford give permission/authorization for Jason Tilford enter this information online on my behalf.

Signature: Jason Tilford Date: 3/1/16

IT4-1

IT4-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

Commenter IT5: Donald Tillotson

Environmental Impact Statement (EIS) Comment Sheet

Name: DONALD R TILLOTSON
 Address: [REDACTED]
HOT SPRINGS SD 57747
 Phone: [REDACTED]
 e-mail: -

Release Information to the Congressional Yes No

Section: 1.2.3, 2.2 distance Vets must travel

Need: I am 90 years old and was born raised in Hot Springs. I got navy in 1962 and started working at the VA in 1967. I worked there 9 years. I had a [REDACTED] [REDACTED]. The VA then was top rate. I had [REDACTED] as a result of asbestos.

I have had [REDACTED] & I see the

DR. 3x a month
 Purpose: I live 4 blocks from the VA here in Hot Springs. If I and I can drive 4 blocks. If I have to go to Sturgis or Rapid City I will have to get a friend or neighbor to drive me

I want the VA to stay open in Hot Springs & be as good as it was in 1962

2.3.5 Alternative E - Save the VA Proposal

Donald R Tillotson give permission/authorization for Survey Release to enter this information online on my behalf.

Donald R Tillotson 12 FEB 2016
 Signature Date

IT5-1: Thank you for your service and for your comment. Outpatient primary health care and certain specialty care would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IT5-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IT5-1

IT5-2

Commenter IT6: Paul Tobin

Environmental Impact Statement (EIS) Comment Sheet

Name: PAUL A. TOBIN
 Address: [Redacted]
 Hot Springs, SD 57747
 Phone: [Redacted]
 e-mail: [Redacted]

Release Information to the Congressional Yes No

Comments refer to EIS Section(s):
 Need: 1) Increase access to laboratory technology and increases the time and expense to me and staff at the VA Hot Springs or elsewhere. Due to my "need" for treatment, local hospital tells me that my [Redacted] drawn here, must be sent to Mayo Clinic, then the result is sent back here. My nurse then gets the local doctor's permission to run out treatment. Today the process takes ONE day. If services like lab tests are shifted to Mayo Clinic, I will require 3-4 days to get my treatment. That takes days takes long, more inconvenience to me and scheduler!
 I don't have a serious disability, but others do.

"VA has difficulty maintaining high-quality..." Popsack!
 I've worked in health care for 32 years and this "high-quality" phrase is always used to justify more money, for some people to do administrative jobs but the personnel at patient contact are doing the same thing, working longer hours, using the same equipment. This VA here needs the personnel to do the work, not a New House to do it in.

I, Paul A. Tobin, give permission/authorization for [Redacted] VA to enter this information online on my behalf.

Signature: Paul A. Tobin
 Date: 3-08-2016

Addition Comment: Bring the needed personnel back and the patients will come. Washington doesn't care one wit about "quality care", and we need it! If it did, the Indian Health Service would be the place to start. That service has been a sore for years!!

Signature: Paul A. Tobin
 Date: 3-08-2016

IT6-1

IT6-1: Under all of the alternatives, eligible Veterans now have more options for care from community providers (e.g., lab work), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care. VA will continue to work on improving efficiencies in managing and coordinating care with local providers and this has been further explained in Section 2.2 of the Final EIS. Finally, the new MSOC in Rapid City would also provide a full set of laboratory services for Veterans within the service area.

IT6-2

IT6-2: VA is committed to providing quality care to its Veterans and believes that there is a need for change in the health services configuration, as described in the EIS (Chapter 1), and that the proposed reconfiguration would better meet the current and future needs of our Veterans.

IT6-3

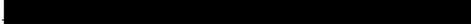
IT6-3: VA interprets your comment as support for a fully operational Hot Springs campus and has made it part of the public record for this EIS.

Commenter IT7: Ben Tubbs

Environmental Impact Statement (EIS) Comment Sheet

Name: Ben Tubbs

Address:  HS

Phone: 

e-mail: _____

Release Information to the Congressional Yes No

Section: _____

Need: Economic Impact

Additional hardship for Veterans.

Purpose: 1) Rapid City already has plenty of business. Don't strip more EMPLOYMENT from the city if staying alive is possible. Closing this local VA Hospital is stupid. Even if they want to build a new facility, I think that money could be used just as well to renovate the old buildings.

2) It is adding to the burden of hardship for Veterans from Wyoming, and Nebraska as well as Southern South Dakota to have to travel all

I _____ give permission/authorization for _____ to _____
 enter this information online on my behalf.

Signature: Ben Tubbs Date: 4-14-16

IT7-1: VA acknowledges your support to keep the Hot Springs hospital open and fully functional.

VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS. Under the new preferred alternative A-2, VA would renovate the exiting Building 12 and operate the CBOC on the existing campus.

IT7-2: While the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live which would help cut down on driving time and distance. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IT7-1

IT7-2

Commenter IT7: Ben Tubbs

Addition Comment: to the
the ^{way} VA Hospital in Rapid, especially during
the Summer & the Sturgis rally time, where
already more expensive motel rates are
piked up sky-high. Travel is shorter, easier
& less expensive for already financially
strapped Veterans, here in Hot Springs.

Signature

Date

Commenter IT8: Richard Teez

Environmental Impact Statement (EIS) Comment Sheet

Name: RICHARD TEEZ
 Address: 92-735 MANHATO DR #9
KAROLY, IA 50627
 Phone: 804-216-4829
 e-mail: SEATREE3R@GMAIL.COM

Release Information to the Congressional Yes No
 Section: 1.2.2.2.2 Distance Travelled
 Need: VA CLOSER TO NATIVE RESERVATIONS

Purpose: 2.3.5. Alternative E - Save the VA Proposal

I RICHARD TEEZ give permission/authorization for [Signature]
 enter this information online on my behalf.
[Signature] Date 6/16/2016
 Signature Date

IT8-1: Native Americans 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. The existing transportation service would also continue under the proposed reconfiguration. See related group response in Section E.3.1 of Appendix E relating to distance travelled.

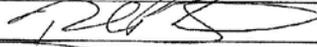
IT8-1 IT8-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IT8-2

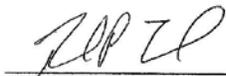
Commenter IT8: Richard Teez

Addition Comment: All Community Based Contract Clinics should
Remain Open Close To Exemptions For Native Veterans
Access: It is not the duty of TH1 to care for the
Veterans who went off to war to defend its freedom.
The ^{responsibility} falls on the Veterans Affairs
To ensure timely care. The OIG's Program is a failure
from the start, but the CBOs can repair & better support
Veterans at the community level. Look @ The White
House Publication About CBO, and now look @ how much
Service providers are leaving off the network.

Sincerely,



9.3.5 Alternative.



Signature

6/1/2016

Date

IT8-3

IT8-3: TA-2: See group response E.3.3 in this Appendix relating to criticisms and role of the Veterans Choice Program in the proposed reconfiguration. Section 2.2 of the Final EIS has also been revised to clarify the purchased care (now referred to as Care in the Community) element of the proposed reconfiguration under all of the alternatives.

Commenter IT9: Ethel Telkamp

From: VA Black Hills Future <vablackhillsfuture@va.gov>
Sent: Tuesday, January 12, 2016 1:34 PM
Subject: FW: [EXTERNAL] Hot springs va

-----Original Message-----
From: Ethel Telkamp [REDACTED]
Sent: Monday, January 11, 2016 10:26 AM
To: VA Black Hills Future
Subject: [EXTERNAL] Hot springs va

I am late with this but please read and consider. Hot Springs welcomes the veterans; the alcoholics, the PTSD patients, etc to their town. The veterans can go anywhere and be welcomed. If they are moved to Rapid City it would be hard to find a place to build where the veterans would be welcomed as the people would not want the "drunks" or those with mental problems in their area. This would mean putting the facility out of town, not close to any stores or people therefore no community support. Hot Springs has veterans from Nebraska, Wyoming, surrounding including California. Let's leave VA at Hot Springs and perhaps update it. The veterans like it there and are greatly helped although sometimes it takes a few trips to get healed. They need the community support. Thank you. My son liked it down there and now [REDACTED] over 19 months.
Sincerely, Ethel Telkamp

Sent from my iPad

IT9-1

IT9-1: Thank you for your comment. VA acknowledges your support for keeping the Hot Springs facility (including the RRTP) open and fully functional. VA has revised Section 1.2.2.3 in the Final EIS to further clarify why they propose to relocate the residential treatment program to Rapid City.

Commenter IT10: Tim Theusch

From: VA Black Hills Future <vablackhillsfuture@va.gov>
Sent: Tuesday, December 29, 2015 11:43 AM
Subject: FW: [EXTERNAL] Goals
Attachments: Goals of the VA.docx

From: Tim Theusch [mailto: [REDACTED]]
Sent: Tuesday, December 15, 2015 8:42 AM
To: VA Black Hills Future
Subject: [EXTERNAL] Goals

To who it may concern, this is my EIS statement for Hot Springs SD.

Tim Theusch

| Commenter IT10: Tim Theusch | |
|--|--|
| <p>Timothy Theusch</p> <p>[Redacted] [Redacted] Hot Springs SD 57747</p> <p>I believe the goals of the VA are to remove all health care, except for outpatient care from the Black Hills and Western South Dakota. This has personal ramifications which go back a few years. I am originally from Minot ND the proud home of the former John Moses VA Hospital. A large complex that was opened in 1950 and was abandoned to the Air Force in the mid 1960's with the promise of Veteran Care. In the early 1990's this facility was torn down in favor of a new hospital at the Minot Air Force Base with the same promise of Veteran care. Within a short time this new facility was shut down to become an outpatient service only. This left the Veterans no place to go, leaving Fargo ND as the only Veterans Hospital. Fargo is some 400 miles from Northwest ND. My feeling at the time and remains with me today that this was an overall plan for rural ND. It was carried out with no consideration to the Veterans of Northwest and Western North Dakota who have to travel long distances for their health care. Health care promised them by this country. Was this the morally right thing to do to our World War II Vets and Korean Vets who are now in their 80's and 90's? I foresee a similar thing happening here in Western South Dakota making the Vets travel (similar distances as in North Dakota) to Sioux Falls South Dakota or Cheyenne Wyoming for health care. I am appalled when the VA states they are doing this for better health care for our Veterans. I am appalled when I hear VA officials saying to the Veterans of Western South Dakota "thank you for your service." This statement has become so hollow it's like listening to a broken record. I would like the VA to stand by those words and truly thank the Veteran for his service to this great nation.</p> <p><u>There are those who believe that closing the Hot Springs VA can be justified economically, but Hot Springs believes you cannot tie everything to economics. Rural Veterans deserve the care that they earned too. I'm asking again and again that the VA stand by their own words and truly thank the Veterans for their service.</u></p> <p>Leave Hot Springs SD alone and if anything rebuild a once great institution</p> | <p>IT10-1: VA acknowledges that providing safe, quality, accessible care to Veterans in rural areas such as the VA BHHCS service area is challenging. The long driving times and need to reduce services in the past are primary drivers for the proposed reconfiguration. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow that - to meet the current and future needs of our Veterans. While the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.</p> <p>The Secretary will consider many factors as part of the decision and it will <u>not</u> be based solely on cost.</p> <p>IT10-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</p> |
| IT10-1 | |
| IT10-2 | |

Commenter IU1: Eldon Umiker

Environmental Impact Statement (EIS) Comment Sheet

Name: Eldon L. & Marilyn Umiker
 Address: [Redacted]
Hot Springs, SD 57747
 Phone: [Redacted]
 e-mail: [Redacted]
 Release Information to the Congressional Yes No
 Section: _____

Need: for our veterans and community, having served from 1956-1959 in the U.S. Marine Corps and received an honorable discharge and at my age of 76, I now need the services of the VA more than ever. Ft. Meade VA presents a hardship of being located 200 miles round trip away.

Purpose: We would like to oppose the closing or decreasing of services at the Hot Springs VA Center. As a businessman in Hot Springs for 35 years, and as a veteran, it, the VA has served us well.

The VA has served me with 3 surgeries, a broken leg, and countless physicals and sicknesses.

Veterans from Nebraska (1500) and the Pine Ridge Reservation (2,750) will

I Eldon L. Umiker give permission/authorization for Save the VA to enter this information online on my behalf.

Eldon L. Umiker Feb 3, 2016
 Signature Date

Marilyn Umiker Feb 3, 2016

IU1-1: Outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care. The group response also addresses travel concerns faced by Native Americans. Finally, the expanded MSOC in Rapid City would also offer specialty care services that would be closer to Veterans in the southern part of the service area than Fort Meade if they preferred to be treated there.

IU1-1

IU1-2: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional and has made it part of the public record for this EIS.

IU1-2

Commenter IU1: Eldon Umiker

Addition Comment: *realizing an even bigger hardship of the necessity of further travel in bypassing Hot Springs to get to the Ft Meade, VA. The Indian veterans find the Hot Springs VA convenient, for them as many do not have dependable vehicles, and the Indian Health Service does not want to serve them.*

As a businessman and property owner, I dread the hardships that losing the business of VA employees will ^{affect} my business as well as the town of Hot Springs. Many businesses will bankrupt as a result.

Furthermore, our nation isn't economically able to accept the financial burden of building another VA at Rapid City, and to further build a clinic on Hot Springs, when the facility we have would be suitable with some ADA improvements, and the veterans at Rapid City can utilize
 Signature: *Eldon Umiker* Date: *10/3, 2016*

the services of the Ft Meade VA, which is a beautiful drive of 30 miles!

IU1-1

IU1-3: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses; measures VA would take to address them are discussed in Chapter 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

IU1-3

IU1-4: VA would be expanding the existing CBOC to include specialty care services in a new MSOC in Rapid City. A new VA hospital would not be built in Rapid City. With respect to renovations of buildings on the existing Hot Springs campus, VA agrees that the buildings can be renovated for suitable uses. VA has selected a new preferred alternative, A-2, that includes renovating the existing Building 12 to operate a CBOC on the existing Hot Springs campus.

IU1-4

Commenter IV1: Jamie van Norman

Environmental Impact Statement (EIS) Comment Sheet

Name: Jamie Van Norman
 Address: [Redacted]
Belle Fourche, SD 57717
 Phone: [Redacted]
 e-mail: [Redacted]
 Release Information to the Congressional Yes No

Section: _____
 Need: The Hot Springs VA is instrumental for the care of thousands of or veterans. My grandfather is an 81 year old Korean War Vet who has to make multiple monthly trips to the VA in Hot Springs to complete his care.

Purpose: I take the time to drive him to his appointments; to close down the VA will eliminate hundreds of jobs and inconvenience thousands of families. Its utterly preposterous that they would even consider closing such and instrumental institution.

I Jamie Van Norman give permission/authorization for _____ to enter this information online on my behalf.
Jamie Van Norman Signature Date 4-23-16

IV1-1: VA interprets your comment as support for keeping the Hot Springs Facility open and fully functional.

However, VA notes that outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

VA also recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses; measures VA would take to address them are discussed in Chapters 4.0 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

IV1-1

Commenter IV2: Donna Venard

Environmental Impact Statement (EIS) Comment Sheet

Name: Donna D. Venard

Address: [Redacted]

Hot Springs, SD 57747

Phone: [Redacted]

e-mail:

Release Information to the Congressional Yes No

Section: 1.2.2.2.1

Need: My father uses the VA. My father lives within minutes of the Hot Springs VA. If the Hot Springs VA closes then we will expend time, money and extra costs to travel to Rapid City or Fort Meade. My father gets great care in Hot Springs VA

Purpose: 2.3.5. Alternative E Save the VA Proposal

I Donna Venard give permission/authorization for Sarah Peterson to enter this information online on my behalf.

Signature: [Signature] Date: 2/2/16

IV2-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

However, outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IV2-1

Commenter IV3: Chris van Norton

Commenter IV3: Chris van Norton

Black Hills EIS Public Comment

#20



COMPLETE

Collector: New Web Link (Web Link)
 Started: Monday, November 30, 2015 6:09:19 PM
 Last Modified: Monday, November 30, 2015 6:22:48 PM
 Time Spent: 00:13:29
 IP Address: 70.158.41.137

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

| | |
|-----------------|-----------------|
| Name | Chris VanNorton |
| Address | [REDACTED] |
| Address 2 | [REDACTED] |
| City/Town | Rapid City |
| State/Province | SD |
| ZIP/Postal Code | 57701 |
| Email Address | [REDACTED] |
| Phone Number | [REDACTED] |

Q2: My mailing list and contact preference is: Please contact me via email at the email address I entered above.

PAGE 2

Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

As a disabled veteran I want to see more services and options available in Rapid City. One of my several disabilities is [REDACTED]. When a [REDACTED] surfaces the pain is immediately excruciating and making the 45 min drive to Ft Meade in Sturgis is almost unbearable not to mention not safe. I understand the dilemma of the citizens of Hot Springs but the VA is not meant to help sustain a small community but rather best service its vets. There are thousands upon thousands of vets who would be best served by more services offered in Rapid City compared to the few who will be inconvenienced by the extra hour drive. If at all feasible the facility in HS could be rescaled and used as a regional inpatient mental health and PTSD rehab facility. My vote is completely for building a large multi-purpose facility in Rapid City.

IV3-1

IV3-1: Thank you for your comment. Under the proposed reconfiguration, the existing CBOC in Rapid City (leased space) would be closed and a new larger multi-specialty care facility (MSOC) would be constructed. No new hospital is planned for Rapid City. Veterans would still have the option of going to Fort Meade. In addition, an integral element of the proposed reconfiguration under all the alternatives is to give Veterans more options to receive care from local providers, at VA expense, closer to where Veterans live (e.g., Rapid City Regional Hospital). See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

Commenter IV4: Lee Vento

Commenter IV4: Lee Vento

Black Hills ETS Public Comment

#44



COMPLETE

Collector: New Web Link (Web Link)
 Started: Monday, February 08, 2016 7:18:36 AM
 Last Modified: Monday, February 08, 2016 7:23:49 AM
 Time Spent: 00:05:13
 IP Address: 152.130.6.76

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

Name: lee vento
 Address: [REDACTED]
 City/Town: rochester
 State/Province: NY
 ZIP/Postal Code: 14626
 Email Address: [REDACTED]
 Phone Number: [REDACTED]

Q2: My mailing list and contact preference is: Please contact me via email at the email address I entered above.

PAGE 2

Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

This would be a hardship for Veterans from the pan handle of Nebraska and central South Dakota. We should be making things easier for our Veterans, not harder. Please reconsider moving the domiciliary to Rapid City it should stay in Hop Springs

IV4-1

IV4-1: RRTP patients come from all over the service area and throughout the United States. See revised Exhibit 1 in Chapter 1 that provides an additional breakout of RRTP patients and where they reside. VA has revised Section 1.2.2.3 of the Final EIS to further clarify the reasons for re-locating the Dom to Rapid City.

Commenter IW2: Mary Waxler

DRAFT EIS
 RECONFIGURATION OF VA BLACK HILLS HEALTH CARE SYSTEM
 COMMENTS

Name: Mary Sue Waxler

Address: [REDACTED]
 Hot Springs, SD 57747

Phone: [REDACTED]

Release information to Congressional representatives: Yes

Section: 4.10.2.2 Impacts of Operation

Failure to Adequately Disclose Indirect and Cumulative Socioeconomic Effects

According to the draft EIS, Alternative A would result in the loss of an estimated \$14 million dollars in annual wage income to Fall River County, or nearly 20% of the county's total annual wage income. The EIS also projects loss of 216 FTEE jobs in Fall River County under Alternative A.

Given these impacts and the public controversy/concern in Hot Springs, if I were the decision-maker, I would expect to see in the EIS the following information:

- How many of the 216 FTEE losses are in two-income families wherein the second income is not derived from the VA? How many families cannot survive on the second income alone and will be forced to seek employment elsewhere and move out of Fall River County?
- What are the effects of lower housing occupancy/ownership on Fall River County's property tax receipts? And on property values?
- What adjustments will likely be made in the City and County budgets with the loss of income? What City-owned properties will be affected first? What about planned replacement of infrastructure?
- Describe the descending spiral of lost income/employment and lost private business revenue in the City of Hot Springs. How many businesses will be forced to close?
- What will be the effect on volunteer organizations and charitable contributions?

The same comments apply to other alternatives, although the effects would be less.

I, Mary Sue Waxler, give permission/authorization for the Hot Springs Chamber of Commerce to enter this information online on my behalf, and to retain a hard copy of it.

Mary Sue Waxler 1-27-16

IW2-1: The EIS examines potential employment impacts at a county level and, in the Final EIS, at a local level on the community of Hot Springs; see revised Section 4.10 of the Final EIS. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts.

The EIS is not required to look at the specific impacts on each individual family situation. VA has also stated that no VA employees would lose VA employment, although this could mean retraining for another VA job outside of Hot Springs.

IW2-2: Similar to VA's response to comment IW2-1, the EIS evaluates potential impacts on the economy (wages and employment, etc.) and community services in Sections 4.10, 4.11 (including property taxes) and 4.16 of the Final EIS. However, an analysis of individual impacts on specific businesses (relating to potential for closure) or how City budgets would have to be adjusted is beyond the scope and requirements of this EIS to analyze.

IW2-1

IW2-2

Commenter IW2: Mary Waxler

DRAFT EIS
RECONFIGURATION OF VA BLACK HILLS HEALTH CARE SYSTEM
COMMENTS

Name: Mary Sue Waxler

Address: [REDACTED]
Hot Springs, SD 57747

Phone: [REDACTED]

Release information to Congressional representatives: Yes

Section: 2.3.1

Failure to Adequately Disclose Costs of Mothballing

The costs of Alternative A (and other alternatives involving abandonment of the Hot Springs VA campus) do not appear to include the annual costs of mothballing, securing, patrolling, maintaining the campus.

I, Mary Sue Waxler, give permission/authorization for the Hot Springs Chamber of Commerce to enter this information online on my behalf, and to retain a hard copy of it.

Mary Sue Waxler 1-27-16

IW2-3

IW2-3: Section 2.3 of the Final EIS has been revised to provide an additional breakout of costs associated with each alternative, including mothballing costs. While the cost estimates still represent an accurate comparison across sites, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions. See also group responses in Table E-2 of Appendix E relating to the costs of alternatives and mothballing costs in particular.

Commenter IW3: Cristina Wilaby

Commenter IW3: Cristina Wilaby

Environmental Impact Statement (EIS) Comment Sheet

Name: Cristina Wilaby
 Address: [Redacted]
Hot Springs, SD 57747
 Phone: [Redacted]
 e-mail: [Redacted]
 Release Information to the Congressional Yes No

Section: _____

Need: I am a veteran who uses the VA for healthcare as does my father and father-in-law. They are getting older and traveling long distance for health care is getting harder. I am also employed at the VA. I have a son starting school this year and my husband has his own business, have to uproot and move would be sad and a financial drain on our family.

I Cristina Wilaby give permission/authorization for Hot Springs VA to enter this information online on my behalf.

Cristina Wilaby 4-23-16
 signature Date

IW3-1: VA appreciates your comment and concerns. Under the proposed reconfiguration, primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

Finally, in terms of employment, VA has stated that no VA employees would lose VA employment, although this could mean retraining for another VA job outside of Hot Springs.

IW3-1

Commenter IW4: Bob Willoughby

Commenter IW4: Bob Willoughby

Environmental Impact Statement (EIS) Comment Sheet

Name: Bob Willoughby
 Address: [REDACTED]
Hot Springs SD 57747
 Phone: [REDACTED]
 e-mail: _____

Release Information to the Congressional Yes No

Section: 1.2.2.2.2 Distance Veterans must travel
 Need: I Earned it - That's why I serve
am here.

Purpose: 2.3.5. Alternative E - Save the
VA Proposal

I Robert F Willoughby give permission/authorization for Jean Polak
 enter this information online on my behalf.

Robert Willoughby Signature 3-1-16 Date

IW4-1: See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option (which allows Veterans access to more providers, at VA expense, closer to where they live), and quality of care.

IW4-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IW4-1

IW4-2

Commenter IW5: Dennis Wilson

Commenter IW5: Dennis Wilson

Environmental Impact Statement (EIS) Comment Sheet

Name: Dennis D. Wilson

Address: [Redacted]

Hot Springs, SD 57747

Phone: [Redacted]

e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: 2.3.5

Need: Employee for Vets wanting to stay here

Purpose: 1995 moved laundry. Care from 35 years seeing it go down hill. After heart attack send to Madison Wis for open heart surgery and recovered completely. Need hospital here as get older

I Dennis D. Wilson give permission/authorization for _____ to enter this information online on my behalf.

Dennis D. Wilson Signature 3-24-2016 Date

IW5-1: VA acknowledges your comment as support to keep the existing Hot Springs hospital open and fully functional under Save the VA Alternative E.

VA also thanks you sharing your health care experience with various providers (on next page). It is being made part of the public record for this EIS.

IW5-1

Commenter IW5: Dennis Wilson

Environmental Impact Statement (EIS) Comment Sheet

Name: Dennis D. Wilson

Address: [Redacted]

HOT Springs, S.D. 57747

Phone: [Redacted]

e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: 2, 3, 5

Need: Medical Care

Purpose: I went in on Sat night to urgent care for pain (severe) on [Redacted] Dr on call said I had [Redacted] in back go home have wife rub. hsh for pain you have just as good medicine as I had as good as yours. Did give a Mon appointment with not my regular care giver. She sent me to lab and made an appointment for a CT scan. Got that that next Monday. After a week I called up to see what it showed and the then got me in to see Dr. Backquist and he immediately care and that care of it

Dennis D. Wilson give permission/authorization for Mary Pederson to enter this information online on my behalf.

Dennis D. Wilson 3-24-2016
Signature Date

Commenter IW6: Mary Wilson

Commenter IW6: Mary Wilson

Environmental Impact Statement (EIS) Comment Sheet

Name: Mary Wilson

Address: [Redacted]

Hot Springs, SD 5747

Phone: [Redacted]

e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: 2.3.5

Need: To keep the VA here because I don't want a grumpy husband

Purpose: _____

My husband has received all his medical care through the Hot Springs VA. Since the systematic reduction of services has started more appointments for his medical care have been in Rapid City.

I Mary Wilson give permission/authorization for Mary Lein Pederson to enter this information online on my behalf.

Mary Wilson Signature Date 3/24/2016

IW6-1: Under the proposed reconfiguration, specialty care services would be provided in the new MSOC in Rapid City. Eligible Veterans would also have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care. Depending on options available to your husband, this could mean continued appointments in Rapid City.

IW6-1

Commenter IW7: Hugh Wynia

Commenter IW7: Hugh Wynia

Environmental Impact Statement (EIS) Comment Sheet

Name: Hugh H. L. Wynia

Address: [Redacted]

Hot Springs So. Dak.

Phone: [Redacted] @ USMC, Korea 51-52

e-mail: _____

Release Information to the Congressional Yes No

Section: _____

Need: The VA we now have has provided very good health care. I am well pleased and see no reason to move the VA to a new location as this would cost many millions of dollars of which we do not have. We should not be spending into debt further than that than we now are. Let's learn to live within our means.

Purpose: To save a lot of money for the nation

I Hugh H Wynia give permission/authorization for Save the VA to enter this information online on my behalf.

Hugh H Wynia May 4 - 2016
Signature Date

IW7-1: VA is committed to providing quality care to its Veterans and believes that there is a need to change and that the proposed reconfiguration will allow that - to meet the current and future needs of our Veterans for safe and quality health care. Under the preferred alternative, outpatient primary and some specialty care services would remain in Hot Springs and on the existing campus. VA would also rely more on local providers to provide care to Veterans (see group response in Section E.3.3 of Appendix E relating to expanded purchased care options).

VA appreciates commenter's concern for budget and while cost efficiencies are considered, the final decision will not be based solely on cost.

IW7-1

Commenter IW8: Shirley Wall

Commenter IW8: Shirley Wall

From: VA Black Hills Future <vablackhillfuture@va.gov>
Sent: Monday, November 16, 2015 11:27 AM
Subject: FW: [EXTERNAL] Hot Springs Hospital Closure

From: dswallshirley@aol.com [REDACTED]
Sent: Thursday, November 12, 2015 7:27 PM
To: VA Black Hills Future
Subject: [EXTERNAL] Hot Springs Hospital Closure

I would like to state that I am opposed to the closure of the hospital facility at Hot Springs and the proposed building of a new facility in Rapid City. I would also oppose a closure of Fort Meade Hospital. These facilities are important to the Veterans of the Black Hills who rely on them for care. They are also integral parts of the communities of Hot Springs and Sturgis. The damage that would be done to these communities would be devastating in the loss of jobs and loss of local medical care. Aging Veterans should not have to drive to Rapid City and face the traffic and confusion of the big city to receive good personalized care. I feel this closure is a callous disregard of the desires of the Veteran community and needs to be reassessed.

Shirley Wall
 [REDACTED]
 Sturgis, SD 57785
 [REDACTED]

Sent from [Mail](#) for Windows 10

IW8-1

IW8-1: VA acknowledges your support to keep the existing Hot Springs hospital open and fully functional (as under Alternative E, Save the VA's proposal for expanded services at the Hot Springs campus).

To clarify, however, VA has no plans to close Fort Meade and the new facility in Rapid City would include an expanded CBOC (now an MSOC with expanded specialty services) and RRTP; no hospital is planned for Rapid City either. Rather, closure of the hospital in Hot Springs would be met with expanded options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

Commenter IW9: Bonnie Wanzer

Commenter IW9: Bonnie Wanzer

From: VA Black Hills Future <vablackhillfuture@va.gov>
Sent: Tuesday, December 29, 2015 11:43 AM
Subject: FW: [EXTERNAL] FW: VA Closing

From: Bonnie Wanzer [REDACTED]
Sent: Tuesday, December 15, 2015 3:14 PM
To: VA Black Hills Future
Subject: [EXTERNAL] FW: VA Closing

To Whom it May Concern:

I realize a lot of people are already talking about how the VA leaving Hot Springs would affect the veterans, so I'm going to focus on how I see it affecting the rest of the town. The VA is the largest employer in the town of Hot Springs. Over 200 employees would have to relocate, and in every instance I can think of, will take their children with them. Maybe not all employees have children, but some have more than one, so an estimate of 200 children is not unreasonable. If 200 children leave town, we would need to cut back on teaching staff at the schools, which will mean more people out of work, most likely relocating to find work elsewhere. The decline in population would affect every business—restaurants, stores, banks, insurance companies, and construction companies will have to start laying off employees to compensate for the decreased demand for services. That will create a further increase in unemployment, and most likely cause more people to leave town looking for work. The continued decline in population will start causing businesses to close, and the decrease in competition will most likely drive up prices and the cost of living for the remaining residents. Then of course you have to look at the effect on property values—that many people moving all at once will want to sell their homes. When that many homes are on the market at the same time, it drives prices way down. Many people will have to do a short sale on their homes or allow a foreclosure since the sale price will not cover the existing mortgage. Without thriving businesses creating a need for a work force to come in, many of those homes will sit empty and begin to deteriorate. The longer they decay, the worse Hot Springs looks for any prospective home buyer, and the town just slowly becomes a ghost town. I realize this is kind of a “worst case scenario,” but I don't believe it is at all far-fetched. I've already seen how the threat of the VA closure has affected people wanting to buy homes or businesses, and if the closing actually goes through, it will only get worse. As I said at the beginning, others have already been making it clear that veterans receive better care in Hot Springs than they could in a larger city. I truly believe that is the case, and that veterans **deserve** the best care possible, but won't go into it any more than that. Please consider very carefully ALL of the ramifications of moving the VA, and whether the perceived advantages are worth providing our country's heroes with a lower standard of care and killing a town in the process.

Thank you,
 Bonnie Wanzer

IW9-1: VA also recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses; measures VA would take to address them are discussed in Chapters 4.0 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

IW9-1

Commenter IW10: Adam Weaver

Commenter IW10: Adam Weaver

From: VA Black Hills Future <vablackhillfuture@va.gov>
Sent: Wednesday, December 2, 2015 11:45 AM
Subject: FW: [EXTERNAL] EIS

From: adam weaver [REDACTED]
Sent: Wednesday, December 02, 2015 9:21 AM
To: VA Black Hills Future
Subject: [EXTERNAL] EIS

Hello,

I am a resident of Rapid City, a veteran, and a user of this health care system.

I have read only a portion of the lengthy EIS on this issue, but it is apparent to me that this will not increase the health care capacity of the local VA system. I think that driving time that will be imposed upon those in the southern hills along with the congestion at Fort Mead is going to make this a terrible change.

Further mitigation is needed.

- Adam Weaver

IW10-1

IW10-1: VA believes that the various elements under the proposed reconfiguration will help ensure that Veterans within the VA BHHCS receive safe and quality health care. Adding to the load at Fort Meade is not the intent of the reconfiguration (and services at Fort Meade are not part of the scope of the reconfiguration). Rather, outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2; and expanded specialty services would be available at the new MSOC in Rapid City. Also, while the proposal calls for closing of the existing hospital, Eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

Commenter IW11: William Wegner

Commenter IW11: William Wegner

From: VA Black Hills Future <vablackhillsfuture@va.gov>
Sent: Monday, November 16, 2015 11:30 AM

Subject: FW: [EXTERNAL] VA Hot Springs

From: wwegner@lycos.com [REDACTED]
Sent: Saturday, November 07, 2015 10:52 AM
To: VA Black Hills Future
Subject: [EXTERNAL] VA Hot Springs

I have been a patient at the Hot Springs VA Hospital since 1971. In that time I have received excellent care. I don't believe the system is broken. I feel that to close it and build new in Rapid City would be a hardship on the veterans that already have to travel long distances and especially the older veterans such as the world war two and Korean . not to mention the aging Vietnam veterans. It doesn't make sense to close a facility that works and spend millions of dollars to build a new one. I would like to know who profits from all this waste of tax payers dollars.

thank you

William F. Wegner

Vietnam Veteran

Chadron,Ne.

IW
11-1

IW11-1: VA acknowledges your support to keep the existing hospital at Hot Springs open. However, VA notes that VA's proposal does not including building a new hospital in Rapid City. Rather the existing CBOC would be expanded to an MSOC with more specialty services and the RRTP would be relocated to Rapid City. Outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. To replace the hospital at Hot Springs, VA would rely more on local community providers. Eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

Commenter IW12: Carly Winterstein

Commenter IW12: Carly Winterstein

From: VA Black Hills Future <vablackhillfuture@va.gov>
Sent: Friday, February 26, 2016 7:39 PM
Subject: FW: [EXTERNAL] medical furnishing

From: Carly Winterstein [REDACTED]
Sent: Friday, February 26, 2016 3:05 PM
To: VA Black Hills Future
Subject: [EXTERNAL] medical furnishing

Hello,
 I'm wondering if you have thought about options for your medical furnishings when the current facility in Hot Springs closes? We are in need of some clinic furnishings for our clinic in Uganda. We are preparing a container to be shipped soon and looking for some possible donations or affordable used things. Here is a list of what we're looking for-

Doctors office
 Examination table
 Scale
 Desk/chair (x2)
 Stool

Staff Office
 Table
 4-5 chairs
 Bulletin board
 Cabinet

Consultation Room (2 rooms so list below x2)
 File cabinet
 Shelves for medications
 Desk
 Examination table
 Scale
 Hanging scale for infants
 Vitals machine
 Chair X3

Ward (below list x2)
 IV Poles
 Hospital Bed
 Trolley carts
 Small table
 Chair
 Recliner chair
 2 overhead lights

IW12-1: Your request is not appropriate for VA to consider as part of the proposed reconfiguration and is not within the scope of the EIS. Please contact the VA BHHCS directly to see how VA can help your noble cause on a service-wide basis.

IW
 12-1

Commenter IW12: Carly Winterstein

Laboratory

Large autoclave/ sterilizer
Large power oil immersion microscope

Reception area

Table and chair for staff

Waiting Room

Benches/chairs for patients (x3)

Pharmacy

Containers for storage
Trolley
Bins for sorting (however many we can get all sizes)

Dental Room (x3)

Dental chairs
Stools
Table
Chair
Suction dental equipment
Cleaning stool

Eye

Eye examination chair
Mirror
Table

Random

Wheelchair (x2 1 lg. 1 sm.)
Crutches (10 pairs)
Mats for physical therapy
Bulletin boards (x7)
Gyne examination table
Clocks (x10)
Water purification systems with stands (x3)

Carly Winterstein

Office Manager
New Hope Uganda Ministries



Commenter IW13: Robert Wittmeier

Commenter IW13: Robert Wittmeier

From: VA Black Hills Future <vablackhillfuture@va.gov>
Sent: Tuesday, December 1, 2015 3:45 PM
Subject: FW: [EXTERNAL] VA

From: robertw [REDACTED]
Sent: Monday, November 30, 2015 4:15 PM
To: VA Black Hills Future
Subject: [EXTERNAL] VA

We strongly feel the VA should stay in Hot Springs. It is a local setting with beautiful buildings and much easier for us seniors to navigate. I have had extremely good care at the Hot Springs facility.

Robert Wittmeier

IW
13-1

IW13-1: VA acknowledges your support for continued operation of the Hot Springs campus and has made it part of the public record for this EIS.

Commenter IW14: Lola and George Walker

Commenter IW14: Lola and George Walker

Director of BHHCS V.A. ^{Rec'd SH} 05/15/16

I was unable to attend the meeting held in Alliance NE. I would like to voice my opinion on the matter of closing the Hot Springs facility.

I am against that thought. I have been taking my husband there for years. Hot Springs is the BEST! They give excellent care to the Veterans and are very thoughtful of the family. The entire staff there are the best.

I would never take my husband to Box Butte General Hospital here at Alliance. I will not even use it or any doctor here in town. I see a doctor out of town - Medicare and my Supplement pay but they charge the patient \$200.00 more because they used their facility or doctor.

IW14-1: VA acknowledges your support to keep the existing Hot Springs campus open and has made it part of the public record for this EIS.

VA notes that outpatient primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. In addition, VA has been given authority in recent years to expand the purchased care program, now referred to as Care in the Community, to eligible Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. It is now an integral part of the proposed reconfiguration alternatives as a way to improve overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

Commenter IW14: Lola and George Walker

Alliance Hospital is rude, and unprofessional.

Keep Hot Springs open. I will drive I don't care how far - to a V.A. facility before I use the hospital here.

Hot Springs Doctors and Staff are the greatest. Keep it open!

Sincerely
Lola Walker
(George V. Walker Veteran)

Commenter IW15: Shirley Wall

Commenter IW15: Shirley Wall

December 1, 2015

Shirley Wall

Sturgis, SD 57785

Staff Assistant to the Director

VA BHHCS

113 Comanche Road

Fort Meade, SD 57741

RE: Proposed Closure of the Hot Springs VA Hospital

I would like to offer my opinion that the VA Hospital at Hot Springs should not be closed. I believe this facility is particularly centrally located to serve a variety of Veterans from all over the area and is especially well suited to meet the travel needs of those in the Southern Hills, the plains area East of the hills and the west end of Nebraska. If these facilities are moved to Rapid City it would constitute a hardship to those Veterans by adding many miles, sometimes, hundreds, to their travel for medical assistance. These Veterans, many of them now at or approaching an elderly age, would have to deal with the unfamiliar stress of driving in big city traffic if they are directed to Rapid City and the potential is great for accidents to happen to them.

In addition, I believe that consideration should be given for the economy of Hot Springs as the VA Hospital is a major employer for that community. The town does not have a large economic base as it is and losing several hundred jobs would certainly be an insufferable hardship to them, probably causing a loss in population as an end result. It is my understanding that the VA's study on closure is based on faulty information as to the economic issues this would cause to Hot Springs.

I would urge that the VA Hospital at Hot Springs be kept open to live up to the promises this country has made to our brave Veterans and to best serve the people of South Dakota and Nebraska.

Yours Truly,

Shirley Wall

Shirley Wall

SH
Rec'd
12-3-15

IW
15-1

IW15-1: VA acknowledges your support to keep the existing Hot Springs VAMC open and has made it part of the public record for this EIS.

Under the proposed reconfiguration, VA notes that primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. Only the RRTP is moving to Rapid City. To replace the hospital at Hot Springs, VA would rely more on local community providers. Eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

Commenter IW16: LW Anonymous

Commenter IW16: LW Anonymous

Black Hills EIS Public Comment

#35



COMPLETE

Collector: New Web Link (Web Link)
 Started: Tuesday, January 26, 2016 2:24:22 PM
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 Time Spent: 00:10:42
 IP Address: 68.69.66.246

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

| | |
|-----------------|-------------|
| Name | [REDACTED] |
| Address | [REDACTED] |
| Address 2 | [REDACTED] |
| City/Town | Hot Springs |
| State/Province | SD |
| ZIP/Postal Code | 57747 |
| Email Address | [REDACTED] |
| Phone Number | [REDACTED] |

Q2: My mailing list and contact preference is: I wish to provide my comments anonymously. Do not add me to the mailing list.

PAGE 2

Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

There are several needs for the VA to stay in Hot Springs.

IW
16-1

IW16-1: Thank you for your comment. VA acknowledges your support to keep the existing Hot Springs facility open and has made it part of the public record.

Commenter IW17: Russell Witte

Commenter IW17: Russell Witte

Black Hills EIS Public Comment

#58



COMPLETE

Collector: New Web Link (Web Link)
 Started: Sunday, May 01, 2016 9:58:54 AM
 Last Modified: Sunday, May 01, 2016 5:45:05 PM
 Time Spent: 07:46:11
 IP Address: 68.69.72.99

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

Name: Russell Witte
 Address: [Redacted]
 City/Town: Hot Springs
 State/Province: SD
 ZIP/Postal Code: 57747
 Email Address: [Redacted]
 Phone Number: [Redacted]

Q2: My mailing list and contact preference is:

Please contact me via U.S. Mail at the address I entered above.

PAGE 2

Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

I believe the Hot Springs VA Medical Center should be kept at full function.

Section 1.2.2.1.1 Difficulties Recruiting/Retaining Qualified Staff.

The VA developed problems with recruiting only after VA officials started systemic reduction in services. I would like to the VA to show when retention/recruitment difficulties began in Hot Springs. The VA stopped providing services at the Hot Springs site such as ultrasound, surgery, cardiac rehab which gave impression that facility was slated to close/downsize. This decline in applicants for positions or resignation of current medical staff only escalated once VA announced its reconfiguration plans. For example: there were 10 new young pharmacists hired @ the Hot Springs VA approximately 10 years ago. All moved to Hot Springs and purchased homes. Once VA made announcement to reconfigure in 12/2011, all the pharmacists, except one, gradually sold their homes and transferred to other neighboring VA's. A relatively young physician was hired in primary care at VA approximately 5 years ago, moved to Hot Springs, and purchased a home. Once VA has announced their reconfiguration plans, he sold his home and transferred to another VA. If Hot Springs was such an unattractive place to live, why would all these professionals move to Hot Springs and purchase a home only to leave after the VA made it reconfiguration plans. The real reason for difficulties recruiting and retaining is the "uncertainty" the VA has created by gradually dismantling services and after making it proposal to abandon Hot Springs. If this study is done correctly, staff who have left the VA in last 5 years should all be interviewed and provide their real reason for leaving. I believe those who left did not provide a reason or their real reason for leaving as not to burn bridges for future employment opportunities within the VA. Fall River is designated as "health professional shortage area". This suggests the further need to keep VA hospital services at Hot Springs. Local non-veteran citizens will be competing for health care from veterans. This will further limit ability of non-veteran citizens to receive care. Ultimately, veterans and non-veterans will be provided substandard health care. I recently had to wait 3 months for a dermatology appointment. Now throw in the veteran population, I'm sure I would have to wait even longer? The Hot Springs VA serves many veterans from other medically under-served rural areas of South Dakota, Nebraska, Wyoming. Their communities will also suffer due to need to compete for healthcare with veterans. This will create even medical care to both veterans and non-veterans.

74 / 89

IW17-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional and has made it part of the public record.

IW17-2: Past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), based on a variety of factors, and are not subject to a NEPA review. See also group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the Final EIS.

IW17-3: Eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. Given this large number and the distribution of providers throughout the service area, the increase in potential Veterans as patients is not expected to have major impact on the existing capacity of local providers. Greater reliance on community providers is an integral part of the proposed reconfiguration alternatives and offers a way to improve overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

Finally, outpatient primary care and some specialty care services would continue to be provided in Hot Springs, and VA-provided specialty care services would also be expanded in Rapid City.

IW
17-1

IW
17-2

IW
17-3

| Commenter IW17: Russell Witte | | |
|--|---|---|
| <p style="text-align: center;">Black Hills EIS Public Comment</p> <p>rehabilitate with veterans. This will create poor medical care to both veterans and non-veterans. Lower patient volume is the result of VA reducing services and forcing veterans elsewhere, not result of declining need. Even VA admits that difficulty in recruiting is due to low wages in comparison to private sector salaries. The hiring process is long and cumbersome. This is a national problem, not a Hot Springs problem.</p> <p>Section 1.2.2.1.3 Limited Ability to Meet Current VA Standards for Residential Treatment. The current Hot Springs VA site has multiple residential apartments and homes on campus that are currently inhabited by VA staff. These buildings could easily be utilized to house more than 20 veterans who want to include their children/families in their treatment without considerable cost.</p> <p>Most of veterans served by the Hot Springs domiciliary actually live in other cities and states. Less than 5% of veterans in Rapid City utilize the domiciliary services. Many return to their home after treatment. They need access to jobs, long term housing, education, social services at their permanent home, not in Rapid City or Hot Springs as their stay for treatment is short term.</p> <p>Section 1.2.2.1.2 Accessibility and Needs Renovation Alternative E demonstrated that not only can the current Hot Springs Domiciliary be renovated to comply with American Disabilities Standards, it can be done with less cost than to build new. In order to make a fair comparison, VA must be transparent on how specific costs were determined, not just come out with figures that have no backing. The costs listed in EIS appear extremely inflated, especially with other estimates significantly lower such as the Alternative E's submitted proposal.</p> <p>Section 1.2.2.1.4 Facility Costs Negatively Affect VA Stewardship of Funds Appropriated for Veteran Health Care: The VA has not been forthcoming with how it determined costs to remodel the Hot Springs domiciliary vs. building a new building. I fail to understand how the costs to renovate could be higher than to build new on more expensive land in Rapid City. The costs listed in EIS appear extremely inflated or falsely skewed. In order to have fair comparison, VA should be transparent on how specific costs were determined for renovations, especially with other estimates significantly lower such as the Alternative E's submitted proposal.</p> <p>I could find no evidence to prove from VA officials that outsourcing VA care will be more cost effective. I would ask VA to provide credible evidence that outsourcing VA care is not only more cost effective, but that care will be maintained or improved. I believe outsourcing care will impair medical care. It will lead to higher costs to taxpayers due to fragmented and poorly managed medical care? It will cause, not only veterans, but the general public who currently use private medical care, to have delayed and detrimental medical care. THE CATCHMENT AREA IS MEDICALLY UNDER-SERVED.</p> <p>Section 1.2.2.2.1 Locations of Veteran Population There is absolutely no benefit or justification to proposed moving of the domiciliary from Hot Springs to Rapid City. In fact, the care provided is expected to decline. Pennington County does have highest VA population in area, but only 5% of Pennington County veterans utilize the domiciliary for alcohol or PTSD treatment. Most veterans that seek alcohol and PTSD treatment come from other states or rural areas, any from Colorado which is actually closer to Hot Springs. The cost of land is considerably higher in Rapid City. The VA has free land & buildings at the Hot Springs VA that can easily be renovated to conform to ADA guidelines, be less costly, and house more veterans than are anticipated if VA builds new domiciliary in Rapid City. The current staff housing could be easily, inexpensively renovated to house more than 20 veterans and their families for those who wish to involve family members in their treatment. The atmosphere in Hot Springs is actually more conducive to treatment. Many high end alcohol treatment facilities are located in isolated areas away from big cities to allow for healing and focus. Resources need for ongoing treatment after discharge need to be at veterans homes which are in Colorado, Nebraska, Wyoming, Montana, not in Rapid City where very few participants reside. Opening alcohol/drug domiciliary in urban Rapid City will result in easier access to alcohol & drugs by veterans going through treatment due to their higher drug crime rates/accessibility to drug dealers. Hot Springs was recently rated as third safest city in South Dakota. (http://www.safewise.com/blog/safest-cities-south-dakota-2016)</p> <p>1.2.2.2.2 Distance Veterans Must Travel for Care Veterans will actually travel longer distance and have greater travel expense with closure of Hot Springs services. Veterans in Nebraska, southern South Dakota and Wyoming will have to travel 180 miles round trip further to Fort Meade for hospital and specialty care. This will provide substantial hardship to these veterans and their families many who are elderly or handicapped. Sending veterans to Non VA hospitals does not provide for optimal care as private hospitals are not equipped to provide the unique medical and psychological needs of veterans. There is a shortage of primary and specialty care providers available in this highly rural area. I could find no evidence that veteran care will not adversely impacted due to outsourcing. It would be expected medical care would decline due to fragmented care, thereby, leading to higher medical care costs.</p> <p>The majority of veterans actually choose to living in rural areas. The VA is unfairly targeting rural veterans by attempting to force them to move to urban in order to receive healthcare.</p> <p>2.3.5.2. Under Alternative E, unable to find how VA arrived at such high numbers to staff the proposal. It is more than double the staff that currently provide care to domiciliary and provides essential same services currently being provided. Were number of staff required skewed in order to artificially inflate costs associated with keeping current domiciliary?</p> | <p>IW 17-4</p> <p>IW 17-5</p> <p>IW 17-6</p> <p>IW 17-7</p> <p>IW 17-8</p> <p>IW 17-9</p> <p>IW 17-10</p> | <p>IW17-4: VA believes that Rapid City offers many more advantages over Hot Springs to help ensure successful community reintegration. This has been further explained in Section 1.2.2.3 of the Final EIS.</p> <p>IW17-5: VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS. Under the new preferred alternative A-2, VA would renovate the exiting Building 12 and operate the CBOC on the existing campus.</p> <p>IW17-6: The final EIS includes a more detailed breakout of costs for each alternative (Section 2.3).</p> <p>IW17-7: With respect to outsourced care, greater reliance on community providers is an integral part of the proposed reconfiguration alternatives and offers a way to improve overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option, efficiency, and quality of care.</p> <p>IW17-8: The RRTP is not being moved to Rapid City because of the Veteran population there. RRTP patients come from throughout the service area and the US. It is being moved because of the advantages Rapid City offers with respect to successful community reintegration. See response to IW17-4 and revised Section 1.2.2.3 in the Final EIS.</p> <p>IW17-9: primary health care and certain specialty care will continue to be provided in Hot Springs. Also, while the proposal calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.</p> |
| 75 / 89 | | |

| Commenter IW17: Russell Witte | |
|---|---|
| <p style="text-align: center;">Black Hills EIS Public Comment</p> <p>The VA should be transparent on how they actually came up with number of staff required for their proposals by listing actual positions, why position needed and salary for each position. The VA's numbers included building a separate CBOC in Hot Springs away from current campus. The VA can easily use the current Hot Springs primary care area to continue providing primary care at considerably less cost. It appears the VA proposed the building of a CBOC off current site to falsely over-inflate the cost vs. the expected lower costs that would be expected using the existing primary care building. Their inflated numbers only prove that numbers have been falsely skewed to only make VA's proposal seem less cost effective.</p> <p>The VA's proposal will cause substantial, permanent, All residents include local veterans and community will suffer substantial financial burden with VA preferred proposal with the expected loss of half the population of Hot Springs (300 staff with approx. 3 family members per staff=1200 residents loss plus loss of other residents when businesses decline/close) *Loss to areas schools. Many VA staff have children and loss of staff will significantly reduce resources to support local school. * Area parks will deteriorate leading to less outdoor activities which will lead to increased obesity related diseases for children and adults. *Loss to community as people move away and significant loss of property values. *Loss of structural maintenance to other historic buildings in town as buildings left abandoned and loss of resources to maintain historical integrity. *Significant increase in taxes due to significant decline in residents to support public and community functions. Increase in taxes will force people to abandon Hot Springs. There will be a deterioration of public safety due to lack of law enforcement, fire, rescue and emergency services as well as difficulty recruiting medical professionals to provide medical care. There will be decline in overall community health for veterans and non-veterans as less people remain to fulfill services needed to maintain community health and safety. The overall structure of Hot Springs including buildings and services will deteriorate with the VA's configuration proposal. It is well known that low income areas and lack of adequate resources will result in more health related diseases which places significantly higher burden to costs to society (ie: consider the increased health problems and cost of medical care on many Indian Reservations). * Loss to local businesses as population declines. We recently did a significant remodel/addition to our business and finished just 3 months prior to VA's announcement in December 2011. The remodel prior to VA's announcement was to accompany the current number of residents in Hot Springs and VA services being provided at that time. The decline in population has started since VA made it's announcement and the preferred proposal is sure to have a significant, negative impact on our ability to be a financially, viable business. * I believe VA needs to keep a CLC (community living center) in Hot Springs. Transferring veterans from existing Community Living Center residents to local nursing home is unrealistic. There is already a shortage of availability of nursing home beds in Western South Dakota. As the number of community members expected to age increases, there will be an increased shortage since the State of South Dakota has capped number of nursing home beds available to community. The influx of veterans needing nursing home beds will cause hardship to both veterans and community residents due to competition for nursing home care in a medically under-served catchment area.</p> <p>The loss of the Hot Springs VA will be detrimental to both medical care for veterans as well as non-veterans due to competition in region that already is medically under-served. Also taxpayers will be forced to pay more for less care.</p> | <p>IW 17-11</p> <p>IW 17-12</p> <p>IW 17-13</p> <p>IW17-10: VA has revised the projected staffing requirements for Alternative E in the Final EIS - from 633 to 492, in responses to STVA comments (and also consistent with maximum staffing levels at Hot Springs in years past).</p> <p>IW17-11: VA agrees and has selected a new preferred alternative in the Final EIS that would renovate Building 12 on the existing campus to operate the CBOC.</p> <p>IW17-12: VA recognizes the potential for adverse socioeconomic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy (jobs and wages) and community services (including employment, waters, property taxes, schools, etc). Measures the VA would take to address them are also addressed in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.</p> <p>IW17-13: VA acknowledges your suggestion and support to keep a community living center at Hot Springs and is including it as part of the public record.</p> |
| <p>76 / 89</p> | |

Commenter IW18: Janet Wocicki

Commenter IW18: Janet Wocicki

Black Hills EIS Public Comment

#12



COMPLETE

Collector: New Web Link (Web Link)
 Started: Friday, October 30, 2015 2:34:04 PM
 Last Modified: Friday, October 30, 2015 2:40:25 PM
 Time Spent: 00:06:21
 IP Address: 67.218.70.83

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

| | |
|-----------------|---------------|
| Name | Janet Wocicki |
| City/Town | Newcastle |
| State/Province | WY |
| ZIP/Postal Code | 82701 |
| Email Address | [REDACTED] |
| Phone Number | [REDACTED] |

Q2: My mailing list and contact preference is: *Respondent skipped this question.*

PAGE 2

Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

I don't want to see that Hot Springs VA close. I love going there for my health care. I like my Dr. all the nurses, the pharmacy, the eye clinic, the scheduling people and any I may have missed. I also like the drive over and any of the people outside the VA that I have dealt with. It breaks my heart to know that the government is thinking about closing this health care facility. It not only would make my drive for services a lot more inconvenient it just plain makes me furious. Plus there a a lot of people who come from a lot further away than I do because they like this facility. Please don't close this place.

IW
18-1

IW18-1: Thank you for your comment. VA acknowledges your support to keep the existing Hot Springs facility open and has made it part of the public record. VA notes that outpatient primary care and some specialty care services would continue to be provided in Hot Springs. Under the new preferred alternative A-2, the new CBOC would be operated in a renovated Building 12 on the existing campus.

While the existing hospital would close, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. This option should help reduce the driving time and distance for many Veterans. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. It is now an integral part of the proposed reconfiguration alternatives and serves as a way to improve overall quality and delivery of care. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled, and to purchased care option and quality of care.

Commenter IXA1: Anonymous

Environmental Impact Statement (EIS) Comment Sheet

Name: Concerned person

Address: _____

Phone: _____

e-mail: _____

Release Information to the Congressional Yes No

Section: _____

Need: hearing local area veterans & from
Hot Springs area. We've been told they like
Hot Springs VA Center for V-ops & health
care needs, & traveling to Rapid City
(big city traffic, etc) or Sturgis VA
for greater distance would be more
handicap / time & expense. If they

Purpose: have longer stays / treatment, the
smaller town environment / setting
is more conducive to their getting better
some have been coming to Hot Springs
(MO)
for yrs.

I _____ give permission/authorization for _____ to
 enter this information online on my behalf.

Signature _____ Date 2/29/16

IXA1-1: See group response in Section E.3.1 in Appendix E relating to distance travelled concerns. Also note that primary and some specialty care services will continue to be provided in Hot Springs under the proposed reconfiguration. In addition, VA is putting greater reliance on local community providers. Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. This should also help reduce driving time and distance. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IXA1-1

Commenter IXA2: Anonymous

Release Information to the Congressional Yes No

I _____ give permission/authorization for Save the V.A. to
enter this information online on my behalf.

[Signature] _____ 2/20/16
Signature Date

Commenter IXA3: Anonymous

Commenter IXA3: Anonymous

Thank you for your comment.

From: VA Black Hills Future <vablackhillsfuture@va.gov>
Sent: Tuesday, December 1, 2015 3:45 PM
Subject: FW:

-----Original Message-----

From: [REDACTED]
Sent: Tuesday, December 01, 2015 5:39 AM
To: VA Black Hills Future
Subject:

Are these the same people that wasted half a billion dollars in denver

Commenter IXA4: Anonymous

Commenter IXA4: Anonymous

December 9, 2015

Subject: Closing the Hot Springs Veteran's Health Care System SH

To whom it may concern:

Since I am awake at one o'clock am, I decided to write this letter. I attended the meeting last week at Alliance about the closing of the VA at Hot Springs, SD. That's all it was...a meeting. We were told to write letters and make suggestions. Anger was what I felt after leaving that meeting.

I have been writing notes of things to say, but is this doing any good. I feel like this letter will probably just be put aside or shredded anyway. I don't really know what to write that will catch the attention of the people that want this closer to happen. They are going to close the Hot Springs Health Care Veterans Service. I don't know anything about the environment study they did, cause it means something different to those people than it means to me. I guess what it all comes down to is No One is really listening to the PEOPLE at these meeting. PEOPLE don't matter.. VETERAN'S DON'T MATTER. Change is what they want, and by God they are going to get it. Oh, there I did it, brought God into the subject. One nation under God..

~~Here comes my venting.....The "Choice Program" isn't working...PERIOD.~~

Maybe someone needs a map of the United States. Miles and time are important to farmers, ranches, and people in general. Seems like people think just because we live in the middle of the United States, we don't know what's going on. We listen to the news, watch tv, and read the paper. And go to the movies...that tells the stories of Veterans. And we laugh at stupid things people do, like give bonuses to those that screwed up the building of the VA hospital in Denver, Colorado. We're not dumb.. But I guess we can't figure out how to get people to listen to us or even acknowledge us. We are the bread basket of the United States and are treated terrible.. So get out a map, and walk in our shoes .

IXA4-1

IXA4-1: Public involvement is an important element of the NEPA process and VA has reviewed and considered all public comments on the proposed reconfiguration and the Draft EIS. Many changes have been made to the Draft EIS as a result of public comment. VA has even changed its preferred alternative to A-2 which includes operation of primary care services on the existing campus.

| Commenter IXA4: Anonymous | |
|--|---|
| <p>Page 2.</p> <p>Gate Way to the Black Hills, Hot Springs , South Dakota. Veterans Hospital - Still stands, but not in use. There, doesn't that sound good.</p> <p>Most of the people I see there are retired. That would mean they are on a fixed income. (Listening to the news this morning, a big oil company is giving BIG Bonus's to employees..and it was big. Did you hear that on the news.)</p> <p>Tomorrow, we are going there to meet a PA, since my husbands doctor retired. We did meet another Doctor, but evidently he didn't stay. Maybe because you didn't offer him a bonus or because he knew what was coming. We or rather our daughter got us a used vechile, because of the mileage on our other vechile. (Check that map I wanted you to get, yet you want us to go to Rapid City or Ft. Meade.) (Time, 2 hrs to Hot Springs, few hours there, two hours home. Let's see a full day gone.) (Sometimes FT. Meade means an over night stay. You don't offer to pay for the motel. That comes out of my fixed income.) She will be going with us, after changing around her work hours. She can't always be with us. Sometimes I wonder if her health issues are because of ours. Maybe you should walk in her shoe too. There you go, two pairs of used shoes.</p> <p>Maybe you need to think outside of the box. Instead of let's shut down this service, how can we better help the people. The Choice Program is terrible, even the people that work there say that. Maybe revamp that with people out here that understand what we are talking about, not someone far far away. How many jobs will closing the VA affect. And don't forget the businesses there too.</p> <p>Have I vented enough now. Are you going to put this letter in with your environmental study or are you just going to shred it. Maybe you could post it somewhere, so other could read and know our blight.</p> | <p>IXA4-2: Eligible Veterans have more options now for care from community providers, at VA expense, closer to where they live. Veterans Choice is one of the programs available, however, there are others too and the delivery of services under these programs is improving. See group response E.3.3 in this Appendix relating to criticisms and role of the Veterans Choice Program in the proposed reconfiguration. Section 2.2 of the Final EIS has also been revised to clarify the purchased care (now referred to as Care in the Community) element of the proposed reconfiguration under all of the alternatives.</p> <p>IXA4-3: Your comments have been read and are being included in this appendix as part of the public record for this EIS.</p> <p style="text-align: center;">IX A4-2</p> <p style="text-align: center;">IX A4-3</p> |

Commenter IXA5: Anonymous

Commenter IXA5: Anonymous

Black Hills EIS Public Comment

#53



COMPLETE

Collector: New Web Link (Web Link)
 Started: Wednesday, March 30, 2016 11:11:28 AM
 Last Modified: Wednesday, March 30, 2016 11:15:39 AM
 Time Spent: 00:04:11
 IP Address: [REDACTED]

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

- Q1: Please enter your name and contact information. *Respondent skipped this question*
- Q2: My mailing list and contact preference is: I wish to provide my comments anonymously. Do not add me to the mailing list.

PAGE 2

Q3: Please enter your comments here--reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

From my observations of the EIS draft there are a few things on which I would like to comment on. The first would be why was taxpayer money spent on this? The entire draft was all from the VA. There was no independent study done. All of the items & figures used in this draft came straight from the VA. It is the same things we have seen the last four years.

The first item I would like to point to would be the 30 year costs comparisons of all the different alternatives. This is listed under executive summary, table: summary of impact analysis. These figures look strangely familiar. They look exactly the same as what the VA had presented in the Hot Springs meeting in December of 2011 when they first proposed this. I would say this is proof the entire EIS is straight from the VA. The Save the VA committee had obtained documents from the VA that showed these figures were erroneous. Why is there not any mention of the figures from the Save the VA in this draft? The paperwork was submitted for it so it was available for use. This study was supposed to involve all aspects of what is involved in the impact study, not just the VA's side of the story.

Now on page 36, 2.3.1.1.1 the draft states that the VA would construct a building in Hot Springs. The Hot Springs would consist of a 5 acre, 16,711sq.ft. building. This site would include 100 parking spaces. Then on page 38 it states that the VA would construct or lease buildings in Rapid City. The construction would consist of 14-17 acres with a 132,942 to 144,956sq.ft. building. This site would include 620 parking spaces. What are the estimated construction costs of these facilities?

The VA has a track record of severely underfunding new building projects. Due to the latest project in Denver, Colorado the management of big construction projects is no longer to be done by the VA. All big projects now have to have the estimated costs done by the Army Corps of Engineers. Since these projects are going to be several millions of dollars of taxpayer money, should there not be a building estimate from the Corps for these projects included in this draft?

Now on page 40, 2.3.1.3 it states that the cost of building these two facilities, having them fully staffed & furnished comes to a 30 year projected cost of \$148,622,461. Now on page 55, 2.3.5.3, the Save the VA alternative shows a projected 30 year cost of \$247,036,697. The VA estimates the 30 year cost of renovations for the Hot Springs VA to be \$203,981,401. However the Save the VA has these costs being substantially lower. Why are these figures not enclosed in this draft? All of that information was provided for the EIS. However the only information the study provides is what the VA had submitted.

In the Save the VA alternative many of the services that will be provided at the Hot Springs facility will not be provided in the VA's proposal. The VA alternative leaves many of these services having to be provided elsewhere. This includes surgery, cardiology, internal medicine, ENT, pulmonology, rehab, dental, optometry, pharmacy, imaging, laboratory, urgent care, inpatient beds, domiciliary residence, etc. So naturally the Save the VA alternative will have a much larger monetary value due to these costs are not being absorbed in the VA proposal. The VA proposal just has these as services provided by the community. I have heard this topic covered in one of the town hall meetings done by the VA. The VA's response is some of these expenses may be covered thru Medicare. The payments still come from

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IXA5-1: Section 2.3 of the Final EIS has been revised to provide an additional breakout of costs associated with each alternative. While the cost estimates still represent an accurate comparison across sites, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions. See also group responses in Table E-2 of Appendix E relating to the costs of alternatives.

IXA
5-1

Commenter IXA5: Anonymous

Black Hills EIS Public Comment

the federal budget. Since the patients are veterans, shouldn't payments come from the VA instead of another government entity?
 Now let us look again at page 38. Specifically the "would construct or lease" statement. The VA is on record of stating that they will lease a facility in Rapid City for \$14,700,000 a year. Well for 30 years that is \$441,000,000!! This is just the lease. The Save the VA alternative at \$247,036,697 will be half of the cost when furnishings, staff & all other costs are included. The \$441 million does not even include one cent of the 30 year cost of the VA Hot Springs site!! Why is this omitted from the EIS draft?
 One reason this could have been omitted is that it is much easier for the VA to sneak in a \$14.7 million item into their budget as opposed to \$441 million when it is presented to Congress. Why is this cost missing from the EIS draft since it was presented by the VA? The reason it is not listed may be due to the fact it makes the VA alternative higher than any other alternative! Plus this also gives one of the VA's favorite companies, Jones-Long & LaSalle a chance to cash in with leasing buildings.
 OK, I will give the VA the benefit of the doubt and look what is presented in this draft. The draft talks about leasing a facility for 5 years while the new one is being built. This starts on page 40, 2.3.1.4 that alternative A would be implemented over a 5 year time line. So to lease a facility at Rapid City for this time would be \$73.5 million. This leaves \$75,122,461 being left to build facilities at both Rapid City & Hot Springs, plus staff & furnish the facilities for the remaining 25 years. The VA is on record for an estimate of maintaining the Hot Springs VA facility after it has been mothballed, for \$2 million a year. So subtract the five year period to build a new facility in Hot Springs would be \$2 million for 25 years is a cost of \$50 million for the 30 year projected cost.
 This leaves a grand total of \$25,122,461.00 to build the two facilities in two different locations, staff, & furnish them for 25 years. Then there is also the cost of services that the veterans will have to get from the surrounding communities because services are not available at the two facilities. Is it any wonder that Congress now wants the Army Corps of Engineers to do the estimates for buildings & not the VA?
 On page 55, 2.3.5.2 it states that the VA has an estimate of 633 FTEE's for the Save the VA alternative. Kind of find this hard to believe. Years ago when the VA was operating at full capacity with over 300 Dom residents they did not have that many FTEE's. They did not even have a number close to that with all the full-time & part-time employees included. The records show the Hot Springs VA never had over 500 FTEE's.
 On page 7, 1.2.2, the VA states several reasons why this reconfiguration is even needed. In reality all of these factors are basically a result of senior management's actions to make the Hot Springs VA appear that it needs to be closed. Years ago the Hot Springs VA was a separate VA. Then senior management made the Hot Springs VA & Ft. Meade VA merge into one single VA Health Care System. After this was accomplished was when veterans started to see services taken away from the HS VA.
 This was being done in a slow methodical way by VA senior management. Eight plus years ago is where this whole process started to pick up energy with more & more services disappearing. It seems quite strange how a loss of services also runs in conjunction with a loss of patients over the years.
 Back in December of 2011 when the VA first released its proposed reconfiguration idea it was released to the national press as the Hot Springs VA was being closed. The VA never made any effort nationally to refute this statement. Then again in late October of this year it is released again, "VA moves ahead on closure of Hot Springs hospital". This was the headline in the Rapid City Journal newspaper of October 29, 2015. Any wonder you have problems recruiting & maintaining staff when it is out nationally that the facility is to be closed down?
 Some of the VA's reasons are again due to the physical condition of the facility. Why is there no mention of the Save the VA's counter arguments to that statement along with the figures & documentation to back it up? Once again all of this was provided for the EIS study.
 My favorite reason for reconfiguration is on page 8, "Facility costs at the Hot Springs campus negatively affect VA's stewardship of funds appropriated for Veterans health care". How would one interpret the omission of \$441 million for lease of a facility in Rapid City for being, "good stewardship of funds appropriated for Veterans health care"?
 Then again on page 8, "Veterans currently face long distances, extended travel times, and travel costs to access primary and secondary care". They currently are facing this because of the services that have been taken away from the Hot Springs facility. This is due to the majority of HS patients now are having to travel further for the care that they used to receive in Hot Springs. Go back to when the HS VA was a separate entity & this problem was non-existent.
 Bottom line, thru VA eyes this EIS draft was money well spent! It helps perpetuate the VA belief of why they are right and everyone else is wrong.

IXA5-2: VA has revised the projected staffing requirements for Alternative E in the Final EIS - from 633 to 492, in responses to STVA comments (and also consistent with maximum staffing levels at Hot Springs in years past).

IXA5-3: The proposed reconfiguration always included plans for outpatient primary and some specialty care services to be provided in Hot Springs.

VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS. Under the new preferred alternative A-2, VA would renovate the existing Building 12 and operate the CBOC on the existing campus.

IXA5-2

IXA5-3

Commenter IY1: Marvin Young Day

Environmental Impact Statement (EIS) Comment Sheet

Name: Marvin Young Day

Address: [Redacted]

Apache Jct AZ 85117

Phone: [Redacted]

e-mail: _____

Release Information to the Congressional Yes No

Section: Do not close

Need: We need VA Hospital for our Veterans

Purpose: 2.3.5 Alternative E, Save the VA Proposal

IY1-1

IY1-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

I, Marvin Young Day give permission/authorization for Savan Peterson enter this information online on my behalf.

Signature: [Signature] Date: 8/6/16

Commenter IZ1: Keith Zuhlke

Commenter IZ1: Keith Zuhlke

Environmental Impact Statement (EIS) Comment Sheet

Name: Keith Zuhlke
 Address: [Redacted]
Neligh NE 68756
 Phone: [Redacted]
 e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: 1.2.2.2.2 Distance Veterans must travel

Need: We live 165 miles from the Omaha, NE VA Hospital and about 200 miles from the Sioux Falls, SD facility. We were looking at retiring in Hot Springs because the facility is right here and in a low traffic area. How do you expect aging veterans to be able to deal with all the traffic in these metro areas?

Purpose: This facility is in a manageable traffic area and close in an emergency. We have used the emergency room here in Hot Springs when I was injured and needed emergency help.

I Keith Zuhlke give permission/authorization for Sarah Peterson enter this information online on my behalf.

Signature [Signature] Date 4-7-16

IZ1-1: IZ1-1: Thank you for your comment. VA acknowledges your support to keep the existing Hot Springs facility open and has made it part of the public record. VA notes that outpatient primary care and some specialty care services would continue to be provided in Hot Springs. Under the new preferred alternative A-2, the new CBOC would be operated in a renovated Building 12 on the existing campus.

Eligible Veterans would now have more opportunity to receive care from local community providers, at VA expense, closer to home to help further reduce driving time. See group responses in Sections E.3.1 and E.3.3 of Appendix E relating to distance travelled, and to purchased care options and quality of care concerns.

IZ1-1

Commenter IZ1: Keith Zuhlke

Environmental Impact Statement (EIS) Comment Sheet

Name: Keith Zuhlke
Address: [Redacted]
Neleigh, NE 68756
Phone: [Redacted]
e-mail: [Redacted]

Release Information to the Congressional Yes No

Section: 3.10.2.3 - Housing

Need: We are preparing to totally retire. We have lived in a small town (pop. 1800) for 35 years as we had no desire to continue to live in Omaha. At the present time we need to travel to Omaha for many tests and we really do not like the traffic that we are not used to driving in.

Purpose: We like the small town of Hot Springs and having the VA facility right here so that we do not need to drive in heavy traffic.

2.3.5 Alternative E Save the VA Proposal

I Keith Zuhlke give permission/authorization for Sarah Pato enter this information online on my behalf.

Signature [Signature] Date 4-7-16

Commenter IZ2: Loren Zimmerman

Commenter IZ2: Loren Zimmerman

Black Hills EIS Public Comment

#45



COMPLETE

Collector: New Web Link (Web Link)
 Started: Monday, February 08, 2016 10:10:06 AM
 Last Modified: Monday, February 08, 2016 10:34:23 AM
 Time Spent: 00:24:16
 IP Address: 72.8.226.220

PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

Name Loren Zimmerman
 Address [Redacted]
 City/Town Chadron
 State/Province NE
 ZIP/Postal Code 69337
 Email Address [Redacted]
 Phone Number [Redacted]

Q2: My mailing list and contact preference is: Please contact me via email at the email address I entered above.

PAGE 2

Q3: Please enter your comments here-reference relevant pages/sections in the Draft EIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments):

Why isn't the entire document available via hot link? Are the decision makers veterans, or political hacks? The VA is in shambles, what makes you think you are exempt from their debacles? You just don't know what you are doing except to satisfy the upward chain of bonuses for incompetency.

Don't ever send me to a Chadron Medical Facility. Their record for inaccurate diagnosis is well documented. All their employees gossip like Ladies of the Church. Nothing is confidential. Don't close the Hot Springs facility. This is nothing more than a suck-up venture to save money by offering (poor) services at home so the VA can save Travel Pay for quality treatment. I think you will find few medical professionals who can read and understand VA Rules and Regulations, nor even want to take the time to learn them. Furthermore, the local yokels are apt to double the disability ratings which will pop the 'Savings' bubble. If it isn't broken, don't fix it.

It is broken at the Administration level - fix that first.

IZ2-1

IZ2-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully operational and has made it part of the public record for this EIS.