Commenter IA1: Mary Ann Ackerman

<table>
<thead>
<tr>
<th>Name: Mary Ann Ackerman</th>
<th>President</th>
<th>Unit 71</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Hot Springs, SD 57747</td>
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<td>Phone:</td>
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<td>e-mail:</td>
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<tr>
<td>Release Information to the Congressional Affairs:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Section: 3.10</td>
<td>3.10.2.2</td>
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</table>

Need: As the American Legion Auxiliary was founded in both the Veterans and this Community, they are our residents as War Veterans who live here because of the VA. The VA, closest to veterans, tends to lose a vital service organization which has been here since 1928. The majority of our members are married to Veterans. If our spouses are forced to relocate because of the VA closure, we will lose our auxiliary and all the services it provides.

We serve the State Veterans Home in Hot Springs with yearly activities, supplies, a lounge room, parties and holiday parties. Our Chaplain visits the veterans in the nursing home at the State Home, as well as veterans residing in the community. We also have a State.

Carol Harvey gave permission/authorization to Save the VA to enter this information online on my behalf.

Carol Harvey, Date: 3-20-16
American Legion 1st Vice President
1545 Albany Ave.
Hot Springs, SD 57747

IA-1: VA appreciates your service to our Veterans in the Hot Springs community. It is our intent to play a continued role in the Hot Springs community and do all we can to keep it a Veterans town. VA notes that the new preferred alternative A-2 includes a continued presence on the VA campus through operation of a new CBOC in renovated Building 12. A VA national call center is also now proposed for Buildings 3 and 4 on campus. While not related to the proposed reconfiguration of healthcare services, it is an example of the types of adaptive reuses available for the Hot Springs VAMC under Alternative G.

VA also acknowledges this comment as support to keep the Hot Springs VAMC fully operational and is making it part of the public record for this EIS.
Veterans Home will no longer have these services if our Auxiliary closes up due to VA closure.

Mary Ann Ackerman

We also service Hot Springs youth. We give these scholarships annually to high school students and we sent 5 girls from the junior class to Girl State which teaches them how government works.
Environmental Impact Statement (EIS) Comment Sheet

Name: Mary Ann Ackerman
Address: [Redacted] Hot Springs, SD 57747
Phone: [Redacted]
e-mail: [Redacted]
EIS Section: 3.10 3.10.2.2
EIS Statement: Socioeconomics and Veteran Population

Comment: Also, as Hot Springs is the Veteran’s Town, many of our children are presently in the military.

Without organisations like ours here to welcome them home, help them transition back to civilian life, having no VA and no American Legion/auxiliary will adversely affect these returning Veterans.

There will be no organization that, without them saying a word, the Veterans know they are understood.

We are the wives, the mothers, sisters and daughters of the Veterans of this town. We KNOW their plight. We KNOW they need a rural VA, and in this town, which served their father, grandfathers and the father beyond that.

For the Love of God and country, SAVE OUR VA.

Addendum to original statement
Commenter IA2: Joe Allen
Commenter IA2: Joe Allen

February 18, 2012

Eric Shinseki
Secretary Veterans Affairs
810 Vermont Avenue
Washington, D.C. 20420-0001

RE: The Reason I Chose the Hot Springs VA

Dear Secretary Shinseki,

I am a 100% disabled Vet, who was honorably discharged from the U.S.A.F. after 20 years of service (1947-1968).

In 2003, due to my failing health, my wife and I decided to move from Southern California to a rural area to escape the hubbub there. We were somewhat familiar with the Hot Springs area, having lived in Rapid City, South Dakota working at Ellsworth AFB as a civilian in the 70's, and our later RV trips to the Hot Springs area. The reasons we chose Hot Springs to settle in were not only the quaint rural atmosphere, but mainly to be close to the Hot Springs VA which had been highly recommended to us.

It has been increasingly difficult for me to travel due to my ailments. Being just minutes from the VA facilities here in Hot Springs has been a real blessing and comfort, not only to me, but also my wife and our children as well.

Thanking you in advance for your support in helping us Veterans retain and grow our Hot Springs VA.

Sincerely,

Joseph K. Allen, T/Sgt/USAF/Ret
Hot Springs, SD 57747

IA2-1: We appreciate your service and note that under the preferred Alternative A-2, outpatient and some limited specialty services will still be provided on the existing Hot Springs campus and VA will maintain a limited presence on campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IA3: Carl Atchley
Commenter IA3: Carl Atchley

IA3-1: VA appreciates your service and allegiance to the Hot Springs VAMC, and acknowledges your support for Alternative E Save the VA Proposal and is making it part of the public record for this EIS.

VA notes that under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.
<table>
<thead>
<tr>
<th>Commenter IA4: Donna Atchley</th>
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<tr>
<td><strong>Environmental Impact Statement (EIS) Comment Sheet</strong></td>
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<tr>
<td><strong>Name:</strong> Donna Atchley</td>
</tr>
<tr>
<td><strong>Address:</strong> Hot Springs, SD 57747</td>
</tr>
<tr>
<td><strong>EIS Section:</strong> 13.2.A</td>
</tr>
<tr>
<td><strong>EIS Statement:</strong> No Travel for Care</td>
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</tbody>
</table>
| **Comment:**

- Under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled, purchased care option and quality of care.

- Relocation of the RRTP would eliminate VA BHHCS onsite fire department which is required to support VA medical facilities operating 24 hours a day. However, VA notes that requests for assistance in the past have been very infrequent and VA is confident that the Hot Springs volunteer fire department will be able to provide the necessary fire protection to the residents of Hot Springs.

IA4-1: Under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled, purchased care option and quality of care.

IA4-2: Relocation of the RRTP would eliminate VA BHHCS onsite fire department which is required to support VA medical facilities operating 24 hours a day. However, VA notes that requests for assistance in the past have been very infrequent and VA is confident that the Hot Springs volunteer fire department will be able to provide the necessary fire protection to the residents of Hot Springs.

- Under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled, purchased care option and quality of care.

- Relocation of the RRTP would eliminate VA BHHCS onsite fire department which is required to support VA medical facilities operating 24 hours a day. However, VA notes that requests for assistance in the past have been very infrequent and VA is confident that the Hot Springs volunteer fire department will be able to provide the necessary fire protection to the residents of Hot Springs.
IA4-3: See group response in Table E-2 of Appendix E relating to socioeconomic impacts and potential cumulative impacts on the local Hot Springs community. VA would maintain a presence on the campus under the new preferred Alternative A-2.

A4-4: VA acknowledges your support for Alternative E, Save the VA proposal and is making it part of the public record for this EIS.

Commenter IA4: Donna Atchley

EIS Section: 3.10.2, 3.11
EIS Statement: Housing

Comment:
We moved here in 1997 from an area (Denver) that had a overcrowded VA where you felt like a number and not a person. You waited sometimes a month for an appointment to the CBOC (Community Based Outpatient Clinic), or we heard how good a nursing the Hot Springs VA was. One of our neighbors left the facility, we sold our house in Colorado & moved here as Hot Springs all our money was put into our home here and it got so when the VA closed our housing market will be flooded with people moving out businesses will close.

EIS Section: 3.10.2, 3.11
EIS Statement: Alternative E, Save the VA proposal

Comment:
Keep the Hot Springs VA open and keep the efficient, excellent facility in one care center. Complete a bond that came to all the veterans that entered their facility.

IA4-4
**Commenter IA4: Donna Atchley**

---

Release Information to the Congressional: Yes ☑️ No

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

Donna Atchley: Date: Feb 05 2016

Signature: Date:
Commenter IA5: Dustin Atchley

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<th>Commenter IA5: Dustin Atchley</th>
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<tbody>
<tr>
<td>Name: Dustin Atchley</td>
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<tr>
<td>Address: Hot Springs, SD</td>
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<td>Phone:</td>
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<td>e-mail:</td>
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<tr>
<td>Release Information to the Congressional: Yes No</td>
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<tr>
<td>Section: 3.10.2.2 3.10.2.3</td>
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IA5-1: Under the preferred Alternative A-2, outpatient services and some limited specialty services would still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group response Sections E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

VA also acknowledges your support for Alternative Save the VA proposal and is making it part of the public record for this EIS.
VA acknowledges your support for health services that do not require Veterans to drive longer distances. Under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

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

---Original Message
From: Lynn Adams
Sent: Monday, November 30, 2015 1:00 PM
To: VA Black Hills Future
Subject: [EXTERNAL] Battle Mountain

Gentlemen:

as a descendant of an earlier generation of veterans, I am opposed to any plan that would reduce VA services in a particular area, forcing veterans to drive a lot further for their care.

L. Adams

IA6-1
Commenter IA7: Ebun Adelona

From: VA Black Hills Future <vablackhillsfuture@va.gov>
Sent: Tuesday, April 19, 2016 2:30 PM
Subject: PAY [EXTERNAL] Comments on EIS Hot Springs VA
Attachments: ENVIRONMENTAL IMPACT STATEMENT.docx

From: E adelona
Sent: Monday, April 18, 2016 8:14 PM
To: VA Black Hills Future
Subject: [EXTERNAL] Comments on EIS Hot Springs VA

Attached are my responses to the EIS

Ebun Adelona
Hot Springs, SD
**Commenter IA7: Ebun Adelona**

<table>
<thead>
<tr>
<th>ENVIRONMENTAL IMPACT STATEMENT (EIS) COMMENT SHEET</th>
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<tbody>
<tr>
<td><strong>Name:</strong> Ebun Adelona</td>
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<tr>
<td><strong>Address:</strong> Hot Springs SD 57747</td>
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<tr>
<td><strong>Phone:</strong></td>
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<tr>
<td><strong>Email:</strong></td>
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<tr>
<td><strong>Release Information to Congressional Committees:</strong> yes</td>
</tr>
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</table>

**Section: 1.2.2.1.1** The impact statement speaks to a problem recruitment and retaining qualified staff and maintaining clinical competencies. This factor is a result of a decision to downsize which dates back to 1990. The capacity of the domiciliary has been reduced from 200 beds to 100 beds and other medical services have been reduced or transferred to other locations. The reduction of services results in reduction of qualified staff. In particular the reduction of service availability for the treatment of PTSD is occurring at a time when the number of service members with PTSD is double the previously projected numbers. The Hot Springs VA facility has recognized strength in PTSD and related substance abuse treatment. The Joint Commission has not identified any significant systemic quality issues at the Hot Springs Campus.

**Section: 1.2.2.2.1** Distance Veterans must travel for care. Hot Springs VA services veterans from the southern Black Hills, Pine Ridge, as well as Veterans from Wyoming and Nebraska. It is a critical rural access point for 10,000 rural and highly rural veterans. Travel time to services in the absence of the Hot Springs VA campus is increased 60 minutes to Rapid City and 100 minutes to Ft Meade for patients who live south, east and west of Hot Springs. Currently a significant number of veterans are now required to drive an additional 180 miles to and from Ft Meade for a 15 minute appointment. For veterans from Pine Ridge and Rose Bud travel is a significant barrier to care. The counties where these reservations are located (Oglala and Todd) are two of the three poorest counties in the United States.

**Section: 3.11.2.4** Impact on schools. Out of the three public school districts in Fall River County the Hot Springs district serves the children of employees of the VA Hot Springs Campus. 74% of VA employees are Hot Springs residents. The loss of employees especially families with children will impact the Hot Springs school district adversely by decreasing the number of students attending the K-12 school.

**Section: 3.11.2.5** The recreational resources near the Hot Springs VA are used by the veterans. Hot springs is home to the world's largest indoor natural water thermally heated swimming pool. For thousands of years in the valley of healing

**IA7-1:** Past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), based on a variety of factors, and are not subject to a NEPA review. See also group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the Final EIS.

**IA7-2:** VA recognizes that Veterans have to travel long distances to receive care. Under all the alternatives considered care closer to home will be available.

**IA7-3:** The potential impact on community services has been revised to look at impacts on the community schools. See revised Sections 3.11 and 4.11 in the Final EIS.
Commenter IA7: Ebun Adelona

<table>
<thead>
<tr>
<th>IA7-4: Under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. There would still be opportunity for Veterans to receive health care services in Hot Springs and continue to enjoy the recreational opportunities and healing waters it provides. See also group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.</th>
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<tbody>
<tr>
<td>waters, called wiwila kata by the Lakota, the waters have soothed native people before white settlers came and “discovered” the healing waters. Many of the veterans speak to the therapeutic effect upon them that the recreational facilities especially the natural hot springs, year round swimming, hot tubs, steam rooms and gym available at Evans Plunge. This facility is within walking distance of the VA campus. In addition, veterans receive a significant discount making use of the facility affordable to them. Recreational facilities in Rapid City are spread out and therefore not easily accessible. In addition, the Rapid City pools contain chlorine.</td>
</tr>
</tbody>
</table>
VA acknowledges your comment as being in support of keeping the Hot Springs VA hospital open and is making it part of the public record for this EIS.

VA also notes that under the preferred Alternative A-2, outpatient services and some limited specialty services would still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in Section E.3.3 in Appendix E relating to purchased care option and quality of care, respectively.
Commenter IB2: Norma Banales

IB2-1: VA acknowledges your comment as support for keeping the Hot Springs hospital open and is making it part of the public record for this EIS.

VA also notes that under the preferred Alternative A-2, outpatient services and some limited specialty services would still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.
IB3-1: Thank you for sharing the article as part of your comments. VA appreciates your suggestion to use the existing campus as housing for homeless Veterans. VA will consider a variety of types of adaptive reuses that could be available for the Hot Springs VAMC under Alternative G.
Addition Comment:

The apparent distance from Rapid City is not being used to the fullest extent for the very needs of these horrible Veterans.

Not only does the VA facility here in Hot Springs have the capacity for hundreds of homeless veterans, including comprehensive wrap-around services to assist the Veterans with their health care employability and other well-being we here in Hot Springs are extremely privileged to have them come here and they have for many many years.

Laura Batchelor  April 8, 2016

Signature  Date
Laura Batchelor

From: "Laura Batchelor"
Date: Monday, April 11, 2016 8:32 AM
Subject: Letter to the editor; Wasta voted for you and me

I just read the front page journal article of Monday, April 11th. Not to deny Wasta of a new renovated motel, or Larry Fuss and his wonderful family of their compassionate entrepreneurship, but do we not have a huge VA facility here in Hot Springs with dormitory capacity for hundreds of homeless veterans including comprehensive wrap-around services to assist the veterans with their healthcare, employability and overall well-being? What say you, William "Bill" Fahrenbruck, the local VA coordinator of healthcare for homeless veterans? Are you not re-inventing a wheel all ready turning and your organization is trying to close?

-Laura Batchelor, Hot Springs
**Commenter IB4: Doria Belitz**

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<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tbody>
<tr>
<td><strong>Name:</strong> [Redacted]</td>
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<tr>
<td><strong>Address:</strong> Hot Springs, SD 57747</td>
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<td><strong>Phone:</strong> [Redacted]</td>
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<tr>
<td><strong>Release Information to the Congressional:</strong> Yes</td>
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<tr>
<td><strong>Section:</strong> 12.2.2.1</td>
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<tr>
<td><strong>Need:</strong> Compared to VA Medical Facilities Current and Projected Veteran Population Shortages.</td>
</tr>
<tr>
<td><strong>Purpose:</strong> Distance and travel time needed to obtain needed care.</td>
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</tbody>
</table>

**IB4-1:** Under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in Sections E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

**IB4-2:** VA acknowledges your support for Alternative E, Save the VA proposal, and is making it part of the public record for this EIS.

---

1. Doria Belitz give permission/authorization for Sarah Peterson to enter this information online on my behalf.

   **Signature:** [Redacted]  **Date:** February 2, 2016
Native Americans would have the choice, under all the alternatives, to use either a VA or IHS system for their care as a result of a national Memorandum of Understanding that has been established between VA and Indian Health Service. They would also still be able to receive primary care through the new CBOC in Hot Springs. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.
Commenter IB5: Larry Belitz

IB5-1: VA salaries (i.e., ability to compete with private practices) is an issue and recruiting to Hot Springs still continues to be a problem as described in Chapter 1 of the EIS.

IB5-2: VA acknowledges your support of Alternative E, Save the VA proposal and has included it in the public record for this EIS.
### Commenter IB6: Kay Benson

**Environmental Impact Statement (EIS) Comment Sheet**

<table>
<thead>
<tr>
<th>Name: Kay Benson</th>
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<tr>
<td>Address: [redacted], Oral, SD 57746</td>
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<tr>
<td>Phone: [redacted]</td>
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<tr>
<td>e-mail: None</td>
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**EIS Section:** 2.3.5

**EIS Statement:** Save the VA Proposal

**Comment:** I am in total agreement with this proposal and feel we do need additional care at this facility. We need to improve and expand services here in Hot Springs.

**EIS Section:** 3.10.2.4

**EIS Statement:** Income

**Comment:** Local economy will be devastated by closing or moving GUR VA.

**EIS Section:** 3.10.2.6

**EIS Statement:** VA HHCN Employment

**Comment:** VA employment for WWII veterans or family members gave them a place to work along with property ownership in the local area and allowed them to raise their families and keep the farms working (with one or more members working at the VA).

---

**IB6-1:** VA acknowledges your support for Alternative E, Save the VA proposal and is making it part of the public record for this EIS.

**IB6-2:** See group response in Table E-2 of Appendix E related to the socioeconomic impacts on the local community from the proposed reconfiguration.
Commenter IB6: Kay Benson

<table>
<thead>
<tr>
<th>EIS Section: 3.11.21.1</th>
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<tbody>
<tr>
<td>EIS Statement: Hot Springs and Fall River County</td>
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<tr>
<td>Comment: Our taxes will be raised by closing the VA or continually reducing services and care of our veterans. The reduction of staff will reduce all services and surrounding area.</td>
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<td>Commenter IB6: Kay Benson</td>
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- **Release Information to the Congressional**: Yes _No

- **Give permission/authorization for** [Signature] **to enter this information online on my behalf**

  - **Signature**: Kay Benson
  - **Date**: 1-30-16
Commenter IB7: Leonard Benson

<table>
<thead>
<tr>
<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tbody>
<tr>
<td>Name: Leonard Benson</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone: 234-5678</td>
</tr>
<tr>
<td>e-mail: <a href="mailto:lbenson@gwc.net">lbenson@gwc.net</a></td>
</tr>
<tr>
<td>EIS Section: Executive Summary</td>
</tr>
<tr>
<td>EIS Statement: Purpose is to provide quality care</td>
</tr>
<tr>
<td>Comment: this proposal is not going to benefit the veterans. This will not save money in the long run. This proposal is not economically feasible. It does not take a rocket scientist to figure this out. If this plan is implemented it will prove that this process does not work. Why do you want to kill a small town to make a big community larger. In my opinion this displays a lack of intelligence of our country’s leaders.</td>
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| I_________________________give permission/authorization for ______________________to enter this information online on my behalf. |

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<td>Date</td>
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IB7-1. VA thanks you for your comment and opinion.
**Commenter IB7: Leonard Benson**

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<tr>
<th>Release Information to the Congressional</th>
<th>Yes</th>
<th>No</th>
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**I, Leonard Benson, give permission/authorization for SAVE THE VA to enter this information online on my behalf.**

**Leonard Benson** 1-25-16  

Signature Date
### Commenter IB8: Lynnete Bentson

| Name: | Lynnete Bentson |
| Address: | Hot Springs, SD 57747 |
| Phone: | 605-577-7777 |
| e-mail: | | |
| Release Information to the Congressional: | Yes |

**IB8-1**: Past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), based on a variety of factors, and are not subject to a NEPA review. See also group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the cumulative impact analysis in Section 4.16 of the Final EIS.

**IB8-2**: Under the preferred Alternative A-2, VA would continue to maintain a presence on the existing campus through operation of campus outpatient services and some limited specialty services in a renovated Building 12. VA recognizes the important role it plays in the Hot Springs community. See group responses in Table E-2 of Appendix E relating to the analysis of potential socioeconomic impacts and potential cumulative impacts on the local community in the Final EIS. VA also notes that VHA is proposing to place a national call center into Buildings 3 and 4 of the existing campus which would bring an additional 120 jobs to the area. Though this call center is not related to the proposed reconfiguration of healthcare services, it is an example of the types of adaptive reuses available for the Hot Springs VAMC under Alternative G.
Commenter IB8: Lynnete Bentson

Addition Comment: Hot Springs, SD is a delightful, ... it and dress, dreaming away its first months life blend.

At one time, the facility was almost self-sustaining. Veterans in residence found exercise in the rocks, gardens & social gatherings, which grew through the...
Commenter IB9: Roger Bentson

| Name: Roger D Bentson |
| Address: Hot Springs, South Dakota 57747 |
| Phone: |
| e-mail: |
| Release Information to the Congressional: Yes No |
| Section: 2.3.8 Alternative E - Save the VA proposal |
| Need: The services provided by the VA need to be expanded, keeping jobs and services here. |
| Purpose: Saves the city of Hot Springs from total collapse. Taking away the jobs provided by the VA would quite possibly be a disaster. Schools could close, businesses could close, etc. Along with that the cost of services provided by the city would rise if at the very least be reduced. Property taxes would go up - a disaster for people living on a fixed income and make living difficult for myself and my wife. We just moved here only to find that Hot Springs will soon be a ghost town. |

- IB9-1: VA acknowledges your support for expanded services at Hot Springs (Alternative E, Save the VA proposal) and has made it part of the public record for this EIS.

- IB9-2: See group responses in Table E-2 of Appendix E relating to the analysis of potential socioeconomic impacts and potential cumulative impacts on the local community in the Final EIS.

Jan. 26th, 2018

[Signature]
[Date]
**Commenter IB9: Roger Bentson**

**Environmental Impact Statement (EIS) Comment Sheet**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Roger B. Bentson</th>
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<td>Address:</td>
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<td>Phone:</td>
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<td>e-mail:</td>
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</table>

**Release Information to the Congressional**

- Yes [ ]
- No [ ]

**Section:** 2.3.5 Alternative E - Save the VA proposal

**Need:** Expanding the VA in Hot Springs, keeping jobs and services here.

**Purpose:** Saves the city of Hot Springs from total collapse.

Taking away the jobs provided by the VA would result in jobs being lost, schools closed, and communities along with reduced services at a much higher cost to individuals, each.

Myself and my wife, we just moved here only to try and find my property taxes will skyrocket and Hot Springs will soon die a ghost town.

I Roger Bentson give permission/authorization for [censored] to enter this information online on my behalf.

**Roger B. Bentson**

Signature Date
Commenter IB10: Robert Beolinger

Environmental Impact Statement (EIS) Comment Sheet

Name: Robert Beolinger

Address: Denver, CO. 80205

Phone:

e-mail:

Release Information to the Congressional: Yes No

Session:

Need: I was not present for the VA Medical Center in Hot Springs, AR.

Purpose: I was not present for the VA Medical Center in Hot Springs, AR.

Robert Beolinger

Signature 1/24/16

IB10-1: Thank you for sharing your story about your positive treatment experience at the Hot Springs VAMC. We appreciate your service and wish you a successful recovery.
Commenter IB10: Robert Beolinger

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<tr>
<th>Additon Comment</th>
<th>I would love to come back</th>
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<td></td>
<td>Have I work somewhere at the VA!</td>
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</table>
Commenter IB11: Ron Bergen

Environment Impact Statement (EIS) Comment Sheet

Name: Ron Bergen
Address: Hot Springs, SD 57747
Phone: [Redacted]
e-mail: [Redacted]
Release Information to the Congressional: Y_N

Section:

Need: Hot Springs VA is used by many vets. We were promised free hospitalization if we served during war time. Now we are losing this. Vets are the reason we have the freedom we have. Please keep your promise.

Purpose:

1. Ron Bergen give permission/authorization for [Redacted] to enter this information online on my behalf.

Ron Bergen 4-28-16
Signature Date

IB11-1: VA acknowledges your comment as support to keep the existing hospital open and has made it part of the public record for this EIS. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow that - to meet the needs of today’s Veterans as well as the needs of those in the future. While the proposal calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IB12: Richard Bershon
Commenter IB12: Richard Bershon

IB12-1: VA maintains that recruiting remains a problem for the Hot Springs VAMC as described in Chapter 1 of the EIS.

IB12-2: See group response in Section E.3.1 of Appendix E relating to distance travelled concerns.

IB12-3: See revised Section 1.2.2.3 in the Final EIS for additional reasons why VA believes the RRTP should be relocated to Rapid City.

IB12-4: VA believes that the proposed reconfiguration will improve the overall quality of care provided to our Veterans in the BHHCS service area.

IB12-5: VA acknowledges your support for Alternative E: Save the VA proposal to expand existing services on the Hot Springs campus and has made it part of the public record for this EIS.

SAVE THE VA LETTER

It is not about saving Hot Springs or school districts, etc. Although closing the Hot Springs VA Medical Center (VAMC) would have some negative consequences for these things it has not been the emphasis of the save the VA advocates. It is not the mission of the VA Health Care system to save or perpetuate communities. It is to provide the best possible and accessible medical care for veterans.

I began working in the VA Health Care System at the Biloxi, Mississippi Medical Center in August, 1976, as a GS11. I was promoted to GS12 the next year. In late 1977, I was promoted to GM13 and assigned to the VA Medical Center in Tomah, Wisconsin. I remained there until I retired in November 1990. I came to Hot Springs to work in the VAMC part-time under contract in November, 1994. At that time I also began to work part-time at the South Dakota State Veterans Home. After about three years I stopped working at the Hot Springs VAMC but continued at the South Dakota State Veterans Home until I retired in November 2006. I am also a veteran having served in the Air Force and Army with over 30 years, active and reserve, with two tours in Korea and one in Vietnam. I feel I know something about veterans and the VA medical care system.

With regard to the EIS, 1.2.2.1.1 recruiting and retaining qualified staff should not be a major problem. Some professional people prefer to live in large cities. Others prefer to live, work and raise children in smaller, friendlier and safer areas.

Hot Springs was recently ranked as the third safest city in South Dakota.

With regard to EIS 1.2.2.2.2 Distance veterans must travel. The Hot Springs VAMC serves veterans from western South Dakota and Nebraska and a large area from Wyoming. Closing it adds at least 55 miles one way for most veterans served in Hot Springs, including many Native American veterans from the Pine Ridge Reservation. This adds cost and additional hardships for them.

With regard to 3.1.1.2.1.1 The Hot Springs VAMC can better continue to serve through RRTP homeless veterans. Problems such as PTSD, substance abuse, alcohol abuse and other conditions are better treated in smaller community settings where staffs tend to be more stable. They get to know the veteran patients better. Veterans undergoing treatment are more apt to be unnoticed and less likely to have relapses than they do in larger facilities and cities. Hot Springs "The Veterans Town" appreciates veterans and cares for them.

The new veterans home built in Hot Springs cost over 30 million dollars. When I first started working at the Home the Superintendent used to say we were the VAMC's best customer. Now the VAMC does not treat the veterans living there. That is ludicrous. The Hot Springs VAMC was always considered one of the best in the system until it began to downsize with the intent to close it. With all the complaints about veterans care in many VAMC's why in the world do you want to close one that most all the
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<th>Commenter IB12: Richard Bershon</th>
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<td>veterans who have been served by the Hot Springs VAMC are fighting so hard to keep it open and restored to its previous condition?</td>
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<tr>
<td>Richard Y. Bershon</td>
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Commenter IB13: Frank Birkholt
Commenter IB13: Frank Birkholt

| IB13-1 | VA acknowledges your support for keeping the existing Hot Springs VAMC hospital open and has made it part of the public record for this EIS. Under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus and VA would maintain a limited presence on campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care. See also See group responses in Table E-2 of Appendix E relating to the analysis of potential socioeconomic impacts and potential cumulative impacts on the local community in the Final EIS. |

| Frank Birkholt | I have been a resident of Hot Springs for 42 years. The business environment has had a precipitous decline over the last 35 years and the closing of the VA will destroy what is left of this town. |

| Signature: Frank Birkholt | Date: 4-23-16 |

| Release Information to the Congressional: | Yes | No |

| IB13-1 Comment Sheet | |

| Name: Frank Birkholt | |

| Address: Hot Springs, SD 57747 | |

| Phone: | |

| e-mail: | |

| Section: | |

| Need: It seems the VA closing is a horrible waste of resources. The VA has been actively starved in Hot Springs for the last 35 years. As the VA has shrunk services in Hot Springs have closed making life less enjoyable and unsustainable. | |

| Purpose: | |

| Environmental Impact Statement (EIS) Comment Sheet | |

| Name: Frank Birkholt | |

| Address: Hot Springs, SD 57747 | |

| Phone: | |

| e-mail: | |

| Section: | |

| Need: It seems the VA closing is a horrible waste of resources. The VA has been actively starved in Hot Springs for the last 35 years. As the VA has shrunk services in Hot Springs have closed making life less enjoyable and unsustainable. | |

| Purpose: I have been a resident of Hot Springs for 42 years. The business environment has had a precipitous decline over the last 35 years and the closing of the VA will destroy what is left of this town. | |

| Signature: Frank Birkholt | Date: 4-23-16 |
Commenter IB14: Judith Bredlau
Commenter IB14: Judith Bredlau

IB14-1: Thank you for your comment.

Environmental Impact Statement (EIS) Comment Sheet

Name: Judith Bredlau
Address: [redacted]
Phone: [redacted]
E-mail: [redacted]
Release information to the Congressional: [redacted]
Section: 2.8.6
Need: [redacted]
Purposes: To keep Hot Springs a viable and sustainable community

I, Judith Bredlau, give permission/authorization for [redacted] to enter this information online on my behalf.

Signature: Judith Bredlau
Date: 2-19-16
Commenter IB15: Leona Broces
Commenter IB15: Leona Broces

IB15-1: VA acknowledges your support for keeping the existing hospital open and has made it part of the public record for this EIS.
Commenter IB16: Wanda Black Feather
Commenter IB16: Wanda Black Feather

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<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tbody>
<tr>
<td>Name: Wanda Black Feather</td>
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<tr>
<td>Address:</td>
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<tr>
<td>204, SD 57781</td>
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<tr>
<td>Phone:</td>
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<td>Keep the Hospital open</td>
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<td>Purpose:</td>
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<td>Alternative E Save the VA Proposal</td>
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IB16-1: VA acknowledges your support for Alternative E Save the VA proposal and keeping the existing hospital open and has made it part of the public record for this EIS.
Commenter IB17: Erroll Brown Eyes

IB17-1: Thank you for your comment and sharing your positive experience with the Hot Springs facility. VA acknowledges your support for Alternative E Save the VA proposal and has made it part of the public record for this EIS.

See also group response in Section E.3.1 of Appendix E relating to distance travelled.
### Commenter IB18: Emerson Bailey

**IB18-1:** Thank you for your service and for sharing your positive treatment experience at the Hot Springs facility.

**IB18-2:** See group response in Section E.3.3 of Appendix E relating to purchased care options and the concerns over quality of care from community providers.

**IB18-3:** See group response in Section E.3.1 of Appendix E relating to distance travelled.

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<td>Wednesday, March 23, 2016 12:23 PM</td>
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<tr>
<td>Subject:</td>
<td>[EXTERNAL] Emerson Bailey: Vietnam vet with request to keep Hot Springs, SD campus OPEN</td>
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Greetings to those who have decision authority on the Hot Springs campus status,

I was diagnosed with [REDACTED] in 2005 through the VA Hot Springs facility. My primary care doctor was able to spend time with me—instead of being rushed with the crushing workload experienced at other VA facilities—which literally saved my life! Suicidal thoughts and ideations were dominant in my mind, but I had no idea why or where they originated.

As an FMF (Fleet Marine Force) Hospital Corpsman, I saw and worked with the worst of the wounded Marines—both in-country and in Intensive Care Units onboard the USS Valley Forge (LPH-8) and USS Tripoli (LPH-10). We worked 16 hours every day, 7 days a week in ICU—and in-country we were "on" 24/7. I'm qualified to wear the Navy/Marine Combat Action Ribbon with FMF insignia.

The Hot Springs VA campus is a significant and positive factor in the healing process for veterans, and those of us with 100% service-connected disability (70% plus 30% for [REDACTED]) have come to depend on the folks there. They treat the vets with respect and dignity, and if the Hot Springs facility is closed we will either have to go to a non-VA care facility—where we will just be another nameless patient—or we will have to drive an even greater distance to Fort Meade or some other facility not yet built.

My round trip drive for a single VA appointment is over 200 miles to Hot Springs (from Gordon, Nebraska). Having to drive to Rapid City or Sturgis for care will be a significant increase in driving, and it will also be a significant increase in travel pay (a factor which apparently has not been given appropriate weighting in the final decision to close Hot Springs' VA campus).

I have an MBA in Management Science, and we were always taught to consider the entire scope of a project instead of focusing only on isolated details. It seems that someone—or several "someones"—have an agenda that includes building a new facility in Rapid City. To afford that construction project, they feel they must close Hot Springs VA Black Hills—a truly horrible prospect for me and many others.
Commenter IB18: Emerson Bailey

A facility in Rapid City will necessarily be more inherently stressful than the Hot Springs site. Hot Springs’ campus is isolated vertically from the rest of the city, and this provides a comfort zone separating us from the traffic and city noise occurring in any populated area. It is a peaceful haven with healing benefits not found at any other VA facility I’ve visited. An alternate site in Rapid City would not have this peaceful isolation, and we would have to deal with city traffic, noise, and associated stressors common to larger cities.

It would seem reasonable to have me go to a local hospital, but the hospital in Gordon has such a bad reputation that I will not go there (except when VA folks come down and visit the hospital). I had a close friend who was misdiagnosed at the Gordon hospital, and he died as a direct result of that misdiagnosis and resulting delay to reach a hospital (Rapid City Regional) with proper staff and facilities.

Would Rapid City Regional hospital be a fit alternative to the Hot Springs campus? In some ways “yes”, but in others—like the non-stressful environment on the hill in Hot Springs—I would have to say “no.” Being “just another patient” at any hospital outside of the VA system goes against the promise and commitment made to us as soldiers that we would be properly cared for when injured or in need of medical services.

Instead of closing the VA Black Hills facility in Hot Springs, South Dakota, please keep it OPEN and fully-supported with the needed staff. When my clinical psychologist retired, not only was she not replaced—except with forum tenets docs—but the super-helpful PTSD support group was simply eliminated. No more group, no more support as a group of veterans familiar with each other and willing to support each other. My present psychiatrist, although excellent in all respects, is in Baltimore, Maryland. We must communicate via television. There is nothing—in my mind—to compare to the quality of care we should receive by sitting across from a person in our same room.

Please contact me at this address with any questions you might have about my statements, and I will do my best to convince you to KEEP THE VA HOT SPRINGS FACILITY OPEN!

Thank you for considering my comments,

Emerson R Bailey, HM2 (Hospital Corpsman attached to the Marines in Vietnam, 1967-1968)
Commenter IB19: Rachel Baltazar

IB19-1: Thank you for your efforts to share the link to this resource with the VA, and with Veterans, their families and other members of the public who are reading this EIS.

From: VA-Black Hills Future <va-blackhillsfuture@va.gov>
Sent: Thursday, January 28, 2016 6:35 PM
Subject: FW [EXTERNAL] Question about resources for US veterans

From: Rachel Carmela Baltazar
Sent: Tuesday, January 26, 2016 11:32 AM
To: VA Black Hills Future
Subject: [EXTERNAL] Question about resources for US veterans

Hi there,

I discovered this page [http://www.blackhills.va.gov/services/polytrauma SYSTEM OF CARE.asp](http://www.blackhills.va.gov/services/polytrauma SYSTEM OF CARE.asp) with references to resource for veterans that I thought were really valuable.

I wanted to get in touch with the person who is responsible in managing it. Are you that person, if not, can you forward me to the right one?

Looking forward to hearing from you.

Thank you.

Rachel
Commenter IB20: Lesly Bennett
**Commenter IB20: Lesly Bennett**

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<td>Sent:</td>
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<td>Cc:</td>
<td>Wittman, Glenn (CFM)</td>
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<tr>
<td>Subject:</td>
<td>FW: Hot Springs VA</td>
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**IB20-1:** VA appreciates and values your service, work and devotion to your job at the Hot Springs VAMC. Under all of the alternatives VA would continue to provide outpatient services in Hot Springs and, under preferred Alternative A-2, VA would maintain a presence on the existing campus. VA has also committed that no VA employee would lose their job.

**IB20-2:** VA understands the potential for adverse impacts on the local economy and has expanded the analysis of socioeconomic impacts and cumulative impacts to include impacts on the local community (see Sections 4.10 and 4.16 of the Final EIS).

---

**From:** Bennett, Lesly J.  
**Sent:** Friday, November 06, 2015 8:41 AM  
**To:** VA Black Hills Future  
**Subject:** Hot Springs VA

To Whom It May Concern,

I would like to first comment on the EIS study for the closing of the Hot Springs VA. I have worked at this facility for the last 26 years. The majority of patients comments on their health care have always been positive. We have a huge Nebraska patient base, Native American population from Pine Ridge, Rosebud, Kyle, and local veterans, (even Rapid City) veterans that consistently tell me of the excellent care they receive here. Despite all the staffing cuts the staff keeps delivering top quality care. There is a lot to be said of the work ethic of these fine people. I feel honored to work alongside veterans and dedicated civilian staff.

In the last four years I can count on one hand the veterans that don’t care if this facility is here or not. We as employees have continued to work while the talk of closing our fine facility looms over us daily. I’ve had nights of sleeplessness due to the constant reminder of this process.

The Veteran Affairs in Washington DC, doesn’t even have the respect for the staff and veterans to come and see our facility and talk to the local veterans. Does that show they care for the people they serve? What does that say about the people they claim to care for and serve? President Franklin Roosevelt used to sneak out of the White House, drive around the countryside and ask the people he served what they needed. Then worked hard to deliver the needed help.

Now to address this as a land owner. I have worked to 2 blocks away from my job for 26 years and grew up that same distance away from the VA. The land I have invested in will have a significant devaluation if the facility closes. Many of my husband’s customers are employed by the VA so the closing would affect our other income greatly.

The staff have who have chosen to continue to work here have put their hearts and souls into making Hot Springs VA (as a Native American Woman told me) “This is a sacred and healing place. You can feel it when you come through the door.”

Sincerely,
Lesly J Bennett, RN  
Hot Springs VA Specialty Clinic
Commenter IB21: Gladys Bassett
Commenter IB21: Gladys Bassett

IB21-1: VA acknowledges your support to keep the existing Hot Springs facility open and has made it part of the public record for this EIS. VA also appreciates your positive feedback on the quality of care your husband received at the Hot Springs facility in the past.

IB21-2: Building a new CBOC and a new CBOC/RRTP in Hot Springs were evaluated in the EIS (Alternatives A-1 and B respectively). Under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Only the RRTP would move to Rapid City, for reasons described in Section 1.2.2.3 of the Final EIS.

There are no plans to build a new hospital - in either Hot Springs or Rapid City - to replace the existing hospital. Rather, Veterans now have more options for care from community providers, at VA expense, closer to where they live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

IB21-3: See group response in Section E.3.1 of Appendix E relating to how the proposed reconfiguration addresses concerns over distance travelled.
Commenter IB21: Gladys Bassett

Wyoming, eastern A.T. & Montana have a closer facility.
I remember a family back when Rapid City Regional Hospital had to transfer patients to Sioux Falls as they had no room.
I had several of my family who served their country: 1st husband w.w.II, 2nd husband 1944-1957 born 1924 in A.F. Follow WW II 3 brothers fought from 1949 to 1951 (except for service
This is my recommendation for BHHCs Reconfiguration Draft E15.
Please keep the Hot Springs VA Hospital open.

Sincerely,
Gladys J. Bassett

C. B. 45-57761
IB22-1: Thank you for sharing your history and connection with the VA buildings at Hot Springs.

VA has revised statements about the suitability of using the historic buildings to indicate that it can be done, although it would be costly (see Section 1.2.2.2 and Section 2.3 relating to the alternative descriptions); see also group response in table E-2 of Appendix E relating to Accessibility and Needed Renovations.

IB22-2: Under the proposed reconfiguration, Veterans now have more options to receive care from community providers closer to where they live. This has been clarified in the Final EIS (Section 2.2). See also group response in Section E.3.1 of Appendix E relating to distance travelled.
Commenter IB22: Laura Batchelor

IB22-3: Section 2.3 of the Final EIS provides an additional breakout of the costs of each alternative, allowing a better comparison between new construction and renovation costs. In this instance, renovation costs associated with the Battle Mountain Sanitarium, a National Historic Landmark, are higher than new construction.

IB22-4: VA has committed to a long-term preservation plan that builds upon existing mothballing guidance. This plan will be developed by an experienced professional once closures are known. The cost of such a program is not known at this time. Additional information is provided in group response in Table E-2 of Appendix E relating to mothballing costs.

Note- If VA decides to vacate all or a portion of the campus, long-term preservation may not be necessary if a reuse partner is identified.

IB22-5: VA is aware of the large role it plays as a major employer in the town of Hot Springs and is concerned about the potential economic impacts as well. These are addressed in Sections 4.10 and 4.16 of the Final EIS. VA will take steps to help minimize the economic losses. However, VA believes that the proposed reconfiguration is necessary to provide the quality of care our Veterans need and deserve.
Commenter IB22: Laura Batchelor

- Vets who doctor at the VA stay on here. Plus their retired parents follow them here to be with them for support, and near the grandchildren of course...... who can not afford to come elsewhere to the grandparents. Herein lies a hidden issue for a vet, that constantly goes unaddressed. Vets need someone else to transport them to doctor appointments. Their spouse is often, unable due to working, provide this service for them. This of course brings up another issue......that is the issue of how services once at the VA here in Hot Springs were moved to the Sturgis facility when they were originally here. Just one example: Surgery only there, not here. There are many more.

What does closing the VA facility here in Hot Springs mean to me, as a retired person?

- First of all, it means at least 300 less people in our town.
- Fewer people on their off-time from work, enjoying small town community living, like the Art Fair, Christmas In The Hills Festivals, less volunteer labor for the food banks, boys and girls clubs, at school functions.
- It means my taxes will go up.
- It means lesser students in the schools.
- It means businesses will close due to lack of workers and vets to support them.
- It means our great partnership with the government employer and workers is leaving us. Uncle Sam is taking a hike after a tremendous amount of support from this community......when it is not necessary. That is the hard part. There is grief amongst the VA workers now, due to just the suggestion of a divorce. We, the HS citizens, will suffer the huge fallout if this ugly divorce --- when there is still much to offer the veterans as Hot Springs always has--- as their wounds mend. This is the damaging knowledge being thrust upon us. Something so unjustifiable---and therefore justifiable as again another government decision not for the people, but by the crazy people. Yes psychologically and economically the de-escalation of the VA, will be deep and great in an already crazy world.

-Modernity is pushing people, once enslaved to the big cities, to want to live in places like Hot Springs......due to the slower pace, the closeness of the community, the personal touch wherever you go. We are all feeling the need to be quiet, just to sustain ourselves, and we consider ourselves among the physically and mentally healthy.

My sense (as a retired psychotherapist) is that it is always the disorder of bureaucracy that kills the golden goose. And sad as it is, this very familiar bureaucratic lack of integrity and disorder is upon us now.....not unlike the disease of cancer or war...... to claim victims in a blink of the eye......as broken people always will...... rather than support its good people in the values and dignity the United

11/28/2015

IB22-6: VA thanks you for your personal perspective and acknowledges your support for keeping the existing Hot Springs VAMC open. It has been made part of the public record for this EIS.
States of America claims to fight for and give to a human being.

Sincerely,
Laura Batchelor

Hot Spring, SD 57747

11/28/2015
Commenter IB23: Dave Batchelor

TO: VA Black Hills Health Care System  
113 Comanche Road  
Ft Meade, SD 57741

SUBJECT: EIS Comments

FROM: Dave Batchelor  
Hot Springs, SD 57747

As a Vietnam era veteran, now retired and living in Hot Springs, I am appalled that the VA is considering closing the current VA facilities here in my community. The bleeding off of services over the past several years has created additional personal and financial hardships for our rural veterans who now have to travel much longer distances to receive needed treatment. It appears to me that this pending VA decision is being made more for the convenience of the VA than in providing timely and adequate care for our veterans. Even if the same level of treatment was being provided (which is highly doubtful given past experiences), it appears that there are no cost savings involved in the proposed VA plan. We have a functioning, well maintained, and beautiful facility here in Hot Springs that is currently being underutilized and will yet have to be maintained in the future since it is now classified as a National Historic Treasure. Given this designation, the costs to maintain this facility, as required by law, are estimated to be multi-millions of dollars per year – money that could be more wisely spent on providing services and care for our veterans.

I would especially challenge the cost figures contained in the draft EIS document regarding the comparison of upgrading/maintaining the present facilities versus the projected costs of building new facilities in Rapid City. It is even more frightening when you look at what has happened with the huge cost overruns in building the new facilities in Denver.

As bad as this decision is for our veterans, who deserve the very best care we can provide, the proposal forwarded by the VA will have devastating impacts on both me and the entire community as a whole. The VA is the leading employer in Hot Springs and the loss of jobs will have a severe and immediate negative

IB23-1: VA has committed to implementing a long-term preservation plan for buildings that will be unoccupied for more than three months as a way to minimize effects to the Battle Mountain Sanitarium National Historic Landmark.

IB23-2: With respect to the current estimates for the proposed reconfiguration, VA has re-visited and re-verified our assumptions, design criteria, and resulting cost estimates for the alternatives and believes them to be accurate based on the information available at the time they were developed. However, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions. VA has provided a more detailed breakout of costs for each alternative in Section 2.3 of the Final EIS. See also group response in Table E-2 of Appendix E relating to the cost of alternatives.

IB23-3: VA is aware of the big role it plays as a major employer in the town of Hot Springs and is concerned about the potential economic impacts as well. These are addressed in Sections 4.10 and 4.16 of the Final EIS. VA will take steps to help minimize the economic losses. However, VA believes that the proposed reconfiguration is necessary to provide the quality of care our Veterans need and deserve.
Commenter IB23: Dave Batchelor

IB23-4: VA used the most up-to-date information available, and all Veterans groups within the BHHCS service area have been included. 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.

IB23-5: IB27-1: VA acknowledges your support to keep the Hot Springs VA hospital open and has made it part of the public record for this EIS.

VA also notes that under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans now have more options for care (including inpatient and specialty care) from community providers, at VA expense, closer to where they live. See group response in and E.3.3 in Appendix E relating purchased care option and quality of care.
Commenter IB24: Kimberly Beldin
Commenter IB24: Kimberly Beldin

IB24-1: VA acknowledges your support to keep the Hot Springs VA hospital open and has made it part of the public record for this EIS.

VA notes that under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans now have more options for care (including inpatient and specialty care) from community providers, at VA expense, closer to where they live. See group response in and E.3.3 in Appendix E relating purchased care option and quality of care.

IB24-2: Under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus and allow VA to maintain a presence there. Veterans now have more options for care (including inpatient and specialty care) from community providers, at VA expense, closer to where they live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care options and quality, respectively.

IB24-2: Under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus and allow VA to maintain a presence there. Veterans now have more options for care (including inpatient and specialty care) from community providers, at VA expense, closer to where they live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care options and quality, respectively.

Environmental Impact Statement (EIS) Comment Sheet

Name: Kimberly-Beldin
Address: Hot Springs, SD 57747
Phone: ____________________________
e-mail: ____________________________

Release Information to the Congressional: Yes / No
Section: 2.3.5 - Save the VA Proposal
Need: Keep the Hot Springs VA as a usable facility for Veterans

Purpose: Relocated to Hot Springs almost 5 yrs. ago from Texas, SD. I am unable here in Hot Springs to make a decision about keeping the VA open & operating facility. What about them? That makes no sense to me. What if we keep the veterans who moved here or were relocated to Hot Springs for excellent services & a location more suitable to their needs? For some, its a very physically taxing trip, not to mention the potential of costing them money they may not have. It's a different story if it's not for. Yet the bottom line is this: a very simple logical thought - why shut down two facilities when it's serving the needs of local veterans?

Kimberly Beldin, 3/12/16

Signature
Commenter IB24: Kimberly Beldin

IB24-3: VA appreciates your suggestion to use part of the facility for housing of local Veterans. VA will consider a variety of types of adaptive reuses that could be available for the Hot Springs VAMC under Alternative G.

Addition Comment: Well, not all of the facility is currently being used, why not remodel these particular areas to turn them into housing units for the local vets? Or for vets who might relocate to the area for services VA has to offer? Wouldn’t it be a shame to let such an accommodating facility just sit and waste by sitting vacant? I sure think so. I hope my concerns will be heard by someone who shows my common sense and practical thinking. This isn’t rocket science. Thanks for taking the time to hear/read my views. Hopefully someone will put aside the ways of the higher ups and be humbled by thinking of those who gave part of their lives for our freedoms and certainly deserve our help by means of a facility such as the Hot Springs, SD V.A.

The Golden Rule: "Do unto others as you would have them do unto you." Practice kindness.

Signature: Kimberly Beldin
Date: 2/12/16
Commenter IB25: Maxine Boone

IB25-1: VA acknowledges your support to keep the Hot Springs VA hospital open and has made it part of the public record for this EIS.

VA notes that under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans now have more options for care (including inpatient and specialty care) from community providers, at VA expense, closer to where they live. See group response in and E.3.3 in Appendix E relating purchased care option and quality of care.
Commenter IB26: Emerson Bailey
PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

01. Please enter your name and contact information.
   Name: Emerson Bailey
   Address: [Redacted]
   City/State: [Redacted]
   ZIP/Postal Code: 59543
   Phone Number: [Redacted]

   Please contact me via email at the email address I entered above.
Commenter IB26: Emerson Bailey

Black Hills EIS Public Comment

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

Greetings to those who have decision authority on the Hot Springs campus status,

I was diagnosed with PTSD in 2005 through the VA hot Springs facility. My primary care doctor was able to spend time with me—instead of being rushed with the crushing workload experienced at other VA facilities—which literally saved my life. Suicidal thoughts and ideations were dominant in my mind, but I had no idea why or where they originated.

As an FMR (First Marine Force) Hospital Corpman, I saw and worked with the worst of the wounded Marines—both in-country and in intensive care units onboard the USS Valley Forge (LPF-4) and USS Tripoli (LPF-10). We worked 16 hours every day, 7 days a week in ICU and in-country we were “on” 24/7. I’m qualified to wear the Navy/Marine Combat Action Ribbon with FMR insignia.

The Hot Springs VA campus is a significant and positive factor in the healing process for veterans, and those of us with 100% service-connected disability (70% for PTSD plus 30% for TBI) have come to depend on the folks there. They treat the vets with respect and dignity, and if the Hot Springs facility is closed we will either have to go to a non-VA care facility—where we will just be another nameless patient—or we will have to drive an even greater distance to Fort Meade or some other facility not yet built.

My round trip drive for a single VA appointment is over 200 miles to Hot Springs from Gordon, Nebraska. Having to drive to Rapid City or Sturgis for care will be a significant increase in driving, and it will also be a significant increase in travel pay (a factor which apparently has not been given appropriate weighting in the final decision to close Hot Springs’ VA campus).

I have an MBA in Management Science, and we were always taught to consider the entire scope of a project instead of focusing only on isolated details. It seems that someone—or several “someone”s—have an agenda that includes building a new facility in Rapid City. To afford that construction project, they feel they must close Hot Springs VA Black Hills—a truly horrible prospect for me and many others.

A facility in Rapid City will necessarily be more inherently stressful than the Hot Springs site. Hot Springs’ campus is isolated vertically from the rest of the city, and this provides a comfort zone separating us from the traffic and city noise occurring in any populated area. It is a peaceful haven with healing benefits not found at any other VA facility I’ve visited. An alternate site in Rapid City would not have this peaceful isolation, and we would have to deal with city traffic, noise, and associated stressors common to larger cities.

It would seem reasonable to have me go to a local hospital, but the hospital in Gordon has such a bad reputation that I will not go there (except when VA folks come down and visit the hospital). I had a close friend who was misdiagnosed at the Gordon hospital, and he died as a direct result of that misdiagnosis and resulting delay to reach a hospital (Rapid City Regional) with proper staff and facilities.

Would Rapid City Regional hospital be a fit alternative to the Hot Springs campus? In some ways “yes,” but in others—like the non-isolation environment on the hill in Hot Springs—I would have to say “no.” Being “just another patient” at any hospital outside of the VA system goes against the promise and commitment made to us as soldiers that we would be properly cared for when injured or in need of medical services.

Instead of closing the VA Black Hills facility in Hot Springs, South Dakota, please keep it OPEN and fully-supported with the needed staff. When my clinical psychologist retired, not only was she not replaced—except with locum tenens docs—but the super-helpful PTSD support group was simply eliminated. No more group, no more support as a group of veterans familiar with each other and willing to support each other. My current psychiatrist, although excellent in all respects, is in Baltimore, Maryland. We must communicate via television. There is nothing—in my mind—to compare to the quality of care we should receive by sitting across from a person in our same room.

Please contact me at this address with any questions you might have about my statements, and I will do my best to convince you to KEEP THE VA HOT SPRINGS FACILITY OPEN!

Thank you for considering my comments,

Emerson R Bailey, HM2 (Hospital Corpsman attached to the Marines in Vietnam, 1967-1968)
Commenter IB27: Rita Behrens
Commenter IB27: Rita Behrens

VA acknowledges your support to keep the Hot Springs VA hospital open and has made it part of the public record for this EIS.

VA notes that under the preferred Alternative A-2, outpatient services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans now have more options for care (including inpatient and specialty care) from community providers, at VA expense, closer to where they live. See group response in and E.3.3 in Appendix E relating purchased care option and quality of care.
Commenter IC1: CW Cady

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<tr>
<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tbody>
<tr>
<td>Name: CW Cady</td>
</tr>
<tr>
<td>Address: 3650 South Dakota St. Hot Springs, SD 57744</td>
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<tr>
<td>Phone:</td>
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<tr>
<td>e-mail:</td>
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<tr>
<td>Release Information to the Congressional: Yes No</td>
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<td>Section:</td>
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<td>Need:</td>
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<td>Purpose:</td>
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I, CW Cady, give permission/authorization for [enter information] to [enter information] on my behalf.

Signature: [Signature]  Date: 1-27-2016
Commenter IC1: CW Cady

IC1-1: Thank your comment. VA is committed to providing quality care to our Veterans and believes that there is a need for change in the health services configuration, as described in the EIS, and that the proposed reconfiguration would better meet the current and future needs of our Veterans.

IC1-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IC1-3: Sections 4.10 and 4.16 of the Final EIS have been revised to address potential impacts to the local economy (project-specific and cumulative). See also related group responses in Table E-2 of Appendix E.

To Whom it may concern

Subject: Future of VA Facility Hot Springs SD
February 1, 2016

My name is CW “Bill” Cutler. I am a semi-retired veteran of the US Navy, and left the US Navy with an “honorable” discharge. I first became involved with the VA and their health care programs in 5 Texas. On occasion I have utilized the 5 Texas VA medical program for 10 plus years. I found their facility excellent in providing care.

When the offer of employment was made to my wife one of the first things I did was look into the availability of VA services in the Hot Springs area. I was surprised to learn of the potential for the Hot Springs facility to be closed. Never the less we chose to make the move here to Hot Springs.

It is my understanding that the Veteran’s facility has a long, long history of activity here dating back to the civil war era. After being here for approximately 3 months and getting introduced to the local VA operation I find the services offered and available are very good and also much in demand to the local citizens and patrons. I personally found the services excellent and was pleased at my first introduction and registering at the Hot Springs VA Hospital.

The consideration to close or reduce services here in Hot Springs does not seem practical to me. The buildings are in good condition and the cost of operations would appear to be minimal. Local cost of living for employees is far less than other areas in the US that I am familiar with are. If, property costs, taxes and utilities are much lower than many areas.

It would be my recommendation that the decision makers may want to consider the expansion of this area rather than a reduction of services. For local patrons to be reassigned to another area would create additional expense to all parties. In addition closure or reduction of services could result in a devastating effect on the local community.

Sincerely

C W “Bill” Cutler
2711 US 18
Hot Springs, SD 57747
Commenter IC2: Brad Calhoon
IC2-1: Sections 4.10 and 4.16 of the Final EIS have been revised to address potential impacts to the local economy (project-specific and cumulative). See also related group responses in Table E-2 of Appendix E.

With respect to current VA employees, VA has also committed to implementing measures (e.g., retraining) to ensure that no VA employee would lose their job, as described in Section 4.10 of the final EIS.

IC2-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IC3: Paula Cape
Commenter IC3: Paula Cape

IC3-1: VA recognizes the potential adverse impacts on the local economy and businesses. Potential socioeconomic impacts and impacts on community services are addressed in Sections 4.10 and 4.11 of the Final EIS. They have been revised to address potential impacts to the local community of Hot Springs.

VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus and would bring up to 120 jobs to the area, which should also help address potential economic concerns.
Commenter IC4: Mike Chaudhari

Mike Chaudhari  
Motel 6  
Hot Springs, SD  57747  
January 22, 2016

Veterans Administration  
Comments to Environmental Impact Statement (EIS) for the Hot Springs, SD  
Veterans Hospital

Dear Sirs:  
Re: 1.2.2.1 Locations of Veteran Populations; 1.2.2.2 Distance Veterans Must Travel For Care 3.11.2.1.1 Community Services Hot Springs and Fall River City

I am the owner of the Motel 6 in Hot Springs and receive about $35,000 per year in motel revenues from Veterans and their families staying at the hotel while receiving medical care at the Hot Springs, SD facilities. I am a large taxpayer in the City of Hot Springs, Fall River County, and the Hot Springs School District. I also pay a $2.00 occupancy fee for each room rented to the City of Hot Springs.

I object to the closing of the VA Hospital and also to the pending down of services and doctors currently going on at the facility. Closing this hospital will be damaging to my business and adversely affect the general tax base. Without the income from the hospital and related income from people living here that are associated with the VA Hospital, both employees and patients, the town and county will suffer greatly. Remaining taxpayers will have to pay more taxes to cover the lost tax base.

Currently many veterans from Nebraska, Wyoming, and eastern South Dakota stay at my hotel while they are being treated here. Once the hospital is closed those customers will be lost to me.

My preferred option is 2.3.5 Save the VA Proposal.

cc. Senator John Thune  
Senator Mike Rounds  
Representative Christi Noem

Sincerely yours,

Mike Chaudhari  
Motel 6, Hot Springs, SD
IC5-1: Thank you for your comment. VA is committed to providing quality care to our Veterans and believes that there is a need for change in the health services configuration, as described in the EIS, and that the proposed reconfiguration would better meet the current and future needs of our Veterans.
Commenter IC6: Rita Clarke

IC6-1: VA is committed to providing quality care to our Veterans and believes that there is a need for change in the health services configuration, as described in the EIS, and that the proposed reconfiguration would better meet the current and future needs of our Veterans. This includes continuation of primary care services in Hot Springs (on the existing campus under preferred alternative A-2).
Commenter IC7: Gerald Collogan

Environmental Impact Statement (EIS) Comment Sheet

Name: GERALD COLLOGAN
Address: HOT SPRINGS, S.D. 57747
Phone: 
e-mail: 

Release Information to the Congressional  X Yes  No
Section:
Need: 

Purpose: 

I, GERALD COLLOGAN, give permission/authorization for 
to enter this information online on my behalf.

Signature  5-3-2016
Date

SEE ATTACHED
Commenter IC7: Gerald Collogan

Environmental Impact Statement

Gerald Collogan
Hot Springs, SD 57747
Release Information to Congressional: yes

I'm a second generation civil servant, working with and for veterans. My father was a WWII vet and received national recognition for therapy ideas while working with veterans at the Hot Springs VA. My parents met at this VA and later were married.

Our community benefited greatly from the VA through the veteran patients and VA employees. Employees contributed to our city government and its decisions, held positions of responsibility in our churches as well as community service groups. Even domiciliary patients helped as merit badge counselors in our scout troops and employees as troop leaders helping to keep a strong youth group thriving.

As medical library technician I watched our PTSD program become stronger and more successful with therapy for the veterans. The program’s staff is very focused on purpose and our community environment lends itself with the therapy. Patients in the program say they learned a lot while in the Hot Springs program.

The present employees are fewer because of cuts but are still passing inspections. They are under a lot of stress and are still keeping up the quality of taking care of our veterans.

C7-1: Thank for your comment. We are proud of the history of service the Hot Springs VAMC has provided to our Veterans and will continue to provide quality care under the proposed reconfiguration. Under the new preferred alternative A-2, VA will continue to provide outpatient primary care services and maintain a presence on the existing campus.
IC8-1: VA recognizes the potential adverse impacts on the local economy and businesses. Potential socioeconomic impacts and impacts on community services are addressed in Sections 4.10 and 4.11 of the Final EIS. They have been revised to address potential impacts to the local community of Hot Springs.

IC8-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IC9: George Corrigan

IC9-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

Environmental Impact Statement (EIS) Comment Sheet
Name: George Corrigan, U.S.V.
Address: Hot Springs, S.D.
Phone: 
e-mail: 
Release Information to the Congressional: Yes No
Section: 2.3.5 VA-E Save VA proposal
Need: Bring the VA back on track. The VA needs to be the best. I’ve been to the VA in the East Coast very very sad. Our people need to be given a VA and be a person of the people and not a business to make money.
Purpose: This is the VA. From we take great pride in what we do and what the people of VA do for us.
Keep our Drs. Please keep them. This VA has changed the image. Although still having some work to keep up, we need help.

George Corrigan 1-28-16
IC9-2: VA is committed to providing quality care to our Veterans and believes that the proposed reconfiguration will allow that - to meet the needs of today's Veterans as well as the needs of those in the future. Under all alternatives, Veterans would have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

IC9-3: Under the new preferred alternative A-2, primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. See also group response in Section E.3.1 of Appendix E relating to distance travelled.

Addticle Comment: I can't say thank you enough to our Veterans Affairs and all staff. If this VA closes it will be a loss to our Vets, causing a lot of hardship. The feeling of loss will greatly effect the Vets. Our beloved community, our active Veterans who cannot travel to the city. This is a spiritual place with lodges and families. We are all a family here. The VA here has helped me with so much and many medical problems. This is an honor and an embarrasment. The VA helps our Vets and most of all our VA! More illness and need type helping us get to the lowest. If VA closes we are coming home for Vietnam. We will not give up. The is what the country was founded upon. Remember the Revolution, 1776.

George Corrigan 1-29-16

Don't tread on me.
### Commenter IC10: Franklyn Craft

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<tbody>
<tr>
<td><strong>Name:</strong> Franklyn H. Craft</td>
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<tr>
<td><strong>Address:</strong> Hot Springs, S.D. 57747</td>
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<td><strong>Phone:</strong></td>
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<td><strong>e-mail:</strong></td>
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<td><strong>Release Information to the Congressional</strong> Yes No</td>
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<tr>
<td><strong>Section:</strong> 2.2.2.2 Distance Must Travel Such</td>
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<tr>
<td><strong>Need:</strong> I moved to Hot Springs approx 5 years ago.</td>
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<tr>
<td>From Garin, N.F. Garin is about 150 miles. South of here. This saved me many miles as I was coming to Hot Springs VA for medical needs. Now if they close the VA center here I will be back to travelling again.</td>
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<tr>
<td><strong>Purpose:</strong> I am hoping they will at least keep the VA open as an out based patient unit. Keeping the lab, pharmacy and nurses and D.A. to give physicals.</td>
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<tr>
<td><strong>2.3.5 Full time &amp; Save the VA Proposal</strong></td>
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<tr>
<td><em>Franklyn H. Craft</em></td>
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IC10-1: See group response in Section E.3.1 of Appendix E relating to distance travelled.

IC10-2: Yes, Under the new preferred alternative A-2, outpatient primary care services and some limited specialty services will still be provided on the existing Hot Springs campus.

IC10-3: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
IC11-1: VA recognizes the potential adverse impacts on the local economy and businesses. See group response in Table E-2 relating to socioeconomic impacts. VA also notes that VHA is proposing to place a national call center into Buildings 3 and 4 of the existing campus which would bring an additional 120 jobs to the area. Though this call center is not related to the proposed reconfiguration of healthcare services, it is an example of the types of adaptive reuses available for the Hot Springs VAMC under Alternative G.

IC11-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IC11: Nancy Cuckler

Environmental Impact Statement (EIS) Comment Sheet

Name: Nancy Cuckler
Address: Hot Springs, S.D. 57747
Phone: 
E-mail: 
Release Information to the Congressional Yes No
Section: 1.22 2.1

Need: My brother was in Vietnam, exposed to Agent Orange. He went to numerous VA's in the United States for medical help. The best help he received anywhere was from the VA in Hot Springs. He was not from Pennington County or even the state of South Dakota.

Purpose: The Hot Springs VA is for all Veterans from everywhere. They came here for the best medical care. I was a nurse. 1234, 567890. The VA proposal to serve all veterans everywhere...

I, Nancy Cuckler, give permission/authorization for to enter this information online on my behalf.

Nancy Cuckler 1-30-16

IC11-3: VA is committed to providing quality care to our Veterans and believes that the proposed reconfiguration will meet the current and future needs of our Veterans.
Commenter IC12: Keaton Cummings

IC12-1: See group response in Section E.3.1 of Appendix E relating to distance Veterans must travel.

IC12-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IC12-3: VA is committed to providing quality care to our Veterans and believes that there is a need for change in the health services configuration, as described in the EIS, and that the proposed reconfiguration would better meet the current and future needs of our Veterans.
Commenter IC13: Megan Cummings

IC13-1 VA appreciates and values your service, work and devotion to your job at the Hot Springs VAMC. VA is committed to implementing measures (e.g., retraining) to ensure that no VA employee would lose their employment.

IC13-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IC13-3: See group response in Section E.3.1 of Appendix E relating to distances Veterans must travel.

Environmental Impact Statement (EIS) Comment Sheet

Name: Megan Cummings
Address: Hot Springs, SD 57747
Phone: 
E-mail: 

Release Information to the Congressional: Yes No

Section: 3.10.7.4 VA EIS IC13-1

Next: The closing of the Hot Springs VA would negatively affect my family and my ability to provide for them. Although I was forced to be employed by the VA, there is no assurance that I would be able to stay in Hot Springs where my family is well established. Moving with my husband and young daughter is not an option. My profession is not near any established VA facilities. If I am offered the opportunity to relocate, this will have a severe impact on both my family and my ability to earn a living.

Purpose: The closing of the VA will not negatively affect my family's ability to provide for themselves or fulfill my professional obligations. As a result, I am unable to support the VA proposal.

The closing of the Hot Springs VA will also negatively affect Veterans who will be forced to travel greater distances to receive care.

Megan Cummings give permission/authorization for Sarah Peterson to enter this information on the form on my behalf.

Megan Cummings 2/21/16
VA recognizes the potential adverse impacts on the local economy and businesses. Potential socioeconomic impacts and impacts on community services are addressed in Sections 4.10 and 4.11 of the Final EIS. They have been revised to address potential impacts to the local community of Hot Springs, although impacts on individual insurance rates are beyond the scope of the EIS to address. VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus and would bring up to 120 jobs to the area, which should also help address potential economic concerns.

See also group response in Table E-2 of Appendix E relating to socioeconomic impacts.

Under all alternatives, Veterans will have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care options and quality of care.

Commenter IC14: Terry Cates

From: Terry Cates  
Sent: Thursday, January 23, 2016 6:09 PM  
To: VA Black Hills Future  
Subject: [EXTERNAL] EIS

I would like to make my comments on the VA’s proposal to shut down the Hot Springs VA. My first concern is to the City of Hot Springs, the tax loss will effect more than just the people of Hot Springs. First with the tax loss we will loose Police protections as the City will no longer be able to afford to have a Police Dept. Even if they contract with the Sheriff’s Dept they will no be able to afford to have as many officers on duty as they do now. Also the Fire Dept will suffer as the City has budgeted money to help fund this department. We currently hold a ISO rating that effects are home owners insurance. Again the city will not be able to afford a budget to assist the fire dept, they will no longer be able to hold the ISO rating so everyone’s insurance will go up, most will no longer be able to afford the insurance and will have to drop it.

Every business will suffer with the loss of the VA, current employee’s spend a lot of money in the town, with the loss of the employee’s that money will no longer be spent here. Other business’s in the Hills will also suffer as those same employee’s will not have the money to buy new vehicle’s and other items currently spent in western South Dakota.

Last is for myself, a disabled veteran who currently uses this VA for all my health care needs. With the way things have been shuttled to Ft Meade lately, when I have an appointment I have to take a day off from work to go 90 miles one way, spend too much time there as everyone else is having to go over there and then drive another 90 miles home. As a VA employee this is not cost effective and there is no way to justify this to me.

Shutting this VA down is just stupid and benefits no one except the people trying to do it so they can look good to their bosses.

Thank you

Terry Cates

Hot Springs SD
Commenter IC15: Beth Cook

IC15-1: VA intends to play a continued role in the Hot Springs community and do all we can to keep it a Veterans town. VA notes that the new preferred alternative A-2 includes a continued presence on the VA campus through operation of a new CBOC in renovated Building 12. A VA national call center is also now proposed for Buildings 3 and 4 on campus. While not related to the proposed reconfiguration of healthcare services, it is an example of the types of adaptive reuses available for the Hot Springs VAMC under Alternative G.

IC15-2: VA is committed to providing quality care to our Veterans and believes that the proposed reconfiguration will allow that - to meet the current and future needs of our Veterans. Under all alternatives, Veterans will have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

From: VA Black Hills Future <vablackhillsfuture@va.gov>
Sent: Monday, November 16, 2015 11:29 AM
Subject: FW [EXTERNAL] Feedback

To Whom it May Concern:

I'm writing you regards of the closure of the Hot Springs VA in Hot Springs South Dakota. I participated in the EIS and gave feedback and now I am giving feedback to the draft of the EIS that was just released.

The VA has many struggles and has been showcased in a dark light in the media in the past year and rightfully so. I am not only a resident of Hot Springs South Dakota but I am also a spouse of veteran. My husband is a veteran of OIF and OEF and suffers from PTSD. The VA in Hot Springs has been the most helpful in his situation.

The VA has been much more than just a building but has been the primary care giver to the veterans that live in the town and veterans from the Reservation, Western Nebraska, and Wyoming. Hot Springs has always been a veterans town. The residents of Hot Springs are compassionate and understanding of veterans that live in our community and who are also receiving treatment in the various programs at the VA.

The VA in Hot Springs proposed closure will not solve the VA’s issues, which go far beyond the closure of one hospital in a small town. There are many issues such as cutting programs, not having enough staff, long wait times just to see a provider, waiting weeks for approval for education programs. These problems stem from a culture that has developed within the VA system.

People have forgotten the sole reason why the VA’s exist, the veterans. I have read stories about veterans taking their own lives because of not receiving fast enough treatment for their PTSD or being ignored. They are given pills to take with no follow-up, my husband was almost a casualty of this disease and struggles with this every day. I live in horror that one day his disease will prevail.

From: Beth Cook
Sent: Sunday, November 08, 2015 3:23 PM
To: VA Black Hills Future
Subject: [EXTERNAL] Feedback

The VA has many struggles and has been showcased in a dark light in the media in the past year and rightfully so. I am not only a resident of Hot Springs South Dakota but I am also a spouse of veteran. My husband is a veteran of OIF and OEF and suffers from PTSD. The VA in Hot Springs has been the most helpful in his situation.

The VA has been much more than just a building but has been the primary care giver to the veterans that live in the town and veterans from the Reservation, Western Nebraska, and Wyoming. Hot Springs has always been a veterans town. The residents of Hot Springs are compassionate and understanding of veterans that live in our community and who are also receiving treatment in the various programs at the VA.

The VA in Hot Springs proposed closure will not solve the VA’s issues, which go far beyond the closure of one hospital in a small town. There are many issues such as cutting programs, not having enough staff, long wait times just to see a provider, waiting weeks for approval for education programs. These problems stem from a culture that has developed within the VA system.

People have forgotten the sole reason why the VA’s exist, the veterans. I have read stories about veterans taking their own lives because of not receiving fast enough treatment for their PTSD or being ignored. They are given pills to take with no follow-up, my husband was almost a casualty of this disease and struggles with this every day. I live in horror that one day his disease will prevail.
<table>
<thead>
<tr>
<th>Commenter IC15: Beth Cook</th>
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<tbody>
<tr>
<td>I would like you to walk in his shoes and many other veterans that suffer from this disease and many other health issues that claim their lives.</td>
</tr>
<tr>
<td>Is it too much to ask to take care of the ones that gave their lives to our beloved Country without question? They sacrificed their health and emotional well-being and some gave the ultimate sacrifice by giving their life. Why is this so hard to understand that they deserve the best quality of care that we can give without question?</td>
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<td>The VA in Hot Springs gives great care to its veterans that they serve but over time the VA system has cut services piece by piece. So not all services have been available and then veterans have had to travel which some are unable to do especially great distances whether it be from health issues or financial. So why make it harder for the veterans in this area and the surrounding area even harder.</td>
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<tr>
<td>I would like you take a good hard look at what the real issue is and analyze all the facts. The VA of Hot Springs is essential to the well-being of veterans in the area and the surrounding areas.</td>
</tr>
<tr>
<td>Please take in consideration the effect that you will have on the veterans that live in Hot Springs and that live in the surrounding areas. Also consider the effect that you will have on the community of Hot Springs that has embraced the VA and the veterans that it serves.</td>
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<td>Respectfully,</td>
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<td>BC</td>
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| IC15-3 |
| Under the new preferred Alternative A-2, primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled, purchased care option and quality of care. |

| IC15-4 |
| VA recognizes the potential adverse impacts on the local economy and businesses. Potential socioeconomic impacts and impacts on community services are addressed in Sections 4.10 and 4.11 of the Final EIS. They have been revised to address potential impacts to the local community of Hot Springs. |
Commenter IC16: Alan Connell

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<th>Black Hills EIS Public Comment</th>
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<tr>
<td>#27</td>
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<tr>
<td>Collector: New Link (Web Link)</td>
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<tr>
<td>Submitted: Monday, December 09, 2013 10:50:13 AM</td>
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<td>Last Modified: Monday, December 09, 2013 11:53:44 AM</td>
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PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.

<table>
<thead>
<tr>
<th>Name</th>
<th>Alan Connell</th>
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<td>Address</td>
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<td>City</td>
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<td>State/Province</td>
<td>Crawford</td>
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<td>Zip/Postal Code</td>
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<td>Email Address</td>
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<td>Phone Number</td>
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Q2: My mailing list and contact preference is: Please contact me via email at the email address I entered above.

PAGE 2
Commenter IC16: Alan Connell

IC16-1: VA acknowledges your support to keep the Hot Springs VAMC fully operational. Under the new preferred Alternative A-2, primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. Under all of the alternatives, Veterans will have more options for care from community providers, at VA expense, closer to where they live (with reduced out-of-pocket expenses). See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

IC16-2: VA BHHCS's current transportation system also would continue under all of the alternatives. In addition, revised Section 1.2.2.3 provides additional rationale for the proposed RRTP relocation to Rapid City.

IC16-3 and IC16-4: See related response above regarding travel cost and transportation assistance.

IC16-5: VA currently partners with the South Dakota State Veterans home to the extent possible. Changes are not expected in that partnership under any of the alternatives.

IC16-4: 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. Regarding the cost of alternatives, see related group response in Table E-2 of Appendix E. Section 2.3 of the Final EIS includes an additional breakout and explanation of costs for each alternative. VA believes the estimates to be representative of costs at the time the original estimates were developed and also that costs are consistently developed across all the alternatives. However, VA is unable to further update the cost information provided in the EIS due to current appropriation restrictions.
Commenter ID1: Norma Daniels

ID1-1: VA recognizes the potential for adverse impacts on the local economy. See related group responses in Table E-2 of Appendix E. The discussions of economic impact (Sections 4.10 and 4.16) have been expanded in the Final EIS to better address public concerns.

ID1-2: With respect to historical loss, all of the alternatives under consideration have the potential to adversely affect historic properties, including the Battle Mountain Sanitarium National Historic Landmark. The measures to resolve adverse effects have identified methods to avoid, minimize, and/or mitigate the effects. None of the effects are anticipated to necessitate delisting of the Battle Mountain Sanitarium as a National Historic Landmark. See also related group responses in Table E-2 of Appendix E, and revised discussions in Sections 4.3 and 5.2 relating to historic impacts and mitigation measures.

ID1-3: VA notes that under the new preferred Alternative A-2, primary care services and some limited specialty services will still be provided on the existing Hot Springs campus and VA will continue to maintain a presence on the campus.
Commenter ID2: Leanne DeRouchey

Environmental Impact Statement (EIS) Comment Sheet

Name: Leanne DeRouchey
Address: [Redacted]
Phone: [Redacted]
e-mail: [Redacted]

Release Information to the Congressional: ☑ Yes ☐ No

Purpose: I agree that the Veteran's Affairs should stay in Hot Springs and serve our veterans of this great nation. As the wife a veteran, my husband uses the VA for medical care annually and the impact of closing the Hot Springs, South Dakota VA would be a negative impact on this community. The community would lose valuable jobs, health care, and support for our area.

Signature: Leanne DeRouchey
Date: April 23, 2016

ID2-1: VA acknowledges your support VA’s continued presence in Hot Springs and has made it part of the public record for this EIS.
Commenter ID3: Sheila DeVries
ID3-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter ID4: Mary Duennerman
Commenter ID4: Mary Duennerman

May 4, 2016

TO: The Veterans Administration
FROM: Mary Elon Duennermann
        Hot Springs, South Dakota 57747
RE: Proposed closure of the Veteran's facility in Hot Springs, SD

I add my voice to those of many others to protest the proposed closure of the Veterans' Administration facility in Hot Springs, SD. Such closure would impact the health and well-being of thousands of veterans who have plainly and eloquently voiced their desire for treatment of their physical and mental wounds in this convenient (travel-wise) and empathetic (we LIKE our veterans) location. As a returned native (after an absence of 64 years) I can personally testify to the attractions of Hot Springs.

Most of us have not gone off to face the dangers and privations of combat, nor the possibilities of personal physical or mental destruction. Don't we owe it to those who have gone in our behalf, and who have paid the price of physical and mental health, to give them the best of care in a convenient location of their choice? Must they commute hundreds of miles to a location of the Veterans Administration's choice, all the while at a greatly increased cost to the taxpayer?

In the past, we have been the envy of the world, as our nation has gone through trials and tribulations of many kinds and varieties. But always, the will of the people, of the common citizens, has prevailed. Has that ceased?

Mary Elon Duennermann

ID4-1: VA acknowledges your support to keep the Hot Springs VAMC fully operational and has made it part of the public record for this EIS.

VA also notes that under the new preferred alternative A-2, primary care services and some limited specialty services would still be provided on the existing Hot Springs campus and VA would maintain a continued presence there.
May 4, 2016

TO: The Veterans Administration
FROM: Mary Duennerman
Hot Springs, South Dakota, 57747

RE: Proposed closure of the Veteran’s facility in Hot Springs, SD

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Most of us have not gone off to face the dangers and privations of combat, nor the possibilities of personal physical or mental destruction. Don’t we owe it to those who have gone in our behalf, and who have paid the price of physical and mental health, to give them the best of care in a convenient location of their choice? Must they commute hundreds of miles to a location of the Veteran’s Administration’s choice, all the while at a greatly increased cost to the taxpayer?

In the past, we have been the envy of the world, as our nation has gone through trials and tribulations of many kinds and varieties. But always, the will of the people, of the common citizens, has prevailed. Has that ceased?

Mary Ellen Duennerman
Commenter ID5: Demetrius Duncan
### Commenter ID5: Demetrius Duncan

<table>
<thead>
<tr>
<th>Name: DEMETRIUS DUNCAN</th>
<th>Address: HOT SPRINGS S.D. 57747</th>
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**ID5-1:** Under the preferred Alternative A-2, primary care services and some limited specialty services would still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group response Sections E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

**ID5-2:** VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
### Commenter ID5: Demetrius Duncan

<table>
<thead>
<tr>
<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tbody>
<tr>
<td><strong>Name:</strong> Demetrius Duncan</td>
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<tr>
<td><strong>Address:</strong> Hot Springs</td>
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<tr>
<td><strong>S.D. 57747</strong></td>
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<td><strong>Phone:</strong></td>
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<td><strong>e-mail:</strong></td>
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</tbody>
</table>

**Release Information to the Congressional**

- **Yes**
- **No**

**Section:**

- **3.10.2 A. VA employment**

**Need:** This states there will be 367
ETE's. They are well paid.
This will effect the economy in
many ways. When the VA employees
leave, many people will leave because
the VA money will leave. Hot
Springs need the support of VA employees
Business will close.

**Propose:** The VA in Hot Springs is the
largest employer.

**Focus Alternative E - Save the VA proposal**

---

**1. Demetrius Duncan gives permission/authorization for Sarah Baker**

**enter this information online on my behalf.**

**Signature:** Demetrius Duncan  
**Date:** 1-12-16

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**ID5-1:** VA recognizes the potential adverse impacts on the local economy and businesses. Potential socioeconomic impacts and impacts on community services are addressed in Sections 4.10 and 4.11 of the Final EIS. They have been revised to address potential impacts to the local community of Hot Springs.

VA also notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus and would bring up to 120 jobs to the area, which should also help address potential economic concerns.

**ID5-2:** VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS
ID5-3: Under the new preferred Alternative A-2, primary care services and some limited specialty services would still be provided on the existing Hot Springs campus. Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

Commenter ID5: Demetrius Duncan

Name: Demetrius Duncan
Address: Hot Springs, S.D. 57747
Phone: 
e-mail: 
Release Information to the Congressional: Yes No
Section: 3.10.2.3 Housing
Need: I went to treatment here 2008, when I got out of treatment I went to NAU in Rapid & have 3 more classes left in Business Administration. I prepare & I hate to stop living town. I will not move to Rapid City to be close to the VA if it moves.
Purpose: I like it here and I don’t want the VA to close.

ID5-2

ID5-3

Demetrius Duncan gave permission/authorization for Sarah Peterson to enter this information online on my behalf.

Demetrius Duncan 1-13-16
Signature Date
Commenter ID6: Don DeVries

From: VA Black Hills Future <va.blackhillsfuture@va.gov>
Sent: Thursday, February 4, 2016 10:38 PM
Subject: FW [EXTERNAL] Response to EIS for Reconfiguration of VA Black Hills Health Care System
Attachments: De Vries EIS Response.doc; De Vries EIS Response.pdf

From: Don Sheila De Vries
Sent: Wednesday, February 3, 2016 9:44 PM
To: VA Black Hills Future
Subject: [EXTERNAL] Response to EIS for Reconfiguration of VA Black Hills Health Care System

Attached is my response (and comments) on the Draft Environmental Impact Statement regarding the reconfiguration of the Black Hills Health Care System.

If you have any problem opening the file, please let me know. I have attached the same file in two formats.

Don De Vries
Hot Springs
Commenter ID6: Don DeVries

I am commenting on several concerns regarding this draft EIS. Below, I have addressed major issues separately to make it easier for the reader to assess these topics. But first, a few areas that bother me when I examine the draft EIS.

One of my concerns not listed below is what seems to me to be a lack of following what the NEPA and NHPA Handbook for Integrating NEPA and Section 106 says. The Handbook states: “NEPA and NHPA require Federal officials to stop, look, and listen before making decisions that impact historic properties and the human environment.” There are many hundreds and possibly thousands of comments submitted from the public and veterans asking and begging to continue and expand the veteran healthcare in the Hot Springs VA. It appears no one has been listening. Over 25 times in the Handbook it emphasizes the importance of seeking public comments, public participation, and/or public involvement. The Handbook states: “Agencies are required to make the draft EIS available for public review, invite comments, and respond to any comments submitted.” In the spirit of the EIS process, I think many of the comments already submitted must be carefully considered. The Handbook also states: “The ultimate goal for both NEPA environmental reviews and Section 106 is to ensure the Federal Government considers the effects of its actions upon the environment, acts in the public interest, works efficiently, and makes decisions in an open, efficient, and transparent manner.”

Please do not forget to act in the public interest, which has been clearly identified as the numerous comments already submitted to the VA through the EIS process.

The draft EIS states: “Reasonable alternatives include those that are practical or feasible from a technical and economic standpoint and using common sense, rather than simply desirable.” Keep common sense a factor in the final alternative, not just the desirable alternative, which appears to be the case in the draft EIS, regarding the VA’s preferred Alternative A. It was a breath of fresh air when at the NEPA meeting in Hot Springs on Jan 21, 2016 it was said that this is not money driven, it is for veterans care.

I had my little scooter, in September, and now, after 4 months using a knee scooter, and crutches, I can emphatically say I would rather use the ramps that may be a bit too steep in the existing VA facility in Hot Springs than stairs. I have struggled over the past several months getting up and down stairs, and know I would want ramps as an option in an emergency, rather than just stairs. I do not know, but I would bet when Senator Tim Johnson visited the Hot Springs VA facility, he could manage the ramps in his motorized wheel chair, and in an emergency would prefer those ramps over the stairs I have to climb and go through. I have looked at the ramps, and know for myself, I would feel much safer using ramps than being carried up or down a stairway.

ID6-1: Appendix E contains all comments submitted throughout the process. All comments have been read and taken into consideration when drafting the Final EIS. Parts of the Final EIS have been revised in response to public comment, and VA has selected a new preferred alternative, A-2, that includes operation of an updated CBOC for primary care services on the existing campus. The public comments also will be taken into consideration by the Secretary of Veterans Affairs when making a final decision.

ID6-2: VA recognizes the potential adverse impacts on the local economy and businesses. Potential socioeconomic impacts and impacts on community services are addressed in Sections 4.10 and 4.11 of the Final EIS. They have been revised to address potential impacts to the local community of Hot Springs. See also group responses in Table E-2 of Appendix E relating to the analysis of potential socioeconomic impacts and potential cumulative impacts on the local community in the Final EIS.

VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus and would bring up to 120 jobs to the area, which should also help address potential economic concerns. Though this call center is not related to the proposed reconfiguration of healthcare services, it is an example of the types of adaptive uses available for the Hot Springs campus in the event a decision is made to vacate the campus.

VA also thanks you for providing the additional information from the Hot Springs Building Inspector Scott Simianer. This information is also being included as part of the public record.
Commenter ID6: Don DeVries

The estimated total annual wage loss of the 290 positions, of which 216 are estimated to be in Fall River County, is huge. Of these positions, the draft EIS estimated annual wage loss would be $65,939 multiplied by 216 positions, for a total of almost $14,243,000. This is definitely not moderate or minor as stated in the EIS: “The reduction in VA wages would be moderate when compared to total wages earned in Fall River County and minor when retirement-eligible FTEs and wages are included (see Section 4.1C.2.1).”

Per the Bureau of Labor Statistics, the total number of employees in Fall River County in the second quarter of 2014 was 2287. The weekly average wage of these employees was $581. Total weekly wages paid (2287 X $581) in the county would have been $1,300,047. By removing weekly pay of 216 potentially eliminated VA positions at the weekly wage of $1268 (216 X $1268 = $273,888), wages paid would have been $1,229,159. This is a decrease of 18.22% of the total wages paid in the county. ($1,300,047 - $1,229,159 = $273,888 and $273,888 / $1,300,047 = 18.22%). The majority of these wages would affect the City of Hot Springs instead of the county, so the effect of reduced wages for Hot Springs could easily be 30% or more, since almost 70% of the population of Fall River is in the city of Hot Springs. It is absolutely absurd to report that the reduction in wages would be moderate, and minor by including retirement-eligible FTEs. Retirement eligible FTEs who actually retire are still wages lost, so these wages must be considered. I have not even accounted for the unknown other non-VA jobs that would be lost if the VA employment is drastically reduced.

It is apparent to me the continual non-hiring of staff in Hot Springs has caused the problem of having so many people eligible for retirement in the near future. The draft EIS supports this thinking, when it says: “Assuming the same distribution of FTEs by county of residence, 116 of the 168 retirement-eligible FTEs reside in Fall River County. Thus, more than half of the FTE reduction (116 of 216) could occur through retirement. ...” I contend the high number of soon-to-be retirees proves the VA has not replaced the needed employees for years, and the average employee age continues to climb. Employees who left for whatever reason should have been replaced to provide healthcare services for veterans. It is no wonder the Hot Springs facility serves fewer veterans than it has historically. I don’t possibly have time during the comment period to compare the ages and number of soon-to-be retirement-eligible personnel between the Hot Springs and the Fort Meade facilities. In over half of the Ft. Meade staff eligible for retirement by the end of the year 2020. Similar facilities should have similar employee demographics.

When I reviewed the comments already received and available at the Hot Springs VA Director’s office, I was surprised at the number of veterans who say they moved here because of healthcare at the VA. With the Alternative A EIS option, I can’t imagine how many additional people would choose to leave Hot Springs. I have not seen any facts or statistics in the draft EIS regarding veterans and families that would move away, but this certainly should have been addressed. I would venture to guess we would see a reduction of another 500 to 800 people in the Hot Springs area. This should be addressed in the EIS process, with the human environment and economic impact. The veteran to non-veteran population in Hot Springs is much higher than average. With a major reduction in the healthcare for veterans, the veteran population will leave, to be closer to healthcare. I also saw in the comments at the Director’s office a statement from the Hot Springs Boys and Girls Clubs. The comment said 30 of 55 kids have been forced to move because of this potential VA closing. The reduction of staff has already made a negative impact on the community.

When I reviewed the comments already received, I did not see any information sent by the Hot Springs Building Inspector Scott Simaner, in a letter dated November 17, 2014. His testimony addressed the Historic District, the Hot Springs Historic Preservation Commission, and economic concerns. If this testimony is not available for the EIS process for any reason, please let me know, I will furnish you with his letter and comments. I have not included his entire letter below, but regarding the subject I am addressing here, following are four paragraphs in their entirety:

Appendix E - Comment Response-E.5 - Individuals A - J  E.5-474
Commenter ID6: Don DeVries

My office issues the building permits for all new construction in the city. What many people don’t realize is that the local building department is used as a barometer to measure the local economic climate through building trends. When the economy is strong and healthy there is growth, when the local economy is weak there is less construction activity, and if there is a threat to the town’s future, either real or perceived, that too is reflected in the building permit statistics.

The City’s building permits statistics are entered into a spreadsheet throughout each calendar year and are reported annually to the U.S. Census Bureau and the South Dakota Department of Revenue. That reported information is then reflected in the demographics that individuals and businesses use when locating to locate or expand into an area. My office also receives anywhere from two to four direct requests for my building permit information each year. These are individuals or corporations that are looking at The Springs with an interest in locating here. They are looking at our local economic barometer, and the loomimg uncertainty of the presence of the VA is reflected in those numbers.

I enter the annual building permit statistics onto another spreadsheet that reflects the building trends in Hot Springs since 2004. That spreadsheet reflects just how the December 12, 2018 announcement regarding the closing of the VA Hot Springs negatively impacted the local economy. The 2012 construction season was essentially nonexistent, there was no new residential construction in Hot Springs for the first time in recent memory, and the overall project valuations for the year were $2,998,000.00 below the previous three year average. THAT is significant.

Prior to the announcement I was working with a doctor who had located to Hot Springs after accepting a position at the VA hospital. He and his wife, along with their children, bought a lot out at the golf course and after about six weeks of communications with him and his contractor he was ready to submit his construction plans for his new house. After the announcement I never heard from him again. My wife works at the VA and she had spoken of him so I asked if she had heard anything from him. She said she had indeed mentioned that he put all of his building plans on hold until they figure out what is going on. It wasn’t long before he took another position at another VA hospital and moved on. Not only did the VA lose a doctor, the whole community lost a doctor. Not only did the city lose out on a new home at the golf course, we lost the family who would reside in that house. That loss cannot be measured. I recall two other such instances where names of the VA were also planning on building in town. I had answered many of their questions during their planning processes, and then they too decided otherwise. These are just a few examples of the adverse effect this issue has had on the community.

Issue #2. The EIS Alternative A states “Water use for the proposed new facility in Hot Springs is projected at 1.1 million gallons per year, and wastewater generation is projected at 0.8 million gallons per year. The Hot Springs City Engineer stated that system capacity exists for new water users. The projected wastewater generation rate is significantly reduced from the current VAMC wastewater generation rate. The Hot Springs City Engineer noted that concerns have been raised regarding anaerobic conditions developing in the treatment plant clarifier due to average flows being significantly lower than the design flow. However, it is unknown at what average flow such conditions would develop (Hastain 2014). A significant reduction in inflow from VA operations could result in adverse impacts to the Hot Springs wastewater treatment plant.” The EIS also says the water is discharged into Fall River, and that is not correct. The treated water is piped underground to a lagoon near Maverick Junction, and is used during the summer for crop irrigation.

The current level of flow into the wastewater treatment plant is very marginal, and the city already experienced times when the wastewater in the primary clarifier has become slightly scumty. We have had days where there was certainly a strong smell from the plant, and although it is difficult to prove what the problem was creating the smell, it is highly likely the smell is a result of the increased retention time in the primary clarifier. Higher wastewater flow into the plant will alleviate and/or
Commenter ID6: Don DeVries

ID6-4: The potential impact on community services has been revised to look at impacts on the community schools. See revised Sections 3.11 and 4.11 in the Final EIS.

| ID6-4: | The potential impact on community services has been revised to look at impacts on the community schools. See revised Sections 3.11 and 4.11 in the Final EIS. |

prevent this condition, and decreased flow will make it happen on a more regular basis, or possibly continually. In one quarter of 2007, wastewater from the VA was 3,944,900 gallons. In the same quarter of 2013, wastewater from the VA was 2,688,000 gallons. The reduction estimated in the preferred Alternative A would reduce the flow to 900,000 annually. This is a major impact.

With low flows, one obvious solution could be to charge from a mechanical plant to a lagoon system for wastewater treatment. This has been looked at during the last few years, when I was Mayor. Much of the outflow line to Maverick would have to be enlarged to accommodate raw sewage. The cost of increasing the outflow lines in Maverick lagoons would be approximately $8,000,000. The cost of reconstructing the necessary shallow lagoons was not determined, but it would be substantial.

Lagoons would have to be larger than the current lagoons, so additional land acquisition would be needed, and to prevent pumping costs, the lagoons would logically be located near Maverick. The preferred alternative A would reduce flow, and with reduced flows into the wastewater plant, something must be done to provide adequate wastewater treatment. Would mitigation costs be paid to the city of Hot Springs to enable these necessary updates to the system if the preferred alternative A in the EIS is shown?

Issue #5. The draft EIS addresses school student numbers, and the affect of Alternative A. The EIS states: "The reduction of approximately 216 FTEEs whose residence is Fall River County would have a minor impact on the capacity of the Fall River County school districts. There were 1,088 students enrolled in the three districts at the end of the 2014 school year (see Table 3.11-1). Students account for approximately 15 percent of the population, or 150 students per 1,000 residents, based on the 2015 projected population of 7,262 for Fall River County (see Table 3.16c-1). Using this simple ratio, if all 216 FTEEs relocated out of Fall River County with school-age children, the enrollment would decrease by approximately 52 students or 2.9 percent. This decrease would be minor when compared to the evaluation criteria. Because more than half of the FTEEs (116 of 216) would be eligible for retirement by FY 2020 (see Section 4.10.2.2.1) and would probably not have school-age children at home, the impact on school enrollment would be much less. Assuming the remaining 100 FTEEs would relocate from Fall River County and all would have school-age children, the decrease in school enrollment would be 15 students or 1.3 percent, which would be a minor impact.

It is not reasonable to use county school enrollment instead of the Hot Springs school district enrollment. I recently went to the Hot Springs administration office to see if the above information was correct. The student population is currently at 814. The number of students in the Hot Springs schools whose parents work at the VA is 95. This is nearly 12% of all students. This information was easy to get, and yet the draft EIS states that if all the students from the 216 FTEEs left, it would be a decrease of 32 students. The actual impact directly from the school administration is three times the "estimate" used in the draft EIS. The EIS goes on to say that half of the current VA employees can retire over the next five year period, and this again supports the theory the VA has not replaced many, if any, of the employment vacancies in recent years.

In 1995, the total employment at the Hot Springs VA was about 400 FTEEs, and the student count was 1001. The current VA employment is about 357 now, with a student count of 814. We have already seen a significant decline in students, partially or maybe wholly, from the reduction of VA FTEEs.

Census numbers of the city of Hot Springs have been declining, as is happening with almost all towns of populations of less than 5000. The population of Hot Springs over the last few census periods were: 1980 - 4742, 1990 - 4325, 2000 - 4129, and 2010 - 3714. Part of his population decrease is because of the reduced employment at the Hot Springs VA. Another major part of the decrease is the way domiciliary patients are counted. Historically, patients at the VA domiciliary were included in the census counts, and today none are counted. This could account for a reduced count of about 400 or
<table>
<thead>
<tr>
<th>Commenter ID6: Don DeVries</th>
<th>ID6-4: While there may be some exceptions to every situation, VA maintains the recruitment of qualified medical and clinical staff has been, and continues to be a problem at Hot Springs and is one of the drivers for action.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ID6-5: VA considers this statement as support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</td>
</tr>
</tbody>
</table>

more VA veterans receiving care. People retire near healthcare, and with less veteran healthcare being provided, we have seen veterans moving away from Hot Springs, and even more veterans deciding not to relocate to Hot Springs.

**Issue #4.** I don’t know how many times I have heard from the VA that doctors don’t want to move to, and live in Hot Springs. The draft EIS states: “VA has difficulty maintaining high-quality, safe, and accessible care at the Hot Springs campus.” At an early public meeting Ed Remstrom, a local veteran, said he was tired of continually having a different doctor when he went for appointments at the Hot Springs VA. The doctor seeing him (about 3 years ago now), had told him he wanted to stay in Hot Springs permanently, but the VA would not offer him employment that would allow him to stay here. I was at one of the very early public meetings in Rapid City where it was stated the VA could not interest doctors in relocating to Hot Springs. I was sitting next to Dr George Wachter, a retired dentist from the Hot Springs VA, and he said that was absolutely not true. I have heard the same comment from Dr. Garry Stassen, retired radiologist from the Hot Springs VA. In fact, he offered to work part time after his retirement as needed but the VA administration did not want his service. I could cite more examples, but as we were told at a recent public meeting regarding the EIS, several or even many many comments will have no more weight than a single comment submitted. I am sure there will be many comments from the public, and even retired VA doctors regarding this lack of willingness to hire professionals to serve the veterans.

In closing, in the draft EIS it is stated: “Thus, many of the proposed reductions in FTEs at the VA Hot Springs campus could occur as retirements that could happen with or without the reconfiguration.” This tells me the VA has been, and will continue not to replace positions as openings occur. This information had to come from the VA administration during the preparation of the draft EIS. The purpose of the needed reconfiguration is, as the EIS states: “...to reconfigure health care services in the BHHC to provide high quality, safe, and accessible health care for Veterans well into the twenty-first century...” I believe the high quality, safe and accessible healthcare for veterans has already been severely compromised in the Hot Springs facility. The history of eliminating services and employees has damaged healthcare for our veterans. This administrative decision of not hiring must be reversed for veteran healthcare. Listen to the hundreds and hundreds if not thousands of comments already received during the EIS comment period. The veterans want healthcare that has been eliminated, and want it at the Hot Springs VA.

The community has been an integral part of veteran healthcare in Hot Springs. I seriously doubt this kind of community support and willingness to help will be found in many localities. Why give up this important contribution to veteran healthcare from a community willing and able to help? At this point, because of the VA administrative actions, it will take some time to regain trust and to re-establish the community’s help, but without a doubt, it can, and will happen again in “The Veterans Town”.
Commenter ID7: John DiCiacco
Commenter ID7: John DiCiaccio

ID7-1: Under all of the alternatives, Veterans will have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care, including the Veterans Choice Program. See also group response in E.3.1 in Appendix E relating to distance Veterans must travel.
Commenter ID8: Dorothy Ann Dygas
ID8-1: Thank you for your comment. We interpret your comment as support for the proposed reconfiguration with respect to the facilities proposed in Rapid City.

To whom it may concern: I am writing on behalf of myself and my husband (Thomas J.). Niary, US Army/Ret.), who uses the VA in Fort Meade, SD, and is well satisfied with the treatment he has received. We are long time residents of Belle Fourche, SD. While we empathize with the impact the VA's proposed changes in Hot Springs may have on that city, we feel it will be more economical for the entire VA system to centralize special services in Rapid City, SD. Many people who are not veterans, including myself as the spouse of a retired veteran, regularly travel to Rapid City for medical care. The survival of the entire VA system will ultimately depend on economic realities, especially since many of the people protesting the proposed change are the same people who regularly vote for politicians who refuse to consider federal tax increases to meet the needs of our nation and most especially our veterans. In the northern hills there is a good transport system to assist veterans who cannot get to their treatment facility without help. If the southern hills do not have such transportation in place, funds should be allocated to ensure that such help is made available to those affected by the proposed change. Sincerely yours, Dorothy Ann Dygas.
Commenter IE1: Robert Eisenbraun
IE1-1: While the EIS does not provide a detailed look on property values, VA recognizes the potential adverse impacts on the local economy and businesses. Potential socioeconomic impacts and impacts on community services are addressed in Sections 4.10 and 4.11 of the Final EIS. They have been revised to address potential impacts to the local community of Hot Springs. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts.

Commenter IE1: Robert Eisenbraun

Environmental Impact Statement (EIS) Comment Sheet
Name: Robert Eisenbraun
Address: Hot Springs 57747
Phone: 1-1-1-1-1-1-1

IE1-1: Property values will go down because 350 care givers will leave. They are among the highest paid people in town. A without their income spent in Hot Springs, business will close & move. It's not just you VA employees but everybody that

Purpose: Leave here. Property values will go down & nobody will buy our house because we won't be employing here.

Alternative E- Save the VA Proposal

I, Robert Eisenbraun, give permission/authorization for Robert Eisenbraun to enter this information online on my behalf.

Signature Date
Commenter IE2: Jill Evangelista
IE2-1: VA recognizes and appreciates the devotion that the residents of Hot Springs have to their town, the Veterans and the Hot Springs medical center. VA recognizes the potential adverse impacts on businesses and schools and has revised Sections 4.10 and 4.11 the Final EIS to address potential impacts on the local community of Hot Springs. See also group response in Table E-2 relating to socioeconomic impacts.

IE2-2: VA is counting this statement as support for keeping the Hot Springs medical center fully operational.
Commenter IE3: Theodore Ebert
Commenter IE3: Theodore Ebert

From: VA Black Hills Future <VAblackhillsfuture@va.gov>
Sent: Monday, November 16, 2015 11:31 AM
Subject: FW [EXTERNAL] EIS

--- Original Message ---
From: Thursday, November 05, 2015 6:29 AM
To: VA Black Hills Future
Subject: [EXTERNAL] EIS

My name is Theodore Ebert. In the EIS scoop it shows Pierre and other communities to the northeast that are shown to utilize the BHHCSS, those numbers are not entirely accurate. I have visited with a few of the vets who are from those areas and they all say the same thing, they have been routed to the PI Model VA by the VA system and that they usually go to their own CBOC or to the larger facility in Sioux Falls, that the VA went them to FT Model for no apparent reason. They all stated that their normal care was in Sioux Falls. In the scoop it also stated cost of removal of Asbestos and lead base paint, this was all done during the 1980’s renovation of the Hot Springs VA. They even replaced all the tiles on the floor, pipe wrapping and sodium blasted all painted surfaces that could not be removed. The long pipe runs from the boilers to the main complex that are no longer in use were also done. I know this because I was there during the reconstruction process, also in the PCE’s (Patient Care Encounters) within the slopping report it shows a rather dim appraisal of the Hot Springs VA. This is also added, The Hot Springs VA is a hands on facility the care given there are suppose to assist in solving patient problems, help the patient in problem solving, assist patients in their role to reinvent society in a productive way.

The Staff at the Hot Springs VA is noted by the Vets to excel in this fashion. Vets that have received poor service at other VAs find they finally have found a place that will hear their grievance and take some action. This visibly open sincere, caring environment gives a false impression in the report. It only makes since since the Hot Springs VA would have a higher PCE than other facilities. Vets migrate to places were they feel they are getting the care they need and with it comes what ever grievance they may have. I have visited FT. Med to be very unwelving the staff there is not helpful and I have had to wonder the halls looking for my appointment location asking personnel were I should be and not even getting a clear answer. The answer to PCE’s at FT. Med is denial of future service, they solve the problem by aspiration these visits often end up at other facilities that are more lenient to their behavior. This is not an appropriate method for handling angry veterans. Turning the problem over to someone else is poor leadership.

Closing the Hot Spring VA is just sad. It benefits no one but the people invested in the change, they are wealthy already, they don’t need veterans care money to get wealthier certain no veteran will benefit spend that same money in Hot Springs and those same investors will get just as wealthy at the Hot Springs Campus.

IE3-1: 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.

IE3-2: VA is proud of the quality of care and service provided by the Hot Springs campus through the years. VA is committed to providing continued quality care to our Veterans and believes that, in light of the current challenges facing VA BHHCS today, the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans.

Under all of the alternatives, Veterans will have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care. Primary and some specialty care services will also remain available in Hot Springs, and on the existing campus under the new preferred alternative A-2.
IE4-1: VA thanks you for your service and is committed to providing quality care to our Veterans and believes that, in light of the current challenges facing VA BHHCS today, the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans.

Under all of the alternatives, Veterans will have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care, and group response in E.3.1 of Appendix E relating to distance travelled.

Primary and some specialty care services will also remain available in Hot Springs, and on the existing campus under the new preferred alternative A-2.
Commenter IE4: Larry Edwards

IE4-2: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow that to meet the current and future needs of our Veterans. While there is not a VA clinic in Box Butte County, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. It is now an integral part of the proposed reconfiguration alternatives as a way to improve access to care. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

IE4-3: VA acknowledges your support to keep the Hot Springs VAMC open and fully operational. VA also notes that under the new preferred alternative A-2, VA would continue to provide primary care and some specialty care services on the existing Hot Springs campus.
Commenter IF1: Jane Farrell
Commenter IF1: Jane Farrell

Environmental Impact Statement (EIS) Comment Sheet

Name: Jane M. Farrell
Address: [Redacted]
Phone: [Redacted]
Email: [Redacted]
Release of Information to the Congressional: Yes

Section: 3.10 Social Economic

Need and Purpose:

The figures alone contained in the environmental impact statement do not tell the whole story with respect to the economic cultural and social impact that downsizing and potential closure of the VA will have on the City of Hot Springs and the surrounding area. I have never been a patient at the VA, nor have I ever worked there; however, I am a lifelong resident of the town of Hot Springs, having been born here and been away only to attend college and law school and a one year judicial clerkship. Through the years, the VA Hospital and the Domiciliary not only provided excellent medical care for many veterans, but also employment for many of the local residents and brought to Hot Springs a more diverse population than I believe would be found in any other rural small community in South Dakota. Growing up, I knew a surgeon who had escaped during the Nazi Occupation of Hungary during WWII, a family that were refugees from Cuba, and professionals and families from all over our Country. They brought to Hot Springs not only their individual culture and outlooks, but a willingness to be involved in our community to make it a better place for all who lived there knowing that in all likelihood, they would not be there for more than a number of years. They brought their families, which allowed the schools to have a diverse student population as well as a population with educated parents who desired a strong academic background for their children. This resulted in good schools and preparation for the children who attended the Hot Springs School System. It provided young people opportunities not available in other small communities such as serving as a volunteer. My daughter designed a semester long internship with the surgery department that helped her to develop an interest in health care. It also allowed for an element of disposable income available in the town. At one time, there were numerous shops, stores and services that no longer exist. This included two specialty women dress stores, two department stores that sold clothing for both genders from infant to adult, shoe and household goods. There were also two hardware stores, two lumber yards, two full staffed drug stores, at least one jewelry store at all times, several gift stores and at least three grocery stores, plus a small neighborhood grocery outlet. In addition there were more restaurants and gas stations to serve the community. There was a strong legal community and several medical clinics. The economy of Hot Springs was strong and viable.
Commenter IF1: Jane Farrell

It is difficult, in a small populaded town to keep the downtown storefronts fully occupied, especially in a city like Hot Springs, where the main street follows the river and has a downtown area approximately 3 miles long. When the VA was functioning to full capacity, however, there were few empty storefronts.

What is the downsizing of the VA and potential closing of it done to Hot Springs? It has turned our town into a series of secondhand stores and empty storefronts. It is no longer possible to purchase locally many of the items that were formerly available. Our community service clubs have suffered due to the lack of membership lost from the loss of many of the employees and family residents who served at the VA. Hot Springs was a city of many different cultures and backgrounds and traditions. We were in some ways a small melting pot of the whole worldwide community. There was also a sense of comradeship between the professional staff. I am aware of at least one life that was saved because the physicians at the VA Hospital were able to work hand in hand with the community physicians in an emergency medical case. I think it is unrealistic to think that the quality medical service formerly provided by the VA can now be absorbed by existing facilities in Hot Springs that will be forced to provide the necessary care, not only for the community, but for our veterans.

The location of the VA in Hot Springs also attracted new residents to our town. Numerous veterans came to the VA to receive treatment, found that they liked living in Hot Springs and their families soon followed. The housing market was strong, the classrooms full and those providing retail goods and services were successful.

In other statements that have been provided through this process, there are many studies and indicators of the economic reality (see for example the statement submitted by the Fall River County Commissioners). I think it is important that when an environmental impact is being determined that the very real detrimental impact on the economic, cultural and traditions of the community also be considered. What has the downsizing and potential closing of the VA done to the community of Hot Springs? It has devastated it.

Thank you.

Jane Farrell

IF1-1: Thank you for your comment. VA recognizes and appreciates the strong ties and influences that operation of the Hot Springs VAMC has had on the Town of Hot Springs.

VA also recognizes the potential adverse impacts that the proposed reconfiguration could have on the local economy and businesses. Sections 4.10 and 4.11 of the Final EIS have been revised to address these local impacts. VA will take every step possible to ensure existing employees keep their jobs, such as with retraining efforts. VA notes that it would continue a presence on the existing campus under the new preferred alternative A-2, and also that a new national VHA call center has recently been proposed to operate in two buildings on the existing Hot Springs campus. The center would bring up to 120 jobs to the area, which should also help address potential economic concerns.

The primary driver, however, is VA's commitment to providing quality care to its Veterans and VA believes that the proposed reconfiguration will allow that - to meet the current and future needs of our Veterans.
Commenter I F2: Irma Fees

Environmental Impact Statement (EIS) Comment Sheet

Name: Irma Fees
Address: Hot Springs, SD
Phone: 607-4-7
Email: 
Release Information to the Congressional: Yes No
Section: 31024 Income
Need: The town of Hot Springs needs the VA hospital to stay in Hot Springs. It is the heart of the community for 107 years Hot Springs is the Veteran Town not Rapid City. It is the biggest employer. It provides economic stability to many families the schools, businesses, it provides jobs on

Purpose: A pay scale that is higher than any other employed in Hot Springs. The residents would fear their property value decrease substantially. Rapid City does not need the VA hospital. It has many businesses and is economic stable Hot Springs needs this hospital and the employment it brings with it. I support 3.3, 50

Alternative E: Expand the services at the VA Hot Springs Campus the Veterans prefer Hot Springs over the proposed relocation to Rapid City.

IF2-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

To clarify, however, the current hospital is not being moved to Rapid City. Under the preferred Alternative A-2, primary care services and some limited specialty services would still be provided on the existing Hot Springs campus. Under all of the alternatives, Veterans will have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

Signature: 3-23-16
Commenter IF2: Irma Fees

Environmental Impact Statement (EIS) Comment Sheet

Name: Irma Fees
Address: Hot Springs, SD 57747
Phone: 
Email: 

Section: IF2-2: VA believes that the more urban setting in Rapid City offers more advantages and opportunities for residential treatment, relating to successful community reintegration. The discussion in Section 1.2.2.3 of the Final EIS has been expanded to address VA’s research and findings in this area.

IF2-2: VA believes that the more urban setting in Rapid City offers more advantages and opportunities for residential treatment, relating to successful community reintegration. The discussion in Section 1.2.2.3 of the Final EIS has been expanded to address VA’s research and findings in this area.

This VA Hot Springs campus is the best location for residential treatment. Hot Springs provides a very quiet and peaceful environment. Most businesses are closed by 10:00 pm. The number of bars are less than 10. Results from past Veterans who have used this VA can prove it works. Construction could be done on the existing buildings to meet all new guidelines for the single Veteran with a child if needed. The cost for renovation is always less than building a brand new VA campus here. At Hot Springs, there are plenty of trees, well-tended lawns and a park. Hot Springs is quiet and peaceful. Veterans can be healed and everything else the current administration has done.

The number of Veterans allowed in the Dom in 1983-400 in 2016.

I give permission/authorization for ___________ to ___________.

Signature: Soso 3-22-16

Date: 3-22-16
Commenter IF2: Irma Fees

IF2-3: While there may be some exceptions to every situation, VA maintains the recruitment of qualified medical and clinical staff has been, and continues to be a problem at Hot Springs and is one of the drivers for action.
The EIS has been revised to further clarify the need for the proposed reconfiguration relating to the challenges in keeping the hospital open. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow that - to meet the current and future needs of our Veterans. One of the integral elements under all of the proposed reconfigurations is that Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IF3: Joseph Ferro
Veterans treated in the RRTP come from all over the United States and a large number come from Colorado. They would be able to receive high quality treatment in Rapid City, if the RRTP is moved there as part of the reconfiguration. Section 1.2.2.3 of the Final EIS has been expanded to address the advantages an urban setting offers for residential treatment, particularly related to community re-integration.
Commenter IF3: Joseph Ferro

IF3-2: Native American Veterans would have the choice, under all the alternatives, to use either a VA or IHS system for their care as a result of a national Memorandum of Understanding that has been established between VA and Indian Health Service. They would also still be able to receive primary care through the new CBOC in Hot Springs. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.
Commenter IF3: Joseph Ferro

IF3-3: Thank you for your comment and sharing your stories of how people have been affected by the ongoing and proposed changes at the Hot Springs VAMC. They are being included in the public record.

Environmental Impact Statement (EIS) Comment Sheet

Name: Joseph Ferro
Address: [Redacted]
Phone: [Redacted]
E-mail: [Redacted]

Release information to the Congressional: Yes [ ] No [ ]
Section: 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]
Need: In early Summer of 2012, my mother and my father both had just moved to Hot Springs. The husband is a Special Forces Veteran who never had a VA Facility in California. They never had for the special treatment or anything like the Hot Springs VA PTSD Treatment Program.

Purpose: In Summer 2013, he died. He was told that the treatment program was being closed but next to family that would be closed and was closed. He passed away in 2013.

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

[Signature]
Date: 1.22.12
Commenter IF3: Joseph Ferro

IF3-4: VA appreciates the concerns the commenter has raised related to the ability to care for the homeless veterans in the Rapid City area. Their care and treatment have been taken into account in the proposed reconfiguration.
Commenter IF4: Norma Fleharty
<table>
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<th><strong>Commenter IF4: Norma Fleharty</strong></th>
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**Environmental Impact Statement (EIS) Comment Sheet**

Name: Norma Fleharty

Address: [Redacted]

Hot Springs, SD 57747

Phone: [Redacted]

E-mail: [Redacted]

Release Information to the Congressional: Yes No

Section:

Need:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Purpose:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

**Signature** Norma Fleharty [Redacted]

**Date** 1/23/14
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<th>Commenter IF4: Norma Fleharty</th>
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<tbody>
<tr>
<td><strong>Addition Comment:</strong></td>
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<tr>
<td>Concern if Property Values will go down if taxes go up.</td>
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| #3. The VA has a new VA State Veterans Home here. If they need medical care, they would have to be ambulan
ted to another land. |
| #3. Population goes down so businesses can no longer afford to stay open. |
| #4. New larger school facilities have been built. If families move out for employment, this will be a waste. |
| #5. Veterans travel to Hot Springs for their medical care, now they will have to go even further, some of them from Nebraska and Wyoming. The re-location is some even further away. |
| #6. A sick person needs to be where it is peaceful and quiet. Rapid City is hostile and anything but peaceful and calm. |

| IF4-1 | VA recognizes the potential adverse impacts on the local economy and businesses and this has been addressed in Sections 4.10 and 4.11 of the Final EIS, relating to socioeconomic impacts and impacts on community services (including schools). |
| IF4-2 | The South Dakota State Veterans Home in Hot Springs contracts with local community providers for their residents primary care services. |
| IF4-3 | See group response in Section E.3.1 of Appendix E relating to distance travelled. An important element under the proposed reconfiguration is that Veterans would have more options to receive care from community providers closer to where they live. |
| IF4-4 | The hospital is not moving to Rapid City, but rather Veterans would have the option of receiving care from community providers closer to where they live. Under the new preferred Alternative A-2, primary care and limited specialty care services would be available on the existing Hot Springs campus. The RRTP would be moved to Rapid City to take advantage of the better opportunities available there to help ensure successful community integration (see expanded Section 1.2.2.3 in Final EIS that addresses this). Although a site has not yet been selected, overall setting and RRTP design would incorporate features to promote feelings of peace and calm where important to treatment. |
Commenter IF5: Franklin Foster
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<th>Commenter IF5: Franklin Foster</th>
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<td><strong>Environmental Impact Statement (EIS) Comment Sheet</strong></td>
</tr>
<tr>
<td>Name: <strong>FRANKLIN D. FOSTER</strong></td>
</tr>
<tr>
<td>Address: <strong>HEAT SPRINGS, SD 57742</strong></td>
</tr>
<tr>
<td>Phone: <strong>[Redacted]</strong></td>
</tr>
<tr>
<td>e-mail: <strong>[Redacted]</strong></td>
</tr>
<tr>
<td>Release Information to the Congressional __Yes ___No</td>
</tr>
<tr>
<td>Section:</td>
</tr>
</tbody>
</table>
| Need: The customers know what they need and how we fit in. We have to be able to provide the right care.
| Purpose: I am writing to support the VA in keeping the hospital open. The VA has a long history of providing quality care.
| |

**IF5-1**: VA acknowledges your support to keep the Hot Springs VAMC hospital open and all the services fully functional.

**IF5-2**: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow that - to meet the current and future needs of our Veterans. Under all of the alternatives, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option (including the Veterans Choice Program) and quality of care.

See also group response in Section E.3.1 of Appendix E relating to distance travelled concerns.
<table>
<thead>
<tr>
<th>Commenter IF5: Franklin Foster</th>
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<tbody>
<tr>
<td>Addition Comment: Plus all the extra paperwork. The choice card is a good concept. There are too many steps that you have to get through to see a doctor. Every time you renew your membership, you have to set up an appointment. I have many questions that are not answered. I would like to see the process simplified. The process is too cumbersome. We have to wait too long to see a doctor. We are not being taken care of. The VA should take the lead and make sure the process is simplified.</td>
</tr>
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Signature: Franklin Foster  
Date: 2-26-16
Commenter IF6: David Fuller
Commenter IF6: David Fuller

IF6-1: See group response in Section E.3.1 of Appendix E relating to concerns over distance travelled. An integral element under all of the proposed alternatives is that Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

IF6-2: VA believes the VA labor force data are correct. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services.

IF6-1
<table>
<thead>
<tr>
<th>Name:</th>
<th>Joyce Farrell</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Hot Springs, SD 57747</td>
</tr>
<tr>
<td>Phone:</td>
<td>[redacted]</td>
</tr>
<tr>
<td>e-mail:</td>
<td>[redacted]</td>
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<tr>
<td>Release Information to the Congressional:</td>
<td>Y Yes No</td>
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<td>Section:</td>
<td>3.10</td>
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<tr>
<td>Need:</td>
<td>Please see attached sheet</td>
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<tr>
<td>Purpose:</td>
<td>Please see attached sheet</td>
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<tr>
<td>I, [redacted] give permission/authorization for [redacted] to enter this information online on my behalf.</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Joyce Farrell</td>
</tr>
<tr>
<td>Date:</td>
<td>4/17/16</td>
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</table>
Commenter IF7: Joyce Farrell

IF7-1: VA recognizes the potential adverse impacts on the local economy and businesses. Potential socioeconomic impacts and impacts on local community services are addressed in Sections 4.10 and 4.11 of the Final EIS.

VA notes that under the new preferred alternative A-2, VA would maintain a presence on campus and continue to provide primary and some specialty care service in Building 12. In addition, a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. It would bring up to 120 jobs to the area which should also help address potential economic concerns.

IF7-2: VA acknowledges your support to keep the Hot Springs VAMC open and all services fully functional.

Environmental Impact Statement (EIS) Comment Sheet:

Growing up in Hot Springs I was always impressed and comforted to know our community was “The Veteran’s Town”. To my knowledge no other community in the surrounding area is the veteran’s town. Hot Springs has always provided excellent service to our veterans whether the veteran was living at the Veterans Administration Center or residing in the community.

Having managed the Department of Labor and Regulation offices for Fall River, Custer, and Oglala Lakota Counties for 35 years, I have seen the number of individuals who have moved to our area, specifically Hot Springs, to be near the excellent care provided by the employees at the BHICS. Currently employed at the Fall River County Treasurer’s office I am still seeing new veteran residents each week who have moved to Hot Springs to receive care.

The BHICS is the lifeline of our community; the services provided affect the entire community. I have had the opportunity to visit with many, many veterans; many who are receiving assistance in the chemical dependency program. Each veteran states unequivocally the peaceful environment of our small community is what is needed to learn how to live chemical free, whether from the ravages of alcohol or drugs. The veteran patient appreciates the home town efforts to assist him/her.

I have assisted with school activities for over 30 years. I have seen the slow decline in student numbers as employees have had to relocate. The decreasing student population directly affects the educational opportunities available to our students. Many of these families had a veteran parent who had to move because the services he/she needed were no longer provided at the BHICS.

One of the most frustrating factors of the discussion to close BHICS is the struggle to get new businesses to relocate to Hot Springs and to keep the current businesses financially able to keep their businesses open. Growing up in Hot Springs we were a bustling, booming community. Now we struggle to provide many of the necessities to our local veteran residents and their families. I worked many years with the Chamber of Commerce. Many times we would contact a prospective business questioning the status of the local BHICS. The discussion with every of the contacts would end when it became apparent the direct possibility of closing the BHICS and not providing services to the local veterans.

I personally believe our past, current, and future veterans will be best served at the BHICS located in Hot Springs, SD. We have the quiet, peaceful location needed by many veterans to recover from their physical and mental injuries; the workforce availability to employ the employees necessary to provide appropriate programs to the veteran; and the attitude we are “The Veteran’s Town”.

Thank you for the consideration of my remarks and keeping the Hot Springs Black Hills Health Care System a functioning, growing, viable care center for all our veterans.
Commenter IF8: Kirk Fenner

IF8-1: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow that - to meet the current and future needs of our Veterans. While the existing hospital would close, one of the integral elements under all of the proposed reconfigurations is that Veterans now have more options for care from community providers (including hospitals), at VA expense, closer to where Veterans live. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. See group response E.3.3 in Appendix E relating to purchased care option and quality of care. See also group response in Section E.3.1 of Appendix E relating to the distance Veterans must travel.

From: VA Black Hills Future <va-black-hillsfuture@va.gov>
Sent: Tuesday, December 1, 2015 3:45 PM
Subject: FW: [EXTERNAL] Possible closing of hospital in Hot springs SD

From: KIRK FENNER
Sent: Monday, November 30, 2015 3:11 PM
To: VA Black Hills Future
Subject: [EXTERNAL] Possible closing of hospital in Hot springs SD

I would like to say that because of the back log of veterans the use this facility all the time. In VA system I believe this is a big mistake to take away another hospital the support and treat our vets we should adding more not less. These veterans deserve better care and local when possible it would be a hardship on almost all that use this facility to travel 50 or 60 miles for care. I don't believe there is that much of an impact on the VA to keep this hospital open as it presently is and give our vets the care they deserve and care for them the way it should be, local if at all possible. My concern is the VA is just shifting the responsibility and care to their convenience and not the vets. This is so wrong it makes me mad that this has went this far already stop and send the roses just once think about if it were your father or mother sister brother uncle aunt or other relative or friend. would you like what is happening. I know I sure would not. Thanks for your time and reconsideration on these veteran's of ours.

Sent from Mail for Windows 10
IF9-1: The RRTP is not being moved to Rapid City to be closer to home for Veterans. Rather, VA believes the more urban setting of Rapid City offers better opportunities for successful treatment and community integration. See revised Section 1.2.2.3 of the Final EIS regarding the reasons for re-locating the RRTP to Rapid City. VA also notes that Dom patients come from all over the service area and U.S. (see new RRTP data provided in Exhibit 1 of the Final EIS).

IF9-2: While the existing hospital would be closed under the proposed reconfiguration, Veterans would not necessarily have to go to Rapid City or Fort Meade for inpatient, specialty or urgent care. Rather, an integral component under all of the alternatives is that Veterans now have more options for care from community providers (hospitals, urgent care, specialty services), at VA expense, closer to where Veterans live. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IF9: Barbara Fetters

Black Hills EIS Public Comment

As I previously pointed out, many veterans have traveled extra distances for care, and inpatient and specialty medical services at the HS facility have been steadily decreased by VA management over the years. The rural veterans the HS VA serves are clearly not a priority for the VA.

MOVING OUTPATIENT SERVICES: Part of the VA’s proposal includes the possibility of moving outpatient services to a different location in Hot Springs. Having worked at the HS campus for so long, I am puzzled as to why the VA thinks the current buildings are “too old” and are not fit to serve anymore. I have no complaints regarding the building in which I work. Its design is convenient to veterans and staff. We do not suffer from structural or physical plant deficiencies that limit our ability to perform our jobs. In C&P, we often see new veterans, people who have just recently been discharged from the military. Most of them have never been to a VA, or to the HS campus. Many of them have said to me: “This is a nice place. Why is the VA trying to close it?”

The current space is more than adequate. I object to spending tax dollars to move outpatient services by building or leasing in a different location, especially since the VA has not attempted to define this plan in any meaningful way.

SUMMARY: The VA is proposing that its plan will be cheaper and better for veterans. However, even a brief perusal of the costs involved, the demographics of the veteran population HS serves, and the profound difficulties the VA has had with building projects, shows that the proposed changes will cost more than the status quo and will have a severe negative impact on the rural veterans of this area.

Thank you for your time.

Barbara Fetters, MD
PO Box 307
Hot Springs, SD 57747

REFERENCES:
http://www.ncpa.org/pdfs/177.pdf
http://extran.denyepost.com/article-va-hospital/
Commenter IF10: Shane Fisher
Commenter IF10: Shane Fisher

The Secretary will make an informed decision based on multiple factors to help determine what is best for Veterans. The decision will not be based solely on cost but on a host of factors VA deems important to ensuring the delivery of quality health care services to Veterans within the BHHCS service area.
IG1-1: VA acknowledges your support to keep the existing Hot Springs campus open and fully functional and has made it part of the public record for this EIS.
**Commenter IG1: Judith Gallagher**

<table>
<thead>
<tr>
<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tbody>
<tr>
<td><strong>Name:</strong> Judith Gallagher</td>
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<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td>307 Spence St, 5b, Sioux Falls</td>
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<tr>
<td><strong>Phone:</strong></td>
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<td>e-mail:</td>
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<td><strong>Release Information to the Congressional</strong></td>
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<tr>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td><strong>Section:</strong> 3.10.2.1</td>
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<tr>
<td>Need to keep the heart of population in our small town. The VA has no money, it is very important not only to the well being of the town, but to the care they give there.</td>
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<tr>
<td><strong>Purpose:</strong> Keep the VA in the spring where it was before I decided to stay</td>
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**Signature:** Judith Gallagher

**Date:** 1-30-16

I, Judith Gallagher, give permission/authorization for _______________________ to enter this information online on my behalf.
Commenter IG2: Jon Galvin

IG2-1. Thank you for your comment. VA interprets your comment as support to keep the existing facility open and fully operational.
Commenter IG3: James Goeman
Commenter IG3: James Goeman

**Environmental Impact Statement (EIS) Comment Sheet**

Name: James Goeman  
Address: [Redacted]  
Phone: [Redacted]  
e-mail: [Redacted]  
Release Information to the Congressional: Yes  
Section: E.3.2.5

**Purpose:** The reason I built my retirement home in Hot Springs is for the outpatient care I have received from the VA. Over the years I have been living here I have seen them slowly take most of the care out of Hot Springs and move it to Rapid City. This will put a burden on me as a home owner andVeteran and Burgess owner. I love the VA at Hot Springs and their care. I would have to travel 2 hours for care.

[Signature]  
Date: Feb 1, 2016

IG3-1: VA recognizes the potential adverse impacts on the local economy and businesses and Sections 4.10, 4.11 and 4.16 of the Final EIS have been expanded to address the local impacts on Hot Springs. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts.

IG3-2: VA interprets your comment as support to keep the existing facility open and fully functional. VA also notes that outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
IG4-1: VA is committed to providing quality care to our Veterans and believes that the proposed reconfiguration will allow that - to meet the current and future needs of our Veterans. While the proposal calls for closing of the existing hospital, VA notes that outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IG5: David Goodyear
Commenter IG5: David Goodyear

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<tbody>
<tr>
<td>Name: David B. Goodyear</td>
</tr>
<tr>
<td>Address: [Redacted]</td>
</tr>
<tr>
<td>Phone: 250 - 746 - 7493</td>
</tr>
<tr>
<td>Email: Goodyear.Ez @ sbcglobal.net</td>
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<tr>
<td>Section: Would not like to see VA shut down</td>
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<tr>
<td>Need: Moving from outside or microwave back to the need</td>
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<tr>
<td>Purpose: Facility in the area to serve our needs</td>
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IG5-1: Thank you for your comment. The proposed reconfiguration includes continuing primary and some specialty care services in Hot Springs. In addition, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.

I, David B. Goodyear, give permission/authorization for [Redacted] to enter this information online on my behalf.

Signature [Redacted] Date 4-15-16
IG6-1: Thank you for your comment. VA interprets it as support for keeping the existing facility open and fully functional.

VA also notes that the proposed reconfiguration includes continuing outpatient primary and some specialty care services in Hot Springs. While the existing hospital would close, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.
**Commenter IG7: Mary Goulet**

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<td><strong>Release Information to the Congressional:</strong></td>
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**IG7-1:** VA notes that the proposed reconfiguration includes continuing outpatient primary and some specialty care services in Hot Springs. While the existing hospital would close, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to driving distance and purchased care option and quality of care.

**IG7-2:** VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

---

1. Mary, please permission/authorization for to enter this information online on my behalf.

   **Signature:**  
   **Date:**
Commenter IG7: Mary Goulet

Environmental Impact Statement (EIS) Comment Sheet

Name: Mary Goulet
Address: [redacted]
Phone: [redacted]
e-mail: [redacted]

Release Information to the Congressional: Yes

Section: IG7-2

I take with others all of the time like Vice Evans things. None of them are there. Because I said these veterans come from all over the country. Just come over States. Because at the regulation of the VA they're not. Because they want to repay their emotional health benefit in the peaceful surroundings of the veterans' home. They tell me they do not want to go to Rapid City or any other large city. Some of the veterans I talked to last October when he was in the Don - sold his house in Denver and moved to the outskirts of Denver. He conducts a farm outside of him retaining his sobriety.

After talking with veterans in the Don, most from Colorado and Nebraska, I want a participation. Save the area proposed.

I would give permission/authorization for to enter the information online on my behalf.

Signature
Date
IG7-3: Thank you for sharing your story of how a VA firefighter came to your rescue. It is true that VA BHHCS would no longer staff and operate the VA Hot Springs FD since there would not be 24-hour inpatient care at the campus under the proposed reconfiguration. The VA Hot Springs FD has only received two to three requests from the Hot Springs Volunteer FD for firefighting services and its closure should not impact the capacity of the Hot Springs volunteer FD to provide the fire protection services the town of Hot Springs needs.
Commenter IG8: Rhonda Gunhammer
IG8-1: Under the preferred Alternative A-2, outpatient primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. Eligible Veterans also now have more options for care from community providers, at VA expense, closer to where they live. Veterans still have the option of going to Fort Meade but it is not their only choice. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

IG8-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IG9: Richard Gunhammer
IG9-1: Under the preferred Alternative A-2, outpatient primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. Eligible Veterans also now have more options for care from community providers, at VA expense, closer to where they live. Veterans still have the option of going to Fort Meade but it is not their only choice. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

IG98-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IG10: Steve Griffin
Commenter IG10: Steve Griffin

From: VA Black Hills Future <va.blacksfutures@va.gov>
Sent: Tuesday, December 1, 2015 3:45 PM
Subject: [EXTERNAL] Reconfiguration of VA Black Hills Health Care System.

From: Griff
Sent: Tuesday, December 01, 2015 8:14 AM
To: VA Black Hills Future
Subject: [EXTERNAL] Reconfiguration of VA Black Hills Health Care System.

Dept of Veterans Affairs


To whom it may concern,
This proposed closing of the VA in Hot Springs, SD is really going to put an extra hardship on me and my family. It will only cause me to travel farther and farther as I age, which travel will only get harder and harder. The roads from Custer to Rapid City are often dangerous during the winter months which is very often snow/ice covered, not to mention the high number of deer on Rt 16 to Rapid. I’ve met numerous other Veterans over the present & past years who get their VA healthcare at the Hot Springs location, It’s the only location within commuteable distance, and they come from as far away as far Western WY, Pine Ridge & Rosebud, Lower Brule & Crow Creek Reservations Numerous small towns in rural SD, Colorado, Chadron, Alliance, Scottsbluff, and every little town in between in Nebraska to Hot Springs, SD.

It will also have one heck of an adverse effect of the little town of Hot Springs, both economically and long term viability of such a small
communities.

It’s about time the VA think about it’s Clients/Vets first. Not just about how to go about closing rural VA facilities that provide such great care to us in Hot Springs and in so many other rural communities in the states and locations listed.

STOP the Closing and any disruption of services to us Vet and our families in Rural South Dakota.

Respectfully Submitted

Steve Griffin
Custer, SD 57730-0774

IG10-3: VA acknowledges your support to keep the existing facility open and fully operational.
Commenter IG11: Geiser
Commenter IG11: Geiser

COMMENTS FORM

VA BLACK HILLS HEALTH CARE SYSTEM RECONFIGURATION
Draft Environmental Impact Statement

PLEASE PRINT CLEARLY

NAME: Tom Geiser

ADDRESS: [Redacted]

CITY/STATE/ZIP: Hot Springs, SD 57747

ORGANIZATION (if any)

COMMENTS:

See Attached

Comments must be postmarked or sent electronically by February 5, 2016.
Email to ypsblackhills@va.gov
Oral mail to address on reverse.
Online submission direct to EIS contractor at www.fedinfofacts.com (with option to submit anonymously).
IG11-1: Under the proposed reconfiguration, outpatient primary care services and some limited specialty services will still be provided in Hot Springs, and on the existing Hot Springs campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers, at VA expense, closer to where they live. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

IG11-2: Potential impacts on property values have been addressed in Section 4.11 of the EIS.

IG11-3: VA acknowledges that uncertainty regarding the Hot Springs campus future could also affect recruiting. However, the other reasons cited in Chapter 1 of the EIS are also considered to be valid.

IG11-4: VA acknowledges that the existing facility can be renovated for suitable use, but also confirms that renovation costs are higher. Section 2.3 of the Final EIS provides a more detailed cost breakout for each alternative.

IG11-5: Exhibit 1 in the Final EIS expands and further clarifies the Veteran population numbers in the VA BHHCS and serviced at Hot Springs. 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.

Under the proposed reconfiguration, geographic access should improve as eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled, purchased care option and quality of care.
Commenter IG11: Geiser

person that wanted it in Rapid compared to all of the other meetings you held across the Region who strongly supported not only leaving the facility in Hot Springs, but increasing the services. Future population centers? That is speculation. If we are going to speculate, how many people would use Hot Springs if it was expanded to a state of the art facility? Even if the figures the VA is using are correct, which I am certain they are not, as a taxpayer, I would much rather spend more money on an existing structure than we own, than line someone else’s pockets for a lease. I work in a leased Government facility and have for 14 years. We are now looking at losing our lease when it comes up for renewal because our Agency has determined that the lease costs us too much to renew. Check with other Federal Agency’s before you jump into a lease, they will have years of data for you to compare leasing to buying.

The purpose doesn’t matter if there is no need for change. But for the sake of argument all of the stated purposes are met by upgrading the existing facility. By doing that, you will have a hospital that enhances and maintains quality and safety of care and is accessible to the Veterans in the tristate area. Hot Springs has a brand new State Veterans Home. Why wouldn’t you support it with a state of the art hospital in the same town and save many miles of commuting and shared services? You don’t have to worry about what to do with a National Treasure designation, displacing Veterans and employees, what it will do to the local community of Hot Springs. You also won’t have to deal with Congressional’s fighting you all the way with the proposed alternative, because it is clear that they support what is best for the Veterans, and what have we heard is best for the Veterans FROM THE VETERANS?

In conclusion, if you look at the costs again and sharpen your pencil, you will see you underestimated the cost for a new facility (does the hospital in Denver ring a bell?) and that you have overestimated what it will cost to retrofit the existing facility. I also believe if you track down the number of Veterans in the tristate area that currently use Hot Springs and would use Hot Springs if services were improved, you will also find your initial numbers are significantly different. I also believe that if you canvassed the VA employees nationwide and let them know that the Hot Springs VA was being expanded with state of the art surgical/medical equipment and that it was going to be here another 100 years, what hot springs has to offer, they would move here with no reservations.

Isn’t the choice clear? The preferred alternative should be Alternative E, Save the VA. Do what is right for the Veterans, choose E.

Thank you.

Tom Geiser

IG11-6: VA has used the best information available at the time to develop cost estimates, and while final costs may be higher, the current estimates should provide a representative comparison of costs between alternatives. VA is unable to update the cost information provided in the EIS due to current appropriation restrictions.

IG11-7: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IG12: Gardner Gray
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<th>Commenter IG12: Gardner Gray</th>
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<tr>
<td>IG12-1: VA has appropriately managed offered services to support patient volume and maintain quality and safe care at the Hot Springs campus. This has been further clarified in Chapter 1 of the Final EIS. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.</td>
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<tr>
<td>IG12-2: VA has no plans to close Fort Meade. As noted in the response above, VA will maintain some health services in Hot Springs, and Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. This is an integral part of the proposed reconfiguration.</td>
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To: BHHCS  
From: Gardner Gray  
Re: BHHCS DEIS.  
December 4, 2015

I have enclosed some of my thoughts in italics, about your DEIS for the BHHCS. Allow me to get right to them.

From: xxv EXECUTIVE SUMMARY you state with regard to the PURPOSES and NEEDS of the BHHCS:

The purpose of VA’s proposal to reconfigure health care services in the BHHCS is to provide high-quality, safe, and accessible health care for Veterans well into the twenty-first century (This suggests that you are not providing high-quality care at present, which is confirmed by the lack of proper care from the Hot Springs facility due to removal of staff and services. Hot Springs used to represent everything you now find missing.) by:

1. Providing locations and facilities that support VA’s efforts to enhance and maintain quality and safety of care in the 100,000-square-mile catchment area (You will in fact not be maintaining the Hot Springs and the Ft. Meade facilities. By removal of services and staff from Hot Springs, and your plans to close Ft. Meade, you are doing the exact opposite as you are removing the main locations for veteran health care in western SD, south east MT, northwest NE, south east WY including PINE... |
Commenter IG12: Gardner Gray

Ridge, Rosebud and other veterans from other central and western states who rely on care regarding PTSD

☑ Ensuring facilities for Veterans receiving any services comply with accessibility requirements for handicapped individuals, (The apparent needs of the facility point only to VA’s failure to fulfill this requirement.) support current standards of care, (By VA admittance, this has not been done.) and can be well-maintained within available budgets and resources. (There is no financial handicap as Congress has stated funding is available. And VA has millions of available dollars to support Plan A which is unnecessary and therefore, there is enough for Plan E which is.)

☑ Increasing access to care closer to where Veterans reside

☑ Reducing out-of-pocket expenses for Veterans’ travel

VA has identified a need to reconfigure health care services in the BHHCS catchment area because: (The ADA has been with us for years. If there are maintenance items and safety issues that have been neglected then it is the management of the BHHCS that has failed the veterans not the facility itself.)

1 ☑ VA has difficulty maintaining high-quality, safe, and accessible care at the Hot Springs campus. (This is prima facia false. The VA Plan A decision is not based on this. It is based on singular individual’s personal goal to move the system to Rapid City regardless of inconvenience to veterans. What is so difficult in proving MRI’s, CAT Scans, Sonograms, appointments sooner than 2 to 3 months, handrails, ramps and standard maintenance?

IG12-3: The Secretary will make an informed decision based on multiple factors to help determine what is best for Veterans. The decision will not be based solely on cost but on a host of factors VA deems important to ensuring the delivery of quality health care services to Veterans within the VA BHHCS service area.

IG12-4: VA has indicated in the Final EIS that the existing facility can be renovated to meet standards and support suitable uses. This has been clarified in Chapter 2 with respect to the alternatives’ abilities to meet this aspect of purpose and need.
The health care needs of Veterans and the delivery of health care services have both changed significantly in the last 20 to 30 years, and the VA data and findings identify a situation today that calls for a re-alignment to help transform VHA health services from being provider-centric to being Veteran-centric to ensure that quality of care is maintained. VA believes that there is a need for change in the health services configuration, as described in the EIS, and that the proposed reconfiguration would better meet the current and future needs of our Veterans.

An integral element of the proposed reconfiguration is that eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. This approach is seen as a way to improve overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

IG12-5: The health care needs of Veterans and the delivery of health care services have both changed significantly in the last 20 to 30 years, and the VA data and findings identify a situation today that calls for a re-alignment to help transform VHA health services from being provider-centric to being Veteran-centric to ensure that quality of care is maintained. VA believes that there is a need for change in the health services configuration, as described in the EIS, and that the proposed reconfiguration would better meet the current and future needs of our Veterans.

An integral element of the proposed reconfiguration is that eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. This approach is seen as a way to improve overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

IG12-6: See response above relating to options that provide care closer to home. See also group response in E.3.1 of Appendix E relating to distance travelled.
especially in light of the planned closure of Ft. Meade. Relying on the regional hospital is not viable due to the lack of experience in veterans' issues and the lack of facilities to handle another 8000 patients.

If indeed you wish to do what you say, the only option is to return the Hot Springs campus to its former station at the top of VA facilities in the country.

Sincerely yours,

Gardner Gray

Pringle, SD 57773

IG12-7: See group response in E.3.3 of Appendix E relating to quality concerns associated with community provider care.

IG12-8: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IG13: Terry Grosz
Commenter IG13: Terry Grosz

IG13-1: Quality cannot be compromised. While the proposal calls for closing of the existing hospital, VA notes that outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans, including those in Nebraska, now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IG14: Tom Geiser
Commenter IG14: Tom Geiser

Black Hills EIS Public Comment

#36

Complete

City/Town: Hot Springs

State/Province: SD

ZIP/Postal Code: 57747

Phone Number: ***

Name: Tom Geiser

Address: ***

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

Q1: Please enter your name and contact information. Tom Geiser

Q2: Please contact me via email at the email address listed above.

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

I am a veteran that uses the Hot Springs VA and have for many years. The proposal to move the facility to Rapid City would personally affect me in several ways.

First, the travel time to receive care would increase from 2 miles round trip to 120 miles. Even though the preferred alternative by the VA includes providing a CBCC that would only be for routine appointments which are an older veteran, most of the appointments would not be routine.

Secondly, my property values would go down because of the number of employees that would have to leave as well as veterans that would need to move to be closer to the hospital. By losing several hundred high paying positions in a town the size would be devastating to the town and community. Less people would need to less food, less competition and increased prices.

In reviewing the DEIS, I believe there are many misleading things that draw them to their preferred alternative. First of all, the needs statement is what is driving this movement. The reason the VA has a hard time recruiting/retaining is because nobody in their right mind would want to uproot their family to move to a job that has been threatened to be shut down for many years. If you are reading this, put yourself in their shoes. Would you take the chance of moving to a new location if you thought it was closing down in the next few years? It is expensive and traumatic for adults to move, let alone if you have children. This is not speculation. I interviewed my own employees, I personally know of 5 families that have moved in the past year because they believe that the VA will shut down in Hot Springs, so they wanted to establish other locates before that happened.

Pretty easy to confirm, just get the numbers from Human Resources. All the other points indirectly deal with money. Residential costs, compliance, and treatment can be addressed with updating the existing facility. If the facility were in terrible disrepair I could see where it might not be feasible to update it, but this facility is in very good shape. I understand that this facility has never failed an inspection. As a taxpayer, I would demand that there would be a minimum of $5 million to update the existing facility. I have a hard time believing that it will cost $99,414,230 more to update an existing hospital in good shape than to build a brand new one, and leasing.
Black Hills EIS Public Comment

should not even be considered, just ask other Federal Agencies that have tried that. You have nothing at the end of the lease just like a car. Yes, you get into it cheaper than buying, but at the end of the lease, you have nothing. Before I made any decision on moving, I would get actual contractor bids from several companies, local and national to estimate the cost of upgrading the existing facility, not a Government estimate from engineers that haven’t even seen the site. We already own the land and the building in Hot Springs. It is a National Treasure which means the Government must maintain it in some fashion anyway. Why not use that to our advantage and get additional federal funds designated for sites like this and help upgrade and maintain it? The other needs are also not correct and based on speculation. The population center for the Hot Springs facility encompasses the Pine Ridge Indian Reservation, the Panhandle of Nebraska, parts of Wyoming, Southwestern South Dakota, and yes, Rapid City. The Save the VA committee has hard numbers showing the current numbers from these areas. Take that into consideration of the number of Veterans like myself that have had to go to Fort Meade for treatment because of the reduction of services at Hot Springs, and that number is even higher. I have had to go to Fort Meade on several occasions for things they used to be able to do in Hot Springs. Going to Rapid will be much further and more of a hardship for the Veterans living outside of Rapid. Your own Public meetings showed only one person that wanted it in Rapid compared to all of the other meetings you held across the Region who strongly supported not only leaving the facility in Hot Springs, but increasing the services. Future population centers? That is speculation. If we are going to speculate, how many people would use Hot Springs if it was expanded to a state of the art facility? Even if the figures the VA is using are correct, which I am certain they are not, as a taxpayer, I would much rather spend more money on an existing structure than we own, than fund someone else’s pockets for a lease. I work in a leased Government facility and have for 14 years. We are now looking at losing our lease when it comes up for renewal because our Agency has determined that the lease costs us too much to renew. Check with other Federal Agency’s before you jump into a lease, they will have years of data for you to compare leasing to buying.

The purpose doesn’t matter if there is no need for change. But for the sake of argument all of the stated purpose actions are met by upgrading the existing facility. By doing that, you will have a hospital that enhances and maintains quality and safety of care and is accessible, shorter travel for Veterans and is closer to the Veterans in the tri-state area. Hot Springs has a brand new State Veterans Home. Why wouldn’t you support it with a state of the art hospital in the same town and save many miles of commuting and shared services? You don’t have to worry about what to do with a National Treasure designation, displacing Veterans and employees, what it will do to the local community of Hot Springs. You also won’t have to deal with Congressional criticism fighting you all the way with the proposed alternative, because it is clear that they support what is best for the Veterans, and what have we heard is best for the Veterans FROM THE VETERANS?

In conclusion, I am sure if you look at the costs again and sharpen your pencils, you will see you underestimated the cost for a new facility (does the hospital in Denver ring a bell?) and that you have overestimated what it will cost to retrofit the existing facility. I also believe if you track down the number of Veterans in the tri-state area that currently use Hot Springs and would use Hot Springs if services were improved, you will also find your initial numbers are significantly different. I also believe that if you canvassed the VA employees nationwide and let them know that the Hot Springs VA was being expanded with state of the art surgical/medical equipment and that it was going to be here another 100 years, with what Hot Springs has to offer, they would move here with no reservations.

Isn’t the choice clear? The preferred alternative should be Alternative E; Save the VA. Do what is right for the Veterans, choose E.

Thank you,

Tom Geiser
Commenter IG15: Tom Geiser

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

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<th>Q2: My mailing list and contact preference info:</th>
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Same issue identified and addressed as in IG11. No additional response necessary.
Commenter IG15: Tom Geiser

Black Hills EIS Public Comment

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

I am a veteran who has been using the facility for many years, and my wife works there, so the proposal to move the services from Hot Springs would negatively affect us. I personally have been forced to wait long periods of time to receive appointments/treatments or been forced to go to Fort Meade for things that I used to be able to receive here such as dermatology appointments.

In reviewing the DEIS, I believe there are many misleading things that draw them to their preferred alternative. First of all, the needs statement is what it is driving this movement. The reason the VA has a hard time recruiting/retention is because nobody in their right mind would want to uproot their family to move to a job that has been threatened to be shut down for many years. If you are reading this, put yourself in their shoes. Would you take the chance of moving to a new location if you thought it was closing down in the next few years? It is expensive and traumatic for adults to move, let alone if you have children.

All the other points indirectly deal with money. Residential care, compliance, and treatment can be addressed with updating the existing facility. If the facility was in terrible disrepair, I could see where it might not be feasible to update it, but this facility is in very good shape. As a taxpayer, I would demand that there would be a minimum of 3 bids to update the existing facility. I have a hard time believing that it will cost $38,414,236 to update on existing hospital in good shape than to build a brand new one, and leasing should not even be considered, just ask other Federal Agencies that have tried that. You have nothing at the end of the lease just like a car. Yes, you got into it cheaper than buying, but at the end of the lease, you have nothing. I would also hope that the bids to update the existing facility would be reviewed by engineers/technicians to ensure that we are comparing apples to apples with construction. In other words, the cost of a lavatory in the old hospital (if it even needs replaced) should be the same style/brand/color as in the new hospital. If I was trying to show the data in my favor like I think the VA is doing, I would show a toilet at the new hospital costing $100 at Lowes and a designer Kohler toilet K-14247-4L-0 at the old hospital costing $2,191.50 from Build.com.

The other needs are also not correct and based on speculation. The population center for the Hot Springs facility encompasses the Pine Ridge Indian Reservation, the Panhandle of Nebraska, parts of Wyoming, Southwestern South Dakota, and yes, Rapid City. The Save the VA committee has hard numbers showing the current numbers from these areas. Take that into consideration of the number of Veterans like myself that have had to go to Fort Meade for treatment because of the reduction of services at Hot Springs, and that number is even higher. Going to Rapid will be much further and more of a hardship for the Veterans living outside of Rapid. Your only Public meetings showed only one person that wanted it in Rapid compared to all the other meetings you held across the Region who strongly supported not only leaving the facility in Hot Springs, but increasing the services. Future population centers? That is speculation. If we are going to speculate, how many people would use Hot Springs if it was expanded to a state of the art facility?

The purpose doesn’t matter if there is no need for change. But for the sake of argument all of the stated purpose actions are met by upgrading the existing facility. By doing that, you will have hospital that enhances and maintains quality and safety of care and is accessible, shorter travel for Veterans and is closer to the Veterans in the tri-state area. You don’t have to worry about what to do with a National Treasurery designation, displacing Veterans and employees, what it will do to the local community of Hot Springs. You also won’t have to deal with Congressional’s fighting you all the way with the proposed alternative, because it is clear that they support what is best for the Veterans, and what have we heard is best for the Veterans FROM THE VETERANS?

In conclusion, I am sure if you look at the costs again and sharpen your pencils, you will see you underestimated the cost for a new facility (does the hospital in Denver ring a bell?) and that you have overestimated what it will cost to retrofit the existing facility. I also believe if you track the number of Veterans in the tri-state area that currently use Hot Springs and would use Hot Springs if services were improved, you will also find your initial numbers are significantly different.

Isn’t the choice clear? The preferred alternative should be Alternative E, Save the VA. Do what is right for the Veterans, choose E.

Thank you,
Tom Geiser

39 / 89
Commenter IG16: Robert Goldberg
Commenter IG16: Robert Goldberg

Black Hills EIS Public Comment

#55

Collector: New Web Link
Last Modified: Saturday, April 23, 2016 6:56:50 PM
Last Viewed: Saturday, April 23, 2016 6:32:01 PM
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PAGE 1: Public Comment on the Draft EIS for Reconfiguration of the VA Black Hills Health Care System.

Q1: Please enter your name and contact information.
Name: Robert Goldberg
Address: Hot Springs
City/Town: SD
State/Province: 57747
Q2: My mailing list status and contact preference is: Please contact me via U.S. Mail at the address I entered above.
Phone Number:

PAGE 2
Commenter IG16: Robert Goldberg

Commenter IG16-1: See group response in E.3.2 of Appendix E relating to ability of each alternative to meet purpose and need.

Commenter IG16-2: See group response in E.3.1 of Appendix E relating to concerns over increased travel for Veterans. One of the integral elements under all of the proposed reconfigurations is that eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live.

Commenter IG16-3: VA has committed to a long-term preservation plan that goes beyond the traditional mothballing protocols. The cost of the program is not known at this time because the program cannot be developed until after selection of an alternative. A full description of the long-term preservation plan is available in Section 5.2. See also group response in Table E-2 of Appendix E relating to the cost of the alternatives (including mothballing costs).

Commenter IG16-4: VA recognizes the potential adverse impacts on the local economy and businesses. See group responses in Table E-2 of Appendix E relating to the analysis of potential socioeconomic impacts and potential cumulative impacts on the local community.
Commenter IG17: Rafael Gomez
IG17-1: VA acknowledges your support to keep the Hot Springs facility open.

VA notes that while the proposal calls for closing of the existing hospital, outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IG18: Steve Griffin

Duplicate letter as IG10. See response to comments in IG-10.
Proposed Closure of VABHCS Hot Springs Campus Impact Statement

I am a US Navy Vietnam veteran, property owner, small business owner and a retired VA employee. I am writing to you in regard to the proposed closure of the Veterans Affairs Hospital in Hot Springs SD.

The closure of this facility would affect me in many ways.

First, as a property owner in Fall River County and South Dakota, the closure of this facility would increase my real estate taxes. The impact of federal property payments in lieu of taxes would definitely affect the schools in Hot Springs. I have three grandchildren in the Hot Springs school system who would not have the full benefit of these payments to offset the cost of their education. Property values would decrease as jobs are eliminated in Fall River County.

As a small business owner, my income and profit/loss depends on the population that is available to purchase my products. If that population is significantly affected, as it would be with the closure of the Hot Springs VA facility, the opportunity for me to continue to operate my business would diminish, and it is likely that I would lose my business.

Prior to the merging of the Ft. Meade VA facility and the Hot Springs VA facility into the VA Black Hills Health Care System, the Hot Springs facility had a sound fiscal base and was meeting the needs of the veterans within the budgeted funds which were provided by the federal government. After the merger, the Hot Springs facility began to operate in the red as the Ft. Meade facility had done for years. The administration for VABHCS and VISN 23 have been systematically reducing the care offered at Hot Springs and moving those services to Ft. Meade. Vacant positions were not filled at Hot Springs or were opened at temporary appointments with very little benefits. This also created an atmosphere where employees were reluctant to accept positions at Hot Springs in fear that the facility would actually be closed.

The current VA administration has indicated that they want to move the VA facilities to Rapid City. However, a very large part of the patient population at Hot Springs reside in western Nebraska and southwest Wyoming. The movement of services to Rapid City would increase the commute distance for these veterans by another 120 miles. I do not believe that adding distance for patients meets the current VA guidelines for providing timely and convenient patient care. Many of these veterans from Wyoming and Nebraska are elderly and in many instances the elderly wife is the one doing the driving. Having the patients on the highways for another two hours is certainly not in the best interest of good patient care or safety of our patients.

It is a known fact that veterans suffering from PTSD have better treatment outcomes and a higher success rate at a facility in a rural environment. The Hot Springs VA facility has a domiciliary with a capacity of 200 patients but are utilizing only about 25% of those available beds. Veterans are requesting PTSD treatment at the Hot Springs facility but the shrinking of

IH1-1: VA recognizes the potential adverse impacts on the local economy and businesses. Potential socioeconomic impacts and impacts on community services (including property taxes and schools) are addressed in Sections 4.10 and 4.11 of the Final EIS. They have been revised to address potential impacts to the local community of Hot Springs.

IH1-2: VA notes that past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), based on a variety of factors, and are not subject to a NEPA review. See also group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the Final EIS.

IH1-3: While the proposal calls for closing of the existing hospital, outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs (and on the existing campus under the new preferred alternative A-2). In addition, eligible Veterans now have more options for care from community providers (hospitals, urgent care, specialty services), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care. Only the RRTP is moving to Rapid City; also, the existing CBOC in Rapid City would be expanded to a MSOC to include additional specialty services.

IH1-4: The Final EIS has been revised to include more rationale for relocating the Dom to Rapid City.
Commenter IH1: Kenneth Haden

available beds and staff has created a backlog in the provision of this very critical treatment modality.

Patients who have in the past received their care at Hot Springs are being shuffled to Ft. Meade for critical life-saving preventive health procedures like colonoscopy or stress tests. Many of the procedures that are considered by the VA and the medical community at large to be critical for good health have been “moved” to Stamps. This requires additional time, distance and expense for patients who need this very important care.

Please consider that the Hot Springs VA provides care for many of our Native American veterans who serve and have served this country proudly. Because of extreme shortage of trained medical professionals, the Indian Health Service has shifted all of the care for their veterans to the Veterans Health Administration. The removal of critical inpatient services and outpatient services for these veterans at the Hot Springs VA places them in an extremely difficult situation where health care is not available to them either through the Indian Health Service or the Veterans Health Administration. The removal of this local care represents another way that our nation has not met our responsibilities for the health care of our Native American veterans.

I humbly request that you consider all of the information that you will receive from individuals who know that the dismantling of the Hot Springs VA is not in the best interest of the veterans in Wyoming, Nebraska and South Dakota. We must continue to pursue excellence for our veterans. "To care for those who bore the battle" is certainly our greatest calling. Freedom does not come without responsibility. The people of this great nation support our troops, and denying treatment through whatever means is unacceptable.

Kenneth Haden
Hot Springs, SD 57747

IH1-5: Native Americans would have the choice, under all the alternatives, to use either a VA or IHS system for their care as a result of a national Memorandum of Understanding that has been established between VA and Indian Health Service. They would also still be able to receive primary care through the new CBOC in Hot Springs. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.
Commenter IH2: Derrick Hampton
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IH2-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully operational. Under the new preferred alternative A-2, outpatient primary care services and some limited specialty services would be provided on the existing Hot Springs campus.
### Commenter IH3: Edward Harvey

**Environmental Impact Statement (EIS) Comment Sheet**

**Name:** Edward Harvey  
**Address:** Hot Springs, SD 57747  
**Phone:**  
**E-mail:**

**EIS Section:** Executive Summary  
**EIS Statement:** Purpose  
**Comment:**

**Bullet 1 - Providing locations and facilities etc:** Providing facilities in locations that are sensitive to the needs of the veterans in the catchment area is crucial to quality care. Native American veterans in this area have used the Hot Springs area as a sacred healing location for centuries and feel a sense of peace and comfort with this location. Conversely the Fort Meade location is connected with a historical massacre of their people, causing feelings of trepidation and even fear, which is not conducive to healing. Most veterans from a rural background are not comfortable in cities. The crowds and noise cause us to be nervous and on constant alert for threats. Again this is not an environment conducive to healing. The same also applies to veterans suffering from PTSD, recovery requires a stress free environment. I and many other veterans experience a feeling of peace from the soft warmth of the stone structures at Hot Springs. The sterile modern hospital structures are cold and uninviting adding an element of unease to any visit.

**IH3-1:** Native American traditional healing practices in the Black Hills are significant to those populations and to our understanding of American history. VA has identified the Battle Mountain Landform as a historic property within the APE. No Native American Tribes identified any traditional cultural properties on the site the of Hot Springs VA campus.

**IH3-2:** Some health care services (outpatient primary care and some specialty care) would remain in Hot Springs under all of the alternatives. Under the new preferred alternative A-2, these services would be provided on the existing Hot Springs campus. VA recognizes the larger urban setting of Rapid City may not be as inviting to many Veterans, however, VA believes that the advantages for residential treatment outweigh the concerns. Peaceful and serene settings will also be incorporated into facility design and selection of the site to the extent possible.
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<td><strong>IH3-3</strong> VA has revised the statements about the suitability of the buildings to meet ABA and VA standards. See Table E-2 in Appendix E relating to ADA accessibility.</td>
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<td><strong>IH3-4</strong> See group responses in E.3.1 and E.3.3 in Appendix E relating distance travelled and to the expanded purchased care option and quality of care concerns.</td>
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<td><strong>IH3-5</strong> Under the preferred Alternative A-2, outpatient primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. Eligible Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.</td>
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**Bullet 2** Compliance with accessibility requirements: First these requirements have been the law for more than 40 years. Modifications should have been made long ago. Citing this cost is unacceptable on many levels. Past refusal to comply with the law and upgrade or modify the facility didn’t appear to be an issue until now and could have been accomplished without the added landmark requirements. The VA has publicly stated that veteran service not cost is the only issue. Taking this at face value, only benefit to the veterans should be an issue for this determination.

**Bullet 3** Increasing access to care closer to Veteran residences: Replacing a full service hospital with a limited service clinic can only be deemed a reduction in care availability and quality. This will result in extended travel distances and times for veterans needing more than minimal services. Imagine the veteran residing in Fall River County scheduled for a routine colonoscopy, who after consuming the bowel cleansing solutions, now must travel 150 plus miles to Fort Meade for this procedure. The Veterans Choice program, even if it is made viable, does little to alleviate this type of problem in rural areas with limited medical facilities.

**Bullet 4** Reducing veteran out-of-pocket travel expenses: Adding an extra 150 plus miles one way to Fort Meade from Hot Springs is not a cost savings for veterans or the VA. For many elderly veterans and their spouses a trip of this length combined with the time spent receiving treatment will require a stay in a motel for one night, plus any additional recovery time necessary for safe travel.
Commenter IH3: Edward Harvey

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<td>EIS Statement: Need</td>
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<td>Comment: Bullet 1 - Maintaining care at Hot Springs: The VA by its inept management and misguided policies has produced a situation which can only result in failure to provide care at this facility. Full River Health services has continued to attract quality doctors and nurses at a facility much smaller than the VA Hospital without the benefit packages associated with government service. Most rural facilities in this catchment area are able to maintain and attract quality staff. I am unaware of any lengthy record of patient injuries tied to unsafe conditions at this facility. Accessibility for the hospital section appears to be adequate as I routinely see veterans in wheelchairs receiving care without any issues. The PTSD program is only available for veterans who do not have mobility issues. As stated above these requirements have been law for over 40 years with no attempt by BHHCs management to correct any non-compliance issues.</td>
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| IH3-6 |
| VA's challenges with staff recruitment have been clearly laid out in Chapter 1 of the EIS. An integral component of the proposed reconfiguration is greater reliance on local community providers. Eligible Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care. |

| IH3-7 |
| VA notes that past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), based on a variety of factors, and are not subject to a NEPA review. See also group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the Final EIS. |

| IH3-8 |
| Bullet 2 - Existing Facilities constrain care, services and access: Services have been systematically reduced by BHHCs management due to policies, not due to lack of adequate space or equipment. Actually services have been terminated and the equipment moved to Fort Meade in more than one instance. Radiological services comes to mind. A facility in and of itself does not reduce quality of care. The appearance of a building can be warm and inviting or cold and impersonal. Most new construction is by design cold and impersonal. A well maintained older building has character and warmth with an aura of solidity. Many older facilities have proud traditions of quality personalized care and long histories of positive treatment for area veterans. This is another intangible ingredient of quality care, enhancing veteran trust in the care received. |
Release Information to the Congressional ___ X ___ Yes ___ No

I, Edward F Harvey, give permission/authorization for Save The VA to enter this information online on my behalf.

Signature

Date 26 JAN 2016
Commenter IH4: Edward Harvey

Environmental Impact Statement (EIS) Comment Sheet
Name: Edward F, Harvey
Address: [Redacted]
Phone: [Redacted]
e-mail: [Redacted]
EIS Section: Executive Summary
EIS Statement: Purpose - Bullet 1

Maintain quality care in the catchment area
Comment: In the last week a veteran (Jim) went to BHCRC for treatment. He was advised that he needed immediate heart bypass surgery to prevent a fatal heart attack. Next he was advised that the waiting list had a 5 month wait time for him. On advice from friends he contacted our congressional representative and two days later was given a voucher for treatment, by the BHCRC at Rapid Regional. He is presently in the hospital awaiting quadruple bypass surgery tomorrow. This real scenario only points out the need for restoring the Hot Springs Facility to its former full service status. This system is broken due to inept management. How many veterans like Jim do not contact congress to receive their benefits. Rather they go home and hope they will not die before their turn on the waiting list comes up. What veterans need is care that is responsive to their needs. Existing facilities need to be upgraded to provide needed services and procedures need to be changed to provide timely response to care needs. Whatever system was used for Jim should be the norm, not Veterans Choice or other extended wait avenues and not requiring contacting congressional representatives to obtain timely care. The purpose can only be achieved by restoring existing facilities to full service status and implementing system changes that provide for immediate care at non VA facilities when care cannot be provided on site.

IH4-1: Thank you for sharing your story. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans. Eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before. This should help reduce wait times and provide more options for health care treatment for Veterans.
Commenter IH4: Edward Harvey

Release Information to the Congressional _X__ Yes ___ No

Edward F. Harvey give permission/authorization for Save the VA to enter this information online on my behalf.

Signature: Edward F. Harvey
Date: 17Feb16
Commenter IH5: Ruth Haynie
Commenter IH5: Ruth Haynie

VA recognizes the potential for adverse impacts on the local economy and businesses and has expanded Sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and community services of Hot Springs.

VA acknowledges your support to keep the Hot Springs VAMC open and notes that under the new preferred alternative A-2, outpatient primary care services and some limited specialty services would be provided on the existing Hot Springs campus. In addition, a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus; it would bring up to 120 jobs to the area which should also help address potential economic concerns.

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

Ruth J Haynie  
Date: January 23, 2016
Commenter IH6: Clifford Heinzen
IH6-1: Past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), based on a variety of factors, and are not subject to a NEPA review. See also group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the Final EIS.

IH6-2: While the proposal calls for closing the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care, and section E.3.1 in Appendix E relating to the distance Veterans travel.
Commenter IH7: Virginia Heinzen
Commenter IH7: Virginia Heinzen

Environmental Impact Statement (EIS) Comment Sheet

Name: Virginia M Heinzen

Address: Hot Springs, SD 57747

Phone: 

Release Information to the Congressional 

X Yes ___ No

Section 3.4.2.3

Need: I need you to keep the Hot Springs VA where it is. We bought our home here. The main reason was because the VA is 10 miles from our home. My husband is a vet. He has used the VA campus since we moved here 43 years ago. Today services have been cut off. I have continued to do the best they can despite all the cuts that have occurred. What a shame.

Purpose: Closing the VA in Hot Springs will impact us personally because the taxes we pay within the community there will be lowered. $7mill for our community. Just because of greedy cuts is stupid. How can people who do not live here, we lose. Everyone here will suffer.

Our property taxes will drop. SHAME!

If you are trying to delay a wonderful town you are doing a good job of it.

Approval: Virginia Heinzen

Date: 1-28-16

Commenter IH7-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully operational and has made it part of the public record for this EIS.

VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow that to meet the current and future needs of our Veterans. While the proposal calls for closing of the existing hospital, VA notes that outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.

Commenter IH7-2: VA recognizes the potential for adverse impacts on the local economy and businesses and has expanded Sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and community services of Hot Springs.
Section 4.11 of the EIS addresses potential impacts on housing.

A new development since the Draft EIS came out is that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus and would bring up to 120 jobs to the area. Though this call center is not related to the proposed reconfiguration of healthcare services, it is an example of the types of adaptive reuses available for the Hot Springs campus in the event a decision is made to vacate the campus. The call center jobs would also help address potential economic concerns.
<p>| Commenter IH9: Larry Herman |</p>
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<th>Commenter IH9: Larry Herman</th>
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</table>

**Environmental Impact Statement (EIS) Comment Sheet**

Name: Larry Herman
Address: [Redacted]
Phone: [Redacted]
e-mail: [Redacted]

EIS Section: 2.3.5

**EIS Statement:** Alternative E-Save the VA Proposal

**Comment:** My main concern is the veterans that have to travel so far for services if the BHICS closes. The Native Americans have a problem getting from Pine Ridge Reservation to Hot Springs now. What will they do if the BHICS closes and they must travel further?

You asked the Veterans to tell you what they wanted...We Did....Please listen!

Let's implement the Save The VA Proposal

---

IH9-1: Native Americans would have the choice, under all the alternatives, to use either a VA or IHS system for their care as a result of a national Memorandum of Understanding that has been established between VA and Indian Health Service. They would also still be able to receive primary care through the new CBOC in Hot Springs. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

IH9-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
<table>
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<tr>
<th>Commenter IH9: Larry Herman</th>
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Release Information to the Congressional

- Yes [X]  
- No [ ]

I, Larry Herman, give permission/authorization for SaveTheVA to enter this information online on my behalf.

Signature: Larry Herman  
Date: 01/20/16
Commenter IH10: Mary Houwman
Commenter IH10: Mary Houwman

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<tr>
<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tr>
<td>Name: IH10-2: IH9-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</td>
</tr>
<tr>
<td>Address: IH10-2: IH9-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</td>
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<tr>
<td>Phone:</td>
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<tr>
<td>e-mail:</td>
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<tr>
<td>Release Information to the Congressional  Yes  No</td>
</tr>
<tr>
<td>Section: 3.10.2. VA Employment.</td>
</tr>
<tr>
<td>Need: IH10-2: IH9-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</td>
</tr>
<tr>
<td>Purpose: IH10-2: IH9-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</td>
</tr>
<tr>
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<tr>
<td>A new development since the Draft EIS came out is that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus and would bring up to 120 jobs to the area. Though this call center is not related to the proposed reconfiguration of healthcare services, it is an example of the types of adaptive reuses available for the Hot Springs campus in the event a decision is made to vacate the campus. The call center jobs would also help address potential economic concerns.</td>
</tr>
<tr>
<td>IH10-2: IH9-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.</td>
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We need the VA in Hot Springs
2.3.5. Alternative E: Save the VA Proposal

Signature: Mary Houwman
Date: 10-20-16
Commenter IH11: Joanne Hairy Shirt
<table>
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<tr>
<th>Commenter IH11: Joanne Hairy Shirt</th>
</tr>
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</table>

| Name:           | Joanne Hairy Shirt |
| Address:        | Pine Ridge, SD 57770 |
| Phone:          | [Redacted] |
| e-mail:         | [Redacted] |
| EIS Section:    | 235, Alternative E (Save the VA proposal) |
| EIS Statement:  | VA Plan |

**Comment:**

Please keep the Hot Springs VA open to serve our rural veterans. Many travel hundreds of miles to get to Hot Springs for medical care. Let's keep their medical services without adding miles.

**EIS Section:** 235, Alternative E (Save the VA proposal)

**EIS Statement:** VA Plan

**Comment:**

IH11-1: IH10-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IH11: Joanne Hairy Shirt

Release Information to the Congressional __________ Yes ________ No

I, Joanne Hairy Shirt, give permission/authorization for ______________
enter this information above on my behalf.

Joanne Hairy Shirt 6/1/16
Signature Date
Commenter IH12: Emmett Hale
Commenter IH12: Emmett Hale

IH12-1: We appreciate your service and note that under the preferred Alternative A-2, outpatient primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. Eligible Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance Veterans travel and purchased care option and quality of care.

From: Emmett Hale
Sent: Wednesday, March 02, 2016 10:19 PM
To: VA Black Hills Future
Subject: [EXTERNAL] Closing Hot Springs VA

Hi,

I hope the VA keeps Hot Springs open. I have been in the hospital there and had great care and they got me fixed up fine.

Since I live 17 miles SW of Crawford, NE I have a ways to go for medical care where ever I go, but Hot Springs is closer than Rapid City or Ft. Meade. I have already refused to go to Ft. Meade for tests that I thought Hot Springs could do if they would.

Anyway, I am for keeping the Hot Springs VA open and upgrading it if it needs it.

Emmett Hale

I served in the Navy from '58 to '63
Commenter IH13: Ed Harvey
From: Ed Harvey
Sent: Tuesday, December 29, 2015 11:44 AM
Subject: FW [EXTERNAL] Draft EIS statement response
Attachments: COMMENTS ON VABHICS ES 1408.docx

From: ED HARVEY
Sent: Thursday, December 17, 2015 11:01 AM
To: VA Black Hills Future
Subject: [EXTERNAL] Draft EIS statement response

please acknowledge receipt.
### Commenter IH13: Ed Harvey

| IH13-1 | Under the preferred Alternative A-2, outpatient primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. Eligible Veterans also now have more options for care from community providers, at VA expense, closer to where they live to help reduce distance Veterans have to travel. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care. |
| IH13-2 | VA used the most up-to-date population 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. |
| IH13-3 | Chapter 1 discusses the many challenges VA faces in recruiting staff. |
| IH13-4 | VA has revised statements in the Final EIS about the suitability of the historic buildings to comply with the ABA (see added discussion to Section 2.2 relating to each alternative’s ability to purpose and need. See also related group response in Table E-2 of Appendix E. |

### COMMENTS ON VARHCS EIS 14-06

1. 2.1 Statement of purpose and need includes increasing access to care closer to where veterans reside and reducing out of pocket expenses for veteran travel. Requiring rural veterans to travel to Fort Meade for medical care adds over 100 miles one way from Hot Springs. Thus your proposal increases cost and places services farther from patient residences.

1. 2.2.2 Exhibit 1: Low usage at the Hot Springs facility. According to your figures Hot Springs has more registered Patients than Rapid City and 4 times the patient encounters as rapid city. 125,000+ patient encounters per year is not significantly lower than the numbers for other BHCS campuses. Had the VA not reduced services at Hot Springs, forcing veterans to travel to rapid city or Ft Meade for needed services, these numbers would further show the importance of having a rural facility in this area. I also question the patient numbers given in exhibit 1. During Mr. Distasio’s tenure I received notice that I was now a registered patient at Ft Meade. 5 of my veteran neighbors also received this notice. I was able to correct this however I question how many veterans in BHCS expanded the effort to correct their status. How were patient locations verified as this situation seems to be another attempt by BHCS administration to falsify information to confirm their agenda, much the same as false waiting lists. Also no study is shown which addresses the ability of Ft Meade to absorb the increased patient load should Hot Springs be closed.

1. 2.2.2 Lack of ability to recruit and maintain clinical competency of staff. I find it amazing that small rural hospitals are able to recruit and maintain clinical staff in the BHCS catchment area where a national program such as the VA CAN’T.

A study needs to be done comparing recruitment ads by small hospitals with similar ads by BHCS administration. Veterans would be better served by first recruiting competent managers from small rural hospitals who have proven ability to maintain staffing to replace current managers who have demonstrated their lack of ability. Actually if the VA were to coordinate with medicare etc and provide full service rural hospitals it would not only benefit veterans but would be beneficial to all rural citizens. This concept could be called Vision for Rural Americas future section 1.2.1.

1. 2.2.1.2 Non compliance with 42U.S.C.4151. THIS LAW(Architectural Barriers Act) WAS PASSED IN 1968. Any government facility which does comply today, has been out of compliance for approximately 47 YEARS. I believe this should constitute gross negligence on the part of any managing agency. Using this as an issue to close a facility constitutes a cover up of past negligence as does any citing of neglected system maintenance. Assuming these issues have not adversely impacted use of this facility for this extended length of time why are they now an issue. This section neglects to consider the whole law, as provisions are made for acceptable partial compliance. Also no mention is made of repurposing medical sections into office space or storage in newly renovated compliant sections of the Hot Springs campus. Clearly not an example of directing funds into patient care. No mention is made of other BHCS facilities and their needs for renovation as a comparison. Any newly constructed facility would most probably suffer the same neglect from this agency.
IH13-5: Thank you for your comment. The discussion was not meant to include a comprehensive and detailed accounting and cost comparison between major facilities within the VA BHCHS. It is to show that operating two older facilities with duplicative services is not efficient.

IH13-6: The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volumes and services. VA has analyzed the most up-to-date data and it helps support VA’s ongoing concerns about our ability to maintain safe and quality health care services at the Hot Springs campus in its current configuration. VA is unable to provide all services required at every VA location. VA partners with community providers to procure services not offered by VA and/or care closer to where Veterans live.

IH13-7: As stated in the EIS, decisions about specific health care services that VA offers to Veterans at any location are decisions made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), to further VA’s mission to provide exceptional health care that improves Veterans’ health and well being. Such decisions are not subject to a NEPA review. This EIS analyzed impacts from the alternatives for constructing and operating the physical facilities from which health care services are offered.

IH13-8: The NHPA does not require disclosure of yearly maintenance costs. See Table 1-4 in the EIS for the 30-year costs of operating the Hot Springs VA campus.
2.2 Veterans Choice Program: This program has proven to be less efficient than regular VA wait lists, with an administrative cost of $1 BILLION per year for the present contract. The inflated projected cost of a full-service hospital at Hot Springs would be $20 million dollars per year for 30 years with a probability of immediate medical care for area veterans. How does this constitute good stewardship of veterans' care dollars and who gets the retention bonus? 

Executive order 13193 was not implemented by BHHCs or the VA; this was accomplished by local efforts overcoming BHHCs resistance.

2.3.1.1 Hot Springs CBDC
If the goal is to build a new structure, why would it be prudent to purchase 5 acres when we already have a site with over 70 acres, which has available city water and sewer? These services are not presently available outside the city limits. Given that no firm plan exists for this proposal, no verifiable estimate of short or long-term costs can be determined. Given the best case scenario of historic VA estimates being off by 66% the numbers in Table 2-3 are woefully low. Do these 30-year cost projections include property taxes, salaries, infrastructure maintenance and projected modifications to remain up to date with evolving medical needs? How does a part-time CBDC enhance veteran care over a 24-hour hospital with an emergency room? Given the VA history of closing rural CBDC facilities what assurances will be given for long-term availability of this proposed facility? Rapid cost facility cost estimates have the same lack of credibility as the CBDC. Given the projected number of FTEs at 290 at a modest average of 30,000/year the cost for salaries alone (without benefits) is over $260,000,000 for the 30-year period. Almost double the projected 30-year cost, without any money for facilities.

In summary the PURPOSE of this EIS should be redefined as another attempt by the VA and BHHCs to cover up decades of mismanagement and neglect of facilities placed under their care while obtaining maximum retention bonuses for inept managers. Their preferred alternative has no basis in fact and does not even have a clear direction or goal. In all my years of making proposals for funding to the government and preparing EIS documents, this is the worst example I have encountered.

EDWARD F. HARVEY
Commenter IH14: Juanita Holley
**Commenter IH14: Juanita Holley**

<table>
<thead>
<tr>
<th>From:</th>
<th>VA Black Hills Future <a href="mailto:vablackhillsfuture@va.gov">vablackhillsfuture@va.gov</a></th>
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<tbody>
<tr>
<td>Sent:</td>
<td>Wednesday, March 16, 2016 5:28 PM</td>
</tr>
<tr>
<td>Subject</td>
<td>FW: [EXTERNAL] Alternative E</td>
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</table>

--- Original Message ---

My husband is a 100% disabled Vietnam Veteran due to . We recently moved to Hot Springs to be near a VA Hospital that specializes in patients. Going to a big city, i.e. Rapid City, brings on anxiety attacks. Why would you place our Veterans in a situation that brings on anxiety attacks just to save some money? Haven't our Veterans already given enough of themselves to not have to keep paying by being placed into a situation that brings on anxiety?

Select Alternative "E" and repay our veterans for all that they have sacrificed for our freedom.

Juanita Holley
Hot Springs

---

IH14-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IH15: Matt Hubner
**Commenter IH15: Matt Hubner**

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<tr>
<th>From:</th>
<th>VA Black Hills Future <a href="mailto:vablackhillsfuture@va.gov">vablackhillsfuture@va.gov</a></th>
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<tr>
<td>Sent:</td>
<td>Tuesday, December 29, 2015 11:45 AM</td>
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<tr>
<td>Subject:</td>
<td>FW: [EXTERNAL] Confirmation of comment deadline</td>
</tr>
</tbody>
</table>

| From: Hubner, Matt |
| Sent: Monday, December 21, 2015 2:52 PM |
| To: VA Black Hills Future |
| Subject: [EXTERNAL] Confirmation of comment deadline |

Hi Luke,

I'm the lead NEPA reviewer for EPA Region 8 for this project. I just wanted to get confirmation that the comment deadline has been extended to February 5, 2016. Our tracking system still indicates the deadline is January 5, 2016, but I noticed all the online deadlines have shifted.

Thanks for your assistance.

Happy Holidays,

Matt Hubner
NEPA Reviewer
Region 8

IH15-1: The comment period was actually extended multiple times and officially ended on June 20, 2016.
IH16-1: Thank you for your comment. VA agrees that Veterans need the best care available and believes the proposed reconfiguration will provide the safe and quality care to meet the current and future health care needs of Veterans. Chapter 2 of the Final EIS provides an additional breakout of costs for each alternative.
**Commenter IH17: Edward Harvey**

**COMMENTS ON VABHHCS EIS 1406**

1.2.1 Statement of purpose and need includes increasing access to care closer to where veterans reside and reducing out of pocket expenses for veteran travel. Requiring rural veterans to travel to Fort Meade for medical care adds over 100 miles one way from Hot Springs. Thus your proposal increases cost and places services farther from residences.

1.2.2.2.1 Exhibit 1: Low usage at the Hot Springs Facility. According to your figures Hot Springs has more registered patients than Rapid City and 4 times the patient encounters as rapid city. Had the VA not reduced services at Hot Springs these numbers would further show the importance of having a rural facility in this area. Also no study is shown which addresses the ability of Fort Meade to absorb the increased patient load should Hot Springs be closed.

1.2.2 Lack of ability to maintain recruit and maintain clinical competency of staff. I find it amazing that small rural hospitals are able to recruit and maintain staff where a major national program such as the VA CAN’T. Perhaps veterans would be better served by first recruiting competent managers from small rural hospitals who have proven abilities to maintain staffing. Actually if the VA were to coordinate with medicare etc. and provide full service rural hospitals it would not only benefit veterans but would be beneficial to all rural citizens. This concept could be called vision for the future section 1.2.1

1.2.2.1.2 Non compliance with 42U.S.C 4151. THIS LAW WAS PASSED IN 1968. Any government facility which does not comply today has been out of compliance for approximately 47 YEARS. I believe this should constitute gross negligence on the part of any managing agency. Using this as an issue to close a facility constitutes a cover up of past negligence as does any citing of neglected system maintainence. Any newly constructed facility would most probably suffer the same neglect from this agency.

EDWARD F. HARVEY
**Commenter IH18: Doug Harvey**

| From: | Doug Harvey |
| Sent: | Monday, November 2, 2015 1:31 PM |
| To: | VA Black Hills Future |

| IH18-1 | The proposed reconfiguration was developed to ensure safety and quality of care to all Veterans in the BHHCS service area. |

Hi, come it isn't for all veterans instead of just a few

*Sent from my Verizon Wireless 4G LTE DROID*
IH19: Thank you for sharing your paper on your experience and impressions of the Hot Springs campus. It is included in its entirety with your comment and being made part of the public record for this EIS - for all to read and share in your discoveries. VA is proud of the Hot Springs medical center’s excellent record of care and service provided to our Veterans.

Reasons why the VA proposes to relocate the residential treatment program to Rapid City are discussed in more detail in Section 1.2.2.3 of the Final EIS.
November 11, 2014

U.S. Department of Veterans Affairs
Attn: Secretary Robert A. McDonald
810 Vermont Ave. NW
Washington, DC 20420

Dear Sir;

When I was studying for certification as a Substance Abuse Counselor at the University of South Dakota I had a "shadowing assignment" at the Addictive Disorders Services Program at the Veteran’s Hospital in Hot Springs, South Dakota. I spent two days there and attended staff meetings, interviewed staff, and observed programs. I was extremely impressed with the dedication of the staff, the high quality and comprehensive programming, and the overall positive and healing environment (milieu). The facility was spacious, well maintained and set in the natural beauty of the southern Black Hills.

I wanted to share this paper with you to add my support for keeping the VA Program and facility in Hot Springs. The physical plant is a national treasure, the treatment program is exceptional, and the community is dependent on and deeply respectful and supportive of the veterans. Overall, it is "An Oasis of Healing" and precious resource for our veterans.

Sincerely,

Patrick Henry Heier, M.A.

Hosmer, SD 57448
| Commenter IH19: Patrick Heier |

An Oasis of Healing
Patrick H. Heier, M.A.
ADA 220 Alcohol/Drug Helping Skills
USD Professor: Jack Stoddard, MA, CCDCII
November 18, 2012
Commenter IH19: Patrick Heier

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<td>My shadowing experience was at the Hot Springs campus of the VA Black Hills Health Care System. The hospital is located in a beautiful former tuberculosis hospital in the Southern Black Hills about sixty miles south of Rapid City. The treatment program is both “holistic and interpersonal in nature” (ADS Program Guide). The program services six states with an average age of 47, of which approximately 24% are Native Americans.</td>
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The factors that inspired me to call the Hot Springs VA Hospital an "Oasis of Healing" was a combination of the physical plant, the professional and well-organized treatment program, and the overall feeling, a positive 'milieu' atmosphere surrounding the facility, the people working there and the veterans themselves.

The physical plant was first built to serve as a tuberculosis sanitarium and was converted to a veteran’s home and hospital in 1889. The hospital is located on top of a scenic hill with plenty of fresh air. The building has high ceilings and many large windows for ample air circulation. The center of the hospital is a round courtyard with a fountain in the center. The offices and hospital facilities are situated in a circular manner around the courtyard, and spoke-like dormitories protrude out from the circle almost like spokes in a wheel. The VA Hospital is a designated National Historical Site.

Description of Treatment Program

The Hot Springs campus of the VA Black Hills Health Care System treatment program consists of the Addictive Disorders Services (ADS) and Intensive Residential Treatment (IRT), as well as Intermediate Residential Care (IRC). The ADS program is modeled after 12-step recovery traditions. ADS consists of a maximum of seven weeks, which can include a combination of IRT and IRC or all of one or all of the other depending on the individual needs of the veterans. Extension of the seven week limit is possible if determined necessary by the treatment team (ADS Program Guide).

IRT has 36 treatment openings for both male and female veterans, as well as an outpatient treatment component for veterans living in the community. It has an educational component which concentrates on the process of addiction and recovery and includes classes, focus groups, 12-step recovery structure, and individual counseling sessions. IRT veteran participants must attend a minimum of five addiction therapy groups a week, and nine psycho-educational groups. There are also ten special focused group therapy sessions based on individually assessed needs. Participants must meet once a week with a care coordinator and with an addiction therapist for orientation and sign an ADS treatment contract. They must become acquainted with expectations of the program, attendance requirements, and "Journaling on a minimum of three sobriety focused support activities" (ADS Program Guide).

The IRC "is a semi-structured residential environment fostering continued addiction free lifestyle through therapeutic programming to develop life skills to live a clean and sober lifestyle". The program emphasizes developing sobriety maintenance skills through weekly meetings with a care coordinator and a primary therapist, attendance of four primary group therapy sessions "focused on living sober skills and other general aftercare issues including Life Skills group therapy weekly". Participants will sign an ADS treatment contract and will attend and journal a minimum of three sobriety focused support activities per week. Other psycho-educational classes and individual and group therapy are available if necessary (ADS Program Guide).
Commenter IH19: Patrick Heier

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**Program Philosophy**

Recovery is a lifetime process of growth in sobriety. Responsibility for recovery belongs to the individual and often involves changing one’s lifestyle, goals, attitudes, values and beliefs. It is a process in which relapse is common, therefore, most individuals in recovery need a strong support system including spiritual, family, social and possibly medical and/or mental health treatment. Recovery is a process of inner discovery and of progress towards the attainment of health and serenity.

The role of the staff is to assist the veteran obtain the knowledge, insight and skills needed to maintain a utilization of interdisciplinary team members, 12-step recovery and other treatment modalities assisting in reaching toward this end.

The ADS motto is "ADS adds quality to life. Quality to the lives of veterans, their families and community by promoting and coaching sobriety" (ADS Program Guide).

**Staff Interviews**

My first interview was with Uzo Ma (Uzo) C. Obineche, CSW-IP, MAC, NCC; Program Coordinator, Addictive Disorders. He was very open to explaining in depth the treatment programs and his personal reflections as well as answering my questions. Uzo expressed some frustration that approximately 75% of his job was administrative and paperwork, and 25% was clinical. He expressed that he preferred the clinical work but accepted his administrative responsibilities. He gave me a tour of the facility, introduced me to fellow staff members and arranged for further interviews.

My second extensive interview was with Michael L. Barnes, MAEDC, Vocational Rehabilitation Specialist. Mr. Barnes explained the different work programs and job training available at the hospital, and that the hospital worked in conjunction with Western Technical Institute which offers certification to veterans for various career positions such as Hospital Janitor, Environmental Maintenance Specialist, VA Housekeeping, and Food Service Positions. The veterans are paid minimum wage for 20 hours a week with credit applying to certification and eventual transfer of work into the community.

Another important part of the treatment program Mr. Barnes emphasized was the spiritual aspect, not only the 12-step structure but also culturally designed programs focused on Native American Indian veterans such as Pipi Inti, Two Spirit, and weekly Sweat Lodge ceremonies. CSAT (1999) reports that alcohol impacts this population (Native American) in terms of cancer, diabetes, heart disease, injuries, and death. In a comparison of American Indians with the general population, May (1986) found higher death rates, more deaths caused by cirrhosis of the liver, and more incidents of suicide and homicide. T.J. Young (1988) reports that 75% of the deaths in this ethnic population are related to alcohol. May (1994) found that more than one-third of the deaths were due to cirrhosis of the liver from alcoholism. Alcohol is the number-one cause of arrests (CSAT, 1999). Mr. Barnes strongly cautioned "how bad a drug alcohol is!" Native American traditional spiritual approaches include: Talking Circle/Talk Stick, Sweat Lodge, and Right Path of Life (Geri Miller, 2010). Other participant programs include participant veteran’s government, Bible study, and chaplain services.
An Oasis of Healing

The third person Uzo arranged for me to interview was Sara Bates, a PTSD/Addiction Therapist. Ms. Bates stated she received her degree from Chadron State College in Nebraska and commuted daily to Hot Springs (about 60 miles). In addition to her college training and addictions certification, she was studying Interpersonal Psychotherapy and referred me to the book, "The Comprehensive Guide to Interpersonal Psychotherapy" by Weissman, Markowitz, & Klerman. Ms. Bates stated, "This therapeutic approach helps with bringing veterans out of isolation and promotes social interaction". Ms. Bates also said she received specialized training in Brief Therapy and Grief Therapy.

Conclusion

As I was leaving the Veterans Hospital in Hot Springs I felt I had experienced a very positive, respectful, and healthy natural healing environment. Most of the staff and veterans smiled and greeted me during my visit; some veterans even respectively called me "Sir". There is, however, a cloud hanging over this facility. There is ongoing talk about closing the VA in Hot Springs and moving it to Rapid City. A recent article in the Rapid City Journal stated, "The 134 residents, veterans, and their spouses at the Hot Springs facility like it there and most of them don't want to move. They appreciate the peaceful setting and the good care they receive...they love the location for its small-town atmosphere". In a guest editorial in the Hot Springs Star, Hot Springs resident Mary Anna Ball writes, "We are proud that it (the VA Hospital) is one of the outstanding facilities in the US. Its reputation is well earned for being caring for all Vets and their families. The facility is gorgeous with its landscaping, sitting here in the Southern Black Hills. Do you know that Hot Springs has the warmest weather in South Dakota? Compared to Rapid City with its constant harsh winds, it is truly a banana belt. Its stately, sound architecture is awesome and one of a kind in our great nation. The national cemetery on the grounds inspires its spiritual beauty. It is a unique National Memorial to past and present Veterans. It is a place of healing, both physical and spiritual."

The addiction program, the work program, and the living component (especially for homeless veterans) all in one location and all living and healing together inspired my impression of the Hot Springs Veterans Hospital as an "Oasis of Healing".
References
Addictive Disorders Services (ADS) Program Guide, pgs. 1,3,85.
<table>
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<th>Commenter IH20: Roger Hollrah</th>
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IH20-1: Renovation of this historic Hot Springs campus are greater than new build although, as VA has pointed out, the final decision is not based solely on cost. A more detailed breakout of the cost of each alternative is now provided in Section 2.3 of the Final EIS.

IH20-2: The long distances Veterans now have to drive is a major concern for the VA and one of the primary drivers in the proposed reconfiguration. While Veterans will always have a choice to go to a VA hospital, an integral element of the proposed reconfiguration - under all the alternatives - is that eligible Veterans have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IH20-3: VA acknowledges your support to keep the existing campus open and fully functional. While the hospital would be closed under the new preferred alternative A-2, primary and some specialty care would still be provided on the existing Hot Springs campus, in a renovated Building 12.

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<th>IH 20-1</th>
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<td>IH 20-2</td>
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<td>IH 20-3</td>
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</table>
Commenter IH21: Lori Hankinson

IH21-1: Your experience and those of other Veterans who now must travel great distances to receive health care is a major concern for the VA and one of the primary drivers in the proposed reconfiguration. While Veterans will always have a choice to go to a VA hospital, an integral element of the proposed reconfiguration - under all the alternatives - is that eligible Veterans have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IH22: Charles Hay
Thank you for your comment. However, this is out of scope of this EIS.
Commenter IH23: Sheri Henry

IH23-1: There are no plans to build a new hospital in Rapid City, but Rapid City Regional Hospital may now be available for eligible Veterans in the VA BHHCOS. The proposed reconfiguration calls for closing of the existing hospital, however, outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs (on the existing campus in renovated Building 12 under the new preferred alternative A-2). In addition, eligible Veterans now have more options for care from community providers (e.g., hospitals), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IH24: Joe Hiller
Commenter IH24: Joe Hiller

Black Hills EIS Public Comment

#28

Calculated New Link (Web Link)

Started: Thursday, December 16, 2015 3:02 PM
Last Modified: Thursday, December 16, 2015 3:22 PM
Time Spent: 0:01:13
IP Address: 192.0.12.18.6

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

Q1: Please enter your name and contact information.

Name: Joe Hiller
Address: Roberts
City/Town: SD
State/Province: NE
ZIP/Postal Code: 57061
Email Address: [Redacted]
Phone Number: [Redacted]

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

IH24-1: Distances Veterans now have to travel is a major concern to the VA and one of the main drivers for the proposed reconfiguration. One of the ways to address the driving concerns is through an expanded care in the community program that is an integral element in all the alternatives. Eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.1 in Appendix E relating to distance travelled, and Section E.3.3 in Appendix E relating to purchased care option and quality of care.

IH24-2: Section 4.11 of the Final EIS has been revised to address potential impacts on the local school system (school enrollment) in Hot Springs.

IH24-3: VA recognizes the potential adverse impacts on the local economy and businesses and Sections 4.10, 4.11 and 4.16 of the Final EIS have been expanded to address the local impacts on Hot Springs. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts.

IH24-4: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IH
24-1

IH
24-2

IH
24-3

IH
24-4

30 / 60
Commenter IH25: Lori Hofer
Commenter IH25: Lori Hofer

IH25-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IH25-2: VA is upgrading the Fort Meade campus because the standards for surgical space changed. There are no anticipated projects to change the physical plant of the Fort Meade campus as a result of the proposed reconfiguration. See group response in Table E-2 of Appendix E relating to Fort Meade; revised Section 1.1.2.1 also further clarifies the scope of the EIS relative to Fort Meade.

IH25-3: VA used the most up-to-date information available relating to Veteran population and distribution and use of existing facilities within the VA BHHCS service area. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volumes and services. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data.
Commenter IH25: Lori Hofer

Black Hills EIS Public Comment

The paragraph following this discusses patients to support services or specialties. The community of Rapid City already has existing community services and specialties to support Veterans. With the ready availability of providers locally, the Veterans Clinic program and other purchases of non-VA care, this eliminates the need to build any facilities in Rapid City and would even allow closure of the Rapid City VA clinic since veterans living in that area are within the 30 minute (or driving distance for primary care) and within 60 minutes to drive to secondary or tertiary care or VA-provided care. This would be a proper stewardship of VA resources, not building a new building.

Page 7, paragraph 1.2.1. By further reducing the services available at the Hot Springs VA, coupled with the low primary care and specialty care services available in the small rural communities of the veterans it serves, the 4 bullets below the statement of purpose and need are not met: locations and facilities do not support efforts to enhance and maintain quality and safety of care; standards of care will not be supported or maintained; access to care where veterans reside will be decreased; and out-of-pocket expenses for veterans will be increased. In addition to veterans possibly being made to pay deductibles and co-pays for care received locally which they got for no cost at VA Black Hills. The current facilities need to be renovated to the proposal under Alternative E as proposed by the VA Committee.

Paragraph 1.2.3: I believe the Hot Springs VA maintains very high-quality, safe, and accessible care at its campus – at least the care that remains since the initial announcement made by Mr. Steve Distanio in December 2011 that the hospital was going to be closed and "no one was going to lose their jobs," but he also told "to figure out a way to cut 300 workers." The reduction and elimination of services in Hot Springs, forcing veterans to travel longer distances for care, has been done by not backfilling vacancies of employees who were resigned or retired. Since I began working in Hot Springs in September 2011, I have witnessed the closing of our nuclear medicine department due to retirement, the loss of the full-time oncologist, the retirement of the x-ray department supervisor, the shutting down of some of our services here, the elimination of cardiac rehabilitation services, the retirement and relocation of medical doctors, contract hospitalist coming and going, 4 full-time pharmacists, reducing, DMR, 2 techs to work for 3 years, and our emergency room downgraded to an urgent care. It is my opinion that it is not the locations nor facilities which correlates to quality of care, range of services, and access to care. I believe the rumors about the hospital closing are very effectively shut down by the continued employment of employees willing to work in Hot Springs. I heard an employee from Human Resources tell that a person was not willing to relocate their family to Rapid City because of not returning the future of the hospital.

On page 25 of the EIS, VA proposes to reconfigure health care services throughout the VA BHHCs catchment area, including relocation of purchased care for Veterans from community providers (3 tertiary care facilities and 10 secondary care facilities), which would improve VA BHHCs' compliance with VA's "Geographic Access to Care" guidelines.

Mowing care further away, to Rapid City, is contradictory to this statement for services offered by VA Hot Springs.

In the VA's Supplement to Research Study Report - VA Hospital Building Section 3.4. Life Cycle Costs: I was surprised to see the following, even if it simplifies what the Hot Springs campus was described back in the '70s to know that quality construction took the test of time and would withstand renovation in order to expand and change according to needs. Once again, new isn't always better!

Unlike some private sector Owners, VA can be expected to occupy a hospital building for 40, 50, or more years. For such long-term, the costs of operating, maintaining, and altering buildings will usually exceed their first cost several times over. Section 752 in Volume 3 of the Red Book analyzes the savings in housekeeping, maintenance, and alteration for a system building compared to a traditional building. The general observations and principles contained in Section 752 still apply today and are supported by the experiences and observations of Medical Center Facilities Managers (see Appendix A). The VABHIS permits a much greater ease, less saving, and quality of routine and emergency maintenance, and alterations or change with substantially less impact on occupied spaces. These factors can be expected to produce cost savings compared to traditional construction. However, methods and procedures used by VA for financing, maintenance, and alterations, and tracking, assessments still need to be developed for the costs and analyses difficult and beyond the scope of this Supplement. Recent trends in construction costs will likely affect the relationships of Life Cycle Costs to First Costs. For example, construction costs (first costs) would appear to be considering escalation at present. As noted previously, some sub-systems or components such as steel and concrete are increasing faster than the overall escalation rate. Some portions of the cruise are affected to a much greater degree than others. Such "supply" first costs will affect the relationship between Life Cycle Costs and First Costs. In certain instances, the result may be a longer "pay-back" period for savings in housekeeping, maintenance and renovations. The basic premise outlined in Section 752.5 of the Red Book, i.e., that the cost of major alterations within a VA hospital building are less than those for a conventional building would still hold true, indeed given the apparent current market place preference by building contractors in certain locations, savings may actually be magnified.
Commenter IH25: Lori Hofer

Black Hills EIS Public Comment:

General trends suggest that more "difficult" alteration projects with greater phasing, access and temporary work considerations and restrictions are considerably less attractive than "new" build or "less restrictive" alteration projects. The cost of "General Conditions" will be greater than for less restrictive projects and bidders may add a factor for the perceived greater risk. Remodeling in VAHHS buildings compared to remodeling in conventional buildings should offer greater ease of construction, attractiveness to bidders and lower "premiums" for actual and/or perceived risk.

Remodel and Renovation

The VAHHS includes features that should facilitate the work and reduce impacts on occupied spaces in or adjoining the area of the work. The potential advantages of these features must be clearly communicated to bidders so that benefits in schedule (and consequently costs) may be realized. These features are intended to contain the impacts of the work to as limited an area as possible. By reducing impacts to the functional zone and surrounding occupied areas of the hospital, the need for temporary barriers, temporary utilities, phasing and "island" moves may be reduced or eliminated. Features of the VAHHS that facilitate remote and renovation include modular design, stacked service bays, service risers separated from functional zones, location of service equipment restricted to service bays (out of functional zones and interstitial area), provisions for access to exterior for major equipment replacement, provision of accessible interstitial service zones with dedicated subzones and channels, "oversizing" service mains, equipment rooms, shafts and runs, use of non-bearing partition systems (including smoke and fire) that terminate at interstitial platform; and coordination of fire zone and service module boundaries.

I close with the last paragraph of Recommendation B of Part 1 of the final draft of the VA publication "Innovative 21st Century Building Environments for VA Healthcare Delivery."

In an era that emphasizes dispersing/integrating care within communities, it may be more effective to consider building very durable 100+ year buildings that are intrinsically habitable, so that they could be used for other functions, and highly flexible, so that they can accommodate changes in care delivery over time. Europeans have been accommodating the same essential care practices in intrinsically habitable buildings (such as those with daylighting and operable windows) for many decades.

The Hot Springs facility was built in this manner. It stands tall to accommodate any healthcare changes the VA wishes to throw at her; arms open to hold and care for her veterans and their families. It is a grave mistake to abandon this facility and the veterans of southwestern South Dakota, northwestern Nebraska, and northeastern Wyoming. Keeping a high level of care in Hot Springs is important to the viability of the veterans it serves and the town and county it occupies.
Commenter IH26: John Hotz
IH26-1: VA acknowledges your support for expanded services at the Hot Springs campus, which would fall under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter III: Robert Ikonen

Environmenal Impact Statement (EIS) Comment Sheet

Name: Robert Ikonen

Address: Hot Springs, SD 57747

Phone: 

E-mail: 

Release Information to the Congressional: Yes  No

Need: I am concerned that the local health facilities will not be able to satisfy the needs of the vets that now use Hot Springs VA. We have limited doctors and a new small hospital that would have a bad time with the added need. I would also have more ADA access.

Purpose: Trip to Black Hills City, Hot Springs, SD

Also the Native Americans from Pine Ridge would need better transportation and services.

Hot Springs is also known for its healing water and calm lifestyle. Needed for curing of body and mind.

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

Signature:  Date: Jan 27, 2016

IH1-1: While the proposal calls for closing of the existing hospital, Veterans now have more options for care from community providers (e.g., hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care. Outpatient primary and some specialty care services would also remain available in Hot Springs, and on the existing campus in the new preferred Alternative A-2.
### Commenter IJI: Ricardo Jacome

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<th>Name</th>
<th>Ricardo Jacome</th>
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<td>Release Information to the Congressional</td>
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<td>Need</td>
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<td>Purpose</td>
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I, Ricardo Jacome, give permission/authorization for to enter this information online on my behalf.

Signature: [Signature]
Date: [22 April 2018]
Commenter IJ1: Ricardo Jacome

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

The motto "to leave no man behind" has been a constant refrain in militaries around the world. In recent times, it has been repeated in the USA by presidents, commanding officers, battlefield veterans and adherents who believe that no honor is greater than the respect we pay our serving fighters when we bring them home, wounded or deceased.

And yet, here in our own country, the Department of Veteran Affairs would leave our dutiful veterans behind, turn its back on this sacred pledge, by closing a VA facility that for more than one hundred years has diligently discharged its duties in accordance with our national obligation. This refuge free of judgment. This poulsice for sure spirits. This nurse to the ravaged bodies and the beleaguered minds. Yes, for a century, Hot Springs, SD in partnership with the VA, has brought our soldiers home.

So what does consolidation of facilities really imply? The derogation of these afflicted. The rejection of institutional responsibility. The exclusion of native American servicemen from the proximate centers of care and good will. The abnegation of promise and duty.

This country. We are the communities that shelter our veterans. We comprise their stalwart defenders. We fight for them as they did for us. And surely, generations in this small town have proudly integrated these veterans into our very lifeblood, into our commercial enterprises, into our spiritual retention. To abandon them now is to forsake us. We are no agency. We are the people. Please do not restrict the seasoned hands offered so long by this community to the veterans for whom we pledge a home.

Leardo Chistopher Jacome
22 April 2016
There are many challenges to recruiting as described in Chapter 1 of the EIS. VA acknowledges that the uncertain future of the existing facility could also be a factor. Thank you for your comment.
Commenter IJ2: Donna Jenniges

Environmental Impact Statement (EIS) Comment Sheet

Name: Donna Jenniges
Address: Hot Springs, SD 57747
Phone: 
E-mail: 

Release information to the Congressional: Yes No
Section: 1.2.3.4.5
Need: Distance of travel

IJ2-1: While the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live, which would include less travel. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

The addition of 1/2 hour of travel for medical care presents a hardship for aging Veterans and their families.

A man and his wife, both Veterans, ages 90 and 91, now have to go to Frenisco for an early appointment that used to be offered in Hot Springs. This is not only a hardship, it is a safety issue.

Purpose:
The need to restore services beside a Chang staffed only certain days or hours.

I, Donna Jenniges, give permission/authorization for__________________________
enter this information on my behalf.

Signature: Donna Jenniges Date: 1/10/16
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<th>Commenter IJ2: Donna Jenniges</th>
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<td><strong>Addition Comment:</strong></td>
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<td>Does anyone listen to the <em>Veterans</em>? I have attended many meetings in the last five years and listened to hundreds of veterans from South Dakota, Wyoming, Montana, Nebraska and Native American veterans. For all the positive comments about the facility in Hot Springs, I have heard only two who stated they thought Hot Springs should be closed. The VA, the VA, and the people and businesses have cared for and about veterans for over 100 years and continue to do so. The former director stated publicly he did not have to do it and was more interested in Rapid City. So services were slowly and systematically taken away. No director, or secretary or politician should be more important than the veteran and the care he/she deserves.</td>
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**Date:** 3/15/16

| IJ2-3: VA has listened to the Veterans and is reviewing and considering all the comments provided on the Draft EIS. Partially in response to these comments, VA has selected a new preferred alternative A-2 in the Final EIS that includes renovating Building 12 on the existing campus for the new CBOC. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow that to meet the current and future needs of our Veterans. |
**Commenter IJ3: James Johnson**

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<td>e-mail:</td>
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**Release Information to the Congressional:**
- Yes [x]  
- No [ ]

**Section:**

**Need:**
The core telling point of this idea of closing the Hot Springs VA Hospital and VA Clinic is the far reaching affect on the entire community. It is not being a strong economy to begin with. Any closing would be the final killing blow to the Town as a whole. It is not a loss of strong growth, but one that can be seen in the number of closed hospitals.

**Purpose:**
The main point is that veterans and I say would most certainly have an immediate affect of many miles to travel. My wife and I moved to Hot Springs for that purpose eight years ago. That is not even the difference it would make for those veterans that would drive from Arkansas, Louisiana or other outlying locations. Needless to say we are not the young people we were that have fought in past wars and present wars.

I give permission/authorization for [Redacted] to enter this information online on my behalf.

**Signature:** [Signed]

**Date:** 1/31/16

Duplicate partial letter of full comment letter in IJ4 below. See response to IJ4.
Commenter IJ4: Jim Johnson
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<td><strong>Environmental Impact Statement (EIS) Comment Sheet</strong></td>
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<tr>
<td>Name: Jim Johnson</td>
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<td>Address: Hot Springs, S.D. 57747</td>
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<td>Release Information to the Congressional: Yes __ No</td>
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<td>Section:</td>
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<tr>
<td>Need: The one telling point of this idea of closing the Hot Springs VA Hospital and Outpatient Clinic is the devastating effect on the entire community. Hot Springs is a strong economy, but this move may have the final killing blow to the town as a whole. It is not a town of strong growth, that can be seen in the number of closed businesses.</td>
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<td>Purpose: The main point is that Veterans as I am, would most certainly have an immediate effect at many miles to travel. My wife and I moved to Hot Springs for that purpose eight years ago. That is not far to travel. If we would make for those Veterans that would drive from Nebraska, Wyoming or other outlying locations, needless to say, we are not the young people we used to be, fought in past wars, and present wars.</td>
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<td>Signature: Jim Johnson Date: 1/21/16</td>
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IJ4-1: VA recognizes the potential adverse impacts on the local economy and businesses and these have been addressed in revised Sections 4.10, 4.11 and 4.16 of the Final EIS. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts.

IJ4-2: While the proposal calls for closing the existing hospital, outpatient primary care and some specialty care services would still be available in Hot Springs. Also, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.
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<th>Commenter IJ4: Jim Johnson</th>
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<td>IJ4-3 Designation as a National Historic Landmark does not prevent a federal agency from fulfilling its mission, in this case, providing quality health care to Veterans. See related group response in Table E-2 of Appendix E relating to Cultural Resources/Historic Properties for more information.</td>
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Addition Comment: In closing, I believe those that are making these decisions should step back and consider the deep concerns of all and numbers of people, whether it be economical or medical. The VA does employ many residence and a small town as the agency cannot compete with larger cities. It makes no common sense to close our locations that can not be ignored completely due to being a historical site, then turn and spend several millions of dollars to satisfy special concerns.

Jim Johnson 1/3/16
Commenter IJ5: Dale Jones

Environmental Impact Statement (EIS) Comment Sheet

Name: Dale Lee Jones
Address: Hot Springs, SD 57747
Phone:
e-mail:

Release Information to the Congressional: Yes No
Section: 3.10.2.6 VA BHICS Employees

Need: The VA has 357 Vet's # 1%
If close the Veterans will leave
On to another VA hospital. We need
The Veterans & workers to give our
Kids pride in an Army. We are
called the Veterans Army. I have
lived in Hot Springs my whole

Purpose: I just I have heard wonderful
Outings from the Vets. The Vets
Program get good results here in
This State. Against Young. I
Don't want the Vets to be present
All the old Vets I have been in
The group are the many that I
have to thank for service.

1. IJ5-1: VA acknowledges your support for expanded
services at the Hot Springs campus under Alternative E
(Save the VA proposal) and has made it part of the
public record for this EIS.
Commenter IJ6: Kadin Jones
Commenter IJ6: Kadin Jones

IJ6-1: While the proposed reconfiguration calls for closing of the existing hospital, outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs (and on the existing campus under the new preferred alternative A-2). In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live, so travel to Rapid City may not be necessary. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.

IJ6-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
**Commenter IJ7: Kylee Jones**

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<th>Environment Impact Statement (EIS) Comment Sheet</th>
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<tr>
<td><strong>Name:</strong> Kylee Jones</td>
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<td><strong>Address:</strong></td>
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<tr>
<td>Hot Springs, SD 57747</td>
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<td>[ ] Yes [ ] No</td>
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<td><strong>Section:</strong></td>
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<td><strong>Need:</strong> 3.10.2.3. Housing</td>
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<td><strong>Purpose:</strong> People want to move to Rapid City but will receive services in Hot Springs because they feel no other option.</td>
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**IJ7-1:** While the proposed reconfiguration calls for closing of the existing hospital, outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs (and on the existing campus under the new preferred alternative A-2). In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live, so travel to Rapid City may not be necessary. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.

**IJ7-2:** VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IJ8: Angela Jarding
Commenter IJ8: Angela Jarding

I am the patient advocate for the Veterans at VA Black Hills Health Care System. I support the reconfiguration of the hospital to ensure that this hospital continues to serve our Veterans. I am concerned about the proposed closure of the hospital, and I believe that the current and future needs of our Veterans can be met by closing the hospital and providing care in other locations.

I understand that keeping the Hot Springs VA will be an expensive task. However, with the growing number of veterans, I feel that we are doing a disservice to them if we close this facility. It offers veterans in rural America the chance for a more peaceful place to heal and live in more solitude and maybe escape their memories of war. I have been told by many veterans that it is a great place to heal. Veterans shouldn’t be forced to move from rural America just so they can be closer to a VA system. Veterans in rural Nebraska, South Dakota, and Wyoming are already travelling 2-4 hours just to reach the Hot Springs facility. Another 2 hr drive to Ft. Mead is really bad.

Hot Springs is a great rural community, but we are also one of the poorest counties in the state. If you continue to take good jobs away from rural America, they will become ghost towns, and the people stuck in poverty. Children are forced to leave their hometowns because there is nothing better than an $8.00/hr job. Hot Springs is a beautiful area which could continue to bring retired veterans to this community in the future. I think, if you consider the “future” of what Hot Springs and the surrounding Black Hills could offer for development it would be WISE to re-invest in the Hot Springs VA.

Thank you,
Angela Jarding
Hot Springs, SD 57747
<table>
<thead>
<tr>
<th>Commenter</th>
<th>Name</th>
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<tbody>
<tr>
<td>IJ9</td>
<td>Daniel Johnston</td>
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VA recognizes the inefficiencies of operating two large campuses within the same service area in Chapter 1. Under the proposed reconfiguration, the Hot Springs hospital would be closed, although some other services would remain. Veterans would have the option to go to Fort Meade, however, an integral part of all the alternatives is that eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

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Commenter IJ9: Daniel Johnston

From: VA Black Hills Future <va.blackhills.future@va.gov>
Sent: Wednesday, March 16, 2016 5:28 PM
Subject: [EXTERNAL] Hot Springs Closure.

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From: david2129r
Sent: Wednesday, March 02, 2016 3:15 PM
To: VA Black Hills Future
Subject: [EXTERNAL] Hot Springs Closure.

1. I can not name any other area that has two VA hospitals so close together. It makes no sense.

2. Rather than two small hospitals offering basically the same services, have one bigger hospital offering more.

OR

The hospital at Ellsworth was originally built as a 150 bed facility in the 1950s. It was expanded and updated several times since then. Then in the 1990s it was downsized to a clinic. The second and third floors sit empty, the elevators are turned off. Second floor had a four room surgical suite, third floor had an OB unit. Using that would make more sense than the Hot Springs facility. Joint USAF/VA facilities have been used before, at Kirkland AFB and Nellis AFB.

David P. Johnston, Lt. Col., USAF, NC (Ret)

Rapid City, SD 57702

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I9.1: Thank you for your comment and suggestion. VA is always looking into ways to provide quality while maintaining efficiency and often coordinates with DoD in this regard.

I9.2: VA recognizes the inefficiencies of operating two large campuses within the same service area in Chapter 1. Under the proposed reconfiguration, the Hot Springs hospital would be closed, although some other services would remain. Veterans would have the option to go to Fort Meade, however, an integral part of all the alternatives is that eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IJ10: Suzanne Julin
Commenter IJ10: Suzanne Julin

PUBLIC SUBMISSION

Docket: VA-2015-VACO-0001

Comments Due: February 05, 2016

Submitter Information

Name: Suzanne Julin
Address: Missoula, MT, 59802
Email: [email protected]
Phone: [redacted]
Organization: NA

General Comment

As of: 1/7/16 8:37 AM
Status: Posted
Posted: January 07, 2016
Tracking No. 140-6x84-90ms

As the historian who wrote the National Historic Landmark nomination for Battle Mountain Sanitarium, and as a person with a long association with the town of Hot Springs, I believe I am well qualified to comment on this draft study.

The former Battle Mountain Sanitarium, as the first facility of the National Home for Disabled Volunteer Soldiers to address health and medical issues rather than domiciliary needs, is a direct antecedent to the modern VA health system. The list of eleven campuses built or otherwise established across the country, BMS is a product of a period in our history when veterans were recognized with facilities that displayed our country’s respect for their service and concern for their well-being.

The arguments for discontinuing the role of this facility in the VA system include the costs of modernizing the historic buildings to address contemporary needs. I urge decision makers to consider the costs of “moth-balling,” and the unlikelihood of leasing or purchase of the property. I would suggest you compare this situation to those in Milwaukee, Wisconsin, Leavenworth, Kansas, and Johnson City, Tennessee. The Wisconsin and Kansas NHDS (new VA) buildings were largely abandoned in favor of new construction, but under federal law must be at least minimally maintained. In Johnson City, (NHDS name Mountain Home) buildings were adapted to serve contemporary needs. Perhaps a comparative study of costs of mothballing/maintenance versus such adaptation

Commenter IJ10: Suzanne Julin

could be constructive.

The town of Hot Springs is widely known in the area as "The Veterans' Town." The community takes pride in both the VA facility and the state soldiers' home and shows its support for the veterans who use the facilities in many ways. In my own experience, having spent time studying all eleven of the original NHVSA campuses, the staff of the former BMS are unparalleled in their appreciation and care for the facility they serve.

In this rural area, urban facilities are not necessarily superior facilities. The natural beauty and community acceptance veterans experience in Hot Springs provides its own kind of healing.

Please show respect and care for our veterans by seriously considering alternatives that will continue Battle Mountain Sanitarium as a resource for them.
Commenter IJ11: David Johnston
Commenter IJ11: David Johnston

Black Hills EIS Public Comment

#14

COMPLETE

Collector: New Web Link (Web Link)
Recorded: Saturday, October 31, 2015 1:05:42 PM
Last Modified: Saturday, October 31, 2015 1:05:49 PM
Time Spent: 00:00:37
IP Address: 57752

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

Q1: Please enter your name and contact information.
   Name: David Johnston
   City/State: Rapid City, SD
   Postal Code: 57702
   Email Address: david2121w@yahoo.com
   Phone Number: 605/342/1791

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

PAGE 2

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

The ELLSWORTH AFB hospital was originally built in the 1950s as a 150 bed hospital. It was expanded and modernized since that time. Then in the 1990s, downsized to an out patient clinic. Today, only the main floor is used, the second and third floors are empty with the elevators turned off. Why not do as was done at KIRLAND AFB and FREDricks AFB, make it a joint VA/USAF hospital. You could even bring in the IHS since they have its concern about health care too.

Duplicates Comment IJ9-2 above. See response above.