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PUBLIC MEETING:

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

DATE: December 2, 2015 at 1:35 p.m.

PLACE: Pine Ridge School
101 Thorpe Circle
Pine Ridge, South Dakota

PRESENTER: Ms. Mary Peters
Lutan Environmental

REPORTED BY: Jacqueline K. Peril
Registered Professional Reporter
Black Hills Reporting
1601 Mt. Rushmore Rd., Ste. 3280
Rapid City, SD 57702
605.721.2600

Note: The verbal comments made at the public meetings were preceded by a presentation summarizing the Draft EIS.
TP-1: The EIS analysis is not confined to a 30-mile radius of Hot Springs. Data used in the EIS relating to the Veteran population corresponds to the entire BHHCS catchment area, and includes the latest data for the Oglala Sioux Tribe and the other Native American Tribes within the catchment area.

TP-2: VA apologizes if any past statements and actions which were made with good intentions have caused undue hardship. However, it is not within the scope of this EIS to address and resolve those here. Rather, the focus should be on the set of alternatives proposed for evaluation in the EIS. The new preferred alternative A-2 would make health care, especially specialty care, more accessible at VA expense and save Veterans long distance travel. VA would continue to provide outpatient primary care at Hot Springs and would expand the purchased care program to include potentially hundreds of secondary and tertiary (hospitals) providers located closer to where Veterans live. See also group responses in Sections E.3.1 and E.3.3 of the Appendix E relating to distance travelled and purchased care option.

FRANK MARSHALL: Are you going to reset the five minutes?

MS. PETERS: I will. I'm going to make sure you have five minutes.

FRANK MARSHALL: Thank you. Good afternoon, people. My name is Frank Marshall, and I'm the former Tribal Veterans Service Officer for the Oglala Sioux Tribe. I've been involved with this program since they dropped the bomb on us on December 21st, 2012, and I've been very active in it. I still am, and I will continue to be so until the last page is turned.

Now, I have questions here today because my involvement in this was determined by the VA not being entirely truthful on the information they presented to us to get this EIS going.

The geographies used were not really truthful. And if they are still using those demographics, they are still telling a lie. And that's another thing. They haven't been -- I asked the VA two weeks before they dropped the bomb on us, and they weren't going to close, they said.

Now, here comes the next week, this announcement that they are going to close it.
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<td>TP-3: See group response in Section E.3.1 of Appendix E relating to distance travelled.</td>
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<td>TP-4: Public input is very important, and VA’s outreach efforts for this EIS extended beyond a 30-mile radius to include the entire BHHCS service area. This includes the Oglala Sioux Tribe and all other Tribes in the catchment area. Section 6.3 describes the specific consultation activities VA conducted with the Tribes to specifically identify their concerns and get their input regarding the proposals being evaluated in the EIS.</td>
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<td>TP-5: See related response to TP-2 and group response in Section E.3.1 of Appendix E relating to distance travelled.</td>
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<td>They started at Hot Springs. They come here the next day. What a Christmas present, huh? It was told that the VA is headed north. Put the hardship on us in trying to get up there. And what are they going to give us in return? Are they still going to have health care? Yes, but we are going to have to pay more for it. It added travel expense and time involved in getting to our health care. What are they going to give us in return, to help us get there to our health care. If they are still using the demographics of the 30-mile radius from Hot Springs, they are leaving out the 8- to 10,000 of us on the outside of that 30-mile radius. Do we have a say in this matter? Are they just going to dump us and forget about us and just use your veterans within that 30-mile radius? Think about this, guys. Do they care about us enough to get our opinion on this? I’m thankful that I’m being allowed to speak today, but that’s not our main concern. Our elderly veterans who have a fixed income and would have trouble getting to the VA just here in Hot Springs now have got to turn around and turn around and turn around.</td>
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TP-6: The DEIS stage of the NEPA process indicates that a decision has not yet been made. However, the limited scope of the EIS does not include changes related to health care benefits for Veterans.

TP-7: VA recognizes the challenges Veterans may face in accessing the care they need when the service might be located far away. See related response to TP-2 and group response in Section E.3.1 of Appendix E relating to distance travelled.
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TP-8: Your opposition to the closure of Hot Springs is noted and included in the public record for this EIS.

TP-9: Thank you for the information on living veterans in your districts. The Veteran population data used in the EIS includes the current data for all the Tribes in the service area.

1. but I think they are all against it for the same reason I’m speaking about.
   They are all being added travel time and expense to get to their healthcare by this VA doing what they are trying to do. So we're not going to give up. We still have time to get those done. I think they are not going to close for another year and a half or so anyway, if they do close. So we still have time to get stuff done, and we'll keep working to do that.
   And I thank you for allowing me to speak up here. Thank you very much.
2. MS. PETERS: Thank you, Denver American Horse.
3. DENVER AMERICAN HORSE: Hello. (Speaking in Native Language.)
4. My name is Denver American Horse, and I am the County Veterans Service Officer for Oglala Lakota County. I work at seven districts out of the nine. Wambli, Bennett/Jackson, and Allen, and Bennett County. So I work with the seven districts out of the nine on this reservation.
5. And back in October we had counted the veterans that we currently have, the living veterans that we have are -- the number that we have is...
Commenter TP: Pine Ridge public meeting transcript

TP-10: Thank you for sharing your positive treatment experience at the domiciliary in Hot Springs. Your support to continue operating at the Hot Springs campus is noted and is part of the public record for this EIS.

Currently have 1,387. 1,387 living veterans on the Pine Ridge Reservation. And of course, that number could go up and down.

We recently lost several veterans within the last four days, week, and there are some veterans out there that we have not contacted yet, but they are coming in through the veterans count program on Monday.

On Monday I was able to visit with the — one of the newly discharged veterans who came back on November 19th, and so I was able to get him enrolled in our health care system, was able to get the bonus application sent for him, and we are currently working with another item or two.

So we do have veterans coming in fairly regularly, and that is a good thing. My colleague, Ms. Jerlene Archedondo, Ogala Sioux Tribal Veterans Service Officer, and she’s with us here. If you’d raise your hand. Jerlene, she’s here. We work together.

And my personal story for the VA campus in the Domiciliary is that I was fortunate enough to have spent nine months in the Domiciliary and -- from August 1988 to May of 1989.
TP-11: VA recognizes the challenges Veterans face in accessing the care they need when the service might be located far away. See related response to TP-2 and group response in Section E.3.1 of Appendix E relating to distance travelled.

TP-12: Your comment is noted. The public has a right to file an injunction or seek judicial review.
TP-13: VA recognizes the challenges Veterans may face in accessing the care they need when the service might be located far away. See related response to TP-2 and group response in Section E.3.1 of Appendix E relating to distance travelled.

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1 that the tribe file an injunction.
2 And I am already doing my homework, possibly
3 filing an ethics violation. I'm not sure how
4 that will fly, but I'm currently looking at
5 that. So thank you for giving me time to make
6 some comments. [Speaking in Native language.]
7 MS. PETERS: Thank you. Robert Two Bulls.
8 Do you want to come up or you want me to bring
9 the microphone back to you?
10 ROBERT TWO BULLS: My name is Robert
11 Two Bulls. I live about 50 miles north of here
12 on Crow Red Table. And currently this morning
13 we drove up, this morning when we drove up, my
14 daughter and myself, and only to attend this
15 meeting because, you know, I have great concerns
16 about Lakota elders.
17 I'm concerned about Lakota veterans across
18 the reservation because I think most of them,
19 maybe all of them, are going through what I'm
20 going through. You know, some of us in the
21 category of -- they put us in a category. My
22 category is that I'm not eligible for, you know,
23 that traveling pay. So I'm involved with this
24 co-pay. And I've been going through that for
25 many years now.
And what I have to say is that veterans across the reservation, you know, like I say, from Wanblee to, you know, coming to east of here, Ogala, Red Shirt Table, you know, I'm sure these guys have a hard time going to these places like Fort Meade. And you know, it's really hard for them to make that trip to Fort Meade. For me, I have to go to Rapid City and on to Fort Meade, I maybe have a two-hour drive, two-and-a-half hour drive.

And then I think it's a dangerous place to go, a dangerous place to drive because right now they say 80 miles an hour. You know, trucks going by there at 80 miles an hour, my old car is just barely going down the interstate. And I wonder how many veterans go through that. I bet many, many of them.

And that's why, you know, this place was advertised in the paper, and I think that's a reason a lot of them didn't come. They probably think, What the heck, you know. They are going to do it anyway. I think that's what I feel.

You know, we marched -- we march and we got together with other Indians and Lakotas, same
TP-14: Thank you for your comment. VA recognizes your opposition to closing the hospital at Hot Springs and it is now part of the public record for this EIS. The VA cares deeply about our Veterans and about delivering the best possible care to them, which we think the proposed reconfiguration will allow. Comments related to past VA management statements or actions are not addressed as they are not relevant to the scope of this EIS.

---

Way in Hot Springs, and we marched. And at that time we said, No, don't close this hospital.

And yet, you know, two years, three years later, they approved that. Everything is going good to them. And yet we're here again trying to say, No, enough is enough. But we go on from here. Maybe three, four days later, it's going to be approved.

You know, sometimes I always think about VA treating us like cattle. You know, Lakota people have always, you know, respected their elders. And to me, when I was in the hospital in Sturgis, no one came to visit. My wife, of course, come. Maybe my daughters come. No one else.

And yet, you know, when I was working with -- in Utah, the Utah tribe, I got sick, I was in the hospital, seemed like everybody comes every day. And that's the way Lakotas always -- that's their way of doing things. They respect one that's you, know, in the hospital. Respect those that have died. And all get together, eat together, weep together. And that's going to stop that.

I don't think the VA, they understand. All
they understand, to me, is, you know, saving
taxpayers money, I think. I think that's what
they are doing.
And the hospital in Hot Springs is in good
shape. I always go there. I've been going
there ever since I got out of the service. And
they always treat me good. Of course, I have to
pay my own gasoline and all that stuff, all my
meals there. And not -- they say I'm not a
disabled veteran.
Anyway, excuse me. I have lung problems.
Excuse me. Because I was involved at the atomic
veteran, I was an atomic veteran, and I was in
Utah there in the 1950s. And because of that, I
have -- put in for disability, and they rejected
me three times.
And here I am, you know, I'm 80 years old
and have to pay my way through the VA. Once in
a while, they pay my hospital bill. That's once
in a while. And to me, I think this is just
another, what they call a formality. Formality.
Just a way, We're going to do this, and I don't
care what veterans say, we're still going to do
it. You mark my word.
Mr. Peters: Thank you, George.
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<td><strong>TP-15:</strong> VA recognizes that larger cities like Rapid City may have more challenges for Native American Veterans to face than in Hot Springs. However, VA believes that it offers significant advantages to help ensure successful treatment for Veterans as part of the RRTP. Regarding staffing, many of the staff currently in Hot Springs may choose to work in one of the new VA facilities in Rapid City. In addition, the preferred alternative A-2 includes a CBOC in Hot Springs and expanded options for community providers closer to where Veterans live such that additional travel may not be necessary. See also related response to TP-2 and group response in Section E.3.1 of Appendix E relating to distance travelled.</td>
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<td><strong>TP16:</strong> VA is proud of the level of quality and treatment our Hot Springs facility and staff have provided to Veterans over the years; we appreciate your confirmation of this fact. Under the preferred alternative A-2, VA would continue to provide primary care and specialty services on the Hot Springs campus. See related response to TP-15 above and group response in Section E.3.1 of Appendix E relating to distance travelled.</td>
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| GEORGE WILSON: My name is George -- |
| MS. PETERS: Sorry, George. |
| GEORGE WILSON: My name is George Wilson. I live in Pine Ridge. I'm a veteran. I don't represent any organization, but I have a lot of friends that asked me to speak. |
| My first main concern is, Rapid City is notorious for racism against our people. Now they've thrown beer on our children, they've abused our elders, they've done so many things, the community of Rapid City, and I think it's important for the VA and for the EIS process to take into account the documented facts that racism still exists in Rapid City. And I, for one, don't want to go there. I only go there when I have to. |
| The police are more vigilant. Our people get more tickets, more traffic citations. There's a recent study on that. That wasn't in the EIS. |
| We have a long history with Hot Springs, and it's always been -- we've always been treated equally and with dignity and respect when we go to Hot Springs. And that's by the business community, by the people that live there, as |

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TP-15: VA recognizes the challenges Veterans may face in accessing the care they need when the service might be located far away. See related response to TP-2 and group response in Section E.3.1 of Appendix E relating to distance travelled.

TP-17: 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.

TP-18: VA recognized the challenges Veterans may face in accessing the care they need when the service might be located far away. See related response to TP-2 and group response in Section E.3.1 of Appendix E relating to distance travelled.

TP-17: 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.

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TP-18: VA recognized the challenges Veterans may face in accessing the care they need when the service might be located far away. See related response to TP-2 and group response in Section E.3.1 of Appendix E relating to distance travelled.
TP-19: NEPA public involvement process includes opportunities for the public to provide important input into the EIS and comment on premise and data, for free, at various stages of the project, including the Draft EIS. VA recognizes that the Draft EIS is a very lengthy document and contains a significant amount of information and data to be reviewed. The Agency makes every effort to provide sufficient time for public review, typically 60 days. We note that because of the holidays last year and other factors (including additional consultations related to the Section 106 process for historic resources), the public comment period was extended several times such that the public was provided almost 8 months to review the document by the time the comment period closed on June 20, 2016.

TP-20: The scope of this EIS is limited to analyzing the impacts from the alternatives for the physical facilities from which health care services are offered within the BHHCS catchment area. No facilities are proposed on the reservations so there would be no disproportionate impacts to Native Americans from construction activities.

The concerns relating to minorities and low income populations from operation are more tied to the change in health care services being proposed which are not subject to NEPA review and analysis in this EIS. Nonetheless, VA notes that outpatient primary care health care services would continue to be provided in Hot Springs (on the existing campus under Preferred Alternative A-2). Veterans’ inpatient, long-term care, surgical and urgent care services previously provided in Hot Springs would be discontinued but Veterans would have other options available to purchase care (at VA expense) from non-VA health care providers which, in most cases, would provide care closer to where Veterans live.
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TP-20 Response cont'd.

See also related response to TP-2 and group response in E.3.1 of Appendix E related to distance travelled. In some instances, such as for treatment at the RRTP in Rapid City, some Veterans (including Native American Veterans) would have to travel further, however, the travel is expected to be infrequent given the longer-term stay requirements of the RRTP.

TP-21: Thank you for your additional information related to population data for the Native American Tribes. The Veteran population data used in the EIS includes current data for all the Tribes in the service area.
And there were a lot of other soldiers that were like me. They didn't want to get shot, mistaken for a Vietnamese or something like that.

So with that, what I encountered after coming back to the States, and that message to us. My buddies, take up (inaudible). That's one thing I didn't know how to -- I forgot what I was going to...

After I came back, I -- that was after high school. I went to 'Nam and I came back. I wanted to find out what -- why that happened, why were we fighting, to me, those that looked like me, myself.

So I went to school and I finished college. I went on and found out a lot of things about the crisis. And it was all about the finite resources that we have on this earth, on the land.

And there are people that want to profit off of that. And so, as Lakota people, we were stewards of this land. We were supposed to be here to take care of the environment and make sure the trees are in place, and the hills, and that they can provide the oxygen, make sure we
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TP-22: VA appreciates the all efforts of the Lakota to protect the Black Hills. Your support for keeping the Hot Springs campus open is noted and is part of the public record for this EIS. See related response to TP-2 and group response in Section E.3.1 of Appendix E relating to distance travelled.

1 have clean water.
2 And one thing about the hills, you know,
3 they were taken away from us in shortly after
4 the '68 treaty. And to me, that was broken.
5 Somebody broke the treaty. The United Nations
6 has ruled that when the treaty is broken, all
7 that was agreed has to go back to its
8 original -- original -- originality.
9 So that would mean that, if this is true,
10 that all the treaty land will revert back to the
11 Lakots. But they say the Black Hills are a kind
12 hills, a lot of sacred sites up there. The
13 Cascade, that Wind Cave, the Harney Peak, and
14 Devil's Tower, and a whole lot more.
15 And there's a big -- big dinosaur up there,
16 too. And also I call it the lizard, because in
17 the center of -- that's near the center of the
18 Black Hills. And those are from the stars.
19 So the Lakots, we need to protect these
20 hills and anybody in it. Doesn't matter if they
21 are black, white, because those are hills that
22 are sacred. And we need to -- as a veteran,
23 that's what I would like to keep.
24 And I got sick one time, and I had mental
25 health about ten years. And then just recently
VA recognizes the challenges Veterans may face in accessing the care they need when the service might be located far away. See related response to TP-22 and group response in Section E.3.1 of Appendix E relating to distance travelled.

VA also recognizes that Veterans health care needs require continuity of service and can benefit greatly from integration with other organizations (especially Veteran Service Organizations), Federal, state and community-based partners. While a dedicated system of health and social services for Veterans remains the core means for meeting Veterans care needs, the Veterans Access, Choice and Accountability Act of 2014 has introduced new possibilities for serving Veterans. Today, the VA is committed to a model of service that operates around the Veteran’s needs, not VHAs, and to transforming VHA health services from being provider-centric to being Veteran-centric. VA believes an important element to this transformation is fostering new relationships with non-VA care and service providers and other national, state and local organizations whose services can benefit Veterans. It introduces new opportunities to provide care beyond the physical limits of VHA facilities, to allow Veterans safe, timely, efficient and coordinated services outside of VA.

I had back surgery, and I had heart problems. All these were taken care of by the VA. They provided my health, and I'm grateful for that. And we want that to stay in Hot Springs, stay where it's at, because it's too far to go to another place.

I went to -- they sent me to Sioux Falls one time because of my heart, but that was, for me, that was too far. Okay. Well, thank you for listening. (Speaking in Native language.)

MS. PRETNER: Daniel.

DANIEL BEARRUNNER: Okay. My name is Daniel Bearrunner. I am a -- I am the Chairman of the Oglala Lakota Veterans Association here in Pine Ridge, also an Iraq war combat veteran.

Our organization currently is staffed by just local volunteers that come in and volunteer their time to help us, as the veterans have done. One of our biggest concerns is getting our veterans to Rapid City and dealing currently with PTSD issues, suicide prevention programs.

And we've been getting a lot of assistance from other entities other than the tribe itself and trying to make things work to assist our...
Commenter TP: Pine Ridge public meeting transcript

TP-24: Opposition to the closure or relocation of the Hot Springs Medical Center by the Oglala Sioux Tribe, the Black Hills Sioux Nation Treaty Council, and the Cheyenne River Sioux tribe is noted and now part of the public record for this EIS.

So I've been reaching out and doing a lot of work with our veterans and -- without any kind of assistance from anybody, from the government or from our own tribe. Anyhow, I was -- I came across these resolutions the other day, and I just, for the record, wanted to make sure that we got that out there because I have a resolution from the Oglala Sioux Tribe, I have a resolution from the Black Hills Sioux Nation Treaty Council, and I have a resolution from the Cheyenne River Sioux Tribe.

And basically they all are opposed to the closure or relocation of the VA facilities currently in Hot Springs.

I was able to attend the -- one of the hearings a while back in Hot Springs where there was a huge turnout, and we had a delegation of some representatives from Florida, Kristi Noem was present, and it went pretty well, you know.

We said what we had to say and expressed our concerns, and I believe that the delegation that showed up here, the Minority Senate Affairs or wherever they were from, agreed that we strongly...
Commenter TP: Pine Ridge public meeting transcript

TP-25: VA recognizes the challenges Veterans may face in accessing the care they need when the service might be located far away. See related responses to TP-2 and TP-23 and group response in Section E.3.1 of Appendix E related to distance travelled.

1. opposed the relocation or closure of
2. Hot Springs.
3. And it is -- I don't see anything wrong with it, you know. We go there, we get our health,
4. and you know, if it's broken, you know, why are we trying to fix it? Why are we creating all
5. these controversies?
6. I understand. I see all the boards here, I
7. read all of them, and they talk about, you know,
8. the reasons for closure and summary of why all
9. this is going to happen. However, I just -- you
10. know, I'm -- I myself am strongly opposed
11. against it. And I have to look out for our
12. veterans, our people, our elders.
13. And especially, we have a lot of combat
14. veterans. We have a lot of veterans, peacetime
15. veterans from Vietnam, World War II, Korean War
16. still alive. And they can't even get to
17. their -- they can't even get to their
18. appointments, you know.
19. We're struggling. Our tribe is struggling,
20. you know, and they are just creating more
21. difficulty for our veterans. And this is not
22. just our veterans here on Pine Ridge. It's
23. veterans across the border in Gordon, in

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Commenter TP: Pine Ridge public meeting transcript

TP-26: While issues related to eligibility for, and reimbursement of, travel expenses are beyond the limited scope of this EIS, VA understands and appreciates the challenges and difficulties of driving and/or obtaining transport to health care services that might be far away and is trying to address these issues in the proposed reconfiguration. See related responses to TP-2 and TP-23 and general response in Section E.3.1 of Appendix E related to distance travelled.

Rushville, Scottsbluff.

You have to go all the way to Hot Springs.

Now they've got to go all the way to Fort Meade.

And now we have veterans coming back, and

they've got -- they -- they created more

controversy because now we have to file these

tribal claims. And these guys won't see a

tribal claim for, like, two, three weeks now,

from what I understand.

I just stopped going. I don't even go there

anymore. I don't receive any kind of help from

the VA in Rapid City. I guess I went there

for -- a few years ago. I went there for, like,

a whole year, and not one person there told me

about travel pay. I never knew anything about

travel pay, you know.

So I went back and I asked, and they were

like, Oh, you never -- you were never advised of

your -- your travel pay or anything like that?

You fill out this paperwork. I said, No, I've

been coming, you know, here for a whole year.

So I was kind of shocked because after every

appointment in Rapid City, the representative

would come into the office and talk to me. How

did it go? How did they treat you? How did
Commenter TP: Pine Ridge public meeting transcript

TP-26: This is a comment about the challenges faced by veterans when accessing care. VA recognizes these challenges, especially when the service is located far away. See related responses to TP-2 and TP-23 and group response in Section E.3.1 of Appendix E related to distance travelled.

TP-27: VA recognizes the challenges veterans may face in accessing the care they need when the service might be located far away. See related responses to TP-2 and TP-23 and group response in Section E.3.1 of Appendix E related to distance travelled.
Commenter TP: Pine Ridge public meeting transcript

TP-28: Native American Veterans would have the choice, under all alternatives, to use either a VA or IHS system for their care as the result of a national Memorandum of Understanding that has been established between VA and Indian Health Services. They would also still be able to receive primary care through the new CBOC in Hot Springs (see revised Section 2.2 of Final EIS).

Opposition of the closing the Hot Springs Medical Center by the Black Hills Sioux Nation Treaty Council, Rosebud, Crow Creek, Cheyenne River, Lower Brule, Standing Rock and Yankton is noted.
thank you very much.

MR. PETERS: That's all the names we have that signed up. We have a few more minutes, if anyone has any other comments on the draft EIS that they want to make. If not, we'll be here for a little while longer, if you want to just look at the boards or chat with us.

Otherwise, again, we appreciate you coming out this afternoon, listening to us. And we appreciate hearing your comments, and they will all be addressed in the final EIS. Thank you.

(The proceeding concluded at 2:27 p.m.)
Commenter TR: Rapid City public meeting transcript

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

DATE: November 30, 2015 at 5:33 p.m
PLACE: Best Western Ramkota Hotel
2111 W. LeCroy Street
Rapid City, South Dakota

PRESENTER: Ms. Mary Peters
Labat Environmental

Reported By: Jacqueline K. Perill
Registered Professional Reporter
Black Hills Reporting
1601 Mt. Rushmore Rd., Ste. 3280
Rapid City, SD 57701
605.721.2800

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

TR-1: Yes, is it possible that VA will choose a different alternative and, in fact, is what has occurred. The Final EIS identifies a new preferred alternative (now referred to as Alternative A-2) that is a variation on the preferred alternative identified in the Draft EIS (Alternative A). It includes renovating Building 12 on the existing Hot Springs campus to provide a modern new CBOC, and allows the VA to maintain a presence on the existing campus. Alternative A-2 was added at the request of the historic property consulting parties (under Section 106 process) and members of the public. The basis for VA’s final decision will be fully described in the Record of Decision.

So with that, our first speaker will be
Donald Ackerman, Jerry Hanson, and Ken Groock.
And then I will -- as one speaker gets finished,
I'll call another one.
AUDIENCE MEMBER: Before you start the
speakers, I have a question on one of your
slides. Would that be okay?
MS. PETERS: Oh, go ahead, ask it.
AUDIENCE MEMBER: Can you go back to the
slide where it was talking about how the
comments may potentially change. Yeah, modify
alternatives. As I understand this slide, it's
talking about modifying alternatives. But under
this process, is it possible that the VA will
choose a different alternative based on the
comments that are submitted? Is that also an
option, or is it simply modifying the, you know,
the existing ones but the VA will stay with
those alternatives?
MS. PETERS: Right now, alternative A is the
VA's preferred alternative but that can change.
AUDIENCE MEMBER: Okay. Thank you.
MS. PETERS: Uh-huh. Okay. So again,
Donald, Terry, and Ken.
KEN GROOCK: I'm going to let the commander
Commenter TP: Pine Ridge public meeting transcript

1. speak and I'll speak after him.
2. MS. PETERS: If you'd give me just one
3. second, please.
4. Okay.
5. TERRY HANSON: My name is Terry -- can you
6. hear me?
7. My name is Terry Hanson. I'm the Commander
8. of the South Dakota Department of American
9. Legion. I'd like to say thank you first for
10. extending the period to February 5th. And as
11. far as that goes, we stand positive on what we
12. can do. We can work together and make this
13. work.
14. And the best thing about extending this
15. period is, we can actually give this forward to
16. our national organization. It gives them more
17. time to digest this KIS, and there will be a
18. statement forthcoming. Thank you.
19. MS. PETERS: Ken.
20. KEN ORROCK: Jacque knew how to throw
21. things at me if I talk too long.
22. MS. PETERS: Would you turn around and talk
23. to --
24. KEN ORROCK: First, I'd just like to make a
25. comment how important this is. This gentleman

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TR-2: The discussion of each alternative in Chapter 2 of the Draft EIS included a 5-year implementation timeline/table for each alternative. This has been replaced with a shorter and more direct discussion for each alternative related to the continuity of health services during the estimated 2 plus year construction period (depending on the alternative). As clarified in the Final EIS, no services at the existing facilities would close until the new facilities were fully operational; therefore, there is no need to address a change in service in the EIS. Section 2.3.1 of the Final EIS has also been expanded to include a description and construction timeline for the new preferred alternative A-2 (will be same as Alternative A); it further clarifies that RRTP services will not be interrupted during the transition phase (i.e., they were inadvertently left out of the existing facility for Years 1 and 2 in the Draft EIS).

TR-3: Regarding the timeline for the MSOC in Rapid City, see response to TR-2 above. The existing CBOC would operate until the opening of the new MSOC, with no delays in service. This has also been clarified in Section 2.3 of the Final EIS.
Regarding data concerns expressed by many commenters, including the American Legion, VA has 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.

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The American Legion does not at this time fully agree with the data that’s been used for the Environmental Impact Study, and there’s been no agreement amongst any of the parties that the data is accurate.

There was no accepted number as close to these, such as the number of veterans served in the catchment area that service at the VA in Hot Springs, or the number of Native American veterans that use the facility.

None of those numbers were agreed upon, and the VA’s numbers alone were taken and used. And I believe that’s done a disservice to this process.

As the commander said, the American Legion will be making a formal comment during the comment period. But I would state that in a meeting with Secretary McDonald in Baltimore in August of this year, myself, Paul Evans, the new Executive Committee chair from the American Legion.
Commenter TP: Pine Ridge public meeting transcript

Your comment is noted and part of public record for this EIS. While final travel plans are subject to change, as of this time, the Secretary does intend to travel to South Dakota prior to making a final decision.

Legion, Ralph Borello from Colorado, the National Veterans Affairs and Rehabilitation Commission Chairman, met with Secretary McDonald privately specifically on the issue of the Hot Springs VA.

And I would tell all of you that Secretary McDonald promised to come to Hot Springs and hold a public hearing and to listen to the concerns of South Dakota veterans and to do all this before he makes a decision.

And we would ask to hold Secretary McDonald to his promise, that he does come here and does here the voices of the South Dakota veterans and the veterans of Nebraska, Colorado, Wyoming, all of which receive services from this facility.

So as we continue to review this 800-page odd-page document and take input for it, I'd like those comments to be taken and answered.

As far as what is the timeline for implementation if alternative A, the VA's preferred alternative, is adopted. Because the significance of the impact on the environment and on the human environment will differ greatly if the VA is not prepared to immediately start...
TR-6: As indicated during the actual public meeting in Rapid City, Labat paid for the public meeting space and all the other facilities used for public meetings on the EIS (i.e., scoping and comments on the Draft EIS). Such costs were included in the original contract between Labat and VA, set up in 2014 when the period of performance began.

TR-7: VA funding for this fixed price project was allocated in 2014. This money has been budgeted to cover expenses during the entire period of performance of the EIS contract, including ongoing efforts in 2016.
Commenter TP: Pine Ridge public meeting transcript

TR-8: VA's identification of Alternative A as the preferred alternative in the Draft EIS, and A-2 as the preferred alternative in the Final EIS is not based on cost. Nor does naming an alternative as a preferred alternative indicate that a decision has been made. The final decision will be made by the Secretary and it will be based on multiple factors, of which, cost is only one. The full rationale will be explained in the Record of Decision.

TR-9: Statements related to VA budget and funding availability are not within the limited scope of this EIS to address. Also, VA's decision regarding the proposed reconfiguration will not be based on cost alone.
The basic premise for this move has never been established. You make statements that aren't true. And you state that you have to move this facility, and there has never been a smoking gun and none of the information that you've provided is, truthful and we can reproach everything you say.

None of the data provided by the consulting parties is located in this report. You did not -- you failed to put that information in. You've been inconsistent with what the law says you're supposed to do. And we can go on all day, I'm not going to.

I have a report that I will provide you when the time is -- but you -- this report and this assumption that the facility has to close is wrong, and it's based on false data. That's all I have to say. Thank you.

JERRY Lolley: My name is Jerry Lolley. I'm the County Veterans Service Officer in Meade County from '02 to '11. And I remember mid-'80s the VA had a major push to get more veterans to enroll in the VA Health Care System. One of the tactics used to comply for the VA Black Hills was to open a CHCC in Rapid City so...
TR-12: The EIS discusses recruitment and retention of qualified clinical staff and maintaining clinical competencies in Chapter 1. See also group response in Table E-2 of Appendix E relating to past decline in services and how it is handled in the Final EIS. VA notes that under the proposed reconfiguration, no current employee would lose their job, although some may require a change in job responsibility; some Hot Springs staff may also choose to work at the new MSOC in Rapid City.

TR-13: The proposed reconfiguration calls for replacing the existing CBOC in Rapid City with an MSOC with expanded services. It also includes continued outpatient primary care services in Hot Springs. Both locations would have some level of health care services and serve geographically different Veteran populations.
TR-14: Your support to keep the hospital at Hot Springs open is noted and included as part of public record for this EIS. Note that under the expanded purchase care program now available to eligible Veterans in the BHHCS, Veterans will be able to choose among several community providers in the service area.

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Commenter TP: Pine Ridge public meeting transcript

1. Springs, and that's only 60 miles.
2. So I think the alternatives are either short
3. in number, or if maybe could be modified to take
4. the CBHC out of Rapid City.
5. MR. PETERS: Stan. Stan Lieberman, is that
6. you? Do you want to...
7. MR. LIEBERMAN: I'm not mad at anybody. And
8. I already met a couple from Hot Springs, and I
9. want to welcome you people from Hot Springs. My
10. son got back from Vietnam and he was in pretty
11. bad shape. We drove him down to Hot Springs,
12. got excellent care there. He was there for
13. several days.
14. And it is a long drive from Rapid City to
15. Hot Springs. Somebody on television the other
16. night said it's a long drive from Hot Springs to
17. Rapid City. I don't want to see the hospital
18. close at Hot Springs.
19. I've had a great deal of wonderful treatment
20. with the VA. I've been getting my prescriptions
21. from the VA for years. I call up on the
22. telephone, the next day in my mailbox is my
23. prescription.
24. I've been up to Fort Meade for some
25. treatment. They meet you at the door, the
TR-15: Thank you for your comment. Under the proposal, the existing health services in Rapid City would be further expanded to include an MSOC as described in Table 2-1 of the EIS. It also includes access to services at Rapid City Regional, and other community providers, which are made available to eligible Veterans under the expanded purchased care (i.e., care in the community) program.

TR-16: VA appreciates your positive feedback on the health care services offered in Rapid City. The proposed reconfiguration does not include a new VA hospital in Rapid City - none of the alternatives do. Under the care in the community program that is part of all the alternatives, eligible Veterans could have access, at VA's expense, to Rapid City Regional hospital - a full service hospital - as well as hundreds of other community providers throughout the catchment area. Chapter 2 of the EIS has been revised to expand on this element of the proposal.
Commenter TP: Pine Ridge public meeting transcript

TR-17: There are no plans to construct a VA hospital in Rapid City.

TR-18: 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. There was no need for independent verification since VA is the Agency responsible for compiling Veterans’ health care data and BHHCS had already conducted its own internal quality control reviews. 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.
that you have? Because, you know, your whole proposal is based on the assumption that the numbers you were given are accurate. So, what's the process?

You may answer it now or perhaps just take it as a part of the record, because that's really at the core of this EIS. If you're working off false numbers, which is -- that's been the contention all along, is that the numbers just do not add up, then obviously any decision that you make will be false.

AUDIENCE MEMBER: Speak up.

RS. PETERS: I will give a quick reply to that. If you look at the reference section, for each of the sections in the EIS, all of the references are listed.

AUDIENCE MEMBER: Can you use your microphone.

QUAY AL-HAJ: So you say the reference, that's the source, that's where the numbers came from. But does the part of what you do in the EIS process, do you verify these numbers? To what extent do you go back to basically make sure you're working off good solid numbers?

RS. PETERS: By referencing the references.
Commenter TP: Pine Ridge public meeting transcript

Qosi AL-KAJ: Okay. Thank you.

MS. PETERS: Pat and Amy, those are the last two that have signed up to speak. And we have plenty of time, then we'll open the floor after Pat and Amy.

PATRICK RUSSELL: My name is Patrick Russell. I am the president of the American Federation of Government Employees representing the employees at the Hot Springs VA Medical Center. And I am the Co-chair of the Save the VA committee in Hot Springs.

I've gone through portions of the Environmental Impact Statement, and I'm very concerned and wondering how the people came up with some of the numbers that we have in there.

For instance, in the Environmental Impact Statement for the Save the VA proposal, it suggests that there must be a new facility built to accommodate 82 patients. They got this number from the Save the VA proposal that said the renovation of the Domiciliary could be done to accommodate up to 200 patients. The consultants, Jones, Lang and Lassalle made a determination that they could only accommodate 118 patients in the Domiciliary,

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TR-19: VA has reviewed the Save the VA comments relating to errors in the assumptions developed for the analysis of the Save the VA Alternative E in the Draft EIS. VA agrees with the requested corrections and the cost estimate and analysis of Alternative E has been revised in the EIS as appropriate (Sections 2.3.5 and Chapter 4). See also group response in Table E-2 of Appendix E (Alternatives, Alternative E and Cost of Alternatives).
<table>
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<tr>
<td>1. therefore a new facility would have to be built</td>
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<td>2. for 82 patients. And I'm wondering if Jones, Lang and LaSalle</td>
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<td>3. ever contacted anybody from the Save the VA</td>
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<td>4. committee to clarify what the proposal was,</td>
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<td>5. rather than making the assumptions that the Save</td>
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<td>6. the VA proposal called for building another</td>
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<td>7. facility. Another error that I saw was the use of the</td>
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<td>8. quarters at the Hot Springs campus for learning</td>
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<td>9. centers, for educational learning centers.</td>
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<td>10. There were to be four different areas of 600</td>
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<td>11. square feet a piece that would be put in to the</td>
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<td>12. quarters that are currently on the campus.</td>
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<td>13. Again, Jones, Lang and LaSalle and the VA</td>
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<td>14. made the assumption that there was not enough</td>
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<td>15. room in these quarters to accommodate the</td>
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<td>16. learning center. Therefore, another facility</td>
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<td>18. learning center. None of these were in the Save the VA</td>
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<td>19. proposal. These were assumptions made by the</td>
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<td>20. consultant, JLL. Also in the Save the VA proposal, what we</td>
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<td>21. called for was continuing a center of excellence</td>
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Commenter TP: Pine Ridge public meeting transcript

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<td>32</td>
<td>for post traumatic stress disorder, plus inpatient hospital, to bring back some of the services, like surgery and outpatient clinics, which have been lost over the years. The VA said that it would require 633 employees to staff the facility. Now, if you look at the numbers historically at the Hot Springs VA Medical Center, when they had 800 patients in the Domiciliary, 265 patients in the hospital, the largest number of employees they ever had was 490. But yet the VA says that to do what we are currently doing with 370 people, will now require 633. There is nothing in the Environmental Impact Statement that clarifies how they came up with these numbers. And that is what the frustrating and confusing. Because the answers aren’t in the EIS, they aren’t in the references, and they aren’t in the main body. And to me, the consultants Jones, Lang and Lassie have made those determinations in conjunction with the Veterans Administration to put out to the public data which I believe has not been substantiated.</td>
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</table>

TR-20: VA has reviewed the Save the VA comments relating to several errors in the assumptions developed for the analysis of the Save the VA Alternative E in the Draft EIS. VA agrees with the requested corrections and has reduced the total staffing levels in the analysis of impacts of Alternative E in Chapter 4 of the Final EIS. See also group response in Table E-2 of Appendix E (Alternatives, Alternative E and Cost of Alternatives).
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<td>1. And I think the public should be taking a</td>
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<td>hard look at any of the statements and</td>
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<td>conclusions that have been put out in this draft</td>
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<td>Environmental Impact Statement.</td>
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<td>And I would also urge the public to start</td>
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<td>making public comments and get those comments in</td>
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<td>by February 5th, or you’re going to lose a</td>
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<td>resource that our rural veterans need for their</td>
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<td>health care. Thank you.</td>
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<td>AMY COLK: Hi. I’m Amy Cole from the</td>
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<td>National Trust for Historic Preservation</td>
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<td>Operation, and I have a couple things I would</td>
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<td>like to say. And then we will, of course, be</td>
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<td>submitting more detailed comments as well.</td>
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<td>So, we are first of all concerned that the</td>
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<td>alternatives that keep the existing Battle</td>
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<td>Mountain Sanitarium open and serving veterans</td>
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<td>are all described as not meeting the purpose and</td>
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<td>need.</td>
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<td>This seems to us to be an unreasonably</td>
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<td>narrow range of alternatives. Plus, it is not</td>
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<td>plainly stated why alternatives C and E don’t in</td>
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<td>fact meet the purpose and need.</td>
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<td>It’s also not clear why the Hot Springs CHOCC</td>
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<td>and RRTP proposals described in alternatives A</td>
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| TR-21: 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. |
| TR-22: 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. |
| TR-23: 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. |
| 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). See also |
| group response in Table E-2 of Appendix E |
| (Alternatives, Alternative G) relating to reuse options |
| under Alternative G. |
Commenter TP: Pine Ridge public meeting transcript

TR-23: The VA talked in the EIS about problems with compliance with the Architectural Barriers Act and the Americans with Disabilities Act, but compliance is definitely possible in historic buildings, although it is portrayed as if it is not the case in the EIS.

Based on our experience, the VA's other campuses like Fort Howard in Maryland, Leavenworth in Kansas, and the Milwaukee VA, this agency does not have a good track record at maintaining those campuses. Once they vacate the buildings there, they have a hard time finding reuse. It has been very challenging and taken many years at all of those.

Supplemental alternative G is not a panacea to a closure. This is a quote: The EIS also does not explain how the VA is going to satisfy 36 CFR 800.10 which requires the secretary of the VA to the maximum extent feasible to undertake planning and actions that are necessary to minimize harm to a national historic landmark that could be adversely affected.

TR-24: See group responses 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, and to mitigation. In addition, Appendix C of the Final EIS includes meeting summaries and hand-outs provided to consulting parties that include proposed measures. Mitigation measures developed in consultation with the consulting parties are described in Section 5.2 and detailed in the consulting party meeting transcripts in Appendix C.
Commenter TP: Pine Ridge public meeting transcript

TR-25: 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. That said, the VA has revisited the cost estimates for each of the alternatives and made some additional revisions in the EIS based on public comment (e.g., corrected assumptions for Alternative E and provided more detailed breakout of cost data) and to incorporate costing for the new preferred alternative (A-2). However, VA is unable to update the cost information provided in the EIS due to current appropriation restrictions.

35

1. affected by a project like this one.
2. Thank you for your consideration. And we
3. will again submit more detailed comments by the
4. February deadline.
5. MS. PETTERSON: Those were the only names on
6. the speaker list. We've got some time, we'll
7. open the floor if anyone else wants to make a
8. public comment.
9. DON ADKINS: I've calmed down some.
10. When you look at the numbers in your report,
11. and you look at the IG report on the VA, the IG
12. report on the VA says the very best. The very
13. best that the VA has done on their estimates on
14. new facilities is a 66 percent cost overrun.
15. Now we don't want to talk about Denver,
16. which is a 400 percent cost overrun. The data
17. and the people who provided the data, the VA
18. knows is wrong.
19. The IG report reported that their data is
20. always wrong by a minimum of 66 percent. So you
21. cannot use your numbers. We already have a
22. comment that the data on the Save the VA, just
23. an example. The Save the VA report was deflated
24. or inflated to make it larger.
25. And obviously the VA has always deflated
TR-26: 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 and comparable Veteran population data.

Commenter TP: Pine Ridge public meeting transcript

1. their numbers. And it's proven by an IG report.
2. Am I right? Did you read the report?
3. VA's are really good when they have doctors
4. taking care of patients. VA's are really bad
5. when they try to figure out how to build a new
6. facility. And that's what the report said.
7. The entire -- the information that we
8. received by a zip code use of the facilities in
9. the Black Hills Health Care, state when you say
10. that there's more veterans that are in
11. Rapid City, they are not the most veterans that
12. use the facilities.
13. You're comparing apples and oranges. And
14. you have -- we have it in writing now, because
15. the report we get was from the VA. And the
16. majority of the people that use the facilities
17. are not from Rapid City. The need to put it in
18. Rapid City is not there.
19. Everybody has to travel further when you
20. look at the data. That's a fact. It's simple.
21. You look at the zip code data. And I'm really
22. surprised that the VA does not provide you that,
23. because you could have made a real honest
24. assessment rather than just putting down what
25. they said.
VA is using the NEPA process to make an informed decision regarding the physical facilities it offers to provide health care for Veterans. This includes obtaining input from the public and analyzing the potential environmental consequences of the action. VA’s goal is and will continue to be to provide safe, accessible, quality care to our Veterans.
Commenter TP: Pine Ridge public meeting transcript

TR-28: see group response in Table E-2 of Appendix E (Integration of NHPA Section 106 Process) relating to the NEPA/NHPA process.

TR-29: Measures to resolve adverse effects such as the long-term preservation plan and the marketing strategy are designed to be flexible enough to accommodate the realities of closing and possibly vacating the Hot Springs VA campus. VA is aware that these programs may prove expensive and time-consuming if VA decides to vacate the campus in whole or in part prior to identifying a reuse partner or if a reuse partner cannot be identified.

---

JEFF MAHER: My name is Jeff Maher. I'm with Senator Rounds' office here in Rapid City. And the question that I have is, we watched this process. The 106 process was intertwined throughout this entire walk as we went through it.

And so, I'm a little puzzled because the 106 Section is not yet completed, if I understand that correctly. There's still some meetings going on in that. So how do we come out with a recommendation without fully considering the historical impact, if we haven't reached that point yet where that's all been fully considered?

Because we have heard -- and I guess my question would be is, do we know what the costs of maintaining these buildings to historical
Commenter TP: Pine Ridge public meeting transcript

requirements is going to be? And I would think
that that would factor heavily into the overall
projected costs.
And so, at some point I would hope that
would come out before a decision is made,
because I've heard some large numbers in the
area of $2 million. I don't know if that's
correct or not. But if we have a $2 million
factor per year, projected over 30 years as
you're talking about, that's an additional $60
million to be considered versus one of the
alternatives. So that would be my question.

MS. PETERS: Okay. Okay. If there's no one
else that wants to speak. Again, thank you
for -- no one. Okay.

Thank you for coming out in the cold. And
tomorrow night, same time in Hot Springs if you
want to join us down there. The doors open at
$10 at the Red Rock River Resort. And the
meeting will start at 5:30.
And I'll even go faster through the summary
of the impacts tomorrow night.

[The proceeding concluded at 6:25 p.m.]

*****FOOTNOTE: On December 1, 2015 at the Hot Springs
Hearing, a request was made by Mr. Ackerman to make

BLACK HILLS REPORTING   665.721.2600
In response to a direct question to Labat during the actual meeting, Labat indicated that it has not received any 2015 money from the VA. All funds that have been used on this EIS were allocated in 2014.
## Commenter TS: Scottsbluff public meeting transcript

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<table>
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<tr>
<td><strong>PUBLIC MEETING:</strong></td>
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<tr>
<td><strong>DRAFT ENVIRONMENTAL IMPACT STATEMENT</strong></td>
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<td><strong>FOR RECONFIGURATION OF</strong></td>
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<td><strong>VA BLACK HILLS HEALTH CARE SYSTEM</strong></td>
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<td><strong>DATE:</strong> December 3, 2015 at 6:31 p.m.</td>
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<tr>
<td><strong>PLACE:</strong> Gering Civic Center 1030 M Street Gering, Nebraska</td>
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<tr>
<td><strong>PRESENTER:</strong> Ms. Mary Peters</td>
<td>Labat Environmental</td>
</tr>
<tr>
<td><strong>Reported By:</strong> Jacqueline K. Perl</td>
<td>Registered Professional Reporter Black Hills Reporting 1601 Mt. Rushmore Rd., Ste. 3280 Rapid City, SD 57701 605.721.2880</td>
</tr>
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</table>
Commenter TP: Pine Ridge public meeting transcript

TS-1: VA recognizes that the majority of public opinion is in opposition to the VA’s preferred alternative. VA also understands this is a very emotional issue for Veterans and their families; even though many of their concerns do not relate directly to the scope of this EIS which is limited to impacts from the physical facilities in which health care services would be provided to Veteran. As a result, VA wanted to make it clear to the public that its decision will not be based on public opinion/sentiment/opposition alone, as explained in the handouts. Nor is VA required to select the alternative with the least environmental impacts. NEPA requires only for the Agency to make an informed decision, with the final decision taking into account a number of factors. The basis of the final decision will be described in detail in the Record of Decision.

---

1. you.
2. So the first people -- got a long list.
3. Homer Charc, William Dennis, and Fred
4. Dabrovolsky.
5. FRED DABROVALYS: Dabrovolsky. Just
6. pronounce every letter.
7. MS. FETTERS: That's a lot. So Homer,
8. William, and Fred, if you want to --
9. AUDIENCE MEMBER: I didn't know what I was
10. asking out, I guess.
11. MS. FETTERS: That's okay. If you don't want
12. to speak, you can pass.
13. You need a microphone back here? Chris, you
14. want to hold this, please.
15. MSER CHARC: Okay. I want to, first of
16. all, thank all these veterans, men and women
17. that are vets. Thank you for showing your
18. interest in this, what's going on here tonight.
19. One of the first things that made my impact
20. as I received some of these handouts was one of
21. the comments, it says on here, The number of
22. negative comments an agency receives does not
23. prevent an action from moving forward.
24. That kind of nullifies anything that I have
25. to say. But I would like to ask if there's any

BLACK HILLS REPORTING 605.327.2600

TS-1
Commenter TP: Pine Ridge public meeting transcript

1 veteran representatives here from Hot Springs.
2 I realize I got my Morrill County VA rep, and
3 I'm not sure if John is here.
4 But part of this, one of the things I've
5 seen on this executive summary, increasing
6 access to care closer to where veterans reside.
7 Moving it further away to Rapid City is not
8 moving it closer to me. I live here in Bayard.
9 You're moving it further away, not no way
10 closer.
11 The last time that I spoke with, I think his
12 name was Steve Distasio, he said, If we cannot
13 provide the care you need -- and that's why I
14 have to stand over here to hold onto the chair,
15 my legs don't work -- he said, We'll give you a
16 Care card. Within a week, I had a Care card.
17 Within 30 days after that, it was nullified.
18 They said, You can't use that Care card.
19 Same thing I'm getting here tonight, is a
20 "yes" and a "no." Why do they ask us to come to
21 these meetings and then hand out handouts and
22 say, No matter what you say, the guys in
23 Washington are going to make the decision?
24 In Vietnam, the American troops fought the
25 North Vietnamese Army, NVA. Now that we are

TS-2: 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 BHHC service area, under the expanded care in the community program.
Commenter TP: Pine Ridge public meeting transcript

| Back in what's called the world, we fight the VA. That's why I was wondering if there was any Hot Springs rep here, because we were sent a bus to pick me up when I was -- I didn't -- I wasn't drafted. I joined right before I was drafted. I went Air Force. But they sent a bus for me.
| Now I got to travel further and further. The last procedure I had, I had to go to Fort Meade. That's not moving it closer and closer to me. It's moving it further away. So I'm going to cut my time short. I want to let some of those other gentlemen and ladies speak. Thank you for your time.
| MS. FETTERS: So, William?
| WILLIAM DENNIS: Yes, ma'am.
| MS. FETTERS: And after William, Fred, you don't want to -- okay. Then it'll be Rod Waggert and Steve Kaufman. You ready?
| WILLIAM DENNIS: Yes. Anytime. I'm William Dennis, and I'm a Vietnam era vet. My disability is nonservice-connected. Presently here in Scottsbluff we have a veterans home, we have a veterans clinic, and we have a veterans services office. The veterans

TS-3: Details as to use of Care Cards and how the purchased care program is implemented is not within the scope of this EIS. The EIS has been revised, however, to include more information on the expanded care in the community program and how this program helps improve geographic access to care for Veterans. See also group response E.3.3 in Appendix E relating to purchased care options, including Veterans Choice.
<table>
<thead>
<tr>
<th>Commenter TP: Pine Ridge public meeting transcript</th>
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<tr>
<td>TS-4: Thank you for your comment. VA is identifying and including this comment in the public record as support for Save the VA Alternative E which calls for expanded services at the Hot Springs campus.</td>
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<tr>
<td>1  clinic used to have a doctor on staff, and a</td>
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<td>2  staff psychiatrist. We no longer have that. At</td>
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<td>3  best, we have a nurse practitioner and a RN.</td>
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<td>4  If you want to go to the facilities, you</td>
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<td>5  wake up at 5:30 in the morning, you wait at the</td>
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<td>6  VA clubhouse there. You leave, you have to be</td>
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<td>7  on that shuttle at 1:00 to get back here at</td>
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<td>8  7:30. Your whole day is expended on that -- on</td>
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<td>9  that trip getting here.</td>
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<td>10  We -- our programs now need improvement, not</td>
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<td>11  elimination. You know, the services that we</td>
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<td>12  already got here now need improvement. That's</td>
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<td>13  all I've got. Thank you.</td>
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<td>14  MS. PETERS: Thanks. Rod Maggart.</td>
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<td>15  ROD MAGGART: I'd just be repeating what</td>
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<td>16  they said. That's my same complaints.</td>
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<td>17  MS. PETERS: Okay. Steve Kaufman?</td>
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<td>18  Steve Kaufman? Still want to speak? Okay. Ed,</td>
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<td>19  Ed Ramirez? And then I think it's Sal...</td>
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<td>20  SAL FRANCO: Sal Franco.</td>
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<td>21  MS. PETERS: Okay. You're next, Sal, and</td>
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<td>22  then John Brehm.</td>
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<td>23  ED RAMIREZ: Testing one, two, three. Okay.</td>
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<td>24  There we go. My name is Ed Ramirez, Vietnam</td>
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<td>25  veteran era.</td>
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SLACK HILLS REPORTING 605.781.3600
Commenter TP: Pine Ridge public meeting transcript

TS-5: The final decision relating to the Hot Springs campus has not yet been made and will be identified in the ROD. The new preferred alternative A-2 includes a continued VA presence on the existing campus through operation of a new CBOC in renovated Building 12. In addition, a new VA national call center is proposed to occupy existing buildings 3 and 4 on campus.

VA considers the NEPA public involvement process, including the public meetings held on the Draft EIS, as a valuable way to obtain useful input on the EIS so that the decision maker can make an informed decision before taking action.

TS-6: 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.

My main complaint basically is, in the past, I don't know how many town halls they had, for what? For naught. We know for a fact that VA is going to close Hot Springs. I don't care what anybody says. We know it. Now we have this Environmental Impact Study. That's just another pat on the back. Well, we feel sorry for you vets, but I'm sorry. The VA in Hot Springs is going to close. I hear and read about the environmental and all this other BS. But just like the gentleman that said it earlier, they forgot to include the vets. How are they going to provide good health for us?

All right. I was a VA van driver. I can't drive no more because I'm dependent on insulin. I'm diabetic, so I had to stop that. So now, I was receiving my care at Hot Springs. Now I switched down there to the clinic down here, and I tried -- I don't know if anybody had anything to do with this new Choice Program, but it sucks. I'm sorry. I don't mean to use that word. I've had more difficulty using that Choice Program than Carter has pills.
Commenter TP: Pine Ridge public meeting transcript

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<tr>
<td>2</td>
<td>When I was going to the VA up at</td>
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<td>3</td>
<td>Hot Springs, I had no problem getting me</td>
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<td>4</td>
<td>medical -- seeking medical outside the VA.</td>
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<td>5</td>
<td>Then, when I moved back down here to the clinic</td>
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<td>6</td>
<td>down here in Scottsbluff, now I've got to go to</td>
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<td>7</td>
<td>the VA clinic, and then I've got to get a</td>
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<td>8</td>
<td>consultation from those folks, and then they've</td>
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<td>9</td>
<td>got to send it to the VA to get approval for me</td>
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<td>10</td>
<td>to see an orthopedic doctor.</td>
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<td>11</td>
<td>So I'm in limbo until the VA gets theirs</td>
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<td>12</td>
<td>back, and then the VA has to do third-party, the</td>
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<td>13</td>
<td>VA Choice Program. So they are the ones that</td>
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<td>14</td>
<td>set up the final approval. And then you're the</td>
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<td>15</td>
<td>one -- the veteran has to wait.</td>
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<td>16</td>
<td>And once all that's been approved, you have</td>
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<td>17</td>
<td>to call the Choice Program to see if all the</td>
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<tr>
<td>18</td>
<td>paperwork is done. And then you have to wait</td>
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<td>19</td>
<td>for the Choice Program to set up an appointment</td>
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<td>20</td>
<td>for you, and that can take well over 90 days.</td>
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<td>21</td>
<td>I'm telling you from experience.</td>
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<td>22</td>
<td>See, they don't -- this impact, 150 miles,</td>
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<td>23</td>
<td>and now they want to build a new VA at</td>
</tr>
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<td>24</td>
<td>Rapid City? That's another hour drive. And</td>
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<td>25</td>
<td>then from there, you have to go to Fort Meade.</td>
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<td>Who are they fooling? It's been approved</td>
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TS-7: First, a decision has not yet been made. Second, while certain services would be removed from the Hot Springs campus under the preferred alternative (e.g., RRTP would go to Rapid City), primary care services would remain. Veterans would be able to receive primary care through an updated CBOC operated by VA - now identified as being in a renovated Building 12 on the existing Hot Springs campus. In addition, Veterans living in Nebraska may be eligible for other types of health care services from local providers closer to home through an expanded purchased care program. See also group response in Section E.3.3 of Appendix E relating to purchased care options under the proposed reconfiguration. The goal is to make health care, especially specialty care, more accessible at VA expense, and save Veterans long distance travel. Chapter 2 of the EIS has been revised to expand on the purchased care program element of the proposal.
Commenter TP: Pine Ridge public meeting transcript

1 already, folks. I'm sorry.
2 Why am I wasting my time? Because I'm mad.
3 It's not fair. We have to get up early in the
4 morning just to get up to Hot Springs at a
5 certain time. And then depending if people have
6 to go on to Rapid City or on to Fort Meade,
7 okay. Me, as a driver, I couldn't care less. I
8 was there for the veterans.
9 But there's been times that I wouldn't get
10 back home, we -- I should say we, all the
11 veterans I drove up there for appointments.
12 There was times I didn't get home until 8:30,
13 9:00 at night. And they want to move it to
14 Rapid City? Bottom line, and a statement,
15 politics.
16 MR. PETERS: You're Sal right?
17 SALT FRANCO: Yes, ma'am.
18 MR. PETERS: Okay. After -- after Sal, I
19 missed one, well, John, and then David -- David
20 Berg? Darcy -- David Berg?
21 DAVID BAUER: Bauer.
22 MR. PETERS: Okay. You know who you are.
23 Is that...
24 SALT FRANCO: Okay. I'm Sal Franco, the
25 Commander of Scottsbluff County Chapter 10 of
Commenter TP: Pine Ridge public meeting transcript

TS-8: See group response in Section E.3.3 of Appendix E relating to criticisms of the Veterans Choice Program and options available under the purchased care program.

1. I spent 33 years as either Post or District Commander of the VFW. I can only expand somewhat from what my friend Ed was speaking about.
2. I, too, went to the Veterans Choice Program.
3. They sent me to Scottsbluff. There are two ophthalmologists at Scottsbluff. Not one of them would take a VA patient. You know where I had my cataract surgery at? Loveland, Colorado, 163 miles one way.
4. Then when I got it done, I started getting threatened by bill collectors. You're going to be taken to court for nonpayment. Took me three or four phone calls to the Veterans Choice Program before I finally got them people off my case.
5. And did that help me? No. But 147, 150 miles to Hot Springs, no. Drive 183 to Loveland. Didn't help me any, and made me spend extra time up there. In order to get to the hospital by 8:00 in the morning, I wasn't going to leave here at 4:00 in the morning. I had to spend the night before there. Okay.
6. I was in my last two care -- like I said, Loveland for my eyes. The last surgery I had
TS-9: Regarding the recent construction at Fort Meade, this is not part of the proposal for Hot Springs. Fort Meade is an integral part of the BHHCS system and offers specialty health care services to Veterans throughout the catchment area. The ongoing construction at Fort Meade will benefit all Veterans serviced by the BHHCS and are being made independently of the proposals evaluated in this EIS, which focus on the physical facilities in which future care would be offered in Hot Springs and Rapid City. Section 1.1.2.1 of the Final EIS has been revised to clarify the scope of Fort Meade. See also group response in Table E-2 of Appendix E relating to Scope of the EIS, Inclusion of Fort Meade.

TS-10: 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. That said, the 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.
TS-11: VA believes that the proposed reconfiguration will help improve geographic access to health care services and reduce travel time for Veterans. See group response in Section E.3.1 of Appendix E relating to distance travelled.

Driver eligibility requirements, as specified by the VA, are not within the limited scope of this EIS. However, the VA recognizes the important role drivers play in helping Veterans access the care they need in the rural BHHCS service area.
Commenter TP: Pine Ridge public meeting transcript

eligible -- they're not able to drive our DAV
van, which is one of the problems we have in
just recruiting drivers because of the VA.

The next thing is, like Mr. Franco was
saying, he had to go to Loveland. It's
103 miles. But if he had had it done in the
Black Hills Health Care System, he'd had to go
all the way to Fort Meade, and see, that's
235 miles one way.

Now, that -- you know, that -- and what
concerns me about that, why I got up here is on
this transportation. We really have a problem.
We're out here in western Nebraska. Maybe, you
know, we're out here in the rural area, which we
are. And I understand we chose to live here,
but I don't think we should be penalized for
that with the transportation.

Now, if we try to send -- like, say, we got
a 73-year-old guy and wants to go out for
cataract surgery. He goes all the way to
Fort Meade, he has to go the night before, catch
the van from Hot Springs the VA furnishes up to
Fort Meade.

Has the surgery, comes back, and then the
next day goes home. Takes him three days away
Commenter TP: Pine Ridge public meeting transcript

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<tr>
<td>from home. Just to make that 150-mile trip is</td>
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<td>enough for him. You know, it makes him so tired</td>
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<td>and everything like that.</td>
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<td>So I think if -- if this does go through,</td>
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<td>they are going to go into Rapid City or we have</td>
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<td>to go to Fort Meade for some of this care, I</td>
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<td>mean, I think the VA is going to have to help us</td>
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<td>with this transportation system. They are going</td>
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<td>to have to be able to work with us. Like,</td>
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<td>Mr. Ramirez drove for almost 20 years, around</td>
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<td>that, wasn't that, Ed?</td>
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<tr>
<td>ED RAMIREZ: 20 years.</td>
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<td>JOHN BREUM: 20 years. He drove the van for</td>
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<td>20 years. So all of a sudden they pull him</td>
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<td>because he's a diabetic. He was a diabetic for</td>
</tr>
<tr>
<td>the whole time and taking shots for the whole</td>
</tr>
<tr>
<td>time. So I just don't understand the system.</td>
</tr>
<tr>
<td>They are making it harder and harder.</td>
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<tr>
<td>We do it -- it's a long trip. They leave at</td>
</tr>
<tr>
<td>6:00 in the morning for Hot Springs, and</td>
</tr>
<tr>
<td>sometimes they don't get back until 7:00 if they</td>
</tr>
<tr>
<td>have to wait for somebody to get back from Fort</td>
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<tr>
<td>Meade.</td>
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<tr>
<td>I just hope that with this impact study -- I</td>
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<tr>
<td>didn't see anything on it, and that's why I got</td>
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</tbody>
</table>

TS-12: Decisions regarding any current or future VA transportation assistance programs or reimbursement eligibility within the BHHCS services are not subject to NEPA review or within the limited scope of this EIS to address. VA recognizes the critical role the current transportation system plays in providing many Veterans access to the health care and it would continue under all of the proposed alternatives. See also group response in Section E.3.1 of Appendix E relating to distance travelled.
Commenter TP: Pine Ridge public meeting transcript

up here to say. Something has to be done to
help us with this transportation to get the
veterans here in rural Wakesaka up to the
Black Hills.

I see the director up there kind of shaking
her head "yes." I hope that's -- I hope she
agree with me on that. And she's a real nice
lady. I've met her and talked to her a couple
times.

Even had her captive audience for about an
hour. Veterans Day, she came down. So me and
my son hauled her around in his car, so I had a
captive audience.

But thank you. If anybody has any questions
on the transportation, I'll be glad to work with
you. Now we're running two days a week up to
Hot Springs because we just don't have the
drivers.

We're hoping we got some that are going to
going through. But the VA -- we've had a lot of
where the VA has said, well, we're not -- you
can't use them. And it's really a concern.

Thank you.

MR. PETERS: David Bauer.

DAVID BAUER: Hi. My name is
Commenter TP: Pine Ridge public meeting transcript

| 1 | David Bauer, and I'm a Vietnam era veteran. And |
| 2 | I'm also the caregiver for my 94-year-old uncle, |
| 3 | who's a veteran. |
| 4 | Just the trip to Hot Springs is hard on him. |
| 5 | I transferred him down here to this clinic here, |
| 6 | but the services here were nil compared to |
| 7 | Hot Springs. So I had to transfer him back up |
| 8 | there just to get his eyes checked. |
| 9 | So if I have to take him to Hot Springs -- |
| 10 | or, to Rapid City, that's an extra, another |
| 11 | two hours of driving, and this drive is hard |
| 12 | enough on him the way it is. |
| 13 | So with the move to Rapid City, a lot of us |
| 14 | are probably going to opt to not have the |
| 15 | services instead of what should be done for us. |
| 16 | MR. PETERS: Thank you, David. We've had |
| 17 | David, John, Patricia, and then after Patricia, |
| 18 | it's Larry Hubagin. Is Larry still here? And |
| 20 | So is Larry -- no, Larry. Robert, are you |
| 21 | close by? Which one was Robert? You want me to |
| 22 | bring the microphone back to you? If Patricia's |
| 23 | not ready, we'll go with you first. |
| 24 | PATRICIA SHIMAN: No, I'm ready. Sorry. |
| 25 | MR. PETERS: Okay. So -- then I'd like to |

TS-13: VA understands the challenges and difficulties for many Veterans of driving to health care services that may be far away. VA believes that the proposed reconfiguration and its inclusion of an expanded care in the community program will offer more options to Veterans to receive care closer to where they live. See group response in Section E.3.1 of Appendix E relating to distance travelled.
Your concern, as raised in this public meeting transcript, is part of the public record for this EIS. The poll results, as taken informally at the public meeting and also called out in this response, show an unofficial count of 0 for, and approximately 84 against the move to Rapid City. The Final EIS will indicate in Appendix E.3 that the majority of the public providing comments were in opposition to the proposal.
Commenter TP: Pine Ridge public meeting transcript

TS-15: The EIS reported consistently about waste disposal availability for both Rapid City and Hot Springs (i.e., Custer Fall River Regional Landfill). See Section 4.12.

TS-16: Your support for keeping the Hot Springs campus opened is noted and included in the public record for this EIS.

many people are attending here, but I think there's been about 84 people that are here. And I'm not counting people I think that are reporters or standing at the back.

I think it was kind of biased, what you were reporting on some of the stuff. Like you did mention that Rapid City does have the waste disposal available for it happening in there, but you didn't say a word about whether Hot Springs, the City of Hot Springs does.

You did say the agency would like plan A, for it to be moved. I -- I would rather that it be -- stay where it is and be refurbished. A lot of the veterans are from rural places, and it really would be better if these veterans didn't have to travel an extra hour north just to get those services. Thank you very much.

MS. PETERS: Thank you, Patricia. We have Robert, and then after Robert Butts we have Robert Wells or Mills and then Don Ackerman.

ROBERT BUTTS: I'm going to close my eyes because I'm bashful about talking. Basically everything that I thought about tonight has already been said. You know, how long, how many years has this been going on? I was away from
TS-17: 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 TP: Pine Ridge public meeting transcript

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the Hot Springs group for five years, and they
were talking about it back then.

Seems like all they want to do is talk.
They need to do something for the people in this
area. It didn't take but one trip to -- when
I -- I just transferred out of Cheyenne, back to
Scottsbluff here. It didn't take but one trip
in there to figure out that this Choice thing,
that they -- they are so proudly pushing it as
a joke.

You know, like these guys were saying, Sal,
it's -- it's just a mish-mash. Nobody knows
what they are doing. Nobody does. You know, to
go from Fort Meade to Loveland, that's a joke.
I've been through that part.

They were working on this, like I said, five
years ago. I moved to eastern Nebraska, and
they sent me to Cheyenne. Just prior to that,
they -- they were going to give me a new knee.
And Hot Springs calls and says, We got to send
you to Omaha for a consultation for that.

What's going on? We need that health care
here. It's very simple. I hope there's nobody
here from down there over in Scottsbluff, but my
first impression going back in there was that's
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AUDIENCE MEMBER: It is.

AUDIENCE MEMBER: Amen.

BOB PULTEN: And then they call me and, we forgot to do this. I almost didn't answer the phone because they don't even advertise themselves anymore as the VA. That fellow that called me had some other name on his phone. I almost didn't answer it, but it was an appointment that I wanted.

And so anything -- anyway, I think they need -- they need, and I think everybody here will agree, they have got to get us health, you know. I'm of the age, if I had to go anywhere, if I even go to Hot Springs, I'm at the point if I don't have somebody go with me, I've got to go the day before and spend the night and then go about my appointments. And travel pay don't cover that, I guarantee it.

And so anyway, I guess that reaps about everything everybody else said, but we need to get -- we need to get behind it and get them to do something. You know, even if we have to write a letter to the president. He ain't going to do nothing, but he might hand -- he might...
Hand it down to somebody that might think about it.

Anyway, that's all I've got to say.

MR. HEFFES: So Robert Mills, Nella, changed his mind. Okay. Don Ackerman. Then after Don, it's --

DON ACKERMAN: First, I go to you, Ed. I'm going to tell you something.

MR. PETERS: Hang on a second, please.

Before you get started, I want to call names.

Richard Hilzer will be next after Don, and then Troy Walker, followed by Brian Nielsen.

DON ACKERMAN: My name is Don Ackerman. I'm from Hot Springs. I'm the -- I'm a consulting person, and I'm on the consulting parties for this. I represent the veterans. I'm also on the Save the VA.

And it's not over. Now, maybe when you were in basic training, you went to that surrender class, but I never went to that. Okay? I never went to that class. So you'll have to fill me in on all this stuff. The war is not over.

If you go back there and talk to that gentleman by the door, Adrian Smith says he's going to fight with us and he's going to make it
TS-18: Thank you for the clarification that the VA is not moving the hospital to Rapid City. Under the proposed reconfiguration, no hospital is being moved or constructed in Rapid City. However, under the expanded care in the community program, Veterans would have more options to receive care from local providers closer to their home. See group responses in Sections E.3.1 and E.3.3 of Appendix E relating to distance travelled and purchased care options.

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work.
AUDIENCE MEMBER: Oh, is the Congressman here?
DON ACKERMAN: Yes, he is.
AUDIENCE MEMBER: I would very much like to talk to him.
DON ACKERMAN: I'm not the Congressman.
I'm a representative.
DON ACKERMAN: Representative. Right.
Okay. That being said, the second thing I need to say that's important before I go into -- I'm going to teach you how to do this right.
The second thing I need to say is, you need to read these charts. Hidden in these charts, they are not moving a hospital to Rapid City. They are moving the Dom. They are not giving you a hospital in Rapid City. Read those charts. You're not getting nothing in Rapid City but a Dom. They are moving the Dom out of Hot Springs.
AUDIENCE MEMBER: I think you're under the misconception.
DON ACKERMAN: Oka, you got nothing. Okay.
Now, this is the way you're supposed to do this.
In -- in reference to 1.1.3, they talk about the
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Commenter TP: Pine Ridge public meeting transcript

TS-19: VA acknowledges the omission of Scottsbluff Veterans in the early discussions about the proposed reconfiguration. However it has since been corrected and VA used the most up-to-date information available in the EIS.

TS-20: 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.

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1.2.2.2. Distance traveled. We've got a chart talking about how far you have to go.
You're going to go right past Hot Springs, right past Rapid City, and right over to Port Mears to get your medical care.
We are ready to fight with you and make this happen, but if you don't say something, we've got nothing to fight with.
I want you to all remember. 2011, they were going to close this place. All right? What year is it now? Anybody got an idea? I don't keep track because I'm retired. It's not 2011. They've taken a lot of away from us, but it's not gone.
And I believe at this time, in my heart, we've got them beat, and we can beat them. But I can't beat them if you just give up. You know, I never even got a white flag anywhere, man. I didn't get it.
And I'm not picking on you.
AUDIENCE MEMBER: Well, no, but you have --
MS. PETERSEN: Finish your comments.
DON ACKERMAN: Anyway, and I'll probably come up later when everybody is done, but that being said, you need to address the things like...
I did.
Find the area, address it, and say it’s not true. We travel further for health care.
You’re not making it better for me. You need to talk to our representatives and our Congressman,
because after everything else, there’s that other avenue here.
You know, I’m sorry, I fought some really tough dudes. You know these guys back there? They don’t scare me. You’re afraid of the VA? I am not afraid of the VA. And I can tell you all day the bad things they’ve done to me since I started this battle. Okay.
But I fear them not. So why are you? We can fight and win this battle. Don’t let them take away our services.
And remember, you know, we’re all old farts. The people that count are the kids that are over there fighting this war right now. They are the ones, we have to make sure they have facilities when they come back home. And by God, if you quit, it’s not going to happen. Thank you.
MS. POTTER: Richard Wilser, Mr. Wilser, and then Troy Walker. Is Troy still here?
Okay. And then Brian Nielsen after that.
Commenter TP: Pine Ridge public meeting transcript

TS-21: 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.

RICK HILZER: My name is Rick Hilzer. Most of you guys know me by that. I wasn’t going to say anything tonight, but I started listening to this Choice Program and this and that.

When I first came into the system, I came to the Scottsbluff clinic. It was people from Hot Springs that came down here three times a week. We had excellent care.

Julie Watts, I’m pretty sure all of us would take her back in a heartbeat. But then they fanned the clinic out. It wasn’t as good as it was before. And they’ve had various changes through there, and it’s getting worse and worse and worse as time goes by.

More things are wanted to be shifted here at home. That’s a joke. I spent less time doing paperwork when I was a first sergeant than I did trying to get bills paid. It gets shipped over to the hospital and doctors' offices, and get back to the Choice Program and the Health Net program and everything else.

TS-21

It’s a mess. When it used to be you went in to the emergency room, you told them you were VA, that was the end of it. Now you tell them you are VA, first place they go is if you got any

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type of health insurance, that's where they are
going to go. If you've got a supplement, that's
where they are going to go.

If you want to try and refile that with the
VA, you better sit down, because it's going to
take about four months to even get started. And
then it's going to go through a review board,
which I found out is made up of a bunch of
nurses. So you're going to end up paying for a
lot of stuff.

There was something, and I'll be real fast,
something about health care. I found this out
from Hot Springs. Not from anywhere else. I
needed some eye work done, and they asked me if
I wanted to go to Scottsbluff. I declined
Scottsbluff. I said, Where else can I go?

They said, There's an eye institute in
Rapid City. And I said, I'll go there.

Little did I know they have satellite
systems that go -- I think it's to Crawford, to
Alliance, to Chadron. My eye surgeries were
done at Chadron by board-certified people.

So you want to keep that in the back of your
mind. You don't need to go to Fort Collins.
Chadron is a lot closer. And something -- and I
TS-21

But the Choice Program is not working. I fought two weeks to try and get an appointment approved that was made when I was in the Heart Center of the Rockies. And it took me that long to get it approved to go back and see the specialist. That's not working in our favor. That's not working in anybody's favor.

I hope they haven't made up their mind on closing Hot Springs. They are talking about buying land. I think there's 10 acres acre up there that they already own. What do they need to go buy land in Rapid City for?

I agree, though. I feel my words have fallen on deaf ears. I don't think we are getting a fair shake from our Congressmen and stuff. And the people in Washington, they come out and say, yes, they are for us. Look on there, get on the Internet, and see how they vote once. See how they vote on the military things, and you'll be really surprised. Thank you.

TS-22

Your support for keeping Hot Springs open is noted as part of the public record. Under the preferred alternative, the proposed development in Rapid City would likely require new land under the build or lease option to accommodate the size requirements of an MSOC and RRTP. No site has been identified and land ownership is not known.

It should be noted that VA's new preferred alternative, as identified in the Final EIS, is to provide outpatient health care services in Building 12 on the existing campus such that no land would need to be purchased in Hot Springs.
Commenter TP: Pine Ridge public meeting transcript

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<tr>
<th>Line</th>
<th>Text</th>
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<tbody>
<tr>
<td>1</td>
<td>my name is Troy Walker. I moved back here to</td>
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<td>2</td>
<td>the Panhandle in ’98 after I got out of the</td>
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<tr>
<td>3</td>
<td>military. And even at that time, I started</td>
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<tr>
<td>4</td>
<td>going to Cheyenne. Now, I didn’t like Cheyenne,</td>
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<tr>
<td>5</td>
<td>because I was treated like cattle. Okay.</td>
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<tr>
<td>6</td>
<td>Now, my father, who was in the Korean War,</td>
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<tr>
<td>7</td>
<td>he was going up to Hot Springs, and he kept</td>
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<tr>
<td>8</td>
<td>telling me, go to Hot Springs, go to</td>
</tr>
<tr>
<td>9</td>
<td>Hot Springs. Well, it wasn’t my decision to go</td>
</tr>
<tr>
<td>10</td>
<td>to Hot Springs. I have a rare blood disease</td>
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<tr>
<td>11</td>
<td>now, and I have to get monthly blood draws at</td>
</tr>
<tr>
<td>12</td>
<td>the CBOC.</td>
</tr>
<tr>
<td>13</td>
<td>Now, the problem that I have with the CBOC</td>
</tr>
<tr>
<td>14</td>
<td>now, we’re treated like cattle. Every time we</td>
</tr>
<tr>
<td>15</td>
<td>go in there, the employees are so unhappy to</td>
</tr>
<tr>
<td>16</td>
<td>work there. They don’t want to see us. You</td>
</tr>
<tr>
<td>17</td>
<td>know, and there is no doctors or, well, they are</td>
</tr>
<tr>
<td>18</td>
<td>only working three days a week. Well, being</td>
</tr>
<tr>
<td>19</td>
<td>somebody down from Fort Meade, you know. Gone</td>
</tr>
<tr>
<td>20</td>
<td>on. The VA has plenty of money.</td>
</tr>
<tr>
<td>21</td>
<td>And I have this. I will read it. But I</td>
</tr>
<tr>
<td>22</td>
<td>also want to say the VA Choice Program, when I</td>
</tr>
<tr>
<td>23</td>
<td>tried to use it, I got my own little card. I</td>
</tr>
<tr>
<td>24</td>
<td>got a paper saying that I was able to do this.</td>
</tr>
<tr>
<td>25</td>
<td>But when I tried calling to set up appointments,</td>
</tr>
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TS-23: It is not clear which CBOC the commenter is referring to. However, the Scottsbluff CBOC is a contracted facility. The clinic provides primary care services to Veterans five days per week.

TS-24: 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.
The Cheyenne VAMC is a listed NRHP historic district, the Sheridan facility is not. Fort Meade is listed in the NRHP as a historic district.

Each historic property is different, not only because of the age of the buildings, but also the configuration of the buildings, the location of the facility, and the services available in the area.

VA would be required to follow the ABA and its own agency guidelines under any alternative that retains a VA presence on the VA Hot Springs campus. See group response in Table E-2 of Appendix (Category Purpose and Need) relating to accessibility and needed renovations.
<table>
<thead>
<tr>
<th>Commenter TP: Pine Ridge public meeting transcript</th>
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<tbody>
<tr>
<td>1. we can't make any improvements. And we can't do anything there.</td>
</tr>
<tr>
<td>2. Well, Cheyenne, Sheridan, I've been to both places. They have had -- they have added on.</td>
</tr>
<tr>
<td>3. They have done everything they needed to keep those open. Fort Meade, it's a historical landmark, is it not? Look what they are doing up there. So why is Hot Springs so different?</td>
</tr>
<tr>
<td>4. And I just said the Black Hills Health Care system told these veterans what we need for -- sorry, this is really bad -- for health care and how the VA spends their money for us. But we never had a say in it. Where were we at when they decided to close Hot Springs? Was there a VA representative there? No.</td>
</tr>
<tr>
<td>5. They are just doing it because of the money. What needs to happen that I feel is -- let's see, the 780-page written by the environmental program or the VA administrator is so strategically done that a simple person like me is not going to be able to read it or fall asleep trying to read it. 780 pages. Are you kidding me?</td>
</tr>
<tr>
<td>6. All they need to do is do two spreadsheets.</td>
</tr>
</tbody>
</table>

TS-25: First, a final decision has not yet been made. Second, the Hot Springs facility would not necessarily be closed. Outpatient primary care services, under the new preferred Alternative A-2, would continue to be provided in renovated Building 12 on the Hot Springs campus. Third, VA is using the NEPA public involvement process to obtain public/Veteran input on the alternatives analyzed in the EIS so that the VA can make an informed decision before taking action. Note that the analysis in the EIS is limited to the environmental consequences of the physical facilities used to provide health care services to Veterans in the BHHCS service area, and does not support a decision related to the specific health care services VA offers.

TS-26: VA recognizes the EIS is a long and may be a difficult document to read. The EIS includes an Executive Summary that highlights the important information for those readers that don't have time to read the entire document. The Executive Summary includes a table that summarizes and compares the impacts of each alternative on all resource areas.
Have a couple veterans, couple people from Congress and VA representatives, and two little spreadsheets. On one, Hot Springs, what are the benefits? The second one is, Going to Rapid City, what are the benefits? Who's going to prosper from it? Because the veterans here are not prospering from anything, and we -- we don't have a say in anything. And we should. We are the biggest group in the United States. We can band together, and we can do anything that we want. They can't take away those rights. So yeah, that is about it. And I just want to thank everybody here tonight. I want to thank you two ladies. All the veterans and families, I know I appreciate you guys as much. And I know nobody knows me here because I always keep a low profile in this town, so. Have a good night.

MR. PETERSEN: Thank you. Brian, is Brian Nielsen still here? And after Brian will be Richard Hobbe, okay, and then Joy Hobbe and Joe Miller. Is that --

BRIAN NIELSEN: I'm a little dirty. I work for a living.

MR. PETERSEN: That's okay.
BRIAN NIELSEN: I keep hearing economic impact. What about the economic impact on us veterans? What about the -- I hear government outlays, government budgets. But we get our illegal aliens, our refugees, get everything handed to them. But when it comes to budget cuts, the first thing they do is, they go to the veterans and say, We're going to take that from you because we've got to give it to somebody that's not even an American.

That's what peeves me off the most. We earned the right to have full services. Somebody coming into this country we are fighting for and have fought for, and I'm an Iraq veteran, and give it to total strangers and turn their backs on us.

We signed on the dotted line agreeing to the contract that we will risk our life. We do our job and we do our job above standards. And when we're done, or I should say when the government is done with us, they turn around and flip us off and walk off. That's -- I thought I'd never see that in America. Citizens are second class. Veterans, we don't even rate. That's all I've got.
**Commenter TP: Pine Ridge public meeting transcript**

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<tbody>
<tr>
<td>1</td>
<td>MS. FELDEN: Thank you, Brian. Richard.</td>
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<td>2</td>
<td>RICHARD ROBB: I'm Richard Robbs. First</td>
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<td>3</td>
<td>off, I would like to thank all the veterans that</td>
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<td>4</td>
<td>are here and their families, because veterans</td>
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<td>5</td>
<td>have to have their support, and that's the</td>
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<td>6</td>
<td>family.</td>
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<td>7</td>
<td>I'm going to just throw out some things off</td>
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<td>8</td>
<td>the top of my head. I've been in VAs across</td>
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<td>9</td>
<td>this country, both the wife and I. Out of all</td>
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<td>10</td>
<td>the VAs I've been in, Hot Springs has provided</td>
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<td>11</td>
<td>the best doggone service that we've ever. I've</td>
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<td>12</td>
<td>not more people that have transferred to get out</td>
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<td>13</td>
<td>of Cheyenne and go to Hot Springs.</td>
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<td>14</td>
<td>When you stop and consider, like this last</td>
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<td>15</td>
<td>gentleman said, we're dumped on. 1 percent,</td>
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<td>16</td>
<td>1 1/2 percent of the population, max, in the</td>
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<td>17</td>
<td>ones that goes in, takes an oath, and goes and</td>
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<td>18</td>
<td>does their duty for their country for freedom</td>
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<tr>
<td>19</td>
<td>and everything else.</td>
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<tr>
<td>20</td>
<td>An example of VA services, I've been down in</td>
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<td>21</td>
<td>the Phoenix VA, which everybody should know</td>
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<td>22</td>
<td>probably has that record of vets dying waiting</td>
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<td>23</td>
<td>to get an appointment.</td>
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<td>24</td>
<td>I had an early morning appointment there,</td>
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<td>25</td>
<td>folks. I got there, I was one of the first ones</td>
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BLACK HILLS REPORTING 605.721.5600
Commenter TP: Pine Ridge public meeting transcript

TS-28: Your support for remaining at the Hot Springs Medical Campus is noted and included as part of the public record for this EIS.

1. There. By the time I got in for my appointment, I was the very last appointment taken in that day.
2. They are combining facilities. And when they combine these facilities and they make them bigger, service gets even less. So if you're not used to getting service now, you better not plan on getting any.
3. But this Black Hills VA, we need to hang on to this. We need to fight for it. Like this other gentleman with the vest, we need to fight for the young vets because, believe me, there's going to be a lot more of them coming home now than the past ones.
4. The gentlemen that are leaving here and waiting -- I can only -- I send my blessings to them, but you got veterans that are leaving here. And if you look at them, they are on walkers, they are on canes. They are like me. They limp or just -- not too good here.
5. But we need to take care of the vets. Lord knows, if I could stand somebody up from the grave right now, I'd love to stand Abe Lincoln up here. And I'd love for him to see the current VA administration, especially the
TS-29: 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 TP: Pine Ridge public meeting transcript

1 number one secretary in the VA. I can -- I won't push that issue, but he's already disgraced himself.
2 We really need to continue this fight. I feel lost at times when I think of the VA. The Choice Card Program, that was sent to me. Then they send me a -- they send me a notice saying that, You're not eligible for the Choice Program because you've got this clinic here.
3 Well, this clinic here doesn't take care of my kind of problems or my wife's kind of problems. Next thing you know, I get the Choice Cards in the mail. So they are doing everything backwards.
4 But I've got more I could probably say, but like I say, it's gotten lost in the back of my skull somewhere. But we've got to keep fighting, guys. We have to. God bless all the veterans and their families. Let's keep fighting for these young vets, especially.
5 JOY ROBB: My name is Joy Robbs. I'm an Army vet, and I'm on disability. I would like to say thank you to all the vets for the service, and God bless you all and your families. I have a brain injury, so I have to
#### Commenter TP: Pine Ridge public meeting transcript

<table>
<thead>
<tr>
<th>Line</th>
<th>Text</th>
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<tbody>
<tr>
<td>1</td>
<td>write this down or I'll never remember.</td>
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<td>2</td>
<td>Talking about construction and its impacts,</td>
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<td>3</td>
<td>what construction is planned for the Hot Springs</td>
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<td>VA? It can only do interior changes anyway.</td>
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<td>5</td>
<td>They don't touch the exterior.</td>
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<td>Why do they think that it would be such an</td>
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<td>negative impact on the community? It will keep</td>
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<td>8</td>
<td>the town alive, and it'll keep the local jobs.</td>
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<td>9</td>
<td>And there are enough people to fill all the jobs</td>
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<td>that they have at the VA. What they are doing</td>
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<td>11</td>
<td>and what they plan on doing is going to shut</td>
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<td>down the town, too.</td>
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<td>There is a building presently in</td>
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<td>construction, and it doesn't negatively impact</td>
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<td>15</td>
<td>the town because they know there's going to be</td>
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<td>16</td>
<td>more money and more jobs coming in.</td>
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<td>17</td>
<td>Moving to Fort Meade for us is a five-hour</td>
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<td>18</td>
<td>drive one way, and then we have all-day</td>
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<td>19</td>
<td>appointments, and then it's a five-hour drive</td>
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<td>back. We can't do that anymore. We have to</td>
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<td>21</td>
<td>stay overnight. So there's even more money out</td>
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<td>22</td>
<td>of your pocket if they don't have a room or</td>
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<td>23</td>
<td>don't give you a room because you're not</td>
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<td>24</td>
<td>eligible because of whatever reason, and they</td>
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<td>25</td>
<td>turned us down before.</td>
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TS-30: No new (outside) construction is included in any of the Alternatives for the Hot Springs campus. Any new CBOC that would be constructed in Hot Springs under Alternatives A through D would be in a new off-campus location. Under the new preferred alternative A-2, as identified in the Final EIS, VA has decided to locate the new CBOC in Building 12 on the existing Hot Springs campus. As such, all construction activities associated with the renovation of Building 12 would be confined to interior work.

TS-31: New construction activities can result in positive economic impacts to a community because of new jobs as commenter points out. Operation of the new facilities, however, would include fewer staff in Hot Springs under the proposed reconfiguration. This would result in potential adverse impact on the local community, although the VA will make efforts to minimize this impact to the extent possible. Economic impacts are discussed in Section 4.10 of the EIS, which has been revised to include local community impacts in addition to those identified at the county level. See group response in Table E-2 of Appendix E relating to socioeconomic impacts. In addition, the final EIS also addresses the potential cumulative impacts of a proposed new VHA national pharmacy call center to occupy Buildings 3 and 4 on the existing Hot Springs campus. Such an action would help minimize adverse economic impacts from the proposed reconfiguration.

TS-32: The proposed reconfiguration would help make health care more accessible to Veterans in the BHHCS service area. See group response in Section E.3.1 of Appendix E relating to distance travelled. Section 2.1 of the EIS also has been revised to clarify this element of the purchased care program.
<table>
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| 1. I have a traumatic brain injury. I can’t drive alone anymore. I have to have my husband with me. And going to Cheyenne, that’s a joke, because like everybody says, the care is really bad. And me — my daughter is a vet, and she’s 100 percent disability, and she gets her appointments canceled. Sometimes she’s there three times a week because they can’t put appointments together for us or for anyone else you only make one trip instead of three. So it’s really hard on our budgets now.
| 2. Let’s see. Choice Program is a joke. Scottsbluff, there’s not enough services, so you can’t get anything done.
| 3. Closer to where the vets are, that’s also a joke. Hot Springs VA serves vets from Nebraska, Wyoming, South Dakota, and the reservation. Where are they supposed to go? Keep driving further and spending more and more of our own money.
| 4. They need to listen to our voices and give us the treatment that we served our country for.
| 5. If the decision hadn’t been made, and I hope it hasn’t, we need to fight. Thank you.
| 6. MS. PETERS: Okay, Joe Miller. |

TS-33: 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.

TS-34: The proposed reconfiguration would help make health care more accessible to Veterans in the BHHC service area. See group response in Section E.3.1 of Appendix E relating to distance travelled. Section 2.2 of the Final EIS also has been revised to clarify this element of the purchased care program.
The need to change to the configuration of health care services within the BHHCS service area is clearly laid out in Chapter 1 of the EIS. VA believes the reasons are valid and necessary to help ensure that VA delivers the best possible care for our Veteran, including improving geographic access to health care in the BHHCS service area. See also group response in Section E.3.1 of Appendix E related to distance travelled. Section 2.2 of the Final EIS also has been revised to clarify this element of the purchased care program.

The socioeconomic impact analysis (Section 4.10) has been updated to address potential adverse impacts to the local community. See group response in Table E-2 of Appendix E relating to socioeconomic impacts. The community services impacts (Section 4.111), such as relating to school enrollment, have also been revisited in the Final EIS but the current analysis was found to be valid.
The socioeconomic impact analysis (Section 4.10) has been revised in the Final EIS to include additional discussion (qualitative) on local impacts to the community and recognizes the potential for adverse impacts. See group response in Table E-2 of Appendix E relating to socioeconomic impacts.

The environmental consequences identified in the EIS are one factor the decision maker will consider when making a final decision. However, NEPA does not require an Agency to select the alternative with the least environmental impact, rather to provide sufficient information on potential impact for the decision maker to make an informed decision.

Commenter TP: Pine Ridge public meeting transcript

enrollment to plus 4.4 percent on enrollment.
That's a crock of crap. One in five people in
Hot Springs worked at the doggone VA, and their
families. That has got to be an error, that it
will have only potentially 1 percent negative
impact on school enrollment. That's baloney.
Somebody is blowing smoke.
Closing this VA will kill that town.
Absolutely kill it. They've got a soldiers home
there, VA there, for over 100 years. Come on.
If you look on page 25 in this executive
summary and they are talking about socioeconomic
impact, my third point talks about the effect on
the economies. Alternatives A through D, which
are all kind of semi-preferred by the VA, talk
about a negligible impact on Rapid City.
Folks, if you're from that neighborhood,
this is about Rapid City and Hot Springs and
Sturgis. Negligible impact on Rapid City to
build all this facility and move all these
services up to Rapid.

Major negative impact on Hot Springs. Major
negative impact on Hot Springs. What the hell?
We're trying to kill a town here and move
services? Look at what Western Sugar did in

TS-37
Commenter TP: Pine Ridge public meeting transcript

Torrington. Folks, that's going to happen in Hot Springs. And oh, by the way, we get to drive a little farther.

So those are my three comments. Travel, I think the VA's blowing smoke up our skirt when they say it's going to be cheaper. The effect on schools, outright bad math. And effect on economies, it's going to kill Hot Springs, and it isn't going to affect Rapid City. They say it by their own. This is going to be a negligible positive impact in Rapid City's economy and a major negative impact on Hot Springs. Thanks.

MR. PETERS: I guess we're competing with Christmas now. So that is the -- Chris, any more cards for speakers? Okay.

Again, we want you to focus your comments on the draft EIS. A lot of things being said, you know, are going to be in the record, but if you had a chance to look at the draft EIS or the boards, those would be the comments that we're looking for.

A couple of minutes, if anyone hasn't had a chance to speak. You -- okay. We'll open it back up for anybody. Sal.
Commenter TP: Pine Ridge public meeting transcript

50

SAL FRANCO: I spoke once already, but I'd like to add a couple comments, if I may.
I didn't think about it a while ago, and maybe I should have. That board back there says hard to keep Hot Springs open because of lack of staff.

Well, Adrian Smith and a couple of Senators in South Dakota had a meeting in Hot Springs about a year ago, was that? I believe. One of the questions was asked. Why is it so hard to keep a physician in the VA facility in Hot Springs?

Well, my answer to that is, would you like to keep working at a facility that had no job security? Not me. I'm going to go someplace where I can get a job and stay there. I'm not going to keep a job that might come up tomorrow and tell me, Hey, sorry, we're closing the place, you don't have a job.

I've lost two of my last physicians in Hot Springs that way. Had one for about a year or so. He's up in Idaho. The other one is working for Rapid River hospital there in Hot Springs. They are not with the VA anymore. Why? No job security. Like to point that out.

BLACK HILLS REPORTING 605.721.2400

TS-38: VA has tried to include the primary difficulties in retaining qualified staff at the Hot Springs medical facility in Section 1.2.2.1 of the Final EIS. However, VA recognizes that a concern over job security - associated with the uncertain future of the Hot Springs facility - could be another reason staff choose not to work here. The general point remains the same, however - that staffing has been a problem and is one of the reasons for Agency action.
Commenter TP: Pine Ridge public meeting transcript

TS-39: Your support for keeping Hot Springs facility open is noted and included as part of the public record for this EIS.

TORRINGTON, Wyoming, Western Sugar. What's Chico's going to do to Sidney? That would be just as bad for Sidney as closing Hot Springs VA hospital is going to be for Hot Springs, South Dakota. But do we care about the town?
No. We want to help somebody else. Thank you.

MS. PETER: Thanks, Sal. Okay. If there are no other comments, I want to --

TROY WALKER: I just got one more thing to say if I can.

MS. PETER: Okay.

TROY WALKER: Then I'm done. Okay. Okay.

What I'd like to say is, the reason why we should fight for Hot Springs is because they are family. When I go there, everybody knows me by my first name. I'm not cattle. All the community people, when I go to places to eat, they know me.

We go -- I go to Fort Meade every once in a while because I have a neurologist up there.

They don't care. You go to re -- it's our second home. If they build a facility in Rapid City or even expand Fort Meade, it's not our home.

We have to travel through a congested town,
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<tr>
<td>1 Rapid City, and for our mental status, that's</td>
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<td>2 terrible. We're rural. We decided to stay in a</td>
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<td>3 rural area. That's where we want to be.</td>
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<td>4 So that's all I have to say. We can do</td>
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<td>5 this. We can fight for the VA, and we can keep</td>
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<td>6 Hot Springs open. Thank you.</td>
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<td>7 MS. PETERS: Thank you, Troy.</td>
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<td>8 ED RANIERI: I can compete with that</td>
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<td>9 too.</td>
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<td>10 Ladies and Gentlemen, I tell you, I can</td>
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<td>11 understand --</td>
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<tr>
<td>12 MS. PETERS: You're not -- you're not</td>
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<td>13 competing with the trumpet. Speak into the</td>
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<td>14 microphone.</td>
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<tr>
<td>15 ED RANIERI: I'm not -- I can understand</td>
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<td>16 where he's coming from when he makes the</td>
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<td>17 statement that we shouldn't stop fighting. But</td>
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<td>18 how can you stop fighting when the war has</td>
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<td>19 already been won?</td>
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<td>20 For those of you who are not economically</td>
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<td>21 inclined, okay, the environmental study, impact</td>
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<td>22 study, that's a law. They have to have that,</td>
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<td>23 And then when the -- DiStasio or whatever</td>
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<td>24 the other director's name was, all those</td>
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<td>25 townhouse [sic] meetings, that was because of</td>
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SLACK HILLS REPORTING 605.721.2800
Commenter TP: Pine Ridge public meeting transcript

TS-40: Under the new preferred alternative A-2, which is a modified version of Alternative, VA would now maintain a small presence on the Hot Springs campus to operate a new and modern CBOC within a renovated Building 12.

Regarding the potential need for another impact study, the decision to operate the CBOC on the existing Hot Springs campus would require no additional NEPA review. With respect to Rapid City, the EIS includes a bounding analysis and site assumptions - for both Hot Springs and Rapid City - to help it identify potential impacts without a specific site being identified. Another NEPA review would be required for proposed activities in Rapid City ONLY if the site selected included special characteristics that had not been evaluated in this EIS.

the law.
Again, they already know what they are going
to do, the VA. And I'm telling you, folks, in a
couple years, they've got to buy the land. Once
they buy the land, they've got to have another
impact study done.
This is just a cushion to provide the
veterans and say, look we're -- we're trying to
help you. We're trying to service you. But we
have to have this impact study. Waste of tax
dollars for what? For knowledge that we
know that the VA in Hot Springs is going to
close. And that's sad.

MS. PETERS: Okay. So --

DAVE FISHER: Can I make a comment?

MS. PETERS: Gentlemen,

DAVE FISHER: I'm not signed up.

MS. PETERS: That's all right. Just state
your name.

DAVE FISHER: Thank you. I'm Dave Fisher,
and I appreciate the comments tonight. A lot of
good points were made.
I want to stand up and try to say something
positive for what we have. And I really enjoy
working with the people at the clinic here. I
Commenter TP: Pine Ridge public meeting transcript

Think we've got some first-rate doctors, and
I've had good care. My health has not been bad.
I've been really lucky with health, so the care
I've got in the VA system has been preventative,
so can't speak to anything serious.
But I would say that the system has its
problems, and they have a lot of bureaucracy
that makes things difficult. I know from family
members that work at the VA in Utah that they
have money problems, the VA does, and that could
be where the changes are coming from.
I think the Choice Program could work. I --
I had a bit of cancer burned off my nose, and it
was no problem. My doctor recommended it at the
clinic here in Scottsbluff. And they sent me
over to the Regional West and got me an
appointment with a doctor that specialized in
that, and he did it. There wasn't any big
hassle with the paperwork.
And I know that's not been the experience of
a lot of other people, but I'm saying that I
think the Choice Program can work, and that
has -- that would help our travel quite a lot.
That doesn't mean I'm in favor of closing
Hot Springs. I think the people relationship up
Commenter TP: Pine Ridge public meeting transcript

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<td>1</td>
<td>there is important, and obviously, they have a</td>
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<td>2</td>
<td>very good relationship. Thank you.</td>
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<td>3</td>
<td>HOMER CHARGO: Can I get the mic, please.</td>
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<td>4</td>
<td>MS. PETERS: Yep. I'm going to bring it</td>
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<td>5</td>
<td>back to you.</td>
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<td>6</td>
<td>HOMER CHARGO: I asked earlier if there were</td>
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<td>any VA reps here, and there are two gentlemen</td>
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<td>8</td>
<td>here that I do want to give credit to. We have</td>
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<td>Robert Alan Friedman from Morrill County. We have</td>
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<td>10</td>
<td>John Brehn, our VA rep from Scottsbluff County.</td>
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<td>These guys go to bat for us, you guys. The</td>
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<td>trouble is that the VA rubber-stamps everything.</td>
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<td>13</td>
<td>Denied, no good, do it over, send it back.</td>
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<td>14</td>
<td>These are the two guys that are fighting for</td>
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<td>15</td>
<td>us continually. They need the recognition, not</td>
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<td>16</td>
<td>to be put in a clump with everybody else that's</td>
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<td>17</td>
<td>in the VA that doesn't give us information, does</td>
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<td>18</td>
<td>not help. These two guys are the ones that go</td>
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<td>19</td>
<td>to bat. Remember them. Thank you.</td>
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<td>20</td>
<td>DON ACKERMAN: I promise I'll be very short.</td>
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<tr>
<td>21</td>
<td>MS. PETERS: Okay.</td>
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<td>22</td>
<td>DON ACKERMAN: In reference to HHS -- and</td>
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<td>23</td>
<td>this is important. I understand their</td>
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<td>24</td>
<td>viewpoint. That's fine. But I will tell you,</td>
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<td>25</td>
<td>our Congressional representatives have said</td>
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BLACK HILLS REPORTING  605.721.3600
TS-42: 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 TP: Pine Ridge public meeting transcript

```plaintext
1 this: If you have bad data that you put into
2 the EIS and you got a bad result, then we will
3 do something about that.
4 That is what they've said in writing, for
5 what it's worth. If you think this is bad data,
6 you have to prove it's bad data. And they said
7 they would act on it.
8 And if you're afraid to do it yourself, get
9 the information to me, and I'll forward it in.
10 The point is, they are asking us to fight the VA
11 the correct way. There's a lot of ways we could
12 fight them. The correct way. Put the data in.
13 If it's bad, you prove it's bad data. If you
14 put in bad data, you're going to get a bad
15 result. You know that.
16 So, you know, we could talk all day if it's
17 going to happen or not. As long as I'm
18 breathing, that facility will not close. All
19 right? You got that? That's a fact. That's a
20 fact.
21 SPEAKER: I just have one statement. You
22 said that you thought the VA -- or the Choice
23 program could work. When we started it, it took
24 us forever to get any appointments, plus no
25 local doctors or hospitals take this program.
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Black Hills Reporting 605.721.3400
VA acknowledges the omission of Scottsbluff Veterans in the early discussions about the proposed reconfiguration. However, it has since been corrected and VA used the most up-to-date information available in the EIS.

Minority and low income data included and analyzed in the EIS (Sections 3.15 and 4.15) are at the county level (Fall River County) and show total minority population much less than the commenter’s figures of 30-35 percent. Additional internet research identifies Hispanic population at less than 5% for Hot Springs (http://www.city-data.com/city/Hot-Springs-South-Dakota.html). These small percentages are consistent with VA’s analysis in the EIS which indicates that minorities would not be disproportionately affected from the proposed reconfiguration.

Alternatives involving new construction in Hot Springs could benefit minority and low income populations through new construction jobs. In addition, a proposed new VHA national pharmacy call center, to be located in Buildings 3 and 4 on the existing campus, would bring 120 new jobs to the area that would potentially benefit the local population, including minority and low income populations.
Commenter TP: Pine Ridge public meeting transcript

TS-45: More military recruits could possibly come from rural areas, however, it has no direct relevance to the Veteran population data used in the EIS or on the proposed reconfiguration alternatives.

1. I'm thinking that in the big cities, there aren't so many people, older generations and new generations, that are signing up for the military. People do it because they love our country, and they do it because they need a good job.

2. And I think what we're aware that there aren't the jobs in rural communities for people, and so I think more people are inclined to sign up for the military in rural areas. And I really think that the data might be skewed.

3. I would suggest that if you don't have a form for making comments, pick one up. Make copies, give it to your friends, your neighbors, anyone that does have an opinion either way.

4. Thank you very much.

5. MS. PETERSON: Thanks. One more here?

6. SPEAKER: Yes, ma'am. Good evening, Ladies and Gentlemen. I tend to talk a little fast, so I'll try to slow it down. If I talk a little too fast, just let me know. I'll do what I can.

7. So I used to go to the Cheyenne VA. I got out of the Marines in 2010. Bit of a crippled mess. I tried real hard to get back into the
Commenter TP: Pine Ridge public meeting transcript

TS-46: Thank you for sharing your personal story. Your support for the Hot Springs facility is noted and included as part of the public record for this EIS.

civilian life. It was really hard.

I tried getting all the help I could from

the Cheyenne VA, and I played phone tag for

years and then finally talked to John. He

helped me get some things -- he helped me get

some things straight. But me swapped over to

the Black Hills VA.

Part of the reason we're all rural, we

prefer the hospitality. You get to the big --
you get to the big cities, you don't get all the

friendly people. You don't get the people that

care. You get some sơmo that says, Oh, just

another guy to do some more paperwork on.

That's all they care about.

We're all Midwesterners. We take care of

our own. You get to the -- they are

Midwesterners up there, too, but it's a

different breed when you get to the big cities.

Thanks to the Black Hills VA, I've been able
to start getting my counseling. I've been able
to start acting like a real person, hide the

rage -- not hide the rage, take care of it.

You know, it's all of you. I haven't had to

use all the services that the VA offers quite

yet. Thankfully, I'm still in fair condition
### Commenter TP: Pine Ridge public meeting transcript

<table>
<thead>
<tr>
<th>Commenter TP: Pine Ridge public meeting transcript</th>
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<tbody>
<tr>
<td>for now. But you, you all stuck at it. Good</td>
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<tr>
<td>fight. Your war was a little harder than mine</td>
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<tr>
<td>was. You got a little more -- quite a few more</td>
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<tr>
<td>injuries than mine, physically or mentally. But</td>
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<tr>
<td>you all stuck a good fight, and you will</td>
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<td>continue to do so.</td>
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<tr>
<td>A lot of people my age, I notice I'm the</td>
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<td>youngest fellow in this room, they see all the</td>
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<td>stuff going on, they don't even want to bother.</td>
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<tr>
<td>They don't want to get involved because there's</td>
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<tr>
<td>no such red tape or anything else involved.</td>
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<tr>
<td>Budget cuts that affect us all, all of us</td>
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<tr>
<td>that signed that line. And you know, it's</td>
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<tr>
<td>just -- then they're trying to make this move.</td>
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<tr>
<td>It's just going to make it, like you said, go</td>
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<tr>
<td>downhill.</td>
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<tr>
<td>This Choice Program, it's got flaws. They</td>
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<tr>
<td>all do. They all do when they are first</td>
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<tr>
<td>starting out, but they are really not going to</td>
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<tr>
<td>get it straight. They try to implement this</td>
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<tr>
<td>program to do this. Not going to do a thing.</td>
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<tr>
<td>Get to get it on track.</td>
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<tr>
<td>They are not going to take care of us if we</td>
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<tr>
<td>don't speak up, so we got to make sure we speak</td>
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<tr>
<td>up. I'm doing my best to try to get people my</td>
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TS-47: 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.
<table>
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<tr>
<th>Commenter TP: Pine Ridge public meeting transcript</th>
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<tr>
<td>1. age in, so we can help make it better for all of us, too. Trying to get more involved, trying to get some other my age involved, too, because we're all in one big fight. Now we've got to fight here on the home front, taking care of ourselves.</td>
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<tr>
<td>2. AUDIENCE MEMBER: I have a question.</td>
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<tr>
<td>3. SPEAKER: Sure.</td>
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<td>4. AUDIENCE MEMBER: When you were being discharged from the military, okay, by chance, were you given an out-briefing?</td>
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<tr>
<td>5. SPEAKER: Yes.</td>
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<td>6. AUDIENCE MEMBER: Were you told about the VA and what you could or could not possibly be getting from the VA?</td>
</tr>
<tr>
<td>7. SPEAKER: Very little. They had a class called Citizen Tasks, and it was a very terrible class. Extremely misinformed. I hit the ground running once I figured out what was going on. Came out expecting something completely different. Information was terribly inaccurate.</td>
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<tr>
<td>8. SPEAKER: Thank you.</td>
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<td>9. MS. PETERS: I want to -- one more speaker.</td>
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<td>10. Okay. While she's making her way up here, I want to encourage all of you to make sure that</td>
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</tbody>
</table>
you look at the boards, particularly the third
one in dealing with services and where they will
occur through these proposals so you get a
little bit better understanding of that. And
then also make sure you get your comment forms
for your comments with --

Ms. MODOWSKY: There's lots of comment forms
here.

Ms. PETERS: Yeah. Take as many comment
forms. You don't need to take them home and
photocopy them. So you can take as many as you
want from that table there, so.

KENDRA LARUE: My name is --

COURT REPORTER: I'm sorry. I can't hear
you.

KENDRA LARUE: My name is Kendra Larue. I'm
an Air Force veteran. I served 12 years and
8 months in the Air Force. I separated mostly
to move back home, and just because there's
never guarantees for veterans. They are always
taking things away from us first.

So as a younger person coming back, it's
messier up that I don't look to the VA for help,
because they don't seem to be responding to give
us help.
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.

Your support for keeping the Hot Springs facility open is noted and included as part of the public record for this EIS.