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

IN1-2: VA is committed to providing quality care to its Veterans and believes that there is a need for change, as described in the EIS, and that the proposed reconfiguration would better meet the current and future needs of our Veterans, including our homeless Veterans.
IN1-3: While the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.

IN1-3:

With so many other VA hospitals failing and growing ones being built with tremendous cost and time over run it is mad to systematically threatening and destroy one of the best and most efficient hospitals in America, while a veteran of Vietnam (US Navy) and have visit several VA hospitals which none can compare to this hospital.

Therefore, rebid Springs and purchased a home to be near a good hospital where I am treated well and with respect and affection with great care. If closed down I will need to relocate to a poor care hospital and poor climate worse yet the small time loss of economy makes my property useless to try to sell on other market. This hospital should be re-assembled as it was years ago to give healing to our deserving veterans and could be done much faster than the time consuming.

This cost over run happened in the corporate hospital.

The dictate of $300 recently spent 464M to upgrade three Veterans Home from State of the art the task could spend little compared to three year other budget metro VA HOSP.

This impact statement should have been done years ago before the destruction and sure now should be known.

Held accountable for this action.

Signature: Mark
Date: 3-22-16
IN2-1: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans, including our homeless Veterans.

IN2: Sharon Nash

Commenter IN2-1: Sharon Nash
Commenter IN2: Sharon Nash

IN2-2: The Hot Springs VA campus contains the Battle Mountain Sanitarium National Historic Landmark. All National Historic Landmarks also are listed in the National Register of Historic Places. See Table E-2 for federal agency obligation to actions that potentially affect National Historic Landmarks.
Commenter IN3: Aletha Nelson
Commenter IN3: Aletha Nelson

2.3 SAVE THE VA
I agree with the purposefully set forth: by SAVE THE VA, their purposefully makes the most sense and is better able to care for the rural veterans of the area. Hot Springs has always been known as THE VETERANS TOWN and have taken care of the veterans for over one hundred years.

1.2.2.2 DISTANCE TRAVELED
I am so sorry I do not know where to begin. The GIS states that the purpose and need for relocating the VA hospital to Rapid City is to ensure access closer to where the veterans live. Cut down on their travel time, reduce out-of-pocket expenses for veterans travel and provide quality care for the veterans. The Hot Springs facility cares for veterans from many rural areas, including the Native American veterans who live on the Pine Ridge Reservation. How will relocating the facility to Rapid City cut down on their travel time and expenses? They will have to travel much further with the limited ability to travel. What about the veterans who travel from Nebraska, Wyoming, and other areas of the United States? The reason the existing location is having problems is because the administration has been allowed to cut the services offered. They are continuing to do this so they look good. The administration is not looking into what is best for the veterans, they are only thinking of how it looks for them to be right. The Hot Springs VA has never failed to give the best treatment and care to the veterans. They have never failed an inspection. The reason for the dissolution resulting in those who have been under the care of those services, they could not just close the place as they have been doing it for a little at a time.

The problem with the current location is that the veterans have been sent to Fort Meade making it look like there is no need in that facility instead of the Hot Springs facility. In no one listening to the veterans, do their needs not meet anything to VA administration? They seem for me, now we need to serve them!

There are many veterans from very rural areas who are already traveling long distances to come to the VA facility in Hot Springs SD and have them travel another 183 miles will be even more of a hardship for them and their families. The VA facility in Hot Springs serves rural South Dakota, Nebraska, Wyoming, and the Pine Ridge Reservation. With the waiting list to get medical help being a problem now, why is there any proposal to close any facility that has been providing help for veterans for over 100 years?

As the wife of a veteran who is getting medical treatment from the Hot Springs VA I am concerned about the proposal closing of the facility. My husband is a Vietnam Veteran who is over 65 years old and retired from the VA where he was employed for many years. With the VA sending veterans to different hospitals in the state and across the country, it is a real trip for me to get my husband to another place. The closest VA is 90 miles away and traveling this trip a total of 183 miles to see a doctor. A private facility does not have the knowledge to treat many of the veterans.

The GIS also states that the facility does not meet facility requirements, and that in the future the veterans population will change, and that the facilities face long distances, extended travel time, and waiting lists and secondary care but do not see how moving the facility to Rapid City is going to change that. The veterans are going to have to travel an additional 66 miles. They will have to pay the expenses for gas and travel time. Where is the saving in that brilliant idea.

The facility is listed on a problem and the rural location. The way it stands right now no one wants to take a job that is not secure and the job announcements are for temporary employment. I know several doctors who would like to work here if the job was permanent. Someone did not do their homework.

Many of the accessibility and renovations that the GIS has listed can be taken care of with a little bit of work and maybe less than has been listed. Where did they get the amounts...

IN3-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IN3-2: Outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and under the new preferred Alternative A-2, these services would be provided in Building 12 on the existing campus. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. This is also an integral part of the proposed reconfiguration and access to local providers is how the proposed reconfiguration would help reduce current driving times and distances. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IN3-3: VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS. Under the new preferred alternative A-2, VA would renovate the exiting Building 12 and operate the CBOC, allowing VA to maintain a continued presence on the campus.

With respect to the residential treatment program, one of the main reasons to relocate the RRTP to Rapid City is to take advantage of the community services available which have been shown to help achieve successful community reintegration. This has been explained further in Section 1.2.2.3 of the Final EIS. Patients for the residential treatment program come from all over the service area and U.S. so the move should not put additional hardship on them. Additional information on RRTP patients and where they reside has been added to Exhibit 1 in the Final EIS.
IN3-4: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration. With respect to the existing VA employees, VA has stated that no VA employees would lose VA employment as a result of the proposed reconfiguration, although this could mean the need for retraining for another VA job outside of Hot Springs. Finally, VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. Though this call center is not related to the proposed reconfiguration of healthcare services, it would bring up to 120 jobs to the area to help address potential economic concerns, and is an example of the types of adaptive reuses available for the Hot Springs campus under Alternative G.

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<tr>
<th>Commenter IN3: Aletha Nelson</th>
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<tr>
<td>IN3-4: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration. With respect to the existing VA employees, VA has stated that no VA employees would lose VA employment as a result of the proposed reconfiguration, although this could mean the need for retraining for another VA job outside of Hot Springs. Finally, VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. Though this call center is not related to the proposed reconfiguration of healthcare services, it would bring up to 120 jobs to the area to help address potential economic concerns, and is an example of the types of adaptive reuses available for the Hot Springs campus under Alternative G.</td>
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3.13.2.1 HOT SPRINGS AND FALL RIVER

The closing of the VA hospital will affect many people, especially the rural veterans who already have to travel a great distance for their treatment. We have the best PTSD program in the area, the veterans do not want to go elsewhere. With the problems of the backlog for the treatment of our very brave men and women who have served our country, why would you want to close a facility that has never gotten a bad report concerning the care of our veterans? The veterans deserve to have the best care and they can get that from the Hot Springs VA and the surrounding community.

If the facility is closed, it will not only affect the veterans who use it, but the community as well. We are a small town, therefore the VA is the biggest employer for the people of Hot Springs. It just may be, it has been slowly downsized for years. Not only will those be people from the VA losing jobs, but the community will lose economy, prices will go up, homes will be difficult to sell, and the school system will struggle. If the facility is closed, it will affect everyone. The entire community will be affected in some way.

The VA committee has worked for years trying to fight the closure. They have enough paper work to prove that the figures given are not accurate. I was hoping that the EIS will take a closer look at the numbers and that is the best choice for the rural veterans around the area which include rural South Dakota, Wyoming, Nebraska, and Colorado. Contact the representatives from those areas.

The community of Hot Springs wants our veterans to get the best treatment possible and we believe that our hospital can do this for them, like we have for over a hundred years. Veterans and the VA have always been an important part of our city. Why else would we be known as “The Veterans Town”? |
Commenter IN3: Aletha Nelson

Mrs. Aletha Nelson
Hot Springs, SD 57747
Phone: [redacted]
e-mail: [redacted]

Release Information to the Congressional: YES
Section: 2.3.5, 3.1.2.1.1, 1.2.2.2

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

Aletha Nelson
Commenter IN4: Morris Nelson
Commenter IN4: Morris Nelson

IN4-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional. However, there are no plans to move all of the programs to Sturgis or Rapid City. No programs would move to Sturgis. The existing CBOC in Rapid City would be expanded to include more specialty care services (closer to Hot Springs than Sturgis) and the RRTP would also be relocated to Rapid City.

Outpatient primary health care and certain specialty care will continue to be provided in Hot Springs; under the new preferred alternative A-2, these services would be provided in a renovated Building 12 on the existing campus. Also, while the proposal does call for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

IN4-2: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

IN4-3: Veterans, including Native Americans, would have the option of receiving care from local community providers, at VA expense. See response to IN4-1.

IN4-4: Rapid City offers other important advantages related to successful community reintegration as described in revised Section 1.2.2.3 in the Final EIS.
IN5-1: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans, including our homeless Veterans.

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

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

IN5-1

Sharon K Nash
## IO1-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E. (Save the VA proposal) and has made it part of the public record for this EIS.

## IO1-2: VA used the most accurate and up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volumes and services.

## IO1-3: There are many reasons that have contributed to the current situation today. These are explained in Chapter 1 of the EIS. Past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), based on a variety of factors. They are not subject to a NEPA review and not addressed in the EIS. See also group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the Final EIS.

## IO1-4: A more detailed breakout of costs of each alternative has been provided in Chapter 2 of the Final EIS; they show that renovation costs are higher. However, VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS. Also, under the new preferred alternative A-2, VA would renovate the exiting Building 12 and operate the CBOC on the existing campus.

The final decision will not be based solely on cost.
**Commenter IO1: Eileen Ohliger**

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<tr>
<th>IO1-5: Safeguards would be incorporated into the design and program in Rapid City to help keep Veterans safe. The reasons for relocating the RRTP to Rapid City have been explained more fully in Section 1.2.2.3 of the Final EIS; they relate to more opportunities to ensure successful reintegration.</th>
</tr>
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<tr>
<td>IO1-6: Outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care. This response also addresses options for Native Americans.</td>
</tr>
<tr>
<td>IO1-7: Outpatient primary and some specialty care services would be provided in Hot Springs under all of the alternatives. Under the new preferred alternative, VA would continue to maintain a small presence on the existing Hot Springs. Save the VA Alternative E could have beneficial impact on the local economy.</td>
</tr>
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Additional Comments:

1. 2. 1. 3: What better residential area than Hot Springs. Vets with PTSD etc. should not reside in large cities with alcohol and drugs easily accessible and loud noise etc. 

2. Information presented against VA in Hot Springs false. Much info presented by Save VA in process etc. is inaccurate. 

3. 2. 2. 2 - Outside Hot Springs VA land.

4. 3. 10. 2 - Why change or fix what was not broken. History of care services received by my relatives - Traveling further is expensive and difficult rural areas targeted based on socioeconomic issues.

5. 3. 10. 2. 17 - Isn't it better to keep treatment near a location that population is lower and more supportive to individuals, jobs, schools, business etc. We backed up with population creation of more jobs again. People resisting change.

6. 11. 2. 1. 8: Never seen any negative effects of VA on Vets on school crime, pounds etc. Since saved a home here. Only positive aspects to community!

Eileen Ohliger 1-8-16
Commenter IO1: Eileen Ohliger

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

1.2.7.2.2 High costs added to veterans on travel/gas. Not all vets are eligible for gas allowance?

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

3.11.2.4.1.7 Approx 70% of students in school are veteran related.

Moving the VA and Hot Springs could be very detrimental to the town. Increased housing and school issues could be downfall of town.

Eileen Ohliger 12-16
IO2-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

Commenter IO2: Patricia Ohliger

Environmental Impact Statement (EIS) Comment Sheet

Name: Patricia Ohliger
Address: Hot Springs, SD 57747
Phone: 
Email: 
Release Information to the Congressional: Yes No
Section: 2.3.5 = Alternative E
Need: SAVE the VA Proposal
In regard to the EIS overall, it seems to me that the VA should be more cost effective than the current proposal. I believe that it is more cost effective than the current proposal.

Patricia Ohliger, give permission/authorization for
the information online on my behalf.

Signature: Patricia Ohliger
Date: 1-9-16
Commenter IO3: Deborah Okerrson
Commenter IO3: Deborah Okerson

Environmental Impact Statement (EIS) Comment Sheet

Name: Deborah Okerson
Address: Hot Springs, SD 57747
Phone: 
E-mail: 

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

Purpose:

Deborah Okerson give permission/authorization for Site on VA to enter this information online on my behalf.

Deborah Okerson 4-28-2016
Signature Date
IO3: Deborah Okerson

April 2016

Dear Sirs:

I wish to address my concerns regarding the reconfiguration of the Hot Springs campus of the Black Hills Healthcare System. The area I specifically wish to address is:

Section 1.2.2.1.1: Difficulty Recruiting and Retaining Qualified Staff, and Maintaining Clinical Competencies.

As a Physician Assistant and long term member of the medical staff at the Hot Springs VA, I feel I can offer a perspective based on personal experience. As a matter of fact, since my husband was also a Physician Assistant and long term employee at this same facility, I feel my perspective is a balance of personal and professional experience. Volumes could be written in each of these sections, but I will try to be brief and concise.

1) "Low patient volumes detract from staff ability to attain and retain core competencies"
   As a provider within the system, I never felt there to be a low patient volume. There were always more patients waiting to be cared for than I had time during the day. My ability to attain and retain core competencies was more related to there being no time or money dedicated to medical staff continuing education. My ability to care for patients adequately was diminished as services were cut from the facility thus reducing my ability to adequately care for those veterans needing those services. It has been proven that the statistics used in the VA proposal are for the most part inaccurate and misleading. As my husband often says, "29,476/29% of all statistics are made up on the spot." I have always felt that I could accept closure of the facility based on true numbers but not on based on deceptive practices.

2) "Difficulty matching private sector salaries"
   True, I definitely could have earned a larger salary in the private sector BUT in the same sense I would have had to work longer hours, take more on call, and therefore also taken more time away from my growing family. In addition, there is also the intangible feeling of personal fulfillment gotten by "serving those who have served", something that is not tied to monetary gain.

3) "Remote location limits appeal of relocating"
   The entire rural sector of America deals with this on a daily basis, HOWEVER, there are those in the medical profession that seek that very environment. A good working environment goes a long way in recruiting and retaining professionals and that is why the VA has a major shortfall. You only need to look nationally to see that the VA is everywhere detracts rather than enhances the ability of medical professionals to give good care to the veteran. This is not something unique to this setting or a reason to close a facility once rated as number 1 in patient care nationally. In fact, it seems that the logical approach would be to nurture rather than stifle the people giving that care. If you would look at the people that were medical staff at that time, you would find that while they are no longer working at the VA, the majority continue to be employed in the very rural area and if you ask them why they left, each would cite administrative roadblocks as a major factor.
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<th>Commenter IO3: Deborah Okerson</th>
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<tr>
<td>IO3-2: VA appreciates your positive feedback on the quality of staff from local providers. An integral element of the proposed reconfiguration is greater reliance on local community providers (e.g., hospitals) under the care in the community program. Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live and VA believes this offers another way to improve overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.</td>
</tr>
<tr>
<td>IO3-3: These two additional staffing related comments are very specific to health care operations and staff hiring and management practices and are more appropriate for consideration by VA health care professionals and manager and have no direct bearing on this EIS. They are not addressed further here but have been entered into the public record, via the NEPA process, and will be shared with appropriate VA personnel. Thank you for your input on this matter.</td>
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Personally both my husband and I would both be working at the VA at the present time if not for the automatic bureaucratic decisions forced upon us, many of which were against our personal code of ethics.

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

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

3) "Recruiting and retention difficulties have resulted in high staff turnover, prolonged vacancies, and more dependence on short term (locum tenens) physicians."

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

2) "Also affected by limits on the designated level of medical services that VA can provide in Hot Springs."

These are bureaucratic standards forced on every level of the VA healthcare system and even the private healthcare system by "powers from above", you to look at the correlation between our current level of addiction to prescription pain medications and the Joint Commission addition of pain as the 5th vital sign as an example of bureaucracy gone amok. This should not be a reason to close a facility but rather a reason to review what are called "standards of care."

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

Signed, Deborah Okerson
Commenter IO4: Norman Ostrem

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<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tr>
<td>Name: ____________ Norman L. Ostrem ____________</td>
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<td>Address: ____________ Hot Springs, SD 57747 ______</td>
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<td>Phone: ____________ ____________ ____________</td>
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Commenter IO4: Norman Ostrem

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

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

Addition Comment: July 2015, I had a [redacted] and was told to go to urgent care. The doctor ordered an X-ray and told me I had a fracture. He ordered medication for 10 days which I took for a frequency of unknown. Five weeks later, he said my radiology general and said the bone had healed. He did not see my regular doctor. Another person was also prescribed the medication. He had to take it for six months. People who were in the hospital for [redacted] said they were not [redacted].

How can you keep neglecting veterans this way by cutting services to nearly nothing knowing it will hurt the military, who is going through now and treating more patients than ever. It’s not like the first second world war where you had millions of men overseas and they would pump them up for you, country. For bad reason, rate of returning men that needed medical attention. Then necessary women a place to return to after initial springs, S.D.

Norman J. Ostrem  April 30, 2016
Commenter IO4: Norman Ostrem

Norman L. Ostrem April 19, 2016

Additional Comments: I was told I would get a letter in advance of any monthly appointment for April 2016. March 23, I was called to ask about my monthly check for diabetes, having not heard from anyone. I was told I have an appointment, but would schedule one for me in August or September. I was told surgery was being done this month, but the only doctors were only on Monday, and his schedule is full till then. I do not have an appointment for my April checkup, and I am 78 years old, and the only chronic conditions I have are hypertension and a stroke in 1985. I am in fairly good health. What about all those who have service with others who may need or really? Many were coming here for care until they retired or moved. Care service here at Black Hills VA in Hot Springs, SD. How these men and women a great and keep this facility running. There are older veterans who moved here in 1973.
Commenter IO5: Scott Olsen

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

I am very happy to see the changes that are coming to our VA Health Care Areas. I am a 17 year Cancer survivor with total removal and then replacement of a Nerve and many other items changed or replaced. I have been free of Cancer from March 8th 1998. I have YET to find any Doctor in our Black Hills health care system that understands just what my problems are, and how to handle the different problems that do happen to me. After last year when I had total bladder surgery at the VA at Ft. Meade, after I drove the 30 miles to Ft. Meade, spent 2 hours in the emergency room, sent me to Rapid City Regional Hospital and I found a NEW Local Doctor in urology, Dr. Michael Brehm, that was trained in the removal and replacement of A Bladder. He does understand my total problem as do I.

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

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

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

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

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

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

Thank You
Scott Olsen
Rapid City, SD 57703
Commenter IO6: Mark Owen
Commenter IO6: Mark Owen

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

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

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

Subject: IO6-1: (EXTERNAL) Hot Springs Hospital Closure

From: mark.owen@yahoo.com
Sent: Thursday, May 05, 2016 5:17 PM
To: VA Black Hills Future
Subject: (EXTERNAL) Hot Springs Hospital Closure

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

Thank You

Mark R. Owen
Thank you for your comment and support for the proposed reconfiguration.

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

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<th>Release Information to the Congressionals</th>
<th>Yes</th>
<th>No</th>
</tr>
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</table>

**Chachi Palmer** give permission/authorization for [Your Name] to enter this information online on my behalf.

**Chachi Palmer**

Signature  Date

17 Feb 2014
IP2-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E. (Save the VA proposal) and has made it part of the public record for this EIS.

Commenter IP2: Chris Pannill

Environmental Impact Statement (EIS) Comment Sheet

Name: Chris Pannill
Address: Hot Springs, SD 57747
Phone: [Redacted]
Email: [Redacted]

Section:

Need: As a certified EMT it would increase our workload. If we have to drive to Fort Meade all the time, then we will be one ambulance to answer 911 calls.

Purpose: We need to keep the VA open. We need to grow our services. We need to open the wards and put beds in. If we do this, the ambulance can be used for cardiac arrests, car crashes, etc. We need to keep the facilities open.

Chris Pannill 9-23-16
Commenter IP3: Stephen Parker

Environmental Impact Statement (EIS) Comment Sheet
Name: Stephen Parker
Address: [Redacted]
Aurora, CO 80014
Phone: [Redacted]
e-mail: [Redacted]

Release Information to the Congressional: Yes
Section: 2.8.5
Name: Denver VA in Aurora, CO sent me up here because they are way over budget and late getting built.

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

We are in receipt of the attached articles and acknowledge the criticisms received on another VA facility. We also are sorry for any direct impact the problems in Denver have had on you. However, it is not within the scope of this EIS to address issues at other VAMC facilities.
Commenter IP3: Stephen Parker

This is my first comment on this website. I have been following the VA's efforts to improve their facilities and I think they are making great strides. Specifically, I appreciate the attention being given to the issue of VA hospitals being built too far from water sources. This is a significant concern for the health of our veterans and I believe it is a step in the right direction to address this issue.

I also want to comment on the issue of VA facilities being built too far from jobs. As someone who has been in the workforce for many years, I believe that it is important for veterans to have access to employment opportunities when they leave the service. This will help them transition back into civilian life and ensure their long-term success.

Thank you for providing this platform for us to express our thoughts and concerns. I look forward to continuing to follow the progress of VA's efforts to improve their facilities and better serve our veterans.

Stephen Parker

Commenter IP3: Stephen Parker

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Thank you for providing this platform for us to express our thoughts and concerns. I look forward to continuing to follow the progress of VA's efforts to improve their facilities and better serve our veterans.

Stephen Parker
Commenter IP3: Stephen Parker

"The missteps are unforgivable. We own that."

Steve Gibson, VA deputy secretary

The board also noted that "the VA's..." and the VA's "and..." effective and major decisions would be made on any project that was not "about every decision is made..."}

Four investigations

Today, investigations abound.

The VA's "and..."

The VA's "and..." effective and major decisions would be made on any project that was not "about every decision is made..."}

Four investigations

Today, investigations abound.

The VA's "and..."

The VA's "and..." effective and major decisions would be made on any project that was not "about every decision is made..."}
The first paragraph of the "path forward" agreement originally read: "All parties agree that they must get price to $604 mil. They will each expend resources to reach that goal."

"Congratulations to all of you," a representative of Balfour Beatty, a ""construction management"" company, said during the meeting.

Issues with the design

The project has faced many challenges, including delays and cost overruns. The design team has worked with contractors and owners to address these issues.

The new hospital is expected to be completed by the end of the year.
Commenter IP3: Stephen Parker

Colorado members of Congress, including Representative Jeff Coors, senator Michael O'Keeffe, and senator Bob Bennett, were considering legislation to make the state's veterans hospital project a priority. The new hospital, they argued, would be a major economic stimulus for the state. They also believed that the veterans hospital project was a key to the future of the state's economy. The new hospital, they argued, would be a major economic stimulus for the state. They also believed that the veterans hospital project was a key to the future of the state's economy.

Unfamiliar to agency

Several years later, the VA officials were still struggling to improve the hospital's design. They had been forced to make several changes to the design, and the hospital was still not ready for patients. The VA had also been forced to cut its budget, which had forced it to delay construction. The VA had also been forced to cut its budget, which had forced it to delay construction.

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Commenter IP3: Stephen Parker

Congress OKs bill to keep VA moving
Stopgap measure intended to keep work going on hospital

Dan Elliott
The Rapid City Times

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

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

Rep. Mike Coffman, whose district includes the hospital, said the project has been stuck at $900 million within days, forcing a halt to construction. Contractors Kwok-Harner have told clients a shutdown would add up to $200 million to the project’s price.

The half-finished medical center is expected to cost up to $1.7 billion, nearly triple the estimate the Veterans Affairs Department gave last year.

The VA is asking Congress for $675 million more to complete a slightly scaled-back version. Lawmakers balked, demanding significant concessions in exchange for more money.

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

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

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

"The measure approved Friday allows the VA to shift $150 million elsewhere in its budget to Denver hospital construction but doesn’t provide any new money," said neighboring state Colorado’s Congressman Ken Buck.

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

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

Republican Rep. Mike Coffman, whose district includes the hospital, said Friday that keeping the project moving has required a bipartisan effort by the Colorado delegation.
The secretary, who was warmly welcomed in Denver, responds to recent criticism.

"We're not going to rest," he said, "until every veteran has a bed over their head every night." McDonald also spoke of challenges ahead.

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

McDonald stressed that to several factors. Veterans population is aging and needs more medical care. More than a decade of war and increased survival rates from severe injuries have yielded a younger group of veterans with chronic health problems. And the federal government has a responsibility to keep its promises, he said.

In addition, he said, we know that we will have more veterans waiting for care, he said.

McDonald's speech set the stage for further discussion, he said, "When I take the floor tonight, I will tell House Veterans Affairs Committee Chairman Phil Miller, and Senator, the leading critic of VA scandals and construction problems, for a panel discussion.

One likely topic is the half-finished VA hospital in Aurora, which he said, in a budget cut by $22 million, and estimated that it was a $900 million deficit.

"The secretary has been criticized," he said, "for not being able to keep the hospital open.

"He said he would have the capacity to meet the demand."
The biggest construction failure in VA history began with a handwritten note signed two days before Veterans Day 2011.

On October 21, a project official at the VA Department of Veterans Affairs was in a meeting with representatives of two firms. The project official mentioned it to a third firm, and that firm mentioned it to a fourth firm. The fourth firm mentioned it to a fifth firm. The fifth firm mentioned it to a sixth firm. The sixth firm mentioned it to a seventh firm. The seventh firm mentioned it to a eighth firm. The eighth firm mentioned it to a ninth firm. The ninth firm mentioned it to a tenth firm. The tenth firm mentioned it to an eleventh firm. The eleventh firm mentioned it to a twelfth firm. The twelfth firm mentioned it to a thirteenth firm. The thirteenth firm mentioned it to a fourteenth firm. The fourteenth firm mentioned it to a fifteenth firm. The fifteenth firm mentioned it to a sixteenth firm. The sixteenth firm mentioned it to a seventeenth firm. The seventeenth firm mentioned it to an eighteenth firm. The eighteenth firm mentioned it to a nineteenth firm. The nineteenth firm mentioned it to a twentieth firm. The twentieth firm mentioned it to a twenty-first firm. The twenty-first firm mentioned it to a twenty-second firm. The twenty-second firm mentioned it to a twenty-third firm. The twenty-third firm mentioned it to a twenty-fourth firm. The twenty-fourth firm mentioned it to a twenty-fifth firm. The twenty-fifth firm mentioned it to a twenty-sixth firm. The twenty-sixth firm mentioned it to a twenty-seventh firm. The twenty-seventh firm mentioned it to a twenty-eighth firm. The twenty-eighth firm mentioned it to a twenty-ninth firm. The twenty-ninth firm mentioned it to a thirty-first firm.
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<th>Commenter IP4: Mary Pederson</th>
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Environmental Impact Statement (EIS) Comment Sheet

Name: Mary Pederson
Address: Hot Springs, SD 57747
Phone: ___________________________
Email: ___________________________

Release Information the Congressional: X Yes ___ No ___

Section: A.11

Need: Access to care.

Purpose: VA management clearly knows that the impact of closing the Hot Springs VA will limit, and in many cases deny health care to eligible veterans. Yet for reasons still undefined VA management continues toward the closure process.

For example, veterans seeking care in Hot Springs cannot get timely appointments; auxiliary diagnostic services have been closed arbitrarily in Hot Springs; there are inadequate primary providers on staff; after regular duty hours veterans are denied urgent care services; these veterans denied care are not accounted for and incur bills from the private sector, and in turn the VA denies responsibility for reimbursement of veterans health care that the VA diverted to the private sector; the VA transportation network is totally inadequate in meeting the needs of an aging veteran population; the transportation network focuses solely on the convenience of the VA, not the veteran with significant limitations in his or her travel options.

Viewed from a non-biased point of view, such actions on the part of VA management could be considered neglect, or abuse on their part.

Mary Helen Pederson give permission/authorization for C of E. to
Enter this information online on my behalf.

Mary Helen Pederson 27 April 2016

Signature Date

IP4-1: VA BHHCS recognizes the challenges of providing quality care in the current situation and these are all drivers for the proposed reconfiguration. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow us to meet the current and future needs of our Veterans.

IP4-2: While the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. This would also help reduce driving distance, time and expense for Veterans. Significant improvements continue to be made in the implementation of the care in the community programs. See group responses in E.3.1 and E.3.3 in Appendix E: relating to distance travelled and purchased care option and quality of care.
Commenter IP4: Mary Pederson

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

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

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

| Environmental Impact Statement (EIS) Comment Sheet |

| Name: Mary Pederson |
| Address: Hot Springs, SD 57747 |
| Phone: [Redacted] |
| e-mail: [Redacted] |
| Section: A11 |

**Need:** VA management mismanagement and presentation of invalid data to justify the closure of the Hot Springs VA Medical Center.

**Purpose:** In 2010 when VA management finalized their decision to close the Hot Springs facility, their data to move services to Rapid City did not accurately reflect current and near future economic factors for Rapid City in terms of population, capital costs, and human resources. For example, in western South Dakota, and in particular Rapid City there is a critical shortage of primary care providers, and nursing staff.

VA management consistently misrepresented the impact of VA Hot Springs closure on Native American veterans that had been served over the past nearly one hundred years. This misrepresentation also applies to veterans residing in rural communities in Nebraska and Wyoming, Mont to ND.

**IP4-5:** First, outpatient primary care and specialty care services will still remain in Hot Springs under proposed reconfiguration (and on the existing campus under the new preferred alternative 2), and no Veterans would lose VA employment. The existing CBOC staff in Rapid City could continue working in the expanded specialty care (MSOC) facility in Rapid City, and there would be health care job opportunities in Rapid City for the existing Hot Springs employees as well.

**IP4-6:** Native Americans would have the choice, under all the alternatives, to use either a VA or IHS system for their care as a result of a national Memorandum of Understanding that has been established between VA and Indian Health Service. They would also still be able to receive primary care through the new CBOC in Hot Springs. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

---

1. Mary Pederson gave permission/authorization for [Redacted] to enter this information online on my behalf.

2. Mary Pederson 24 April 2016

Signature Date
Primary care and some specialty care services would continue to be provided in Hot Springs (and on the existing campus under the new preferred alternative). In addition, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IP5: Sarah Peterson
VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration. Finally, VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. Though this call center is not related to the proposed reconfiguration of healthcare services, it would bring up to 120 jobs to the area to help address potential economic concerns, and is an example of the types of adaptive reuses available for the Hot Springs VAMC under Alternative G.

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: Sarah Peterson

Address: 1234 Main St, Springfield, VA 22157

Phone: [Redacted]

Release Information to the Congressional Yes No

Section 3.1.2.4.1 Not Spring Schools

In 2015, the VA is proposing to close the Main Post Office. The US, the VA, and the Spring Schools are in the Spring School. In a year of only 3,000 people, this will have a major impact on the school population. We will lose key dollars. Our schools will be forced to close. As a result of this, more professionals will leave the system. We want to be able to sell our home as their want to sell any home. In my name.

2.3.5 Detriment E - Save the VA Proposal

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

Signature: Sarah Peterson

Date: 2.2.2016
Commenter IP6: Millie Piper

Environmental Impact Statement (EIS) Comment Sheet

Name: MILLIE PIPER

Address: HOT SPRINGS

Phone: ___________________________

Release Information to the Congressional:

Yes ☐  No ☐

Section: a. 3. 2. 2.

Note: DISTANCE VETERANS MUS TRAVEL

FOR CARE

PER NOW, WE ARE 60 MILES FROM ALANO, 60 MILES

WE DON'T DRIVE DAKOTA KIMBERLY HAS TO

TAKE TIME OFF TO TRAVEL.

Purpose: 3. 3. 5. ALTERNATIVE E

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

IP6-2: 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.

Savannah PETER

IP6-2
IP7-1: Outpatient Primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. This should help reduce driving distance and time for Veterans. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.

IP7-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IP8: Brian Powers
Commenter IP8: Brian Powers

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

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

Summary of comments and concerns of the draft EIS document:

VA BHHCIS is allowing too much for the VA to be able to
continue to provide the services it needs to provide to its
veterans. The VA is aware of the issues with the
buildings and is working to address them. However, the
VA is also aware of the cost implications of these
changes. The

1. VA should consider creating a new veterans home
   in a different location.

2. VA should consider looking into other options for
   housing veterans, such as assisted living facilities.

3. VA should consider the long-term costs of renovation
   versus new construction.

4. VA should consider the impact of these changes on
   veterans and their families.

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

Alternative 2 is the only option that the VA has to provide future Veteran Care, and meet the majority of the VA's goals, guidelines, and Executive orders.

[Signature]
Brian Powers
Chairman, Hot Springs Historic Preservation Commission.

5-3-2016
Commenter IP9: Amy Pucket
Commenter IP9: Amy Pucket

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<thead>
<tr>
<th>Name: Amy Pucket</th>
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<tbody>
<tr>
<td>Address: Hot Springs, SD 57747</td>
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<tr>
<td>Phone: 57747</td>
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<tr>
<td>Email: N/A</td>
</tr>
<tr>
<td>Release Information to the Congressional: N/A</td>
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| Purpose: I am proud of the food pantry in Hot Springs. We have quite a few veterans who use the food pantry, I enjoy seeing them and telling them about our farm is good for the soils because they can walk to the food pantry or wherever they need to go. I know of several veterans who live at the Evans and they have a free choice common dining. Being able to walk a talk with each other (at meal time) is a big benefit. |

I, Amy Pucket, give permission/authorization for 

to enter this information online on my behalf.

Amy Pucket 4/18/16

Thank you for your comment and your support to our Veterans. VA is aware of the special relationship Veterans have with the Hot Springs community.
Commenter IP10: Norman Pudwill
Commenter IP10: Norman Pudwill

IP10-1: VA acknowledges your support to keep the existing Hot Springs 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. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.
Commenter IP11: William Paterson
IP11: Right-of-way acquisition information is not available at this time as no decision has been made and no site selected in Rapid City, or off-site location identified in Hot Springs. Under the new preferred alternative, however, outpatient primary services and some specialty care services would continue to be provided on the existing Hot Springs campus; as such, there would be no need for any new right-of-way acquisition in Hot Springs under this alternative.

---

From: William Paterson  
Sent: Wednesday, February 3, 2016 7:33 PM  
Subject: FW [EXTERNAL] Project Information Request

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

Sincerely,

William Paterson  
Henderson & Associates  
Minneapolis, MN 55402
Commenter IP12: Floyd Pulliam
Commenter IP12: Floyd Pulliam

Thank you for your comment. VA interprets this comment as support to keep the existing facility open and fully functional. Note that outpatient primary care and some specialty care services would continue to be provided in Hot Springs under the proposed reconfiguration. They would continue on the existing Hot Springs campus under the new preferred alternative.
IP13-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IP13-2: VA also notes that outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.
VA acknowledges your support to keep the existing Hot Springs hospital open and fully functional. While the hospital would be closed under the proposed reconfiguration, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.
Commenter IP15: John Price
Commenter IP15: John Price

IP15-1: Thank your support of the proposed reconfiguration.
Commenter IR1: Frank Rasmussen

IR1-1: VA also notes that outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care. IR1-1:

IR1-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IR2: Cynthia Reed
Commenter IR2: Cynthia Reed

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: Cynthia Reed
address: Hot Springs, SD 57747
phone: 
email: 

Release Information to the Congressional: yes
Regarding the EIS - general, missing section

Hot Springs, SD, has been a community focused on health care for veterans for over 100 years, and has unaccountably developed a cultural identity around this service. The VA’s current proposal to close or further reduce the Hot Springs VAMC would accelerate and intensify the cultural impacts of loss of that identity.

The US government is required to assess the cultural impact of its decisions that may affect its citizens, prior to the execution of such decisions.

To date, I have seen no announcement of any such study being, or planned to be, conducted within the community of Hot Springs and Fall River County, South Dakota. Nor have I seen results of, and I believe there has not been, any such effort to document the impact of VA’s proposed changes to the Hot Springs VAMC.

I hereby request that a serious, scientific, professionally designed and implemented, complete in-depth study be undertaken to thoroughly document any impacts to the cultural identity of Hot Springs, SD, and the surrounding countryside, that could be manifested upon and as a result of this proposal by the VA to close or further reduce the Hot Springs VAMC.

In the meantime, I also request that the VA cease any further reduction of services offered at the Hot Springs VAMC in order not to invalidate the scientific accuracy of such study.

Signed: 
Date: 26 January 2016

IR2-1: VA has fully satisfied the NEPA requirements with respect to the scope, content and analysis conducted as part of the EIS. Potential impacts to cultural resources and historic properties have been addressed in Section 4.3, and detailed mitigation measures identified and Chapter 5.0.

IR2-2: Past decisions relating to staffing levels and health care services are made by Veterans Health Administration professionals (leaders, planners and health care practitioners and professionals), based on a variety of factors. They are not subject to NEPA review, however, see also group response in Table E-2 of Appendix E relating to the past decline in services and the extent to which it has been considered in the Final EIS.
IR3-1: VA acknowledges your support for keeping the Hot Springs hospital open and fully functional and has made it part of the public record for this EIS.

IR3-2: Outpatient primary health care and certain specialty care services will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Expanded specialty care services would also now be available in Rapid City. Finally, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. The availability of this option is an integral part of all the alternatives under the proposed reconfiguration. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care. Greater access to local providers should help reduce driving time, such as to Fort Meade, although Fort Meade will also remain an option for Veterans.
Commenter IR4: Taylor Rensich
VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow us to meet the current and future needs of our Veterans.
Commenter IR5: John Renstrom
Commenter IR5: John Renstrom

John E Renstrom
Hot Springs, South Dakota 57747
VA Secretary McDonald, Black Hills Health Care
System Director Sandra Horwitz, EIS staff
Senators John Thune, Mike Rounds
and the Veterans affairs committee
Representative Table Name
Any other interested party

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

In response to your questions and concerns regarding how your experiences would have been affected by the proposed reconfiguration, it is impossible for VA to address individual patient-specific impacts. The overall goal, however, is to improve the existing quality of care and delivery of service (e.g., reduced wait times and distance travelled) for our Veterans. Under the proposed reconfiguration, primary care and some specialty care services would continue to be provided in Hot Springs; expanded specialty care would be provided in Rapid City; and Veterans would have more options with more community providers for services (e.g., urgent care, pharmacy, inpatient care), at VA expense, closer to where Veterans live. This would cut down on travel time. VA staff would also continue to work closely with Veterans and local providers to ensure continuity of care and monitor quality of care provided to Veterans. See group response in Section E.3.3 of Appendix E related to purchased care options and quality of care received.
<table>
<thead>
<tr>
<th>Commenter IR5: John Renstrom</th>
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<tr>
<td>Commenter IR5: John Renstrom</td>
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</tbody>
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[Blank Space]
Commenter IR6: Stacie Roberson

Environmental Impact Statement (EIS) Comment Sheet

Name: Stacie Roberson
Address: Hot Springs, SD 57747
Phone: 
Fax: 
e-mail: 
Release Information to the Congressional: Yes [ ] No [ ]
Section: 9.3.5 — 3.4.2.1
Need: Continue the PTSD Program

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

Signature
Date

Note: Stacie Roberson gives permission/authorization for Save the VA to enter this information online on my behalf.

Signed: Stacie Roberson [Signature]
Date: 9/29/16
Commenter IR7: Richard Rush

IR7-1: VA is committed to providing safe and quality care to its Veterans and believes that there is a need for change in the health services configuration, as described in the EIS. VA believes that the proposed reconfiguration would better meet the current and future needs of our Veterans.
IR8-1: There are many reasons for the past reduction in services and staff recruiting difficulties. VA has identified what it considers the most important ones in Chapter 1 of the EIS.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Deb Russell</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Rapid, SD 57766</td>
</tr>
<tr>
<td>Phone:</td>
<td>[redacted]</td>
</tr>
<tr>
<td>e-mail:</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

Release Information to the Congressional:  X Yes  _ No

Section:  

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

Purpose:  
If professionals were offered permanent jobs with the appropriate benefits there would be many who would love living in this beautiful town. We have golf, water sports, fishing, hunting, nature hiking, bicycling and scenery. It is only a fast 92 miles to a city with more to do. There is no reason that professionals would not be happy at Hot Springs. 

Signature: Deb Russell  
Date: 2-4-16
Commenter IR8: Deb Russell

<table>
<thead>
<tr>
<th>IR8-2</th>
<th>VA believes that Rapid City offers even more opportunities and tools to ensure successful community reintegration. This has been further explained in Section 1.2.2.3 of the Final EIS.</th>
</tr>
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<tbody>
<tr>
<td>IR8-3</td>
<td>VA used the most accurate and up-to-date information available for veteran population data. The population is expected to increase in some parts of the VA BHHCS service area, as explained in Chapter 1 of the EIS.</td>
</tr>
</tbody>
</table>

Addition Comment: Veterans need care in a quiet serene place. With colleges offering classes on-line, they can pursue their education. There is opportunity for vocational training here also.

The facilities are beautiful in a wonderful setting that is convenient for those who need it.

I can't believe the numbers will be reduced with so many coming back with major physical and emotional injuries.

[Signature and Date]
Commenter IR9: Allison Ritterbush
Commenter IR9: Allison Ritterbush

From: VA Black Hills Future <vablackhillsfuture@va.gov>
Sent: Tuesday, May 10, 2016 3:54 PM
Subject: PW: [EXTERNAL] EIS Comment
Attachments: VA disclosure

--- Original Message ---
From: va@blackhillsva.va.gov
Sent: Tuesday, May 30, 2016 10:27 PM
To: VA Black Hills Future
Subject: [EXTERNAL] EIS Comment

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

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

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

IR9-1: Native Americans would have the choice, under all the alternatives, to use either a VA or IHS system for their care as a result of a national Memorandum of Understanding that has been established between VA and Indian Health Service. They would also still be able to receive primary care through the new CBOC in Hot Springs. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

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

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

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

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

IR9-4: Continuing to provide safe and quality care at the Hot Springs campus remains a concern and is the reason for the proposed reconfiguration.

IR9-5: One of the integral elements under all of the proposed reconfiguration alternatives is that Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live so they don’t have to travel as far. Since publication of the Draft EIS, VA has been given authority to expand the purchased care program, now referred to as Care in the Community, to Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. They offer another way to improve overall quality and delivery of care. See group responses in Sections E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
IR10-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E. (Save the VA proposal) and has made it part of the public record for this EIS.

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

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

> The impact of the VA cutting 519 employees — essentially what is outlined in the VA’s preferred alternative in the draft Environmental Impact Statement (EIS) currently under consideration — by 2020.

According to this new report, the current economic impact generated by the VA in the West River region includes nearly 650 jobs, generating some $30 million in labor income which spins off almost $65 million in output.

This is created by 373 direct employees who generate the bulk of the income, nearly $20 million; by 77 indirect employees who created another $2 million in income; and by 99 induced employees who create $2.7 million in income.

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

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

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

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

This would come from 486 lost jobs — the 318 from the VA, plus 66 more from indirect businesses and another 84 from induced business.

These lost jobs would create a $26 million labor income hole, which gets deeper when $3.6 million in lost direct impacts, nearly $7 million in indirect impacts and almost $10 million in induced impacts are tacked into the equation.

The study also looked at the impact on the region’s top 10 industries for the 2020, 318 jobs gone scenario. Hospitals would lose more than $30 million, restaurants nearly $700,000; real estate Incurs a $1 million hit; other health care services would drop $435,000; dry cleaning and laundry would drop $57,000; the wholesale trade would be out nearly $650,000; auto repair and maintenance could see a $305,000 whack; building services, $120,000; retail food and beverage stores, $192,000.

All of these money figures are in 2015 dollars.

The last economic impact was from 2011, and Forsweil notes that there are more sectors included in this analysis. **end quote**

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

In Gratitude,

Sandra Rodgers

Commenter IR11: Sandra Rodgers

Black Hills EIS Public Comment

#33

Collection: New Web Link (Published)
Submitted: Monday, January 18, 2016 10:16 PM
Last Updated: Monday, January 18, 2016 12:34 PM
Time Span: 0:02:17
IP Address: 68.98.84.33

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

Q1: Please enter your name and contact information.
Name: Sandra Rodgers
Address: Hot Springs
City/Town: SD
ZIP/Postal Code: 57747
Phone Number: 

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

PAGE 2

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

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

I fully agree with the notion of the Save the VA 2.3.5 Alternative E

The Veterans need the VA to fulfill their promises, and provide the Health Services they've been promised.

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

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

But, the most important thing is the veterans' access to care, but the financial impact is nothing short of a disaster.


West River region could see 30 million hit by 2020 #318 Va jobs go

HOT SPRINGS - All of western South Dakota - not just Hot Springs or Fall River County - will be in for a big financial hit. More than $55 million by 2025. If Hot Springs VA facility is reduced the way the U. S. Veterans Administration Black Hills Health Care System (VA BHHC) wants to, according to a new state calculation.

Rebecca Frey, Senior Economic Analyst, with the West Virginia Department of Commerce, Labor Market Information Center (LMIC) compiled the information and shared it with me. (LMIC Administrator Darrel Morris and Hot Springs VA)

41/99
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<th>Commenter IR11: Sandra Rodgers</th>
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**Black Hills Bill Public Comment**

Sandra Rodgers, Executive Director, Black Hills Bill Public Comment

The local economy considers three things involving every West River region county but Pennington and Meade, potential beneficiaries of the VA's plans:

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

The report considered three scenarios:

- The current estimated economic impact of the VA
- The impact of the VA dropping 100 employees in 2016
- The impact of the VA cutting 319 employees – essentially what is outlined in the VA's preferred alternative in the draft Environmental Impact Statement (EIS) currently under consideration – by 2020

According to this new report, the current economic impact generated by the VA in the West River region includes nearly 550 jobs, generating some $30 million in labor incomes which spins off nearly $168 million in output.

This is created by 373 direct employees who generate the bulk of the income, nearly $20 million, by 77 indirect employees who created another $2 million in income, and 198 employees who create $7.7 million in income.

If the VA cuts 319 jobs and its workforce by roughly a third in 2016, 100 direct jobs would be lost, 21 indirect jobs would vanish and 78 reduced jobs would vanish.

The direct economic loss would total $9.2 million, most of it – nearly $7 million – from the direct employees.

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

If the VA cuts 319 jobs from Hot Springs, by 2020 the total economic hit would be more than $55 million.

This would come from 460 lost jobs – the 319 from the VA, plus 66 from indirect businesses and another 64 from induced business.

These lost jobs would create a $26 million labor income hole, which gets deeper when $38 million in lost direct impacts, nearly $7 million in indirect impacts and almost $19 million in induced impacts are tallied into the equation.

The study also looked at the impact on the region's top 10 industries for 2016, 316 jobs gone scenario. Hospitals would take more than $30 million; restaurants nearly $760,000; real estate nearly a $1 million hit; other health care services would drop $425,000; dry cleaning and laundry would drop $57,000; the wholesale trade would be out nearly $953,000; auto repair and maintenance could see a $200,000 loss; building services, $120,000; retail food and beverage sales, $182,000.

All of these money figures are in 2015 dollars.

The last economic impact was from 2011, and Forrest notes that there are more sectors included in this analysis. "And quote..."
IR12-1: Thank you for your comment and support for the facilities proposed for Rapid City. They would include the RRTP and a new MSOC that would significantly expand the types of specialty services currently available in Rapid City and should help avoid travel to Fort Meade for such services. In addition, one of the integral elements under all of the proposed reconfiguration alternatives is that eligible Veterans now have more options for care from community providers (e.g., inpatient hospital care at Rapid City Regional), at VA expense, closer to where Veterans live so they don't have to travel as far (although Fort Meade would remain an option to Veterans). This option offers another to improve overall quality and delivery of care.

See group responses in Sections E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IS1: Greg Salles

Environmental Impact Statement (EIS) Comment Sheet

Name: Greg Salles
Address: [Redacted]
Phone: [Redacted]
Email: [Redacted]

Release Information to the Congressional:
  Yes  No

Section:

Need: The Town of Hot Springs has been known as the Veterans Town with the State Veterans Home and VAMC Hospital. Several Veterans have said that they prefer Hot Springs instead of some of the larger towns because its small town atmosphere and less big town pressure.

Purpose: I don’t believe it’s good policy to close down a historically good facility.

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

Signature: [Redacted]
Date: 4/2/16

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

Note that outpatient primary care services and some limited specialty services will still be provided in Hot Springs under the proposed reconfiguration (and on the existing Hot Springs campus under the new preferred alternative). Eligible Veterans also now have more options for care from community providers, at VA expense, closer to where they live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.
IS2-1: VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow VA to meet the current and future needs of our Veterans. Under the new preferred alternative, VA would continue to provide primary and some specialty care services on the existing Hot Springs campus and therefore continue to maintain a presence there.

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<th>Commenter IS2: Tom and Hope Scheimo</th>
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<tr>
<th>Name</th>
<th>Tom &amp; Hope Scheimo</th>
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<tbody>
<tr>
<td>Address</td>
<td>Hot Springs, SD 57747</td>
</tr>
<tr>
<td>Release Information to the Congressional</td>
<td>Yes</td>
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<th>Need</th>
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<tr>
<td>The VA needs to recruit from \nplants that are in trouble.</td>
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<tr>
<td>Purpose</td>
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I give permission/authorization for to enter this information online on my behalf.

Signature: [Signature] Date: [Date]
Commenter IS2: Tom and Hope Scheimo

Addition Comment:

The VA (the owner/lessee/landlord) will have to pay for it while paying for their new digs & the problems accompanying these new digs.

My name is asking but personally much more humanity views of keeping the VA in its current home (land made valuable) is they are in their home & if other companies would be interested in using these facilities to help people get better & help students learn to help people heal & why can't the current VA do the same? *(See attached)*

Signature: __________________________
Date: __________________________
Commenter IS2: Tom and Hope Scheimo

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

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

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

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

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

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

Sometimes we are the helper.

Sometimes we are the helped.

And most times we are both at the same time.

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

~Scheimo

Hot Springs
Commenter IS2: Tom and Hope Scheimo

Your comments did not come through well enough to read and provide a response; we hope that our previous responses address your concerns and apologize for the inability to respond to the comments on this page.
<table>
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<th>Commenter IS3: Troy and Brenna Schmit</th>
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**IS3-1**: VA recognizes the potential for adverse economic and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc.

**IS3-2**: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IS4: Kathy Schuman
IS4-1: Thank you for your comment. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow that VA to better meet the current and future needs of our Veterans, including your father. This includes continuing to provide primary care and some specialty care services in Hot Springs, expanded specialty care services in Rapid City, and greater reliance on local community providers (e.g., urgent care and inpatient hospital care). See group response in Section E.3.3 of Appendix E relating to purchased care options and quality of care.
Commenter IS5: Gary Schweigert
Commenter IS5: Gary Schweigert

Environmental Impact Statement (EIS) Comment Sheet

Name: Gary Schweigert
Address: [redacted]
Phone: 605-774-5777
Section: IS5-1
I am Veteran (US Army RA17574277)
Medical Issues

Purpose: I am only one who had mental health needs over the years. Having the VA facility in Hot Springs has improved my life and
considering this last attach I saved my life.

Section: 1.2.2.1

Gary Schweigert - give permission/authorization for someone to enter this information on my behalf.

Signature: Gary Schweigert Date: Jan 24, 2016

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

Environmental Impact Statement (EIS) Comment Sheet

Name: Gary Schweigert
Address: 
Phone: 
e-mail: 
Release Information to the Congressional: Y No
Section: 12.2.2.2
Need: Distance to get to VA first in Hot Springs
Purpose: My wife needs will be moving to Newman, Valley in Illinois. The closest VA from that would be Madison, Wisconsin

Gary Schweigert give permission/authorization for Comment to enter this information online on my behalf

Signature: Date: Jan 24, 2016
Commenter IS6: Mary Shanklin
Commenter IS6: Mary Shanklin

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

IS6-2: Outpatient primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (e.g., urgent care, inpatient hospital care), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IS7: Dennis Shaw
IS7-1: VA acknowledges your support to keep the existing Hot Springs hospital open and fully operational.

In addition, note that outpatient primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (e.g., urgent care, inpatient hospital care), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IS8: John Sides
<table>
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<tr>
<th>IS8-1</th>
<th>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.</th>
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<tbody>
<tr>
<td>IS8-2</td>
<td>Outpatient Primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (e.g., urgent care, inpatient hospital care), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.</td>
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We need to save our VA (option E) as closing it would have a negative economic impact on the entire Southern Hills region. If we lose these basic services, our local Veterans would have to make a two-hour commute just to meet their basic medical needs. Beyond losing those jobs, it’s not unrealistic to believe that property values would fall as more Veterans choose to live closer to their care providers. Through the years, I have spoken with many Veterans who said that Hot Springs provided the best care of any Veterans hospital they had visited. Hot Springs is a special place; the Native Americans recognized the healing atmosphere of the area long before the town existed. We hope to see the Hot Springs VA expand and return to its historical grandeur.

Signed: [Signature]

Smithwick S.D
5.77.82
Commenter IS9: Terence Slatery
**Commenter IS9: Terence Slatery**

| Name: | Terence E. Slatery (Spouse, Lori S. Slatery) |
| Address: | Hot Springs, S.D. 57743 |
| Phone: | N/A |
| e-mail: | N/A |
| Release Information to the Congressional: | Yes | No |

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

**IS9-2:** VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.
Commenter IS10: Duane Smith
Commenter IS10: Duane Smith

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

Environmental Impact Statement (EIS) Comment Sheet

Name: Duane E Smith
Address:
Phone: 37767

Release information to the Congressional

Nord: Yes ☐ No ☐

Commence refer to EIS Sectionally

Purpose: The staff and employees at Hot Springs are all very much and valued this case in excellent and the way they handle as very good.

Then is always to receive assigned that have been correct and paid for as assigned.

To allow a building that the last 30 years and will last a lot more. Alterations that were built 30 years only last less then half that time.

Is giving permission/authorization for to enter this information online on my behalf.

Signature: Date:

Additional Comment: Rapid City does not need anyone. Health care facility, I personally will find another alternative than to build one in Rapid City.

Duane E Smith 3-11-16
Commenter IS11: Janet Speirs
Commenter IS11: Janet Speirs

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

Environmental Impact Statement (EIS) Comment Sheet

Name: Janet D Speirs
Address: [Redacted]
Phone: [Redacted]
E-mail: [Redacted]

Release Information to the Congressional: X Yes ___ No

Section: 4.10.2.4

Need: Regarding income. According to Alternative A and the Hot Springs VA clones, our median income for the city Hot Springs would lower considerably. 300 jobs would be lost. The VA is the highest paying employer in Hot Springs. 300 jobs lost really means at least double that would be moving from Hot Springs. 600 lost in a town of 3700 is a 16% decrease. Taxes would rise, with a smaller fire department, smaller police force, and fewer people working on charities.

The way of life would change. Fewer grocery stores (we only have two) and fewer places to eat and shop would be a probability. More trips to the larger community of Rapid City which means more fuel costs. So many more people will move because they have to. Alternative E would possibly increase population. This would also provide more services to the veterans both inpatient and outpatient therefore providing better quality of care.

Signature: [Redacted]
Date: 1-29-16
IS11-2: VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS. Under the new preferred alternative A-2, VA would renovate the exiting Building 12 and operate the CBOC, allowing VA to maintain a continued presence on the campus.

Reasons to relocate the RRTP to Rapid City are further explained in Section 1.2.2.3 of the EIS and relate to the significant advantages it offers Veterans for successful community reintegration.
Commenter IS11: Janet Speirs

Environmental Impact Statement (EIS) Comment Sheet

Name: Janet D Speirs
Address: Hot Springs SD
Phone: 
E-mail: 

Release Information to the Congressional: Yes ______ No ______
Section: 1.2.2.1.1

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

Purpose: ______

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

Signature: __________
Date: 1-24-16

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

Under the proposed reconfiguration, Veterans would have more options for care from community providers (including pharmacy services), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IS12: Peg Sperlich
January 23, 2012

Erik Shinseki
Secretary Veterans Affairs

800 Vermont Avenue
Washington, D.C. 20420-0001

Dear Secretary Shinseki,

I am Peg Sperlich of Hot Springs, South Dakota, retired Business Manager for the Michael J. Fitzmarron South Dakota Veterans Home which as you know is across town from the Hot Springs VA Medical Center. I am sure you’ve received many letters telling of the remarkable working relationship between these two veterans health care facilities located in “The Veterans Town”, and the positive effect on the “heroes” both serve. I’m writing to share just a couple from my personal experiences.

I now volunteer and work several part time jobs. One VHA honor veteran I do housecleaning for suffers with PTSD. His home is located within easy walking distance of the Hot Springs VA, which allows him to walk to his various appointments and clinics (very important as he is unable to drive and his wife is also disabled). He is one of several people I know that moved to Hot Springs to be near the excellent services provided at our local VA. He now has a level of comfort and confidence that has been established with the professional staff there, without which this veteran would likely not seek or receive the treatments he absolutely needs in order to function at some level of normalcy. Change is not easy for those living with PTSD, and he deserves to continue receiving only the best care the VA and this nation can provide, without disruption, and without undue hardship.

Several years ago, while working at the State Veterans Home, I had the privilege of helping one of our wounded warriors, Franklin A Bull Tail Scout, publish his book “Grandfather’s Bedtime Stories – Three Traditional Sioux Folktales”. This proud Marine was awarded two Purple Heart medals for his selfless service in the Korean War, and had many disabilities preventing him from passing on these historic tales to others. The project began some 12 years earlier as he was receiving treatment at our Hot Springs VA Medical Center. At that time he was assisted in getting two of the stories written down by a staff member there as part of his Speech Therapy. As a result this veteran was recognized for IS12-1: Thank you for sharing your story and personal contact experiences with Veterans and the care they received at Hot Springs.

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.

VA is committed to providing continued quality and safe care to its Veterans and believes that the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans. This includes greater access to local community providers closer to where Veterans live. See group response in Section E.3.3 of Appendix E relating to purchased care option and quality of care under this option. VA would continue to closely manage and coordinate care between Veterans and local providers.
Commenter IS12: Peg Sperlich

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

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

Thank You!

Peg Sperlich
Hot Springs, SD 57747
Commenter IS13: Christa Spillane
IS13-1: Potential impacts on community services are addressed in Section 4.11 of the EIS.

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

IS14-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IS15: Julie Standen
VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration will allow VA to better meet the current and future needs of our Veterans. While the proposal calls for closing of the existing hospital, outpatient primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Expanded specialty care would also be made available in Rapid City. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. Access to local providers would help reduce the distances Veterans have to travel for health care. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IS15: Julie Standen

Additional Comment: People who care are the oldest into who were fed a dose of promises and belief in them! The VA will be here; all you have to do is put your life on the line. Well, they said, write, read, write, and have faith! And the veterans ridiculous activities in the midst of the mess, men, and women would they prepare and then had expectations that the government would live up to their promises! I guess that makes veterans of the U.S. military just a bunch of diluted jobs.

I grew up 25 miles from the facility. I had a grandmother who lived the equivalent of the entire time in the ER facility. She was a front-line worker. I go for our vote, as I do nothing more that a pretty empty shell around all you.

All you can do is reasonably continue access to high-quality care. Try should not be looking at suffering because they aren't the reason to drive for hours to get health care.

Signature: [Signature]
Date: [Date]
Commenter IS16: Martha Stave
IS16: 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.

Note that outpatient primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. Greater access to local providers would help cut down on distance Veterans have to travel. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

Commenter IS16: Martha Stave

Environmental Impact Statement (EIS) Comment Sheet

Name: Martha Stave
Address: [redacted] Hot Springs, SD 57747
Phone: [redacted]
e-mail: None

EIS Section: Executive Summary

EIS Statement: Reconfigure health care services in the BEHCS is to provide high quality, safe and accessible health care for Veterans well into the twenty-first century. Increasing access to care closer to where Veterans reside.

Comment: I feel that the Hot Springs VA should stay in the current location as it serves a wide range of veterans who do not have to travel further to another VA location for quality care. The quality of care and healing atmosphere cannot be duplicated in another facility.

EIS Section: 1.2.2.2.2

EIS Statement: Distance veterans must travel for care

Comment: All providers should be in one location for care access.
IS16-2: Potential impacts on the local community and measures VA would take to address these impacts are addressed in Sections 4.10, 4.11, 4.16 and 5.0 of the EIS. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts.

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<thead>
<tr>
<th>Commenter IS16: Martha Stave</th>
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<tr>
<td>IS16-1: I really like this proposal with expanded services and national demonstration project focusing on treatment and clinical research for PTSD. These veterans deserve our help.</td>
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<tr>
<td>IS16-2: Hot Springs has the distinction of being known as the Veterans Town and we wish to continue serving our veterans and keeping this status. Moving the services would economically affect our population negatively. Release information to the Congressional ______ X ______ Yes ______ No</td>
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<td>_______ give permission/authorization for _______ to enter this information online on my behalf.</td>
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<td>Commenter IS16: Martha Stave</td>
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<td>1. <strong>Martha J. Stave</strong>, give permission/authorization for <strong>Save The VA</strong> to enter this information online on my behalf</td>
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<td><strong>Signature</strong></td>
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Commenter IS17: Raymond Stoecki
Commenter IS17: Raymond Stoecki

IS17-1: Outpatient Primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Expanded specialty care would also be available in Rapid City. In addition, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. Greater access to local providers would help cut down on distance Veterans have to travel. See group responses in E.3.1 and E3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IS18: Gary Strauser
Commenter IS18: Gary Strauser

Environmental Impact Statement (EIS) Comment Sheet

Name: Gary D. Strauser, MD  Comments: VA VHA Black Hills Health Care System Reconfiguration

Address:  Hot Springs, SD  57747

Phone:  

e-mail:  

Release Information to the Congressional: _X_ Yes ___ No

Sections:  2.3.1.2 and 3.11 and 3.11.2.2.2 and 3.11.2.2.3 and 3.11.2.2.4 and 3.15.1.1 and 3.15.1.2 and 4.10.2.2 and 4.10.2.2.1 and 4.10.5.2 and 4.10.6.2.1 and 4.1.11

*Under Alternative A, VA BHCS would gradually reduce the number of employees in Hot Springs from the current level, which is 357 full-time equivalent employees (FTEs), and increase the number of employees in Rapid City, which is currently 30 FTEs.* Furthermore: *Approximately 67 FTEs would staff the proposed Hot Springs CBOC and maintain the vacated campus, a decrease of 290 FTEs in Hot Springs. Approximately 128 FTEs would staff the proposed Rapid City area MSE and RRT, an increase of 58 FTEs in Rapid City. The remaining Hot Springs FTEs not transitioned to Rapid City would decrease through retirements, early retirements, buy-outs, and voluntary separations. No VA employees would lose VA employment, although they may need to fill a different job, with retraining as needed.*

The above statements by VA cannot ensure continued VA employment for all current Hot Springs VA personnel. With a net of 152 FTEs no longer working in Hot Springs and also not employed in Rapid City, how can the VA possibly guarantee—as they have said they would—that no current employee would lose their job involuntarily? Who can ensure that there will be sufficient employees who are willing to retire, take a buy-out, or voluntarily separate? We are talking about 152 FTEs—that’s a minimum of 192 individuals. That is a lot of people!

Because this scenario is untenable, at best, the VA’s proposal should be considered disingenuous, and Alternative A should be rejected in favor of Alternative E.

Even if the VA scenario played out as they have suggested, there would undoubtedly be a large number of employees who would have to “voluntarily” separate from VA service. Since the overall pay scale at the VA is generally higher than that available from other employment in the community, there would be significant socioeconomic effects within the community and surrounding area. Former VA employees (now without jobs) would seek lower-paying employment, would report to living on fixed income, or—more likely—would move away, in pursuit of jobs that would permit them to raise their families and live in the manner in which they had become accustomed. Thus, there would be significant ripple effect, leading to vacant housing with stagnant sales, possible foreclosures, decreased income for rental property owners and renters, decline in school enrollment, decreased business for local entrepreneurs, and decreased tax revenues for city, county, ambulance district, and school system. The latter will also experience significant further reduction in funding because of the per capita decrease

IS18-1: The commitment of a VA job for every VA employee includes the potential need for re-training and re-location to another VA facility location.

IS18-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

IS18-3: VA recognizes the potential for adverse economic impact on the local economy, schools, etc., and has addressed these impacts in expanded sections 4.10, 4.11 and 4.16 of the Final EIS. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. If implemented, the center would bring up to 120 jobs to the area, which should also help address potential economic concerns. Though this call center is not related to the proposed reconfiguration of healthcare services, it is an example of the types of adaptive reuses available for the Hot Springs VAMC under Alternative G.
Commenter IS18: Gary Strauser

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<th>Commenter IS18: Gary Strauser</th>
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| in school children whose parents are federal employees within the district. With loss of local businesses (including—but not restricted to—grocery stores, restaurants, models, and clips-owned golf course and Evans Plunge swimming facility), tourism will decline significantly—leading to further economic and social devastation for the entire community. Service and other charitable groups, churches, the world renowned Mammoth Site, and the 70 year-old Miss South Dakota Pageant will witness declines in donations and participation—which, shall undoubtedly lead to some instances of financial collapse of very worthwhile organizations. With the departure of active citizens from the community (including professional V.A. firefighters), the number and expertise of the volunteer firefighting force and ambulance attendants will decline, thus making the remaining community less safe. Fall River Health Services/Fall River Hospital, which the VA undoubtedly would expect to care for its veterans, would likely experience some difficulty caring for the influx of new patients, particularly if they, like other businesses in town, experience loss of personnel triggered by the VA closure of services in Hot Springs.

Again, this sequence of inevitable events—like those of other Fall River County towns like Edgemont (following reconfigurations of the railroad) and Prine and Igloo (after abandonment of the US Army Munitions Plant and Black Hills Ordnance Depot)—can be expected if Alternative A is carried out, but can be avoided if Alternative E is implemented. In fact, the socioeconomic environment of the community and extended region can be expected to be improved if Alternative E is pursued, because implementation of expanded RRTP and Compensated Work Therapy (CWT) Program will bring additional people into the area and enhance employment opportunities—for VA employees, for a greater number of CWT workers, and for the community at-large.

1. Gary D. Strauser, MD, give permission/authorization for The Hot Springs Chamber of Commerce/Justin Samsing to enter this information on my behalf.

Signature: [Signature]

Date: 02/03/2016
The commenter is correct in that patients for the RRTP come throughout the service area and throughout the U.S. Exhibit 1 has been expanded in the Final EIS to include additional data about the RRTP patients. Because they travel from all over the country, there is no location within the service area that would significantly improve the distance these Veterans would have to travel for treatment. The RRTP is not being relocated to Rapid City to address geographic access concerns. As more fully explained in Section 1.2.2.3 of the Final EIS, it is being moved to a more urban location because of the significant advantages it offers in supporting successful community reintegration.
Commenter IS18: Gary Strauser

Environmental Impact Statement (EIS) Comment Sheet

Name: Gary D. Strauser, MD, Former Hot Springs VA Council, Current PHS Board Member, Save the VA Adj
Sub-Committee Member—See Statement of Full Meet Hospital White Paper, Property Owner, Tax Payer
Address: __________________________________________________________
Phone: ___________________________________________________________
E-mail: ___________________________________________________________
Release Information to the Congressional: ___Yes ___No

Sections: 1.2.4 and Appendix B (Residential Rehabilitation Treatment Program (R RTP) Physical Plant White Paper) of Save the VA Proposal (Appendix B of EIS)

Purpose and Need, and Comments:

In Section 1.2.4, the VA Administration claims that the "scale-up" of VA's proposal to reconfigure health care services in the BHCRS is to provide high-quality, safe, and accessible health care for Veterans well into the twenty-first century by: "Ensuring facilities for Veterans receiving any services...can be well maintained with available budgets and resources," and, further, claims to have "identified a need to reconfigure health care services in the BHCRS catchment area because...facility costs at the Hot Springs campus negatively affect VA's stewardship of funds appropriated for Veterans health care." The Save the VA Committee has addressed VA's perceived "need" to realign the VA BHCS in its logical, robust and entirely defined in Appendix B of the Environmental Impact Statement (EIS). It is felt that ALL decision-makers carefully read and thoroughly understand the contents of the Residential Rehabilitation Treatment Program (R RTP) Physical Plant White Paper enclosed in Appendix B.

Save the VA Committee provides the following information on page 8-54 of EIS Appendix B:

Projected Costs of VA Administration Proposal: New R RTP Complex in Rapid City $87,400,000.00

 Activation money for furniture, computers, new equipment for new RTP $13,000,000.00

New BDCO in Hot Springs with electricity $15,000,000.00

Activation money for furniture, computers, new equipment for new BDCO $5,000,000.00

Minsterence of abandoned Hot Springs VA Campus with Regional Historic Landmark status. Estimated costs include heat, maintenance of roads and grounds, security and building maintenance. $25,000,000.00 per yr. x 25 $25,000,000.00

ESTIMATED TOTAL: $58,400,000.00

Note: It is noted that a time-span of 25 years was utilized in the maintenance computation, instead of the 30-year time span that the VA Administration used in its computations. A span of 25 years would result from multiplying $25,000,000.00 by 15, rather than 25, as shown. So, the maintenance total (not intended to be $52,000,000.00, rather than the $25,000,000.00 shown in the above table).

However, when plugging in the 30-year time span and using updated information for estimated maintenance costs to Residential Historic Hot Springs Facility (i.e., $5.33 sq. ft. x $2,265,250.00 per yr.) and—when taking 30 years into account—Maintenance Costs = $2,265,250.00 / yr / 30 yrs. = $75,957,500.00 (rather than $25,000,000.00).
Therefore, instead of $93,400,000.00, the ESTIMATED TOTAL should be $137,157,500.00.

Furthermore, I believe the cost of the Environmental Impact Statement (EIS) should be included in the estimated total for VA's Alternative A since there would have been no "need" for an EIS if VA administration had not decided to propose reconfiguration of VA Hines through its preferred plan, Alternative A. Adding that $500,000 cost into the above estimated total for Alternative A yields a more accurate ESTIMATED TOTAL of $137,157,500.00.

Also, according to Appendix B:

*PROJECTIONS COSTS OF SAVE THE VA PROPOSAL: PROJECT:

ESTIMATED TOTAL $137,157,500.00

*Disclaimer: These figures are an estimated guess to the best of our ability.

THE BOTTOM LINE: VA ADMINISTRATION PROPOSAL $93,400,000.00
SAVE THE VA PROPOSAL $137,157,500.00

**Note: This cost savings does not take into account the energy cost savings that would be gained with the installation of better insulations, thermal windows and Liquid Natural Gas. We believe that over the next 30 years the energy savings would be a minimum of $400,000.00 per year totaling a savings of $12,000,000.00.**

Since I agree with the above projected cost for the Save the VA Proposal, I believe attention should be given to the corrected comparison estimates, as given below:

THE BOTTOM LINE: VA ADMINISTRATION PROPOSAL $137,157,500.00
SAVE THE VA PROPOSAL $137,157,500.00

**DIFFERENCE BETWEEN THE PROPOSALS:** $137,157,500.00

From these figures it is very easy to determine that Alternative A is much, much more costly than Alternative E; and, therefore, Alternative A should be rejected as a viable option because it does not fulfill VA's purpose to stay "well-managed with its available budgets and resources," nor does it meet the stated need to "reconfigure health care services in the Hines catchment area because...Facility costs at the Hot Springs campus negatively affect VA's stewardship of funds appropriated for veterans health care." It is clear that VA's stewardship of veteran's funds would be in significant jeopardy if $137,157,500 of unnecessary monies were spent on only one (1) component of Alternative A over the next 30 years.

As a taxpayer, I fully agree that responsible stewardship is imperative for sustainability of VA. The building of new facilities opens VA up to unforeseen fiscal risks. The Aurora Colorado VA standee should serve as a fair warning.

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

Signature

Date 03/03/2016
Commenter IS18: Gary Strauser

Environmental Impact Statement (EIS) Comment Sheet

Names: Gary D. Strauser, MD, Former Hot Springs VA Employee, Current HHST Board Member, Save the VA
Address: Hot Springs, SD 57747
Phone: E-mail:

Release Information to the Congressional __X__Yes __No

Sections: 1.2.2.1.4 and Save the VA Proposal as Described in Appendix B and 3.3 and 3.3.3.1.2

Comments:

In order to justify the purpose and need of providing quality healthcare to America's Veterans while adhering to cost restraints and stewardship responsibilities, VA Administration has claimed in Section 1.2.2.1.4 Facility Costs Negatively Affect VA's Stewardship of Funds Appropriated for Veterans Health Care, that a "contributing factor to the relatively high costs within VA HHHCS is the increasing age and cost of operating, maintaining, and improving buildings that range from 40 to over 100 years old." But I contend that—so long as the buildings are safe, soundly built, optimally accessible and functional, and maintainable at a cost less than reasonable alternatives—older buildings actually can be preferable to newly built facilities. Thorough rationale has been described in Save the VA's Proposal (Appendix B) to support Alternative E, and reject VA Administration's Alternative A.

Tens of thousands of our country's Veterans have been cared for at the Hot Springs VA/Battle Mountain Sanitarium National Home for Disabled Volunteer Soldiers since 1897. This number far exceeds the 42 U.S. Presidents and their families who have lived in the White House since John and Abigail took residence in 1800, and is greater than the fewer than 1250 U.S. Senators, Representatives, and Supreme Court Justices who have utilized the U.S. Capitol Building at some time since that same year.

Though extensively burned in 1814, leaving only the exterior shell of the building, the original White House was fully restored over the next three-year period. Although occasional remodeling has been undertaken through the years, the next major reconstruction occurred from 1848-52, when the interior of the White House was completely gutted and entirely rebuilt. Why didn't they just build a brand new one? Wouldn't it have been quicker, and easier? No, Congress and the American people felt this Historic Landmark should be preserved.

The U.S. Capitol is currently undergoing another major restoration of its Dome, marking only one of many reconstruction, renovation, and remodeling projects the building has undergone since first being built in 1793. So, when the White House was badly burned during the War of 1812, why did Congress decide to rebuild it, rather than just constructing a new one? Why, over the past two centuries, has Congress appropriated money to make multiple renovations and modifications, rather than rebuild? They have done so because this Historic Landmark should be preserved.

IS18-6: VA has revised statements about the suitability of the historic campus buildings to be adapted to comply with the ABA. See Table E-2 of Appendix E relating to accessibility.

Also, under the new preferred alternative, Building 12 would be renovated to operate the CBOC so that VA would maintain a presence on the Hot Springs campus.
Commenter IS18: Gary Strauser

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So, our Veterans have an old building that has met their needs for 109 years and that facility remains structurally sound, although some relatively minor alterations would be appropriate in order to optimize patient care. The craftsmanship in the old structure likely cannot be matched, today and certainly, many features—such as its two beautiful chapels, its magnificent sandstone architecture, its serene setting, and its spacious grounds, to name only a few—cannot be duplicated with readily available funds. So, why build anew? Why not spend a lot less money than that required for Alternative A, just make the relatively minor renovations to implement Alternative E, and preserve this National Historic Landmark (described in Section 8.3.5.1.2 and shown in several accompanying photographs)? Tens of thousands of Veterans have been treated in this place—and they can and should continue to receive quality healthcare at this same historic facility if VA decision-makers only do what is right for those who deserve it. Without Veterans, there would be no Presidents or Congressmen, nor the need for the White House or the Capitol Building.

Our Veterans deserve for Secretary of Veterans Affairs Robert McDonald to visit Hot Springs and for him to see the VA for himself—BEFORE any decision is made regarding reconfiguration. In the past, President Calvin Coolidge visited the grounds of the VA in 1927, and Secretary Ed Dowd and Secretary Jesse Brown visited during their respective appointed terms. Also, in 1999, President Bill Clinton visited the Pine Ridge Indian Reservation, home of many Native American Veterans who receive their healthcare at Hot Springs VAMC. It is time for the current Secretary to come and draw his own conclusions regarding such an important decision for our Veterans.

And, by the way, when the Indian Health Service contemplated either renovating the old Sioux San Hospital in Rapid City or building a new facility in the area, the decision was made to renovate the historic structure. The result was a beautiful, functional building that continues to serve the patients' needs—and it was done at LESS cost than would have been required for a new structure.

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

[Signature] 02/03/2016
## Commenter IS18: Gary Strauser

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<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tr>
<td><strong>Name:</strong> Gary Strauser, MD (formerly Hot Springs VA Employee, Current IRIS Board Member, Serves the VA Ad Hoc Site Committee Member—For Generation of all Our Hospital White Paper, Property Owner, Taxpayer, Taxpayer)</td>
</tr>
<tr>
<td><strong>Address:</strong> Hot Springs, SD 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</td>
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<td><strong>Sections:</strong> 4.11.1.2, 4.11.2.2.3, 2.3.1.2, Appendix B (Appendices A, I, and J), 3.11.2.4.1, and Public Scoping Comments 3.2.5 and 3.2.11</td>
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**Need and Comments:**

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

I fully retired in 2013, and our children are all grown and gone, living in other states. Our mortgage should be paid off in another couple years. Although we love to travel elsewhere to visit our children, grandchildren, and other family and friends, we enjoy living in this community. We have friends here, our church family is here, we feel safe here, many of our interests and activities are here, and we look forward to living out our lives right here in Fall River County.

AT LEAST THAT'S WHAT WE THOUGHT...UNTIL DECEMBER 12, 2013. That's when the VA announced their proposed realignment of the Hot Springs facility.

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

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

According to Section 4.11.2.2 of the EIS document (describing the impacts of operation under Alternative A), the "Reduction of approximately 216 FTEs whose residence is Fall River..."
As indicated in response to IS18-3, the Final EIS has been revised to address potential impact to the local economy and community, including potential impacts on schools. See group response in Table E-2 of Appendix E relating to socioeconomic; see also revised sections 4.10, 4.11 and 4.16 (cumulative impacts).
decision-makers to pay careful attention to the entire list of comments made by our informed and concerned public.

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

The Save the VA proposal (Appendix B of the EIS) contains a School Committee White Paper (Appendix I) that states the following: “In 1996 there were 1001 students enrolled and 492 employees at the VA. In 2011 there were 819 students and 385 VA employees. While we cannot directly connect the total drop in student numbers to decline in VA staff numbers, it would certainly appear there is some connection. Further reduction would no doubt cause smaller enrollments. The district receives Impact Aid for students who have parents that work and/or live on federal property. Impact Aid is a very important source of revenue for the operation of the Hot Springs School District. These federal Impact Aid revenues come to the district in lieu of local tax dollars for land that is owned by the federal government. For our district, we receive around $22,000 for those students connected to the VA. We currently have 118 students with parents connected to the VA.”

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

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

The VA’s Alternative A claims that the “reduction of approximately 216 FTEs whose residence is Fall River County would have a minor impact on the capacity of the Fall River County school districts.” However, I contend that the impact would be shown to be highly significant in Hot Springs if the VA, rather than using combined numbers from all three school districts in the county, were to choose, instead, only to confine its attention to the Hot Springs School District. VA claims that, because “more than half of the FTEs (116 of 216) would be eligible for retirement by FY 2026” (see Section 4.10.2.3.3) and would probably not have school-age children at home, the impact on school enrollment would be much less.” Although this may
seem to be a reasonable assessment at first glance. It clearly demonstrates what has been happening at the Hot Springs VA for several years. Namely, for decades, VA has elected not to recruit replacements for those employees who retire. This management “strategy” has intentionally caused the workforce to decrease in size, but, also, to become more aged over the years. Thus, the school district has slowly experienced smaller and smaller enrollments because younger VA employees (having school-age children) are not brought in to this community. So, instead of comparing school district enrollment statistics obtained immediately before and after reconfiguration, VA should be looking specifically at those enrollment statistics for the Hot Springs School District projected to occur immediately after VA reconfiguration, and compare them to enrollment data acquired from the year 1995—i.e., prior to the “slow hemorrhage” experienced by the Hot Springs VA employee workforce after integration of Hot Springs VAMC and Fort Meade VAMC to become VA BHICS sometime two decades ago.

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

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

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

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

1. Gary D Strauser, MD, give permission/authenticity for The Hot Springs Chamber of Commerce/Justin Roumanas to enter this information online on my behalf.

________________________ 03/03/2016
Signature                         Date
Commenter IS18: Gary Strauser

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<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tr>
<td>Name: Gary D. Strauser, MD  ( Former Hot Springs VA Employee, Current FHHS Board Member,  Save the VA Ad hoc No-Committee Member – for Generation of Fall River Hospital White Paper, Property Owner, Tax Payer)</td>
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<tr>
<td>Address: Hot Springs, SD 57747</td>
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<td>E-mail:</td>
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<td>Release Information to the Congressional _X Yes _No</td>
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<td>Sections: 1.2.2 and 1.2.2.1.1 and 1.2.2.1.2</td>
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**Needs** and **Responsible Comments:**

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

I moved to South Dakota with my family in 1987, leaving an enjoyable academic radiology specialty practice at the University of Colorado Health Sciences Center in Denver in order to serve our Veterans and practice general diagnostic radiology at the Hot Springs VAHC. My wife and I have now enjoyed living in Hot Springs for the past 24+ years. I retired from full-time practice in 2007, after 15 years of full-time VA service, and, subsequently to my retirement, I continued to work intermittently as a board-certified fee-based radiologist for another eight years at the same facility.

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

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

Thus, there is no in-house radiologist available at the Hot Springs VA. In fact, there is no practicing radiologist in Hot Springs or in all of Fall River County. Although standard radiographic studies and magnetic resonance imaging (MRI) and computed tomography (CT) examinations are viewed and interpreted electronically by well-qualified off-site board-certified radiologists, patients requiring hands-on examination by a radiologist—such as fluoroscopy patients—are no longer able to have their procedures done in Hot Springs. This includes elderly and debilitated stroke patients who may need swallowing studies, for instance. They are, instead, required to travel to Rapid City or Fort Meade for a simple 30-45 minute examination. And providers seeking urgent imaging consultations must call off-site radiologists with their questions and concerns. Thus, evaluations, diagnoses, and treatments are delayed for these veterans. Potential for compromise of patient care certainly exists.

It would seem that your questions are in order. How does this support the VA’s contention that it cannot retain or recruit competent health care professionals to serve our Veterans? How does this confirm that
they have diligently tried to do so? And how does this reflect an effort by VA Administration to take care of our Veterans, and provide them with quality healthcare closer to where they reside?

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

Despite systematic widespread dissatisfaction of various other services at the Hot Springs VA over the course of several years (with obstructing augmentations/intentions of nonexisting services at the Fort Meade VA), the volume of work certainly had not diminished significantly in the Imaging Service. Thus, I saw no reason to believe there was any justification for “concerns” by Administration regarding possible degradation of “clinical competency of Hot Springs staff due to low patient volume” in Imaging. So why would they intentionally make this cut—especially since I know my four boarded were the facility had no plan to move from the area, will work free-choice without VA benefits, receiving more than basic Medicare-compatible pay per case?

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

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

Furthermore, as a 16-year member of the Board of Directors of FRHS, I can say that VA salaries actually are often comparable or greater than our local private sector salaries. Specifically, while salaries for physicians, nurse practitioners, and pharmacists are locally comparable at the VA and FRHS, salaries for pharmacy technicians and nurses are, in fact, relatively higher—yet lower—at the VA. And importantly, employee benefits universally are relatively better at the VA.

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

Commenter IS18: Gary Strauser
This is of importance note since, according to the ES document, "the only part-time medical positions in Hot Springs for which VA BHHSs has hired are full-time medical practitioners, for example, a surgeon and a certified registered nurse anesthetist, in both cases because full-time positions could not be supported by the workload." This seems to substantiate the fact that VA has demonstrated little effort to adequately staff the Hot Springs VAMC. Further confirmation comes from the fact the VA has never contacted FHIS to inquire about sharing staff or other professional health personnel on a part-time basis.

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

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

Regarding the need for responsible stewardship of VA funds, it should be emphasized that VA BHHS has elected to send most of its after-hours and overnight CT scan patients to FHIS for examination. This pattern of assessment has been more recently implemented since the full-time CT technologist retired a few years ago. No attempt was made to recruit a replacement. Despite already having a CT scanner of its own, VA instead chose to pay two unnecessary dollars for FHIS to accomplish what could have been done in one site. If only the VA would recruit and/or train radiological technologists to do the studies. And it is noteworthy that an additional $700,000 expenditure is necessary every year the patient's condition requires an ambulance for the four-mile round trip for the examination. VA Administration's management decisions have driven up operating costs at the Hot Springs VAMC. "This is no way to run a railroad."

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

1. Gary B. Strauser, MD, give permission/authorization for The Hot Springs Chamber of Commerce/ Justice Council to enter this information online on my behalf.

Date
03/05/2016

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

Section 2.3 of the Final EIS has been revised to clearly indicate how each alternative does or does not meet purpose and need. As indicated earlier, VA has changed its preferred alternative to new Alternative A-2 which includes operating a CBOC on the existing Hot Springs campus. Another important element under all of the alternatives is the option for receiving care from local community providers closer to where Veterans live. See group responses in Sections E.3.2 and E.3.3 of Appendix E relating to ability to meet purpose and need, and to purchased care option and quality of care.
Commenter IS19: Patricia Strauser
Commenter IS19: Patricia Strauser

Environmental Impact Statement (EIS) Comment Sheet

Name: Patricia A. Strauser (Retired RN, Homemaker, Hot Springs Property Owner, Taxpayer)
Address: [Redacted]
Hot Springs, SD 57747
Phone: [Redacted]
E-mail: [Redacted]

Release Information to the Congressional: __X__ Yes  ___ No

Sections: 1.2.2 and 1.2.2.1.1

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

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

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

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

IS19-1: Patricia A. Strauser, give permission/authorization for Hot Springs Chamber of Commerce/Justin Gaumen to enter this information online on my behalf.

Signature: [Redacted]
Date: 7/3/2016
<table>
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<th>Commenter IS20: Leslie Suter</th>
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To Whom This May Concern,

I've lived in Hot Springs since '96. I eventually purchased a house on S. River, now I want to move to Texas to be with my children and sisters. I've sold my house for sale with Century 21. I've had an интересed party who works at the VA. Now the VA is using the VA and moving to a city has shifted her away. Heartily the problem seen to the town's sake and take better care of our veterans!!!

Leslie Bledsoe

IS20-1: Thank you for your comment. VA is committed to providing quality care to its Veterans and believes that the proposed reconfiguration would better meet the current and future needs of our Veterans.
Commenter IS21: Rosalie Symington
VA acknowledges your support to keep the existing Hot Springs facility open and fully functional.

VA believes that the proposed reconfiguration would help improve the quality of care to Veterans in the service.
Commenter IS22: Nancy Sieh
Commenter IS22: Nancy Sieh

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

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From: Nancy Sieh
Sent: Tuesday, December 1, 2015 2:02 PM
To: VA Black Hills Future
Subject: [EXTERNAL] black hills va

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

IS22-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully functional.
Commenter IS23: Skenzy
Thank you for your comment and interest in our Veterans and the care they receive. VA is committed to providing quality care to its Veterans and believes that there is a need for change in the health services configuration, as described in the EIS, and that the proposed reconfiguration would better meet the current and future needs of our Veterans.

Under the new preferred alternative, VA would continue to provide primary care and some specialty care services in a renovated Building 12 on the existing campus. Veterans would also have greater access to local community providers (urgent care, inpatient care, pharmacy) to provide care, at VA expense, closer to where Veterans live.
Commenter IS24: John Schwarzenbach
Commenter IS24: John Schwarzenbach

Black Hills VA Public Comment

#49  COMPLETE
Collector: New Wife: Ed (Doc LInk)
Posting: Tuesday, February 27, 2016 1:57:42 AM
Last Addition: Tuesday, February 27, 2016 2:18:23 AM
Last Update: Tuesday, February 27, 2016 2:18:35 AM
IP Address: [redacted]

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

G1: Please enter your name and contact information.
Name: John R. Schwarzenbach
Address: [redacted]
City/Town: Hot Springs
State/Province: SD
ZIP/Postal Code: [redacted]
Email Address: [redacted]
Phone Number: [redacted]

G2: My mailing list and contact preference is:
Please contact me via email at the email address I entered above.

PAGE 2

G3: Please enter your comments here—reference relevant pages/sections in the Draft BIS where appropriate, and be as specific as possible. (This field will expand as you type to accommodate your comments.)

I am a retired VA physicians. I worked at Hot Springs VA from 1996 until April 2016 when I retired. I was a primary care physician and have held the positions of Assistant/Associate Chief of Staff for Primary Care for 6 years and finished my VA employment as a hospitalist at the Hot Springs VA. I have chosen to retire in Hot Springs and presently live there with no plans to move. I am very concerned about how the VA is trying to do this with the Hot Springs VA and wanted to express my opinion from the above positions.

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

As soon as I started my position of 2 years to hear comments and concerns from the staff at the Hot Springs campus of the VA and the comments were critical. I expressed my comments to Peter Hennessy, the Director of the Black Hills Health Care System, who reassured me that was not the case. He said several times that Hot Springs was more stable than Fort Meade, both politically and geographically, and Fort Meade was no one that should be concerned. Since that time it has been clear that there has been a steady and planned erosions of services at Hot Springs with the services transferred to Fort Meade. There is no doubt in my mind that the plan all along was to save Fort Meade. I do not know the reason why. These comments were also expressed by Dr. Robert Fleck, VA/SC Director at the time. Since that time services have steadily been eliminated from the Hot Springs campus and transferred to Fort Meade. ‘Death by a thousand cuts’ was a term coined by one of Senator Tim Johnson’s staff and that has been the case.

There have been many reasons given, but they do not hold water. When Performance Measures were looked at, BHHC had always done well with Hot Springs at least on an equal footing with Fort Meade and many times actually outperforming Fort Meade. This being despite all the ongoing cuts to our system. There continues to be about the same amount of VA physicians in our hospital as there were under previous VA VRAs. The VA (and this is a really big change) has not only reduced the amount of money we receive but the amount of people who work with us.

60 / 60
Commenter IS24: John Schwarzenbach

Black Hills EIS Public Comment

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

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

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

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

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

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

better place anywhere for the PTSD program and there is not a better primary care/rural health hospital setting than here in Hot Springs, SD
Commenter IS25: Beth Spitzer
Commenter IS25: Beth Spitzer

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

Renovations related to accessibility would be required if the facility were restored to its full use or expanded services proposed in Alternative E.
Commenter IS25: Beth Spitzer

3. The access to care question is an interesting one. First, veterans have repeatedly voiced that they want to be treated at a VA hospital. Eliminating the Hot Springs VA hospital, which has integrated specialty and urgent care services, means veterans that are served by the Hot Springs VA will have to travel further to reach a VA hospital in Fort Meade. Second, while the VA says they will make arrangements for the veterans to be seen at their local locum, the failed Choice program should prove this is not reliable information. In addition, the VA has ignored the fact that the local hospital has admitted it probably cannot handle the amount of patient workload that would occur if the VA hospital closed. Third, private hospitals are not trained to recognize or screen for unique veterans problems such as PTSD and Asperger’s. They also do not have the electronic record system that the VA has which is the best in the country. Fourth, the VA continues to ignore the unique nature of the Domiciliary (Boom). The Boom is a treatment program for PTSD and drug and alcohol abuse. The patients in this program come from all over the country; the majority are not from the local area. Moving the domiciliary to Rapid City does not make access to care closer to where Veterans reside.

4. Having out of pocket expenses is much the same as above. Veterans served by the Hot Springs VA will actually have more expenses as they travel to Fort Meade for their care. Again, the failed Choice program shows expenses will not be reduced. Veterans who have tried to utilize the Choice program complain of waiting on the phone for long periods of time before being able to talk to a person or calls being dropped before they could speak to a person. Some veterans, out of frustration, have given up trying to use the Choice program and have paid for appointments out of pocket.

My response to the need:

*See my responses to points 1 and 2 above. I would also add that the difficulty in hiring staff has increased largely due to the move in the future state. When the media continually says that the Hot Springs VA is going to close, it does not entice applicants to move their families to Hot Springs because they do not want to uproot them a few years later and even university graduates aren’t interested in entering a career in a facility that has a future failure. If the VA would declare that the Hot Springs VA facility is going to stay, it would immediately help the living situations.*

*The Hot Springs VA once offered more services and housed more veterans. It is capable of doing that again. The Hot Springs VA still has the space necessary to offer a variety of care, services and access. Unfortunately, the VA needs to be reconfigured, the majority of funds for maintenance went to the Fort Meade VA and was not equally distributed between the facilities. If that had been done, the Hot Springs VA could have been maintained at a higher level. There is plenty of space to rehouse the domiciliary to provide for private rooms.*

IS25-2: Primary health care and certain specialty care services would continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2, expanded specialty care would be provided by the VA in Rapid City. An integral element of the proposed reconfiguration under all alternatives is the expanded option for care from community providers (e.g., urgent care, specialty care, inpatient), at VA expense, closer to where Veterans live. This option would help reduce distance Veterans have to travel for health care (and associated out of pocket expenses). See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IS25: Beth Spitzer

The VA has continually used wrong data to base its decisions. Native American veterans from the reservations have continually been under-represented. A point of interest is that at the recent open house for the EIS held in Rapid City, only approximately 20 people attended. This is pathetic considering the supposed high number of veterans that live there. Apparently the Pennington County veterans are not too concerned about having to travel to Hot Springs or Fort Meade. In contrast, when the EIS open house was held in Hot Springs, approximately 150 people attended.

IS25-3: Native Americans would have the choice, under all the alternatives, to use either a VA or IHS system for their care as a result of a national Memorandum of Understanding that has been established between VA and Indian Health Service. They would also still be able to receive primary care through the new CBOC in Hot Springs. See group responses in Section E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care, respectively.

IS25-X(4): VA has revised the statements regarding the suitability of renovating the existing buildings to comply with the ABA. See Table E.2.

IS25-Y(5): The “Medical Miracle” is one option under Supplemental Alternative G. It is not the selected option for redevelopment of the campus. A redevelopment plan cannot be chosen or even evaluated in depth until VA has issued the Record of Decision.
Commenter IS25: Beth Spitzer

| IS25-6: VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and schools, etc. Measures to address these impacts are identified in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration. |

VA has stated that no VA employees would lose VA employment as a result of the proposed reconfiguration, although this could mean the need for retraining for another VA job outside of Hot Springs.

Finally, VA notes that a new national VHA call center has recently been proposed to operate on the existing Hot Springs campus. Though this call center is not related to the proposed reconfiguration of healthcare services, it would bring up to 120 jobs to the area to help address potential economic concerns, and is an example of the types of adaptive reuses available for the Hot Springs VAMC under Alternative G. |
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<td>Hot Springs, SD 57747</td>
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### Commenter IT1: William Taylor

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

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<td>Hot Springs SD 57747</td>
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<td>Phone:</td>
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**Need:**

- [ ]
- [ ]
- [ ]

**Purpose:**

- [ ]
- [ ]
- [ ]

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

William G. Taylor 1-22-16

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

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

IT1: William Taylor

NAME: William G. Taylor
SERVICE-CONNECTED: DISABILITY 100%
ADDRESS: *Redacted* Hot Springs, SD 57747
PHONE: *Redacted*

MY COMMENTS:

Background: My father was a disabled World War II veteran. He and my mother, my older sister and I moved to the Hot Springs area in 1946. A main factor in the move was the services available through the VA. My mother worked as a nurse aide at the State Veterans Home. My father later lived in the State Veterans Home. He received all of his medical care at the VA.

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

I HAVE ALSO RECEIVED SERVICES AT Ft. MEADE, 55 MILES FROM MY HOME. I do not like the drive. It is 2 hours up and 2 hours back and you have to fuss with Rapid City traffic, and you have to have a vehicle working, which is hard at times. I have older vehicles that are not reliable.

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

I began to notice changes - that were not for the better - in the early 2000’s. They started giving us a different doctor every time we came. It took longer to get an appointment. It could take 6 months to a year to get an appointment. Before the draw-down it took less than 30 days to get an appointment. For specialty appointments like ENT, they say under “Veterans Choice” if you have to wait more than 70 days to see a provider, you can use that program. But then that takes up to 120 days. It took me 3 months to get an ENT appointment this past year. After I saw the specialist he set me up for x-rays in Rapid City, and that was another trip. I had the x-rays be ordered and the VA tried to make me for the x-rays because I didn’t have authorization. Then his stuff set me up to return to him for follow-up so he could tell me what the x-rays said. I went but then he didn’t see me because the authorization had not come through. I had to go back again 2 days later. And when I got there, they said they did not have the authorization, but they would see me if I signed a paper saying I would pay for it. I could not deal with the paperwork and neither could the professionals and their staff. Also I had to make numerous trips to Rapid City. I was not paid mileage because of the messed up authorization. In the past I could everything I needed at the Hot Springs VA, and it went smoothly without all the bureaucracy and trips I could not afford.

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

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

SIGNED: *Redacted* William G. Taylor

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

IT2-1: We desperately need our local VA, as many local and a large area of veterans are in need, and can’t travel long distances to other VA. We have a wonderful program for PTSD, why close it down? The VA love the small town, and our community. Our town really supports our Veterans, it’s known as the Veteran town.

Cecile Tays
4-27-16
VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses in Hot Springs; section 4.11 addresses potential impacts on local community services (including schools). Chapters 4 identify measures VA would take to address these impacts. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

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

IT3: Carolyn Terrill

Commenter IT3: Carolyn Terrill

Environmental Impact Statement (EIS) Comment Sheet
Name: Carolyn Terrill
Address: Hot Springs, SD 57747
Phone: 
E-mail: 
Release Information to the Congressional: Yes

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

Purpose: Loss to community of Hot Springs

Loss of viability to community, with professional people leaving.
A school addition was made because of Student population being VA people, now to be moved out.
Probability of too many outside vendors, may be hard to change.
Probability of economic loss, competition.
Other businesses can't compete.

According to a reportable, Fort Klock Hospital, Board member, VA (2009)

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

Carolyn Terrill 01-30-2010

Signature

M. Gray
Commenter IT3: Carolyn Terrill

<table>
<thead>
<tr>
<th>Addition Comment:</th>
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<tbody>
<tr>
<td>Has not approached Fall River Hospital about taking over the</td>
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<td>load of patients from the VA if it should close.</td>
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<td>We encourage them to do so and would like to look forward to</td>
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<tr>
<td>the future.</td>
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<tr>
<th>Carolyn J. Terrill</th>
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<th>Date: 01-28-2016</th>
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<tr>
<th>Nancy Gregory</th>
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<tbody>
<tr>
<td>Signature</td>
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Commenter IT3: Carolyn Terrill

<table>
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<tr>
<th>Name: Carolyn Terrill</th>
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<tr>
<td>Address: Hot Springs SD 57747</td>
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<tr>
<td>Phone:</td>
</tr>
<tr>
<td>e-mail: <a href="mailto:caro@tata.net">caro@tata.net</a></td>
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<tr>
<td>Release Information to the Congressional: Yes</td>
</tr>
</tbody>
</table>

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

*Purpose: Advantages of Hot Springs campus over Rapid City include:*

- Veterans have moved to make their homes in Hot Springs, increasing the need for facilities in Rapid City to accommodate at least one additional hour of travel.
- There would be none higher congestion in Rapid City.
- Veterans say they are happy with the predicament in Hot Springs, some say they have found Hot Springs has a more relaxed vibe where you can feel part of the community.
- There are fewer barriers at a local level, reduces stress for veterans.
- According to many, there are many VA Health Facilities that are overcrowded, and many are concentrated only in large urban areas.
- The decision to not abandon care in Rapid City, where the need for veteran healthcare will continue as long as we have wars?

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

Signature: Carolyn Terrill  Date: 12-02-2016

Nancy Schuyler

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

Under the new preferred alternative A-2, VA would continue to maintain a presence on the existing campus through operation of an updated CBOC in renovated Building 12.
IT4-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

Name: Jason Tilford
Address: [redacted]
Phone: [redacted]
E-mail: [redacted]

IT4-1

Purpose: 23.5 Alternative E: Save the VA Proposal

Signature: Jason Tilford
Date: 3/1/16

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

IT5-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
IT6-1: Under all of the alternatives, eligible Veterans now have more options for care from community providers (e.g., lab work), at VA expense, closer to where Veterans live. See group response in E.3.3 in Appendix E relating to purchased care option and quality of care. VA will continue to work on improving efficiencies in managing and coordinating care with local providers and this has been further explained in Section 2.2 of the Final EIS. Finally, the new MSOC in Rapid City would also provide a full set of laboratory services for Veterans within the service area.

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

IT6-3: VA interprets your comment as support for a fully operational Hot Springs campus and has made it part of the public record for this EIS.
Commenter IT7: Ben Tubbs

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

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

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

Addition Comment:

The VA Hospital in Rapid City, especially during the summer in the Black Hills, is often already more expensive with long waits and high travel costs for many veterans. A less expensive, more accessible facility in Hot Springs would be beneficial for veterans in the area.
### Commenter IT8: Richard Teez

<table>
<thead>
<tr>
<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tbody>
<tr>
<td><strong>Name:</strong> Richard Teez</td>
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<tr>
<td><strong>Address:</strong> 92-785 HQ/010303886</td>
</tr>
<tr>
<td>Vernon, MS 39075</td>
</tr>
<tr>
<td><strong>Phone:</strong> 668-86-488</td>
</tr>
<tr>
<td><strong>e-mail:</strong> <a href="mailto:SCAR87009009@COMCAST.COM">SCAR87009009@COMCAST.COM</a></td>
</tr>
<tr>
<td><strong>Release Information to the Congressional:</strong> Yes</td>
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<tr>
<td><strong>Section:</strong> 1.2.2.2.2 Distance Traveled</td>
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<tr>
<td><strong>Need:</strong> VA close to Native Reservation</td>
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<tr>
<td><strong>Purpose:</strong> Alternative E - Save</td>
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</table>

IT8-1: Native Americans would have the choice, under all the alternatives, to use either a VA or IHS system for their care as a result of a national Memorandum of Understanding that has been established between VA and Indian Health Service. They would also still be able to receive primary care through the new CBOC in Hot Springs. The existing transportation service would also continue under the proposed reconfiguration. See related group response in Section E.3.1 of Appendix E relating to distance travelled.

IT8-2: 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.

I [Richard Teez] give permission/authorization for [another party] to enter this information online on my behalf.

[Signatures]

**Signature** [Signature]  **Date** [Date]
### Commenter IT8: Richard Teez

Addition Comment: All Community Based Option Choices Used. Patient Choosing Closest to Residence for Patient Veteran. Assess it is not the only of this to close for the Veteran either one to work. To avoid it forever. The significant saves on the veterans Affairs to access telecom center. The more you are a point. You put every how the close one that best support Veterans in the Community based. Look at the Home Park. Must assess the close one and how close to the heart Service locations are varying off the kiosk.

Signature  
Date

---

IT8-3: TA-2: See group response E.3.3 in this Appendix relating to criticisms and role of the Veterans Choice Program in the proposed reconfiguration. Section 2.2 of the Final EIS has also been revised to clarify the purchased care (now referred to as Care in the Community) element of the proposed reconfiguration under all of the alternatives.
IT9-1: Thank you for your comment. VA acknowledges your support for keeping the Hot Springs facility (including the RRTP) open and fully functional. VA has revised Section 1.2.2.3 in the Final EIS to further clarify why they propose to relocate the residential treatment program to Rapid City.

---Original Message---
From: Ethel Telkamp
Sent: Monday, January 11, 2016 10:38 AM
To: VA Black Hills Future
Subject: [EXTERNAL] Hot springs va

I am late with this but please read and consider. Hot Springs welcomes the veterans, the alcoholics, the PTSD patients, etc to their town. The veterans can go anywhere and be welcomed. If they are moved to Rapid City it would be hard to find a place to build where the veterans would be welcomed as the people would not want the "drunks" or those with mental problems in their area. This would mean putting the facility out of town, not close to any stores or people therefore no community support. Hot Springs has veterans from Nebraska, Wyoming, surrounding including California. Let's leave VA at Hot Springs and perhaps update 1. The veterans like it there and are greatly helped although sometimes it takes a few trips to get healed. This is also community support. Thank you. My son lived there and now over 19 months. Sincerely, Ethel Telkamp

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

From: Tim Theusch [mailto:]
Sent: Tuesday, December 30, 2015 8:42 AM
To: VA Black Hills Future
Subject: [EXTERNAL] Goals

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

Tim Theusch
<table>
<thead>
<tr>
<th>Commenter IT10: Tim Theusch</th>
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<tr>
<td>Timothy Theusch</td>
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<tr>
<td>Hot Springs SD 57747</td>
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I believe the goals of the VA are to remove all health care, except for outpatient care from the Black Hills and Western South Dakota. This has personal ramifications which go back a few years. I am originally from Minot ND the proud home of the former John Moses VA Hospital. A large complex that was opened in 1950 and was abandoned to the Air Force in the mid 1960's with the promise of Veteran Care. In the early 1990's this facility was torn down in favor of a new hospital at the Minot Air Force Base with the same promise of Veteran care. Within a short time this new facility was shut down to become an outpatient service only. This left the Veterans no place to go, leaving Fargo ND as the only Veterans Hospital. Fargo is some 400 miles from Northwest ND. My feeling at the time and remains with me today that this was an overall plan for rural ND. It was carried out with no consideration to the Veterans of Northwest and Western North Dakota who have to travel long distances for their health care. Health care promised them by this country. Was this the morally right thing to do to our World War II Vets and Korean Vets who are now in their 80's and 90's? I foresee a similar thing happening here in Western South Dakota making the Vets travel (similar distances as in North Dakota) to Sioux Falls South Dakota or Cheyenne Wyoming for health care. I am appalled when the VA states they are doing this for better health care for our Veterans. I am appalled when I hear VA officials saying to the Veterans of Western South Dakota “thank you for your service.” This statement has become so hollow it’s like listening to a broken record. I would like the VA to stand by those words and truly thank the Veteran for his service to this great nation.

There are those who believe that closing the Hot Springs VA can be justified economically, but Hot Springs believes you cannot tie everything to economics. Rural Veterans deserve the care that they earned too. I’m asking again and again that the VA stand by their own words and truly thank the Veterans for their service. Leave Hot Springs SD alone and if anything rebuild a once great institution.

IT10-1

IT10-2
Commenter IT11: Terrance Terrell

IT11-1: VA acknowledges your support for keeping the Hot Springs facility open and fully functional has made it part of the public record for this EIS.
IU1-1: Outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care. The group response also addresses travel concerns faced by Native Americans. Finally, the expanded MSOC in Rapid City would also offer specialty care services that would be closer to Veterans in the southern part of the service area than Fort Meade if they preferred to be treated there.

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

| IU1-1 | VA recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses; measures VA would take to address them are discussed in Chapter 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration. |
| IU1-3 | VA would be expanding the existing CBOC to include specialty care services in a new MSOC in Rapid City. A new VA hospital would not be built in Rapid City. With respect to renovations of buildings on the existing Hot Springs campus, VA agrees that the buildings can be renovated for suitable uses. VA has selected a new preferred alternative, A-2, that includes renovating the existing Building 12 to operate a CBOC on the existing Hot Springs campus. |
| IU1-4 | Furthermore, our nation can’t economically afford to accept the financial burden of building another VA at Rapid City, and to further build a clinic in Hot Springs, when the facility we have should be suitable with some VA improvements and the Veteran of Rapid City can utilize the services of the Ft. Meade VA which is a beautiful drive of 30 miles! |
IV1: VA interprets your comment as support for keeping the Hot Springs Facility open and fully functional.

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

VA also recognizes the potential for adverse economic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy and businesses; measures VA would take to address them are discussed in Chapters 4.0 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.
Commenter IV2: Donna Venard

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

However, outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IV3: Chris van Norton
IV3-1: Thank you for your comment. Under the proposed reconfiguration, the existing CBOC in Rapid City (leased space) would be closed and a new larger multi-specialty care facility (MSOC) would be constructed. No new hospital is planned for Rapid City. Veterans would still have the option of going to Fort Meade. In addition, an integral element of the proposed reconfiguration under all the alternatives is to give Veterans more options to receive care from local providers, at VA expense, closer to where Veterans live (e.g., Rapid City Regional Hospital). See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IV4: Lee Vento
RRTP patients come from all over the service area and throughout the United States. See revised Exhibit 1 in Chapter 1 that provides an additional breakout of RRTP patients and where they reside. VA has revised Section 1.2.2.3 of the Final EIS to further clarify the reasons for re-locating the Dom to Rapid City.
Commenter IW1: Barb Walter

<table>
<thead>
<tr>
<th>Name:</th>
<th>Barb Walter</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Hot Springs, SD 57747</td>
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<tr>
<td>Phone:</td>
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<td>e-mail:</td>
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<td>Yes  No</td>
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Next: VA to stay in Hot Springs because it was necessary for myself and the local and veteran focus. The other state veterans that used Hot Springs.

Purpose: I cannot afford the drive to Hill, I need to be near the Hill. VA does not pay for the wear and tear on my vehicle and the physical strain is to great.


IW1-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully operational.

VA notes that outpatient primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IW2: Mary Waxler

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

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

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

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

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

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

Mary Sue Waxler 1-27-16
IW2-3: Section 2.3 of the Final EIS has been revised to provide an additional breakout of costs associated with each alternative, including mothballing costs. While the cost estimates still represent an accurate comparison across sites, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions. See also group responses in Table E-2 of Appendix E relating to the costs of alternatives and mothballing costs in particular.
IW3-1: VA appreciates your comment and concerns. Under the proposed reconfiguration, primary health care and certain specialty care will continue to be provided in Hot Springs, and on the existing campus under the new preferred alternative A-2. Also, while the proposal calls for closing of the existing hospital, eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.

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

<table>
<thead>
<tr>
<th>Commenter IW3: Cristina Wilaby</th>
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<tbody>
<tr>
<td><strong>Name:</strong> Cristina Wilaby</td>
</tr>
<tr>
<td><strong>Address:</strong> Hot Springs, SD 57747</td>
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<td><strong>Phone:</strong> (Blacked out)</td>
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<td><strong>E-mail:</strong> (Blacked out)</td>
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<td><strong>Release Information to the Congressional:</strong> Yes No</td>
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**Need:** I am a veteran who uses the VA for healthcare as does my father and father-in-law. They are getting older, and traveling a long distance for healthcare becomes harder. I am also employed at the VA. I have a son starting school this year and my husband has grown businesses, have to understand what would be bad and a financial drain on our family.

**Purpose:** Grant on our family.

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

Finally, in terms of employment, VA has stated that no VA employees would lose VA employment, although this could mean retraining for another VA job outside of Hot Springs.
Commenter IW4: Bob Willoughby
IW4-1: See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option (which allows Veterans access to more providers, at VA expense, closer to where they live), and quality of care.

IW4-2: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.
Commenter IW5: Dennis Wilson
IW5-1: VA acknowledges your comment as support to keep the existing Hot Springs hospital open and fully functional under Save the VA Alternative E.

VA also thanks you sharing your health care experience with various providers (on next page). It is being made part of the public record for this EIS.
<table>
<thead>
<tr>
<th>Name: Dennis Wilson</th>
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<tbody>
<tr>
<td>Address: Hot Springs, S.D. 57747</td>
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<td>e-mail: blank</td>
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<td>Release Information to the Congressional: Yes No</td>
</tr>
<tr>
<td>Section: 1, 2, 5</td>
</tr>
<tr>
<td>Need: Medical Care</td>
</tr>
</tbody>
</table>

**Purpose:**

I was in a lot of pain when I went to urgent care you gave pain killers. A month later he said I had cancer so back to home I went. I was in so much pain you gave me pain killers. Dr. and Dr. said I had cancer. You gave medication with my regular care giver. Then sent me back and made an appointment for an MRI scan. But that was April. That week Dr. called up to see what it showed and the then got me in to see Dr. Back in surgery immediately and that cancer is it.

Signature: Dennis Wilson

Date: 3.21.16

**Commenter IW5: Dennis Wilson**
Commenter IW6: Mary Wilson
IW6-1: Under the proposed reconfiguration, specialty care services would be provided in the new MSOC in Rapid City. Eligible Veterans would also have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group response E.3.3 in Appendix E relating to purchased care option and quality of care. Depending on options available to your husband, this could mean continued appointments in Rapid City.
Commenter IW7: Hugh Wynia
Commenter IW7: Hugh Wynia

<table>
<thead>
<tr>
<th>Environmental Impact Statement (EIS) Comment Sheet</th>
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<tbody>
<tr>
<td><strong>Name:</strong> Hugh Wynia</td>
</tr>
<tr>
<td><strong>Address:</strong> Hot Springs, SD 57745</td>
</tr>
<tr>
<td><strong>Phone:</strong> 605-521-1234</td>
</tr>
<tr>
<td><strong>e-mail:</strong></td>
</tr>
<tr>
<td><strong>Release Information to the Congressional...</strong></td>
</tr>
<tr>
<td><strong>Need:</strong></td>
</tr>
<tr>
<td>The VA has a mission to provide high-quality care to veterans and ensure that the VA is a model of health care delivery. To meet this goal, we must utilize the resources available to us, both within and outside the VA.</td>
</tr>
<tr>
<td><strong>Purpose:</strong></td>
</tr>
<tr>
<td>To save a lot of money for the nation</td>
</tr>
</tbody>
</table>

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

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

IW7-1: Hugh Wynia  May 5, 2016

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

Signature: [signature]
Date: May 5, 2016
Commenter IW8: Shirley Wall
Commenter IW8: Shirley Wall

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

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

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

IW8: Shirley Wall

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

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

Shirley Wall

Sturgis, SD 57785

Sent from Mail for Windows 10
Commenter IW9: Bonnie Wanzer
Commenter IW9: Bonnie Wanzer

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

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

To Whom it May Concern:

I realize a lot of people are already talking about how the VA leaving Hot Springs would affect the veterans, so I’m going to focus on how I see it affecting the rest of the town. The VA is the largest employer in the town of Hot Springs. Over 200 employees would have to relocate, and in every instance I can think of, will take their children with them. Many not all employees have children, but some have more than one, so an estimate of 200 children is not unreasonable. If 200 children leave town, we would need to cut back on teaching staff at the schools, which will mean more people out of work, most likely relocating to find work elsewhere.

The decline in population would affect every business—restaurants, stores, banks, insurance companies, and construction companies will have to start laying off employees to compensate for the decreased demand for services. That will create a further increase in unemployment, and most likely cause more people to leave town for work. The continued decline in population will start causing businesses to close, and the decrease in competition will most likely drive up prices and the cost of living for the remaining residents. Then of course you have to look at the effect on property values—that many people moving all at once will want to sell their homes. When that many homes are on the market at the same time, it drives prices way down. Many people will have to do a short sale on their homes or allow a foreclosure since the sale price will not cover the existing mortgage. Without thriving businesses creating a need for a work force to come in, many of those homes will sit empty and begin to deteriorate. The longer they decay, the worse Hot Springs looks for any prospective home buyer, and the town just slowly becomes a ghost town.

I realize this is kind of a “worst case scenario,” but I don’t believe it is at all far fetched. I’ve already seen how the threat of the VA closure has affected people wanting to buy homes or businesses, and if the closing actually goes through, it will only get worse.

As I said at the beginning, others have already been making it clear that veterans receive better care in Hot Springs than they could in a larger city. I truly believe that is the case, and that veterans deserve the best care possible, but don’t go into it any more than that. Please consider very carefully ALL of the ramifications of moving the VA, and whether the perceived advantages are worth providing our country’s heroes with a lower standard of care and killing a town in the process.

Thank you,

Bonnie Wanzer
Commenter IW10: Adam Weaver
Commenter IW10: Adam Weaver

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

IW10:1

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

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

From: adam weaver
Sent: Wednesday, December 2, 2015 9:21 AM
To: VA Black Hills Future
Subject: [EXTERNAL] EIS

Hello,

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

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

Further mitigation is needed.

- Adam Weaver
Commenter IW11: William Wegner
Commenter IW11: William Wegner

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

thank you

William F. Wegner

Vietnam Veteran

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

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

**Doctors Office**
- Examination table
- Scale
- Desk/chair [x2]
- Stool

**Staff Office**
- Table
- 4-5 chairs
- Bulletin board
- Calendar

**Consultation Room (2 rooms so list below x2)**
- File cabinet
- Shelves for medications
- Desk
- Examination table
- Scale
- Hanging scale for infants
- Vitals machine
- Chair [x3]

**Ward (below list x2)**
- IV poles
- Hospital bed
- Trolley carts
- Small table
- Chair
- bedside chair
- 2 overhead lights
## Commenter IW12: Carly Winterstein

<table>
<thead>
<tr>
<th>Laboratory</th>
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<tbody>
<tr>
<td>Large autoclave/sterilizer</td>
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<tr>
<td>Large power oil immersion microscope</td>
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<tr>
<th>Reception area</th>
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<tr>
<td>Table and chair for staff</td>
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<tr>
<th>Waiting Room</th>
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<tr>
<td>Benches/chairs for patients (x3)</td>
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<th>Pharmacy</th>
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<tr>
<td>Containers for storage</td>
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<tr>
<td>Trolley</td>
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<tr>
<td>Bins for sorting (however many we can get all sizes)</td>
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<tr>
<th>Dental Room (x3)</th>
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<tr>
<td>Dental chairs</td>
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<tr>
<td>Stools</td>
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<tr>
<td>Table</td>
</tr>
<tr>
<td>Chair</td>
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<tr>
<td>Suction dental equipment</td>
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<tr>
<td>Cleaning stool</td>
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<tr>
<th>Eye</th>
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<tr>
<td>Eye examination chair</td>
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<td>Mirror</td>
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<td>Table</td>
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<th>Random</th>
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<tr>
<td>Wheelchair (x2 1 lg, 1 sm.)</td>
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<tr>
<td>Crutches (10 pairs)</td>
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<tr>
<td>Mats for physical therapy</td>
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<tr>
<td>Bulletin boards (x7)</td>
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<tr>
<td>Gyn examination table</td>
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<tr>
<td>Clocks (x10)</td>
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<tr>
<td>Water purification systems with stands (x3)</td>
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</tbody>
</table>

**Carly Winterstein**

Office Manager

New Hope Uganda Ministries
<table>
<thead>
<tr>
<th>From:</th>
<th>VA Black Hills Future <a href="mailto:va.blacksillsfuture@va.gov">va.blacksillsfuture@va.gov</a></th>
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</thead>
<tbody>
<tr>
<td>Sent:</td>
<td>Tuesday, December 1, 2015 5:45 PM</td>
</tr>
<tr>
<td>Subject:</td>
<td>FW [EXTERNAL VA]</td>
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<thead>
<tr>
<th>From:</th>
<th>robertw [EXTERNAL VA]</th>
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<tr>
<td>Sent:</td>
<td>Monday, November 30, 2015 6:15 PM</td>
</tr>
<tr>
<td>To:</td>
<td>VA Black Hills Future</td>
</tr>
<tr>
<td>Subject:</td>
<td>[EXTERNAL VA]</td>
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</table>

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

Robert Wittmeier

IW13-1: VA acknowledges your support for continued operation of the Hot Springs campus and has made it part of the public record for this EIS.
Commenter IW14: Lola and George Wallker
Commenter IW14: Lola and George Wallker

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

VA notes that outpatient primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. In addition, VA has been given authority in recent years to expand the purchased care program, now referred to as Care in the Community, to eligible Veterans that was not available before and now potentially hundreds of providers are available to eligible Veterans. It is now an integral part of the proposed reconfiguration alternatives as a way to improve overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option and quality of care.
Commenter IW14: Lola and George Wallker

Alliance Hospital is rude, and unprofessional. Keep Hot Springs open. I will drive 15 minutes to a VA facility before I use the hospital here. Hot Springs doctors and staff are the greatest. Keep it open!

Sincerely,
Lola Walker
C. George Waller Walker
Commenter IW15: Shirley Wall
IW15-1: VA acknowledges your support to keep the existing Hot Springs VAMC open and has made it part of the public record for this EIS.

Under the proposed reconfiguration, VA notes that primary care services and some limited specialty services will still be provided on the existing Hot Springs campus. Only the RRTP is moving to Rapid City. To replace the hospital at Hot Springs, VA would rely more on local community providers. Eligible Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
Commenter IW16: LW Anonymous

Thank you for your comment. VA acknowledges your support to keep the existing Hot Springs facility open and has made it part of the public record.
Commenter IW17: Russell Witte
Commenter IW17: Russell Witte

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

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.

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

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

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

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

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

Finally, outpatient primary care and some specialty care services would continue to be provided in Hot Springs, and VA-provided specialty care services would also be expanded in Rapid City.
IW17-4: VA believes that Rapid City offers many more advantages over Hot Springs to help ensure successful community reintegration. This has been further explained in Section 1.2.2.3 of the Final EIS.

IW17-5: VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS. Under the new preferred alternative A-2, VA would renovate the exiting Building 12 and operate the CBOC on the existing campus.

IW17-6: The final EIS includes a more detailed breakout of costs for each alternative (Section 2.3).

IW17-7: With respect to outsourced care, greater reliance on community providers is an integral part of the proposed reconfiguration alternatives and offers a way to improve overall quality and delivery of care. See group response E.3.3 in Appendix E relating to purchased care option, efficiency, and quality of care.

IW17-8: The RRTP is not being moved to Rapid City because of the Veteran population there. RRTP patients come from throughout the service area and the US. It is being moved because of the advantages Rapid City offers with respect to successful community reintegration. See response to IW17-4 and revised Section 1.2.2.3 in the Final EIS.

W17-9: primary health care and certain specialty care will continue to be provided in Hot Springs. Also, while the proposal calls for closing of the existing hospital, Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and to purchased care option and quality of care.
VA has revised the projected staffing requirements for Alternative E in the Final EIS - from 633 to 492, in responses to STVA comments (and also consistent with maximum staffing levels at Hot Springs in years past).

VA agrees and has selected a new preferred alternative in the Final EIS that would renovate Building 12 on the existing campus to operate the CBOC.

VA recognizes the potential for adverse socioeconomic impacts and has expanded sections 4.10, 4.11 and 4.16 of the Final EIS to address impacts on the local economy (jobs and wages) and community services (including employment, waters, property taxes, schools, etc.). Measures the VA would take to address them are also addressed in Sections 4.10 and 5.0. See also group response in Table E-2 of Appendix E relating to socioeconomic impacts from the proposed reconfiguration.

VA acknowledges your suggestion and support to keep a community living center at Hot Springs and is including it as part of the public record.
Commenter IW18: Janet Wocicki
Janet Wocicki

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

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

I don't want to see that Hot Springs VA close. I love going there for my health care. I like my Dr, all the nurses, the pharmacy, the eye clinic, the scheduling people and any I may have missed. I also like the drive over and any of the people outside the VA that I have dealt with. It breaks my heart to know that the government is thinking about closing this health care facility. It not only would make my drive for services a lot more inconvenient it just plain makes me furious. Plus there is a lot of people who come from a lot further away than I do because they like this facility. Please don't close this place.
IXA1-1: See group response in Section E.3.1 in Appendix E relating to distance travelled concerns. Also note that primary and specialty care services will continue to be provided in Hot Springs under the proposed reconfiguration. In addition, VA is putting greater reliance on local community providers. Veterans now have more options for care from community providers (hospitals), at VA expense, closer to where Veterans live. This should also help reduce driving time and distance. See group responses in E.3.1 and E.3.3 in Appendix E relating to distance travelled and purchased care option and quality of care.
Commenter IXA2: Anonymous

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<th>Commenter IXA2: Anonymous</th>
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<tr>
<td><strong>Environmental Impact Statement (EIS) Comment Sheet</strong></td>
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<tr>
<td>Name: Wished to be anonymous</td>
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<td>Address:</td>
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<td>Phone:</td>
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<tr>
<td>e-mail:</td>
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<tr>
<td>EIS Section: 3.10.2.1</td>
</tr>
<tr>
<td>EIS Statement: Population</td>
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<tr>
<td>Comment: Veterans receiving care at BHHCS want to come here because the care given, the respect and quality of care. Veterans come from as far as Florida that want the care of BHHCS and Oklahoma, Colorado, North Dakota, Wyoming, and Nebraska. If this facility closes where are those veterans going to receive The Same Care.</td>
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<th>IXA2-1</th>
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<tr>
<td>IXA2-1: The Veterans that travel to Hot Springs from outside the service area and throughout the U.S. are primarily there for the residential treatment program. These Veterans would be able to receive treatment in a new RRTP facility in Rapid City under the proposed reconfiguration.</td>
</tr>
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Veterans who travel to Hot Springs from within the VA BHHCS service area would still be able to receive primary care and some specialty care in Hot Springs. Expanded specialty care services would also now be offered by the VA in Rapid City. In addition, eligible Veterans would 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.

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<th>EIS Section:</th>
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<td>EIS Statement:</td>
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<td>Comment:</td>
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<tr>
<td>Commenter IXA2: Anonymous</td>
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Release Information to the Congressional: Yes ☒ No

I hereby authorize for the VA to enter this information on my behalf.

Signature: [Signature] Date: 2/20/14
Commenter IXA3: Anonymous
<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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<tr>
<td>Sent:</td>
<td>Tuesday, December 1, 2015 3:45 PM</td>
</tr>
<tr>
<td>Subject:</td>
<td>PW:</td>
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---Original Message---
From: VA Black Hills Future
Sent: Tuesday, December 01, 2015 5:30 AM
To: VA Black Hills Future
Subject: 
Are these the same people that wasted half a billion dollars in Denver

Thank you for your comment.
Commenter IZ4A4: Anonymous
Commenter IXA4: Anonymous

December 9, 2015

Subject: Closing the Hot Springs Veteran’s Health Care System

To whom it may concern:

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

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

Here comes my venting.........The “Choice Program” isn’t working...PERIOD.

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

IXA4-1: Public involvement is an important element of the NEPA process and VA has reviewed and considered all public comments on the proposed reconfiguration and the Draft EIS. Many changes have been made to the Draft EIS as a result of public comment. VA has even changed its preferred alternative to A-2 which includes operation of primary care services on the existing campus.
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<td>IXA4-2: Eligible Veterans have more options now for care from community providers, at VA expense, closer to where they live. Veterans Choice is one of the programs available, however, there are others too and the delivery of services under these programs is improving. See group response E.3.3 in this Appendix relating to criticisms and role of the Veterans Choice Program in the proposed reconfiguration. Section 2.2 of the Final EIS has also been revised to clarify the purchased care (now referred to as Care in the Community) element of the proposed reconfiguration under all of the alternatives.</td>
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<td>IXA4-3: Your comments have been read and are being included in this appendix as part of the public record for this EIS.</td>
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Gate Way to the Black Hills, Hot Springs, South Dakota. Veterans Hospital - Still stands, but not in use. There, doesn’t that sound good.

Most of the people I see there are retired. That would mean they are on a fixed income. (Listening to the news this morning, a big oil company is giving BIG Bonus’s to employees...and it was big. Did you hear that on the news.)

Tomorrow, we are going there to meet a PA, since my husbands doctor retired. We did meet another Doctor, but evidently he didn’t stay. Maybe because you didn’t offer him a bonus or because he knew what was coming. We or rather our daughter got us a used vechile, because of the mileage on our other vechile. (Check that map I wanted you to get, yet you want us to go to Rapid City or Ft. Meade.) (Time, 2 hrs to Hot Springs, few hours there, two hours home. Let’s see a full day gone.) (Sometimes FT. Meade means an over night stay. You don’t offer to pay for the motel. That comes out of my fixed income.) She will be going with us, after changing around her work hours. She can’t always be with us. Sometimes I wonder if her health issues are because of ours. Maybe you should walk in her shoe too. There you go, two pairs of used shoes.

Maybe you need to think outside of the box. Instead of let’s shut down this service, how can we better help the people. The Choice Program is terrible, even the people that work there say that. Maybe revamp that with people out here that understand what we are talking about, not someone far far away. How many jobs will closing the VA affect. And don’t forget the businesses there too.

Have I vented enough now. Are you going to put this letter in with your environmental study or are you just going to shred it. Maybe you could post it somewhere, so other could read and know our blight.
Commenter IXA5: Anonymous
Section 2.3 of the Final EIS has been revised to provide an additional breakout of costs associated with each alternative. While the cost estimates still represent an accurate comparison across sites, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions. See also group responses in Table E-2 of Appendix E relating to the costs of alternatives.
IXA5-2: VA has revised the projected staffing requirements for Alternative E in the Final EIS - from 633 to 492, in responses to STVA comments (and also consistent with maximum staffing levels at Hot Springs in years past).

IXA5-3: The proposed reconfiguration always included plans for outpatient primary and some specialty care services to be provided in Hot Springs.

VA agrees that the existing historic buildings can indeed be renovated and made suitable for continued use, and this has been clarified in the Final EIS. Under the new preferred alternative A-2, VA would renovate the exiting Building 12 and operate the CBOC on the existing campus.
### Commenter IY1: Marvin Young Day

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<td>2.3.5 Alternative E, Save</td>
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IY1-1: VA acknowledges your support for expanded services at the Hot Springs campus under Alternative E (Save the VA proposal) and has made it part of the public record for this EIS.

Signature: __________________________
Date: 4/6/16

I hereby authorize/write permission/authorization for Samuel Porter to enter this information online on my behalf.
Commenter IZ1: Keith Zuhlke
Commenter IZ1: Keith Zuhlke

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

Eligible Veterans would now have more opportunity to receive care from local community providers, at VA expense, closer to home to help further reduce driving time. See group responses in Sections E.3.1 and E.3.3 of Appendix E relating to distance travelled, and to purchased care options and quality of care concerns.
Commenter IZ1: Keith Zuhlke

Environmental Impact Statement (EIS) Comment Sheet

Name: Keith Zuhlke
Address: ____________________________
Phone: ____________________________
e-mail: ____________________________

Release Information to the Congressional: ___ Yes ___ No

Section: 3.10.2.3 - Housing

Need: We are preparing to retire and are interested in a small town (pop. 1500). We have lived in this small town for 25 years and have decided to continue to live in Omaha. At the present time we need to travel to Omaha for many reasons and are really not like the traffic and the pace that we are not used to driving in.

Purpose: We like the small-town feel of Hot Springs and having the VA facility right here so we don't have to drive in heavy traffic.

2.3.5 Alternative & Save VA Proposal

Keith Zuhlke gives permission/authorization for Sarah Paul to enter this information online on my behalf.

Signature: ____________________________ Date: 4.7.16
Commenter IZ2: Loren Zimmerman
IZ2-1: VA acknowledges your support to keep the existing Hot Springs facility open and fully operational and has made it part of the public record for this EIS.