Commenter 1K1: Mark Keffeler

Environmental Impact Statement (EIS) Comment Sheet

Name: Mark Keffeler
Address:
Phone: 
e-mail: 
Release Information to the Congressional: Yes No
Section:
Need: See attached sheet (Letter to Washington D.C.)
This is how I addressed the VA Closing

Purpose: 

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

Signature: Mark Keffeler 1-29-16 Date
Commenter IK1: Mark Keffeler

IK1-1: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow VA to meet the current and future needs of our Veterans. While the preferred alternative calls for closing of the existing hospital, VA notes that outpatient primary care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.

IK1-2: VA recognizes the potential adverse economic and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy, property taxes and schools; measures to address these potential impacts are identified in Section 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

VA has also stated that no VA employees would lose VA employment, although this could mean retraining for another VA job.

Jan. 25, 2016
To:
US Representative, Kristi Noem
US Senator, John Thune
US Senator, Tim Johnson

How many ways would the continuing downsizing and closing of the Hot Springs VA affect me and my family? Let me count the ways.

1) Continuation of my excellent health care would stop. I am alive because of the accurate diagnosis and quick treatment of a severe heart problem. The staff at the Hot Springs VA is excellent and treated me with respect and dignity.

2) As a property owner, the values will continue to go down and taxes will go up.

3) As an owner of rental property, opportunities for renting will go down. I have rented to both employees and patients of the VA.

4) The school will be downsized. My wife is employed there and two grandsons are attending school there this year.

5) One of the biggest hardships will be for my daughter, who is employed at the VA as a nurse, and my son-in-law, who is a firefighter also at the VA. They have bought a house and put roots down in this community.

There are many more reasons to keep this facility open, but these alone should be enough for concern. I am just one of thousands who will be affected, some a lot worse than me. I and my fellow Vets need this facility.

Mark Keffeler, Veteran
806 Happy Hollow St
Hot Springs, SD 57747
Commenter IK2: Terry Kizer

Thank you for your comment.
Commenter IK3: Angela Koch
IK3-1: Thank you for your comment. 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.

IK3-1: 

Commenter IK3: Angela Koch

Environmental Impact Statement (EIS) Comment Sheet

Name: Angela L. Koch
Address: [Redacted]
Phone: [Redacted]
e-mail: [Redacted]

EIS Section: 1.2.2.1.1

EIS Statement: Difficultly Recruiting and Retaining Qualified Staff, and maintaining Clinical Competencies

Comment: As a Veteran, I have the following experience as relating to the difficulty recruiting of qualified staff: my primary care physician had been at the Black Hills VA from 5 to 7 years and I began to see him in October 2011. From October 2011 to December 2014 we often spoke about his panel and all the traveling he had to do as a Patient Aligned Care Team member. He stated that he traveled between Ft. Meade, Rapid City, Hot Springs and all other CBHCS’s covered by VA Black Hills. He told me that as a (PACT) member he was supposed to have an RN/LPN during this entire time, he was only given an LPN even though he consistently requested to have an RN assigned he was turned down. In Dec 2014, this LPN could not handle the traveling and workload and stopped participating as a (PACT) member. In December 2014 he told me that he was thinking of leaving VA Black Hills, I told him that if it meant his mental sanity and job satisfaction that he needed to go. In March 2015 I had my last visit with him, he told me he had made a decision that he would be leaving. I asked where he was going, and he said I am going to Rapid City Regional as a hospitalist on the 4th floor. This PA was also a veteran and enjoyed working with veterans from the OIF/OIF/OND, National Guard, Reservist and military personnel transition out of the military in the VA Black Hills. Therefore there is a need to fully staff all RN/LPN positions to keep qualified primary care doctors. Due to the VA Black Hills failure to fully staff positions as needed the physicians are overworked and stressed by upper management and are therefore leaving VA Black Hills.
Commenter IK3: Angela Koch

Release Information to the Congressional __ Yes __ No

I, Angela L. Koch, give permission/authorization for Stuart, VA to enter this information online on my behalf.

Signature __________________________ Date ________________

2/20/2016
Commenter IK4: Rhonda Kocourek
IK4-1: Outpatient primary care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. 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 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.

IK4-2: 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.

IK4-3: 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.

IK4-4: See response to IK4-3: Also, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions.
<table>
<thead>
<tr>
<th>Commenter IK4: Rhonda Kocourek</th>
</tr>
</thead>
</table>

Release information to the Congressional: **X** Yes  _No_

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

Rhonda Kocourek  
1/25/2016  
Signature  Date
Commenter IK5: Sharon Kalvels
From: Sharon Kalvels
Sent: Tuesday, February 09, 2016 7:57 PM
To: VA Black Hills Future
Subject: [EXTERNAL] Comments on draft EIS BHICS

Attached is my document with comments regarding the draft EIS for BHICS.
Thank you.
Sharon Kalvels
IK5-1: 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 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. Primary care and some specialty care services would also still available in Hot Springs.

IK5-2: VA revised the statements about the suitability of the campus buildings to comply with the ABA. See group response in Table E-2 of Appendix E. Also, VA has selected a new preferred alternative in the Final EIS that includes renovation of Building 12 on the existing campus to house the new CBOC in Hot Springs.
Commenter IK: Sharon Kalvels

Comment on Draft Environmental Impact Statement  
VA BLACK HILLS HEALTH CARE SYSTEM RECONFIGURATION  
Sharon Kalvels

According to a review of the VHA established wait time goal of appointments completed within 20 days for Veteran’s access to care, the following is revealed.

Hot Springs VAMC shows a trend over time of exceeding the national VHA standard and the VISN 23 average.  
(Source data: VHA Patient Access Data, higher is better). 

<table>
<thead>
<tr>
<th>Date</th>
<th>Hot Springs VAMC</th>
<th>VISN 23</th>
<th>VHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2015</td>
<td>97.39</td>
<td>96.23</td>
<td>96.35</td>
</tr>
<tr>
<td>July 2015</td>
<td>98.61</td>
<td>98.15</td>
<td>96.09</td>
</tr>
<tr>
<td>November 2014</td>
<td>99.10</td>
<td>98.17</td>
<td>97.22</td>
</tr>
</tbody>
</table>

PURPOSE

Ensuring facilities for Veterans receiving any services comply with accessibility requirements for handicapped individuals, support current standards of care, and can be well-maintained within available budgets and resources.

NEED

Existing locations and facilities constrain the quality of care, range of services, and access to care that VA offers to Veterans in the catchment area.

IMPACT

To further demonstrate the flawed rationale for the basis of VA’s proposal, reviewing 2011 VHA survey data, the following shows that the goal addressed by the Veterans ranks accessibility, quality, cost, and wait times high in VISN 23 in which the Hot Springs VAMC is located. The VISN 23 Veterans’ responses reflect the highest score or second highest score when compared to the results of all of the other twenty VSSs and exceeds the national VHA average in the following (rated by percent satisfaction, where higher is better; source data: VA Assistant Deputy Under Secretary for Health for Policy and Planning, 2011 Survey of Veteran Enroll’s Health Reliance Upon VA)

<table>
<thead>
<tr>
<th>VISN 23</th>
<th>VA compared to 20 VISN’s response statement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accessibility</td>
</tr>
<tr>
<td>84.6</td>
<td>highest</td>
</tr>
<tr>
<td>79.6</td>
<td>“It is easy for Veterans like me to get around the VA health care facility.”</td>
</tr>
<tr>
<td></td>
<td>Quality</td>
</tr>
<tr>
<td>80.2</td>
<td>highest</td>
</tr>
<tr>
<td>73.1</td>
<td>“Veterans like me are satisfied with the health care they receive.”</td>
</tr>
<tr>
<td></td>
<td>Cost</td>
</tr>
<tr>
<td>75.0</td>
<td>second highest</td>
</tr>
<tr>
<td>72.0</td>
<td>“VA offers Veterans like me the best value for our health care dollars.”</td>
</tr>
<tr>
<td></td>
<td>Wait Time</td>
</tr>
<tr>
<td>75.9</td>
<td>second highest</td>
</tr>
</tbody>
</table>
| 70.3    | “Veterans like me can get an out of appointment at VA in reasonable time.”

IK5-3: Thank you for your comment and reference to Hot Springs VAMC superior performance in the past. This is just one subset of data and type of information that VA has analyzed for the entire BHHCS service area (e.g., it does not take into account the geographic access concerns within the service area, that resulted in its assessment of the need for change and development of the proposed reconfiguration.
IK5-4: VA recognizes the potential adverse economic and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses. VA would also implement measures (e.g., job retraining) as needed so that employees could keep their employment. In addition, a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. While it is not part of the proposed reconfiguration but if implemented, the call center would bring up to 120 jobs to the area and help address potential economic concerns.
Commenter IK6: Bob Kraft
IK6-1: Under all of the alternatives, Veterans will have more options for care from community providers (e.g., hospitals), at VA expense, closer to where Veterans live so there would be less driving required. 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.

Bob
Commenter IK7: Patrick Kearns
IK7-1: While the Hot Springs hospital would be closed under the preferred alternative (A2), 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 overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.
Thank you for your comment and suggested text change. Concerns over long-term job security could also recruiting efforts. However, VA believes the reasons outlined in Chapter 1 remain the most salient and has not changed the text.

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 IL1: Marc Lamphere

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

To those who are concerned about the VA’s current proposal to re-organize the health-care offered to veterans within their service area within South Dakota, North Dakota, Montana, Wyoming and Nebraska -

From: Marc Lamphere
address: Hot Springs, SD 57747
phone: 

IL1-1: Outpatient primary care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the preferred alternative calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IL1-1

In making its list of justifications for closing or further reducing the Hot Springs VAMC, the VA somehow interprets its guidelines for driving time in such a way as to assert that driving further will be an advantage to the least economically advantaged sector of enrolled veterans, that being those who live in the remotest villages within the BHCSC service area, both on and off the Indian Reservations.

The management professionals within the VA apparently believe that it would make no difference, indeed it will even be preferable, to have to arrive at 3:00 a.m. rather than 4:00 a.m. to make a 10:00 a.m. appointment. Of course, everybody’s car always starts in sub-zero weather, there’s always plenty of gas in the tank, the roads are always plowed that early, and these health issues aren’t an emergency anyway, right?

The patently ridiculous nature of any assertion that driving a longer distance will be among the reasons the veterans’ health care should be removed yet further from them is reason enough to discard the VA’s current proposal to eliminate or further reduce the Hot Springs VAMC.

Indeed the only logical conclusion from this assertion would be that the VA should rather undertake immediate and permanent moves to re-establish all the services that were ever previously conducted at the Hot Springs VAMC.

Signed: [Signature]
Date: 1-26-16
Commenter IL2: Caryn Lerman
II.2-1: 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.

II.2-2: VA agrees there are many benefits to living in Hot Springs, however, we continue to face challenges in recruiting qualified staff as described in Chapter 1 of the EIS.

II.2-3: VA has revised its statements about the suitability of renovating existing historic buildings to the standards of the ABA and VA directives. See group response in Table E-2 of Appendix E.

II.2-4: VA believes there are many advantages to relocating the residential program to a more urban setting in Rapid City. This is explained more fully in Section 1.2.2.3 of the Final EIS.

II.2-5: While costs are a consideration and the VA will work diligently to incorporate cost efficiencies into the budget, the final decision will be based on a variety of factors and not just cost.
Commenter IL3: Lynda Long
Commenter IL3: Lynda Long

Environmental Impact Statement (EIS) Comment Sheet

Name: Lynda S. Long
Address: [Redacted] Hot Springs, SD 57747
Phone: [Redacted]
e-mail: [Redacted]

EIS Section: 2.3.5
EIS Statement: Save the VA Proposal
Comment: The Veterans need the small community atmosphere to feel more at ease instead of a populated area. The small community provides more one on one care for each individual. The VA makes Hot Springs. The VA keeps Hot Springs alive and Veterans from all over come to our BHVCS for care. They need to fully staff the VA back to full capacity.

IL3-1: 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 IL3: Lynda Long**

<table>
<thead>
<tr>
<th>Release Information to the Congressional</th>
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<tbody>
<tr>
<td><strong>X</strong> Yes ___________________________ No</td>
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</table>

Lynda S. Long give permission/authorization for care of VA to enter this information online on my behalf.

Lynda S. Long ___________________________ 2-21-2016

Date
Commenter IL4: Kenneth Lorang

<table>
<thead>
<tr>
<th>Environmental Impact Statement (EIS) Comment Sheet</th>
</tr>
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<tbody>
<tr>
<td>Name: Kenneth Lorang</td>
</tr>
<tr>
<td>Address: Hot Springs, SD 57747</td>
</tr>
<tr>
<td>Phone:</td>
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<tr>
<td>e-mail:</td>
</tr>
<tr>
<td>Release Information to the Congressional: Yes  No</td>
</tr>
<tr>
<td>Section: 4.10 &amp; 4.11 of the Final EIS to address impacts on the local economy and businesses. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts.</td>
</tr>
<tr>
<td>Need: Loss of employees would impact the community severely. For every dollar lost due to revenue short there would be at least one dollar lost to the local economy.</td>
</tr>
<tr>
<td>Purpose: 23% Alternative E - Save the VA proposal</td>
</tr>
</tbody>
</table>

II.4-1: VA recognizes the potential adverse economic and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts.

II.4-2: 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 IL5: Liz Lorang
VA recognizes the potential adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses. See group response in Table E-2 of Appendix E relating to socioeconomic impacts.

VA would also implement measures (e.g., job retraining) as needed so that every existing employee could keep their job. In addition, a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. While it is not part of the proposed reconfiguration but if implemented, the call center would bring up to 120 jobs to the area and help address potential economic concerns.

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 IL6: Uriah Luallin**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>The cost to maintain the current VA is less than they estimate. There are things that they are saying need to be fixed that do not.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL6-1</td>
<td>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>IL6-2</td>
<td>See group response in Table E-2 relating to the cost of alternatives. Section 2.3 of the Final EIS has been revised to include a more detailed breakout of costs for each alternative.</td>
</tr>
<tr>
<td>IL6-3</td>
<td>VA revised the statements about the suitability of the campus buildings to comply with the ABA. See group response in Table E-2 of Appendix E. Also, VA has selected a new preferred alternative in the Final EIS that includes renovation of Building 12 on the existing campus to house the new CBOC in Hot Springs.</td>
</tr>
</tbody>
</table>
Commenter IL6: Uriah Luallin

IL6-4: The differences in VA salary payscale and that of private hospitals and medical facilities do create challenges in recruiting, as stated in the EIS.

Addition Comment:

1.2.2.1.
There would be no difficulty recruiting and retaining staff given the payscale and patient load were similar to all other VA facilities.
Commenter IL7: Phoebe Lucey
While the preferred alternative (A2) calls for closing of the existing hospital, outpatient primary care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus. In addition, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live so that Veterans would not have to travel as far. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.
Commenter IL8: Ellen Luther
VA recognizes the potential adverse economic impact and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts.
Commenter IL9: Randy Lays Back
II.9-1: Outpatient primary care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the preferred alternative calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

II.9-2: 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 IL10: Evelyn Leite
Commenter IL10: Evelyn Leite

<table>
<thead>
<tr>
<th>From:</th>
<th>VA Black Hills Future <a href="mailto:vablackhillsfuture@va.gov">vablackhillsfuture@va.gov</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sent:</td>
<td>Monday, November 16, 2015 11:31 AM</td>
</tr>
<tr>
<td>Subject:</td>
<td>FW: (EXTERNAL) closing Hot Springs health facility</td>
</tr>
</tbody>
</table>

Original Message:

---Original Message---
From: Evelyn Leite
Sent: Thursday, November 06, 2015 3:56 AM
To: VA Black Hills Future
Subject: (EXTERNAL) closing Hot Springs health facility

We strongly protest the closing of the facility in Hot Springs. It is needed right where it is. And no one from Washington should tell us where to put it. Thank You Evelyn and Allan Knapp. Vote Nam Veteran who uses the service.

IL10-1: VA acknowledges your support to keep the existing Hot Springs VAMC open and fully operational has made it part of the public record for this EIS.
Commenter IL11: Martin Luebke
Commenter IL11: Martin Luebke

From: [Redacted]
Sent: Saturday, October 31, 2015 9:39 AM
To: va.black.hills.future@va.gov
Subject: [EXTERNAL] BHHCS

As a Vet, I'm likely have a minority opinion on this topic. I do not understand why all Vets can not get medical care from local hospitals, long term care from local Nursing Homes and Assisted Living Facilities. These are already located in the community where families live. They are close to family, friends and would help cut transportation costs. The funds used for separate segregated facility could be used to improve that care given to all Veterans.

We have made great progress at integrating treatment and services to blind, visually impaired and folks with other disabilities—not it time to do same for our Vet's. We are all People First.

Thanks
Martin Luebke
Garrison, SD

IL11-1: Thank you for your comment. We appreciate your support for an important element of the proposed reconfiguration, i.e., the option to receive care from local community providers. VA has also seen many successes through its recently expanded affiliation with local providers within the BHHCS. Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IL12: Chris Lind
IL12: Thank you for your comment. VA BHHCS is taking every Veteran within the multi-state service area, including western Nebraska, into consideration in the development of the proposed reconfiguration. An important element of the proposal is the option to receive care from local community providers. VA has seen many successes through its recently expanded affiliation with local providers within the BHHCS. 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.

Chris Lind

Staff Assistant of the Director
VA Black Hills Health Care System
113 Comanche Road
Fort Meade, South Dakota 57741

Dear Assistant,

I am writing in regard to the possible closing of this facility. I have been a member of ALA almost all my life. I grew up with a concern for servicemen and veterans. I am a member of Unit 137 of Gurley Nebraska and am the current president. We all have a concern for the future of your facility. Many veterans in Western Nebraska receive care there. It is highly respected by the veterans of this area. Longer distance of the new facility would make treatment for these veterans more difficult. Many of their lives already contain much difficulty. We hope you will consider the veterans of Western Nebraska in your decision. Thank you for your consideration.

Yours Truly,

Chris Lind
Commenter IL13: Pat Lyke
From: Pat Lyke  
US Army Veteran.  
Retired VA employee 30+ years.  
Former Historic Preservation Officer VA BHCHS Hot Springs VA, 1995 to 2013.  
Former Maintenance Supervisor VA BHCHS Hot Springs  
Member of Hot Springs Historic Preservation Commission, 1993 to 2016.

The following comments and concerns are my own, and separate from the combined response of the Hot Springs Historic Preservation Commission.

(1) VA still, to this date, has never considered the other alternatives submitted prior to June 30, 2012. VA BHCHS did a thorough cost benefit analysis of their alternatives, prior to the deadline of other alternatives to be submitted. This action is troubling, and one pre-decisional actions.

1.2 PURPOSE AND NEED

[2] To show purpose and need, the VA BHCHS has provided in this draft EIS, and prior submitted documents Information that is "very" misleading, to VACO, Congress, and to the Secretary of the Department of Veterans Affairs.

RTTP/Domiciliary patients do not travel excessive miles to seek RTTP treatment.  
Currently per year there are on average about 50 to 50 PTSD/Dining and Alcohol treatment patients per year from Pennington County and North of Pennington County.  
Such a small amount of patients, does not justify moving the Domiciliary 60 miles.  
To invest the amount of funding to save 30 to 50 Veterans 120 miles round trip, does not make good business sense and does not reduce miles traveled by the majority of the Veterans we serve.

Table 1-6

The miles travelled meet the VA’s guidelines for travel time guidelines for secondary care.  
Page 23, draft EIS moving the RTTP to Rapid City would have little to no change in this goal.

1.2.2.2.1 Patient locations chart is misleading.1.2.1 (Increasing access to care closer to where Veterans reside)

Figure 1.2, would lead one to believe that the majority of Veteran patients live closer to the Ft. Meade campus, since they are being sent there for Primary and some secondary care.  
This assumption is "not correct".  
Based on the FOIA response provided by VA BHCHS listing Veteran patients by zip code, will show that the majority of patients being sent to Ft. Meade are traveling long distances to get there.  
And per year, the percentage of veterans will show that there are a far larger percent of Veterans that live far closer to Rapid City, but are being sent to Ft. Meade for care.

IL13-1: Publication of the Notice of Intent to prepare an EIS (May 16, 2014) began the official public scoping process in which issues - including potential alternatives - to be addressed in the EIS are identified. VA considered the alternatives identified during the scoping process consistent with the requirements of NEPA. Any previously identified alternatives that were offered at the time of scoping were also considered in the EIS.

IL13-2: The reason for moving the Domiciliary to Rapid City is not based on the number of Veterans living in Rapid City. VA agrees that RRTP patients come from all over the BHCHS area and throughout the U.S. VA believes that Rapid City offers more advantages to Veterans in terms of the elements necessary for successful community re-integration (e.g., housing, public transportation, jobs). This has been further clarified in Section 1.2.2.3 of the Final EIS. See also a revised Exhibit 1 in Chapter 1 that provides an additional breakout of RRTP patient data.

IL13-3: The data provided in Figure 1.2 simply show where existing Veterans are receiving their primary care, and the proposed reconfiguration would not change this. Primary care services, and some specialty care services, would continue to be provided in Hot Springs and, under the new preferred alternative A-1, would be provided on the existing Hot Springs campus in a renovated Building 12. VA’s proposal includes modernization of the CBOC in Hot Springs and expansion of the CBOC in Rapid City to a MSOC offering more specialty services. The MSOC would better service the large number of Veterans in the Rapid City area, and would also be available to Veterans living in the southern portion of the service area (closer than Fort Meade). See Section E.3.3 in Appendix E relating to purchased care options.
Financial Analysis dated March 20, 2012 (VA Midwest Health Care Network (VISN 23))

Page 10, will confirm, that the majority of patients are travelling long distances for primary and secondary care to the Ft. Meade Campus, allowing Beneficiary travel costs of $2,477,909.00 for Ft. Meade, and $930,315.00 for Hot Springs. Showing the Beneficiary travel (3 times higher for Ft. Meade). And showing the need to reduce those Patient miles traveled. If the VA BHHC is being honest about what they are trying to achieve, to provide “Better Access to Care”, then reducing those miles traveled to Ft. Meade, should be the number one priority!

1.2.1 Increasing access to care closer to where Veterans reside.

VA BHHC has stated “several times” that they want to provide more services to the Rapid City Veterans (in Rapid City). I agree, this makes sense, for many reasons. Possible partnerships with Rapid City providers, possible VA/OD partnerships, possible HHS/VA partnerships. (All VA goals nationwide). The majority of Northern Catchment Veterans live in, around, or near Rapid City. Approximately 7,000 per VA “current and projected Veteran population locations” page 16 of the draft EIS.

Yet, the VA BHHC has no current investment plan to add enough space or services to expand the care for the Rapid City Veteran patients. By expanding the Primary and Secondary Care offered in Rapid City, VA BHHC could reduce the patient miles traveled, by approximately 12,000 Veterans per year, that are now traveling from the South, East, and West of Rapid City, and having to go to Ft. Meade. Greatly increasing their miles traveled. And providing duplicate services 30 miles apart does not make good, or logical business sense. The VA BHHC is “not being a good steward of the Taxpayers funds”.

Moving the Dormitory/RTTP to Rapid City, does “not reduce Veteran miles traveled. In fact, the Southern Catchment Veterans now having to travel to Ft. Meade, (due to VA BHHC reduced services), has increased by approximately 94,800 additional miles per year. These additional miles added to the Southern Catchment Veterans “Defeats the Purpose” and Goals that the VA BHHC has stated!

1.2.1 Reducing out-of-pocket expenses for Veterans travel

I, and many of my fellow Veteran patients (that are not 30% disabled, or more, are now having to pay, (out-of-pocket) the travel costs, to get to Ft. Meade, or spent an entire day to ride a shuttle van to get to and from Ft. Meade. To repeat from above, now that services have been relocated at Hot Springs VA, there are “per year” additional 934,800 miles being traveled by Southern Catchment Veterans. Pat Lyke

1.2.2 Factors Resulting in Need for Reconfiguration of BHHC

II.13-2

II.13-3

II.13-4: Under the proposed reconfiguration, primary services (and some specialty services) would continue to be offered in Hot Springs, and expanded specialty services would be available in Rapid City. Alternately, Veterans may have the option of going to a local provider closer to home such that travel distance and time should be reduced. Veterans would still be given the option to go to Fort Meade or other VA facilities, however, if they prefer.

II.13-5: VA proposes to expand care in Rapid City, from the existing CBOC to an MSOC with more specialty care services available. See response to IL13-3.

II.13-6: As noted in responses to IL13-3 and IL13-5 above, the proposed reconfiguration would reduce travel distance, times and therefore costs, such as the drive to Fort Meade, by continuing to offer primary services (and some specialty services) in Hot Springs, expanded specialty services in Rapid City, and expanded care in the community option where Veterans can receive care, at VA expense, from a local provider closer to where they live. Veterans would also continue to have the option of service at Fort Meade if they prefer.
The factors listed would have relevance to both VA BHHCs campuses. Yet VA BHHCs did not ever consider completing any cost benefit analysis of moving or changing anything at the Ft. Meade campus. Until that step has been completed, this entire process should not be decided. The Northern campus, also does not meet current VA design guidelines for mental Health buildings CLC, Nursing Home guidelines, Surgery suite guidelines, Inpatient care guidelines, etc. But, at no time did VA BHHCs ever consider evaluating the possibility of reconfiguring any of the outdated Ft. Meade buildings or functions. This is at the least, poor management practices. If the VA BHHCs is really concerned about being a good steward of the Taxpayer dollars, why didn't they ever at least consider a 30 year life cycle cost of moving services from Ft. Meade. And considering that the sq. foot cost of maintaining the Ft. Meade campus has been about $5.60 per sq. foot, per year higher than the Southern campus, it should have been a high priority, to at least consider, why the costs of maintaining the Ft. Meade campus is so much higher than the Hot Springs campus?

Having been an employee during most of this process, my opinion is that VA BHHCs rushed to vacate the Landmark buildings, without taking any of the proper steps to do so. The plan was put together, without any Historic Preservation involvement or knowledge, until almost 7 years after VA BHHCs started developing the plan to vacate the Landmark site. The plan still is not a good plan, and should be carefully considered, prior to any plan to move forward. The History of Veterans Healthcare is important, to the citizens of the United States, and should be saved. Once History is ignored, or lost, it can't be changed! Let's be very careful, and considerate, of the Civil War Veterans that picked the location of the Battle Mountain Home for Disabled Volunteer Soldiers, for a very good reason. IT IS, AND HAS BEEN GOOD FOR VETERANS!

On behalf of all my fellow Veterans, Please consider this plan very carefully, we could loose something that we can't get back! Thank you for considering my comments, and concerns. Proud Veteran, Proud to be a former VA employee, member of the American Legion, member of the Hot Springs H-P Commission, member of the National Trust for Historic Preservation.

Pat Lyke  5-3-2016

<table>
<thead>
<tr>
<th>Commenter IL13: Pat Lyke</th>
<th>IL13-7: Health care services at the Fort Meade VAMC are not part of the scope of the proposed reconfiguration or this EIS. See group response in Table E-2 of Appendix E relating to Fort Meade and the scope of the EIS.</th>
</tr>
</thead>
</table>

The Factors listed would have relevance to both VA BHHCs campuses. Yet VA BHHCs did not ever consider completing any cost benefit analysis of moving or changing anything at the Ft. Meade campus. Until that step has been completed, this entire process should not be decided. The Northern campus, also does not meet current VA design guidelines for mental Health buildings CLC, Nursing Home guidelines, Surgery suite guidelines, Inpatient care guidelines, etc. But, at no time did VA BHHCs ever consider evaluating the possibility of reconfiguring any of the outdated, Ft. Meade buildings or functions. This is at the least, poor management practices. If the VA BHHCs is really concerned about being a good steward of the Taxpayer dollars, why didn't they ever at least consider a 30 year life cycle cost of moving services from Ft. Meade. And considering that the sq. foot cost of maintaining the Ft. Meade campus has been about $5.60 per sq. foot, per year higher than the Southern campus, it should have been a high priority, to at least consider, why the costs of maintaining the Ft. Meade campus is so much higher than the Hot Springs campus?

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Pat Lyke  5-3-2016
Commenter IM1: Berry Madsen
Commenter IM1: Berry Madsen

IM1-1: Veterans now have more options for care from community providers (e.g., 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 an integral part of the proposed reconfiguration alternatives as a way to improve overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option and quality of care. Given the large number and distribution of local providers within the service area, the increased demand from closure of the Hot Springs VAMC hospital on any one provider is not expected to adversely affect existing capacity. Primary care and some specialty care services will continue to be provided in Hot Springs.

IM1-2: 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 IM2: Chris Martin

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<thead>
<tr>
<th>Name:</th>
<th>Chris Martin</th>
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<tr>
<td>Address:</td>
<td>Hot Springs, SD 57747</td>
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<td>Yes</td>
<td>No</td>
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<td>Section:</td>
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<tr>
<td>Need:</td>
<td>I am a disabled Veteran</td>
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<tr>
<td></td>
<td>would like to keep the</td>
</tr>
<tr>
<td></td>
<td>Hot Springs VA open. Please</td>
</tr>
<tr>
<td>Purpose:</td>
<td></td>
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IM2-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional.

While the hospital would be closed under the proposed reconfiguration, outpatient primary care and certain specialty care will continue to be provided in Hot Springs (and on the existing campus under the new preferred alternative A-2). Veterans also 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 IM3: Pat Martin
**Commenter IM3: Pat Martin**

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<th>Name: Patricia Martin</th>
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<td>Address: Hot Springs, SD 57747</td>
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<td>Phone:</td>
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<td>e-mail:</td>
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<td>Release Information to the Congressional: Yes No</td>
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Need: We moved to Hot Springs in 1995. Due to the characteristics of the town that makes us love it so much, the care and respect given to veterans by the entire community is key. We know moved here to retire for just that reason. It is a safe place. No 3 safe at community.

Purpose: We need veterans' health care was readily accessible. You wanting to get handful of veterans to go to Feeding Health Care services once available. I have service to provide community outreach to other VA clinics for health care VA veterans were promised and DESERVE better!

Signature 4/23/16

**IM3-1**: Thank you for your comment. It is interpreted as support to keeping the existing Hot Springs facility open and fully functional.
Commenter IM4: William Martin
**Commenter IM4: William Martin**

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<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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**Need:**
As a local resident, I have been often ask to take Veterans to others to the VA hospital. Because the distances have been limited, some have been unable to reach a VA hospital more than once. This town is short in services and Veterans.

**Purpose:**

---

IM4-1: Thank you for your role in driving our Veterans to receive the care they need. 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.

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

---

1. **William Martin** give permission/authorization for _______ to enter this information online on my behalf.

---

Signature: **William Martin**
Date: 04-23-16
Commenter IM5: Frank Mason

IM5-1: Outpatient primary care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the preferred alternative calls for closing the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, including for Native Americans.

Environmental Impact Statement (EIS) Comment Sheet

Name: Frank Mason
Address: Hot Springs, SD 57747
Phone: 
e-mail: 
Release Information to the Congressional __Yes____ No 
Section: 1.2.2.2, and 5.1.14 
Need: The Hot Springs VAMC serves a large geographic region with many veterans in parts of 3 states. This region includes many Native Americans. As all of the veterans age, their medical needs are going to increase. The facilities here in Hot Springs, they are up to federal standards, it would make absolutely no sense to move or close this facility. Closing the Hot Springs VA medical center would create a major transportation problem for many of the veterans in the area, specifically those living on the Pine Ridge Reservation.

Signature: G. Mason
Date: 1/31/2016
### Commenter IM6: Lynn Mason

<table>
<thead>
<tr>
<th>Name</th>
<th>Lynn Mason</th>
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<tbody>
<tr>
<td>Address</td>
<td>Hot Springs, SD 57747</td>
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<td>Email</td>
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<td>Release Info.</td>
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**Section:** 4.11.2.1 and 4.11.6.2

**Need:** The veterans need an environment of quiet and sanctuary. They need people who welcome them into the community. Both the physical environment and the social environment are extremely important.

**Purpose:** The Hot Springs V.A. is a beautiful sanctuary for the veterans. It is the sandstone buildings in a park-like setting that emanates peace and comfort. The people of Hot Springs welcome and embrace the veterans in all of the town activities, whether it is a church choir, parade, or sporting activity. Veterans become part of the town.

If the patients cannot leave the facility, fun and entertainment is brought to them. In my 28 years...

\[
\text{Lynn Mason (Signature on behalf of Hot Springs Chamber) Jan. 8, 2016 Date}
\]
<table>
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<th>Commenter IM6: Lynn Mason</th>
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| IM6-1: 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. |

In this community, I find so very impressive the focus of our community in taking care of our veterans. Alternative (E) is the answer not (A).
Commenter IM7: SandyMassa
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<th>Commenter IM7: SandyMassa</th>
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<td><strong>Environment Impact Statement (EIS) Comment Sheet</strong></td>
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<tr>
<td><strong>Name:</strong> Sandy Massa</td>
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<tr>
<td><strong>Address:</strong> Black Hawk, SD</td>
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<td><strong>Release Information to the Congressional: Yes ___ No ___</strong></td>
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<td><strong>Section:</strong></td>
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<tr>
<td><strong>Need:</strong> Not only does this community need this VA more in South Dakota, they also come to this location. It has served our veterans well and a strong workforce. Everyone in this location works hard. This is a dedicated employee on our side who works here.</td>
</tr>
<tr>
<td><strong>Purpose:</strong></td>
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**IM7-1:** VA interprets your comment as support to keep the existing facility open and fully functional. VA also notes that outpatient primary care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the preferred alternative calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IM8: Beth Merkel
IM8-1: VA interprets your comment as support to keep the existing facility open and fully functional. VA also notes that outpatient primary care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the preferred alternative calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IM8: Beth Merkel

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<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tr>
<td><strong>Name:</strong> Beth J. Merkel</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>Release Information to the Congressional</strong></td>
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<tr>
<td><strong>Section:</strong> 3.11 &amp; 3.11.2.1.1</td>
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<tr>
<td><strong>Need:</strong> It is important to me to keep our health care services local due to my current medical problems and increasing age.</td>
</tr>
<tr>
<td><strong>Purpose:</strong> I have medical issues that make it difficult for me to travel long distances. It takes my husband four hours to drive for medical appointments.</td>
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**Beth J. Merkel**

Date: 4-11-2016

**Region:**

| **Signature:** Beth J. Merkel | **Data:** | **Comment:** To enter this information online on my behalf.

**Comment:**

| Signature: Beth J. Merkel | Data | Comment: To enter this information online on my behalf. |
Commenter IM9: Gary Merkel
**Commenter IM9: Gary Merkel**

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<thead>
<tr>
<th>Name</th>
<th>Gary Merkel</th>
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<tbody>
<tr>
<td>Address</td>
<td>Hot Springs, SD, 57747</td>
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<td>Yes</td>
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<tr>
<td>Section</td>
<td>IM9-1</td>
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<tr>
<td>Need</td>
<td>I need to maintain the value of my home to use as a form of retirement.</td>
</tr>
<tr>
<td>Purpose</td>
<td>Closing the Hot Springs VA will definitely decrease the value of my home which is something I am counting on being an asset of my retirement. Planning on the next eleven years, my wife and I need assisted living or nursing home care in our later years of life.</td>
</tr>
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**IM9-1**

Potential impacts on local property values are addressed in Section 4.10 of the EIS.
Commenter IM9: Gary Merkel

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<thead>
<tr>
<th>Name:</th>
<th>GARY L. MERKEL</th>
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<tbody>
<tr>
<td>Address:</td>
<td>507 SPRINGS ST., BOX 52747</td>
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<tr>
<td>Phone:</td>
<td>[REDACTED]</td>
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<td>e-mail:</td>
<td>[REDACTED]</td>
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<tr>
<td>Section:</td>
<td>3.11 3.11.2.1</td>
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**Purpose:** I am finding it harder to get to doctor's appointments due to my prior medical issues and increasing age with the last one being my knee surgery making it difficult to travel longer distances. My wife has same medical issues that also make it difficult for her to drive me longer distances for my medical appointments.

**Signature:** Gary L. Merkel [REDACTED] 4-16-2016

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**IM9-2:** VA understands your travel concerns and has taken them into consideration in developing the proposed reconfiguration. Under the new preferred Alternative A-2, outpatient primary care and certain specialty care will continue to be provided on the existing campus. Also, while the preferred alternative calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IM10: Evie Miller
Under the new preferred Alternative A-2, outpatient primary care and certain specialty care will continue to be provided on the existing campus. Also, while the preferred alternative calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IM11: Glenn Miller
IM10-1: VA understands your travel concerns and has taken them into consideration in developing the proposed reconfiguration. Under the new preferred Alternative A-2, outpatient primary care and certain specialty care will continue to be provided on the existing campus. Also, while the preferred alternative calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IM10-2: 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 IM12: Ricky Miller
IM12-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional.
Commenter IM13: William Mills

IM13-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully operational.

IM13-2: VA has revised its previous statements about the suitability of the historic buildings to comply with the ABA and VA directives. See related group response in Table E-2 of Appendix E.
Commenter IM14: Richard Moer
Commenter IM14: Richard Moer

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

Name: Richard Moer

Address: Hot Springs, South Dakota 57747

Phone: [Redacted]
e-mail: [Redacted]

Release Information to the Congressional: Yes No

Series: 3.10.2.3

Need: People moving, selling their houses. Friends hearing VA not there. Poor veterans need care and help with their health problems and help them with their P.S.D.

Purpose: 2.3.5 Alternative E - Save the VA Proposal

IM 14-1

Richard Moer, give permission/authorization for such person to enter this information online on my behalf.

Richard Moer  2/2/16

Signature Date
Commenter IM15: Kim Moir
Commenter IM15: Kim Moir

Environmental Impact Statement (EIS) Comment Sheet

Name: Kim Moir
Address: Hot Springs, SD 57747
Phone: 
E-mail: 

EIS Section: 3.10
EIS Statement: Socioeconomics

Comment: My business provides a service for the Veterans 24/7, as a workout facility. This service allows the Veterans a place to de-stress and stay physically fit. Also offered is hydro massage which has been known to offset PTSD symptoms as well as pain relief. The community and businesses work hard at providing the Veterans an environment that is welcoming and supportive.

This community has taken care of these veterans for decades. We, as a community, understand what the individual Veterans require to heal, to civilize. We are the healing place, we are known for our healing waters and a place for Veterans to heal and it needs to stay that way!

As a business owner, this would have a direct impact on my business financially, by depleting the population which in turn would affect the demographics!
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<th>Commenter IM15: Kim Moir</th>
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Release Information to the Congressional: X Yes  No

I, Kim Moir, give permission/authorization for the VA to enter this information on my behalf.

Signature: [Signature]  Date: [Date]
Commenter IM16: Charlene Monfore
IM16-1: VA recognizes the potential adverse economic and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses in Hot Springs; section 4.11 addresses potential impacts on local community services (including schools). Chapter 4 also identifies steps VA would take to address these impacts. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

**Commenter IM16: Charlene Monfore**

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

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<th>Name: Charlene C. Monfore</th>
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<td>Address: Oral, S.D. 57766</td>
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<td>Release Information to the Congressional: Yes</td>
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**Section: IM 16-1**

**Need:** Closing the VA will have an economic impact on Hot Springs and community.

**Purpose:**

1. 15 years ago nearly 400 employees worked at the Hot Springs Campus. Some lived in Hot Springs, some bought homes, groceries, supported schools, paid taxes.

2. Employees such as ad locals stay and utilize motels, restaurants, community.

3. Many employees commute and do not want to invest money in housing or community and avoid coming to work in HS VA.

Charlene C. Monfore gave permission/authorizations for Save VA to enter this information on my behalf.

[Signature]

[Date] 4-20-11
Commenter IM17: William Makes Him First
Under the new preferred Alternative A-2, outpatient primary care and certain specialty care will continue to be provided on the existing campus. Also, while the preferred alternative calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IM17-2: 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 IM18: Mike Martinez
IM18-1: Under the new preferred Alternative A-2, outpatient primary care and certain specialty care will continue to be provided on the existing campus. Also, while the preferred alternative calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IM18-2: 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 IM19: Darrell Marshall
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 reconfiguration alternatives is that Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live so they don’t have to travel as far. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program (beyond just the Veterans Choice Program), now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. They offer another way to improve overall quality and delivery of care. See group responses in Sections E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

**Commenter IM19: Darrell Marshall**

| From: | VA Black Hills Future <vnblackhillsfuture@va.gov> |
| Sent: | Tuesday, December 29, 2015 11:41 AM |
| Subject: | PW [EXTERNAL] Hot Springs future |

| From: | Darrell Marshall |
| Sent: | Monday, December 28, 2015 10:52 AM |
| To: | VA Black Hills Future |
| Subject: | [EXTERNAL] Hot Springs future |

I am a 68 year old Vietnam Veteran. I receive all my health care at the Hot Springs VA. I live in Chadron NE, 50 miles from Hot Springs. It would be quite an inconvenience to have to drive 300 miles to Rapid City, or 135 miles to Fort Meade, (one way). We live in a part of the country that has harsh winter driving conditions. I have tried the Choice program and that is not very satisfactory.
Commenter IM20: Sherry McGarity
Commenter IM20: Sherry McGarity

| From: | VA Black Hills Future <vablackhillsfuture@va.gov> |
| Sent: | Tuesday, March 29, 2016 1:02 PM |
| Subject: | FW: [EXTERNAL] Hot Springs, SD Veterans Health Care Facility |

---Original Message---
From: Sherry McGarity
Sent: Saturday, March 26, 2016 11:22 AM
To: VA Black Hills Future
Subject: [EXTERNAL] Hot Springs, SD Veterans Health Care Facility

Dear Sir/Madam, foremostly, I would like to be informed as to W/H an "OREGON FARM BUREAU" public commenter, or not an attorney either, is giving US guidelines with which to fight our case to save our VA facility in Hot Springs, when she heard a CLUE about our history or probably even where the facility is socially located. This is where it begin... Please send an answer forthwith. Sherry J. McGarity, RN CNOR CRNA, AACN (Surgeon appointed/RN Affiliate to the American College of Surgeons), UNCG (legal nurse consultant), PO. And possible full-time resident of Hot Springs, SD. Thank you.

IM20-1: Thank you for your comment, but it is not relevant to the actions being analyzed in the EIS or the decision at hand and is not addressed further.
Commenter IM21: Paul Miller
Commenter IM21: Paul Miller

IM21: A copy of the Draft EIS was provided to the Custer County Library on CD.

From: Paul Miller
Sent: Thursday, January 14, 2016 7:48 PM
To: VA Black Hills Future
Subject: [EXTERNAL] EIS

Please get copy of EIS to Custer County Library.
Thank You,
Paul V. Miller
Commenter IM22: John Moisan
IM22-1: VA partners with the South Dakota State Veterans Home to the extent possible. No changes to that partnership are expected under any of the alternatives.

IM22-2: While the preferred alternative (A2) calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care. The group response also addresses options for Native Americans.

IM22-3: 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.

IM22-4: 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.
Commenter IM23: Joseph Muller
Commenter IM23: Joseph Muller

From: VA Black Hills Futures <blackhillsfuture@va.gov>
Sent: Wednesday, December 9, 2015 3:48 PM
Subjects: [EXTERNAL] EIS comments
Attachments: HE VAMCEBcomments.docx, ATT081827.txt

---Original Message---
From: Joseph Muller
Sent: Monday, December 07, 2015 3:13 PM
To: VA Black Hills Futures
Subject: [EXTERNAL] EIS comments

Dear VA Black Hills Futures,

I am attaching my comments in regards to the VA Black Hills Health Care System EIS.

Sincerely,

[Attachment]

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1
**Commenter IM23: Joseph Muller**

| IM23-1: | Thank you for your comment and additional input on why recruiting is difficult at Hot Springs. The discussion of recruiting challenges in Chapter 1 of the EIS is still considered valid and has not changed in the Final EIS. In addition, 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. |
| IM23-2: | The Final EIS provides a more detailed breakout of costs for each alternative in Section 2.3. See group response in Table E-2 of Appendix E relating to the cost of alternatives. 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 offer an accurate cost comparison between alternatives at this time. However, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions. |
| IM23-3: | It is too late to consider new alternatives at this time. VA’s reasons for relocating the RRTP to Rapid City have been further clarified in Section 1.2.2.3 of the Final EIS. |
| IM23-4: | VA has selected a new alternative in the Final EIS that includes renovating Building 12 on the existing campus to house the new CBOC. This will allow VA to maintain a continued presence on the campus. |

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**Table 2.3 - Estimated costs**

| IM23-1: | Thank you for your comment and additional input on why recruiting is difficult at Hot Springs. The discussion of recruiting challenges in Chapter 1 of the EIS is still considered valid and has not changed in the Final EIS. In addition, 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. |
| IM23-2: | The Final EIS provides a more detailed breakout of costs for each alternative in Section 2.3. See group response in Table E-2 of Appendix E relating to the cost of alternatives. 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 offer an accurate cost comparison between alternatives at this time. However, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions. |
| IM23-3: | It is too late to consider new alternatives at this time. VA’s reasons for relocating the RRTP to Rapid City have been further clarified in Section 1.2.2.3 of the Final EIS. |
| IM23-4: | VA has selected a new alternative in the Final EIS that includes renovating Building 12 on the existing campus to house the new CBOC. This will allow VA to maintain a continued presence on the campus. |
Commenter IM23: Joseph Muller

IM23-5: VA recognizes the potential adverse impacts on the local economy and school 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.

IM23-6 - VA interprets this comment as support for expanding operations at the existing Hot Springs campus. VA’s reasons for relocating the RRTP to Rapid City are outlined further in Section 1.2.2.3 of the Final EIS.

IM23-7

IM23-8 - VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS.


PM10 standard, Hot Springs has none. Also see Table 3.2.2 in regards to pollutants. Rapid City has many more Economic Sectors Emitting pollutants than Hot Springs does. So – how many murders have occurred in Hot Springs versus Rapid City this past year? This creative alternative would actually return money to the VA, what a novel idea for any governmental body to look at.

The Hot Springs VA buildings play a major part in the Hot Springs Historic District. These native sandstone buildings provide very stable structures that have been in existence for over 100 years and will be here for another 100, where a new structure leased or build won’t be made of the same materials and don’t have that same timeframe for expected usefulness.

Hot Springs and especially the HS VAMC has a much lower Sound Level (DBA) than Rapid City. Which is more beneficial for veterans returning from action or being treated for PTSD.

There is no worry about the HS VAMC and flooding. Depending on where you build or lease in Rapid City this may be an issue. The 1972 flood created havoc in Rapid City along Rapid Creek. This didn’t stop the RC Schools, Journey Museum and others from building fairly close to Rapid Creek once the houses were removed from the floodplain.

74.5% of the employees at the Hot Springs campus live in Fall River County. The projected decrease of 218 FTEs would mean 162 of the 218 would be from Fall River County. Based on Table 3.10.9 the average wage of the Hot Springs Campus for those living in Fall River County is $45,675.85, taking this times the 162 would mean a loss of $7,431,887.70 in wages to Fall River County residents this will have a major affect on the downtown businesses. The loss of 162 employees would be a loss to the school enrollment and school funding. This would in turn affect the number of high school age students that the local businesses rely on for help in the summer months for taking care of the hourly impacted tourism industry.

102 high paying jobs in Fall River County would increase the % of the families and persons below the Poverty Level which is substantially higher already than Pennington County.

IM23-7 - VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS.

IM23-8 - VA agrees that there are no issues related to flooding at the Hot Springs VAMC. Flooding considerations would also be taken into account in the selection of a new site in Rapid City.


IM23-6: VA interprets this comment as support for expanding operations at the existing Hot Springs campus. VA’s reasons for relocating the RRTP to Rapid City are outlined further in Section 1.2.2.3 of the Final EIS.
Commenter IM24: Neonila Martyniuk
Commenter IM24: Neonila Martyniuk

IM24-1: 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.

IM24-2: VA has expanded Section 1.2.2.3 in the Final EIS to further explain the reasons for moving the RRTP to Rapid City. The more urban environment offers significant advantages with respect to Veterans ability to successfully reintegrate into the community.
Commenter IM25: Nancy McCulloch
Commenter IM25: Nancy McCulloch

PUBLIC SUBMISSION

As of: 11/16/15 10:20 AM
Received: November 12, 2015
Status: Posted
Posted: November 16, 2015
Tracking No: 1gg-8sn8b-dv78
Comments Due: January 05, 2016
Submission Type: API

Docket: VA-2015-VACO-0001
Notice Requesting Comments

Comment Due: VA-2015-VACO-0001-0272
Environmental Impact Statements; Availability, etc.: Reconfiguration of VA Black Hills Health Care System; FR Doc. #:2015-27684

Document: VA-2015-VACO-0001-0384
Comment on Environmental Impact Statements; Availability, etc.: Reconfiguration of VA Black Hills Health Care System; FR Doc. #:2015-27684; McCulloch, Nancy

Submitter Information

Name: Nancy McCulloch
Address: 
Minot, MT 59702
Email: [REDACTED]
Phone: [REDACTED]

General Comment

To the Department of Veterans Affairs:

I urge you to keep Battlefield Mountain Sanitarium in use for the treatment of veterans. The location of the facility makes it convenient for use by veterans who live or have family in the surrounding area. Also, its peaceful location makes it a restorative place. Finally, this building is historical as the first medical treatment center for veterans and should be preserved by keeping it occupied and maintained.

Thank you for your consideration of my request.

IM 25-1
Commenter IM25: Nancy McCulloch

As of: 11/16/15 10:23 AM
Received: November 12, 2015
Status: Posted
Posted: November 16, 2015
Tracking No. 132-58033-101
Comments Due: January 05, 2016
Submission Type: API

PUBLIC SUBMISSION

Docket: VA-2015-VACO-0001
Notices Requesting Comments

Comment On: VA-2015-VACO-0003-0277
Environmental Impact Statements; Availability, etc.: Reconfiguration of VA Black Hills Health Care System; FR Doc. #:2015-27684

Document: VA-2015-VACO-0001-0385
Comment on Environmental Impact Statements; Availability, etc.: Reconfiguration of VA Black Hills Health Care System; FR Doc. #:2015-27684; McCulloch, Nancy

Submitter Information

Name: Nancy McCulloch
Address:
Missoula, MT 59802
Email:
Phone:

General Comment

P.S. I meant to add that Alternative C or Alternative E appear to me to be better choices.

IM 25-1
Commenter IM26: Laura Marciniak
IM26-1: VA interprets your comment as support to keep the existing facility open and fully functional. However, outpatient primary care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the preferred alternative calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IM27: Lisa McPherson

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<th>Lisa McPherson</th>
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Q1: Please enter your name and contact information.

Q2: My mailing list and contact preference is: Please contact me via email at the email address I entered above.
Commenter IM27: Lisa McPherson

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):

My response is in regards to the Black Hills EIS.

I myself am the spouse of a disabled Veteran who receives services at the local VA Hospital in Hot Springs. The purpose of the VA is to "provide quality, safe accessible care" to the Veterans. It is in my opinion that in order to do so the VA Hospital in Hot Springs needs to remain open, and services need to be expanded, or at the very least remain the same.

My role as a caregiver dictates that I be involved in the majority of the care for my husband. I attend the majority of his Doctor's visits in the event that there are any changes to his medications, to act as his memory, and most importantly to ensure that he goes. Over 90% of my husband's missed appointments are due to my inability to go with him. This is a problem when moving care outside of Hot Springs. It is one thing for me to take a quick break from work to accompany my husband to either his primary care team, or for emergent services when it is five minutes away, but quite another when it is a minimum of an hour drive to get to a VA facility. I don't know an employer who would accept an employee who needs to take a morning or afternoon off sometimes weekly, and mine is no exception. We are not in a position for me to lose my job however what the VA is doing is essentially making me choose between my employment and my Veteran getting the care he needs, as well as is owed, with the proposed move of the Hot Springs VA Hospital.

I have heard the argument that the majority of the Veterans live in the Rapid City area and therefore it is more cost effective (as stated as part of the need) to move services there. I believe that while the number of Veterans living in the Rapid City and surrounding areas may cut number the amount living in Hot Springs it is important to note that the demographics of the Veterans who receive services at the Hot Springs VA are not only from South Dakota. I believe it is also important to note that the Ft. Meade campus is half the distance from Rapid City than from Rapid City to Hot Springs. The Veterans in Rapid City and the surrounding areas have access to services far more available to them then the citizens of Hot Springs and the Veterans the Hot Springs VA Hospital serves.

I can state with absolute certainty that the care that my husband has received at the Hot Springs location has been the best care he has received throughout his entire dealings with the VA system. To remove that care would be detrimental not only to his care, but to our family as a whole.

IM27-1: Under the preferred Alternative A-2, primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. While the existing hospital would be closed, an integral element of the proposed reconfiguration is to give Veterans more options for health care from local community providers, at VA expense, closer to where they live. Travel would not have to be so far for Veterans within the BHHCS service area. Partnering with community providers offers another way to improve overall quality and delivery of care. See group responses in Sections E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care. Veterans also now have more options for care from community providers, at VA expense, closer to where they live; this would help reduce the driving distance. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IM28: Ted Moeller
Commenter IM28: Ted Moeller

Black Hills EIS Public Comment

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<td>Time Saved: 05:30:00</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. |
| Name: TED MOELLER |
| Address: | HOT SPRINGS |
| City/Town: SD |
| State/Province: 57747 |
| ZIP/Postal Code: |
| Email Address: |
| Phone Number: |

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

PAGE 2
| Commenter IM28: Ted Moeller | IM28-1: Thank you for your comment. Your suggestion to use local providers is consistent with an integral element of our proposed reconfiguration - providing Veterans with 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 (beyond just the Veterans Choice Program), now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. They offer another way to improve overall quality and delivery of care. See group responses in Sections E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care. |

| Black Hills EIS Public Comment | |
| Q: 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): |
| To whom it may concern: |
| I have to preface this by stating that my opinions are not the popular ones regarding the whole VA existence. While I do believe that Veterans deserve medical care for their service - where they get it should get it is where my beliefs differ. |
| I am a medical technologist (recently retired from Hot Springs) who still works as a contractor in the laboratory because of the short staff. I worked about 25 years in the private sector before coming to the VA and finished my career by working at the VA for about 16 years. |
| I have observed over the last 16 years that veterans don't just come to the VA for medical care. It is a time to meet with their contacts, it is a social outing as much as seeking medical care. But are they receiving the best medical care that they deserve? I think not. If you ask the average person on the street what's the worst medical system in America - hands down it is VHS. Second is the VAMC. Veterans deserve better. Our government has no business running healthcare, that is best left up to the private sector. And now we have Obamacare! Look at the fiasco in Denver with the new VA hospital there. |
| I believe Veterans should be given a medical card so they can seek medical care where ever THEY wish - in their own home town, in Rapid City, at Mayo Clinic, etc. |
| If the government does stay in healthcare, then I believe it should only be as clinics and all inpatients should be sent to the nearest hospital near their home town. |
| Thank you for listening, |
| Ted Moeller |