



VA BLACK HILLS HEALTH CARE SYSTEM (VABHHCS) | HOT SPRINGS, SD

Date: February 17 - 20, 2014

National Task Force Member: Chairman Ralph P. Bozella

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Overview

VA Black Hills Health Care System (VABHHCS) provides primary and secondary medical and surgical care, along with residential rehabilitation treatment program services, extended nursing home care, and tertiary psychiatric inpatient services for veterans residing in South Dakota, and in portions of Nebraska, North Dakota, Wyoming and Montana. Care is delivered through the Fort Meade and Hot Springs VA medical centers, as well as through nine community-based outpatient and rural outreach clinics.

On Jan. 10-11, 2012, The American Legion System Worth Saving (SWS) Task Force conducted a site visit to the VABHHCS in Hot Springs, S.D., to discuss their December 2011 reconfiguration proposal. Following the site visit, The American Legion issued a report that included seven recommendations.

On Feb. 17, 2014, the SWS Task Force conducted a town hall

meeting and follow-up site visit at the VABHHCS. The purpose of the visit was to hear from veterans firsthand about their concerns with VA's proposed reconfiguration of services at VABHHCS. On Feb. 18-20, the task force met with VABHHCS Executive Leadership team and staff to discuss their proposed reconfiguration of services, recommendations from the 2012 SWS site visits, Secretary Eric Shinseki's announcement to move forward with the Environmental Impact Statement (EIS) and concerns addressed by the veteran community during the town hall meeting. Additionally, on Feb. 19, the task force met with the Fall River Health Services Board of Directors and the Save the VA Committee.

The following is data provided by the VABHHCS, which it obtained from the Veteran Integrated Service Network Support Service Center (VSSC). The data provides information on enrollment and VetPop projections from VA's data cube.

Black Hills Service Area Data Summary – Veteran Population

State	FY11 Estimate	2015 Projections	2020 Projections	2025 Projections	2030 Projections
South Dakota	28,009	28,087	28,181	28,041	27,982
Non-Reservation	24,354	24,455	24,595	24,515	24,495
Reservation*	3,655	3,632	3,585	3,526	3,487
Nebraska	5,752	5,662	5,519	5,420	5,246
Wyoming	1,683	1,680	1,688	1,708	1,708
Total of Service Area	35,445	35,429	35,388	35,162	34,936 ¹

Black Hills Service Area - Veteran Population Comparison

State	FY11 Estimate	2015 Projection	2020 Projection	2025 Projection	2030 Projection
Total for Service Area ^{*2}	35,455	35,429	35,388	35,162	34,936
VA Black Hills Town Hall Meetings		28,236	26,069		
Dec, 2011**3					



Black Hills Service Area Data Summary – Enrollees

State	FY11 Actual	2015 Projection	2020 Projection	2025 Projection	2030 Projection
South Dakota	16,276	16,815	17,132	17,213	17,292
Non-Reservation	14,292	14,800	15,186	15,341	15,488
Reservation*	1,984	2,015	1,946	1,872	1,804
Nebraska	3,777	3,936	3,988	4,075	4,015
Wyoming	872	855	838	829	813
Total for Service Area	20,926	21,606	21,959	22,116	22,121

Blacks Hills Service Area – Market Penetration - State and Reservation Total

Market Penetration is the percent of the veteran population who enroll for VHA health care services

Black Hills Service Area in	FY11 Estimate	2014 Projection	2020 Projection	2025 Projection	2030 Projection
Nebraska	64%	68%	71%	74%	75%
South Dakota	58%	60%	61%	61%	62%
Reservations	54%	55%	54%	53%	52%
Wyoming	52%	55%	54%	53%	52%
Black Hills Service	59%	61%	62%	63%	63%
V23 Total	42%	46%	51%	54%	57%
National Total	37%	41%	46%	49%	51%

SWS 2012 Recommendations and VABHHCS Response

Recommendation 1: VA should not relocate and/or close medical services until a new facility is in place in order to accommodate the health-care needs of the veterans in the Hot Springs catchment and/or surrounding areas.

Response: The VABHHCS proposal for reconfiguration provides for seamless availability to care for veterans in the VABH-HCS service area

Recommendation 2: VA should maintain the same level of care and/or services, and provide equal understanding of veterans' health-care needs, if contracted to non-VA medical facilities.

Response: VABHHCS has no plans to reduce services, pending a decision by the VA secretary regarding the proposal for reconfiguration. If approved, the proposal for reconfiguration includes more robust services for veterans provided by VA and through VA purchased care.

Recommendation 3: If the VA medical center was to be closed, VA should plan to open a super CBOC to provide both primary and specialty care services.

Response: The VABHHCS proposal for reconfiguration includes

plans to build or lease a new CBOC in Hot Springs.

Recommendation 4: VA should keep the domiciliary on the Hot Springs Campus to provide long-term/extended care to meet veterans' long-term care needs.

Response: The VABHHCS proposal for reconfiguration includes relocating the Residential Rehabilitation Treatment Program to Rapid City, S.D.

Recommendation 5: The VAMC should search for opportunities to make use of the State Veterans Home in Hot Springs.

Response: VABHHCS looks forward to continuing to partner with the State Veterans Home as it undertakes construction and occupation of the new facility.

Recommendation 6: Future plans should reflect necessary services that veterans in the Hot Spring's catchment and surrounding areas need.

Response: The VABHHCS proposal for reconfiguration includes more robust services for veterans provided by VA and through VA purchased care.

Recommendation 7: Without viewing a finalized contract with the local hospital in Hot Springs, The American Legion at this time cannot ensure reconfiguration of inpatient services will



provide the same quality of care that veterans are currently receiving at the Hot Springs Campus.

Response: Fall River Hospital is licensed by the state and certified by Medicare and Medicaid. To date, there have been no issues about the quality of care provided.

VABHHCS Proposal for Improvements and Reconfiguration of Services

On Dec. 12, 2011, during a community meeting at the Mueller Civic Center in Hot Springs, officials from VISN 23 and the director of the VABHHCS announced a proposal to reconfigure existing services between the Hot Springs VA Medical Center, Fort Meade VA Medical Center and the Rapid City Community-Based Outpatient Clinic. As outlined in the VABHHCS 2011 Proposal for Improvements and Reconfiguration of Services (Appendix A), one of the statements made was, "We have conducted a thorough review of the services provided in the region and believe that improvements and reconfigurations are needed to increase the scope of health care services that will be provided to Veterans at points of care close to their homes."

According to VABHHCS executive leadership, if the plan to reconfigure services is approved, the plan will be implemented over a five-year period.

Based on our meeting with the Save the VA Committee, one of the issues under dispute concerning the VABHHCS reconfiguration of services is its data. Save the VA Committee informed us that VA's data is unreliable and does not provide an accurate account of all the veterans in the counties serviced by the Hot Springs VA Medical Center. They further indicated that VA's data does not account for all the Native Americans on the Indian reservations. In response, the director and his staff informed us that they went to the tribal service officer to request the number of Native American veterans on the Indian reservations, and as of the date of our site visit, they are still waiting on the information. When asked if the medical center has requested data from the Save the VA Committee, we were told they have, but to date, they have not received any information that would contradict their data.

On Feb. 7, 2014, Shinseki announced plans to move forward with the EIS.

On June 6, 2012, VABHHCS released its financial analysis on the proposed reconfiguration of health-care services in western South Dakota and parts of Nebraska and Wyoming.

The financial analysis was requested by the South Dakota and Nebraska congressional delegations, veterans service organizations and other stakeholders. The first part, the independent capital cost analysis, was completed by Jones Lang LaSalle, a

leading real estate financial services provider to public sector agencies and organizations around the world, using industry standard 30-year life cycle. The capital costs are associated with the construction, renovation, leasing and maintenance of the buildings and their utilities.

The second part, the operating cost analysis, was completed by the network's chief financial officer and the Office of Finance within the Veterans Health Administration.

The analyses indicate the most effective capital cost option for improving veterans' access to high quality health-care services in this region is to build new facilities, rather than renovate, and maintain them for a period of 30 years at an estimated total cost of \$148 million. Additionally, the operating cost analysis shows an estimated \$26 million net savings per year in salaries, medical supplies, and contracts, while including an additional \$5 million for purchased care in the communities. Due to the size of the financial analysis, the report only includes a few pages, which are highlighted in Appendix B. To access the financial analysis in its entirety go to <http://www.blackhills.va.gov/about/index.asp>. The financial analysis is located under "Additional Documents."

Battle Mountain Sanitarium

The Battle Mountain Sanitarium opened in 1907, offering veterans a complete array of services. Battle Mountain Sanitarium (now part of the VABHHCS) was the 10th and final facility built by the National Home for Disabled Volunteer Soldiers (NHDVS). Battle Mountain was intended for use as a soldiers home; instead, it was a short-term treatment facility for current residents of the NHDVS who suffered from lung or respiratory problems. Between 1908 and 1909, 865 Civil War and Spanish-American War veterans received treatment at the facility. By World War I, tuberculosis treatment became the primary focus of the sanitarium. Because of the influx of veterans with tuberculosis, the increasing need for space led to construction of the main hospital (Building 12) in 1926 to the east of the original building complex. The number of veterans at the sanitarium grew as veterans who were not members of another National Home branch became eligible for tuberculosis treatment at the sanitarium.

VABHHCS

Prior to 1996, the Hot Springs and Fort Meade VA medical centers were stand-alone VAMCs under separate management. In 1996, the two medical centers were merged, putting VABHHCS under one management structure and realigning services between the two facilities. VABHHCS' budget from fiscal 2012 thru 2014 was reported as follows:



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FY	Medical	Facility	Administration
12	\$111,806,370	\$16,137,226	\$14,651,515
13	\$126,061,345	\$15,952,583	\$14,423,172
14	\$129,257,346	\$15,353,351	\$14,454,093

According to documentation obtained during our site visit, the first service that was consolidated between the two facilities was the laundry service. Laundry service from the Hot Springs campus was consolidated and moved to the Fort Meade Campus.

Hot Springs VAMC

The Hot Springs VAMC has served the veterans of Hot Springs since 1907. Construction on the Hot Springs Sanitarium (Domiciliary Building) was completed in 1907. The Sanitarium provided Civil War veterans with a place to rest and recuperate. Hot Springs was formerly called Minnekahta, which means “warm waters” in the Lakota language. The healing waters that were so valuable to Native Americans that they became the foundation for two of the greatest institutions to be built in Hot Springs. The main hospital building #12 was constructed in 1926. Today, the Hot Springs campus serves veterans of Hot Springs and the surrounding area by providing 10 acute medicine beds, seven Community Living Center beds, 100 Residential Rehabilitation Treatment Program beds, 10 Transitional Residence House beds in Hot Springs and seven in Pine Ridge, and outpatient services. The inpatient average daily census is approximately five patients per day.

The Hot Springs VAMC does not have an emergency room but does have an urgent care clinic. In accordance with VHA Directive 2010-010, Standards for Emergency Departments (ED) and Urgent Care Clinic Staffing Needs in VHA Facilities, urgent care is defined as unscheduled ambulatory care for an acute medical or psychiatric illness, or minor injuries for which there is a pressing need for treatment to prevent deterioration of the condition or impairing possible recovery. Urgent Care Clinic (UCC) is defined as a clinic that provides ambulatory medical care for patients without a scheduled appointment who are in need of immediate attention for an acute medical or psychiatric illness, or minor injuries. UCCs can exist in facilities with or without an ED. In either case, UCCs are not designed to provide the full spectrum of emergency medical care. Hours of operation are based on facility need and policy.

The medical center director and staff pointed out that one of the major challenges at the Hot Springs VAMC is recruitment of licensed practical nurses, registered nurses and physician hospitalists. The average time frame for filling any vacancies in fiscal 2013 was 51 days and the average in 2014 is 42 days. Currently, mental health is using a cohort model, which includes two

12-veteran cohorts. However, this model has created a delay in appointment wait time. In May, Mental Health will be starting a new process to help reduce their wait time.

During the site visit we toured the Hot Springs VAMC, during which time a number of concerns were pointed out. In Building 4, male veterans are housed in an open-bay ward. Although partitions have been put in place to separate veterans and give them a sense of privacy, living conditions are substandard. Another concern are the steep ramps throughout the domiciliary, which the medical center staff indicated pose a safety concern and are not in compliance with the Americans with Disabilities Act of 1990.

Refer to Appendix C on the Department of Veterans Affairs Accessibility Standards Guide, which includes specifications for ramps in Department of Veterans Affairs Health Care facilities.

Fort Meade VAMC

Fort Meade was established in 1878 as a cavalry post for the 7th Cavalry. The Fort Meade property was transferred to the Veterans Administration in 1944. The facility began as a neuropsychiatric hospital and later added general medicine and surgery. In 1967, the current hospital complex was completed. Today, the hospital serves veterans of the community and surrounding area by providing 24 acute medicine/surgery beds, four intensive care unit beds, 10 acute psychiatric beds, 97 Community Living Center beds, 12 Transitions Residence house beds and outpatient services.

Meeting with VA Black Hills Executive Leadership and Staff

On Feb. 18 and 20, the SWS task force members met with the VABHHS Executive Leadership team and staff to discuss the proposed reconfiguration of services at the VABHHS. The director indicated that VABHHS's proposal would allow them to provide care closer to where the veteran lives; however, based on our town hall meeting, veterans indicated they prefer that a full service hospital remain in Hot Springs. The director pointed out that due to challenges at Hot Springs – i.e. domiciliary ramps are not compliant with the Americans with Disability Act, etc. – his plan calls for building a new domiciliary/residential rehabilitation treatment building in Rapid City, S.D., to replace the existing domiciliary in Hot Springs. When we asked the director if the (VA) secretary decided to build a new domiciliary in Hot Springs, would the director be supportive of this decision, he responded, “yes.”

If the reconfiguration of services is approved, the director and staff indicated that outpatient services at Hot Springs would not



be impacted. Nevertheless, our observation indicates inpatient and domiciliary services would be impacted, requiring veterans in the southern portion of the VISN having to travel further to receive their VA health-care services. Keeping VA inpatient and domiciliary services in Hot Springs would ensure VA services are provided closer to where the veteran lives.

Meeting with Fall River Hospital Board of Directors

On Feb. 20, 2014, a meeting was held with the Fall River Hospital System (FRHS) board of directors. FRHS is a Critical Access Hospital (CAH), certified by the federal government. CAHs are in rural areas and provide essential services to their communities, operating under certain stipulations regarding length of stay, number of beds, distance from tertiary hospitals, etc. The CAH program is designed to improve rural health-care access and reduce hospital closures. A cost-based system is used, figuring all expenses needed to care for the patient. The hospital is then reimbursed based on that figure. To date, however, the VA has presented no reimbursement proposals, cost analysis, needs assessments or business plan to the board of directors of FRHS, so no comparison of probable costs/charges and proposed reimbursement has been possible.

According to Trica Uhr, Hospital FRHS administrator, the only service FRHS provides the VABHHCS is diagnostic radiology services. The board indicated that FRHS is not accredited by the Joint Commission on Accreditation of Healthcare Organizations but is state accredited. Services currently offered at FRHS include acute care; swing bed; emergency; laboratory; radiology (X-ray, CT, MRI, digital mammography); ultrasound (vascular, abdomen, OB/GYN); rehabilitation (PT, OT, ST, RT and cardio/pulmonary); surgery; orthopedics; podiatry; sleep studies; and ambulatory surgery, which is offered one day a week. Fall River Hospital does not have an intensive care unit.

Board members further indicated that they had two meetings with VA Black Hills executive leadership to discuss their proposal. The first meeting was on Dec. 21, 2011, and the second meeting was held on Feb. 22, 2012. Board members indicated that while the director made several vague suggestions, he did not offer any details on what relationship VA is seeking with FRHS, did not present a business proposal and, when questioned what services would be requested of FRHS, HSVA leadership remained very vague with no new information or inquiries presented by VA – despite the fact that the VA director had requested the second meeting.

The FRHS board members expressed that they have repeatedly requested VABHHCS executive leadership provide them with their business plan outlining the services they would like the

FFRHS to provide; however, as of the date of our site visit, they still have not received this information.

In a paper documenting the two meetings between the FRHS board of directors and HSVA leadership, FRHS board members indicated that “the contents of the proposal presented by the local VA and VISN leadership on December 12, 2011, came as a surprise to the board of directors of the FRHS,” who – despite the fact that the VA chose to publicly suggest some type of collaboration with the FRHS – had no prior knowledge of such a plan. To date, any suggestions or proposals made directly by the VA to FRHS have been very vague at best, lacking any detail or sense of a business plan. Despite the VA director’s public mention of “building a wing” or “co-locating” at FRH, the FRHS board has never publicly or privately encouraged or responded, feeling that it is very unlikely that such an idea is feasible.

When asked if the VABHHCS proposal was approved and what services FRHS would be in a position to provide Hot Springs VA Medical Center, the board members indicated that without seeing a business plan from VA, which they have requested, they are in no position to state what services they would be able to provide. Nevertheless, they were in agreement that the FRHS would not be in a position to provide mental health, pharmacy consultation, prosthetic, audiology, optometry, nuclear medicine, ENT, dentistry, dialysis and home-based primary care.

Board members also voiced concerns about the lack of the ability to share patient records electronically between the two facilities. They indicated this issue would need to be addressed. In their closing comment, they indicated VABHHCS is not in the FRHS long-term plan.

Meeting with Save the VA Committee

On Feb. 20, 2014, task force members met with the Save the VA Committee at the Muller Center to discuss its concerns with the VABHHCS reconfiguration proposal. The committee stated it is concerned about the data VA is using to support its proposal to reconfigure services at the Hot Springs VAMC. When the task force members questioned them about the reasons the medical center cited moving services from Hot Springs to Fort Meade and closing the domiciliary in Hot Springs, we were told that their justifications were flawed and their data problematic.

The SWS Task Force members also were informed that the justification for closing the domiciliary in Hot Springs and building a new one in Rapid City, based on the ramps not being ADA compliant and posing a safety concern, is not true. We were provided with a Feb. 19, 2013, report that pointed out that there are no records that indicate that these ramps have any kind of a “negative” safety record over the past 107 years. We were also told that based on their data, the domiciliary is ADA compliant.



Save the VA Committee provided a number of documents to support its position.

While we cannot include all of the data provided by the committee, we have included several examples in Appendix D.

Meeting with the National Trust for Historic Preservation

The National Trust for Historic Preservation, the nation's leading nonprofit advocate for the saving and reuse of America's historic places, has a long-standing interest and involvement in the fate of historic buildings and landscapes that relate to the care of our nation's veterans. Since 2012, the National Trust for Historic Preservation has been highly involved with the Battle Mountain Sanitarium in Hot Springs since naming it one of its National Treasures as part of a campaign to preserve nationally significant places across the country. In the case of Battle Mountain Sanitarium, a National Historic Landmark, National Trust resources are being placed toward preventing the closure of the medical facility and ensuring its preservation and continued use for veterans' medical care, as well as drawing attention to the plight of other threatened historic VA sites across the country.

In November 2013, the National Trust released a report, "Honoring Our Nation's Veterans: Saving Their Places of Health Care and Healing," to open a dialogue with VA to foster improved consideration and care for the historic facilities that have been providing quality medical care to veterans for decades. One of the report's top recommendations is that VA leadership commit to its requirements pursuant to the National Historic Preservation Act (NHPA) in the stewardship of its historic properties, as well as required compliance pursuant to the National Environmental Policy Act (NEPA). The report details that both federal laws have been routinely circumvented by VA, such as at Battle Mountain Sanitarium, where the VA announced its plans to close the campus in 2011 without reviewing NEPA and NHPA. NEPA requires federal agencies to identify and meaningfully consider alternatives to proposed federal actions, and to fully consider and publically disclose the "environmental" consequences before proceeding with agency action. The law mandates that federal agencies share their decision making on programs and projects with stakeholders and the public by weighing the objectives to be served by a proposed action in light of the reasonably available alternatives and ways to avoid or minimize adverse impacts to the environment.

The report included 11 recommendations, which have been referred to the Department of Veterans Affairs for consideration. Refer to Appendix E for a list of recommendations.

Treanor Architects Renovation Impact Review

of the Hot Springs VAMC

On Aug. 9, 2012, Treanor Architects completed a one-person/one-day assessment of buildings No. 1 through No. 12. The assessment determined that the major interior component that will require a greater level of evaluation and study is the interior ramp system between the two-story arcade hallways and the three-story attached ward buildings. While the interior ramp system was truly a cutting-edge design component circa 1900, the slope of the ramp does not comply with today's building code or accessibility standards. In our opinion, VA has done an admirable job in maintaining the interiors of the facilities, and as long as VA continues with the past level of routine maintenance and forecasted interior renovation projects, the interior of all 12 buildings can continue to be very usable. Following is a brief summary of the significant interior building components rated in the Building and Component/System Analysis form.

Appendix F provides extracts from Treanors' report covering Section III, Existing Conditions and Section IV, Cost Estimate Evaluations.

The Department of South Dakota American Legion Headquarters

The American Legion Department of South Dakota's Concerns

At the 2011 State Convention, The American Legion Department of South Dakota passed Resolution No. 3, advocating support for keeping the Veterans Administration Medical Facility and Residential Rehabilitation Program in Hot Springs and opposing any legislation that would lead to the closing or moving of the Veterans Administration and Medical Facility, Residential Rehabilitation Program from Hot Springs

A copy of Resolution No. 3 is included in Appendix G.

Town Hall Meeting

The Town Hall meeting was attended by more than 100 veterans, family members, public officials and Legionnaires. Congressional representation included Brad Otten from Congresswoman Kristi Noem's office, Qusi Al-Haj from Sen. John Thune's office and Tania J. Schepper from Sen. Tim Johnson's office. The town hall meeting was attended by Cathy Nelson, a reporter from the Hot Spring Star.

Additionally, the task force was provided a copy of Mary Ellen Goulet's book, "The Battle to Save our VA." The book was published on July 16, 2013, and provides short testimonies by U.S. military veterans about their treatment at the Hot Springs VAMC.



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Following are picture and testimonials published by Cathy Nelson.



Bob Brown, World War II veteran of Hot Springs, tells the crowd why he thinks the VA should stay in Hot Springs. To his left is his wife, Leona. Kneeling in front is Don Ackerman of Hot Springs.

Cathy Nelson/Hot Springs Star

Brian Brewer, President of the Oglala Lakota Nation, said, "Warriors have fought for the United States since World War I. Indian Health Services cannot meet the needs of their veterans, so they [veterans] are going to Washington. We love the VA. I am treated with respect here. They take care of us. They meet our needs."

As World War II veteran Bob Brown of Hot Springs introduced himself over the microphone, the crowd gave him a standing ovation. "I was the last one to have surgery up here before it [surgery] closed down," he said. Adding that cutting back on services and moving them somewhere else is one of the worst things they can do, he said, "If I need help, its right here. I don't have to go anywhere else."

Many of the veterans said that this VA is the best they have been to and that they aren't just a number but are greeted by name. Some expressed their objections to being sent to Fall River Health Services for health care needs, saying they want their records at the VA not at Fall River Health Services. Others said that they had been treated at other VA facilities across the country, but this is the one they decided to settle near.

"This is a good healing place," said Norm Pudwill of Hot Springs.

Virgil Hagel of Nebraska said, "Vets of western Nebraska, from North Platte, Valentine to Chadron, Scottsbluff to Alliance get care here they don't get other places. We need this VA here. We fought in World War II, Korea, and Vietnam, but there's no reason we should have to fight the war to keep this VA open."

Rodney Parks, representing the State Disabled American Veter-

ans, said, "I've met people from Montana, Wyoming, North Dakota, South Dakota and Nebraska who all come here. It's worth saving." Some veterans come from farther away, such as Oregon, said Angie Koch, a veteran from Hot Springs.

Eric Tynjala of Hot Springs said, "This VA gives me the best care I've ever had. I'm alive because of this VA." He also expressed his concern about whether his son, who is serving in Iraq, will have VA services when he needs them. "We need to keep this VA open," he said. "The younger kids deserve it."

Jim Stevens, fire chief of the Hot Springs volunteer fire department, said that the City's firefighters are all volunteers and have a good working relationship with the VA fire department. "The City fire department has 38 members. What about the fire, police and security (at the VA)? The buildings will still be here."

Based on veterans input, they do not want to travel an additional 60 plus miles to Rapid City to obtain health care services. They also expressed concerns with obtaining care in the community (i.e. Fall River and surrounding community hospitals).

Conclusion

The local community is opposed to the VABHHCS reconfiguration proposal and is adamantly against further reduction of services at the Hot Springs VAMC, which includes relocating the domiciliary from Hot Springs to Rapid City. Communication between the VABHHCS and the local community appears to be at a stalemate, with neither side willing to concede. The VABHHCS has based its reconfiguration proposal on data obtained from the Veterans Health Administration's Office of Policy and Planning, which depicts a declining veteran population in Hot Springs.

This, along with an aging infrastructure designated as a National Treasure by the National Trust for Historic Preservation, has brought national attention to this issue. Based on VA's data, the Hot Springs Domiciliary is not ADA compliant. As mentioned under the Treanor Architects Renovation Impact Review section, Treanor concluded that the slope of the ramps do not comply with today's building codes or accessibility standards, but in its opinion, VA has done an admirable job in maintaining the interiors of the facilities. As long as VA continues with the past level of routine maintenance and forecasted interior renovation projects, the interior of all 12 buildings can continue to be very usable.

The issue is whether relocating services from the Hot Springs VAMC to the Fort Meade VAMC and the domiciliary to Rapid City are in the best interest of veterans. This would require veterans to travel further to receive their health care. Veterans at the town hall meeting voiced concerns that they do not want



to travel to Rapid City, which is more than 120 miles round trip. FRHS has expressed that the VABHHCS is not currently included in its long-range plan, but if they were, it appears FRHS could only provide limited services. Since VABHHCS executive leadership has not provided FRHS board of directors with a business plan, and the information verbally discussed has been vague, FRHS is not in a position to state what services they will be in a position to provide the Hot Springs VAMC. Nevertheless, it is clear FRHS will not be in a position to provide mental health, pharmacy consultation, prosthetic, audiology, optometry, nuclear medicine, ENT, dentistry, dialysis and home-based primary care.

As VA moves forward with the EIS, The American Legion requests that the study be conducted with true transparency, in an honest, fair and unbiased manner and as required by federal law, and take into account the proposed needs, alternatives, **affected environment and environmental consequences**.

Facility Challenges and Recommendations

Challenge 1: Communication between the VABHHCS executive leadership and the local community has broken down and is at a stalemate. The VABHHCS director and staff were not present at the town hall meeting, even though they were invited to attend. During our site visit, we learned that a member of Post 71 has often demonstrated threatening and unwelcoming behavior, and in one instance informed the director he is no longer welcome at his post. This may support why the invitation to attend the town hall meeting was turned down; however, the director assured us that, "he would go anywhere and speak to anyone about the VABHHCS proposal to reconfigure services at the VABHHCS."

Recommendation: The VABHHCS director and executive staff should continue to work hard to gain the trust of their local community and be transparent with veterans, community and congressional leaders with regard to the VABHHCS proposal to reconfigure services and the pending EIS.

Challenge 2. During the town hall meeting, veterans and community leaders voiced concerns about the VABHHCS reconfiguration proposal. It was made clear that they oppose the closure of inpatient services and relocating of the domiciliary to Rapid City. Veterans further indicated that they do not want to obtain health care from FRHS or other community hospitals in Rapid City that has been traditionally provided by the Hot Springs VAMC. While the VABHHCS director indicated he is in favor of realigning health-care services closer to where the veteran lives, our observation indicates closing inpatient services at Hot Springs and moving domiciliary services from Hot Springs to Rapid City would adversely impact veterans, requiring veterans

who live in the southern portion of the VISN to travel further to receive their VA health-care services. The American Legion is concerned that while VABHHCS reconfiguration proposal may be in the best interest of VA, veterans who live in Hot Springs do not feel it is in their best interest.

Recommendations: VABHHCS executive leadership, VISN 23's director, VA's Under Secretary for Health and the VA Secretary must seriously take into account the concerns voiced by veterans and community leaders concerning the VABHHCS reconfiguration proposal. The EIS is an important phase of the process, and while The American Legion believes it should have been conducted in the beginning prior to making any public announcements, VA must ensure that the EIS be conducted with true transparency in an honest, fair and unbiased manner, taking into account the proposed needs, alternatives, **affected environment and environmental consequences**.

Challenge 3: Veterans in Hot Springs, Nebraska, North Dakota and Wyoming who obtain their care from the Hot Springs VAMC are fearful that someday the facility will eventually close. Like many veterans around the nation who are faced with the loss or reduction of VA health-care services – such as the Fort Wayne VAMC's pause of services, which resulted in the closure of their intensive care unit; Roseburg (Ore.) VAMC's closure of its intensive care unit, the closure of VA community-based outpatient clinics, and the closure of VA emergency departments or their downgrading to urgent care departments – veterans across the nation are in fear of losing their VA health care.

Recommendation: The Department of South Dakota American Legion needs to work with The American Legion's D.C. office to draft a national resolution calling for Congress to enact legislation to stop VA from closing hospitals and community-based outpatient clinics unless existing requisite community services that VA currently provides to veterans are met or exceeded.

Challenge 4: The American Legion was provided letters from the local congressional members showing they have submitted counter proposals in an effort to keep all of the services at the Hot Springs VAMC. The Save the VA Committee has developed its own proposals to keep a full-service VA hospital in Hot Springs; however, the VABHHCS has not responded to these proposals.

Recommendation: Congress needs to conduct a hearing to be conducted by the House Committee on Veterans' Affairs Subcommittee on Oversight and Investigations on VA's closure of hospitals and community-based outpatient clinics, and investigate VA health-care facilities that are threatening to reduce VA services like the VABHHCS reconfiguration proposal.

Challenge 5: The Hot Springs VAMC has provided health care



to veterans in the Hot Springs community for more than 10 decades. Being the biggest employer in the community, cutting services and relocating employees from Hot Springs to Fort Meade and/or Rapid City will have a devastating impact on the community of Hot Springs. VA cannot ignore this issue and must address this concern.

Recommendation: As stated before, the EIS is an important phase of the process, and while The American Legion believes it should have been conducted in the beginning prior to making any public announcements, VA must ensure that the EIS be conducted with true transparency in an honest, fair and unbiased manner, taking into account the proposed needs, alternatives, affected environment and environmental consequences.

Challenge 6: The VABHHCS executive leadership reported that the Hot Springs VAMC is not ADA compliant.

Recommendation: VABHHCS executive leadership should upgrade the existing Hot Springs VAMC to meet disability requirements and maintain the current facility at Hot Springs.

Challenge 7: VABHHCS' reconfiguration proposal does not address how services with the state veterans home could be coordinated to assure a full range of sub-acute services are available to veterans.

Recommendation: VABHHCS executive leadership should coordinate services with the state veterans home in Hot Springs to assure coverage and a full range of sub-acute services are available to veterans in Hot Springs in a continuum of care perspective.

Challenge 9: While the VABHHCS believes its reconfiguration proposal is in the best interest of veterans, veterans are opposed to the VABHHCS reconfiguration proposal. The Hot Springs VAMC has provided health care to veterans in Hot Springs and the surrounding communities for more than 100 years. The threat of relocating services from the Hot Springs VAMC to Fort Meade and Rapid City is an unpopular decision as many veterans have stated if services were relocated to Fort Meade and Rapid City, they would no longer use VA as their provider of health care.

Recommendation: VABHHCS should explore all options for retaining current services at the Hot Springs VAMC. After the EIS is completed, if the VA secretary decides to approve the VABHHCS reconfiguration proposal, based on Hot Springs community response, veterans of Hot Springs may be better served if a new VA health-care facility was built in Hot Springs.