

CANANDAIGUA VA MEDICAL CENTER

Local Advisory Panel Meeting - Public Meeting #3

Building 5 - Auditorium

November 15, 2006, 1:00 PM – 4:00 PM

➤ **Participants:**

Local Advisory Panel (LAP) Members present:

- Amo Houghton, Chair , Former U.S. Congressman
- George Basher, Director, NYS Division of Veterans Affairs
- Ralph Calabrese, Korean War Veteran
- Samuel J. Casella, Chair, Canandaigua Veterans Advisory Council
- James Cody, FACHE, Medical Center Director, Syracuse VAMC
- Lawrence Flesh, MD, Chief Medical Officer, VISN 2
- Earle Gleason, Director, Yates County Veterans Service Agency
- Daniel T. Hayes, PhD, President, Finger Lakes Community College
- Helen Sherman, Director, Ontario County Office for the Aging

Other VA Participants:

- Allen Berkowitz, PhD, Acting Director, Office of Strategic Initiatives
- Jay Halpern, Special Assistant to the Secretary
- Donna Dardaris, VISN Capital Asset Manager
- Brandon Gardner, VISN Support Team
- Mike McElroy, Central Office, Assistant COTR
- Kathleen Hider , VISN Communications Support
- Robert Babcock, MD, Canandaigua VAMC Chief of Staff
- David Hill, Chief Engineer, Canandaigua

Team PwC:

- Janet Hinchcliff
- Matthew Jarm
- Kristin Eberhard

Re-use Contractor (Pruitt Group):

- Tom Rosenfeld

Public:

- Approximately 115 attendees

Start at 1:00 PM

➤ **Opening Remarks:** Amo Houghton (LAP Chair)

- Called the meeting to order.
- Apologized for continuity issues and lapse in progress of the CARES study. Currently we are trying to move forward with the CARES process and inform the Secretary regarding what should be considered for each Option.
- Gave an overview of the agenda for the meeting and reviewed the ways that the public can provide input.
- A fourth LAP meeting should occur sometime in March of 2007.

- Pledge of Allegiance was led by Ralph Calabrese.
- **Review LAP 3 Administrative Meeting and Standard Operating Procedures for Meeting:** Samuel Casella
 - The LAP met in an administrative meeting of the LAP from 10:00AM - 12:00PM this morning.
 - In the Administrative Meeting the LAP spent an hour and a half reviewing the contents of the presentation for the public meeting.
 - Reviewed the Stage I study results, the Secretary's decisions for Stage II and the Options being carried forward for further study.
 - Reviewed the standard operating procedures and the agenda for the meeting today.
 - Emphasized the objective of today's meeting and the goal for providing feedback to the Secretary.
 - Stated that if there is time left in the meeting the panel can entertain additional comments regarding issues outside of the scope of this CARES study.
 - Comment from Amo Houghton: Emphasized the objective of today's meeting is to provide feedback to the Secretary.
- **Review of Stage I Summary Report:** Janet Hinchcliff
 - Presentation of CARES study process and results of Stage I study.
- **Review of Secretary's Decision and Approved BPOs for Further Study:** Jay Halpern
 - Expressed how proud and happy he is to be part of the process to invest in modern healthcare facilities for veteran care.
 - Discussed the goal for providing a modern nursing home and domiciliary facility and what modern care requires.
 - Emphasized the importance of stakeholder input in the decision-making process.
 - Presented the rationale for the Secretary's selection of options
 - Comment from Amo Houghton: Requested an explanation of the concept of the Center for Mental Health Excellence.
 - Response from Jay Halpern: It is important to identify what works for mental health. The VA would like to make Canandaigua a research site to identify best practices to ultimately be used throughout the country. Personnel and space requirements for the Center for Mental Health Excellence will be considered.
- **Presentation of Options/Review of Stage II Methodology:** Janet Hinchcliff
 - Presentation of methodology for Stage II study.
 - Question from Amo Houghton: *Question for Dr. Babcock: What is the importance of the relationship between the inpatient and the outpatient facilities?*
 - Response from Dr. Babcock: The importance as it relates to space planning is that some of the inpatients, domiciliary, and residential

- care patients will use the outpatient services. The patients' access to these outpatient services is the key consideration.
- Response from Dr. Flesh: All of the designs in the Options allow for outpatient services to be accessible to inpatients. None of the Options would disrupt access to these services.
- Question from Earl Gleason: *Has there been anything done as far as cost comparison for these Options?*
 - Response from Janet Hinchcliff: A cost comparison is part of the Stage II study.
 - Question from Helen Sherman: *Is anyone planning to take another look at the data projections that we are currently working with? Concerned about the stated projection that the demand for services will decrease.*
 - Response from Dr. Berkowitz: Census reports show a decrease in the veteran population, despite the current war in Iraq. WWII veterans are dying each year; 690,000 died this fiscal year. Roughly 280,000 current veterans are discharged each year, which is more than in past years, but still much less than the decrease of 690,000. This shows that the overall veteran population is decreasing. Additionally, older veterans are migrating to southern states as they age. The model accounts for those veterans with dual residences who spend different times of the year in different places. The current model includes forecasts for the Iraq and Afghanistan war veterans including National Guard and Reserves called to active duty. So far the model has been proven accurate.
 - Question from Amo Houghton: *What if the veteran population actually does increase? There needs to be flexibility in planning to accommodate future changes in demand.*
 - Response from Janet Hinchcliff: In many cases the need may arise for another building in the future. Capital plans account for extra space around facilities in case additional facilities are needed later. Certain Options are more constrained than others in this regard. For the space-constrained Options demolition may be necessary to accommodate additional facilities in the future.
 - Comment from Amo Houghton: The Canandaigua campus was built with the idea that it would last 100 years and now we are finding that is not the case. We should be planning to ensure that we have enough space.
 - Question from Dr. Hayes: *The goal of the LAP should be to maintain and hopefully improve quality of care. The form of the facilities needs to follow function. Of the five Options listed, are there any that are superior from the level or quality of care provided?*
 - Response from Dr. Flesh: The Options that depict a single story nursing home will provide the best care for the future. For disabled patients it is much easier for their mobility in a single-story building. As far as outpatient care, that could be rendered anywhere with many less requirements for ease of care. For the Options that re-use the campus there will be some disruption as services are

moved from one building for another. Additionally, there is an alternative to Option 9.

- Response from Samuel Casella: Option 9 preserves much of the campus but currently depicts a 2-story structure. It would be possible to have a new single-story facility for this Option that is included in the core of the campus and still would not disrupt the environment of Courtyard 2. This would be possible if one additional building was demolished to accommodate a larger footprint.
- Response from Dr. Flesh: The alternative to Option 9 as currently depicted could be to demolish one of the Courtyard 2 buildings (Building 34), and expand the footprint of the nursing home into the Chapel Street parcel. This will address the issue of over-crowding of the buildings. Buildings 1-4 would still be renovated for outpatient care. The campus would essentially look unchanged from the front.
- Question from the public: *Where would the hospice be?*
 - Answer from Dr. Flesh: The hospice would be located in the new nursing home facility.
- Question from Dr. Hayes: *Is it the opinion of the experts on the panel that we should not consider Options with 2-story nursing homes?*
 - Response from Dr. Flesh: In his opinion we should strive for a 1-story nursing home facility and that building would house all inpatient care.
- Question from Ralph Calabrese: *When would the building construction begin? We should consider veterans coming home today. While changes are going on are we going to continue to provide services to veterans?*
 - Response from Jay Halpern: Yes, services will be provided to veterans in the interim through staged renovations and construction for the Options that do not provide a completely new facility.
 - Response from Amo Houghton: In terms of the nursing home, the only thing that will change is on the upper-part of the campus, and the old campus would still be functioning.
 - Response from Ralph Calabrese: We have been promised that there will be no decreases in services, but there have been. This is why he is concerned.
 - Response from Jay Halpern: Re-use is part of the consideration for the site. Some of the potential uses being investigated are private and some are public. Bottom line is revenues come to the VA ultimately.
- Question from George Basher: *How does the potential re-use of the site affect the decision being made regarding the different Options?*
 - Response from Tom Rosenfeld: The primary focus of the study is healthcare. At the end of the public decision-making process; the ultimate plan will include a footprint of where and how healthcare services will be provided on campus; and the remainder of the campus will be available for re-use. The re-use effort in this stage

is looking at potential re-uses, and getting a rough idea for what possible re-uses are feasible and approximately how much revenue the VA can expect to receive. For Canandaigua, buildings have more long-term value when they are leased to a private investor as opposed to remaining vacant. The re-use contractor analyzes a number of factors that affect re-use of the land including a market analysis. For Canandaigua we are looking at the compatibility of the potential re-uses with VA mission. Once the healthcare decision for the site is made by the Secretary we begin a process that includes a RFP and public hearings to gather concerns regarding re-use of the campus.

- Question from Ralph Calabrese: *It seems like we are only considering privatization of the VA; has anyone approached the DoD to discuss if they can re-use the facilities, for example for the National Guard?*
 - Tom Rosenfeld: We are at the beginning of the re-use process. We are not privatizing, we are investigating potential re-uses that could involve collocation with other government agencies such as DoD.

➤ **Open Testimony:**

(All testimony has been paraphrased and names are used only if written testimony was submitted or if testimony was provided on behalf of state or local official)

- Amo Houghton called the public comment period to order.
- Testimony 1:
 - Seems like the goal is to privatize this area and use it for uses other than for veterans. Why don't you keep individuals here as originally intended? Shouldn't focus on uses other than those for veterans, just because more money will come from those uses.
- Testimony 2:
 - Described the progression of how people have referred to PTSD (Post Traumatic Stress Disorder) and combat-related mental illness. Has been in Canandaigua a very long time. Would like to challenge the PricewaterhouseCoopers study because of the disclaimer on the second page of the Stage I report. In the last public meeting, the PwC speaker could not tell him the cost of the contract. Also the PwC speaker could not answer why homeland security was not addressed in the presentation. There are 6 or more international airports and hundreds of miles of open border in New York and home land security is a very important consideration. Everyone agrees that there are 10 million illegal aliens in the US, some being former veterans of other countries that are now using our assets. We take care of them but we cannot take care of our own veterans. Not all scars are visible. Major American companies are cutting back on benefits for employees, and this makes VA care even more important. Asks Mr. Halpern a personal favor to encourage VA central office employees to come to Canandaigua and talk to local veterans. Suggests turning the golf

course into a cemetery for homeless. Would like to see a military art museum in Building 14.

- Testimony 3:
 - Member of the Disabled American Veterans. Has been treated badly by the staff at the VA because their morale has been damaged. Does not want to live in a place where people do not respect those veterans with mental illness.
- Testimony 4:
 - Mayor of Canandaigua - Ellen Polimeni: Thank you to the LAP for their service. Canandaigua is defined by the VA. Would like the panel to think about transportation issues and how visitors to the facility will get here. Traffic is a consideration in this area of Canandaigua. Alternative routes can be created for some Options that build on parcels currently in use.
- Testimony 5:
 - Why is 3b being closed? It is an outstanding facility. It went from 22 beds to 8 and he was transferred to Buffalo. The care he received at Buffalo is not as good and being far away makes it hard for his family to visit him. For those that suffer from PTSD, family support is very important.
- Testimony 6:
 - Representative from Senator Clinton's office: Was told that beds would be added for PTSD through the Center of Excellence designation. Then we were told that no beds would be added. Could someone clarify this decision?
 - Response from Amo Houghton: The intention for the Center of Excellence is not to bring in additional beds; it is to promote research and education.
 - Response from the public: You must have the patients here to make a Center of Excellence work. Why not leave 12 beds here?
 - Response from Representative from Senator Clinton's office: Would ask that the purpose of the Center of Excellence be clarified because all that has been communicated is regarding the closing of the beds.
 - Response from Dr. Flesh: Acute inpatient psychiatry needs will be met one way or another. There is a lack of medical and surgical support to support acute inpatient psychiatry services here at Canandaigua. It is difficult to recruit for psychiatry care in Canandaigua.
- Testimony 7:

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- This is an important meeting that deals with the lives of those in Canandaigua. We've been told by the Secretary that nothing would change and this is not true.
 - Response from Dr. Flesh: We are here to discuss the use of buildings for patient care. That decision was made by the Secretary in 2004. That is not open for discussion today.
- Testimony 8:
 - Has been service connected for 40 years and has been treated for PTSD. Gets shot every 2 weeks that cost \$280 each. Doesn't even know what he's getting.
 - Response from Dr. Flesh: You have a right to ask that question of your doctor.
- Comment from Jay Halpern: We never said that the Secretary's Decision to transfer acute psychiatry beds was up for debate. That is not a part of this LAP decision process. We are not transferring any beds now and implementing that decision until we have a plan to replace those services through referrals in the community or transfers to other VA facilities. Secretary Principi and now Secretary Nicholson care about veterans. There is no conspiracy against veterans. As for the question regarding revenue from re-use; ultimately we would love to use the land here for veteran uses. However, we are not out to get revenue without ultimately benefiting veterans.
- Testimony 9:
 - President of Sheet Metal Workers International Association. His organization supports veterans. Their core values are to help those that need help. They have 700 members and take orders on veterans' issues from one of their members. Property is valuable and every Option condenses the campus footprint to 25% of the current size. They use a slippery term "redevelopment" as a way to take away land. Fighting this will take an alignment of veteran groups.
- Testimony 10:
 - Homeless Program Coordinator for Network 2. Has seen redevelopment on VA property around the country. Wants to thank Jay Halpern for being able to articulate things at the meeting. Everyone in this room will have input regarding the redevelopment of the campus. Land will be reutilized for veterans and their families. Hopes that whatever Option is chosen, demolition is minimized. The veteran population overall is going down and the aging veteran population is going up. Would like to see campus be used for affordable housing for veterans.
 - Response from Amo Houghton: It is the LAP's job to comment to the Secretary about the appropriateness of

LAP Chair Approved - 11/28/06

these Options. Any comments you have on the Options are welcomed.

- Testimony 11:
 - Member of the Finger Lakes Veterans Advisory Committee. In order to make an informed decision on each Option, would like to see an explanation of how the Center of Excellence could be accommodated in the Options.
 - Response from Dr. Berkowitz: He reviewed the slide describing the Center for Mental Health Excellence, its research and education function, and the planned 14 FTEs to be associated with the Center. .
 - Response from Dr. Flesh: This program also includes working with PTSD outpatients at Canandaigua.
- Testimony 12:
 - Wrote to the President that the other buildings should be used for independent living or a 9-11 emergency preparedness facility.
- Comment from Dr. Flesh: We are not at the point where we are determining re-use. Patients' hospital stays are not as long anymore, and therefore things like a golf course on campus are no longer needed. Hopefully we can find a good re-use for that land.
- Testimony 13:
 - Thanks to the LAP. Roughly how many veterans will this building hold on a given day and will this facility be open 24x7 for veterans?
 - Response from Dr. Berkowitz: Plan is to maintain level of service you have now. There will be a 120 bed modern, state of the art nursing home.
- Testimony 14:
 - Representative from a group in the Community of Canandaigua who is trying to establish a non-profit facility for veterans. This facility would have an exercise facility including an indoor walking track and community rooms for veterans and their families.
 - Response from Amo Houghton: This group has already raised over \$2 million for this effort.
- Testimony 15:
 - Commander of NY Department of Disabled American Veterans (DAV). Appreciates opportunity to express opinions. Would like to return the purpose of the meeting to selecting an Option. Previously DAV supported Option 3, and is glad to see that some of the Options have evolved to accommodate a single story nursing home structure. DAV is studying plans to bring assisted living to every hospital in the state of New York. It looks now like they now

have the seed money to accomplish that. This will take several years to plan. There is more than enough vacant land at Canandaigua, VAMC to build a state-of-the-art assisted living facility for veterans and their spouses and survivors. We are here to discuss buildings and land and how they will be used in the future. DAV is supportive of building a new state-of-the-art facility at Canandaigua, and leasing the remainder of the facilities. Revenue will be used to support veterans care.

- Question from Amo Houghton: Are you suggesting that all of the assisted living facilities be in new buildings and not use any of the main campus facilities?
 - Response from speaker: Yes.
- Question from Earl Gleason: Please verify that this is the official stance from the New York Department of the DAV?
 - Response from speaker: Yes.
- Question from Amo Houghton: To clarify, is the plan that a new nursing home facility would be built and you would convert the existing facilities?
 - Response from speaker: No, we would build a new assisted living facility on the unused parcel. The other unused buildings would be available for re-use.
 - Response from Amo Houghton: Concerned that there may not a good use for the vacant buildings.
- Comment from Dr. Flesh: His experience with renovated facilities is that extensive renovations are possible that can make buildings look like new facilities on the inside.
 - Response from the public: This should be a part of the re-use process and buildings should not be demolished.
- Testimony 16:
 - It took 40 years to build the facility, why tear it down? A new building would be fine but don't tear down the facility.
 - Response from Amo Houghton: I think we all share your concern about preserving these historic buildings, but we also have a duty to ensure that veterans receive the very best care possible. We will need to see if that can best be accomplished within the current structure or if we need to look at newly constructed buildings. In the end it will be a positive outcome for veterans.
- Comment from Ralph Calabrese:
 - You are going to hear a lot of discussion regarding this study saying that it is saving money for veterans. The LAP is here because we care. Go to local organizations and speak out to have your voice heard. Don't turn your back and give up.

LAP Chair Approved - 11/28/06

- Comment from Dr. Flesh:
 - Has heard too much of the "us verses them" mentality. Has been working for the VA for 31 years, and knows that employees of the VA want to serve the veterans and do what is best for veterans.

- Testimony 17:
 - American Legion representative. Wonders about how dementia care is being considered.
 - Response from Dr. Flesh: There is a fine dementia unit here in Canandaigua that will remain.

- Comment from Amo Houghton: Is it appropriate now for the LAP to discuss the Options and recommend one to the Secretary?
 - Response from Jay Halpern: You do not have to recommend an Option today because we will come back to you with additional information at the fourth LAP meeting.

- Question from Sam Casella: How will that process work going forward?
 - Response from Jay Halpern: There will be a 4th LAP to discuss pros and cons of each Option, and we will gather more input from the public as well as the LAP's thoughts to give to the Secretary.

- Testimony 18:
 - How much time until we have a final decision?
 - Response from Dr. Berkowitz: Right now we are asking the LAP to inform us of factors to consider for each of the Options. We will come back in late February for a 4th LAP meeting to hear the analysis from PwC and obtain input from the LAP to be provided to the Secretary.

- Testimony 19:
 - Regarding the acute psychiatry beds, are they going to be eliminated out of here, or are we waiting for a complete report?
 - Response from Jay Halpern: There are two different reports. There has to be an implementation plan approved by headquarters prior to the move of these beds.

- **Closing:** Amo Houghton
- Adjourns meeting and thanks LAP members.
 - Thanks public for comments and for patience in this process.

Adjourned at 3:50 PM