

**Commenter TA: Alliance public meeting transcript**

*Note: The verbal comments made at the public meetings were preceded by a presentation summarizing the Draft EIS.*

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PUBLIC MEETING:  
DRAFT ENVIRONMENTAL IMPACT STATEMENT  
FOR RECONFIGURATION OF  
VA BLACK HILLS HEALTH CARE SYSTEM

DATE: December 3, 2015 at 1:00 p.m.  
PLACE: Newberry's  
402 Box Butte Avenue  
Alliance, Nebraska

PRESENTER: Ms. Mary Peters  
Labat Environmental

Reported By: Jacqueline K. Perli  
Registered Professional Reporter  
Black Hills Reporting  
1601 Mt. Rushmore Rd., Ste. 3280  
Rapid City, SD 57701  
605.721.2600

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16

1 screen or look at my computer. You'll see the  
2 timer run down for five minutes.  
3 And this is our microphone today. As you  
4 notice, I've been having to hold it close to my  
5 mouth so you can hear me, so I'm going to be  
6 holding the microphone when you come up here.  
7 If it's difficult for you to come up here,  
8 we will bring another -- the microphone back to  
9 you, to your chair. But I will hold this so you  
10 can speak into this, because it's important that  
11 Jacque, who's recording all of this, can hear  
12 you and get what you say down in the record.  
13 So with that, if you'll give me a second.  
14 (Pause.)  
15 Let's see, if I can read the writing here.  
16 Is it Darius Laughlin? Did I butcher that name?  
17 DENNIS LAUGHLIN: Dennis.  
18 MS. PETERS: Dennis. I'll blame it on the  
19 glasses. And then we have Don Ackerman,  
20 Don Houglan, and Jennifer Buddenborg.  
21 So are you ready?  
22 DENNIS LAUGHLIN: I'm ready.  
23 MS. PETERS: Okay.  
24 DENNIS LAUGHLIN: My name is Dennis  
25 Laughlin. I'm the Veterans Service Officer for

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[Comment starts at bottom of this page;  
substance and response on next page.]

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1 Box Butte County. Let me back off a little bit.

2 This study, to me, seems like it gives all  
3 the reasons to close Hot Springs. I haven't  
4 seen anything that supports keeping it open.

5 And I'm pretty much of a conspiracy theorist at  
6 heart.

7 I've talked to some people in the VA that  
8 say that this information is four- to  
9 five-year-old data, not current.

10 And the other issue, the other question I  
11 have is with the Choice Program as an  
12 alternative. It's great if it works. It's bad  
13 if it doesn't. And so far, it doesn't, here in  
14 Alliance. We don't have a lot of providers.

15 And my question is, if they push the  
16 Choice Card Program, is that coming in the back  
17 door to offer local care? That way, nobody has  
18 to go to Hot Springs.

19 So that's my question, two questions, is  
20 whether the data is current, and if the  
21 Choice Card Program is a ruse to close down  
22 Hot Springs. Thank you.

23 MS. PETERS: Thank you, Dennis. Don?

24 DON ACKERMAN: I'll speak last.

25 MS. PETERS: Don Houglund. Change your

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TA-1

TA-2

TA-1: VA used the most up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data. However, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions.

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.

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1 mind? Oh, I'm sorry. Don Houglan? Okay.  
2 Jennifer.  
3 JENNIFER BUDDENBORG: So my name is  
4 Jenny Buddenborg. I'm with the National Trust  
5 for Historic Preservation. We're a nonprofit  
6 advocacy organization that's been working with  
7 the Save the VA committee as well as members of  
8 Congress to find the best solution in  
9 Hot Springs.  
10 And for us, we believe that is to maintain  
11 services for veterans there, so we've been  
12 working with folks for the past three years to  
13 try to get that done. And we're pretty  
14 disappointed in the preferred alternative that's  
15 been selected through this process.  
16 And I've been told to slow down. Thank you.  
17 As this is a process, as Mary explained,  
18 this is also a place. And it's a place that's  
19 very important to veterans here today and  
20 veterans that have been served in Hot Springs  
21 for decades, over 100 years.  
22 And I think that's very important to  
23 remember that, although this has to be a process  
24 that's undertaken, it's about a place at the end  
25 of the day.

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<p>19</p> <p>1           And I have a few comments to provide and</p> <p>2           will be providing written comments as well. But</p> <p>3           just to share with the group, the National Trust</p> <p>4           is concerned that all of the alternatives that</p> <p>5           keep Hot Springs open in serving veterans are</p> <p>6           described as not meeting the purpose and need.</p> <p>7           And this seems to us to be an unreasonably</p> <p>8           narrow range of alternatives.</p> <p>9           And furthermore, it's not clear in the</p> <p>10          document why alternative C and E don't meet the</p> <p>11          purpose and need. It's also unclear why the</p> <p>12          proposed Hot Springs CBOC and residential</p> <p>13          rehabilitation treatment center described in</p> <p>14          alternative A and B must be new construction</p> <p>15          outside of the existing campus and why those</p> <p>16          services cannot be provided in the existing</p> <p>17          historic properties.</p> <p>18          The EIS says that compliance with ADA, which</p> <p>19          is the American Disabilities Act, is a problem.</p> <p>20          But we know at the National Trust that meeting</p> <p>21          accessibility requirements in historic buildings</p> <p>22          is absolutely possible and is happening in the</p> <p>23          VA's historic properties across the country.</p> <p>24          Based on our experience with the VA at other</p> <p>25          campuses like Fort Howard, Maryland,</p> <p style="text-align: center; font-size: small;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TA-3</p> <p>TA-4</p> <p>TA-5</p> <p>TA-6</p>	<p>TA-3: See group response in E.3.2 in Appendix E relating to ability of alternatives to meet purpose and need and the range of alternatives evaluated in the EIS. Section 2.3 of the Final EIS has also been revised to clarify the extent to which each alternative meets purpose and need.</p> <p>TA-4: See response to TA-3; see revised Sections 2.3.3 and 2.3.5 in the Final EIS relating to ability of Alternatives C and E, respectively, to meet purpose and need.</p> <p>TA-5: VA identified a range of alternatives that offered varying combinations of new construction or lease for new health care facilities in Hot Springs and Rapid City, in combination with a supplemental alternative for reuse of existing campus); as well as alternatives offered by the public including renovation and reuse of existing campus, and a new hybrid alternative that included partial reuse of the Hot Springs campus (e.g., Building 12) and new construction in Rapid City.</p> <p>VA agrees that the buildings that comprise the area where veterans are medically treated on the Hot Springs campus can be renovated to meet ADA/ABA standards and provide modern quality medical care. See additional response in Table E-2 of Appendix E (Category Purpose and Need, Accessibility and Needed Renovations). However, there are still advantages to new design and construction and a change to a more urban setting for the RRTP. This is explained further in Chapter 1 of the Final EIS (Section 1.2.2.3)</p> <p>TA-6: See response to TA-5.</p>

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<p>20</p> <p>1 Leavenworth, Kansas, and Milwaukee, the VA does</p> <p>2 not have a good track record maintaining</p> <p>3 buildings it vacates.</p> <p>4 And finding reuses has been very</p> <p>5 challenging, in many cases, taking years. So</p> <p>6 supplemental alternative G is not a panacea to</p> <p>7 closure.</p> <p>8 Alternative G will follow VA internal</p> <p>9 policies as to how to find a user for</p> <p>10 464,000 vacant square feet, but what will the</p> <p>11 agency actually do? What if it doesn't work?</p> <p>12 What if you have a big white elephant sitting up</p> <p>13 there in Hot Springs? What about a community</p> <p>14 impact fund to help compensate the city or the</p> <p>15 county for economic losses?</p> <p>16 The EIS does not explain how the VA will</p> <p>17 meet 36 CFR 800.10, which requires that the</p> <p>18 VA secretary, to the maximum extent possible,</p> <p>19 undertake such planning and actions as may be</p> <p>20 necessary to minimize harm to any National</p> <p>21 Historic Landmark that may be directly and</p> <p>22 adversely affected by an undertaking like this</p> <p>23 one.</p> <p>24 Why are they, the VA, describing NHPA,</p> <p>25 National Historic Preservation Act's efforts in</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TA-7</p> <p>TA-8</p> <p>TA-9</p> <p>TA-10</p>	<p>TA-7: With respect to VA's effort to find a potential user under Supplemental Alternative G, VA will establish an advisory committee to determine market interest and develop long-term planning and preservation goals. See group response in Table E-2 of Appendix relating to Alternative G. Chapter 5 (Section 5.2) of the Final EIS has been significantly revised to include additional detail on VA's proposed redevelopment strategy; the first step would be to identify potential redevelopment partners/buyers. Section 5.2 also now describes what the VA would do if VA decides to leave the Hot Springs campus and another user is not found (i.e., transfer to GSA, potential mothballing). VA notes that the new preferred alternative would allow VA a continued presence in Building 12 on the existing campus, and VA has also recently proposed use of Buildings 3 and 4 as a national pharmacy call center (independent from the proposed reconfiguration). This has been identified and evaluated in the Final EIS.</p> <p>TA-8: See group response in Table E-2 of Appendix E relating to socioeconomic impacts. It has been revised in Section 4.10 of the Final EIS to include potential adverse impacts on the local Hot Springs community and VA's commitment of continued employment for current Hot Springs staff members (even though may require relocation). Section 5.2 of the EIS outlines VA's efforts and commitment to find a suitable re-use of the campus. VA also notes the potential economic benefits a newly proposed national call center - to occupy Buildings 3 and 4 on the existing campus - would have on the local community. This has been addressed in the Final EIS as part of the cumulative impact analysis. See group response in Table E-2 of Appendix E relating to cumulative impacts.</p>

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<p>21</p> <p>1 ways that we don't remember unfolding as</p> <p>2 consulting parties? For example, there are</p> <p>3 pages of proposed mitigation which we never</p> <p>4 consulted about, but they say that we did. You</p> <p>5 can find this on page 25 of the EIS.</p> <p>6 So these are comments that we would like to</p> <p>7 submit. And we will also, as I said, be</p> <p>8 submitting written comments by the February</p> <p>9 deadline. So thanks, Mary.</p> <p>10 MS. PETERS: Thank you.</p> <p>11 DON ACKERMAN: I might run over. You ready?</p> <p>12 MS. PETERS: I'm ready.</p> <p>13 DON ACKERMAN: I might run over. That's why</p> <p>14 I decided to go last, give all you the</p> <p>15 opportunity to say what you need to say.</p> <p>16 Do I have my Congressional representatives</p> <p>17 here? Any? Okay. Thank you. Back home, tell</p> <p>18 them both I really appreciate them supporting us</p> <p>19 in everything we do. And all of you in this</p> <p>20 room from Nebraska need to write them a letter</p> <p>21 and tell them thank you for what they are doing</p> <p>22 for you, because they are fighting hard.</p> <p>23 Now, before I start -- and I'm going to talk</p> <p>24 on 1.2.2.1.2. That's what I'm going to discuss.</p> <p>25 You got that? But before I do that, last night</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TA- 10</p>	<p>TA-9: See group response in Table E-2 of Appendix E (Category Cultural Resources and Historic Properties, Change in NHL status) relating to VA's compliance with 36 CFR 800.10.</p> <p>TA-10: VA is confident it has met all the required standards, including development of proposed measures that might avoid, minimize or mitigate any adverse effects of the undertaking for each alternative, in consultation with the consulting parties. These are identified in Section 5.2 of the Final EIS. VA's efforts have been documented in the letter dated July 11, 2016, to refer objections to the ACHP (see Appendix C of this Final EIS). See also group response in Table E-2 of Appendix E (Category Integration of NHPA Section 106 Process, NEPA/NHPA process).</p>

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1 Adrian Smith was at my house, and this morning  
 2 John Thune stopped by. Excuse me. Let me  
 3 correct that. I've been reading this EIS so  
 4 long that, you know, facts are kind of smeared  
 5 and wrong.  
 6 Actually, Adrian Smith was on the TV, okay,  
 7 and he said he's fighting for you guys. All  
 8 right? Did you hear him? All right. And  
 9 John Thune was on this morning, and he spoke on  
 10 the same subject. And you know what? That's  
 11 South Dakota boys fighting for you, too, because  
 12 he mentioned you. All right? I want you to  
 13 know that. He said, I'm fighting for the  
 14 Nebraska western boys. Okay. So we're not  
 15 alone.  
 16 Okay. 1.2.2.1.2, and this is how you have  
 17 to answer these things, okay, when you argue.  
 18 It talks about the ADA, as Jennifer, my good  
 19 friend Jennifer mentioned.  
 20 This talks about the facts that the VA at  
 21 Hot Springs cannot meet the ADA requirements.  
 22 So you go to the regulation. You read the  
 23 regulation. Regulation says, okay, on ADA  
 24 requirements, you have to have one of these huge  
 25 toilets, you have to have all these big doors

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TA-  
11

TA-11: Federal Agencies must comply with all provisions of the Architectural Barriers Act and the Americans with Disabilities Act to ensure accessibility for handicapped individuals. The VA also has its own requirements for its health care facilities to follow the supplemental and more stringent "Barrier Free Design Guide", which specifies greater accessibility.

Implementation of these provisions is for the benefit of the users, in this case the Veterans, who deserve the safest facilities and best quality of care.

That said, VA also agrees that the buildings that comprise the area where veterans are medically treated on the Hot Springs campus can be renovated to meet ADA/ABA standards and provide modern quality medical care. See additional response in Table E-2 of Appendix E (Category Purpose and Need, Accessibility and Needed Renovations).

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1 that open, and all this stuff. But it also says  
2 if 100 percent of your clientele are in need of  
3 that kind of facility.

4 Now, you wouldn't want to go to a nursing  
5 home and not have that available to everybody  
6 that was there who might need it. It does allow  
7 for you to use the percentage.

8 But a central office policy was written that  
9 requires 100 percent of the new facilities to  
10 have that. So I went out and tried to track  
11 that down. I have a friend in Washington who  
12 has a brother-in-law who has a sister who has an  
13 uncle that's in archives. And here's what I  
14 got.

15 There's a redheaded guy with a beard in the  
16 central office of Washington, D.C. who got a  
17 call, and he had to work overtime on Friday and  
18 missed a fishing trip because a guy in New York  
19 City wasn't assigned to the correct room on ADA  
20 requirements.

21 So he made a new policy. All new facilities  
22 cost us billions of dollars. Got that? I  
23 tracked it down.

24 The VA, why did they decide to do  
25 100 percent ADA requirements? Simple. Because

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TA-  
11

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1 it can't be done unless you build a new  
2 building. That means they can't use  
3 Hot Springs. It was done purposefully. Not a  
4 joke. It was done on purpose.  
5 It's funny to me that they tend to follow  
6 whatever policy they want to follow, and when it  
7 comes to law, they don't follow the law.  
8 It's very interesting. I do know that it  
9 would be real easy, what they probably should  
10 do, and it wouldn't cost us near as much money,  
11 would be to hire somebody from Motel 6 who could  
12 assign people to the rooms and make them the  
13 director. You know, then we wouldn't have to  
14 worry about all those funny things where they  
15 didn't have the right people in the right room.  
16 What your job is here today -- well, I don't  
17 know why you're here, but I'm going to tell you  
18 why I think you're here. You don't like what's  
19 going on. This is what you have to do. They  
20 have to answer exactly what I said, because I  
21 addressed it correctly. They have to address  
22 what I said, because I addressed it correctly.  
23 That is what you have to do.  
24 You have to go in and say, I travel too far,  
25 and you said here it was going to be closer.

TA-  
11

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1 And when I get to Fort Meade and I'm sitting at  
 2 Fort Meade, everybody in that room is from  
 3 Nebraska.

4 Well, let me tell you something. There's no  
 5 way on God's green earth that it's closer  
 6 anywhere in Nebraska, anywhere closer than  
 7 Hot Springs. No way is Fort Meade closer. So  
 8 all those guys from Nebraska came from the wrong  
 9 place. Right?

10 What we did do, and we have support for you,  
 11 is we know -- wow -- we know by zip code  
 12 everybody who uses the facility. They use false  
 13 numbers all the time.

14 What they do is, they say, There are more  
 15 veterans in Rapid City. That might be true, but  
 16 you know what? None of them use the facility.  
 17 Because I have the zip code usage. What they  
 18 call the unique. Okay. You've got to learn  
 19 those words. The unique. It's the unique  
 20 thing. And that is every person that uses the  
 21 facility. We have their numbers. I don't care  
 22 what they say, we have their numbers, and we  
 23 know what's right and what's wrong.

24 You need your voice out there. I know I'm  
 25 in the red. I'm just not paying attention.

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TA-  
12

TA-12: VA used the most up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services. Exhibit 1 in Chapter 1 has been updated and expanded to include additional information to compare where Veterans reside versus where they are served.

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1           Okay. We need you to speak. We need you to  
2           fill out those cards. We need you to tell them  
3           what you think. Even if you disagree with me, I  
4           don't care, you need to tell them what you  
5           think, because your Congressional  
6           representatives want to know what you think.

7           I heard somebody say last night that Adrian  
8           said, I will do what my veterans want me to do.

9           Tell him what you want him to do. Okay? Do  
10          you understand what I'm saying?

11          We're not lost. This isn't over. I don't  
12          care what anybody says. When your facts are  
13          this bad that -- I got -- you want to read? If  
14          you can get to page 5 without saying "bullshit,"  
15          then I'll give you five bucks. That's a  
16          promise. I got the money in my wallet right  
17          now.

18          Sit down, tell them what you think, tell  
19          them what you want, and tell them why. And  
20          don't be profane like me.

21          Thank you very much for coming, guys. We're  
22          here for you. If you have something to say, you  
23          need to get up here and say it, okay, right now,  
24          to these people, so they know how you feel.

25          If not, get your comment cards. If you need

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1 help, we will help you put those comment cards  
 2 together.  
 3 Collectively, we're winning this battle.  
 4 Remember, they were closing in 2011. What year  
 5 is it right now? Thank you very much.  
 6 MS. PETERS: Thanks, Don. Judy Price or  
 7 Pierce? Price?  
 8 Did Don Houglan come back in?  
 9 DON HUGHARD: It's Hughard.  
 10 MS. PETERS: Hughard. You never left.  
 11 DON HUGHARD: That's me. No, I didn't.  
 12 MS. PETERS: We'll take you after Judy then.  
 13 Did you want to say something?  
 14 DON HUGHARD: Well, I don't have very much  
 15 to say, but I'm just going to compare your  
 16 environmental study with why Washington, D.C.  
 17 had the study --  
 18 MS. PETERS: Let's let Judy --  
 19 DON HUGHARD: -- had the study of why old  
 20 people have sex.  
 21 JUDY PRICE: Okay. My question is the  
 22 Choice Program. It's not working. It delays  
 23 everything. You call them, you get somebody  
 24 back East that doesn't know how far we have to  
 25 travel to go there. You don't think about the

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TA-  
13

TA-13: Comments about the Choice Program are not relevant to the scope of activities analyzed in the EIS. See group response E.3.3 in this Appendix relating to 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.





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1 here, went to the receptionist, and she said --  
2 I said, This is through the VA or Veterans. She  
3 said, I don't like VA. No other comment. She  
4 don't appreciate -- Box Butte County Hospital  
5 don't appreciate veterans.

6 AUDIENCE MEMBER: Damn right on that.

7 LARRY EDWARDS: And another thing that  
8 happened, this summer we had a hailstorm. And I  
9 was cleaning up, and I sliced my thumb. It  
10 bled, and it wasn't too bad of a deal, so I put  
11 tape on it.

12 Well, anyway, I got an infection in it, so  
13 I -- this is about a week after I was doing the  
14 cleanup. I go up there, go to the emergency  
15 room. And I said, Well, I've been through VA.

16 Well, we can't do that without  
17 authorization. And if you go through there, you  
18 know, they ain't going to cover you,  
19 blah-blah-blah. They didn't want nothing to do  
20 with it.

21 So later I was -- made a doctor's  
22 appointment and put it on Medicare and my other  
23 insurance. But they have no appreciation for  
24 veterans in Alliance.

25 Another thing that -- people will talk about

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1           mileage. I live out northeast of town. It's  
 2           70 miles to Scottsbluff to go to the doctor over  
 3           in Scottsbluff for me. It's 92 to Hot Springs.  
 4           Why wouldn't I go to Hot Springs? You know,  
 5           it's a better place. They know how to take care  
 6           of veterans. Over there, they don't. Thank  
 7           you.

8           VICKIE HUGHART: My name is Vickie Hughart.  
 9           And I just want to talk about the fact that now  
 10          that they've done this Choice, and you go to all  
 11          these different places, used to be you go up to  
 12          Hot Springs, you get your mileage right away.  
 13          Now it could be up to a month to get the mileage  
 14          money, by the time you send the paperwork up and  
 15          they get it back to you.

16          We had -- and on the Choice thing, we tried  
 17          to set up an appointment for my husband. They  
 18          set up three different appointments. We live in  
 19          between Chadron and Crawford. It's 92 miles to  
 20          Scottsbluff. They set up an appointment up  
 21          there. They set up an appointment in  
 22          Rapid City, which is 125 miles, and they set  
 23          up -- set up an appointment in Alliance, which  
 24          is 40 miles.

25          But we kept getting -- he'd already been to

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TA-  
18

TA-18: Comments about the Choice Program are not relevant to the scope of activities analyzed in the EIS. See group response E.3.3 in this Appendix relating to 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.

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<p align="center">32</p> <p>1 the appointment in Alliance, and we got three</p> <p>2 more appointments sent to us after we'd already</p> <p>3 done the appointment and had it all done with.</p> <p>4 So you're taking away the one place where</p> <p>5 they can go and get the help they need without</p> <p>6 having to go different places and wait on the</p> <p>7 money for the mileage and have different places</p> <p>8 that they don't know, you know, where to set one</p> <p>9 appointment up or another. Thank you.</p> <p>10 MS. PETERS: Thank you. So again, these are</p> <p>11 comments on the draft EIS. So if there's no</p> <p>12 other comments that you want to make verbally on</p> <p>13 the draft EIS, I just want to express my</p> <p>14 appreciation for you coming out this afternoon.</p> <p>15 And if you have -- get a chance to look at</p> <p>16 the boards --</p> <p>17 DON ACKERMAN: I was going to make another</p> <p>18 comment.</p> <p>19 MS. PETERS: On the draft EIS?</p> <p>20 DON ACKERMAN: Yeah. Do I scare you that</p> <p>21 bad?</p> <p>22 MS. PETERS: No. Just that most of your</p> <p>23 comments aren't in reference to the EIS.</p> <p>24 DON ACKERMAN: In reference to 1-2-2-1-1,</p> <p>25 and this is the one that's affecting all of us</p> <p align="center">BLACK HILLS REPORTING 605.721.2600</p>	<p>TA-19: Your support for keeping the Hot Springs facility open is noted and included as part of the public record for this EIS.</p> <p align="center">TA-19</p>

**Commenter TA: Alliance public meeting transcript**

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1 here now. That has to do with the difficulty  
 2 retaining qualified staff and maintaining  
 3 clinical competencies. That's what they are  
 4 saying the problem is.  
 5 Now, I have documentation that states that  
 6 they have purposely not hired people and they  
 7 have turned people down. Okay? And I think you  
 8 guys know that, too, because you've spoke to  
 9 them.  
 10 They have created an environment where all  
 11 our services are gone, all the specialties at  
 12 Hot Springs. I think we can all state that that  
 13 is true, too. The information contained in here  
 14 is not correct. It's obviously flawed, and it's  
 15 not true.  
 16 Every doctor I spoke to has said there is no  
 17 problem hiring doctors for Hot Springs. And if  
 18 you were a great manager, which I assume you  
 19 are, a director, dictator, whatever. If you  
 20 were a great manager, if you were a great  
 21 manager, you would be able to have any kind of  
 22 health care you wanted at Hot Springs. It's not  
 23 hard. According to this, you can't do it.  
 24 Now, I happen to know you happen to be a  
 25 personnel person. And you are telling me you

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TA-  
20

TA-20: Staff recruitment and retention difficulties have been outlined in Section 1.2.2.1.1 of the EIS - with low patient volume, rural location, and salary offerings, among the major contributors. VA also acknowledges that the various reasons and resulting consequences are often intertwined. Patient volume is critical, however, to the ability of a facility to support a service or specialty, as described in new Section 1.1.5 and Section 1.2.2.1 of the Final EIS.



**Commenter TA: Alliance public meeting transcript**

35

1 Get in this book, read it, answer the questions.

2 Thank you.

3 MS. PETERS: Thank you.

4 DON ACKERMAN: Just so you know who I am,  
5 those of you who don't know me, my name is  
6 Don Ackerman. I'm a consulting party on this,  
7 so I have to read this stuff. I'm also on the  
8 Save the VA committee, and I'm your advocate.

9 I've been fighting since the start. I've  
10 got a card. If you need help on anything you  
11 want to do, I'll be more than glad to help you.  
12 Thank you very much.

13 MS. PETERS: Okay, Don.

14 I want to reiterate that to make your  
15 comments useful for us when we read them and  
16 need to make any changes in the EIS that -- and  
17 that reference material of how to help you make  
18 your good comments, that if we get a comment  
19 that says, This is wrong, if you don't tell us  
20 what is right, it will be very difficult for us  
21 to respond to that.

22 So it will be real important for you, when  
23 you make your comments, to provide some backup  
24 information of supporting your comments so we  
25 can either make changes to the document and

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**Commenter TA: Alliance public meeting transcript**

36

1 provide a meaningful response to your comments.  
 2 So -- okay.  
 3 ROGER KOTSCHWAR: Hello. My name is  
 4 Roger Kotschwar, and I've been part of the VA  
 5 for going on 15 years now, which isn't a long  
 6 time. But in those 15 years, I've seen changes  
 7 that are just unbelievable.  
 8 I had an appendectomy at Hot Springs  
 9 facility. Now there's absolutely no operations  
 10 that take place there.  
 11 Okay. The study that they showed us on the  
 12 board showed the cost from -- at 2012. All of  
 13 the people here know, because we're so close to  
 14 Colorado, we seen the VA medical facility in  
 15 Colorado go millions, billions over budget. So  
 16 they can't tell us that a new facility in  
 17 Hot Springs is going to cost what they showed  
 18 from 2012.  
 19 And to update the facility in Hot Springs  
 20 cannot imaginably even come close to that amount  
 21 of money that it's going to cost if they have to  
 22 put a new facility in Rapid City.  
 23 I went through three doctors in Scottsbluff  
 24 after the Alliance clinic closed. I'm now down  
 25 to a PA. That's my provider.

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TA-  
23

TA-23: Thank you for your comment. Your support for keeping the Hot Springs facility open is noted and included as part of the public record for this EIS. Your comment about the data and cost estimates developed for each of the alternatives is addressed in a separate group response in Table E-2 of Appendix E.

Regarding costing and overruns on past VA construction projects, such comments are not relevant to the BHHCS proposal and are not within the scope of this EIS to address. Overruns can result from a number of unexpected factors, and cost issues associated with one project do not affect VA's ability to effectively estimate and execute other construction projects within budget. VA has revisited the cost estimates for each of the alternatives and made some additional revisions in Chapter 2 based on public comment (e.g., incorrect assumptions in Alternative E and more detailed breakout of data). See group response in Table E-2 in Appendix E relating to cost of alternatives.

While current estimates are based on the best available information, VA is unable to expend appropriated funds to update this data due to current appropriations law restrictions.

**Commenter TA: Alliance public meeting transcript**

37

1           This has to change, guys. We have to get  
2           some people hired, and we have to understand  
3           that the cost of this is going to go through the  
4           roof if we don't save Hot Springs. Thank you.

5           MS. PETERS: Okay. So with that, again, we  
6           look forward to receiving any of your written  
7           comments. Make sure you pick up a comment form,  
8           pick up the information sheet. I know the  
9           document is really long. It's on the computer.  
10          It's also at the library.

11          But what might be helpful, if you pick up at  
12          least the executive summary and information  
13          sheet back there to help you from that.

14          And remind you that February 5th is the  
15          cut-off for comments, and the more detailed you  
16          can make your comments pertaining to the EIS,  
17          the more useful it will be for us in revising  
18          the document and preparing a final EIS.

19          So again, thank you very much for coming  
20          out. We appreciate it.

21          (The proceeding concluded at 1:51 p.m.)

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**Commenter TC: Chadron public meeting transcript**

*Note: The verbal comments made at the public meetings were preceded by a presentation summarizing the Draft EIS.*

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PUBLIC MEETING:  
DRAFT ENVIRONMENTAL IMPACT STATEMENT  
FOR RECONFIGURATION OF  
VA BLACK HILLS HEALTH CARE SYSTEM

DATE: December 2, 2015 at 6:35 p.m  
PLACE: Chadron State College  
Student Center, Ballroom  
1000 Main Street  
Chadron, Nebraska

PRESENTER: Ms. Mary Peters  
Labat Environmental

Reported By: Jacqueline K. Perli  
Registered Professional Reporter  
Black Hills Reporting  
1601 Mt. Rushmore Rd., Ste. 3280  
Rapid City, SD 57701  
605.721.2600

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<b>Commenter TC: Chadron public meeting transcript</b>	
<p style="text-align: center;">17</p> <p>1           DON ACKERMAN: I'll speak last.</p> <p>2           MS. PETERS: Wayne -- okay.</p> <p>3           Wayne Van Natter, and then Elwyn Myers, and</p> <p>4           Randall Gulber -- Gulbranson.</p> <p>5           So, Wayne, do you want to make your way up</p> <p>6           to the microphone? Oh, and if you have a hard</p> <p>7           time coming up to the microphone, I'll bring it</p> <p>8           back to you.</p> <p>9           WAYNE VAN NATTER: My comment is just</p> <p>10          about --</p> <p>11          MS. PETERS: Just give me a second and I'll</p> <p>12          get the timer turned on for you.</p> <p>13          WAYNE VAN NATTER: My comment is about your</p> <p>14          cost of keeping the VA running. My comment is</p> <p>15          about the waste in money for the Colorado VA of</p> <p>16          all the materials that was thrown away because</p> <p>17          it sat so long, all the delays.</p> <p>18          And the millions and millions of dollars</p> <p>19          that was wasted there could have been used at</p> <p>20          the VA at Hot Springs, and it wouldn't have been</p> <p>21          wasted. It would have been put to very good</p> <p>22          use.</p> <p>23          MS. PETERS: Beat my timer. Thanks, Wayne.</p> <p>24          Elwyn and then Randall.</p> <p>25          DEAN MYERS: Dean Myers is actually --</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TC-1: Thank you for your comment. VA funding decisions and allocations are made on a project-specific basis and not transferable between projects. This comment is also not relevant to the scope of the EIS.</p> <p style="text-align: center;">TC-1</p>

**Commenter TC: Chadron public meeting transcript**

18

1 because I go by my middle name. I am  
2 Dean Myers. I certainly would not want to go  
3 unannounced as to who I was.

4 As in other sessions, most of my comments in  
5 a sense are emotional, and yet they are based on  
6 a certain amount of logic. The comment that  
7 Wayne just made certainly is a very telling  
8 comment. The amount of sand that's been pounded  
9 down this rathole is quite significant by this  
10 point.

11 I suspect that somewhere, maybe as many as  
12 20 years ago, somebody made a decision, and that  
13 decision was then carried out by people who were  
14 given their marching orders.

15 It's interesting to note that when you put  
16 things up on the scale and they have A, B, C, D,  
17 E, F, always F, as you now say is the best  
18 alternative for environmental reasons, it's  
19 always been the last. That tells a lot. It  
20 speaks volumes.

21 The limitations in staffing service that  
22 have developed over the time period that has  
23 elapsed, VA at Hot Springs was a very fine  
24 facility, had the best ratings. I've never had  
25 any -- not just Hot Springs, but the whole

BLACK HILLS REPORTING 605.721.2600

**Commenter TC: Chadron public meeting transcript**

19

1 Black Hills, I've never had any problem.  
2 I've used both facilities because I lived in  
3 and used Fort Meade. I moved to Nebraska and  
4 started using Hot Springs.  
5 It is -- it is interesting to know that  
6 in -- when you start talking about honesty in  
7 responses, we get responses from veterans, and  
8 they are very -- they are emotional because it  
9 matters to us. But they are honest responses,  
10 even though they are emotional.  
11 When people that are on management side  
12 talk, they make their comments very -- with lack  
13 of emotion. And that sometimes wins debates,  
14 wins arguments, because you don't lose your  
15 cool. But on the other hand, there's no way  
16 that anybody listening to both sides will fully  
17 believe that what those comments are are honest  
18 comments. Because as I say, people have their  
19 marching orders.  
20 I was interested to see, because I hadn't  
21 seen it before, that the -- the nonclosure, no  
22 action being taken, is considered the best  
23 alternative for environmental purposes. That  
24 should have been clear from the start.  
25 Part of the reason that it's taken so long

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<b>Commenter TC: Chadron public meeting transcript</b>	
<p style="text-align: right;">20</p> <p>1 for all this to happen, as a matter of fact, the</p> <p>2 actual action on the environmental thing was</p> <p>3 just ignored. It didn't -- they didn't start</p> <p>4 doing that. They had -- they were forced to do</p> <p>5 that. They wanted to just do it, bang, bang,</p> <p>6 bong, and just gone. It's done.</p> <p>7 The last time that I talked to Mr. DiStasio</p> <p>8 the last time they were in Chadron, there was no</p> <p>9 comment period. Just had charts to look at.</p> <p>10 And one of the things that I asked him about,</p> <p>11 and of course, he wouldn't really admit it, but</p> <p>12 they just had numbers as far as the number of</p> <p>13 responses. But no place did they ever show a</p> <p>14 quantitative amount as to how people felt, one</p> <p>15 direction or the other.</p> <p>16 And every one of these sessions that I've</p> <p>17 been at, I have not heard -- I'm sure in</p> <p>18 Rapid City they have positive responses, but I</p> <p>19 have not heard a positive response from a</p> <p>20 veteran or person speaking that came up to the</p> <p>21 mic and thought that this was a good idea.</p> <p>22 But on the charts, all it has is a number.</p> <p>23 There were X number of responses. It is really</p> <p>24 disingenuous, that is to say dishonest, to not</p> <p>25 put out information that speaks to the emotional</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TC-2</p> <p>TC-3</p>
	<p>TC-2: The EIS was prepared in accordance with, and fully complies with, NEPA, the CEQ regulations for implementing NEPA, and VA NEPA guidance documents. It presents the potential environmental impacts of six alternatives so that the Decision Maker can make an informed decision related to the environmental consequences from the physical buildings and infrastructure required to provide the proposed reconfiguration of services, before any action is taken. The timing of this NEPA review is consistent with CEQ NEPA regulations. See related group response in Section E.3.4 of Appendix E relating to NEPA compliance and timing of the NEPA review.</p> <p>TC-3: VA recognizes the strong public sentiment - of Veterans and their families and friends - related to the quality and delivery of health care services VA provides to our Veterans. All testimonies, including personal stories and emotions have been captured and recorded, in their entirety, here in Appendix E so that they are part of the official public record for this EIS. The issues of greatest concern also have been summarized in Section E.3. Finally, your opposition to the VA Proposal - and those of the other commenters who oppose the proposal - is noted and also included in the public record for this EIS.</p>

**Commenter TC: Chadron public meeting transcript**

21

1 side as well as the concern for veterans.

2 RANDALL GULBRANSON: I don't think it

3 matters who we're looking at, but --

4 MS. PETERS: It does matter if you speak.

5 RANDALL GULBRANSON: You want me to speak in

6 the microphone?

7 MS. PETERS: Yes. Let me start your timer.

8 RANDALL GULBRANSON: Well, my churches don't

9 have one to speak into. But my name is Randy,

10 most of you know. Randall is my mailing

11 address. When I get a letter written to Randy,

12 it's personal.

13 My comment, and my wife would like to make

14 some, is, I have found the difference between

15 the VA at Hot Springs, anything in Rapid,

16 Fort Meade. I spent a month in Sioux Falls.

17 The VA at Hot Springs is friendly. They know

18 you by name. They took -- take good -- at least

19 have taken good care of me and still do. And I

20 don't have to worry about Rapid City traffic.

21 And it's -- I think it would be devastating

22 to the town of Hot Springs to lose their VA.

23 SANDI GULBRANSON: I didn't want to say

24 anything, but he does a much better job than I

25 could. And he covered all the points, and I

BLACK HILLS REPORTING 605.721.2600

TC-4

TC-4: We appreciate your comment. Your support for keeping the Hot Springs facility open is noted and entered into the public record.

<b>Commenter TC: Chadron public meeting transcript</b>	
<p style="text-align: center;">22</p> <p>1 will reiterate.</p> <p>2 We have used the Fort Meade hospital, the</p> <p>3 clinic there, the Hot Springs clinic, and then</p> <p>4 the Sioux Falls VA for a very lengthy hospital</p> <p>5 stay in 2014 spring. We have had very good</p> <p>6 medical experiences in all three of them.</p> <p>7 Most of the clinical in Hot Springs has</p> <p>8 nailed the problems that my husband had that no</p> <p>9 other doctor would ever address, and I cannot</p> <p>10 say enough for those doctors there. And I don't</p> <p>11 think she's a doctor, she's a PA, probably.</p> <p>12 Absolutely phenomenal.</p> <p>13 We have enjoyed the historical facilities in</p> <p>14 Hot Springs. I enjoy old things. We have the</p> <p>15 Victorian Inn Bed and Breakfast 1910 home here</p> <p>16 in town, and we enjoy going to something to know</p> <p>17 that it has been preserved, taken care of,</p> <p>18 things that somebody spent a lot of time</p> <p>19 building.</p> <p>20 We prefer the option F, no action taken. I</p> <p>21 like that idea because if there's nothing broke,</p> <p>22 don't fix it. If it needs to be fixed, fix it,</p> <p>23 but with the least amount of effort and expense</p> <p>24 that it takes.</p> <p>25 Rapid City is not a good area for older</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TC-5: Thank you for your comment. Your support for the No Action Alternative F is noted and now part of the public record.</p> <p style="text-align: center;">TC-5</p>

Commenter TC: Chadron public meeting transcript

23

1 veterans to go to. My parents are older. My  
 2 dad is not a VA representative, he is a farmer,  
 3 and he does not like going to Sioux Falls. It's  
 4 just a little bit bigger, probably twice as big  
 5 as Rapid City.

6 But that's not a good place for vets. We  
 7 need to have them feel at home and know that  
 8 they are part of the community. Hot Springs is  
 9 an area community. Every time we go into the  
 10 appointments, we meet people from around the  
 11 area. It's a wonderful place to visit. Thank  
 12 you.

13 MS. PETERS: Bob Nelson, Pat Russell, and  
 14 then Connie Lundberg [sic].

15 BOB NELSON: Good evening. My name is  
 16 Bob Nelson. I'm a Navy veteran, former VA  
 17 employee in Hot Springs. I worked up there for  
 18 36 years. I'm currently with the Save the VA  
 19 folks.

20 What I want to address tonight is  
 21 Section 1.2.2.2.2, distance veterans must travel  
 22 for care. This is stated in the draft EIS.  
 23 Maintaining multiple VA providers of advanced  
 24 care and specialty services in a highly rural  
 25 health care system like VA Black Hills Health

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TC-6: See group responses in Section E.3.1 and E.3.5 relating to distance travelled and care in the community options for secondary and tertiary hospitals now available under the proposed reconfiguration (all alternatives) which would provide care closer to where Veterans live. Chapter 2 of the EIS has been revised to clarify how the proposed reconfiguration helps reduce travel time under the purchased care program.

TC-6

**Commenter TC: Chadron public meeting transcript**

24

1 Care System can be inconsistent with ensuring  
 2 veterans have reasonable distances to travel to  
 3 receive care.

4 In December of 2011, when the VA came out to  
 5 you folks and announced their proposal, they --  
 6 they cited a declining veteran population, and  
 7 projected the number of veterans Black Hills  
 8 would serve in 2020 was 26,000 veterans.

9 The source of the data Black Hills used to  
 10 make that statement was already four years old.  
 11 It was dated. It was compiled in 2007.

12 In May of 2013, the VA central office  
 13 corrected the number and was then saying the  
 14 number of veterans Black Hills would serve in  
 15 2020 would be 35,300 veterans.

16 VA central office corrected the number  
 17 because the projected number of veterans Black  
 18 Hills cited, the ones that were providing care  
 19 to you folks, they knew you were here, was not  
 20 included in that original 2011 number.

21 Those veterans, your Nebraska veterans, were  
 22 from Scottsbluff. They forgot almost 9,000  
 23 veterans when they were telling you there was  
 24 going to be a declining population. But the  
 25 data central office was using in 2013 was still

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TC-7

TC-7: VA used the most up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services. Data to include Nebraska Veterans that had been inadvertently left out from some population data cited in the past has been updated. Exhibit 1 in Chapter 1 has been updated and expanded to include more current, as well as additional breakouts of Veteran population data. However, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions

**Commenter TC: Chadron public meeting transcript**

25

1 two years old.

2 Under Section 1.2.2.2.2, the VA talks about

3 the distance veterans must travel. We live in a

4 rural -- in highly rural areas, and the fact is,

5 that isn't going to change. Yet the VA's

6 solution to the distance problem is to move

7 access to a full-service hospital 90 miles

8 further away.

9 Let me give you an example of some of that

10 data. In April of 2015, this year, Save the VA,

11 under a Freedom of Information request, asked

12 Black Hills this question of Fort Meade,

13 Rapid City clinic, and Hot Springs. We asked

14 them to provide an account of unique patients

15 seen by state, their state of residence broken

16 out by zip code so we could take a look at where

17 everybody is from. So again, talking about

18 making sure that you don't travel any further

19 for health care.

20 This is the data for Fort Meade. There are

21 2,700 veterans over that time frame, Nebraska

22 veterans that traveled 458,000 miles to receive

23 their care in Fort Meade. 458,000 miles to

24 travel 90 miles further to receive care. And

25 yet they are concerned about the distance that

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TC-6

TC-8

TC-8: VA agrees that Veterans should be able to receive their care wherever it works for them and believes that the proposed reconfiguration, including the expanded care in the community option, will allow that. With respect to VA population data, the data provided in Exhibit 1 in the Final EIS (Section 1.2.2.5) has been restructured, updated and, in some cases, expanded to the Veteran population in the BHHCS service area with respect to residence and where serviced.

See also group response in E.3.1 of Appendix E relating to distance travelled and geographic access concerns.

**Commenter TC: Chadron public meeting transcript**

26

1           you're going to travel to receive care.  
2           That's to -- that's to Fort Meade.  
3           Rapid City clinic, there were 467 Nebraska  
4           veterans that traveled 53,000 miles to receive  
5           care 60 miles north of Hot Springs. So 458,000  
6           to Fort Meade, 53,000 to Rapid City. A half a  
7           million miles that you folks traveled to receive  
8           your care at what VA mandated, you know, where  
9           you were going to receive your care in  
10          Black Hills Health Care. And yet they are  
11          concerned about the distance you are going to  
12          travel.  
13          So let me break down the numbers a little  
14          bit more. In compiling all of that data, the  
15          raw data, the number of veterans that were  
16          served at Fort Meade was 20,500 veterans; the  
17          veterans that were served at Rapid City clinic  
18          were 9,000 veterans; and the veterans that were  
19          served at Hot Springs was 16,600 veterans.  
20          That's the raw data.  
21          What's included in those numbers are the  
22          veterans that traditionally would have been seen  
23          in Hot Springs and wouldn't have required going  
24          to Rapid City or Fort Meade.  
25          For Fort Meade, out of that 20,500, there

TC-8

BLACK HILLS REPORTING 605.721.2600

**Commenter TC: Chadron public meeting transcript**

27

1 were 4,700 veterans that probably would have  
 2 received their care in Hot Springs, had the  
 3 services still been available to them. So you  
 4 go from a number of 20,500 at Fort Meade to  
 5 15,700 veterans at Fort Meade.

6 Rapid City, 9,000 veterans; 1,100 that  
 7 traditionally would have received their care at  
 8 Hot Springs were seeking their care at  
 9 Rapid City clinic. So Rapid City clinic goes  
 10 from 9,000 veterans to 7,900 veterans.

11 Hot Springs, 16,000 veterans. And again,  
 12 these are all Nebraska folks, because you're the  
 13 ones traveling past Hot Springs to get to  
 14 Rapid City and Fort Meade. So Hot Springs saw  
 15 16,000 veterans.

16 But when you take the 4,700 that should have  
 17 been going to Hot Springs and the 1,100 that --  
 18 4,700 that were going to Rapid City that should  
 19 have been going to Hot Springs, and the 1,100  
 20 that were going to Rapid City that should have  
 21 been going to Hot Springs, that's 5,800 veterans  
 22 that were traveling past Hot Springs to get to  
 23 Rapid City or Fort Meade.

24 So when you actually look at the adjusted  
 25 numbers, the 16,000 veterans that were seen in

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**Commenter TC: Chadron public meeting transcript**

28

1 Hot Springs could have been as much as 22,000  
 2 veterans, not 16,000 veterans.  
 3 I'm not hear to pit veterans -- to pit  
 4 Hot Springs over Fort Meade. That isn't the  
 5 point. Veterans should be able receive their  
 6 care wherever it works for them.  
 7 MS. PETERS: Are you done?  
 8 BOB NELSON: Nope.  
 9 AUDIENCE MEMBER: Shall we help to get him  
 10 five more minutes? Anybody else?  
 11 BOB NELSON: I can sum it up. I'm fine with  
 12 that.  
 13 So the VA says access to care won't  
 14 diminish. Where appropriate, it will be  
 15 supplemented by private health care providers.  
 16 In many cases that will work, but the decision  
 17 to seek private health care should be made by  
 18 the veteran and their unique situation, not  
 19 mandated by the VA because of reduction of  
 20 services within the VA's health care system.  
 21 Thank you.  
 22 MS. PETERS: Pat Russell, Connie Lundberg,  
 23 and then Stacy Swinney.  
 24 PATRICK RUSSELL: Good evening, Chadron. My  
 25 name is Patrick Russell, Co-chair of the

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TC-9

TC-9: VA believes that providing expanded outpatient services in Rapid City (through the MSOC), a CBOC in Hot Springs, and a significantly expanded purchased care/care in the community program option - while continuing to provide outpatient and specialty services in the VA hospital at Fort Meade - should allow the Veteran more control as to how, when, and where they wish to be served.

One of the primary drivers of this proposal is to improve geographic access to care for all Veterans in the catchment area. VA has determined that in order to do this, VA will partner with community providers through the purchased care program. This is also a major part of the VA's national Strategic Plan for 2016 and 2017. Chapter 2 of the EIS has been revised to expand on the purchased care option available to Veterans. See also group response in E.3.3 of Appendix E relating to the purchased care option and concerns associated with the quality of care of community providers.

**Commenter TC: Chadron public meeting transcript**

29

1 Save the VA Committee in Hot Springs.  
 2 All you veterans out there, I thank you for  
 3 your service. I'm an Army veteran, Special  
 4 Forces, 1969 to 1972, station of first group,  
 5 Okinawa. And I am an employee at the  
 6 Hot Springs VA, and I receive my health care at  
 7 the Hot Springs VA.  
 8 I rise to speak tonight concerning a  
 9 statement that was put out on a news channel  
 10 this morning. This morning, Wednesday,  
 11 December 2nd, KEVN produced a piece online  
 12 stating, quote: Black Hills Health Care System  
 13 director Sandy Horsman says: Based on the  
 14 results of the study, the preferred  
 15 recommendation -- reconfiguration calls for a  
 16 community-based outpatient clinic in Hot Springs  
 17 with inpatient services moved to Rapid City or  
 18 Fort Meade, unquote.  
 19 Save the VA Committee, in our discussion  
 20 with the representative of Labat Environmental,  
 21 the environmental impact statement contractor  
 22 located in Bellevue, Nebraska, stated that the  
 23 purpose of the EIS was not to select a specific  
 24 alternative, but rather to evaluate each of the  
 25 alternatives for their potential impact.

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TC-10

TC-10: Selection of the preferred alternative is made by the Agency, not by the contractor hired by the Agency to prepare the EIS (in this case Labat). The Council on Environmental Quality NEPA implementing regulations require an Agency to identify the preferred alternative in the Draft EIS if the Agency has one when it publishes the draft. (40 CFR 1502.14(e)). The Agency is also required to identify the preferred alternative in the Final EIS, which the VA has done (and it includes a new preferred alternative). Details on the basis for VA's final decision will be provided in the ROD.

**Commenter TC: Chadron public meeting transcript**

30

1           The contact from Labat states that Labat did  
2           not select alternative A as the best  
3           alternative, but rather they simply note in the  
4           EIS that alternative A is the VA's preferred  
5           alternative.

6           If that is a true statement, then the  
7           Veterans Administration is clearly  
8           misrepresenting the EIS when the director of the  
9           Black Hills Health Care System states that,  
10          quote: Based on the results of the study,  
11          unquote, the preferred alternative is  
12          alternative A.

13          Surely the director of the Black Hills  
14          Health Care System should understand the purpose  
15          of the EIS and that her statement is false and  
16          misleading to the public.

17          Labat does not choose the alternative. The  
18          Veterans Administration does. And I believe the  
19          fact that the VA is misrepresenting the EIS to  
20          the public in an attempt to sway public  
21          sentiment is significant and worth noting. To  
22          me, this further demonstrates the ways in which  
23          the VA has and continues to attempt to  
24          manipulate the process.

25          It should be further noted that all of the

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TC-10

<b>Commenter TC: Chadron public meeting transcript</b>		
<p>31</p> <p>1 data provided to Labat Environmental used in the</p> <p>2 EIS was supplied by the Veterans Administration.</p> <p>3 The data has not been vetted to appraise,</p> <p>4 verify, or check for accuracy, authenticity, or</p> <p>5 validity. The Save the VA Committee has found</p> <p>6 conflicting data through the submission of</p> <p>7 Freedom of Information requests.</p> <p>8 And much of the conflicting data involves</p> <p>9 the location of veterans who utilize the</p> <p>10 Hot Springs VA and the number of current and</p> <p>11 future veterans who will require treatment at</p> <p>12 the Hot Springs VA.</p> <p>13 If the data that is used to create this</p> <p>14 report is flawed, the report itself is flawed.</p> <p>15 And I would request that the Veterans</p> <p>16 Administration issue a press release to the</p> <p>17 media clarifying that Labat did not select</p> <p>18 alternative A as the best alternative and that</p> <p>19 the alternative A is the VA's preferred</p> <p>20 alternative.</p> <p>21 Our veterans and the public deserve the</p> <p>22 truth to care for him who shall have borne the</p> <p>23 battle, his widow, and his orphans. That's what</p> <p>24 you've earned. That's what you deserve. Thank</p> <p>25 you.</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TC-11</p> <p>TC-10</p>	<p>TC-11: Labat relied on data provided by the VA relating to the Veteran population within the BHHCS catchment area (e.g., total population, state and county of residence, patients served, type of care received, etc.). Labat then further organized and grouped the data to develop the tables in the EIS (e.g., Exhibit 1). There was no need for independent verification since VA is the agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services. Data sources are identified in the text where appropriate, and full citations are included in EIS Chapter 8.0 (References Cited), broken out by chapter. All references are part of the administrative record.</p> <p>According to the CEQ NEPA regulations at 40 CFR 1506.5(c), it is the responsibility of the Agency to independently evaluate the EIS and take responsibility for its scope and contents.</p>

**Commenter TC: Chadron public meeting transcript**

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1 MS. PETERS: Connie, then Stacy, then Don.  
 2 CARRIE LUNDBERG: Hi. My name is Carrie  
 3 Lundberg.  
 4 Anyway, I was told today, I was talking to  
 5 some of my -- I'm at work, I'm supposed to be at  
 6 work right now. They let me off to come here to  
 7 do this.  
 8 I was talking to some colleagues, and they  
 9 said, you know, Have you heard about what  
 10 happened in Denver? What's going on with the VA  
 11 there? They are doing a new one, shoddy  
 12 workmanship and cost overruns. So add millions  
 13 to your -- what it's going to cost to build us a  
 14 new facility when we do not need one.  
 15 The VA that we have right now in Hot Springs  
 16 is an adequate, very good facility, well made,  
 17 well built, well done. We don't need a new one  
 18 that's going to cost millions more than what  
 19 they say it's going to cost. Plus, it has  
 20 character.  
 21 Hot Springs hospital, I had to go to the  
 22 hospital late at night one night. I was very  
 23 glad I did not have to travel more, another hour  
 24 to get to the hospital when I needed to get  
 25 there. I don't know what could have happened

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TC-12

TC-12: VA appreciates your comment. Your support for staying at the existing campus is noted and included in the public record for this EIS.

With respect to the second part of your comment, the care in the community program has expanded greatly within the BHHCS in recent years which will provide more options for care to Nebraska Veterans within the BHHCS service area. Section 2.2 of the Final EIS has been revised to clarify how the inclusion of additional providers under the purchased care program helps reduce travel time. See also group response E.3.1 in Appendix E relating to distance travelled.

**Commenter TC: Chadron public meeting transcript**

33

1 for another hour that they had to put blood in  
2 me quick.

3 Travel, the distance to travel from here up  
4 to Hot Springs is an hour. I can go from there  
5 and get back to work in a decent amount of time,  
6 usually. I sometimes have to call in late to  
7 say, No, I'm going to be late.

8 Another hour, another two hours of going up  
9 to either Rapid or even further than that is  
10 going to add more time that I'm going to be away  
11 from work. And they are not happy with it. I'm  
12 not happy with it. It's pay for me that I'm  
13 losing. It's also pay -- you know, they are  
14 losing their time that they could have me.  
15 Thank you.

16 MS. PETERS: Stacy.

17 STACY SWINNEY: My name is Stacy Swinney.  
18 I'm an Army veteran, a Vietnam veteran. And I'm  
19 currently the Post Commander of the Dawes County  
20 Veterans of Foreign Wars representing our  
21 veterans of foreign wars. I'm a Legion member,  
22 community member, and northwest Nebraska  
23 veteran.

24 And I want to make sure that we have a voice  
25 here tonight as representing us. We are the

TC-12

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<b>Commenter TC: Chadron public meeting transcript</b>	
<p>34</p> <p>1 ones that, as Mr. Nelson said, we are the ones                  2 that are going to travel the farthest. It's on                  3 us. This move is on us more than anybody else                  4 for travel for health care.</p> <p>5 I've got my health care from Hot Springs                  6 since 1995. And services have discontinued, not                  7 deteriorated, but discontinued since that time.</p> <p>8 And there still is equipment in the                  9 Hot Springs facility to do several procedures                  10 that we don't have, that we can't get there. We                  11 no longer have ophthalmology. Our dermatology                  12 and all the things that are Agent Orange-related                  13 to dermatology are gone now to Fort Meade. We                  14 get the dermatologist one day a month, at last                  15 count, in Hot Springs.</p> <p>16 When this came up in 2011, I've been to a                  17 lot of the meetings, and I've not seen a                  18 positive comment, either. This is something                  19 that -- that DiStasio came up with when he came                  20 and talked to us at our Legion down here.</p> <p>21 And we asked him, in fact, I asked him,                  22 Where did this come from? Who came up with this                  23 idea of even doing anything with Hot Springs?                  24 And he said: It's my idea. The buck stops                  25 here.</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TC-13: VA acknowledges that the level of services has declined over the past 15-20 years, for a variety of reasons. While past changes in service are not subject to NEPA review, the cumulative impact analysis has been expanded in the Final EIS (Section 4.16) to consider past actions and trends within the region. See group responses in Table E-2 of Appendix E relating to past decline in services and to cumulative impacts.</p> <p>TC-14: Thank you for your comment. Comments related to past VA personnel and management statements or actions are not relevant to the scope of this EIS or the decision it supports.</p>

**Commenter TC: Chadron public meeting transcript**

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1 We've been -- how many times do we have to  
2 tell them this is not what we want? This is not  
3 what we had. It's deteriorating every time I go  
4 up there. We -- we do less services here. That  
5 person was -- like, our dermatologist was phased  
6 out right before Christmas last year.

7 Now, it's not that the need isn't there.  
8 It's that the services have been discontinued.  
9 Therefore, they say, Well, there's no need.  
10 There's nobody coming. Well, there's nobody  
11 coming because there's nobody there to treat  
12 them. Just goes one way and goes the other way.

13 As far as us from Nebraska, we've had our  
14 Congressmen, our Senators, they've all been  
15 around. Adrian Smith teamed up with Kristi Noem  
16 at the Hot Springs facility for the hearing.  
17 And within a week or two, we hear about the  
18 Hot Springs people laughing at the Congressman  
19 who came in there and DiStasio's answers and  
20 things like that.

21 Nothing has been honest or -- really  
22 concerning us in this whole study in four years.  
23 Nothing has really served us.

24 I don't know what it's going to take. We'll  
25 probably -- maybe we're too late. It's done.

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TC-13

<p align="center"><b>Commenter TC: Chadron public meeting transcript</b></p>	
<p align="right">36</p> <p>1           Gone down swinging, is all I can say. Hang in</p> <p>2           there with us, and we'll have to do what we have</p> <p>3           to do.</p> <p>4           Some of the care we're going to be forced to</p> <p>5           take or to get is not exactly -- you know, you</p> <p>6           walk in the clinic in one of our home towns here</p> <p>7           and see the local doctor and tell them you've</p> <p>8           got Agent Orange dermatology need or PTSD sleep</p> <p>9           disorder or something that's unique to the VA to</p> <p>10          treat us. And we end up, Oh, do they really</p> <p>11          know what we need? Are they equipped to treat</p> <p>12          us for what we need?</p> <p>13          I'm not talking about just me. I'm talking</p> <p>14          about all of us. We each have unique needs, and</p> <p>15          I'm afraid that we're not going to be able to</p> <p>16          get those through private practice. So that's</p> <p>17          where we're at here.</p> <p>18          We're driving farther for the need or we're</p> <p>19          going through several things just not working</p> <p>20          out for us.</p> <p>21          I had an optometry appointment canceled</p> <p>22          through Health Net. Anybody know about</p> <p>23          Health Net? I got a letter from Health Net,</p> <p>24          said I have an appointment with an eye clinic in</p> <p>25          Rapid City at 3:30 a.m. I got the letter on my</p> <p align="center">BLACK HILLS REPORTING 605.721.2600</p>	<p align="center">TC-15</p> <p>TC-15: VA acknowledges there may be a learning curve for some providers in working with the unique conditions specific to Veterans. However, VA health professionals and staff will work closely with the Veterans and the providers, as needed, to ensure continuity of care; and help manage care between VA and non-VA providers. (e.g., help with referrals for non-VA care questions and concerns. See group response in Section E.3.3 of Appendix E relating to the quality of care provided by non-VA providers.</p>

**Commenter TC: Chadron public meeting transcript**

37

1 supper plate, and my appointment was 3:30 a.m.  
 2 that night. Well, am I going to trust my vision  
 3 to somebody who can't keep a.m. and p.m.  
 4 straight?

5 Then it turned out they sent me back to  
 6 Chadron. And the people from Health Net in  
 7 California called me and said, This is your  
 8 deal. Then the people from Rapid City called  
 9 and said, Why did you cancel your appointment?  
 10 I said, I didn't.

11 It's -- the whole confusion of this thing is  
 12 only going to get worse. It's just not working.  
 13 Not going to work. Hang in there. Let's keep  
 14 it going.

15 MS. PETERS: Thanks, Stacy. Don.

16 Don is the last person on our list. If  
 17 there is someone that has a -- wants to comment  
 18 on the draft EIS after Don, want to raise your  
 19 hand? We'll bring you a card.

20 DON ACKERMAN: I'm the emotional one. It's  
 21 been said tonight, when your data is flawed that  
 22 you put into a document, your data is flawed  
 23 coming out of the document. We've told them  
 24 that from the very beginning. They don't hear a  
 25 word we said.

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TC-16

TC-16: VA used the most up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data. However, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions.

**Commenter TC: Chadron public meeting transcript**

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1 First, before I start, have we got any  
2 Congressional representatives here? When you go  
3 back home, tell your guy that Don Ackerman said,  
4 Thank you very much for signing on board with us  
5 and fighting for the Nebraska veterans. Okay?  
6 He knows who I am. All right. You tell him,  
7 Thank you very much and continue the fight,  
8 because we're here fighting for these guys.  
9 Thank you.

10 I am concerned that the VA leadership knows  
11 more about what we need than we know what we  
12 need. That really confuses me. That's hard for  
13 me to understand why all these people who  
14 supposedly are running these organizations and  
15 providing health care for us are instead trying  
16 to figure out how to build buildings and close  
17 places down. You know, if we had qualified  
18 management in these facilities, we wouldn't have  
19 to close them, because you would fix them.

20 When you look at the EIS -- and that's what  
21 we're supposed to address tonight. Okay. And  
22 you know that; right? That's my -- the  
23 emotional comment for my Congresspeople.

24 When you look at the statistics and the  
25 figures, they are wrong. We've heard that. How

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TC-16

<b>Commenter TC: Chadron public meeting transcript</b>	
<p style="text-align: center;">39</p> <p>1 can you close a facility that is not large                  2 enough to take care of the people? And it's                  3 easy. This is how you do it. They say all this                  4 data here is correct.</p> <p>5 You mentioned they close the services. You                  6 betcha, because their statement in the very                  7 beginning was so wrong, they couldn't make it                  8 stick. So the way you do that is, you shut down                  9 all the facilities. Now your data starts to                  10 look good.</p> <p>11 What they don't realize, and we can prove,                  12 is the fact that we are now waiting three times                  13 as long to get any health care. Oh, but you                  14 know, the numbers don't count. And let's see,                  15 where is the lady who did all the cheating?                  16 She's not here tonight.</p> <p>17 When they report how long you have to wait,                  18 you know, in the very beginning, they said,                  19 Well, health care doesn't take long in                  20 South Dakota because they get it right away.                  21 Well, what they did was, they would say, How                  22 would you like an appointment in February? And                  23 you said, Yes. They said, Okay. And they put                  24 you off the list. You weren't waiting no more.                  25 Okay. You are still waiting until February.</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p style="text-align: center;">TC-16</p> <p style="text-align: center;">TC-17</p> <p>TS-17: Comments regarding VA data handling, such as related to appointments and wait times and how they are calculated or documented by the VA, are not relevant to the scope of this EIS and therefore not addressed. However, VA believes that the expanded care in the community options now available to Veterans in the BHHCS (under all the alternatives) would help address past problems with scheduling and wait times.</p>

**Commenter TC: Chadron public meeting transcript**

40

1 And they got caught at that. They swore they  
2 weren't doing anything wrong here.

3 From the very, very beginning, they have  
4 been changing the data by manipulating the  
5 system to make it reflect what they want.

6 That's a fact. It can be proven.

7 I'm not going to bore you a lot. I've  
8 got -- I am Don Ackerman. I'm a consulting  
9 party. They'll have a 400-page document that  
10 they can shift through, and mine won't cost  
11 \$10,000 a page. Okay. Mine is a pretty cheap  
12 document.

13 We need to fight this. You say it's over.  
14 I'm telling you, it's not over. And tell our  
15 Congressman, we're telling him it's not over, he  
16 needs to keep fighting. Okay. You let him know  
17 that. Let her know that. Her or him.

18 AUDIENCE MEMBER: Congressman Smith.

19 DON ACKERMAN: Okay. Let him know we're  
20 still here and we still want what's right, and  
21 we can win this.

22 Now, I say this, and I'm surprised all the  
23 cops aren't here, you know. I need to clarify  
24 something. You know, all you guys back there  
25 that are worried about me hurting you, none of

TC-17

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**Commenter TC: Chadron public meeting transcript**

41

1 you, none of you VA people are worth me spending  
2 30 seconds in jail.

3 You don't have to worry about me. Okay?  
4 I'm not going to hurt you. Don't call the cops  
5 over. We don't need them. You know, you're not  
6 worth my time. And I want to live as long as I  
7 can live, so don't feel threatened by me. Feel  
8 threatened by what I say.

9 We need to fight. We need to fight every  
10 way we know how. We were taught once upon a  
11 time how to fight, and we know how to fight.  
12 It's not time to give up. Don't let these...  
13 people take away your VA that you want, because  
14 we know the data is wrong.

15 Write your letters. If you need help, we'll  
16 help you with the data. We can make this stick,  
17 because it's wrong. Not because I want it, not  
18 because I'm trying to prove anything here. It's  
19 because it's wrong, and they can't do it. Okay.  
20 Thank you very much.

21 MS. PETERS: If we don't have anyone else  
22 who wants to make a comment on the draft EIS and  
23 the purpose of why we're here tonight --

24 JIM BLANCHARD: I would.

25 MS. PETERS: Okay.

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<b>Commenter TC: Chadron public meeting transcript</b>	
<p style="text-align: center;">42</p> <p>1           JIM BLANCHARD: My name is Jim Blanchard. I</p> <p>2           live in Chadron, and I use the VA as my primary</p> <p>3           doctors up there. And I was just wondering why</p> <p>4           we have all these meetings and there's never,</p> <p>5           ever a record that I know of that shows how many</p> <p>6           of these people that are here and what -- which</p> <p>7           of these plans they ever agree on.</p> <p>8           I think we should have at least a vote of</p> <p>9           hands to show which one of these plans most of</p> <p>10          the people here agree on, and have it in the</p> <p>11          record over here. I don't know if it's</p> <p>12          possible, if they will -- if the lady up here</p> <p>13          will allow me to do that or not. I don't know.</p> <p>14          MS. PETERS: That would be through your</p> <p>15          comments that you submit.</p> <p>16          JIM BLANCHARD: I can ask for a hand --</p> <p>17          AUDIENCE MEMBER: The Congressional is here.</p> <p>18          Go ahead and do it.</p> <p>19          JIM BLANCHARD: I would like to have -- I</p> <p>20          would like to see -- okay. Let's just go with</p> <p>21          A, B, C, D -- what is it? A, B, C, D, E, F, and</p> <p>22          G; is that right? How many -- how many think</p> <p>23          plan A is the best?</p> <p>24          No hands.</p> <p>25          Okay. How about plan B?</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TC-18: Your opposition to the VA Proposal and support for Alternative E is noted and included in the public record for this EIS. In addition, the result of your hand count - that indicates the majority (possible count of 26) are for Alternative E - is documented in this transcript is also now included as part of the public record.</p> <p style="text-align: center;">TC-18</p>

**Commenter TC: Chadron public meeting transcript**

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1 I don't see any hands there.  
2 Plan C?  
3 Still no hands.  
4 Plan D?  
5 No hands.  
6 Plan E?  
7 I can't count that far.  
8 AUDIENCE MEMBER: I'll count for you.  
9 JIM BLANCHARD: It has to be -- it's a  
10 slight majority, I would say, like -- just hold  
11 them up for a minute. Let him get a count here.  
12 I've never seen -- in any of these meetings,  
13 I've never seen that done, and I don't know how  
14 they know how the people in this audience  
15 respond.  
16 AUDIENCE MEMBER: I think 26.  
17 JIM BLANCHARD: Yeah, we've got 26 yesses  
18 for plan E, and we've got absolutely no  
19 responses for any of the other plans. And I  
20 hope the young lady over here has got that on  
21 the record, because I'd like to see -- at least  
22 they can see how Chadron feels about this whole  
23 program.  
24 That's about the only thing I've got to say.  
25 I agree with most of what everybody else has

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**Commenter TC: Chadron public meeting transcript**

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1 said, so thank you.

2 MS. PETERS: Thank you. Okay. So again, I

3 want to thank you all for coming out and give a

4 special --

5 AUDIENCE MEMBER: You said we could talk

6 additionally when you started.

7 MS. PETERS: If you have additional comments

8 on the draft EIS, yes, if you want to -- for the

9 purpose of why we're here.

10 AUDIENCE MEMBER: Purpose of why we're here?

11 MS. PETERS: Yeah. Did you have some more

12 comments to state on the draft EIS?

13 AUDIENCE MEMBER: All of this pertains to

14 everything.

15 MS. PETERS: Okay. We'll give you another

16 five minutes.

17 SPEAKER: At least I can look at you this

18 time. I -- okay, I'll get closer. I can see

19 all of you this time, and I think that it's very

20 interesting. I was able to maintain my cool the

21 first time around. I'm not so sure that that's

22 necessary.

23 I want to relate a story. It is true. I

24 was at the last session here in Chadron. It was

25 at the American Legion. I talked to the

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TC-19

TC-19: Thank you for sharing our personal story. It is important to us and is included as part of the public record for this EIS (see related group response in Section E.3.5 of Appendix E.

VA has relied on the NEPA public involvement process to obtain input from the Veterans with respect to the scope of this EIS, although it is limited to analyzing alternatives and supporting decisions related only to the physical facilities and infrastructure from which health care services would be offered. Decisions related to the specific health care services are made by the Veterans Health Administration's leaders, planners and health professionals. While their decisions are not subject to a NEPA review and do not include a formal public involvement process, they do rely on many sources of information, including input from Veterans in a forum such as this. VA cares deeply about delivering the best possible health care to our Veterans.

**Commenter TC: Chadron public meeting transcript**

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1 contractor. There were many questions that she  
2 would not answer.  
3 So I said, Is there anybody here who can  
4 answer?  
5 And she said, You need to talk to  
6 Mr. DiStasio. And Mr. DiStasio came from the  
7 other room, and I talked to him.  
8 And I said to him, the first thing I said  
9 was, I understand you're retiring soon.  
10 And he said, Yes. He said, After 44 years,  
11 don't you think that's appropriate?  
12 And I said, Five years too late.  
13 I also said about the -- what was polled  
14 here as far as -- as far as what people really  
15 feel about it, and I pointed out that the  
16 numbers that they had in the charts didn't say  
17 anything. It just said 1,444 responses. That  
18 doesn't tell me anything.  
19 And obviously somebody asked the right  
20 question, and those numbers are now in the  
21 machine. Probably won't do any good, but at  
22 least that was something that the study would  
23 not say. They were not honest enough to put out  
24 that information. They just put out blah.  
25 The first time that I talked to Mr. DiStasio

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**Commenter TC: Chadron public meeting transcript**

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1 was at the American Legion, and he remembered  
2 me. Every time I talked, he remembered what I  
3 said the first time, because I got up and I --  
4 and they had -- they had just put this out as a  
5 surprise thing before they started having to do  
6 their retreat and reconfiguration and whatever.  
7 And I stood up, and I said, You know that  
8 there are a lot of veterans out here who are as  
9 smart or smarter than you are.  
10 I don't believe my microphone -- has it shut  
11 off? I'm not even on the five-minute time  
12 limit.  
13 MS. PETERS: I'm going to guess the battery  
14 is dead.  
15 SPEAKER: I think I can talk loud enough so  
16 that everybody can hear me.  
17 I was a speech major in college, and I was a  
18 debater in college. I understand logic. I  
19 understand -- I can certainly understand  
20 honesty, because often that was how we were  
21 judged. We were judged by whether or not we  
22 were talking the truth as opposed to whoever was  
23 saying something on the other side, and that's  
24 how we won debates.  
25 But I still -- I still feel that it is true

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**Commenter TC: Chadron public meeting transcript**

47

1 that if they had brought and asked for input  
2 from veterans from the very start, that then we  
3 would have been able to look at the information  
4 as it was coming in and say, you know, I think  
5 you're not exactly doing the right thing here.  
6 You're not asking the right questions, and  
7 you're not reporting it properly. But they  
8 waited until after they had a lot of their  
9 homework done.

10 And I truly believe -- because I know, and  
11 people might not like what I'm saying now,  
12 because I know that all veterans don't feel this  
13 way.

14 But a lot of veterans did a lot of marching,  
15 and they threw themselves on barricades, and  
16 they got down in front of law enforcement  
17 vehicles and that kind of thing. And we can do  
18 that again as part of our protest if we need to.

19 And I think that I'm willing. I've always  
20 been willing to go back to the streets. I  
21 worked for the government. I went -- I went to  
22 places that I wasn't supposed to be, by the  
23 laws, the rules of working for the government.

24 And sometimes I tipped my head down when I  
25 was walking under an overpass where the cameras

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<b>Commenter TC: Chadron public meeting transcript</b>	
<p style="text-align: center;">48</p> <p>1           were running because I didn't want to lose my</p> <p>2           job.</p> <p>3                 But when you feel strongly about something,</p> <p>4           you have to do more than what we've been doing,</p> <p>5           and some people have been doing it right.</p> <p>6           They've been following all the information, and</p> <p>7           I could have done that. I could have read it</p> <p>8           all and been more knowledgeable about what I</p> <p>9           speak.</p> <p>10                 But emotionally, this is a travesty. It has</p> <p>11           been from the start. And I really think that</p> <p>12           what Don said, that this is not over. We need</p> <p>13           to put our bodies and put our words on paper,</p> <p>14           which I haven't done, but I fully intend to do.</p> <p>15           It is just -- it is just wrong.</p> <p>16                 So what can I say? He laid down a</p> <p>17           challenge. I lay down a challenge, too. And I</p> <p>18           realize this isn't EIS, whatever it is. But</p> <p>19           what can I say?</p> <p>20                 ANGELA COOK: Good evening. My name is</p> <p>21           Angela Cook. I'm from Hot Springs. I want to</p> <p>22           point out the EIS 1.2.2.13 in regards to</p> <p>23           single-parent veterans. They say in the EIS</p> <p>24           that they cannot support the single veteran in</p> <p>25           Hot Springs.</p> <p style="text-align: center;">BLACK HILLS REPORTING   605.721.2600</p>	<p>TC-20: There are no historic preservation impediments to using the existing campus quarters or buildings as housing for Veterans rather than staff. Modifications to the facilities would require review under Section 106 of the NHPA.</p> <p style="text-align: center;">TC-20</p>

**Commenter TC: Chadron public meeting transcript**

49

1 Tell you what, there's a bunch of houses on  
 2 top of that hill rented out to employees. I say  
 3 move -- move those employees down into the  
 4 housing in Hot Springs and open that up for  
 5 single parents and vets who need treatment.  
 6 There's nowhere a parent can come to the  
 7 treatment, and if they have a little boy and  
 8 girl, and they are going to spend two months in  
 9 the Domiciliary.  
 10 Also in 1.2.2.13, the Domiciliary, they say  
 11 the Domiciliary is not private enough. Well,  
 12 I'll tell you, I've been there. They did a  
 13 female wing that is safe and secure by key card,  
 14 and every female vet up there has their own  
 15 room. And if they can do that there, they can  
 16 do it in the whole Dom.  
 17 In addition, they did that on floor 3. You  
 18 know what they did with it? What is it? Doors  
 19 with -- rooms with doors, AC, and everything.  
 20 They turned them into offices.  
 21 They can do this. They've done it, but they  
 22 won't let you see it. That's all I've got to  
 23 say.  
 24 MS. PETERS: Thank you. In reference to the  
 25 EIS?

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TC-21

TC-21: Modifying the interior spaces of the dom buildings to private rooms would require review under Section 106 of the NHPA. We would need more information about the necessary changes to make a recommendation about adverse effects. Given past conversations with VA BHHCS Engineering staff, the modifications likely would be limited to the interior spaces and therefore not adversely affect other buildings or character-defining features of the historic campus.

<b>Commenter TC: Chadron public meeting transcript</b>	
<p style="text-align: right;">50</p> <p>1           DON ACKERMAN: Okay. Why? I can't say what</p> <p>2           I want to say?</p> <p>3           MS. PETERS: Well, we're here to talk about</p> <p>4           comments on the EIS.</p> <p>5           DON ACKERMAN: I have commented on the EIS.</p> <p>6           MS. PETERS: I'll give you another five</p> <p>7           minutes to --</p> <p>8           DON ACKERMAN: I'll make it quick. In</p> <p>9           reference to the EIS, I think we all need to</p> <p>10          examine the comment that was made, that one</p> <p>11          comment or 500 comments carry the same weight.</p> <p>12          I believe the EIS should state in there how</p> <p>13          many people -- on each area that you answer, it</p> <p>14          should state how many comments that was to.</p> <p>15          For example, if I say tonight I want</p> <p>16          Hot Springs to close, and all these people here</p> <p>17          say they want it open, then you have one comment</p> <p>18          and that's all. And that is not realistic, and</p> <p>19          that's what you said tonight.</p> <p>20          Each comment needs to carry the weight of</p> <p>21          the people that -- the number that voted, at the</p> <p>22          very least. Because, as mean as I am to that</p> <p>23          dictator, I mean, director back there, she needs</p> <p>24          the right data because she might decide to do</p> <p>25          the right job. Okay.</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TC-22: Public participation helps VA make informed decisions that take into account public concerns and preferences, as well as other factors. VA's contractor (Labat) has tracked the number of comments by issue and included summary information in Section E.3 of Appendix E on those issues and concerns that received the largest number of comments. Specifically, Table E-1 provides total # of comments by category, and summarizes the major issue(s) within each category.</p> <p style="text-align: center;">TC-22</p>

**Commenter TC: Chadron public meeting transcript**

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1 I would challenge her to do that. And if  
2 she's not got the right data, she can't do that.  
3 And she's getting the right data now by  
4 listening to all of this, and I hope -- I hope  
5 she hears what we've said.

6 The EIS can be a great document, but it  
7 can't be a great document if you don't have the  
8 right data in. It's -- it's not possible if  
9 you've got bad data. It's not possible. We're  
10 going to show you that data, and I encourage all  
11 of you to read the report and quote on the data.  
12 Okay.

13 The data in the EIS, and quote qualitatively  
14 to yourself how it references you. That's  
15 important. Okay? It's important for all of us.  
16 And I know I'm not doing it right, and that's  
17 okay. This is important to the EIS. All of us  
18 need to do the right thing, not the wrong thing.  
19 We all need to do the right thing, and we can do  
20 that.

21 But I think I am going to comment, because  
22 as a consultant, just saying -- answering a  
23 comment is not correct. You have to tell me how  
24 many people made that comment or you've got bad  
25 data. Because it's not correct.

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**Commenter TC: Chadron public meeting transcript**

52

1           That's all I have to say. Everybody do your  
2           thing. Thank you.

3           MS. PETERS: Thanks, Don.

4           BOB NELSON: Okay. I'm being penalized  
5           because I went over the last time. This  
6           isn't -- this isn't to address the EIS, but it's  
7           to address your comment, and I think it's  
8           important for the public to know. And Labat  
9           will tell me if I'm misrepresenting this  
10          statement.

11          The intent of the EIS is for a federal  
12          agency to identify to the public that they think  
13          possibly a change needs to be made to how  
14          they -- they're doing their business.

15          So it should start out with the agency  
16          announcing to the public, We want your input.  
17          It should start as very early in the process as  
18          possible.

19          The gentleman that used to work for the VA,  
20          he worked at the Hot Springs VA for 30 years, he  
21          was the historic preservation officer for  
22          Hot Springs.

23          Before the VA announced their proposal, he  
24          told them, because he -- he sensed what we  
25          sensed, that this was where it was going to end

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TC-23: VA considers this NEPA review to be in full compliance with the requirements of NEPA. See group response E.3.4 in Appendix E relating to timing of the NEPA review.

TC-23

**Commenter TC: Chadron public meeting transcript**

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1 up. He told them, You folks have a problem.  
2 You need to enter into an EIS before you  
3 announce this proposal that you're talking  
4 about. You need to involve the public early on.  
5 He was telling them that. They ignored him.  
6 They came out with the proposal in 2011.  
7 And Sandra, I can share that information  
8 with you. I can give you the gentleman's name  
9 to talk to. He's willing to testify under oath  
10 to what I just said.  
11 So I mentioned that we met -- or that the  
12 VA central office in May of 2013 corrected the  
13 data that Black Hills had erroneously given to  
14 you folks. So at then-Secretary Shinseki's  
15 direction, Save the VA went out to Washington  
16 and met with the VA experts to resolve data.  
17 As part of that conversation, our NEPA 106  
18 expert raised the question to the VA, Why  
19 haven't you entered into this -- this process  
20 earlier? It's supposed to be entered into as  
21 early as possible when the agency knows they  
22 want to make a change.  
23 The response from the VA official said, No,  
24 no, no, no, no, no. The VA will start doing a  
25 NEPA once they've made the decision.

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TC-23

**Commenter TC: Chadron public meeting transcript**

54

1           That's what we were told. So to what you're  
2           talking about, they are misrepresenting this  
3           whole process. And I just feel it's important  
4           that you know that the VA's opinion in this  
5           whole thing was, We got caught with our pants  
6           down around our knees, and we've got to figure  
7           out how to get out of this.

8           Because the professional advice they were  
9           given is, Don't worry about it, we'll enter into  
10          it after we've made the agency decision, which  
11          is in complete contrast to the intent of  
12          involving the public in an EIS process. Thank  
13          you.

14          MS. PETERS: Okay. So again, thank you. I  
15          want to thank everybody for coming out, and give  
16          a special thank-you to all the veterans for your  
17          service and for your interest in this project.

18          And please remember, too, if you have  
19          written comments, that you get them in by  
20          February 5th. Grab a comment sheet on your way  
21          out so you have all the addresses of where you  
22          can submit those comments.

23          Again, what you said tonight will go on the  
24          record. They will serve as your comments. So  
25          if you choose not to write anything more, other

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**Commenter TH: Hot Springs public meeting transcript**

*Note: The verbal comments made at the public meetings were preceded by a presentation summarizing the Draft EIS.*

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PUBLIC MEETING:  
DRAFT ENVIRONMENTAL IMPACT STATEMENT  
FOR RECONFIGURATION OF  
VA BLACK HILLS HEALTH CARE SYSTEM

DATE: December 1, 2015 at 5:33 p.m  
PLACE: Red Rock River Resort  
603 North River Street  
Hot Springs, South Dakota

PRESENTER: Ms. Mary Peters  
Labat Environmental

Reported By: Jacqueline K. Perli  
Registered Professional Reporter  
Black Hills Reporting  
1601 Mt. Rushmore Rd., Ste. 3280  
Rapid City, SD 57701  
605.721.2600

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<b>Commenter TH: Hot Springs public meeting transcript</b>		
<p>19</p> <p>1 patient encounters as Rapid City.</p> <p>2 Had the VA not reduced services at</p> <p>3 Hot Springs, these numbers would further show</p> <p>4 the importance of having a rural facility in</p> <p>5 this area. Also, no study has shown in this</p> <p>6 area which addresses the ability of Fort Meade</p> <p>7 to absorb the increased patient load should</p> <p>8 Hot Springs be closed.</p> <p>9 Section 1.2.2, lack of ability to maintain,</p> <p>10 recruit, and maintain clinical competency of</p> <p>11 staff. I find it amazing that small rural</p> <p>12 hospitals are able to recruit and maintain staff</p> <p>13 where a major national program such as the VA</p> <p>14 cannot.</p> <p>15 Perhaps veterans would be better served by</p> <p>16 first recruiting competent managers from small</p> <p>17 rural hospitals who have proven abilities to</p> <p>18 maintain staff.</p> <p>19 Actually, if the VA were to coordinate with</p> <p>20 Medicare, et cetera, and provide full-service</p> <p>21 rural hospitals, they would not only benefit</p> <p>22 veterans, but it would be beneficial to all</p> <p>23 rural citizens. This concept should be called</p> <p>24 Vision for the Future in Section 1.2.1.</p> <p>25 Section 1.2.2.1.2, noncompliance of 42 U.S.</p> <p>BLACK HILLS REPORTING 605.721.2600</p>	<p>TH-3</p> <p>TH-4</p>	<p>TH-3: Under the proposed reconfiguration, Veterans would not be required to travel to Fort Meade to obtain health care services. Outpatient primary care services would continue in Hot Springs under all alternatives and community providers under the expanded care in the community program would be utilized to provide care closer to where Veterans live.</p> <p>TH-4: Under the proposed reconfiguration VA BHHCS would rely on potentially hundreds of community providers under the expanded care in the community program to help deliver health care services closer to Veterans' homes. VA would rely on the competent managers and staff from small rural hospitals to ensure Veterans receive quality care at their facilities. VA believes that the community provider option helps provide a more efficient and effective way to deliver health care to Veterans closer to where they live.</p>

**Commenter TH: Hot Springs public meeting transcript**

20

1 Code 451. This law was passed in 1968. Any  
 2 government facility which does not comply today  
 3 has been out of compliance for approximately 47  
 4 years. I believe this should constitute gross  
 5 negligence on the part of any managing agency.  
 6 Using this as an issue to close the facility  
 7 constitutes a cover-up of past negligence, as  
 8 does citing any neglected system maintenance as  
 9 a reason for closure. I believe any newly  
 10 constructed facility would most probably suffer  
 11 the same neglect from this agency.  
 12 Since I have a couple minutes, I didn't  
 13 write it down, but the Band-Aids that the VA has  
 14 proposed and installed, such as Veterans Choice  
 15 Programs, are totally ineffective for rural  
 16 veterans.  
 17 They work very well in urban areas where  
 18 these -- all of these specialty clinics and  
 19 surgeons and other people exist. They do not  
 20 work in rural areas because we do not have  
 21 those -- access to those kinds of facilities  
 22 here in the rural areas.  
 23 So if you want to replace rural hospitals  
 24 with clinics, why not replace urban hospitals  
 25 with clinics where they have all the other

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TH-5

TH-5: The Hot Springs campus was constructed in the early twentieth century. As renovations and improvements are made to the campus buildings, VA engineers make every effort to bring the buildings up to current building standards including requirements of the Americans with Disabilities Act and the Architectural Barriers Act.

TH -6

TH-6: See group response in Section E.3.3.3 of Appendix E relating to purchased care option, including the Veterans Choice Program.

<b>Commenter TH: Hot Springs public meeting transcript</b>	
<p style="text-align: center;">21</p> <p>1 services readily available and maintain the</p> <p>2 rural hospitals? Because America needs them.</p> <p>3 And as for your figures for building new</p> <p>4 facilities, the AG's office has said that over</p> <p>5 the -- across the board, the best the VA has</p> <p>6 ever been able to do is a 60 percent --</p> <p>7 66 percent cost overrun on a new construction</p> <p>8 project.</p> <p>9 A poster child for VA competency in running</p> <p>10 construction projects would be the hospital in</p> <p>11 Denver, which is a factor of four over original</p> <p>12 estimate. That's over a billion dollars more</p> <p>13 than what you said it was going to cost to build</p> <p>14 that facility.</p> <p>15 Why would we believe that you are capable of</p> <p>16 building a new facility in Rapid City on budget,</p> <p>17 on time? By the way, the one in Denver still</p> <p>18 isn't open.</p> <p>19 Thank you for your time. Appreciate it.</p> <p>20 MS. PETERS: Thank you. Edwin Thompson.</p> <p>21 Can you come up or do you need the microphone</p> <p>22 brought to you? And as you noticed, you need to</p> <p>23 speak right into the microphone to make sure</p> <p>24 it --</p> <p>25 SPEAKER: Got it.</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p style="text-align: center;">TH-7</p> <p>TH-7: VA's past experience related to construction projects and project overruns are not relevant to the BHHCS proposal and are not within the scope of this EIS. Overruns can result from a number of unexpected factors, and cost issues associated with one project do not affect VA's ability to effectively estimate and execute other construction projects within budget.</p>

**Commenter TH: Hot Springs public meeting transcript**

22

1 MS. PETERS: -- gets in --

2 SPEAKER: Got it. I'll try to talk up so  
3 that those of you that are hard of hearing can  
4 hear me. Oh, time started before I got started  
5 here. Okay.

6 I'm sorry. I don't have a Ph.D. I'm not  
7 going to be able to wow you with facts and  
8 figures and everything else. I earned a DD 214,  
9 and with that DD 214 came health care.

10 Now, granted, I will admit nobody told me  
11 how far I was going to have to drive for that  
12 health care. I will give you that one.

13 But let me give a fine example of what's  
14 personal for me with this situation. My annual  
15 dermatology appointment is in November. I  
16 received my letter from this facility that I'm  
17 due for my annual dermatology appointment, to  
18 call the Call Center.

19 I call the Call Center. They said, Well, we  
20 can get you right promptly in. You can either  
21 go to Fort Meade and we can get you in in  
22 January, or we can get you in to Hot Springs in  
23 April next year. All right.

24 We got a full-service hospital down here.  
25 They got a full-service hospital in Fort Meade.

BLACK HILLS REPORTING 605.721.2600

**Commenter TH: Hot Springs public meeting transcript**

23

1 They can't get an annual appointment for a man  
 2 with melanoma within six months of the time he's  
 3 supposed to have it?

4 What is moving to Rapid City with nothing  
 5 more than a clinic going to do for me, except  
 6 for degrade my house value? I'm already living  
 7 on a block with four empty houses. Cost me more  
 8 money.

9 Now I've got to drive back and forth, and  
 10 they haven't yet told me what's going to be in  
 11 this clinic or what's going to be in that  
 12 clinic. I have absolutely no information about  
 13 what's going on, what's going to happen, what's  
 14 going to be left for me, or if I do have to go  
 15 to Omaha for my health care. All I know is,  
 16 they want to shut this one down and give me a  
 17 clinic.

18 What's a clinic? Is that a doctor or a PA,  
 19 one nurse, and a records clerk? That's a  
 20 clinic. That's a rural health care clinic.  
 21 They'll put them in a Jeep, send them out. Is  
 22 that what they are leaving here? Or is that  
 23 what they are building in Rapid?

24 And when they get done with Rapid, they's  
 25 already been told that we're going to close

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TH-8

TH-8: Thank you for sharing your personal story. With respect to what facilities will remain in Hot Springs and be constructed in Rapid City, a CBOC (within a renovated Building 12 on the existing campus under preferred Alternative A-2) will continue to provide outpatient primary care and limited specialty care services in Hot Springs. Table 2-1 of the EIS explains what services would be provided by the CBOC in Hot Springs and what additional services would be available at the proposed new MSOC in Rapid City. A new RRTP also would be located in Rapid City. Veterans would now have more options for health care services from community providers closer to where they live. This has been addressed in Section 2.2 of the Final EIS.

Section 4.10 of the EIS acknowledges that operational impacts would potentially affect local employment and house, resulting from the change in number and location of full-time equivalent employees. Impacts would be minimized through VA retraining efforts, if needed, eligible retirements and offers for voluntary early retirements.

TH-9: There are no plans to close Fort Meade. Under the new preferred alternative, Veterans would have more options for health care services through community providers closer to where they live. However, Fort Meade and the specialty services it provides would remain available to Veterans as needed.

TH-9

Commenter TH: Hot Springs public meeting transcript

24

1 Fort Meade down. So we got three clinics here,  
 2 ten beds on the hospital at Fort Meade. They  
 3 close the ten beds down here, where -- are the  
 4 patients down here going to overload Fort Meade?  
 5 Where am I going to go?

6 This is not healthy for me. This is not  
 7 healthy for the rest of the veteran population  
 8 that's being serviced by this facility. And  
 9 it's not healthy what they've done to get to  
 10 this point where we are today. Thank you.

11 MS. PETERS: Thank you. Is it John Renstrom  
 12 now?

13 ED THOMPSON: Ed Thompson.

14 MS. PETERS: Oh, Ed Thompson, okay.

15 ED THOMPSON: I'm Ed Thompson, Hot Springs.

16 MS. PETERS: Make sure you speak into the  
 17 microphone.

18 ED THOMPSON: I'm Ed Thompson, Hot Springs.  
 19 I guess I represent my district, District 2,  
 20 American Legion, which is 31 Post. And I have a  
 21 lot of veterans that live in the rural area.

22 Got two reservations. I don't think the  
 23 numbers have been -- actually came out the truth  
 24 of how many veterans on Pine Ridge. And we went  
 25 through the records a month ago, and it was

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TH-10: Thank you for the information on living veterans in your districts. VA used the most up-to-date information available and includes the current data for all the Tribes in the service area.

TH-10

**Commenter TH: Hot Springs public meeting transcript**

25

1 1,300 and some. And Rosebud, I think it's 756,  
2 if I remember right.

3 We just got a new van down there,  
4 Pine Ridge. It was donated to us a month ago.  
5 Nice van, but no gas money. We have no way to  
6 get those veterans here. We have no  
7 transportation.

8 And if we do have transportation from the  
9 DAV, sometimes they pick them up, sometimes they  
10 won't. Depends on how Tom begs for them to be  
11 able to pick them up.

12 I was just down there today. We just  
13 confirmed a new prosecuting attorney in the  
14 state of South Dakota on the Pine Ridge  
15 Reservation. We're going forward down there,  
16 and the VA is going backwards here. And that's  
17 what I cannot figure out.

18 The contracting out health care is not the  
19 way to go. I've already been down this road.  
20 When I went to Rapid City for my cancer  
21 treatment, if wasn't for Kristi Noem, I would  
22 not have got in right away.

23 I was put on the bottom of the list. When I  
24 called up there and talked to Brad, and Brad got  
25 me in to Rapid City right away with the help of

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TH-11

TH-11: VA's travel assistance program is discussed in Section 2.2 of the Final EIS. This service would continue under all of the alternatives.

TH-12

TH-12: The VA recognizes there may be some learning curve associated with non-VA care providers, and are working hard to improve the Veterans' experience with contract care. See group response E.3.3 in Appendix E relating to purchased care options and quality of care.

**Commenter TH: Hot Springs public meeting transcript**

26

1 the people of the VA up here in Hot Springs.  
2 And then after I got through with that, I  
3 did go -- come up here and got my treatment. My  
4 treatments, when I had 4,500 miles on my vehicle  
5 that I put on back and forth every day of the  
6 week. Now I've got to go back up there again  
7 for a second evaluation.  
8 You know, the doctor that found my cancer  
9 was right here in Hot Springs, and they pretty  
10 well weeded him out, Dr. McRill. They pretty  
11 well forced him completely out to leave. They  
12 kept giving his workload more and more and more,  
13 and he finally couldn't take it. And so he went  
14 ahead and left.  
15 And now my primary physician right now, he  
16 can't even renew my prescriptions. I have to  
17 keep calling up there and say, Okay, I need this  
18 prescription renewed. It's outdated. Every  
19 time.  
20 And then when I went up to outpatient up  
21 here, you know they don't even keep any  
22 medication on hand? They won't call in a  
23 pharmacist due to lack of employees. Why?  
24 Because they just downsized them, and downsized  
25 them to the point that there isn't going to be

BLACK HILLS REPORTING 605.721.2600

**Commenter TH: Hot Springs public meeting transcript**

27

1 any employees.

2 Respiratory is the same way. They downsized  
3 that department to four. And it was even  
4 brought up that they needed six. But higher-ups  
5 said, No, you've got to give me more stats.  
6 They give them more stats, they give them more  
7 man-hours, but that failed.

8 Then they kept coming back and saying, We  
9 need more stats on that again, more hours. And  
10 they just keep coming back with the same thing  
11 over and over, each department.

12 Basically what I keep seeing is that they  
13 are just letting this place completely run down  
14 because nobody in engineering is holding any  
15 positions there because they completely just  
16 downsized to the point that they couldn't even  
17 stop the leak over there on the roof.

18 And I remember when Steve DiStasio was there  
19 and the national commander was here, and  
20 Steve DiStasio said, Yes, we're going to make  
21 Hot Springs a storage place. And then that was  
22 brought up here to the Domiciliary and he denied  
23 it.

24 And I was going to confront him, but I was  
25 told not to, so I didn't. But I was there when

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**Commenter TH: Hot Springs public meeting transcript**

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1 he said it was going to be a storage unit.  
 2 And I just wish that this thing, this impact  
 3 statement, was fair, honest, and it brought up  
 4 all the good things and not all the bad things.  
 5 And I wish they'd bring up that we're lacking  
 6 employees, and we definitely are up here.  
 7 And we can become a full-sized department up  
 8 here real easy because people want to come here  
 9 to Hot Springs. They don't -- they want to live  
 10 in the small rural area. They don't want to go  
 11 to a large area. You can ask a lot of doctors.  
 12 Thank you.  
 13 MS. PETERS: Garry Strom -- Strauser,  
 14 Cindy Nobliski, Don Ackerman.  
 15 GARRY STRAUSER: I'm Garry Strauser.  
 16 MS. PETERS: You want to lift the microphone  
 17 up a little?  
 18 GARRY STRAUSER: I do. I'm Garry Strauser,  
 19 a former employee. I'm a retired radiologist  
 20 from the VA.  
 21 A lot of things. I notice there are more  
 22 than 30 people here. According to the paper  
 23 this morning, the *Rapid City Journal*, it sounded  
 24 like there were about 30. I don't know if you  
 25 can confirm that. On TV, it didn't look like

TH-13

TH-13: The EIS discusses potential impacts on employment in Section 4.10. The VA also recognizes your support for keeping the current Hot Springs campus open.

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**Commenter TH: Hot Springs public meeting transcript**

29

1           nearly that many.

2                 But I think that is an indication of how

3           many veterans really need care in Rapid City.

4           People are not hungry for that. They are not

5           needing it like they do here.

6                 Fort Meade is, what, 35 miles away?

7           Hot Springs is 55. Veterans come from Nebraska,

8           from the reservation. They might come 200 miles

9           just to get here. They don't need to go an

10           extra 90 miles, or even 55.

11                You said this is not a vote. If we cast --

12           make an opinion on something and 99 other people

13           say the same thing, it goes in once. I don't

14           know if that's just the way the EIS is set up,

15           but we're not really an autocracy. We should be

16           a democratic republic, where a vote makes a

17           difference. And when you have people stating

18           the things over and over, it means something,

19           whereas someone else might say it once.

20                I've been to several town hall meetings,

21           several of these meetings, including some in

22           Rapid City. I've heard one voice say that

23           alternative A is the correct choice. One.

24                Saw him again on TV. It was actually -- it

25           was several months ago on TV, and then he was

TH-14

TH-14: See group response in Section E.3.1 of Appendix E relating to distance travelled. The proposed reconfiguration would help make other types of health care services more accessible to Veterans in the BHHCS service area, under the expanded care in the community program.

The VA acknowledges / recognizes the high level support for keeping the Hot Springs campus open. This support is now part of the public record for this EIS which will be reviewed by VA before any decision is made.

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1           And then you take into account that every  
 2           employee, federal employee, the FTE, there's an  
 3           amount that goes into the school system that  
 4           helps fund the local school. If you lose that  
 5           many employees, you're going to lose a lot of  
 6           activities, et cetera, in the school.  
 7           It's going to not only decrease enrollment,  
 8           but also the availability of education. The  
 9           quality -- one of the proposed -- the purposes  
 10          of alternative A is to increase the quality of  
 11          the VA here.  
 12          Perennially, over and over, this was one of  
 13          the very top VAs in the whole country for  
 14          quality. I can't believe you can improve on  
 15          that. JCAHO, CAP, the various regulatory  
 16          agencies that come in and accredit have always  
 17          passed. How are you going to improve on that?  
 18          I, for one, was a physician who was asked,  
 19          We don't need you anymore. I live five blocks  
 20          from the VA. I know everyone has heard this  
 21          before, but I was told, We don't need a  
 22          radiologist right now part-time; knowing that  
 23          the full-time radiologist had terminal illness,  
 24          and he was lost the next year.  
 25          There is not a radiologist at this VA. So a

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TH-18: Thank you for your comment. Your support for keeping the existing facility open is noted and now part of the public record for this EIS.

TH-19: Than you for your past service at Hot Springs. The new CBOC in Hot Springs will include some medical imaging. Veterans will also have more options available for health care with community providers closer to where they live.

TH-18

TH-19

Commenter TH: Hot Springs public meeting transcript

32

1 stroke patient who might need a swallowing  
2 study, for instance, has to go 90 miles rather  
3 than have fluoroscopy right here. Makes no  
4 sense whatsoever.

5 If I get more time later, I'd like to come  
6 back. Thank you.

7 MS. PETERS: Cindy. And then Don Ackerman.  
8 And after Don, that will be Curt Sandine --  
9 Sandine.

10 CINDY NOBLISKI: I'll bet I'm shorter than  
11 Don Strauser [sic].

12 MS. PETERS: Yeah. Make sure you talk close  
13 to the microphone.

14 CINDY NOBLISKI: Hi. Cindy Nobliski. I  
15 also don't have a Ph.D., but I have a collection  
16 of DD 214s and retired from the Air Force. I am  
17 a former patient of Hot Springs, but since our  
18 providers kept leaving and leaving, my primary  
19 care is now at Fort Meade.

20 The women's group is not here anymore, and  
21 the vet center handles that in Rapid.

22 Every time I come by the eye clinic and look  
23 at the job availability, it seems that they are  
24 all supposed to be -- the majority of them are  
25 transfers from other VA facilities. Somebody is

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**Commenter TH: Hot Springs public meeting transcript**

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1 DON ACKERMAN: Okay. My name is  
 2 Don Ackerman. I am speaking for the veterans  
 3 who use this facility. Additionally, I'm a  
 4 consulting party on the EIS. Today I'm speaking  
 5 to you also for Mr. Eckles and Mr. Galliano.  
 6 They are unable to speak.

7 You've created an environment here not  
 8 conducive to speaking, and I'm not going to use  
 9 it. I used it yesterday, and I'm not going to  
 10 use it today. I'm not going to stand here and  
 11 look at you. I'm not going to do that.

12 I'm going to stand here and look at you. I  
 13 gave her a copy of what I'm going to say. I'm  
 14 going to look at the people that I want to talk  
 15 to.

16 MS. PETERS: Make sure you use the  
 17 microphone, please.

18 DON ACKERMAN: I'll be fine. For the past  
 19 four years, we've been fighting the issue of  
 20 closing Hot Springs. We've always found  
 21 ourselves taking up -- talking about apples  
 22 while the VA is talking about oranges.

23 Today, because we demanded the VA do an EIS,  
 24 we have it in writing where they -- where we can  
 25 nail them down to what they've said. I submit

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**Commenter TH: Hot Springs public meeting transcript**

35

1 to you now we have the VA talking about grapes  
 2 and watermelons, and I'll explain that.  
 3 The VA wants to build a 100-person Dom in  
 4 Rapid City. That is their chosen proposal.  
 5 They will also rent a facility to provide  
 6 Band-Aids and minor care out here.  
 7 They are replacing a facility that can  
 8 support over 200 Dom patients and additionally  
 9 has a full-service hospital standing right next  
 10 to it.  
 11 The VA will tell you, and it has printed in  
 12 this report, that the cost is much cheaper to  
 13 move to Rapid City. The reality is, they are  
 14 not moving anything to Rapid City other than a  
 15 100-person Domiciliary while they are closing a  
 16 full-service hospital and a 200-person  
 17 Domiciliary.  
 18 When you examine the cost of the two, it is  
 19 much cheaper to just close Hot Springs and move  
 20 a Dom to Rapid City. That is, if you're buying  
 21 a grape and not a watermelon.  
 22 What they don't tell you is that 100-bed  
 23 facility is a building. There's nothing in that  
 24 building. Examine your cost. What are you  
 25 going to put in that building? You have a 200,

TH-22

TH-22: The commenter is correct in that under the preferred alternative, VA proposes to move the RRTP facility to Rapid City and close the hospital at Hot Springs. The existing CBOC in Rapid City also would be expanded to a MSOC offering more specialty services. Veterans will have more options available for care through local providers under the expanded care in the community program. This expansion would allow Veterans to receive inpatient and specialty service care, at VA expense, at a hospital closer to where they live. This has been further clarified in the EIS.

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**Commenter TH: Hot Springs public meeting transcript**

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1 full-service hospital sitting right up here  
 2 with -- completely filled with equipment.  
 3 You're buying a shell. We're buying a  
 4 shell. They are not buying anything. These  
 5 people in the back aren't buying a single thing.  
 6 When you talk about going to Rapid City  
 7 because it's better? You have a tierra house in  
 8 Rapid City. They can't get anybody from here to  
 9 go there because they don't want to go to  
 10 Rapid City. They don't want that environment.  
 11 You also have a much-acclaimed Cornerstone  
 12 Mission, according to Steve DiStasio, who was in  
 13 the newspaper numerous times, talking about that  
 14 great facility called the Cornerstone Mission.  
 15 They are eliminating and taking out the beds  
 16 in the Cornerstone Mission. You know why?  
 17 Because the veterans will not go there. They  
 18 would rather sleep underneath an underpass than  
 19 go to Rapid City and be in that mission.  
 20 The bottom line is simple. Hot Springs has  
 21 never had a problem filling every available bed  
 22 they have in the Dom, no matter how substandard  
 23 it might be in the eyes of those of you sitting  
 24 in the back of this room called the VA.  
 25 The dictator of the VA will tell you, she is

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TH-23

TH-23: Pennington County has the highest population of Veterans in the BHHCS catchment area. The expanded Rapid City MSOC would be designed to meet the current and projected Veteran demand in the Rapid City and surrounding area. Veterans from across the country currently utilize VA BHHCS RRTP services and relocating the RRTP facility to the Rapid City area (under preferred alternative A-2) is not expected to affect national referral patterns. VA BHHCS has a strong partnership with the Cornerstone Mission to provide homeless Veterans with safe shelter. No changes to the Cornerstone Mission partnership are planned under any of the alternatives.

**Commenter TH: Hot Springs public meeting transcript**

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1 here to do something for us veterans, and that  
2 is close our facility.  
3 For 105 years in Hot Springs, they've been  
4 able to get the care they want and the care they  
5 need here. It's amazing that those people in  
6 the back of this room are so much smarter than  
7 all those people that came here for their health  
8 care in Hot Springs.  
9 That's all I have to say.  
10 MS. PETERS: Thank you. Curt, and then I  
11 have Gardner.  
12 GARDNER GRAY: G-A-R-D-N-E-R.  
13 MS. PETERS: Yes. And then Georgia Holmes  
14 after that.  
15 CURT SANDINE: Good evening. My name is  
16 Curt Sandine, and I'm a --  
17 MS. PETERS: Talk into the microphone,  
18 please.  
19 CURT SANDINE: I'm a combat Vietnam veteran  
20 and former employee of Black Hills Health Care  
21 System. I used to be a driver for the VA. And  
22 as a driver for the VA and an employee there, I  
23 witnessed the systematic dismantling of one of  
24 the best health care systems or facilities in  
25 the VA system.

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Commenter TH: Hot Springs public meeting transcript

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1 As a matter of fact, at one time the  
2 Hot Springs VA was voted by its patients as the  
3 number one facility in the country. That's a  
4 good idea to shut that down; right?

5 Okay. I've witnessed the discontinuance or  
6 disappearance of services at this facility. In  
7 my time that I was employed there, numerous --  
8 numerous services disappeared. They just said,  
9 Well, we don't have the need for a radiologist,  
10 and we can't hire anybody to come serve that  
11 need.

12 So it disappeared. And it was like it... It  
13 was systematic, on purpose, they decided that  
14 that's what they wanted to do, close the  
15 facility. How do we get to close the facility?  
16 Let's lower the health care standards, and we  
17 can make it disappear.

18 Well, this used to be, and still is by the  
19 people that work there in the Hot Springs  
20 facility, one of the best places in the country  
21 for health care. As a patient, I received  
22 health care there that was second to none. They  
23 actually saved my life there.

24 I was also a patient in the Domiciliary,  
25 being treated for PTSD. And I don't know about

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**Commenter TH: Hot Springs public meeting transcript**

39

1 what they have in mind for the Rapid City  
 2 facility, should that come to pass. But in my  
 3 opinion, the rural setting, I mean, just the  
 4 whole Hot Springs facility and the city of  
 5 Hot Springs, this whole community kind of  
 6 contributes to that environment.

7 The VA's proposal to move the Domiciliary  
 8 and treatment programs to Rapid City, using the  
 9 excuse that it would be closer to the veterans  
 10 that they serve, doesn't wash, either.

11 As a patient during my stay in the  
 12 Domiciliary, there were 78 of us in the Dom at  
 13 that time. There was one person from  
 14 Rapid City. The rest of the people that came  
 15 here for those treatment programs came from all  
 16 over the country. So that doesn't wash.

17 The number of veterans from the Rapid City  
 18 area during the time I worked here was seldom  
 19 over a 2 percent -- 2 percent of the Domiciliary  
 20 population. Veterans come from all over the  
 21 country.

22 In regard to the VA's proposal, it should be  
 23 noted that the Hot Springs facility never failed  
 24 an inspection and always ranked high on the  
 25 JCAHO reports. Outstanding grades.

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TH-24

TH-24: The commenter is correct in that the Dom patients are not focused primarily in Rapid City, or in Hot Springs. They come from all over the service area and the U.S. Exhibit 1 in Chapter 1 has been updated to provide a breakout of RRTP patients and where they reside.

VA also acknowledges your support for keeping Hot springs open and it is now included in the public record for EIS.

See group response in Table E-2 of Appendix E relating to the past decline in services at Hot Springs and how it is handled in the Final EIS.



**Commenter TH: Hot Springs public meeting transcript**

41

1 veterans, the Save the VA's proposal is the best  
 2 way to accomplish that goal. The Save the VA  
 3 proposal addresses the need for returning the  
 4 services to the Hot Springs facility.

5 Thank you for your time.

6 MS. PETERS: After Georgia, it's going to be  
 7 Perry Holmes and Cindy Donnell.

8 GARDNER GRAY: Okay. First, let me state  
 9 that five minutes to cover 780 pages is an  
 10 insult. It's impossible to do. I got about 50  
 11 pages into the thing, and I would have written  
 12 50 pages contrary to those statements.

13 MS. PETERS: Make sure you speak into the  
 14 microphone, please.

15 GARDNER GRAY: Okay. Purpose and need  
 16 statement explains to the reader why an agency  
 17 action is necessary. Purpose of the VA's  
 18 proposal to reconfigure health care services in  
 19 this area is to provide high-quality, safe, and  
 20 accessible health care for veterans well into  
 21 the 21st century.

22 That first statement would indicate to me  
 23 that you're not providing it now. And I find  
 24 that not to be true.

25 You say you need to provide locations and

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TH-28: VA appreciates the commenter's positive feedback as to the level of care provided at the Hot Springs facility currently. VA is concerned as to its ability to continue to provide quality care into the future as described in Chapter 1 of the EIS. However, VA recognizes your support for keeping the existing campus open and is making it part of the public record for this EIS.

TH-28

**Commenter TH: Hot Springs public meeting transcript**

42

1 facilities that support the VA's effort to  
 2 enhance and maintain quality and safety of care  
 3 in the 100,000-square-mile catchment area. That  
 4 already exists. It's here. It's this facility.

5 This facility is 55 to 60 miles from Rapid.  
 6 The Rapid people, you say that all the people  
 7 are in Rapid, they can go to Sturgis, they can  
 8 go to Fort Meade. It's only 22 to 23 miles down  
 9 the road. Closing this is unnecessary.

10 Ensuring facilities for veterans receiving  
 11 any services comply with accessibility  
 12 requirements. I will -- I will hand you this,  
 13 that maybe the ADA is not being installed. But  
 14 that's not my fault. That's not their fault.  
 15 That's not the staff. That's not the doctors.  
 16 That's your fault. That's DiStasio's fault.  
 17 That's Henry's fault, because you haven't been  
 18 doing your job, and you're punishing us because  
 19 you're incompetent.

20 The VA has identified a need to reconfigure  
 21 health care services in the catchment area  
 22 because the VA has difficulty maintaining  
 23 high-quality, safe, and accessible care, and  
 24 they can't -- but there's no evidence for that,  
 25 in 780 pages. You say you located it and you've

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TH-29

TH-30

TH-29: VA acknowledges that the buildings that comprise the area where veterans are medically treated on the Hot Springs campus can be renovated to meet ADA/ABA standards and provide modern quality care. See group response in Table E-2 of Appendix (Category Purpose and Need) relating to accessibility and needed renovations. Renovation costs are significant, however. Section 2.2 of the Final EIS provides a more detailed breakout of the costs of each alternative.

TH-30: VA believes it has clearly stated the need for change in the discussion of purpose and need in Chapter 1. Section 2.3 has also been revised to clearly explain how each alternative does or does not meet purpose and need.



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1 because you don't count -- you don't count  
 2 Scottsbluff, you don't count Hill City, you  
 3 don't count Custer, you don't count Pine Ridge,  
 4 you don't count Native American veterans. And  
 5 so, therefore, the number is low. Well, the  
 6 numbers are wrong. The costs are wrong.  
 7 The difference between what you want and  
 8 what we want, according to your figures, is  
 9 about \$3,000,000 a year difference. That is --  
 10 that's minuscule in the cost of a hospital.  
 11 That's minor.  
 12 And if you just take an environmental point,  
 13 if you make 8- to 10,000 veterans who come to  
 14 this facility, if you make them go an extra  
 15 60 to get to Rapid or another 80 or 90 to get to  
 16 Fort Meade, that's 8,000 cars driving all those  
 17 miles. Whereas if you just leave it here, the  
 18 environment isn't affected at all. It doesn't  
 19 make sense what you are doing.  
 20 Last page, here it is. The VA states that  
 21 the Hot Springs serves 17 percent of the vets,  
 22 or 2,877 veterans. That's what you are saying  
 23 is served by this Hot Springs facility. 2,877.  
 24 Where does that come from? The truth is, it  
 25 serves over 8,000 vets, and it serves more than

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TH-33

TH-33: VA used the most 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. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data. However, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions. The source of the data is also identified.

**Commenter TH: Hot Springs public meeting transcript**

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1 any other facility in the Hills, and yet you  
2 want to close it down.

3 Doesn't make sense. It's illogical, and you  
4 need to change it. You need to make adjustments  
5 in this so that number E is the one you pick.

6 MS. PETERS: I'm sure there will be more  
7 time, if you want to speak again. Georgia,  
8 Perry, then Cindy.

9 GEORGIA HOLMES: My name is Georgia Holmes,  
10 and I'm a retired medical technologist from the  
11 VA. And I worked in the laboratory, and I set  
12 up CBOCs. I do know what they do and how they  
13 work. I do know that we brought in about  
14 10,000 more people by doing the CBOCs because  
15 that was our goal.

16 Every person with a Social Security number  
17 was our patient. We did bring them in from  
18 Scottsbluff, Alliance, Rushville, Mission,  
19 Winner, and Rushville.

20 Anyway, what the other part of this is, I'm  
21 on city council. I am also on the hospital  
22 board here. I look at what we're doing as  
23 really a failure for our society to take care of  
24 what we need to do.

25 Hot Springs is so vibrant, and they are

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**Commenter TH: Hot Springs public meeting transcript**

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1 there for the veterans. As a city  
 2 councilperson, I feel like everything we can do  
 3 to help the veterans is what we are going to do.

4 And as being a hospital board, yes, you came  
 5 to us, asked us if we would take over this or  
 6 that. Our goal is not to support a closing of  
 7 the hospital VA by having our hospital take over  
 8 your business. If we have to, yeah, we're  
 9 there. But we've had people say, Well, am I  
 10 going to be taken care of? Because there is so  
 11 many. I doubt that.

12 But I do know care is my number one  
 13 priority. Quality is something that makes so  
 14 much more of an importance, and I did see our  
 15 patients going to Rapid City. We couldn't  
 16 handle things because we did not support our  
 17 staff. We did not bring in people to take care  
 18 of those patients, and it was done deliberately,  
 19 unfortunately. But it has killed us.

20 Our town has dropped so much, and it's hurt  
 21 us so badly. I'm also on -- a former school  
 22 board member. We went from 1,200 down to  
 23 800 patients -- students. And for this to  
 24 happen in a small community is like cutting the  
 25 throat of our income.

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TH-34

TH-34: Quality care is a driving factor in the reconfiguration proposal and we believe that the proposed reconfiguration will improve the overall care for our Veterans. See related response in E.3.3 in Appendix E relating to purchased care options and quality concerns of community providers.

Sections 4.10, 4.11 and 4.16 of the Final EIS have been revised to capture the local impacts on the economy and schools.

**Commenter TH: Hot Springs public meeting transcript**

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1 I wanted to say that I am totally in favor  
 2 of Saving our VA. And I don't know if this was  
 3 ever studied or not, but the VA was given the  
 4 water rights, and they do use the water up there  
 5 to heat their facilities. It was a donation  
 6 from one of our people here in town. We have  
 7 the Plunge, and the hot water does help heat the  
 8 VA.

9 So my next part of this is the supplemental  
 10 alternatives. What is going to happen to us  
 11 with the different alternatives that you have?  
 12 This is something that is so catastrophic, and I  
 13 don't believe some of that has been evaluated.

14 So if we look at historical value of the  
 15 water that goes to the VA, if it's changed into  
 16 some supplemental alternative, the rights that  
 17 you have, the water right now, make a big  
 18 difference to many people in this community.  
 19 How is that going to be used? That's my  
 20 question. If it was in the study or not, I did  
 21 not see that. Thank you.

22 MS. PETERS: Perry Holmes, Cindy Donnell,  
 23 and then anybody else. I don't have any more  
 24 cards or signs, so we can open the -- more  
 25 cards? Want to bring them up, Lisa.

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TH-35

TH-35: VA recognizes your support of Alternative E, Save the VA Proposal, and is making it a part of the public record for this EIS.

TH-36

TH-36: Water rights are discussed in Section 4.14 and 5.1.13. VA also notes that under the new preferred alternative A-2, VA will maintain a continued presence on the campus through operation of a new CBOC in renovated Building 12. A proposed new national VHA call center is also proposed for Hot Springs that would occupy Buildings 3 and 4 on the existing campus. Under this expanded presence, VA's ownership of the water rights would not be expected to change.

<b>Commenter TH: Hot Springs public meeting transcript</b>	
<p style="text-align: center;">48</p> <p>1           If anybody wants to speak, if you want to</p> <p>2           raise your hand, we'll bring a card back so we</p> <p>3           have your name. Back in the back room there.</p> <p>4           PERRY HOLMES: Thank you. My name is</p> <p>5           Perry Holmes. I'm an educator. And the -- I</p> <p>6           don't know for sure where you got your numbers</p> <p>7           for the schooling. That was my question.</p> <p>8           Because I worked here for over 20 years, and I</p> <p>9           was on the school board also for 5 years after</p> <p>10          that.</p> <p>11          And talking to the counselor that was at the</p> <p>12          school for 30 years before I was, we averaged</p> <p>13          between 1,200 and 1,100 students in the school</p> <p>14          system for at least the last 60 years.</p> <p>15          Since the rumor of closing the VA has</p> <p>16          started, the school system now has gone down to</p> <p>17          800, around 850 students. That's about a</p> <p>18          30 percent change in the school system, not a</p> <p>19          .4 or minus 4.</p> <p>20          I don't know how far back your study went,</p> <p>21          but that is one of the things that has really</p> <p>22          impacted this. Two years ago, last year, I was</p> <p>23          on the school board. We had people that worked</p> <p>24          here at the VA coming and taking their students</p> <p>25          at school at Christmastime, saying that they</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TH-37: All data sources are cited in the EIS. Sections 4.10, 4.11 and 4.16 of the Final EIS have been revised to capture the local impacts on the economy and schools. See also group responses in Table E-2 of Appendix E relating to the past decline in services, and the assessment of socioeconomic and cumulative impacts.</p> <p style="text-align: center;">TH-37</p>

<b>Commenter TH: Hot Springs public meeting transcript</b>	
<p style="text-align: center;">49</p> <p>1        were told that if they wanted to buy a home,</p> <p>2        they should buy it in Rapid City because that's</p> <p>3        where their jobs would be.</p> <p>4                This is before your stuff came out. So it's</p> <p>5        been over a year ago that these people that work</p> <p>6        here have been told their jobs would be in</p> <p>7        Rapid City.</p> <p>8                I know of a person that's a new hire. I</p> <p>9        won't say their name. They were also told the</p> <p>10       same thing. Their job would be here for a</p> <p>11       while, but it would be in Rapid City eventually.</p> <p>12       So considering an impact study, some of this</p> <p>13       stuff seems to have been already decided.</p> <p>14                And also, we have the State Soldiers' Home</p> <p>15       here in Hot Springs, not in Rapid City. Those</p> <p>16       are veterans that do need medical care and will</p> <p>17       have to be hauled to Rapid City for care if you</p> <p>18       move the facility.</p> <p>19                And also, as a counselor and therapist, the</p> <p>20       program that they have here to partaking</p> <p>21       veterans is one of the best in the country for</p> <p>22       some of the mental issues that they are working</p> <p>23       with here.</p> <p>24                You don't put a good facility in a city. In</p> <p>25       fact, the best facilities that are even in</p> <p style="text-align: center;">BLACK HILLS REPORTING    605.721.2600</p>	<p>TH-38: The South Dakota State Veterans Home currently contracts with a local Hot Springs community provider for resident primary care services. State Veterans Home residents requiring specialty care could use VA facilities or community providers through the Care in the Community program.</p> <p>TH-39: Section 1.2.2.3 of the Final EIS further clarifies the advantages for relocating the RRTP to Rapid City.</p> <p style="text-align: center;">TH-38</p> <p style="text-align: center;">TH-39</p>



<b>Commenter TH: Hot Springs public meeting transcript</b>	
<p style="text-align: center;">51</p> <p>1           The other thing that I find interesting, the</p> <p>2           most interesting part about being mayor is when</p> <p>3           you go to the mayor's meetings, we always talk</p> <p>4           about our wastewater plants, so it is a big deal</p> <p>5           to cities. Consumers take it for granted.</p> <p>6           However, it is a very important part of a</p> <p>7           civilization, and I am pleased to see that in</p> <p>8           your -- the utilities report.</p> <p>9           However, I would like to see added to that,</p> <p>10          that not only -- well, I'd like to see input</p> <p>11          from our city engineer. You know, when I see</p> <p>12          something like that the threshold for this issue</p> <p>13          is not known, you know, let's ask the people who</p> <p>14          do know.</p> <p>15          And our city engineer is very well aware of</p> <p>16          the activities at our wastewater plant and could</p> <p>17          provide some information there that I think</p> <p>18          would be beneficial, because it does already</p> <p>19          hurt us with the reduction in residents and</p> <p>20          workers.</p> <p>21          Our plant's working at about half capacity,</p> <p>22          and a wastewater plant does need to be at a</p> <p>23          higher volume of capacity to function at peak</p> <p>24          performance.</p> <p>25          The other thing that I don't think is</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TH-41: See group response in Table E-2 of Appendix E relating to utilities, as well as revised discussion in Sections 3.14, 4.14 and 5.1.13 of the Final EIS. The City Engineer has provided additional information on wastewater plant flows and revenue. (data provided in government comment letters G7 and G11).</p> <p style="text-align: center;">TH-41</p>

<b>Commenter TH: Hot Springs public meeting transcript</b>		
<p>52</p> <p>1           addressed here is our loss in revenue for our                  2           wastewater plant. We do actually get revenue                  3           from providing that service to the VA, and we                  4           would lose that revenue. So I would like that                  5           to also be identified in here, the loss of                  6           revenue to the city.</p> <p>7           As the last two speakers brought up, the                  8           community services section of that, I'm not sure                  9           we have the full report of our police                  10          department, nor our school. I agree, I don't                  11          think it's just a minimal impact. I do think it                  12          would be much greater and already has caused                  13          impact to our schools.</p> <p>14          So I would like the community services and                  15          the utilities part of any of the options, maybe                  16          a little deeper dive into those and what they                  17          really mean to our community.</p> <p>18          I'm not as organized as some of the speakers                  19          here, but the other things that I would like to                  20          see as an alternative, maybe it's too late for                  21          that, but with a partnership with our state home                  22          that was just brought up. We've got the state                  23          investing \$42,000,000 over there for veterans in                  24          Hot Springs in the state.</p> <p>25          And it would be really nice to see a</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TH-42</p> <p>TH-43</p> <p>TH-44</p>	<p>TH-42: Potential loss of revenue is acknowledged in Sections 3.14 and 4.14 of the Final EIS.</p> <p>TH-43: Chapter 4 has been expanded to address local economic impacts from the proposed reconfiguration (Section 4.10) as well as potential cumulative impacts (Section 4.16). See group responses in Table E-2 in Appendix E relating to socioeconomic impacts and cumulative impacts.</p> <p>TH-44: VA currently partners with the SD State Veterans Home to the extent possible. No changes are expected to the current partnership under any of the alternatives.</p>

**Commenter TH: Hot Springs public meeting transcript**

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1 partnership there where we can support our local  
 2 veterans in Hot Springs with the new facility  
 3 they have there. They figured out a way to  
 4 support the veterans here in Hot Springs. I'd  
 5 like to challenge the VA to do that as well.

6 I'd also like to comment on the studies that  
 7 were done for Fall River County as opposed to  
 8 just Hot Springs. I think Hot Springs as a  
 9 community is more affected than the greater  
 10 Fall River County. So if we could narrow some  
 11 of those studies to the area, you know, does the  
 12 VA closing affect ranching business? Maybe not  
 13 as much as local grocery stores here. So I  
 14 would like to see that focus narrowed to  
 15 Hot Springs.

16 The other thing is the community. The  
 17 nationwide trend of professionals coming out of  
 18 colleges wanting to go to rural communities  
 19 because they have a desire to have a higher  
 20 quality of life that maybe my generation didn't.  
 21 We wanted careers. They want a higher quality  
 22 of life. And the trend is to go to rural  
 23 environments nationwide. So that seems contrary  
 24 to national statistics.

25 The other thing is our Native American

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TH-45

TH-45: Chapter 4 has been expanded to address local economic impacts from the proposed reconfiguration (Section 4.10) as well as potential cumulative impacts (Section 4.16). See group responses in Table E-2 in Appendix E relating to socioeconomic impacts and cumulative impacts.

TH-46

TH-46: Thank you for sharing new nationwide trends you have seen related to young professionals and where they want to live. VA relies on its own up-to-date Veteran population data to determine future health care needs. VA used the most up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data.

TH-47

TH-47: Section 3.3 of the EIS stipulates that the Black Hills are an area of significance to Native Americans.

Native American Veterans would have the choice, under all the alternatives, to use either the 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.

Commenter TH: Hot Springs public meeting transcript

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1 neighbors. Many of them have told me that  
2 Hot Springs is, for cultural reasons, a place  
3 that they see as a place for them to heal. And  
4 if it's -- I don't hear that about Rapid City,  
5 but I do hear that about Hot Springs. So maybe  
6 a little deeper dive into that.

7 But just in closing, I would like to see us,  
8 of course, continue to support our veterans the  
9 best way we can, and also our entire community.

10 MS. PETERS: Thanks, Cindy. I have  
11 John Schwarzenbach, Veldon Tomlinson, and  
12 Pat Strauser.

13 You're on.

14 JOHN "RED" SCHWARZENBACH: I'm Red  
15 Schwarzenbach. I'm a former physician --

16 MS. PETERS: Please speak into the  
17 microphone.

18 JOHN "RED" SCHWARZENBACH: -- at the VA in  
19 Hot Springs.

20 I'm sorry.

21 MS. PETERS: I'll start the timer over.

22 JOHN "RED" SCHWARZENBACH: Five minutes is  
23 not near enough time to tell you all my  
24 comments, but I'll try to keep it  
25 straightforward as much as I can.

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**Commenter TH: Hot Springs public meeting transcript**

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1 I'm Red Schwarzenbach. I've retired from  
 2 the VA here in --  
 3 MS. PETERS: Speak into the microphone,  
 4 please.  
 5 RED SCHWARZENBACH: -- April of 2014. And  
 6 when I was here in the VA, I served in the  
 7 capacity as the primary care provider. I was  
 8 also associate chief of staff of primary care,  
 9 or the head of primary care for nine years.  
 10 Then with the hospitalist until I finished my  
 11 career in 2014.  
 12 And over that period of time, I've seen  
 13 many, many changes here that were not for the  
 14 good, as we all know or we wouldn't be here.  
 15 And coming from my perspective as a veteran and  
 16 as a citizen of Hot Springs and this whole area  
 17 here, I think I've got a few things to say.  
 18 But I can go back to when I first got the  
 19 job as the associate chief of staff of primary  
 20 care. That -- and I think this whole process  
 21 about Hot Springs is done with an agenda. The  
 22 VA has had an agenda from the first.  
 23 And the reason I say that is that -- because  
 24 when I first got the job, you know, that I had,  
 25 I would meet, you know, with management and

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TH-48

TH-48: Chapters 1 and 2 of the Final EIS lay out the need for change in health care services within the BHHCS service area and how the alternatives do (or do not) meet purpose and need. The past decline in services is addressed as part of the expanded cumulative impact analysis in Section 4.16 of the Final EIS. See also group response in Table E-2 of Appendix E relating to decline in services.

**Commenter TH: Hot Springs public meeting transcript**

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1 other people. And I'd also, since I've been  
2 here, began to hear concerns from the people of  
3 Hot Springs, the staff, about closure of  
4 Hot Springs.

5 And I would take those concerns to  
6 Pete Henry and other members at the time in  
7 Fort Meade, and even Randy Petzel. And he would  
8 reassure me, Pete, especially, that, Golly, Red,  
9 you know, don't worry about it down there.  
10 Hot Springs is much more stable politically and  
11 geographically than Fort Meade. You know,  
12 Fort Meade is the one who needs to be concerned  
13 about all this, not Hot Springs.

14 Well, I'd go back and tell people that. But  
15 yet, as somebody in their own office told me one  
16 time: Don't believe what they say, believe what  
17 they do. And over a period of time, I've met  
18 with a lot of people, including all the staff,  
19 members from our congressional delegation, not  
20 Mike Rounds, but I did with Tim Johnson, though.

21 And one of them made the comment of death by  
22 a thousand cuts. And that's what's been done  
23 here, and it looks to me it's been very  
24 systematic, as we can -- you know, everybody can  
25 just tell that, it seems like.

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TH-48

<b>Commenter TH: Hot Springs public meeting transcript</b>	
<p style="text-align: center;">57</p> <p>1           And you know, it's very disconcerting to me</p> <p>2           because I looked at -- I mean, I get my health</p> <p>3           care at the VA. McRill was my doctor, and I</p> <p>4           hated to see him leave, too, you know.</p> <p>5           But it's just, you know, we have medical</p> <p>6           decisions being made by people that are not</p> <p>7           physicians. And I and other members of the</p> <p>8           medical community have spoken up, and none of</p> <p>9           our suggestions were ever really listened to.</p> <p>10          So you've got a lot of people with the</p> <p>11          previous agenda making decisions about things</p> <p>12          they really don't know anything about. I think</p> <p>13          they think they do, but unless you've really</p> <p>14          taken care of people one on one and seen what</p> <p>15          really goes on, you just don't really understand</p> <p>16          it.</p> <p>17          Hot Springs as well as Fort Meade,</p> <p>18          Black Hills Health Care Systems a few years ago</p> <p>19          was number one in the nation in customer</p> <p>20          service, customer satisfaction, and you know,</p> <p>21          we're nowhere close to that by now. I won't go</p> <p>22          into the reasons.</p> <p>23          But you know, we provide a service here.</p> <p>24          It's a very good service, a very dedicated</p> <p>25          staff, and I'd just echo all the comments that</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TH-49: VA leadership includes medical professionals and members of medical community.</p> <p>TH-50: Your support for keeping existing facility at Hot Springs open is noted and included as part of the public record for this EIS.</p> <p style="text-align: center;">TH-49</p> <p style="text-align: center;">TH-50</p>



## Commenter TH: Hot Springs public meeting transcript

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1 else in mind. Like I say, I've -- experienced  
2 with that, and I truly believe that.

3 But people like us here, we provide a good  
4 service, they don't want to go elsewhere. I  
5 used to go up to the state veterans home and  
6 take a sick call. I seen people up there, and  
7 they were so glad to have the VA coming to the  
8 veterans home because they'd had a civilian  
9 contract before, and it just, quote, unquote,  
10 didn't work.

11 So it -- it's one of those things where it's  
12 hard to explain, you know, from the out -- from  
13 the inside looking out, and maybe hard to  
14 understand from the outside looking in. But in  
15 the VA system, you get your health care in the  
16 VA system, you work in the VA system. It's a  
17 great system, and I just -- I really hope that  
18 we can get our act together.

19 I hope the VA will listen to y'all, listen  
20 to all of us, and give us a chance to provide  
21 the health care to the people and the veterans  
22 here that truly deserve it. Thank you very  
23 much.

24 MS. PETERS: Veldon Tomlinson. Then  
25 Pat Strauser. Did you want to speak?

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**Commenter TH: Hot Springs public meeting transcript**

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1 PAT STRAUZER: I want to yield my time to my  
2 husband.

3 MS. PETERS: Yeah, we'll have time for  
4 people to come back up who wanted to speak  
5 longer. Okay.

6 VELDON TOMLINSON: I'm Veldon Tomlinson.  
7 I'm a U.S. Army vet. I also am retired from the  
8 VA medical center up here in Hot Springs. At --  
9 I can't understand if they are really trying to  
10 stay with the vet, because you look at everybody  
11 from Sturgis or Spearfish or any of those, the  
12 most they have to drive is 30 miles.

13 And this, we have to drive between 50 and 60  
14 miles, plus if we lose the outpatient and this,  
15 then in the middle of the night, what are we  
16 going to do? We going to have to drive all the  
17 way to Rapid City?

18 I've been in my hometown back in Nebraska.  
19 They've got a CBOC. Okay. I stopped and  
20 visited one day. They are open from 8:00 to  
21 12:00. They are closed from 12:00 to 1:00.  
22 They come back at 1:00. They are open until  
23 5:00, and then they go home. There's no doctor  
24 there. There's just a PA.

25 And I said -- and there's only one woman

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**Commenter TH: Hot Springs public meeting transcript**

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1           there, and she's an LPN, and she happens to work  
 2           as a scheduler and a secretary and help the PA.  
 3           And I says, What happens if somebody gets sick  
 4           at 6:00 at night? Where do they go?  
 5           Oh, we just send them over to the local  
 6           hospital.  
 7           I says, What happens if I come in to see  
 8           somebody and I need blood work? What do I have  
 9           to do?  
 10          Oh, we just send you over to the local  
 11          hospital.  
 12          And everything that was said, I said, What  
 13          happens if I get real sick and I've got to go to  
 14          the hospital at night?  
 15          Well, you just go on over. And that's where  
 16          we're going to send you. And if anything major  
 17          is going to go on or you've got to have special  
 18          tests, we'll send you to Omaha 200 miles away.  
 19          Okay. Now, I don't call that service. And  
 20          then you go up, and like I said, people from  
 21          Spearfish only have less than 30 miles to drive  
 22          to Fort Meade. And I -- I can't understand the  
 23          news reports that's coming out, because the  
 24          people, they have news reports up in Rapid City  
 25          saying, Oh, we're for it, because they're going

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TH-53: See group response in Section E.3.3 of Appendix E relating to community care options and quality concerns. See also group response in Section E.3.1 of Appendix E relating to distance travelled.

TH-53

**Commenter TH: Hot Springs public meeting transcript**

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1 to -- the VA is going to build a brand-new  
 2 hospital up here in Rapid City. So it shouldn't  
 3 be down in Hot Springs.

4 Well, they're not -- you're not planning on  
 5 building a new hospital. You're talking about a  
 6 CBOC, like we have, and moving the Dom. The Dom  
 7 is not a hospital. It's a treatment center.

8 And I've talked to many people that's went  
 9 through the treatment center up here both for  
 10 alcoholic and PTSD downtown here, and we're not  
 11 afraid to talk to them down here in Hot Springs.  
 12 We don't think they are second-class citizens  
 13 and that.

14 And I ask them where they are from. Oh,  
 15 we're from Iowa, we're from Minnesota, we're  
 16 from Indiana, wherever.

17 And I said, Well, how come you come out  
 18 here?

19 Because it's the best treatment center  
 20 that -- that's in the VA system.

21 And I said, What are you going to do if they  
 22 move it to Rapid City?

23 They said, Well, if we've got to go to  
 24 Rapid City, we won't come here. Because they  
 25 say, We want to be in a small town where we

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TH-54

TH-54: Your support for keeping the RRTP in Hot Springs is noted. VA believes there are many advantages to re-locating the RRTP in Rapid City as described in revised Section 1.2.2.3 of the Final EIS. RRTP patients come from all over the service area and U.S. (see new RRTP data provided in Exhibit 1 of the Final EIS) and will come to the RRTP in the proposed new location as well.

**Commenter TH: Hot Springs public meeting transcript**

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1 don't have all the temptations and everything  
2 that comes with being in a big town and then  
3 we'll just be just a number. We won't be able  
4 to assimilate into the community.

5 And so I don't understand why we want to  
6 move it away. We've got a perfectly good --  
7 when I first came here to go to work, we had,  
8 what, 2- or 300, 400-bed Domiciliary. We had  
9 pert near 300 beds in the hospital. We had a  
10 good surgery -- surgery staff.

11 And I worked in the pharmacy, and I had to  
12 do all the outside inspections for all the  
13 different departments. And our surgery  
14 department was one of the top ones in the  
15 country.

16 And everybody was always treated nice. I  
17 can tell you when I went to -- went to a doctor  
18 because I was sick here, and he says, Well, you  
19 need to get in to see a specialist.

20 So I went out and I said, Well, I need to  
21 see a specialist here, the doctor said.

22 And they said, Well -- this was in the  
23 latter part of April. And they said, Well, the  
24 only opening we have is on July 31st.

25 And I said, I don't want to wait that long.

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**Commenter TH: Hot Springs public meeting transcript**

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1 Well, we've got a doctor that has an opening  
2 up at Fort Meade in a couple weeks.

3 I said, Okay, I'll take it.

4 So I drive up there, and I seen he was a  
5 nice doctor in his own way. And he said, Well,  
6 we're going to do this to you. We're going to  
7 take biopsies, and you've got to do this and  
8 you've got to do that and you've got to be off  
9 this med and so forth.

10 And I says, I'm not going to go off for that  
11 long of time that you prescribed because --  
12 until I check with my neurologist for stroke and  
13 for my heart doctor where I've had a heart  
14 attack and everything.

15 He said, Well, it's like this, buddy. He  
16 says, If you don't -- if you don't take off like  
17 I tell you to, he said, there's no sense of even  
18 coming back. Just go on home.

19 And so I thought, Well, I'll try to make an  
20 appointment. I walked up to where the gals were  
21 sitting that make appointments, and I stood  
22 there and stood there and stood there. Finally,  
23 this one gal had a partition, plywood partition  
24 between two of them. And she said, Well, I'm  
25 busy. Go talk to the next one.

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**Commenter TH: Hot Springs public meeting transcript**

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1           And I went over to talk to the next one, and  
2           she says, I'm going to be on the telephone. You  
3           just go back to the other one.

4           MS. PETERS: Can you please wrap your  
5           comments up so we can get to the next speaker.

6           VELDON TOMLINSON: Oh, am I through?

7           MS. PETERS: Yep.

8           VELDON TOMLINSON: Okay. Thank you.

9           MS. PETERS: Yeah, there -- thanks.

10          Garry.

11          GARRY STRAUZER: Thank you. Just wanted to  
12          say that, with the exception of what the mayor  
13          presented, the water information, I think I've  
14          heard everything before. This has all been said  
15          before, and I'm not sure all of it transferred  
16          into the draft. At least it seems like a lot of  
17          the statistics are still what they were before.  
18          I don't know. It just seems like we say things,  
19          and does it really get in there?

20          I have a question, but I guess you can't  
21          answer. That is, the newspaper, the *Rapid City*  
22          *Journal*, this morning said that the agency has  
23          decided to go forward with alternative A. Is  
24          that Labat?

25          MS. PETERS: I will answer that.

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TH-55

TH-56

TH-55: VA used the most 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. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data.

TH-56: Selection of the preferred alternative is made by the Agency, not by the contractor hired by the Agency to prepare the EIS (in this case Labat). The Council on Environmental Quality NEPA implementing regulations require an Agency to identify the preferred alternative in the Draft EIS if the Agency has one when it publishes the draft. (40 CFR 1502.14(e)). The Agency is also required to identify the preferred alternative in the Final EIS, which the VA has done (and it includes a new preferred alternative). Details on the basis for VA's final decision will be provided in the ROD.

**Commenter TH: Hot Springs public meeting transcript**

66

1 GARRY STRAUZER: Is Labat doing that or is  
2 it the agency?

3 MS. PETERS: I will answer that. The draft  
4 EIS has the VA's preferred alternative, but that  
5 is not the final decision. The decision will  
6 not come out until the record of decision after  
7 we review all the comments and the final EIS is  
8 written and out for a 30-day review. So the  
9 decision has not been made, but the preferred  
10 alternative is A.

11 GARRY STRAUZER: It's still the preferred?

12 MS. PETERS: Yes.

13 GARRY STRAUZER: Despite the flawed data?

14 MS. PETERS: Uh-huh.

15 GARRY STRAUZER: Okay. I will say that  
16 Mr. DiStasio presented everything again when he  
17 came back before, I think, three years after the  
18 initial proposal. The slides were exactly the  
19 same.

20 I'm on the board of Fall River Hospital,  
21 Fall River Health Services. The same proposal  
22 was that they might build on to our hospital.  
23 Hadn't talked about that. We haven't talked  
24 about that. But he still presented the same  
25 thing. So a lot of this, I know, is flawed.

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TH-57: Site selection for new construction for any of the alternatives has not occurred. Site selection criteria could involve partnerships with community providers such as Fall River Hospital, and past statements from VA management and staff indicate only a possibility VA is willing to consider.

TH-57

**Commenter TH: Hot Springs public meeting transcript**

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1           And that -- that's part of the need and  
 2           proposal.  
 3           I will say, as a physician, that I  
 4           know Dr. Schwarzenbach mentioned that veterans  
 5           want their care at a VA hospital, and I've seen  
 6           that over and over.  
 7           But I would also say they need their care at  
 8           the VA hospital, especially combat-related  
 9           things. There are mandates by the Veterans  
 10          Administration, health administration that say,  
 11          okay, screening for Hepatitis C, Agent Orange,  
 12          things of that sort.  
 13          A civilian hospital, a civilian physician  
 14          does not have a good handle on all those  
 15          mandates. They are not going to cover it all.  
 16          They are going to fall in the cracks, and they  
 17          are going to be lost.  
 18          Also, medical records, I don't know that it  
 19          would translate to medical records and have easy  
 20          access. And the VA system of medical,  
 21          electronic medical records are the finest in the  
 22          country, without a doubt. And I don't know that  
 23          they are going to transfer from civilian  
 24          hospitals.  
 25          There's a sweat lodge, the first in the

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TH-58

TH-59

TH-58: See group response in Section E.3.3 of Appendix E relating to purchased care options and quality concerns.

TH-59: The VA medical records system is not within the scope of this EIS.

**Commenter TH: Hot Springs public meeting transcript**

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1 nation was formed right here in Hot Springs for  
 2 Native American veterans. And then I believe  
 3 they also made one at the VA in Sturgis. Are  
 4 they going to build one of those in Rapid?  
 5 AUDIENCE MEMBER: Yes.  
 6 GARRY STRAUER: Are they?  
 7 AUDIENCE MEMBER: It's in there.  
 8 GARRY STRAUER: Great. Okay. That's  
 9 wonderful.  
 10 Somebody said not too long ago to me, and  
 11 they are a former administration person at the  
 12 VA right here, retired, said, Oh, this is a done  
 13 deal.  
 14 I don't believe that. I would hope that  
 15 Labat, as a neutral, even though contract,  
 16 neutral contract agency, if you will, would have  
 17 the integrity to look at all the proposals  
 18 objectively and not realize that this has to be.  
 19 He said, Oh, you're dealing with the  
 20 government. It's a done deal.  
 21 No. We're dealing with a democracy, a  
 22 republic. An independent agency has the -- they  
 23 have the responsibility to look at, listen to  
 24 the veterans, know their needs.  
 25 There were a lot of slides that were

TH-60

TH-60: The sweat lodge on the grounds of the Hot Springs VAMC is open to all Veterans, not just Native Americans. The sweat lodge is neither a historic property nor a site of traditional cultural practices, but instead a place for contemplation as part of a larger medical rehabilitation. VA intends to continue to offer sweat lodge services to Veterans under all alternatives.

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## Commenter TH: Hot Springs public meeting transcript

69

1 presented here, had all of the requirements of  
2 an EIS. I didn't see a whole lot about the  
3 veterans on it. I saw all about the environment  
4 and the people of the city and all that.

5 The veterans are why we are here. The  
6 veterans are the purpose. The veterans are the  
7 need. If we don't meet that, we've lost  
8 everything. They fought for this country. We  
9 need to meet their needs.

10 I'm sure there's something else, but it's  
11 been said before and it'll be said again. I  
12 just -- this is our last chance, I guess. I  
13 would urge everyone to put down your comments in  
14 writing and please forward them. I think these  
15 people will listen. Our veterans depend on it.  
16 Thank you.

17 MS. PETERS: That's everybody that's on the  
18 speaker list or the cards. We have --

19 AUDIENCE MEMBER: I left two minutes on the  
20 table.

21 MS. PETERS: The floor is open. We've got  
22 about 30 minutes yet in the room, so if --

23 SPEAKER: Just let me use --

24 MS. PETERS: Please come up to the  
25 microphone.

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Commenter TH: Hot Springs public meeting transcript

70

1           SPEAKER: Yep, I absolutely will. Let me  
2 use them two minutes.  
3           MS. PETERS: You can have five.  
4           SPEAKER: I forgot -- I forgot what we  
5 were -- what some of the things -- this is  
6 personal for me.  
7           MS. PETERS: Speak into the microphone.  
8           SPEAKER: Right. This is still personal for  
9 me again. Okay? I don't have a lot of these  
10 facts and figures. But I've been told that what  
11 we're going to do is, we're going to have the  
12 CBOC down here, and we're not sure whether we're  
13 going to do X-ray, we're not sure what -- we're  
14 going to do lab, and what we're not going to do.  
15           We don't know where the CBOC is going to be,  
16 but it's not going to be at the hospital we  
17 already have, which has a perfectly fine clinic  
18 in it, which we've got to maintain anyway. So  
19 why can't we use it?  
20           But no, we're going to build a new one. And  
21 possibly, we're going to contract with  
22 Fall River Health Care Services. And then if  
23 you need labs, you go down there and you do your  
24 labs. And if you need X-rays, you go down there  
25 and do your X-rays.

TH-61

TH-61: Table 2-1 of the EIS explains what services will be provided by the expanded CBOC in Hot Springs. Veterans now have more options available to them from local providers through the expanded care in the community program. See group response E.3.3 in Appendix E related to purchased care options and quality concerns.

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Commenter TH: Hot Springs public meeting transcript

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1           So I go to my doctor. She orders that  
 2           X-ray. I go down to Fall River Health Care  
 3           Services. I wait in line, or do I wait the next  
 4           day, or do I make an appointment? And we don't  
 5           know.

6           And then when I go back to my health care  
 7           provider, when is it going to return back to  
 8           her? Right now, she can order them. I go down  
 9           to get the X-ray, I'm back in ten minutes to see  
 10          her, she's already got the copy.

11          I do labs in the morning. I go up, they do  
 12          my labs. By the time I get to my health care  
 13          appointment, my labs are sitting there in front  
 14          of her.

15          If we change the system, without this kind  
 16          of continuity in care, this quick system, this  
 17          is going to be a loss for me. This is a  
 18          personal loss for me at an age where I'm up to  
 19          the point where I'm in the procedure age. I  
 20          need to have this continuity of care.

21          I can take my insurance and I can run down  
 22          to greater Fall River. They have all the  
 23          specialties down there. They got orthopedic  
 24          down there, they've got neurology down there,  
 25          they've got heart down there. They are all

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TH-62: Changes in the health care services being offered are not the subject of a NEPA review or this EIS. However, VA believes that the proposed reconfiguration, including he expanded Care in the Community program, will help improve quality of service, reduce wait times, and provide care closer to where Veterans live.

TH-62

<b>Commenter TH: Hot Springs public meeting transcript</b>	
<p>72</p> <p>1 coming in from somewhere out of town one day a</p> <p>2 week. Ninety days --</p> <p>3 AUDIENCE MEMBER: Heart is no longer coming.</p> <p>4 SPEAKER: Oh, Dr. Purdy doesn't come down</p> <p>5 anymore? Ninety days to get in to see him.</p> <p>6 When I got my appointment up here from the VA,</p> <p>7 three days to see the same doctor I wanted to</p> <p>8 get an appointment down here for was 90 days.</p> <p>9 These are personal situations. These are</p> <p>10 personal people, and they are treating everybody</p> <p>11 the same way.</p> <p>12 But, oh, we can go out and we can take care</p> <p>13 of ourselves through Patients Choice. The last</p> <p>14 thing I got done with Patients Choice was</p> <p>15 30 days to get an appointment. And it took</p> <p>16 17 phone calls and a Congressional intervention</p> <p>17 to get an acupuncture appointment with Patients</p> <p>18 Choice. It's not available. This health care</p> <p>19 system is not available.</p> <p>20 Personally, we need a full-service hospital</p> <p>21 here. When I started working in this Dom, it</p> <p>22 was a 400-bed Dom, a 250-bed hospital, with full</p> <p>23 services. It didn't go downhill because I</p> <p>24 didn't use it. Thank you.</p> <p>25 MARY PEDERSON: My name is Mary Pederson.</p> <p style="text-align: center;">BLACK HILLS REPORTING 605.721.2600</p>	<p>TH-63: See group response in Section E.3.3 of Appendix E relating to purchased care options and quality concerns, including the Veterans Choice Program.</p> <p>TH-64: The description of purpose and need in Chapter 1 of the EIS describes VA's need for change, including the proposed closure of the hospital.</p> <p style="text-align: center;">TH-63</p> <p style="text-align: center;">TH-64</p>

**Commenter TH: Hot Springs public meeting transcript**

73

1 MS. PETERS: Make sure you speak into the  
 2 microphone.  
 3 MARY PEDERSON: And this is personal for me.  
 4 I'm not a vet. But my great-uncle was a vet,  
 5 and he was treated here in Hot Springs in the  
 6 1930s.  
 7 My father was a vet. He got his arm in a  
 8 corn picker. I was the one that helped break  
 9 him out of it. And he kept telling his brother,  
 10 he said, Take me to Hot Springs. Take me to  
 11 Hot Springs. I got to go to the Veteran.  
 12 They stopped in Martin because my uncle was  
 13 scared because his arm was bleeding and, you  
 14 know, it was really hurting. He said to the  
 15 doctor there, he said, Send me to Hot Springs.  
 16 He said, Give me a -- they used to call it a  
 17 hypo. Give me some drugs and take me to  
 18 Hot Springs.  
 19 They brought him here to Hot Springs, and  
 20 this hospital you're trying to close down was  
 21 the first one in the United States that saved a  
 22 man's arm that was in a corn picker instead of  
 23 cutting it off. They saved it. They patched it  
 24 back together. He had use of it. He couldn't  
 25 close his hand completely, but he had use of it.

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TH-65

TH-65: Thank you for sharing your personal stories about your grandfather and husband. VA believes these stories are important to be heard and are making them part of the public record for this EIS. See also group response in Section E.3.5 of Appendix E relating to personal stories.

**Commenter TH: Hot Springs public meeting transcript**

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1 That happened in the VA hospital in Hot Springs,  
2 South Dakota.

3 I had -- my brothers were Vietnam veterans.  
4 My youngest brother died in Fort Meade because  
5 they no longer had hospice here in Hot Springs.  
6 They sent him up to Fort Meade, where he died.

7 I have -- my husband that I lost just a  
8 little over a year ago, I lost him because this  
9 hospital no longer could treat double pneumonia.  
10 They sent him to Rapid. The doctor talked to  
11 me, and he said, Well, I've got to send him out  
12 of here because we don't have the drugs and  
13 stuff to treat him for double pneumonia.

14 And I said, Well, send him to Fort Meade.

15 And he said, I'm going to try. He said, If  
16 not, Rapid City Regional.

17 I said, Oh, God, don't send him to  
18 Rapid City Regional.

19 They -- I just barely got home, and they  
20 called me and they said, Fort Meade is full, but  
21 I made arrangements with Rapid City Regional to  
22 transfer him from intensive care to intensive  
23 care up there, so you should be all right.

24 So I beat him up to the hospital by a few  
25 minutes. They brought him in and put him in a

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## Commenter TH: Hot Springs public meeting transcript

75

1 bed in the emergency room. He was a very big  
2 man. He barely fit on the bed. They had it  
3 kind of propped up, and he kept falling out.

4 They wouldn't even change his diaper,  
5 because he was in diapers by then. They  
6 wouldn't bring him a urinal. I'm trying to  
7 stand there for four hours, taking care of him,  
8 and he's supposed to be in intensive care.

9 They sent him up to a room for  
10 transitioning. And then they finally put him in  
11 a room in a ward, not ICU, in a respiratory  
12 unit. They got him by the door. There's not  
13 enough room for me to spend the night with him.  
14 They were constantly in there and waking him up.

15 We're quiet people. We're from Hot Springs.  
16 We don't even -- didn't even have a TV. We're  
17 used to being quiet. He couldn't sleep there  
18 because there was constant noise.

19 They put another man in the bed on further  
20 toward the window from him. He was well known  
21 in Rapid City, so he had visitors in and out, in  
22 and out, in and out. My husband couldn't get  
23 any sleep.

24 He finally got to sleep that night about  
25 5:00. At 6:00 the cleaning staff comes bopping

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**Commenter TH: Hot Springs public meeting transcript**

76

1 in the room, and I said, Please let him sleep.  
2 Just please, can you wait a little longer.  
3 Well, yeah, they waited long enough. They never  
4 came and cleaned his room then that day.  
5 So they finally transferred him over, and I  
6 said -- my husband looked up at me and he said,  
7 This is no way to live.  
8 And I said, I'll get you home.  
9 So I come back down here, and I called up  
10 here in the morning and I said, How do I get him  
11 back down here? I said, He's being abused  
12 there.  
13 They sent the women in there to -- for -- to  
14 get him out of bed and walk him around the --  
15 the thing, with double pneumonia, no sleep. And  
16 I go up there and I said, He's going back to  
17 Hot Springs.  
18 And they -- the doctor that they had  
19 assigned him up there come out and said, Well,  
20 we can't let him go today because people that we  
21 release on Friday, we usually put the paperwork  
22 through on Thursday, so we can't.  
23 I said, He's going home today, I said,  
24 Because you guys are not treating him here.  
25 You're mistreating him here.

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**Commenter TH: Hot Springs public meeting transcript**

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1 And so she said, Well, I'll just unplug him,  
 2 and you can just put him in the back seat of the  
 3 car, and I guarantee you he'll die before he  
 4 gets there.

5 And I said, No ma'am. I said, He's a  
 6 veteran. He came here on an ambulance. He's  
 7 going home on an ambulance.

8 And they brought him down here. They put  
 9 him in a nice room. He had his kids, his  
 10 grandkids, his great-grandkids were all around  
 11 him for two days and two nights before he passed  
 12 away.

13 And that's what this hospital would do even  
 14 under such circumstances because the staff was  
 15 wonderful. We met staff in Montana that had to  
 16 leave here because they were closing the units  
 17 down and stuff. She would give anything to stay  
 18 here. All the doctors I talked to from here did  
 19 not want to leave. They were forced to leave.  
 20 And they claim they couldn't hire things.

21 Now, this hospital needs a C here, and you,  
 22 in doing that IRS, did not do your job. Because  
 23 you didn't talk to the town people around here.  
 24 You didn't talk to all the people coming around  
 25 here. You never mentioned Montana. The

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TH-66: VA has been engaged with the local community since the proposal was first identified. The NEPA public involvement process also provides a forum for the public, including the local townspeople, to be heard.

While Veterans from Montana may be treated at VA facilities within the BHHCS, Montana is not part of the official service area.

TH-66

**Commenter TH: Hot Springs public meeting transcript**

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1 southeast corner of Montana sends people here.  
 2 And I guess my time is up.  
 3 MS. PETERS: Thank you.  
 4 BOB NELSON: It's kind of hard to follow  
 5 that. I understand that this process is  
 6 intended to -- to remove emotion from assessing  
 7 whether this is the right thing to do or not.  
 8 Mary did a good job of explaining that it's  
 9 not -- the process is not designed to tell a  
 10 federal agency how to manage their business.  
 11 It's about assessing the decision that that  
 12 federal agency will make and the impact on that  
 13 and the hope that the federal agency will make  
 14 the right decision.  
 15 This is about veterans. This is our only  
 16 opportunity to participate in this process.  
 17 We're not trees. We're not a pine beetle.  
 18 We're not some building that's 150 years old  
 19 that somebody doesn't want to see torn down.  
 20 We're people that need medical care, and  
 21 we're trying to tell you folks where we want it.  
 22 And we're at the point that we're tired of  
 23 people smiling at us, nodding their head,  
 24 acknowledging our frustration, and continuing  
 25 down the road that you've been on for four

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TH-67

TH-67: The commenter's input is noted and VA appreciates the tremendous public turnout and input into the NEPA process and VA's decision, although, as the commenter indicated, the decision this EIS supports is tied to only one aspect of Veteran's health care, i.e., the physical location and size and type of facility that will offer health care services. VA also notes that the preferred alternative A-2 includes a continued VA presence on the existing Hot Springs campus, through operation of a new CBOC in a renovated Building 12.

Commenter TH: Hot Springs public meeting transcript

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years.

When does it stop? When does somebody have the backbone to stand up and say to Minneapolis and the central office, Folks, you have a problem out there. When do you do that?

Some of you folks aren't even veterans. Some of you are. Those are the folks we have the biggest problem with. You're a veteran, you should be with the rest of us. But you're not.

Your allegiance is to a management that doesn't understand what's going on out here, and they are telling you what they want done. And you hire on, and you tell them, Fine, that's the direction we'll take you. It's wrong, and it's time to stop.

SPEAKER: Just one point, and I think everybody can probably hear me. My wife says I talk too loud. When I joined up, the deal was --

MS. PETERS: Can the people in the back hear him?

SPEAKER: Sure. When I joined up, the deal -- and I joined up for five years, Naval flight training, two years of that, three years combat. The deal was, We're going to take care

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**Commenter TH: Hot Springs public meeting transcript**

80

1 of your medical.

2 You need to remember that. Because that was  
3 the deal.

4 It wasn't, Well, we might make some  
5 decisions that's going to make it, you know,  
6 difficult to impossible for you to get that  
7 care.

8 That wasn't the deal. It wasn't, Well,  
9 we're going to have an EIS and we'll handpick  
10 the people who are going to do the EIS, and  
11 we'll see how that turns out, and we'll print it  
12 out if it's in our favor. But it might not be  
13 in your favor. Matter of fact, we might put in  
14 the EIS page after page after page of irrelevant  
15 information about construction dust and truck  
16 fumes, et cetera, et cetera.

17 Has nothing to do with it. This, as was  
18 just mentioned, this is about the veterans, and  
19 the deal was made with the veterans. We don't  
20 want that hospital empty. We don't want that  
21 hospital closed down. That's as simple as it  
22 gets.

23 It's not your duty to close that down. This  
24 isn't a for-profit operation. Congress has  
25 said, If you guys need money, we'll give it to

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TH-68: Decisions regarding overall medical care of Veterans is beyond the limited scope of this EIS which focuses on physical location of new facilities. However, we do acknowledge support to keep Hot Springs campus open and it is part of public record.

TH-69: VA's mission is to provide the best quality health care possible to our Veterans and we believe the proposed reconfiguration will help improve quality of care provided now and in the future. An important element in achieving this is giving Veterans more options for health care under the expanded care in the community program, where Veterans can receive care from local providers at VA expense. See related response in Section E.3.3 of Appendix E related to purchased care options and quality of care.

The final decision will not be based on cost alone, but on a number of factors that will be fully explained in the ROD.

TH-68

TH-69

**Commenter TH: Hot Springs public meeting transcript**

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1       you. So anything -- anytime you say, Well, this  
2       is too expensive, this is too expensive, oh, we  
3       couldn't possibly do that.

4               Yes, you can do it, because money is not the  
5       object. Money is not the issue. The issue is  
6       health care for the veterans that was guaranteed  
7       to them in the first place. And I think you  
8       need to remember that.

9               And I'm sorry that you have to stand -- you  
10       stand there and listen to everybody, but  
11       they're -- we're all against you. Everybody  
12       here is against you. And you need to do the  
13       right thing. You need to stop this foolishness  
14       and do the right thing.

15               It's a simple, simple decision. You've  
16       complicated the bejeezus out of it. It doesn't  
17       need to be complicated. You need to take care  
18       of the vets. That's all you're here for. Your  
19       job, you work for us. We don't work for you.  
20       You work for us. Thank you.

21               MS. PETERS: We have about 15 minutes left  
22       in the room -- for the room. Anybody else want  
23       to make a comment?

24               VELDON TOMLINSON: I'm just going to say one  
25       thing.

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**Commenter TH: Hot Springs public meeting transcript**

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1 MS. PETERS: You need to either come up to  
 2 the microphone or bring one back so Jacque can  
 3 hear you.

4 VELDON TOMLINSON: Okay. It's funny how  
 5 things change. I can remember when Dr. Petzel  
 6 met with us at Hot Springs, and he says, The  
 7 first place we're going to close is Fort Meade.  
 8 We're not going to close Hot Springs. We're  
 9 going to close Fort Meade because the buildings  
 10 are so old, we can't take care of them and  
 11 stuff.

12 And he promised us that. Then he goes on,  
 13 and then they get in a deal, and all of a sudden  
 14 it's Hot Springs. And they've lied to us all  
 15 along. They really haven't been honest with us  
 16 at all. Thank you.

17 MS. PETERS: Anyone else like to speak?  
 18 Okay.

19 SPEAKER: Let me just say publicly, I really  
 20 want to thank you people for the effort you've  
 21 put in to get this report taken care of. I know  
 22 you've done a lot of time. You've been away  
 23 from home a lot, and you've been visiting down  
 24 here, met with several people. And really, we  
 25 really appreciate that.

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TH-70

TH-70: References to past statements from VA management and staff are not relevant to the EIS analysis or decision at hand and are not addressed further.

**Commenter TH: Hot Springs public meeting transcript**

83

1           Of course, without that, we wouldn't have a  
2 chance to fight the VA's proposal. And we  
3 understand you're not VA employees. You are  
4 just the people hired to do the proposal.

5           MS. PETERS: Thank you.

6           SPEAKER: But how -- how -- how impartial  
7 can you be when you're hired by the VA?

8           MS. PETERS: We don't make the decision,  
9 because like I said, that one slide, what the  
10 EIS does, it discloses the information, but it's  
11 not our responsibility to make the decision. We  
12 just provide the information for the agency to  
13 make that decision.

14          SPEAKER: But you gave a preferred.

15          MS. PETERS: That's the VA's preferred.

16          That's not the contractor's preferred.

17          SPEAKER: Okay. That's better.

18          SPEAKER: So are you going to be giving a  
19 preferred?

20          MS. PETERS: No. That's not our job.

21          SPEAKER: What is your job?

22          MS. PETERS: Our job is to write the EIS and  
23 disclose the information.

24          SPEAKER: That's the issue. What you've  
25 disclosed is incorrect.

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TH-71

TH-71: As a VA contractor, Labat's job is to write the EIS and identify and analyze the potential impacts from each alternative. This includes identification of which alternative results in the least environmental impact, although the Agency is not required to select this alternative. The purpose of NEPA is to help the Agency make an informed decision. The Agency selects the preferred alternative, not Labat. The basis for the final decision will be provided in the Record of Decision.

The CEQ NEPA regulations at 40 CFR 1506.5(c) indicate that the EIS contractor be chosen solely by the lead agency to avoid any conflict of interest. Contractor shall execute disclosure statement prepared by lead agency specifying they have no financial or other interest in outcome of project. If document prepared by contract - such as this EIS - the responsible federal official shall provide guidance and participate in preparation and shall independently evaluate the statement prior to its approval and take responsibility for its scope and contents.

TH-72

TH-72: See response to TH-56 relating to CEQ NEPA regulations requirements regarding Agency selection of the preferred alternative in the Draft and Final EIS.





**Commenter TH: Hot Springs public meeting transcript**

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1 believe, because that's what mine is. I have  
2 Medicare and TRICARE as a Navy widow.

3 And I thank you all for what you've done in  
4 this EIS thing. And I will be putting my  
5 written comments in and trying not to be  
6 emotional, and I thank you all for your service.  
7 Thank you.

8 MS. PETERS: All right. So I want to thank  
9 everybody for coming tonight, coming out, and we  
10 look forward to receiving your written comments  
11 for those that might not have had a chance to  
12 speak tonight.

13 And I don't want to be remiss in not  
14 thanking all the veterans in the room for your  
15 service and any active-duty military or reserve  
16 or guard that might be here in attendance, too.  
17 We certainly appreciate it.

18 So again, February 5th, close of the comment  
19 period, and thanks again for coming out.

20 (The proceeding concluded at 7:26 p.m.)

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