**Commenter TA: Alliance public meeting transcript**

<table>
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<th>Commenter TA: Alliance public meeting transcript</th>
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<tbody>
<tr>
<td><strong>PUBLIC MEETING:</strong></td>
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<tr>
<td>DRAFT ENVIRONMENTAL IMPACT STATEMENT</td>
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<tr>
<td>FOR RECONFIGURATION OF</td>
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<td>VA BLACK HILLS HEALTH CARE SYSTEM</td>
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<tr>
<td><strong>DATE:</strong> December 3, 2015 at 7:00 p.m.</td>
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<tr>
<td><strong>PLACE:</strong> Headway's</td>
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<tr>
<td>400 Box Butte Avenue</td>
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<tr>
<td>Alliance, Nebraska</td>
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<td></td>
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<tr>
<td><strong>PRESENTER:</strong> Ms. Mary Peters</td>
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<tr>
<td>Lastat Environmental</td>
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<td></td>
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<tr>
<td><strong>Reported By:</strong> Jacqueline K. Belli</td>
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<tr>
<td>Registered Professional Reporter</td>
</tr>
<tr>
<td>Black Hills Reporting</td>
</tr>
<tr>
<td>1601 Mt. Rushmore Rd., Ste. 3280</td>
</tr>
<tr>
<td>Rapid City, SD 57702</td>
</tr>
<tr>
<td>605.732.2680</td>
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Note: The verbal comments made at the public meetings were preceded by a presentation summarizing the Draft EIS.
screen or look at my computer. You'll see the timer run down for five minutes.

And this is our microphone today. As you notice, I've been having to hold it close to my mouth so you can hear me, so I'm going to be holding the microphone when you come up here.

If it's difficult for you to come up here, we will bring another -- the microphone back to you, to your chair. But I will hold this so you can speak into this, because it's important that Jacque, who's recording all of this, can hear you and get what you say down in the record.

So with that, if you'll give me a second.

(Pause.)

Let's see, if I can read the writing here.

Is it Darius Laughlin? Did I butcher that name?

DENNIS LAUGHLIN: Dennis.

MS. PETERS: Dennis. I'll blame it on the glasses. And then we have Don Ackerman,

Dan Houglund, and Jennifer Rasmussen.

So are you ready?

DENNIS LAUGHLIN: I'm ready.

MS. PETERS: Okay.

DENNIS LAUGHLIN: My name is Dennis Laughlin. I'm the Veterans Service Officer for
Commenter TA: Alliance public meeting transcript

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

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

Box Butte County. Let me back off a little bit. This study, to me, seems like it gives all the reasons to close Hot Springs. I haven’t seen anything that supports keeping it open. And I’m pretty much of a conspiracy theorist at heart.

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

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

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

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

Ms. Peters: Thank you, Dennis. Don?

Don Ackerman: I’ll speak last.

Ms. Peters: Don Houglum. Change your
Commenter TA: Alliance public meeting transcript

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

SLACK HILLS REPORTING  605.721.9690
### Commenter TA: Alliance public meeting transcript

<table>
<thead>
<tr>
<th>Page</th>
<th>Comment</th>
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<tbody>
<tr>
<td>19</td>
<td>And I have a few comments to provide and will be providing written comments as well. But just to share with the group, the National Trust is concerned that all of the alternatives that keep Hot Springs open in serving veterans are described as not meeting the purpose and need. And this seems to us to be an unreasonably narrow range of alternatives. Furthermore, it's not clear in the document why alternative C and E don't meet the purpose and need. It's also unclear why the proposed Hot Springs CDCC and residential rehabilitation treatment center described in alternative A and B must be new construction outside of the existing campus and why those services cannot be provided in the existing historic properties. The EIS says that compliance with ADA, which is the American Disabilities Act, is a problem. But we know at the National Trust that meeting accessibility requirements in historic buildings is absolutely possible and is happening in the VA's historic properties across the country. Based on our experience with the VA at other campuses like Fort Howard, Maryland, VA agrees that the buildings that comprise the area where veterans are medically treated on the Hot Springs campus can be renovated to meet ADA/ABA standards and provide modern quality medical care. See additional response in Table E-2 of Appendix E (Category Purpose and Need, Accessibility and Needed Renovations). However, there are still advantages to new design and construction and a change to a more urban setting for the RRTP. This is explained further in Chapter 1 of the Final EIS (Section 1.2.2.3).</td>
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</table>

| TA-3 | See group response in E.3.2 in Appendix E relating to ability of alternatives to meet purpose and need and the range of alternatives evaluated in the EIS. Section 2.3 of the Final EIS has also been revised to clarify the extent to which each alternative meets purpose and need. |
| TA-4 | See response to TA-3; see revised Sections 2.3.3 and 2.3.5 in the Final EIS relating to ability of Alternatives C and E, respectively, to meet purpose and need. |
| TA-5 | VA identified a range of alternatives that offered varying combinations of new construction or lease for new health care facilities in Hot Springs and Rapid City, in combination with a supplemental alternative for reuse of existing campus); as well as alternatives offered by the public including renovation and reuse of existing campus, and a new hybrid alternative that included partial reuse of the Hot Springs campus (e.g., Building 12) and new construction in Rapid City. |
| TA-6 | See response to TA-5. |
Commenter TA: Alliance public meeting transcript

TA-7: With respect to VA’s effort to find a potential user under Supplemental Alternative G, VA will establish an advisory committee to determine market interest and develop long-term planning and preservation goals. See group response in Table E-2 of Appendix relating to Alternative G. Chapter 5 (Section 5.2) of the Final EIS has been significantly revised to include additional detail on VA’s proposed redevelopment strategy; the first step would be to identify potential redevelopment partners/buyers. Section 5.2 also now describes what the VA would do if VA decides to leave the Hot Springs campus and another user is not found (i.e., transfer to GSA, potential mothballing). VA notes that the new preferred alternative would allow VA a continued presence in Building 12 on the existing campus, and VA has also recently proposed use of Buildings 3 and 4 as a national pharmacy call center (independent from the proposed reconfiguration). This has been identified and evaluated in the Final EIS.

TA-8: See group response in Table E-2 of Appendix E relating to socioeconomic impacts. It has been revised in Section 4.10 of the Final EIS to include potential adverse impacts on the local Hot Springs community and VA’s commitment of continued employment for current Hot Springs staff members (even though may require relocation). Section 5.2 of the EIS outlines VA’s efforts and commitment to find a suitable re-use of the campus. VA also notes the potential economic benefits a newly proposed national call center - to occupy Buildings 3 and 4 on the existing campus - would have on the local community. This has been addressed in the Final EIS as part of the cumulative impact analysis. See group response in Table E-2 of Appendix E relating to cumulative impacts.
TA-9: See group response in Table E-2 of Appendix E (Category Cultural Resources and Historic Properties, Change in NHL status) relating to VA’s compliance with 36 CFR 800.10.

TA-10: VA is confident it has met all the required standards, including development of proposed measures that might avoid, minimize or mitigate any adverse effects of the undertaking for each alternative, in consultation with the consulting parties. These are identified in Section 5.2 of the Final EIS. VA’s efforts have been documented in the letter dated July 11, 2016, to refer objections to the ACHP (see Appendix C of this Final EIS). See also group response in Table E-2 of Appendix E (Category Integration of NHPA Section 106 Process, NEPA/NHPA process).
Commenter TA: Alliance public meeting transcript

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

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

That said, VA also agrees that the buildings that comprise the area where veterans are medically treated on the Hot Springs campus can be renovated to meet ADA/ABA standards and provide modern quality medical care. See additional response in Table E-2 of Appendix E (Category Purpose and Need, Accessibility and Needed Renovations).
that open, and all this stuff. But it also says
if 100 percent of your clientele are in need of
that kind of facility.

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

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

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

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

The VA, why did they decide to do
100 percent ADA requirements? Simple. Because
<table>
<thead>
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<th>Commenter TA: Alliance public meeting transcript</th>
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<tbody>
<tr>
<td>1. it can't be done unless you build a new</td>
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<tr>
<td>building. That means they can't use</td>
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<tr>
<td>Hot Springs. It was done purposefully. Not a</td>
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<tr>
<td>joke. It was done on purpose.</td>
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<tr>
<td>2. It's funny to me that they tend to follow</td>
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<td>whatever policy they want to follow, and when it</td>
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<tr>
<td>comes to law, they don't follow the law.</td>
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<td>3. It's very interesting. I do know that it</td>
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<td>would be real easy, what they probably should</td>
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<td>do, and it wouldn't cost us near as much money,</td>
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<tr>
<td>would be to hire somebody from Motel 6 who could</td>
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<td>assign people to the rooms and make them the</td>
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<tr>
<td>director. You know, then we wouldn't have to</td>
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<tr>
<td>worry about all those funny things where they</td>
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<tr>
<td>didn't have the right people in the right room.</td>
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<tr>
<td>4. What your job is here today -- well, I don't</td>
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<td>know why you're here, but I'm going to tell you</td>
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<td>why I think you're here. You don't like what's</td>
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<tr>
<td>going on. This is what you have to do. They</td>
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<tr>
<td>have to answer exactly what I said, because I</td>
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<tr>
<td>addressed it correctly. They have to address</td>
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<tr>
<td>what I said, because I addressed it correctly,</td>
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<tr>
<td>That is what you have to do.</td>
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<tr>
<td>5. You have to go in and say, I travel too far,</td>
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<tr>
<td>and you said here it was going to be closer.</td>
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Commenter TA: Alliance public meeting transcript

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

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

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

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

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

TA-12: VA used the most up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services. Exhibit 1 in Chapter 1 has been updated and expanded to include additional information to compare where Veterans reside versus where they are served.
Okay. We need you to speak. We need you to fill out those cards. We need you to tell them what you think. Even if you disagree with me, I don't care, you need to tell them what you think, because your Congressional representatives want to know what you think.

I heard somebody say last night that Adrian said, I will do what my veterans want me to do. Tell him what you want him to do. Okay? Do you understand what I'm saying?

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

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

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

If not, get your comment cards. If you need
Comments about the Choice Program are not relevant to the scope of activities analyzed in the EIS. See group response E.3.3 in this Appendix relating to the Veterans Choice Program in the proposed reconfiguration. Section 2.2 of the Final EIS has also been revised to clarify the purchased care (now referred to as Care in the Community) element of the proposed reconfiguration under all of the alternatives.
Commenter TA: Alliance public meeting transcript

TA-14: In total, the Final EIS describes, analyzes, and considers 12 possible courses of action: six alternatives, one that includes two variations, plus a supplemental alternative that can be implemented alongside four of the alternatives, including both variations of the Alternative A. In addition, all of the alternatives include the care in the community program which makes potentially hundreds of community providers available to Veterans within the BHHCS (including secondary and tertiary care providers in Nebraska, e.g., Regional West Medical Center in Scottsbluff). This is explained more fully in revised Section 2.2 of the Final EIS. Fort Meade is not part of any of the alternatives being evaluated in the EIS, however, Veterans have the option of going to Fort Meade for care.

TA-15: Comments about the Choice Program are not relevant to the scope of activities analyzed in the EIS. See group response E.3.3 in this Appendix relating to the Veterans Choice Program in the proposed reconfiguration. Section 2.2 of the Final EIS has also been revised to clarify the purchased care (now referred to as Care in the Community) element of the proposed reconfiguration under all of the alternatives.
Commenter TA: Alliance public meeting transcript

TA-15: The EIS was prepared in accordance with, and fully complies with, NEPA, the CEQ regulations for implementing NEPA, and VA NEPA guidance documents. It presents the potential environmental impacts of six alternatives so that the decision maker can make an informed decision of the potential environmental consequences before taking action.

The EIS does not support decisions on the specific health care services that VA offers to Veterans at any location. These decisions are made by Veterans Health Administration professionals and are not subject to a NEPA review.

TA-17: Thank you for sharing your personal story. See also group response E.3.5 in Appendix E. The VA has no current plans to open a VA facility in your area, however, the list of community providers within the BHHCS service area has expanded significantly in recent years to give Veterans more options for care closer to where they live. In addition, a CBOC with expanded specialty services will be available in Hot Springs. Under the new preferred alternative, Building 12 on the existing medical campus will be renovated to accommodate the CBOC. No interruption in service would occur during the renovation. Section 2.1 of the EIS has been revised to expand the discussion on the use of community providers under the proposed reconfiguration.
here, went to the receptionist, and she said --
I said, This is through the VA or Veterans. She
said, I don't like VA. No other comment. She
don't appreciate -- Box Butte County Hospital
don't appreciate veterans.

AUDIENCE MEMBER: Damn right on that.

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

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

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

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

Another thing that -- people will talk about
Comments about the Choice Program are not relevant to the scope of activities analyzed in the EIS. See group response E.3.3 in this Appendix relating to the Veterans Choice Program in the proposed reconfiguration. Section 2.2 of the Final EIS has also been revised to clarify the purchased care (now referred to as Care in the Community) element of the proposed reconfiguration under all of the alternatives.

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<thead>
<tr>
<th>Line</th>
<th>Comment</th>
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<tbody>
<tr>
<td>1</td>
<td>mileage. I live out northeast of town. It's</td>
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<tr>
<td>2</td>
<td>70 miles to Scottsbluff to go to the doctor over</td>
</tr>
<tr>
<td>3</td>
<td>in Scottsbluff for me. It's 92 to Hot Springs.</td>
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<tr>
<td>4</td>
<td>Why wouldn't I go to Hot Springs? You know,</td>
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<tr>
<td>5</td>
<td>it's a better place. They know how to take care</td>
</tr>
<tr>
<td>6</td>
<td>of veterans. Over there, they don't. Thank you.</td>
</tr>
<tr>
<td>7</td>
<td>VICKIE HUGHART: My name is VickieHughart.</td>
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<td>8</td>
<td>And I just want to talk about the fact that now</td>
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<td>9</td>
<td>that they've done this Choice, and you go to all</td>
</tr>
<tr>
<td>10</td>
<td>these different places, used to be you go up to</td>
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<tr>
<td>11</td>
<td>Hot Springs, you get your mileage right away.</td>
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<tr>
<td>12</td>
<td>Now it could be up to a month to get the mileage</td>
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<tr>
<td>13</td>
<td>money, by the time you send the paperwork up and</td>
</tr>
<tr>
<td>14</td>
<td>they get it back to you.</td>
</tr>
<tr>
<td>15</td>
<td>We had -- and on the Choice thing, we tried</td>
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<tr>
<td>16</td>
<td>to set up an appointment for my husband. They</td>
</tr>
<tr>
<td>17</td>
<td>set up three different appointments. We live in</td>
</tr>
<tr>
<td>18</td>
<td>between Chadron and Crawford. It's 92 miles to</td>
</tr>
<tr>
<td>19</td>
<td>Scottsbluff. They set up an appointment up</td>
</tr>
<tr>
<td>20</td>
<td>there. They set up an appointment in</td>
</tr>
<tr>
<td>21</td>
<td>Rapid City, which is 125 miles, and they set up --</td>
</tr>
<tr>
<td>22</td>
<td>set up an appointment in Alliance, which is 40 miles.</td>
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<tr>
<td>23</td>
<td>But we kept getting -- he'd already been to</td>
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**TA-18:** Comments about the Choice Program are not relevant to the scope of activities analyzed in the EIS. See group response E.3.3 in this Appendix relating to the Veterans Choice Program in the proposed reconfiguration. Section 2.2 of the Final EIS has also been revised to clarify the purchased care (now referred to as Care in the Community) element of the proposed reconfiguration under all of the alternatives.
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<tbody>
<tr>
<td>TA-19: Your support for keeping the Hot Springs facility open is noted and included as part of the public record for this EIS.</td>
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<table>
<thead>
<tr>
<th>Line</th>
<th>Text</th>
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<tbody>
<tr>
<td>1</td>
<td>the appointment in Alliance, and we got three</td>
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<tr>
<td>2</td>
<td>more appointments sent to us after we'd already</td>
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<tr>
<td>3</td>
<td>done the appointment and had it all done with.</td>
</tr>
<tr>
<td>4</td>
<td>So you're taking away the one place where</td>
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<tr>
<td>5</td>
<td>they can go and get the help they need without</td>
</tr>
<tr>
<td>6</td>
<td>having to go different places and wait on the</td>
</tr>
<tr>
<td>7</td>
<td>money for the mileage and have different places</td>
</tr>
<tr>
<td>8</td>
<td>that they don't know, you know, where to set one</td>
</tr>
<tr>
<td>9</td>
<td>appointment up or another. Thank you.</td>
</tr>
<tr>
<td>10</td>
<td>MS. PETERH: Thank you. So again, these are</td>
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<tr>
<td>11</td>
<td>comments on the draft EIS. So if there's no</td>
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<tr>
<td>12</td>
<td>other comments that you want to make verbally on</td>
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<tr>
<td>13</td>
<td>the draft EIS, I just want to express my</td>
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<tr>
<td>14</td>
<td>appreciation for you coming out this afternoon.</td>
</tr>
<tr>
<td>15</td>
<td>And if you have -- get a chance to look at</td>
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<tr>
<td>16</td>
<td>the boards --</td>
</tr>
<tr>
<td>17</td>
<td>DON ACKERMAN: I was going to make another</td>
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<tr>
<td>18</td>
<td>comment.</td>
</tr>
<tr>
<td>19</td>
<td>MS. PETERH: On the draft EIS?</td>
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<tr>
<td>20</td>
<td>DON ACKERMAN: Yeah. Do I score you that</td>
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<tr>
<td>21</td>
<td>bad?</td>
</tr>
<tr>
<td>22</td>
<td>MS. PETERH: No. Just that most of your</td>
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<tr>
<td>23</td>
<td>comments aren't in reference to the EIS.</td>
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<tr>
<td>24</td>
<td>DON ACKERMAN: In reference to 1-2-2-1-1.</td>
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<tr>
<td>25</td>
<td>and this is the one that's affecting all of us</td>
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BLACK HILLS REPORTING  605.721.2000
Staff recruitment and retention difficulties have been outlined in Section 1.2.2.1.1 of the EIS - with low patient volume, rural location, and salary offerings, among the major contributors. VA also acknowledges that the various reasons and resulting consequences are often intertwined. Patient volume is critical, however, to the ability of a facility to support a service or specialty, as described in new Section 1.1.5 and Section 1.2.2.1 of the Final EIS.

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

TA-21: Staff recruitment and retention difficulties have been outlined in Section 1.2.2.1.1 of the EIS - with low patient volume, rural location, and salary offerings, among the major contributors. VA also acknowledges that the various reasons and resulting consequences are often intertwined. Patient volume is critical, however, to the ability of a facility to support a service or specialty, as described in new Section 1.1.5 and Section 1.2.2.1 of the Final EIS.

TA-22: The EIS (Section 3.10.2.8) includes the most current staffing data available for the Hot Springs campus. This EIS does not address staffing levels and health services offered at Fort Meade. Such activities are not subject to NEPA review and Fort Meade is not one of the physical facilities proposed for reconfiguration in the EIS. The EIS has been revised to clarify the scope of the EIS with respect to Fort Meade.
## Commenter TA: Alliance public meeting transcript

<table>
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<tr>
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<tr>
<td>1</td>
<td>Get in this book, read it, answer the questions.</td>
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<td>2</td>
<td>Thank you.</td>
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<td>3</td>
<td>MS. FRIED: Thank you.</td>
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<td>4</td>
<td>DON ACKERMANN: Just so you know who I am, those of you who don't know me, my name is Don Ackerman. I'm a consulting party on this, so I have to read this stuff. I'm also on the Save the VA committee, and I'm your advocate.</td>
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<tr>
<td>5</td>
<td>I've been fighting since the start. I've got a card. If you need help on anything you want to do, I'll be more than glad to help you.</td>
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<td>6</td>
<td>Thank you very much.</td>
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<td>7</td>
<td>MS. FRIED: Okay, Don.</td>
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<td>8</td>
<td>I want to reiterate that to make your comments useful for us when we read them and need to make any changes in the EIS that -- and that reference material of how to help you make your good comments, that if we get a comment that says, This is wrong, if you don't tell us what is right, it will be very difficult for us to respond to that.</td>
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<td>9</td>
<td>So it will be real important for you, when you make your comments, to provide some backup information of supporting your comments so we can either make changes to the document and</td>
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**BLACK HILLS REPORTING 605.721.2600**
Thank you for your comment. Your support for keeping the Hot Springs facility open is noted and included as part of the public record for this EIS. Your comment about the data and cost estimates developed for each of the alternatives is addressed in a separate group response in Table E-2 of Appendix E.

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

While current estimates are based on the best available information, VA is unable to expend appropriated funds to update this data due to current appropriations law restrictions.
This has to change, guys. We have to get
some people hired, and we have to understand
that the cost of this is going to go through the
roof if we don’t save Hot Springs. Thank you.

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

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

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

So again, thank you very much for coming
cut. We appreciate it.

(The proceeding concluded at 1:51 p.m.)
Commenter TC: Chadron public meeting transcript

Note: The verbal comments made at the public meetings were preceded by a presentation summarizing the Draft EIS.
Commenter TC: Chadron public meeting transcript

TC-1: Thank you for your comment. VA funding decisions and allocations are made on a project-specific basis and not transferable between projects. This comment is also not relevant to the scope of the EIS.

DON ACKERMAN: I’ll speak last.

MR. PETERS: Okay.

Wayne Van Natter, and then Klyn Myers, and Randall Gulber -- Gulnare.

So, Wayne, do you want to make your way up to the microphone? Okay, and if you have a hard time coming up to the microphone, I’ll bring it back to you.

WAYNE VAN NATTER: My comment is just about --

MR. PETERS: Just give me a second and I’ll get the timer turned on for you.

WAYNE VAN NATTER: My comment is about your cost of keeping the VA running. My comment is about the waste in money for the Colorado VA of all the materials that was thrown away because it sat so long, all the delays.

And the millions and millions of dollars that was wasted there could have been used at the VA at Hot Springs, and it wouldn’t have been wasted. It would have put to very good use.

MR. PETERS: Beat my timer. Thanks, Wayne.

Klyn and then Randall.

DEAN MYERS: Dean Myers is actually --
because I go by my middle name. I am Dean Myers. I certainly would not want to go unannounced as to who I was.

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

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

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

The limitations in staffing service that have developed over the time period that has elapsed, VA at Hot Springs was a very fine facility, had the best ratings. I've never had any -- not just Hot Springs, but the whole
Black Hills, I've never had any problem. I've used both facilities because I lived in and used Fort Meade. I moved to Nebraska and started using Hot Springs.

It is -- it is interesting to know that in -- when you start talking about honesty in responses, we get responses from veterans, and they are very -- they are emotional because it matters to us. But they are honest responses, even though they are emotional.

When people that are on management side talk, they make their comments very -- with lack of emotion. And that sometimes wins debates, wins arguments, because you don't lose your cool. But on the other hand, there's no way that anybody listening to both sides will fully believe that those comments are are honest comments. Because as I say, people have their marching orders.

I was interested to see, because I hadn't seen it before, that the -- the nonclosure, no action being taken, is considered the best alternative for environmental purposes. That should have been clear from the start.

Part of the reason that it's taken so long
TC-2: The EIS was prepared in accordance with, and fully complies with, NEPA, the CEQ regulations for implementing NEPA, and VA NEPA guidance documents. It presents the potential environmental impacts of six alternatives so that the Decision Maker can make an informed decision related to the environmental consequences from the physical buildings and infrastructure required to provide the proposed reconfiguration of services, before any action is taken. The timing of this NEPA review is consistent with CEQ NEPA regulations. See related group response in Section E.3.4 of Appendix E relating to NEPA compliance and timing of the NEPA review.

TC-3: VA recognizes the strong public sentiment - of Veterans and their families and friends - related to the quality and delivery of health care services VA provides to our Veterans. All testimonies, including personal stories and emotions have been captured and recorded, in their entirety, here in Appendix E so that they are part of the official public record for this EIS. The issues of greatest concern also have been summarized in Section E.3. Finally, your opposition to the VA Proposal - and those of the other commenters who oppose the proposal - is noted and also included in the public record for this EIS.

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<th>Commenter TC: Chadron public meeting transcript</th>
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<td>for all this to happen, as a matter of fact, the actual action on the environmental thing was just ignored. It didn't -- they didn't start doing that. They had -- they were forced to do that. They wanted to just do it, bang, bang, gone, and just gone. It's done.</td>
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| The last time that I talked to Mr. DiStasio the last time they were in Chadron, there was no comment period. Just had charts to look at. And one of the things that I asked him about, and of course, he wouldn't really admit it, but they just had numbers as far as the number of responses. But no place did they ever show a quantitative amount as to how people felt, one direction or the other. And every one of these sessions that I've been at, I have not heard -- I'm sure in Rapid City they have positive responses, but I have not heard a positive response from a veteran or person speaking that came up to the mic and thought that this was a good idea. But on the charts, all it has is a number. There were X number of responses. It is really disingenuous, that is to say dishonest, to not put out information that speaks to the emotional...
Commenter TC: Chadron public meeting transcript

RANDALL GULBRANSON: I don't think it matters who we're looking at, but --
MS. FETTER: It does matter if you speak.
RANDALL GULBRANSON: You want me to speak in the microphone?
MS. FETTER: Yes. Let me start your timer.
RANDALL GULBRANSON: Well, my churches don't have one to speak into. But my name is Randy, most of you know. Randall is my mailing address. When I get a letter written to Randy, it's personal.

My comment, and my wife would like to make, is, I have found the difference between the VA at Hot Springs, anything in Rapid, Fort Meade. I spent a month in Sioux Falls. The VA at Hot Springs is friendly. They know you by name. They took -- take good -- at least have taken good care of me and still do. And I don't have to worry about Rapid City traffic.

And it's -- I think it would be devastating to the town of Hot Springs to lose their VA.
SANDI GULBRANSON: I didn't want to say anything, but he does a much better job than I could. And he covered all the points, and I

TC-4: We appreciate your comment. Your support for keeping the Hot Springs facility open is noted and entered into the public record.
TC-5: Thank you for your comment. Your support for the No Action Alternative F is noted and now part of the public record.

Commenter TC: Chadron public meeting transcript

will reiterate.

We have used the Fort Meade hospital, the clinic there, the Hot Springs clinic, and then the Sioux Falls VA for a very lengthy hospital stay in 2014 spring. We have had very good medical experiences in all three of them.

Most of the clinical in Hot Springs has nailed the problems that my husband had that no other doctor would ever address, and I cannot say enough for those doctors there. And I don't think she's a doctor, she's a PA, probably.

Absolutely phenomenal.

We have enjoyed the historical facilities in Hot Springs. I enjoy old things. We have the Victorian Inn Bed and Breakfast 1910 home here in town, and we enjoy going to something to know that it has been preserved, taken care of, things that somebody spent a lot of time building.

I prefer the option F, no action taken. I like that idea because if there's nothing broke, don't fix it. If it needs to be fixed, fix it, but with the least amount of effort and expense that it takes.

Rapid City is not a good area for older
Commenter TC: Chadron public meeting transcript

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

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

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

MR. PETERS: Bob Nelson, Pat Russell, and
then Connie Lundberg [sic].

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

What I want to address tonight is
Section 1.2.2.1.5, distance veterans must travel
for care. This is stated in the draft EIS.
Maintaining multiple VA providers of advanced
care and specialty services in a highly rural
health care system like VA Black Hills Health

BLACK HILLS REPORTING  605.751.2500
Commenter TC: Chadron public meeting transcript

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

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

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

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

In May of 2013, the VA central office corrected the number and was then saying the number of veterans Black Hills would serve in 2020 would be 16,300 veterans.

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

Those veterans, your Nebraska veterans, were from Scottsbluff. They forgot almost 9,000 veterans when they were telling you there was going to be a declining population. But the data central office was using in 2013 was still.
TC-6: Under Section 1.2.2.1.2, the VA talks about the distance veterans must travel. We live in a rural area, and the fact is, that isn’t going to change. Yet the VA’s solution to the distance problem is to move access to a full-service hospital 90 miles further away.

Let me give you an example of some of that data. In April of 2015, this year, Save the VA, under a Freedom of Information request, asked Black Hills this question of Fort Meade, Rapid City clinic, and Hot Springs. We asked them to provide an account of unique patients seen by state, their state of residence broken out by zip code so we could take a look at where everybody is from. So again, talking about making sure that you don’t travel any further for health care.

This is the data for Fort Meade. There are 2,700 veterans over that time frame, Nebraska veterans that traveled 458,000 miles to receive their care in Fort Meade. 458,000 miles to travel 90 miles further to receive care. And yet they are concerned about the distance that

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

See also group response in E.3.1 of Appendix E relating to distance travelled and geographic access concerns.
you're going to travel to receive care.
That's to -- that's to Fort Meade.
Rapid City clinic, there were 467 Nebraska veterans that traveled 53,000 miles to receive care 60 miles north of Hot Springs. 264,000 to Fort Meade, 53,000 to Rapid City. A half a million miles that you folks traveled to receive your care at what VA mandated, you know, where you were going to receive your care in Black Hills Health Care. And yet they are concerned about the distance you are going to travel.

So let me break down the numbers a little bit more. In compiling all of that data, the raw data, the number of veterans that were served at Fort Meade was 28,500 veterans; the veterans that were served at Rapid City clinic were 9,000 veterans; and the veterans that were served at Hot Springs was 18,800 veterans.

That's the raw data.

What's included in those numbers are the veterans that traditionally would have been seen in Hot Springs and wouldn't have required going to Rapid City or Fort Meade.

For Fort Meade, out of that 28,500, there
were 4,700 veterans that probably would have received their care in Hot Springs, had the services still been available to them. So you go from a number of 20,500 at Fort Meade to 15,700 veterans at Fort Meade.

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

Hot Springs, 18,000 veterans. And again, these are all Nebraskas folks, because you're the ones traveling past Hot Springs to get to Rapid City and Fort Meade. So Hot Springs saw 18,000 veterans.

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

So when you actually look at the adjusted numbers, the 16,000 veterans that were seen in
Commenter TC: Chadron public meeting transcript

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

One of the primary drivers of this proposal is to improve geographic access to care for all Veterans in the catchment area. VA has determined that in order to do this, VA will partner with community providers through the purchased care program. This is also a major part of the VA’s national Strategic Plan for 2016 and 2017. Chapter 2 of the EIS has been revised to expand on the purchased care option available to Veterans. See also group response in E.3.3 of Appendix E relating to the purchased care option and concerns associated with the quality of care of community providers.
Selection of the preferred alternative is made by the Agency, not by the contractor hired by the Agency to prepare the EIS (in this case Labat). The Council on Environmental Quality NEPA implementing regulations require an Agency to identify the preferred alternative in the Draft EIS if the Agency has one when it publishes the draft. (40 CFR 1502.14(e)). The Agency is also required to identify the preferred alternative in the Final EIS, which the VA has done (and it includes a new preferred alternative). Details on the basis for VA’s final decision will be provided in the ROD.
The contact from Labat states that Labat did not select alternative A as the best alternative, but rather they simply note in the EIS that alternative A is the VA's preferred alternative.

If that is a true statement, then the Veteran Administration is clearly misrepresenting the EIS when the director of the Black Hills Health Care System states that, quote: Based on the results of the study, unquote, the preferred alternative is alternative A.

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

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

It should be further noted that all of the
Labat relied on data provided by the VA relating to the Veteran population within the BHHCS catchment area (e.g., total population, state and county of residence, patients served, type of care received, etc.). Labat then further organized and grouped the data to develop the tables in the EIS (e.g., Exhibit 1). There was no need for independent verification since VA is the agency responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services. Data sources are identified in the text where appropriate, and full citations are included in EIS Chapter 8.0 (References Cited), broken out by chapter. All references are part of the administrative record.

According to the CEQ NEPA regulations at 40 CFR 1506.5(c), it is the responsibility of the Agency to independently evaluate the EIS and take responsibility for its scope and contents.

Our veterans and the public deserve the truth to care for him who shall have borne the battle, his widow, and his orphans. That's what you've earned. That's what you deserve. Thank you.
Commenter TC: Chadron public meeting transcript

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MS. PETERS: Connie, then Stacy, then Don.

CARRIE LUNDBERG: Hi. My name is Carrie

Lundberg.

Anyway, I was told today, I was talking to
some of my -- I'm at work, I'm supposed to be at
work right now. They let me off to come here to
do this.

I was talking to some colleagues, and they
said, you know, Have you heard about what
happened in Denver? What's going on with the VA
there? They are doing a new one, shoddy
workmanship and cost overrun. So add millions
to your -- what it's going to cost to build us a
new facility when we do not need one.

The VA that we have right now in Hot Springs
is an adequate, very good facility, well made,
well built, well done. We don't need a new one
that's going to cost millions more than what
they say it's going to cost. Plus, it has
character.

Hot Springs hospital, I had to go to the
hospital late at night one night. I was very
glad I did not have to travel more, another hour
to get to the hospital when I needed to get
there. I don't know what could have happened
for another hour that they had to put blood in me quick.

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

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

Thank you.

MS. PETERS: Stacy.

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

And I want to make sure that we have a voice here tonight as representing us. We are the
VA acknowledges that the level of services has declined over the past 15-20 years, for a variety of reasons. While past changes in service are not subject to NEPA review, the cumulative impact analysis has been expanded in the Final EIS (Section 4.16) to consider past actions and trends within the region. See group responses in Table E-2 of Appendix E relating to past decline in services and to cumulative impacts.

Thank you for your comment. Comments related to past VA personnel and management statements or actions are not relevant to the scope of this EIS or the decision it supports.
We've been -- how many times do we have to
tell them this is not what we want? This is not
what we had. It's deteriorating every time I go
up there. We -- we do less services here. That
person was -- like, our dermatologist was phased
cut right before Christmas last year.
Now, it's not that the need isn't there.
It's that the services have been discontinued.
Therefore, they say, Well, there's no need.
There's nobody coming. Well, there's nobody
coming because there's nobody there to treat
them. Just goes one way and goes the other way.
As far as us from Nebraska, we've had our
Congressmen, our Senators, they've all been
around. Adrian Smith teamed up with Kristi Noem
at the Hot Springs facility for the hearing.
And within a week or two, we hear about the
Hot Springs people laughing at the Congressman
who came in there and D'Santo's answers and
things like that.
Nothing has been honest or -- really
concerning us in this whole study in four years.
Nothing has really served us.
I don't know what it's going to take. We'll
probably -- maybe we're too late. It's done.
TC-15: VA acknowledges there may be a learning curve for some providers in working with the unique conditions specific to Veterans. However, VA health professionals and staff will work closely with the Veterans and the providers, as needed, to ensure continuity of care; and help manage care between VA and non-VA providers. (e.g., help with referrals for non-VA care questions and concerns. See group response in Section E.3.3 of Appendix E relating to the quality of care provided by non-VA providers.)
TC-16: VA used the most up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data. However, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions.
First, before I start, have we got any Congressional representatives here? When you go back home, tell your guy that Don Ackerman said, Thank you very much for signing on board with us and fighting for the Nebraskas veterans. Okay? He knows who I am. All right. You tell him.

Thank you very much and continue the fight, because we’re here fighting for these guys.

Thank you.

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

When you look at the OIS -- and that’s what we’re supposed to address tonight. Okay. And you know that, right? That’s my -- the emotional comment for my Congresspeople.

When you look at the statistics and the figures, they are wrong. We’ve heard that.
Comments regarding VA data handling, such as related to appointments and wait times and how they are calculated or documented by the VA, are not relevant to the scope of this EIS and therefore not addressed. However, VA believes that the expanded care in the community options now available to Veterans in the BHHCS (under all the alternatives) would help address past problems with scheduling and wait times.
And they got caught at that. They swore they weren't doing anything wrong here.

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

That's a fact. It can be proven.

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

We need to fight this. You say it's over.

I'm telling you, it's not over. And tell our Congressman, we're telling him it's not over, he needs to keep fighting. Okay. You let him know that. Let her know that. Her or him.

AUDIENCE MEMBER: Congressman Smith.

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

Now, I say this, and I'm surprised all the cops aren't here, you know. I need to clarify something. You know, all you guys back there that are worried about me hurting you, none of
you, none of you VA people are worth me spending
30 seconds in jail.

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

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

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

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

JIM BLANCHARD: I would.

MS. PETERS: Okay.
<table>
<thead>
<tr>
<th>Commenter TC: Chadron public meeting transcript</th>
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<tbody>
<tr>
<td>JIM BLANCHARD: My name is Jim Blanchard. I</td>
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<tr>
<td>live in Chadron, and I use the VA as my primary</td>
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<td>doctors up there. And I was just wondering why</td>
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<td>we have all these meetings and there's never,</td>
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<tr>
<td>ever a record that I know of that shows how many</td>
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<td>of these people that are here and what -- which</td>
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<td>of these plans they ever agree on.</td>
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<tr>
<td>I think we should have at least a vote of</td>
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<tr>
<td>hands to show which one of those plans most of</td>
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<td>the people here agree on, and have it in the</td>
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<tr>
<td>record over here. I don't know if it's</td>
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<td>possible, if they will -- if the lady up here</td>
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<td>will allow me to do that or not. I don't know.</td>
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<td>MS. PETERS: That would be through your</td>
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<td>comments that you submit.</td>
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<tr>
<td>JIM BLANCHARD: I can ask for a hand --</td>
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<td>AUDIENCE MEMBER: The Congressional is here.</td>
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<td>Go ahead and do it.</td>
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<td>JIM BLANCHARD: I would like to have -- I</td>
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<td>would like to see -- okay. Let's just go with</td>
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<tr>
<td>A, B, C, D -- what is it? A, B, C, D, E, F, and</td>
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<tr>
<td>G; is that right? How many -- how many think</td>
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<td>plan A is the best?</td>
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<tr>
<td>No hands.</td>
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<tr>
<td>Okay. How about plan B?</td>
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</table>

TC-18: Your opposition to the VA Proposal and support for Alternative E is noted and included in the public record for this EIS. In addition, the result of your hand count - that indicates the majority (possible count of 26) are for Alternative E - is documented in this transcript is also now included as part of the public record.
I don't see any hands there.

Plan C?

Still no hands.

Plan D?

No hands.

Plan E?

I can't count that far.

AUDIENCE MEMBER: I'll count for you.

JIM BLANCHARD: It has to be -- it's a slight majority, I would say, like -- just hold them up for a minute. Let him get a count here. I've never seen -- in any of these meetings, I've never seen that done, and I don't know how they know how the people in this audience respond.


JIM BLANCHARD: Yeah, we've got 26 yesses for plan E, and we've got absolutely no responses for any of the other plans. And I hope the young lady over here has got that on the record, because I'd like to see -- at least they can see how Chadron feels about this whole program.

That's about the only thing I've got to say. I agree with most of what everybody else has
TC-19: Thank you for sharing our personal story. It is important to us and is included as part of the public record for this EIS (see related group response in Section E.3.5 of Appendix E).

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

So I said, Is there anybody here who can
answer?

And she said, You need to talk to
Mr. DiStasio. And Mr. DiStasio came from the
other room, and I talked to him.

And I said to him, the first thing I said
was, I understand you’re retiring soon.

And he said, Yes. He said, After 44 years,
don’t you think that’s appropriate?

And I said, Five years too late.

I also said about the -- what was polled
here as far as -- as far as what people really
feel about it, and I pointed out that the
numbers that they had in the charts didn't say
anything. It just said 1,444 responses. That
doesn’t tell me anything.

And obviously somebody asked the right
question, and those numbers are now in the
machine. Probably won't do any good, but at
least that was something that the study would
not say. They were not honest enough to put out
that information. They just put out blah.

The first time that I talked to Mr. DiStasio

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was at the American Legion, and he remembered
me. Every time I talked, he remembered what I
said the first time, because I got up and I --
and they had -- they had just put this out as a
surprise thing before they started having to do
their retreat and reconfiguration and whatever.

And I stood up, and I said, You know that
there are a lot of veterans out here who are as
smart or smarter than you are.

I don't believe my microphone -- has it shut
off? I'm not even on the five-minute time

limit.

MS. FETERS: I'm going to guess the battery
is dead.

SPEAKER: I think I can talk loud enough so
that everybody can hear me.

I was a speech major in college, and I was a
debater in college. I understand logic. I
understand -- I can certainly understand
honesty, because often that was how we were
judged. We were judged by whether or not we
were talking the truth as opposed to whoever was
saying something on the other side, and that's
how we won debates.

But I still -- I still feel that it is true
Commenter TC: Chadron public meeting transcript

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

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

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

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

And sometimes I tipped my head down when I
was walking under an overpass where the cameras
TC-20: There are no historic preservation impediments to using the existing campus quarters or buildings as housing for Veterans rather than staff. Modifications to the facilities would require review under Section 106 of the NHPA.

Commenter TC: Chadron public meeting transcript

49

[Transcript of comments and testimonies]

TC-20: Good evening. My name is Angela Cook. I'm from Hot Springs. I want to point out the EIS 1.2.1.13 in regards to single-parent veterans. They say in the EIS that they cannot support the single veteran in Hot Springs.
Commenter TC: Chadron public meeting transcript

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

Tell you what, there's a bunch of houses on top of that hill rented out to employees. I say move -- move those employees down into the housing in Hot Springs and open that up for single parents and vets who need treatment.

There's nowhere a parent can come to the treatment, and if they have a little boy and girl, and they are going to spend two months in the Domiciliary.

Also in 1.2.2.13, the Domiciliary, they say the Domiciliary is not private enough. Well, I'll tell you, I've been there. They did a female wing that is safe and secure by key card, and every female vet up there has their own room. And if they can do that there, they can do it in the whole dorm.

In addition, they did that on floor 3. You know what they did with it? What is it? Doors with -- rooms with doors, AC, and everything. They turned them into offices.

They can do this. They've done it, but they won't let you see it. That's all I've got to say.

MS. FETERS: Thank you. In reference to the

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Commenter TC: Chadron public meeting transcript

DON ACKERMAN: Okay. Why? I can't say what
I want to say?

MS. PETERS: Well, we're here to talk about
comments on the EIS.

DON ACKERMAN: I have commented on the EIS.

MS. PETERS: I'll give you another five
minutes to --

DON ACKERMAN: I'll make it quick. In
reference to the EIS, I think we all need to
examine the comment that was made, that one
comment or 500 comments carry the same weight.

I believe the EIS should state in there how
many people -- on each area that you answer, it
should state how many comments that was to.

For example, if I say tonight I want
Hot Springs to close, and all these people here
say they want it open, then you have one comment
and that's all. And that is not realistic, and
that's what you said tonight.

Each comment needs to carry the weight of
the people that -- the number that voted, at the
very least. Because, as mean as I am to that
dictator, I mean, director back there, she needs
the right data because she might decide to do
the right job. Okay.

TC-22: Public participation helps VA make informed
decisions that take into account public concerns and
preferences, as well as other factors. VA’s contractor
(Labat) has tracked the number of comments by issue
and included summary information in Section E.3 of
Appendix E on those issues and concerns that received
the largest number of comments. Specifically, Table E-1
provides total # of comments by category, and
summarizes the major issue(s) within each category.
| I would challenge her to do that. And if she’s not got the right data, she can’t do that. And she’s getting the right data now by listening to all of this, and I hope -- I hope she hears what we’ve said. The EIS can be a great document, but it can’t be a great document if you don’t have the right data in. It’s -- it’s not possible if you’ve got bad data. It’s not possible. We’re going to show you that data, and I encourage all of you to read the report and quote on the data. Okay. The data in the EIS, and quote qualitatively to yourself how it references you. That’s important. Okay? It’s important for all of us. And I know I’m not doing it right, and that’s okay. This is important to the EIS. All of us need to do the right thing. We need to do the right thing, and we can do that. But I think I am going to comment, because as a consultant, just saying -- answering a comment is not correct. You have to tell me how many people made that comment or you’ve got bad data. Because it’s not correct. |
TC-23: VA considers this NEPA review to be in full compliance with the requirements of NEPA. See group response E.3.4 in Appendix E relating to timing of the NEPA review.

Commenter TC: Chadron public meeting transcript

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

MS. PETERS: Thanks, Don.

BOB HELD: Okay. I'm being penalized because I went over the last time. This isn't -- this isn't to address the EIS, but it's to address your comment, and I think it's important for the public to know. And I also will tell me if I'm misrepresenting this statement.

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

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

The gentleman that used to work for the VA, he worked at the Hot Springs VA for 36 years, he was the historic preservation officer for Hot Springs.

Before the VA announced their proposal, he told them, because he -- he sensed what we sensed, that this was where it was going to end.
Commenter TC: Chadron public meeting transcript

up. He told them, You folks have a problem.

You need to enter into an EIS before you

announce this proposal that you're talking

about. You need to involve the public early on.

He was telling them that. They ignored him.

They came out with the proposal in 2011.

And Sandra, I can share that information

with you. I can give you the gentleman's name

to talk to. He's willing to testify under oath

to what I just said.

So I mentioned that we met -- or that the

VA central office in May of 2013 corrected the

data that Black Hills had erroneously given to

you folks. So at then-Secretary Shinseki's

direction, Dave the VA went out to Washington

and met with the VA experts to resolve data.

As part of that conversation, our NEPA 108

expert raised the question to the VA, Why

haven't you entered into this -- this process

earlier? It's supposed to be entered into as

early as possible when the agency knows they

want to make a change.

The response from the VA official said, No,

no, no, no, no. The VA will start doing a

NEPA once they've made the decision.
That's what we were told. So to what you're talking about, they are misrepresenting this whole process. And I just feel it's important that you know that the VA's opinion on this whole thing was, We got caught with our pants down around our knees, and we've got to figure out how to get out of this.

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

MS. FETTER: Okay. So again, thank you. I want to thank everybody for coming out, and give a special thank-you to all the veterans for your services and for your interest in this project.

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

Again, what you said tonight will go on the record. They will serve as your comments. So if you choose not to write anything more, other
<table>
<thead>
<tr>
<th>Commenter TH: Hot Springs public meeting transcript</th>
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<tbody>
<tr>
<td><strong>PUBLIC MEETING:</strong></td>
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<tr>
<td>DRAFT ENVIRONMENTAL IMPACT STATEMENT</td>
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<td>FOR RECONFIGURATION OF</td>
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<tr>
<td>VA BLACK HILLS HEALTH CARE SYSTEM</td>
</tr>
<tr>
<td><strong>DATE:</strong> December 1, 2015 at 5:33 p.m</td>
</tr>
<tr>
<td><strong>PLACE:</strong> Red Rock River Resort</td>
</tr>
<tr>
<td>603 North River Street</td>
</tr>
<tr>
<td>Hot Springs, South Dakota</td>
</tr>
<tr>
<td><strong>PRESENTER:</strong> Ms. Mary Peters</td>
</tr>
<tr>
<td>Labat Environmental</td>
</tr>
<tr>
<td><strong>Reported By:</strong> Jacqueline K. Perl</td>
</tr>
<tr>
<td>Registered Professional Reporter</td>
</tr>
<tr>
<td>Black Hills Reporting</td>
</tr>
<tr>
<td>1801 Mt. Rushmore Rd., Ste. 3280</td>
</tr>
<tr>
<td>Rapid City, SD 57701</td>
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<td>605.721.2600</td>
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*Note: The verbal comments made at the public meetings were preceded by a presentation summarizing the Draft EIS.*
**Commenter TH: Hot Springs public meeting transcript**

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<tr>
<td><strong>TH-1</strong>: See group response in Section E.3.1 of Appendix E relating to distance travelled. The proposed reconfiguration would help make other types of health care services more accessible to Veterans in the BHHCS service area, under the expanded care in the community program.</td>
</tr>
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<td><strong>TH-2</strong>: According to Exhibit 1, Hot Springs had 4 times the number of patient encounters (i.e., a single patient can have multiple encounters with medical staff during the course of a day) as Rapid City and nearly half of those were by telephone or associated with the RRTP which treats patients that come from all over the service area and other states as well. The actual number of patients treated at Hot Springs and Rapid City are very similar. Note also that Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data.</td>
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**MS. MEGOWSKY**: Here's the list. Did anyone not sign the list but wants to fill out a name on a card?  
**MS. PETERS**: Okay. I have Edward Harvey, Edwin Thompson, and John Kenstrom. If the three of you want to make your way up to the front.  
**SPEAKER**: Hold on one second.  
**SPEAKER**: Time's up.  
**MS. PETERS**: No. We're going to give you five minutes.  
**SPEAKER**: Okay. Your statement of purpose Section 1.2.1, purpose and need includes increasing access to care closer to where veterans reside and reducing out-of-pocket expenses for veteran travel. Requiring more veterans to travel to Fort Meade for medical care? That's over 100 miles one way from the Hot Springs facility. That's your proposal. Increases costs, replaces services farther from residents.  
**Section 1.2.2.1, Exhibit 1, you address low usage at the Hot Springs facility as a reason for closing it. According to your figures, Hot Springs has more registered patients than Rapid City and four times the...**

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605.721.2500
Commenter TH: Hot Springs public meeting transcript

TH-3: Under the proposed reconfiguration, Veterans would not be required to travel to Fort Meade to obtain health care services. Outpatient primary care services would continue in Hot Springs under all alternatives and community providers under the expanded care in the community program would be utilized to provide care closer to where Veterans live.

TH-4: Under the proposed reconfiguration VA BHHCS would rely on potentially hundreds of community providers under the expanded care in the community program to help deliver health care services closer to Veterans’ homes. VA would rely on the competent managers and staff from small rural hospitals to ensure Veterans receive quality care at their facilities. VA believes that the community provider option helps provide a more efficient and effective way to deliver health care to Veterans closer to where they live.

1. patient encounters as Rapid City,
2. Had the VA not reduced services at
3. Hot Springs, these numbers would further show
4. the importance of having a rural facility in
5. this area. Also, no study has shown in this
6. area which addresses the ability of Fort Meade
7. to absorb the increased patient load should
8. Hot Springs be closed.
9. Section 1.2.2, lack of ability to maintain,
10. recruit, and maintain clinical competency of
11. staff. I find it amazing that small rural
12. hospitals are able to recruit and maintain staff
13. where a major national program such as the VA
14. cannot.
15. Perhaps veterans would be better served by
16. first recruiting competent managers from small
17. rural hospitals who have proven abilities to
18. maintain staff.
19. Actually, if the VA were to coordinate with
20. Medicare, et cetera, and provide full-service
21. rural hospitals, they would not only benefit
22. veterans, but it would be beneficial to all
23. rural citizens. This concept should be called
24. Vision for the Future in Section 1.2.3.
25. Section 1.2.3.1.2, noncompliance of 42 U.S.
Commenter TH: Hot Springs public meeting transcript

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

TH-6: See group response in Section E.3.3.3 of Appendix E relating to purchased care option, including the Veterans Choice Program.
TH-7: VA's past experience related to construction projects and project overruns are not relevant to the BHHCS proposal and are not within the scope of this EIS. Overruns can result from a number of unexpected factors, and cost issues associated with one project do not affect VA's ability to effectively estimate and execute other construction projects within budget.
**Commenter TH: Hot Springs public meeting transcript**

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<tr>
<td>1</td>
<td>MS. PETERS: -- gets in --</td>
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<td>2</td>
<td>SPEAKER: Got it. I'll try to talk up so</td>
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<td>3</td>
<td>that those of you that are hard of hearing can</td>
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<td>4</td>
<td>hear me. Oh, time started before I got started</td>
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<tr>
<td>5</td>
<td>here. Okay.</td>
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<tr>
<td>6</td>
<td>I'm sorry. I don't have a Ph.D. I'm not</td>
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<td>7</td>
<td>going to be able to wow you with facts and</td>
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<tr>
<td>8</td>
<td>figures and everything else. I earned a DD 214,</td>
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<td>9</td>
<td>and with that DD 214 came health care.</td>
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<tr>
<td>10</td>
<td>Now, granted, I will admit nobody told me</td>
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<td>11</td>
<td>how far I was going to have to drive for that</td>
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<tr>
<td>12</td>
<td>health care. I will give you that one.</td>
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<td>13</td>
<td>But let me give a fine example of what's</td>
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<td>14</td>
<td>personal for me with this situation. My annual</td>
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<td>15</td>
<td>dermatology appointment is in November. I</td>
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<tr>
<td>16</td>
<td>received my letter from this facility that I'm</td>
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<tr>
<td>17</td>
<td>due for my annual dermatology appointment, to</td>
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<tr>
<td>18</td>
<td>call the Call Center.</td>
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<tr>
<td>19</td>
<td>I call the Call Center. They said, Well, we</td>
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<td>20</td>
<td>can get you right promptly in. You can either</td>
</tr>
<tr>
<td>21</td>
<td>go to Fort Meade and we can get you in in</td>
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<tr>
<td>22</td>
<td>January, or we can get you in to Hot Springs in</td>
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<tr>
<td>23</td>
<td>April next year. All right.</td>
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<tr>
<td>24</td>
<td>We got a full-service hospital down here.</td>
</tr>
<tr>
<td>25</td>
<td>They got a full-service hospital in Fort Meade.</td>
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Commenter TH: Hot Springs public meeting transcript

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

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

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

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

1. Fort Meade down. So we got three clinics here, ten beds on the hospital at Fort Meade. They close the ten beds down here, where -- are the patients down here going to overload Fort Meade?

   Where am I going to go?

   This is not healthy for me. This is not healthy for the rest of the veteran population that's being serviced by this facility. And

   it's not healthy what they've done to get to this point where we are today. Thank you.

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

   ED THOMPSON: Ed Thompson.

   MS. PETERS: Oh, Ed Thompson, okay.

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

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

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

   I guess I represent my district, District 2, American Legion, which is 31 Pont. And I have a lot of veterans that live in the rural area.

   Got two reservations. I don't think the numbers have been -- actually came out the truth of how many veterans on Pine Ridge. And we went through the records a month ago, and it was
Commenter TH: Hot Springs public meeting transcript

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

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

1. 1,300 and some. And Rosebud, I think it's 356, if I remember right.
2. We just got a new van down there, Pine Ridge. It was donated to us a month ago.
3. Nice van, but no gas money. We have no way to get those veterans here. We have no transportation.
4. And if we do have transportation from the DAV, sometimes they pick them up, sometimes they won't. Depends on how Tom begs for them to be able to pick them up.
5. I was just down there today. We just confirmed a new prosecuting attorney in the state of South Dakota on the Pine Ridge Reservation. We're going forward down there, and the VA is going backwards here. And that's what I cannot figure out.
6. The contracting out health care is not the way to go. I've already been down this road. When I went to Rapid City for my cancer treatment, it was for Kristi Mone, I would not have got in right away.
7. I was put on the bottom of the list. When I called up there and talked to Brad, and Brad got me in to Rapid City right away with the help of

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the people of the VA up here in Hot Springs.
And thank God they let me know there was a cast.
And then after I got through with that, I
did go -- come up here and got my treatment. My
treatments, when I had 4,500 miles on my vehicle
that I put on back and forth every day of the
week. Now I've got to go back up there again
for a second evaluation.

You know, the doctor that found my cancer
was right here in Hot Springs, and they pretty
well weeded him out, Dr. McRill. They pretty
well forced him completely out to leave. They
kept giving his workload more and more and more,
and he finally couldn't take it. And so he went
ahead and left.

And now my primary physician right now, he
can't even renew my prescriptions. I have to
keep calling up there and say, Okay, I need this
prescription renewed. It's outdated. Every
time.

And then when I went up to outpatient up
here, you know they don't even keep any
medication on hand? They won't call in a
pharmacist due to lack of employment. Why?
Because they just downsized them, and downsized
them to the point that there isn't going to be
any employees.

Rehab is the same way. They downsized
that department to four. And it was even
brought up that they needed six. But higher-ups
said, No, you've got to give me more stats.
They give them more stats, they give them more
man-hours, but that failed.
Then they kept coming back and saying, We
need more stats on that again, more hours. And
they just keep coming back with the same thing
over and over, each department.

Basically what I keep seeing is that they
are just letting this place completely run down
because nobody in engineering is holding any
positions there because they completely just
downsized to the point that they couldn't even
stop the leak over there on the roof.
And I remember when Steve Distasio was there
and the national commander was here, and
Steve Distasio said, Yes, we're going to make
Hot Springs a storage place. And then that was
brought up here to the domiciliary and he denied
it.

And I was going to confront him, but I was
told not to, so I didn't. But I was there when
Commenter TH: Hot Springs public meeting transcript

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<tr>
<td>1</td>
<td>he said it was going to be a storage unit.</td>
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<td>And I just wish that this thing, this impact</td>
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<td>statement, was fair, honest, and it brought up</td>
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<td>all the good things and not all the bad things.</td>
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<td>And I wish they'd bring up that we're lacking</td>
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<td>employees, and we definitely are up here.</td>
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<td>And we can become a full-sized department up</td>
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<td>here real easy because people want to come here</td>
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<td>to Hot Springs. They don't -- they want to live</td>
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<td>in the small rural area. They don't want to go</td>
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<td>to a large area. You can ask a lot of doctors.</td>
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<td>12</td>
<td>Thank you.</td>
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<td>13</td>
<td>MS. PETERS: Garry Stron -- Strauser.</td>
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<td>Cindy Noblek, Don Ackerman.</td>
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<td>15</td>
<td>GARRY STRAUER: I'm Garry Strauser.</td>
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<td>16</td>
<td>MS. PETERS: You want to lift the microphone</td>
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<td>up a little?</td>
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<td>18</td>
<td>GARRY STRAUER: I do. I'm Garry Strauser,</td>
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<td>a former employee. I'm a retired radiologist</td>
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<td>from the VA.</td>
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<td>A lot of things. I notice there are more</td>
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<td>than 30 people here. According to the paper</td>
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<td>this morning, the Rapid City Journal, it sounded</td>
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<td>like there were about 30. I don't know if you</td>
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<td>25</td>
<td>can confirm that. On TV, it didn't look like</td>
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TH-13: The EIS discusses potential impacts on employment in Section 4.10. The VA also recognizes your support for keeping the current Hot Springs campus open.
Commenter TH: Hot Springs public meeting transcript

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

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

nearly that many.

But I think that is an indication of how many veterans really need care in Rapid City.
People are not hungry for that. They are not needing it like they do here.

Fort Meade is, what, 35 miles away?
Hot Springs is 55. Veterans come from Nebraska, from the reservation. They might come 200 miles just to get here. They don’t need to go an extra 90 miles, or even 55.

You said this is not a vote. If we cast -- make an opinion on something and 99 other people say the same thing, it goes in once. I don’t know if that’s just the way the EIS is set up, but we’re not really an autocracy. We should be a democratic republic, where a vote makes a difference. And when you have people stating the things over and over, it means something, whereas someone else might say it once.

I’ve been to several town hall meetings, several of these meetings, including some in Rapid City. I’ve heard one voice say that alternative A is the correct choice. One.

Saw him again on TV. It was actually -- it was several months ago on TV, and then he was

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Commenter TH: Hot Springs public meeting transcript

TH-15: All comments deserve a thoughtful and accurate response - and the more substantive ones may require additional research and evaluation. Providing an immediate response in real time typically is not possible or fair to either party. As evidenced in this Appendix E, the Final EIS includes a detailed accounting of each comment made, including associated revisions made in the FEIS.

TH-16: Section 2.3 has been revised to provide a more detailed breakout of the costs associated with each alternative; it includes annually recurring costs for preservation in an unoccupied state, but not non-recurring costs. Additional information is provided in Section 2.2. See also group response in Table E-2 in Appendix E relating to the cost of alternatives.

TH-17: Section 4.11 of the Final EIS has been revised to address potential local impacts on school enrollment, where the decline would be approximately 5 percent.
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| And then you take into account that every employee, federal employee, the VA, there's an amount that goes into the school system that helps fund the local school. If you lose that many employees, you're going to lose a lot of activities, et cetera, in the school.

   It's going to not only decrease enrollment, but also the availability of education. The quality -- one of the proposed -- the purposes of alternative A is to increase the quality of the VA here.

   Perennially, over and over, this was one of the very top VAs in the whole country for quality. I can't believe you can improve on that. JCAHO, CAP, the various regulatory agencies that come in and accredit have always passed. How are you going to improve on that?

   I, for one, was a physician who was asked, we don't need you anymore. I live five blocks from the VA. I know everyone has heard this before, but I was told, we don't need a radiologist right now part-time; knowing that the full-time radiologist had terminal illness, and he was lost the next year.

   There is not a radiologist at this VA. So a |

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

TH-19: Thank you for your past service at Hot Springs. The new CBOC in Hot Springs will include some medical imaging. Veterans will also have more options available for health care with community providers closer to where they live.
stroke patient who might need a swallowing
study, for instance, has to go 90 miles rather
than have fluoroscopy right here. Makes no
sense whatsoever.
If I get more time later, I'd like to come
back. Thank you.
MS. PETERS: Cindy. And then Don Ackerman.
And after Don, that will be Curt Sandine --
Sandine.
CINDY NOBLISKI: I'll bet I'm shorter than
Don Strauser [sic].
MS. PETERS: Yeah. Make sure you talk close
to the microphone.
CINDY NOBLISKI: Hi. Cindy Nobliski. I
also don't have a Ph.D., but I have a collection
of DD 214s and retired from the Air Force. I am
a former patient of Hot Springs, but since our
providers left and leaving, my primary
care is now at Fort Meade.
The women's group is not here anymore, and
the vet center handles that in Rapid.
Every time I come by the eye clinic and look
at the job availability, it seems that they are
all supposed to be -- the majority of them are
transfers from other VA facilities. Somebody is
Commenter TH: Hot Springs public meeting transcript

TH-20: Veteran discounts for illegal drugs have not been considered in this EIS; this topic is outside the issues of concern addressed in the document.

VA recognizes that movement of the RRTP to a more urban setting such as Rapid City raises additional safety, noise, traffic (i.e., big city) concerns, etc. Such factors will be taken into account during the site selection process, to the extent possible. Also, design and operation of the RRTP also include inherent safety features.

TH-21: Labat has not received any 2015 funds. While our period of performance extends beyond 2014, all of the funding for the EIS contract was allocated in 2014.

always going to be short at that point.

But what I really wanted to bring up,
because I did not see it in 750-page pages, is
if the program that’s being -- programs offered
at the Domiciliary moves to Rapid City, not to
mention noise and crowds and everything else,
has anyone looked at the possibility of veteran
discounts for illegal drugs? There’s a lot more
of them in Rapid than there are in Hot Springs.
Thank you.

MS. PETERS: Thank you, Cindy.

DON ACKERMAN: Before you start your clock.

I need two corrections for yesterday. Okay.

My first correction is, in my testimony I
stated Representative McDonald twice, meaning
Representative Miller. So replace that on my
testimony yesterday, because it was
Representative Miller that gave the billion
dollars availability to the leadership to revamp
that facility.

Additionally, I had asked a question of you,
and I didn’t ask it properly. This is my
question to you: Has Labat received any 2015
funds for this year?

MS. PETERS: No.
DON ACKERMAN: Okay. My name is Don Ackerman. I am speaking for the veterans who use this facility. Additionally, I'm a consulting party on the EIS. Today I'm speaking to you also for Mr. Holies and Mr. Galliano. They are unable to speak.

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

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

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

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

Today, because we demanded the VA do an EIS, we have it in writing where they -- where we can nail them down to what they've said. I submit
The commenter is correct in that under the preferred alternative, VA proposes to move the RRTP facility to Rapid City and close the hospital at Hot Springs. The existing CBOC in Rapid City also would be expanded to a MSOC offering more specialty services. Veterans will have more options available for care through local providers under the expanded care in the community program. This expansion would allow Veterans to receive inpatient and specialty service care, at VA expense, at a hospital closer to where they live. This has been further clarified in the EIS.
TH-23: Pennington County has the highest population of Veterans in the BHHCS catchment area. The expanded Rapid City MSOC would be designed to meet the current and projected Veteran demand in the Rapid City and surrounding area. Veterans from across the country currently utilize VA BHHCS RRTP services and relocating the RRTP facility to the Rapid City area (under preferred alternative A-2) is not expected to affect national referral patterns. VA BHHCS has a strong partnership with the Cornerstone Mission to provide homeless Veterans with safe shelter. No changes to the Cornerstone Mission partnership are planned under any of the alternatives.

Commenter TH: Hot Springs public meeting transcript

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

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here to do something for us veterans, and that
is close our facility.

For 165 years in Hot Springs, they've been
able to get the care they want and the care they
need here. It's amazing that those people in
the back of this room are so much smarter than
all those people that came here for their health
care in Hot Springs.

That's all I have to say.

MS. PETERS: Thank you, Curt, and then I
have Gardner.

GARDNER GRAY: G-A-R-D-N-E-R.

MS. PETERS: Yes. And then Georgia Holmes
after that.

CURT SANDINE: Good evening. My name is
Curt Sandine, and I'm a --

MS. PETERS: Talk into the microphone,
please.

CURT SANDINE: I'm a combat Vietnam veteran
and former employee of Black Hills Health Care
System. I used to be a driver for the VA. And
as a driver for the VA, and an employee there, I
witnessed the systematic dismantling of one of
the best health care systems or facilities in
the VA system.

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

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

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

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

I was also a patient in the Domiciliary, being treated for PTSD. And I don't know about...
TH-24: The commenter is correct in that the Dom patients are not focused primarily in Rapid City, or in Hot Springs. They come from all over the service area and the U.S. Exhibit 1 in Chapter 1 has been updated to provide a breakout of RRTP patients and where they reside.

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

See group response in Table E-2 of Appendix E relating to the past decline in services at Hot Springs and how it is handled in the Final EIS.
TH-25: VA agrees that the buildings that comprise the area where veterans are medically treated on the Hot Springs campus can be renovated to meet ADA/ABA standards and provide modern quality care. See group response in Table E-2 of Appendix (Category Purpose and Need) relating to accessibility and needed renovations. Renovation costs are significant, however. Section 2.2 of the Final EIS provides a more detailed breakout of the costs of each alternative.

TH-26: While there may be some exceptions to every situation, VA maintains the recruitment and retention of qualified medical and clinical staff has been, and continues to be a problem at Hot Springs and is one of the drivers for a change in configuration.

TH-27: We acknowledge your support for Alternative E, Save the VA Alternative. Your support is now part of the public record for this EIS.
TH-28: VA appreciates the commenter’s positive feedback as to the level of care provided at the Hot Springs facility currently. VA is concerned as to its ability to continue to provide quality care into the future as described in Chapter 1 of the EIS. However, VA recognizes your support for keeping the existing campus open and is making it part of the public record for this EIS.
Commenter TH: Hot Springs public meeting transcript

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

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

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facilities that support the VA's effort to enhance and maintain quality and safety of care in the 100,000-square-mile catchment area. That already exists. It's here. It's this facility. This facility is 55 to 60 miles from Rapid. The Rapid people, you say that all the people are in Rapid, they can go to Sturgis, they can go to Fort Meade. It's only 22 to 23 miles down the road. Closing this is unnecessary. Ensuring facilities for veterans receiving any services comply with accessibility requirements. I will -- I will hand you this, that maybe the ADA is not being installed. But that's not my fault. That's not their fault. That's not the staff. That's not the doctors. That's your fault. That's Distasio's fault. That's Henry's fault, because you haven't been doing your job, and you're punishing us because you're incompetent.

The VA has identified a need to reconfigure health care services in the catchment area because the VA has difficulty maintaining high-quality, safe, and accessible care, and they can't -- but there's no evidence for that, in 780 pages. You say you located it and you've
Commenter TH: Hot Springs public meeting transcript

TH-31: VA believes it has evaluated an appropriate range of alternatives, given the limited scope of this EIS, which focuses only on the physical facility and location where health care would be offered. This has been further clarified in Chapter 2 (Section 2.1) of the Final EIS. These include locations in Hot Springs and Rapid City, and variations on renovation, new build and lease. A new variation was added to the Final EIS, in response to public comments and the Section 106 consultation process, which now includes operating the CBOC in Hot Springs on the existing campus. See also group response in E.3.2 in Appendix E relating to the range of alternatives.

Under the preferred alternative, inpatient hospital services at the Hot Springs campus would no longer be offered, however, Veterans would have greater access to care (e.g., inpatient and specialty service care) from community providers closer to where they live under the expanded care in the community program.

TH-32: VA used the most up-to-date information available and the population data provided are correct (e.g., include Veterans in Scottsbluff, NE and Pine Ridge). The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data.

Cost data for alternatives have also been broken out into more detail in Section 2.3 of the Final EIS (see group response in Table E-2 of Appendix E relating to cost of alternatives). However, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions.
Commenter TH: Hot Springs public meeting transcript

TH-33: VA used the most up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volumes and services. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data. However, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions. The source of the data is also identified.

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because you don't count -- you don't count
Scottsbluff, you don't count Hill City, you
don't count Cheyenne, you don't count Pine Ridge,
you don't count Native American veterans. And
so, therefore, the number is low. Well, the
numbers are wrong. The costs are wrong.
The difference between what you want and
what we want, according to your figures, is
about $5,000,000 a year difference. That is --
that's minuscule in the cost of a hospital.
That's minor.
And if you just take an environmental point,
if you make 8- to 10,000 veterans who come to
this facility, if you make them go an extra
$0 to get to Rapid or another $0 or 90 to get to
Fort Meade, that's 8,000 cars driving all those
miles. Whereas if you just leave it here, the
environment isn't affected at all. It doesn't
make sense what you are doing.

Last page, here it is. The VA states that
the Hot Springs serves 17 percent of the vets,
or 2,877 veterans. That's what you are saying
is served by this Hot Springs facility. 2,877.
Where does that come from? The truth is, it
serves over 8,000 vets, and it serves more than

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Commenter TH: Hot Springs public meeting transcript

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

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

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

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

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

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

Hot Springs is so vibrant, and they are

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

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

Commenter TH: Hot Springs public meeting transcript

TH: Hot Springs public meeting transcript

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

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

Commenter TH: Hot Springs public meeting transcript

There for the veterans. As a city councilperson, I feel like everything we can do to help the veterans is what we are going to do. And as a hospital board, yes, you came to us, asked us if we would take over this or that. Our goal is not to support a closing of the hospital VA by having our hospital take over your business. If we have to, yeah, we're there. But we've had people say, Well, am I going to be taken care of? Because there is so many. I doubt that.

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

Our town has dropped so much, and it's hurt us so badly. I'm also on -- a former school board member. We went from 1,200 down to 900 patients -- students. And for this to happen in a small community is like cutting the throat of our income.
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<td><strong>I wanted to say that I am totally in favor of Saving our VA. And I don't know if this was ever studied or not, but the VA was given the water rights, and they do use the water up there to heat their facilities. It was a donation from one of our people here in town. We have the Plunge, and the hot water does help heat the VA.</strong></td>
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<td><strong>So my next point of this is the supplemental alternatives. What is going to happen to us with the different alternatives that you have? This is something that is so catastrophic, and I don't believe some of that has been evaluated. So if we look at historical value of the water that goes to the VA, if it's changed into some supplemental alternative, the rights that you have, the water right now, make a big difference to many people in this community. How is that going to be used? That's my question. If it was in the study or not, I did not see that. Thank you.</strong></td>
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<td><strong>MS. PETERS: Perry Holmes, Cindy Donnell, and then anybody else. I don't have any more cards or signs, so we can open the -- more cards? Want to bring them up, Lisa.</strong></td>
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TH-35: VA recognizes your support of Alternative E, Save the VA Proposal, and is making it a part of the public record for this EIS.

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

TH-37: All data sources are cited in the EIS. Sections 4.10, 4.11 and 4.16 of the Final EIS have been revised to capture the local impacts on the economy and schools. See also group responses in Table E-2 of Appendix E relating to the past decline in services, and the assessment of socioeconomic and cumulative impacts.

1. If anybody wants to speak, if you want to
2. raise your hand, we'll bring a card back so we
3. have your name. Back in the back room there.
4. PERRY HOLMES: Thank you. My name is
5. Perry Holmes. I'm an educator. And the -- I
6. don't know for sure where you got your numbers
7. for the schooling. That was my question.
8. Because I worked here for over 20 years, and I
9. was on the school board also for 5 years after
10. that.
11. And talking to the counselor that was at the
12. school for 35 years before I was, we averaged
13. between 1,200 and 1,100 students in the school
14. system for at least the last 60 years.
15. Since the rumor of closing the VA has
16. started, the school system now has gone down to
17. 800, around 850 students. That's about a
18. 30 percent change in the school system, not a
19. .4 or minus .4.
20. I don't know how far back your study went,
21. but that is one of the things that has really
22. impacted this. Two years ago, last year, I was
23. on the school board. We had people that worked
24. here at the VA coming and taking their students
25. at school at Christmastime, saying that they
TH-38: The South Dakota State Veterans Home currently contracts with a local Hot Springs community provider for resident primary care services. State Veterans Home residents requiring specialty care could use VA facilities or community providers through the Care in the Community program.

TH-39: Section 1.2.2.3 of the Final EIS further clarifies the advantages for relocating the RRTP to Rapid City.
Chapter 4 has been expanded to address local economic impacts from the proposed reconfiguration (Section 4.10) as well as potential cumulative impacts (Section 4.16). See group responses in Table E-2 in Appendix E relating to socioeconomic impacts and cumulative impacts.
Commenter TH: Hot Springs public meeting transcript

TH-41: See group response in Table E-2 of Appendix E relating to utilities, as well as revised discussion in Sections 3.14, 4.14 and 5.1.13 of the Final EIS. The City Engineer has provided additional information on wastewater plant flows and revenue. (data provided in government comment letters G7 and G11).

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<td>1</td>
<td>The other thing that I find interesting, the most interesting part about being mayor is when you go to the mayor's meetings, we always talk about our wastewater plants, so it is a big deal to cities. Consumers take it for granted.</td>
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<tr>
<td>2</td>
<td>However, it is a very important part of a civilization, and I am pleased to see that in your -- the utilities report.</td>
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<td>3</td>
<td>However, I would like to see added to that, that not only -- well, I'd like to see input from our city engineer. You know, when I see something like that the threshold for this issue is not known, you know, let's ask the people who do know.</td>
</tr>
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<td>4</td>
<td>And our city engineer is very well aware of the activities at our wastewater plant and could provide some information there that I think would be beneficial, because it does already hurt us with the reduction in residents and workers.</td>
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<td>5</td>
<td>Our plant's working at about half capacity, and a wastewater plant does need to be at a higher volume of capacity to function at peak performance.</td>
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<td>6</td>
<td>The other thing that I don't think is</td>
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BLACK HILLS REPORTING 605.721.2600
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<th>Commenter TH: Hot Springs public meeting transcript</th>
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<td><strong>TH-42</strong>: Potential loss of revenue is acknowledged in Sections 3.14 and 4.14 of the Final EIS.</td>
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<tr>
<td><strong>TH-43</strong>: Chapter 4 has been expanded to address local economic impacts from the proposed reconfiguration (Section 4.10) as well as potential cumulative impacts (Section 4.16). See group responses in Table E-2 in Appendix E relating to socioeconomic impacts and cumulative impacts.</td>
</tr>
<tr>
<td><strong>TH-44</strong>: VA currently partners with the SD State Veterans Home to the extent possible. No changes are expected to the current partnership under any of the alternatives.</td>
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| 1 | addressed here is our loss in revenue for our wastewater plant. We do actually get revenue from providing that service to the VA, and we would lose that revenue. So I would like that to also be identified in here, the loss of revenue to the city. |
| 2 | As the last two speakers brought up, the community services section of that, I'm not sure we have the full report of our police department, nor our school. I agree, I don't think it's just a minimal impact. I do think it would be much greater and already has caused impact to our schools. |
| 3 | So I would like the community services and the utilities part of any of the options, maybe a little deeper dive into those and what they really mean to our community. |
| 4 | I'm not as organized as some of the speakers here, but the other things that I would like to see as an alternative, maybe it's too late for that, but with a partnership with our state home that was just brought up. We've got the state investing $42,000,000 over there for veterans in Hot Springs in the state. |
| 5 | And it would be really nice to see a ...
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Commenter TH: Hot Springs public meeting transcript

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

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

TH-47: Section 3.3 of the EIS stipulates that the Black Hills are an area of significance to Native Americans. Native American Veterans would have the choice, under all the alternatives, to use either the VA or IHS system for their care as a result of a national Memorandum of Understanding that has been established between VA and Indian Health Service. They would also still be able to receive primary care through the new CBOC in Hot Springs.
Commenter TH: Hot Springs public meeting transcript

neighbors. Many of them have told me that
Hot Springs is, for cultural reasons, a place
that they see as a place for them to heal. And
if it's -- I don't hear that about Rapid City,
but I do hear that about Hot Springs. So maybe
a little deeper dive into that.
But just in closing, I would like to see us,
of course, continue to support our veterans the
best way we can, and also our entire community.

MS. PETERS: Thanks, Cindy. I have
John Schwarzenbach, Veldon Tomlinson, and
Fat Strasser.
You're on.

JOHN "RED" SCHWARZENBACH: I'm Red
Schwarzenbach. I'm a former physician --
MS. PETERS: Please speak into the
microphone.
JOHN "RED" SCHWARZENBACH: -- at the VA in
Hot Springs.
I'm sorry.

MS. PETERS: I'll start the timer over.
JOHN "RED" SCHWARZENBACH: Five minutes is
not near enough time to tell you all my
comments, but I'll try to keep it
straightforward as much as I can.

BLACK HILLS REPORTING 605.721.2800
TH-48: Chapters 1 and 2 of the Final EIS lay out the need for change in health care services within the BHHCS service area and how the alternatives do (or do not) meet purpose and need. The past decline in services is addressed as part of the expanded cumulative impact analysis in Section 4.16 of the Final EIS. See also group response in Table E-2 of Appendix E relating to decline in services.

I'm Red Schwarzenbach. I've retired from the VA here in --
MG. PETERS: Speak into the microphone, please.

RED SCHWARZENBACH: -- April of 2014. And when I was here in the VA, I served in the capacity as the primary care provider. I was also associate chief of staff of primary care, or the head of primary care for nine years. Then with the hospitalist until I finished my career in 2014.

And over that period of time, I've seen many, many changes here that were not for the good, as we all know or we wouldn't be here. And coming from my perspective as a veteran and as a citizen of Hot Springs and this whole area here, I think I've got a few things to say. But I can go back to when I first got the job as the associate chief of staff of primary care. That -- and I think this whole process about Hot Springs is done with an agenda. The VA has had an agenda from the first.

And the reason I say that is that -- because when I first got the job, you know, that I had, I would meet, you know, with management and...
other people. And I'd also, since I've been here, began to hear concerns from the people of Hot Springs, the staff, about closure of Hot Springs.

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

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

And one of them made the comment of death by a thousand cuts. And that's what's been done here, and it looks to me it's been very systematic, as we can -- you know, everybody can just tell that, it seems like.
Commenter TH: Hot Springs public meeting transcript

TH-49: VA leadership includes medical professionals and members of medical community.

TH-50: Your support for keeping existing facility at Hot Springs open is noted and included as part of the public record for this EIS.

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ST

1    And you know, it's very disconcerting to me
2    because I looked at -- I mean, I get my health
3    care at the VA. McRill was my doctor, and I
4    hated to see him leave, too, you know.
5      But it's just, you know, we have medical
6    decisions being made by people that are not
7    physicians. And I and other members of the
8    medical community have spoken up, and none of
9    our suggestions were ever really listened to.
10   So you've got a lot of people with the
11    previous agenda making decisions about things
12    they really don't know anything about. I think
13    they think they do, but unless you've really
14    taken care of people one on one and seen what
15    really goes on, you just don't really understand
16    it.
17
18    Hot Springs as well as Fort Meade,
19    Black Hills Health Care Systems a few years ago
20    was number one in the nation in customer
21    service, customer satisfaction, and you know,
22    we're nowhere close to that by now. I won't go
23    into the reasons.
24
25    But you know, we provide a service here.
26      It's a very good service, a very dedicated
27      staff, and I'd just echo all the comments that

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TH-51: See group response in Section E.3.3 of Appendix E relating to community health care options and quality concerns.

TH-52: VA notes your preference to be seen at the Hot Springs facility and general support for continued operation of the existing Hot Springs VAMC.

1. have been made before. But I would urge people to reconsider. You hear talk about vouchers, you know, for community health care, and that just doesn't work.
2. If you're a veteran, you want to go to a veterans hospital, and there's a distinction -- I mean, not indistinguishable, I'm not thinking of the right word -- intangible, I guess, difference of being seen as a veteran by veterans, people that take care of veterans. And people will drive out of their way to come here to Hot Springs to seek care in our facility because of who we are and what we do and the care that we give.
3. And that's -- it's very disconcerting to me that they are trying to take that health care away from these people. It seems like at the first, when all this started, they could have had a meeting among -- with different people, medical and administrative, from both sides to determine the outcome and what's best for the people of the Black Hills Health Care System.
4. But it was all the focus and, in my opinion, from the first, to either shut or severely diminish the size of Hot Springs with nothing...
else in mind. Like I say, I've -- experienced
with that, and I truly believe that.

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

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

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

MS. PETERS: Veldon Tomlinson. Then
Pat Strauser. Did you want to speak?
Commenter TH: Hot Springs public meeting transcript

PAT STRAUER: I want to yield my time to my husband.

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

VELDON TOMLINSON: I'm Veldon Tomlinson. I'm a U.S. Army vet. I also an retired from the VA medical center up here in Hot Springs. At --

I can't understand if they are really trying to stay with the vet, because you look at everybody from Sturgis or Spearfish or any of those, the most they have to drive is 30 miles.

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

I've been in my hometown back in Nebraska.

They've got a CBOC. Okay. I stopped and visited one day. They are open from 8:00 to 12:00. They are closed from 12:00 to 1:00. They come back at 1:00. They are open until 5:00, and then they go home. There's no doctor there. There's just a PA.

And I said -- and there's only one woman
Commenter TH: Hot Springs public meeting transcript

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

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there, and she's an LPN, and she happens to work
as a scheduler and a secretary and help the PA.
And I says, What happens if somebody gets sick
at 6:00 at night? Where do they go?
Oh, we just send them over to the local
hospital.
I says, What happens if I come in to see
somebody and I need blood work? What do I have
to do?
Oh, we just send you over to the local
hospital.
And everything that was said, I said, What
happens if I get real sick and I've got to go to
the hospital at night?
Well, you just go on over. And that's where
we're going to send you. And if anything major
is going to go on or you've got to have special
tests, we'll send you to Omaha 200 miles away.
Okay. Now, I don't call that service. And
then you go up, and like I said, people from
Spearfish only have less than 30 miles to drive
to Fort Meade. And I -- I can't understand the
news reports that's coming out, because the
people, they have news reports up in Rapid City
saying, Oh, we're for it, because they're going
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TH-53
Commenter TH: Hot Springs public meeting transcript

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

1 to -- the VA is going to build a brand-new
2 hospital up here in Rapid City. So it shouldn't
3 be down in Hot Springs.
4 Well, they're not -- you're not planning on
5 building a new hospital. You're talking about a
6 CHCO, like we have, and moving the Dom. The Dom
7 is not a hospital. It's a treatment center.
8 And I've talked to many people that's went
9 through the treatment center up here both for
10 alcoholic and PTSD downtown here, and we're not
11 afraid to talk to them down here in Hot Springs.
12 We don't think they are second-class citizens
13 and that.
14 And I ask them where they are from. Oh,
15 we're from Iowa, we're from Minnesota, we're
16 from Indiana, wherever.
17 And I said, Well, how come you come out
18 here?
19 Because it's the best treatment center
20 that -- that's in the VA system.
21 And I said, What are you going to do if they
22 move it to Rapid City?
23 They said, Well, if we've got to go to
24 Rapid City, we won't come here. Because they
25 say, We want to be in a small town where we
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<th>Commenter TH: Hot Springs public meeting transcript</th>
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<td>63</td>
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<tr>
<td>1. don't have all the temptations and everything</td>
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<td>2. that comes with being in a big town and then</td>
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<td>3. we'll just be just a number. We won't be able</td>
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<td>4. to assimilate into the community.</td>
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<td>5. And so I don't understand why we want to</td>
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<td>6. move it away. We've got a perfectly good --</td>
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<td>7. when I first came here to go to work, we had,</td>
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<td>8. what, 25 or 300, 400-bed Domiciliary. We had</td>
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<td>9. part near 300 beds in the hospital. We had a</td>
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<td>10. good surgery - surgery staff.</td>
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<td>11. And I worked in the pharmacy, and I had to</td>
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<td>12. do all the outside inspections for all the</td>
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<td>13. different departments. And our surgery</td>
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<td>14. department was one of the top ones in the</td>
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<tr>
<td>15. country.</td>
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<td>16. And everybody was always treated nice. I</td>
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<td>17. can tell you when I went to -- went to a doctor</td>
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<td>18. because I was sick here, and he says, Well, you</td>
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<td>19. need to get in to see a specialist.</td>
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<td>20. So I went out and I said, Well, I need to</td>
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<td>21. see a specialist here, the doctor said.</td>
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<td>22. And they said, Well -- this was in the</td>
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<td>23. latter part of April. And they said, Well, the</td>
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<td>24. only opening we have is on July 31st.</td>
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<td>25. And I said, I don't want to wait that long.</td>
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Well, we've got a doctor that has an opening up at Fort Meade in a couple weeks.
I said, Okay, I'll take it.
So I drive up there, and I seen he was a nice doctor in his own way. And he said, Well, we're going to do this to you. We're going to take biopsies, and you've got to do this and you've got to do that and you've got to be off this med and so forth.
And I says, I'm not going to go off for that long of time that you prescribed because -- until I check with my neurologist for stroke and for my heart doctor where I've had a heart attack and everything.
He said, Well, it's like this, buddy. He says, If you don't -- if you don't take off like I tell you to, he said, there's no sense of even coming back. Just go on home.
And so I thought, Well, I'll try to make an appointment. I walked up to where the gals were sitting that make appointments, and I stood there and stood there and stood there. Finally, this one gal had a partition, plywood partition between two of them. And she said, Well, I'm busy. Go talk to the next one.
TH-55: VA used the most up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volumes and services. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data.

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

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

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

VELDON TOMLINSON: Oh, am I through?

MS. PETERS: Yep.

VELDON TOMLINSON: Okay. Thank you.

MS. PETERS: Yeah, there -- thanks.

Garry.

GARRY STRAUBERG: Thank you. Just wanted to say that, with the exception of what the mayor presented, the water information, I think I've heard everything before. This has all been said before, and I'm not sure all of it transferred into the draft. At least it seems like a lot of the statistics are still what they were before.

I don't know. It just seems like we say things, and does it really get in there?

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

MS. PETERS: I will answer that.
Commenter TH: Hot Springs public meeting transcript

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

TH-57

1. GARRY STRAUSSER: Is Labat doing that or is
2. it the agency?
3. MS. PETERS: I will answer that. The draft
4. EIS has the VA's preferred alternative, but that
5. is not the final decision. The decision will
6. not come out until the record of decision after
7. we review all the comments and the final EIS is
8. written and out for a 30-day review. So the
9. decision has not been made, but the preferred
10. alternative is A.
11. GARRY STRAUSSER: It's still the preferred?
12. MS. PETERS: Yes.
13. GARRY STRAUSSER: Despite the flawed data?
15. GARRY STRAUSSER: Okay. I will say that
16. Mr. DiStasio presented everything again when he
17. came back before, I think, three years after the
18. initial proposal. The slides were exactly the
19. same.
20. I'm on the board of Fall River Hospital,
21. Fall River Health Services. The same proposal
22. was that they might build on to our hospital.
23. Hadn't talked about that. We haven't talked
24. about that. But he still presented the same
25. thing. So a lot of this I know, is flawed.
Commenter TH: Hot Springs public meeting transcript

And that -- that's part of the need and proposal.

I will say, as a physician, that I know Dr. Schwarzenbach mentioned that veterans want their care at a VA hospital, and I've seen that over and over.

But I would also say they need their care at the VA hospital, especially combat-related things. There are mandates by the Veterans Administration, health administration that say, okay, screening for Hepatitis C, Agent Orange, things of that sort.

A civilian hospital, a civilian physician does not have a good handle on all those mandates. They are not going to cover it all. They are going to fall in the cracks, and they are going to be lost.

Also, medical records, I don't know that it would translate to medical records and have easy access. And the VA system of medical, electronic medical records are the finest in the country, without a doubt. And I don't know that they are going to transfer from civilian hospitals.

There's a sweat lodge, the first in the

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

TH-59: The VA medical records system is not within the scope of this EIS.
TH-60: The sweat lodge on the grounds of the Hot Springs VAMC is open to all Veterans, not just Native Americans. The sweat lodge is neither a historic property nor a site of traditional cultural practices, but instead a place for contemplation as part of a larger medical rehabilitation. VA intends to continue to offer sweat lodge services to Veterans under all alternatives.

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

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<td>2. Nation was formed right here in Hot Springs for</td>
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<td>3. Native American veterans. And then I believe</td>
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<td>4. They also made one at the VA in Sturgis. Are</td>
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<td>5. They going to build one of those in Rapid?</td>
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<td>6. AUDIENCE MEMBER: Yes.</td>
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<td>7. GARRY STRAUSCH: Are they?</td>
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<td>8. AUDIENCE MEMBER: It's in there.</td>
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<td>9. GARRY STRAUSCH: Great. Okay. That's</td>
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<td>10. wonderful.</td>
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<td>11. Somebody said not too long ago to me, and</td>
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<td>12. They are a former administration person at the</td>
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<td>13. VA right here, retired, said, Oh, this is a done</td>
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<td>14. deal.</td>
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<td>15. I don't believe that. I would hope that</td>
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<td>16. Labat, as a neutral, even though contract,</td>
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<td>17. neutral contract agency, if you will, would have</td>
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<td>18. the integrity to look at all the proposals</td>
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<td>19. objectively and not realize that this has to be.</td>
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<td>20. He said, Oh, you're dealing with the</td>
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<td>21. government. It's a done deal.</td>
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<td>22. No. We're dealing with a democracy, a</td>
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<td>23. republic. An independent agency has the -- they</td>
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<td>24. have the responsibility to look at, listen to</td>
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<td>25. the veterans, know their needs.</td>
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<td>26. There were a lot of slides that were</td>
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**BLACK HILLS REPORTING 605.721.2600**
Commenter TH: Hot Springs public meeting transcript

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<td>presented here, had all of the requirements of</td>
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<td>an EIS. I didn't see a whole lot about the</td>
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<td>veterans on it. I saw all about the environment</td>
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<td>4</td>
<td>and the people of the city and all that.</td>
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<td>5</td>
<td>The veterans are why we are here. The</td>
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<td>6</td>
<td>veterans are the purpose. The veterans are the</td>
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<td>7</td>
<td>need. If we don't meet that, we've lost</td>
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<td>8</td>
<td>everything. They fought for this country. We</td>
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<td>9</td>
<td>need to meet their needs.</td>
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<td>10</td>
<td>I'm sure there's something else, but it's</td>
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<td>been said before and it'll be said again. I</td>
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<td>12</td>
<td>just -- this is our last chance, I guess. I</td>
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<tr>
<td>13</td>
<td>would urge everyone to put down your comments in</td>
</tr>
<tr>
<td>14</td>
<td>writing and please forward them. I think these</td>
</tr>
<tr>
<td>15</td>
<td>people will listen. Our veterans depend on it.</td>
</tr>
<tr>
<td>16</td>
<td>Thank you.</td>
</tr>
<tr>
<td>17</td>
<td>MS. PETERS: That's everybody that's on the</td>
</tr>
<tr>
<td>18</td>
<td>speaker list or the cards. We have --</td>
</tr>
<tr>
<td>19</td>
<td>AUDIENCE MEMBER: I left two minutes on the</td>
</tr>
<tr>
<td>20</td>
<td>table.</td>
</tr>
<tr>
<td>21</td>
<td>MS. PETERS: The floor is open. We've got</td>
</tr>
<tr>
<td>22</td>
<td>about 30 minutes yet in the room, so if --</td>
</tr>
<tr>
<td>23</td>
<td>SPEAKER: Just let me use --</td>
</tr>
<tr>
<td>24</td>
<td>MS. PETERS: Please come up to the</td>
</tr>
<tr>
<td>25</td>
<td>microphone.</td>
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BLACK HILLS REPORTING 605.721.2600
Table 2-1 of the EIS explains what services will be provided by the expanded CBOC in Hot Springs. Veterans now have more options available to them from local providers through the expanded care in the community program. See group response E.3.3 in Appendix E related to purchased care options and quality concerns.
Commenter TH: Hot Springs public meeting transcript

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

---

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

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

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

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

I can take my insurance and I can run down to greater Fall River. They have all the specialties down there. They got orthopedic down there, they’ve got neurology down there, they’ve got heart down there. They are all...
Commenter TH: Hot Springs public meeting transcript

TH-63: See group response in Section E.3.3 of Appendix E relating to purchased care options and quality concerns, including the Veterans Choice Program.

TH-64: The description of purpose and need in Chapter 1 of the EIS describes VA’s need for change, including the proposed closure of the hospital.

```
1 coming in from somewhere out of town one day a week. Ninety days --
2 AUDIENCE MEMBER: Heart is no longer coming.
3 SPEAKER: Oh, Dr. Purdy doesn't come down
4 anymore? Ninety days to get in to see him.
5 When I got my appointment up here from the VA,
6 three days to see the same doctor I wanted to
7 get an appointment down here for was 90 days.
8 Those are personal situations. Those are
9 personal people, and they are treating everybody
10 the same way.
11 But, oh, we can go out and we can take care
12 of ourselves through Patients Choice. The last
13 thing I got done with Patients Choice was
14 30 days to get an appointment. And it took
15 17 phone calls and a Congressional intervention
16 to get an acupuncture appointment with Patients
17 Choice. It's not available. This health care
18 system is not available.
19 Personally, we need a full-service hospital
20 here. When I started working in this Don, it
21 was a 400-bed Don, a 250-bed hospital, with full
22 services. It didn't go downhill because I
23 didn't use it. Thank you.
24 MARY PEDERSON: My name is Mary Pederson.
```

BLACK HILLS REPORTING  605.791.2600
TH-65: Thank you for sharing your personal stories about your grandfather and husband. VA believes these stories are important to be heard and are making them part of the public record for this EIS. See also group response in Section E.3.5 of Appendix E relating to personal stories.

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

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<tr>
<td>1</td>
<td>That happened in the VA hospital in Hot Springs, South Dakota.</td>
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<tr>
<td>2</td>
<td>I had -- my brother were Vietnam veterans.</td>
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<td>3</td>
<td>My youngest brother died in Fort Meade because they no longer had hospice here in Hot Springs.</td>
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<tr>
<td>4</td>
<td>They sent him up to Fort Meade, where he died.</td>
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<tr>
<td>5</td>
<td>I have -- my husband that I lost just a little over a year ago, I lost him because this hospital no longer could treat double pneumonia.</td>
</tr>
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<td>6</td>
<td>They sent him to Rapid. The doctor talked to me, and he said, Well, I've got to send him out of here because we don't have the drugs and stuff to treat him for double pneumonia.</td>
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<tr>
<td>7</td>
<td>And I said, Well, send him to Fort Meade.</td>
</tr>
<tr>
<td>8</td>
<td>And he said, I'm going to try. He said, If not, Rapid City Regional.</td>
</tr>
<tr>
<td>9</td>
<td>I said, Oh, God, don't send him to Rapid City Regional.</td>
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<tr>
<td>10</td>
<td>They -- I just barely got home, and they called me and they said, Fort Meade is full, but I made arrangements with Rapid City Regional to transfer him from intensive care to intensive care up there, so you should be all right.</td>
</tr>
<tr>
<td>11</td>
<td>So I beat him up to the hospital by a few minutes. They brought him in and put him in a</td>
</tr>
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BLACK HILLS REPORTING 605.721.2800
Commenter TH: Hot Springs public meeting transcript

1. bed in the emergency room. He was a very big
2. man. He barely fit on the bed. They had it
3. kind of propped up, and he kept falling out.
4. They wouldn't even change his diaper,
5. because he was in diapers by then. They
6. wouldn't bring him a urinal. I'm trying to
7. stand there for four hours, taking care of him,
8. and he's supposed to be in an intensive care.
9. They sent him up to a room for
10. transitioning. And then they finally put him in
11. a room in a ward, not ICU, in a respiratory
12. unit. They got him by the door. There's not
13. enough room for me to spend the night with him.
14. They were constantly in there and waking him up.
15. We're quiet people. We're from Hot Springs.
16. We don't even -- didn't even have a TV. We're
17. used to being quiet. We couldn't sleep there
18. because there was constant noise.
19. They put another man in the bed on further
20. toward the window from him. He was well known
21. in Rapid City, so he had visitors in and out, in
22. and out, in and out. My husband couldn't get
23. any sleep.
24. We finally got to sleep that night about
25. 5:00. At 6:00 the cleaning staff comes hopping
<table>
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<th>Commenter TH: Hot Springs public meeting transcript</th>
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<tr>
<td>1. in the room, and I said, Please let him sleep.</td>
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<tr>
<td>2. Just please, can you wait a little longer.</td>
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<td>3. Well, yeah, they waited long enough. They never</td>
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<td>came and cleaned his room then that day.</td>
</tr>
<tr>
<td>4. So they finally transferred him over, and I</td>
</tr>
<tr>
<td>said -- my husband looked up at me and he said,</td>
</tr>
<tr>
<td>This is no way to live.</td>
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<tr>
<td>5. And I said, I'll get you home.</td>
</tr>
<tr>
<td>6. So I come back down here, and I called up</td>
</tr>
<tr>
<td>here in the morning and I said, How do I get him</td>
</tr>
<tr>
<td>back down here? I said, He's being abused</td>
</tr>
<tr>
<td>there.</td>
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<tr>
<td>7. They sent the women in there to -- for -- to</td>
</tr>
<tr>
<td>get him out of bed and walk him around the --</td>
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<tr>
<td>the thing, with double pneumonia, no sleep. And</td>
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<tr>
<td>I go up there and I said, He's going back to</td>
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<tr>
<td>Hot Springs.</td>
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<tr>
<td>8. And they -- the doctor that they had</td>
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<td>assigned him up there come out and said, Well,</td>
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<td>we can't let him go today because people that we</td>
</tr>
<tr>
<td>release on Friday, we usually put the paperwork</td>
</tr>
<tr>
<td>through on Thursday, so we can't.</td>
</tr>
<tr>
<td>9. I said, He's going home today, I said,</td>
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<td>Because you guys are not treating him here.</td>
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<tr>
<td>10. You're mistreating him here.</td>
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BLACK HILLS REPORTING 605.721.2600
TH-66: VA has been engaged with the local community since the proposal was first identified. The NEPA public involvement process also provides a forum for the public, including the local townspeople, to be heard.

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

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

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

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

And that's what this hospital would do even under such circumstances because the staff was wonderful. We met staff in Montana that had to leave here because they were closing the units down and stuff. She would give anything to stay here. All the doctors I talked to from here did not want to leave. They were forced to leave.

And they claim they couldn't hire things.

Now, this hospital needs a C here, and you, in doing that IRS, did not do your job. Because you didn't talk to the town people around here.

You didn't talk to all the people coming around here. You never mentioned Montana. The
TH-67: The commenter's input is noted and VA appreciates the tremendous public turnout and input into the NEPA process and VA's decision, although, as the commenter indicated, the decision this EIS supports is tied to only one aspect of Veteran's health care, i.e., the physical location and size and type of facility that will offer health care services. VA also notes that the preferred alternative A-2 includes a continued VA presence on the existing Hot Springs campus, through operation of a new CBOC in a renovated Building 12.

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<th>Commenter TH: Hot Springs public meeting transcript</th>
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<tr>
<td>1. southeast corner of Montana sends people here.</td>
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<tr>
<td>2. And I guess my time is up.</td>
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<tr>
<td>3. MS. PETERS: Thank you.</td>
</tr>
<tr>
<td>4. BOB NELSON: It's kind of hard to follow</td>
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<td>5. that. I understand that this process is</td>
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<td>6. intended to -- to remove emotion from assessing</td>
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<td>7. whether this is the right thing to do or not.</td>
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<td>8. Mary did a good job of explaining that it's</td>
</tr>
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<td>9. not -- the process is not designed to tell a</td>
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<tr>
<td>10. federal agency how to manage their business.</td>
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<tr>
<td>11. It's about assessing the decision that that</td>
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<td>12. federal agency will make and the impact on that</td>
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<td>13. and the hope that the federal agency will make</td>
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<td>14. the right decision.</td>
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<tr>
<td>15. This is about veterans. This is our only</td>
</tr>
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<td>16. opportunity to participate in this process.</td>
</tr>
<tr>
<td>17. We're not trees. We're not a pine beetle.</td>
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<td>18. We're not some building that's 100 years old</td>
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<tr>
<td>19. that somebody doesn't want to see torn down.</td>
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<td>20. We're people that need medical care, and</td>
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<td>21. we're trying to tell you folks where we want it</td>
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<td>22. And we're at the point that we're tired of</td>
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<td>23. people, asking us, nodding their heads,</td>
</tr>
<tr>
<td>24. acknowledging our frustration, and continuing</td>
</tr>
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<td>25. down the road that you've been on for four</td>
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BLACK HILLS REPORTING  605.721.2600
Commenter TH: Hot Springs public meeting transcript

39

1 years.
2 When does it stop? When does somebody have
3 the backbone to stand up and say to Minneapolis
4 and the central office, Folks, you have a
5 problem out there. When do you do that?
6 Some of you folks aren’t even veterans.
7 Some of you are. Those are the folks we have
8 the biggest problem with. You’re a veteran, you
9 should be with the rest of us. But you’re not.
10 Your allegiance is to a management that
11 doesn’t understand what’s going on out here, and
12 they are telling you what they want done. And
13 you hire on, and you tell them, Fine, that’s the
14 direction we’ll take you. It’s wrong, and it’s
15 time to stop.
16 SPEAKER: Just one point, and I think
17 everybody can probably hear me. My wife says I
18 talk too loud. When I joined up, the deal
19 was --
20 MS. HETRUS: Can the people in the back hear
21 him?
22 SPEAKER: Sure. When I joined up, the
23 deal -- and I joined up for five years, Naval
24 flight training, two years of that, three years
25 combat. The deal was, We’re going to take care

BLACK HILLS REPORTING 605.721.2600
Commenter TH: Hot Springs public meeting transcript

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

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

The final decision will not be based on cost alone, but on a number of factors that will be fully explained in the ROD.
you. So anything -- anytime you say, Well, this
is too expensive, this is too expensive, oh, we
couldn't possibly do that.

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

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

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

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

WELDON TOMLINSON: I'm just going to say one
thing.
Commenter TH: Hot Springs public meeting transcript

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

WELDON TOMLINSON: Okay. It's funny how things change. I can remember when Dr. Petzel met with us at Hot Springs, and he says, The first place we're going to close is Fort Meade.

We're not going to close Hot Springs. We're going to close Fort Meade because the buildings are so old, we can't take care of them and stuff.

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

MS. PETERS: Anyone else like to speak?

Okay.

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

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

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

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

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

TH-73: Labat is the VA contractor and does not make the decision regarding the proposed reconfiguration. It is an Agency action and therefore a VA decision. Any interviews related to the VA decision maker would be more appropriate when the Final EIS is issued, where the VA can make it clear to the press that the final decision is an Agency decision.

TH-72

SPEAKER: The paper says that's the preferred.

SPEAKER: The numbers are --

SPEAKER: Can they interview and get that for the paper where it says that that's not your preferred?

MS. PETERS: We -- the contractor does not make the decision. The contractor provides the information through the EIS for the agency to make the decision. And if you have questions about how the preferred alternative was selected or stated, if you could put that in a comment, and that will be responded to in the final EIS.

SPEAKER: So you just need to make sure the facts are the facts.

MS. PETERS: Correct.

SPEAKER: Please do that.

SPEAKER: Thank you.

MS. PETERS: Make sure you speak in the microphone.

SANDRA ROGERS: Yes. Most of you know me.

My name is Sandra Rogers, and I'm a Navy widow.

Sandra Rogers. A Navy widow.

The health care system is totally broken.

We all know this, the corruption and the greed.
TH-74: Data supporting the discussion of purpose and need came from VA BHHCS. VA used the most up-to-date information available. The agency is responsible for Veterans health care nationwide and continually compiles data from all facilities about volume and services. Exhibit 1 in Chapter 1 has been updated and expanded to include more current Veteran population data.

TH-75: Your support for the Save the VA Alternative E is noted and included in the public record for this EIS.
Commenter TH: Hot Springs public meeting transcript

believe, because that's what mine is. I have
Medicare and TRICARE as a Navy widow.
And I thank you all for what you've done in
this EIS thing. And I will be putting my
written comments in and trying not to be
emotional, and I thank you all for your service.
Thank you.

MS. METZER: All right. So I want to thank
everybody for coming tonight, coming out, and we
look forward to receiving your written comments
for those that might not have had a chance to
speak tonight.
And I don't want to be remiss in not
thanking all the veterans in the room for your
service and any active-duty military or reserve
or guard that might be here in attendance, too.
We certainly appreciate it.
So again, February 5th, close of the comment
period, and thanks again for coming out.
(The proceeding concluded at 7:26 p.m.)