

**Lexington VAMC Leestown Campus  
Local Advisory Panel Meeting – Public Meeting  
Building 4 – Auditorium  
September 22, 2005, 9:00 AM – 4:00 PM**

**I. Participants**

**Local Advisory Panel (LAP) Members:** Patricia Pittman, Director VAMC Memphis, Chair; General Les Beavers (Retired), National Association of State Directors of Veterans Affairs and Commissioner, Kentucky Department of Veterans Affairs; Dr. Richard (Dan) Roth, Deputy Chief Medical Officer VISN 9; Becky Estep, Senior Aide to Mayor of Lexington, Kentucky; Ron Spriggs, Executive Director, Tuskegee Airmen Association; Randy Fisher, American Legion State Service Center

**VA Support Team:** Jim Schiller, Engineer VSSC; Christina White, Health System Specialist, Office of Strategic Initiatives; Malinda Pugh, Office of Acquisition and Enterprise Management

Lexington VAMC: Richard Coger, Acting Associate Director; Debra Dillon, Emergency Mgt./CARES Support; David Moynihan, Acting Chief Engineer; Desti Stimes, Public Affairs; Kim Pyles, Program Assistant; Jodie Neely, Engineer; Chesley Taracz, Media Coordinator

**Team PwC:** Janet Hinchcliff (PricewaterhouseCoopers (PwC)), Lori Luther (PwC), Anthony Houston (PwC), Chad Eppley (PwC), Brent Hussong (Perkins & Will)

**Pruitt Group EUL:** Roger Kormendi

**Public:** 30-50 attendees

**II. Opening Remarks:** Patricia Pittman

- Welcome
- General statements about the overall LAP process. This is the second meeting of the LAP, of which there will be four.
- Introduction of LAP members

**III. Pledge of Allegiance**

- Led by Milton Evans, Chairman Veterans Affairs/Bluegrass Military Affairs Coalition

**IV. Logistics:** Richard Coger

- Logistics explained by Richard Coger, Acting Associate Director, Lexington VAMC

**V. Overview of Meeting Agenda, Review of Administrative Meeting, Old Business, Remaining Questions:** Patricia Pittman

- Overview of the LAP public meeting agenda
- Recapped the last meeting

- Reiterated the process for comments
- Emphasized the importance of public comments and that the LAP members are here to ensure that the Veterans and stakeholders are heard
- Stated the purpose of this study and that there will be no change to the Lexington-Leestown mission
- After the deliberations on the options, the LAP will recommend whether or not an option should be recommended for further study in Stage II of this process
  1. The members of the LAP will vote “Yes” or “No” for each option
  2. All options will go forward with the recommendation for further study or not.
  3. The Secretary ultimately decides which options will be studied further in Stage II
- Overview of the ground rules for the meeting
- Written and electronic stakeholder comments will be summarized after 10 days, rather than 14 days
- Recap of the LAP Administrative meeting

**VI. Recap Lexington VAMC Workload Forecast:** Christina White

- Recap of the Lexington workload data for the purpose of appropriately sizing the facility and ensuring a modern, safe and secure environment
- Explained that the workload data has been updated since the last LAP meeting
- Directed the audience to examine the workload graphs that were on display in the auditorium

**VII. CARES Study and Business Plan Options (BPOs) Presentation:** Janet Hinchcliff

- Encourage your input
- Presentation of the stakeholder input
- **Question from Patricia Pittman:** When referring to “affect on access” in the stakeholder concerns section, what do you mean?
  - **Response from Janet Hinchcliff:** The responses received for Lexington-Leestown referred to parking difficulties at the Lexington-Cooper Drive VAMC campus as this study site is not a healthcare study.
- **Question from Randy Fisher:** Presentation states that the mission remains unchanged. However, the presentation shows 59 nursing home beds. I thought there were 61? Also, the Lexington nursing home is supposed to have 110 nursing home beds. I understand that they are too expensive, and that’s why they are contracted out to the Kentucky State Veterans Nursing Homes. Are the Kentucky State Veterans nursing homes open to non-veteran Medicaid patients?
  - **Response from General Beavers:** The Kentucky State Veteran nursing homes are for veterans, 25% for non-veterans. The 25%

non-veterans are intended for the spouses of veterans. We are currently only taking veterans.

- **Response from Christina White:** The 59 bed number is Lexington's CALCULATED bed level. This calculation assumes a 85% bed level, currently Lexington is providing nursing home care above the 85% occupancy at 61 beds. A 85% occupancy rate is what is used VA utilizes for planning purposes as well as in these the model projections. VA validates utilization rates annually and if deemed necessary will revisit the calculations.
- **Question from Audience Member:** How many skilled nursing home beds is the VA providing through contract? This is part of the footprint issue. Is the quality of care as good in the contracted bed? Why aren't the state run nursing homes providing the first opportunity? We should know the total need.
  - **Response from Dan Roth:** There are five key elements of the VA mission; long term care is one of them. Nursing home beds are often contracted out because families don't like the idea of a family member being housed 100 miles away. The VA decided to provide some in-house and some out in the community. The model is routinely re-visited to ensure the need is met.

**VIII. Break**

**IX. Call to order:** Trish Pittman

**X. Continued Presentation of Options:** Janet Hinchcliff

- Janet introduces Brent Hussong of Perkins & Will who will assist in presenting the options and site maps

**XI. Presentation of Options:** Brent Hussong

- **BPO 1:** Baseline – accounts for projected volumes, no changes in programs. Option 1, does as minimal construction as needed to provide quality care at Leestown. The baseline represents the least amount of change. Baseline is not current state; it considers the demand for 2023 and the condition of the buildings. In all options using existing buildings, there are necessary renovations to bring them up to standard. The site map for Option 1 was discussed including consolidating clinics in Buildings 27 and 28 and providing additional parking. Areas A, B, and E, which are represented in green, are available for re-use. The forecasted VA workload can be accommodated on the “main campus”. All options allow for flexibility so management can adjust to accommodate changes. We found that in designing healthcare buildings, the method in which healthcare is provided changes quickly, so we design buildings to have flexibility. The other buildings or out buildings, could be available for reuse.
  - **Comment from Janet Hinchcliff:** This is the baseline option we are using to compare all other options.

- **Question from Ron Spriggs:** What would happen to the space in Building 1 if the existing clinic space is moved to 27 and 28?
  - **Response from Brent Hussong:** It is likely building 17 functions might sort back over to building 1. In general, we are trying to consolidate like activities. Stage II will provide further refinement of what might fit best in that building.
  
- **BPO 2:** Option 2 is similar to Option 1, as many of the functions stay the same. There is new clinic space in Building 25 and some in building 17. Most of the functions in building 17 transfer over to building 1. The nursing home remains and additional parking is added. Buildings 27 and 28 remain vacant and can be considered for re-use, other functions, or demolished. Re-use parcels A, B, E, and C are available.
  - **Question from Ron Spriggs:** Why would area C not be considered for re-use in the Baseline.
    - **Response from Brent Hussong:** We have looked at the criteria of modern, safe and secure to identify the available re-use parcels. The DOD standard of a 150 foot setback, which we are using, would not be achieved with the inclusion of reuse parcel C primarily because of the functions placed in the buildings.
  - **Question:** In BPO 2, you don't really change anything other than the parking lot in BPO 1.
    - **Response from Brent Hussong:** BPO 2 allows for more flexibility.
  
- **BPO 3** – Similar to BPO 2. New construction would occur for clinics that tie into Buildings 25 and 17. Some new parking is created. Clinics from building 1 are combined into the new clinic space. Reuse parcels A, B, C and E are available.
  
- **BPO 4** – A new clinic will be added in the center of the site near the current parking lot. Buildings 27 and 28 are vacated. This plan allows for more reuse. Leased space in Building 25 can remain. Other services, e.g., nursing home remain in their current location. Building 1 clinics and administration go to the new building. Reuse parcels A, B, C, D and E are available. This option puts the outpatient clinics in newly constructed space specifically designed for that use.
  
- **BPO 5** – This plan is different from the other options. It builds a new campus. This plan represents the new campus on the southeastern portion

of the site, i.e., the other side of the creek. It provides for the remainder of the campus to be available for re-use, i.e., parcels C, D and F.

- **Question from Ron Spriggs:** Any thought to the number of stories for the new building.
  - **Response from Brent Hussong:** Sized now for 3 stories. This may vary based on the topography.
- **Question from Ron Spriggs:** Are the small dotted lines easements?
  - **Response from Brent Hussong:** Yes. We estimated a 60 foot setback for potential expansion of Leestown Road and an additional 150 feet for security standards.
- **Question from audience:** Is there an approximation of the square footage for the new building in Option 5?
  - **Response from Brent Hussong:** The new building is currently sized for three stories and is the square footage needed for the projected workload.
  
- **Options not selected for Assessment:** Janet Hinchcliff
  - Several options not selected include:
    - Two options adding a new freestanding outpatient building – failed due to issues regarding security, cost and parking.
    - Various options to build new parking structure – did not make it, surface parking deemed to be more cost effective.
  
- **Reviewed the Next Steps slide:** Janet Hinchcliff emphasized again how feedback can be provided: testify today and/or fill out comment card. Go to CARES project website or mail in comments.
  - **Question from audience member:** My main question regards option 5. We would like to have a new building. However, the parking is spread out. A multi level parking structure with elevators would require less walking.
  - **Response from Brent Hussong:** In Stage I, we are trying to appropriately size the overall campus, not necessarily determine configuration of the final plan. We could create multiple surface parking lots like an airport scheme and will look at that further in Stage II. Parking structures are very expensive for this campus.
  - **Question from audience member:** The Department of Defense (DOD) was mentioned quite a bit. Has DOD asked for land from the VA? I've been told there has been a request by DOD for additional land at Leestown.
    - **Response from Brent Hussong:** I mentioned it with regard to VA's current study of security standards. I offered the DOD set back requirement of 150 feet as

an example of security as a good standard to follow. In terms of reuse, the reuse team can look into that.

**XII. LAP questions: General Beavers.**

BPO 5 has a lot of new construction where other options have renovation. I assume there will be large differences in dollar requirements. Will that cost estimate take place in Stage II? Overall, costs may impact our considerations of these options.

- **Response from Brent Hussong:** The majority of square footage on this campus will require renovations. The difference now, is in both dollars and time. In BPO 5, you could build a new campus in a shorter time than renovating the entire campus.
- **Response from Patricia Pittman:** We know that the funding is not approved if these options move forward.
- **Response from General Beavers:** That is my point; I assume new construction and renovation will be in different appropriation buckets. I think my question is premature, will we see the costs by type in Stage II?
- **Response from Patricia Pittman:** Yes, in Stage II.

**XIII. Public Statements, Questions and Comments**

- **Comment from audience member (Veteran):** We should use Leestown for these types of things: 1) disaster medical relief, 2) move government buildings from downtown, 3) move some more Cooper Drive functions here, 4) limit Cooper Drive to inpatient and specialty clinics, 5) extend nursing home facilities at Leestown for vets who are on waiting lists...can stay for 90-120 days while waiting, 6) use vacated buildings for National Guard training or homeless vets.
  - **Response from Patricia Pittman:** Thank you, we have some things to consider in the next phase regarding healthcare and what might go on the various parcels.
- **Comment from audience member (Veteran):** I know the employees here at Cooper and Leestown have input too. Why do employees have to use their vacation to come to the meeting...that sounds like blackmail? This time the meeting announcement was done very well. However, we needed to know the time sooner.
  - **Response from Patricia Pittman:** We heard your comments Mr. Frye, but they are outside the scope of meeting.
- **Comment from audience member (Veteran):** Spent time as patient at Cooper and Leestown. I remember when it was up to capacity. We need this space. However, DOD should be given special treatment. I've worked with special patients when I was wheelchair bound. I've worked with substance abuse patients. Space is part of the healing. I don't think any of the space should be deleted from the 135 acres of the Leestown

campus...lots of things have been deleted like greenhouse, work therapy, wood shop...these are things we need.

- **Response from Patricia Pittman:** Thank you, your comments will be recorded and passed on.
  
- **Comment from a member of the Fayette County Schools (Kay Langer):** We were invited by Ben Chandler's office. If you come from outside into this space, you feel a sense of calm. We are working on a program in the middle schools for children with special needs. We would like to use some of the buildings, (Building 5), the greenhouse, or woodshop to assist in our therapies. We would like to use the veterans as our mentors and use animal therapy as well.
- **Comment from another member of the Fayette County Schools:** When I saw that slide that showed the reuse parcels, I thought of the song, "paved paradise and put up a parking lot". This facility is currently like those in Germany where they locate their mental health rehab services in areas near nature. My son is in the service, what about those coming back home who are wounded...we want this space to use for them and for the children.
  - **Response from LAP Chair:** Will the reuse team talk about how the reuse property will be used? We just heard from the school that has an interest.
  - **Response from Roger Kormendi (Re-use contractor) –** Reuse land must meet the mission of the VA. Only excess property can be used. The concern regarding the sale of excess property is off the table right now. In principle, it is possible, however, our charge does not include sale. What is available is enhanced use leasing (EUL). Therefore, the land and buildings can only be leased and it has to enhance the use of the land. The developer who gets the reuse rights has to bring in the resources to develop the land, give dollars for the uses of the property, or provide in-kind services. It can be a mix, e.g., specifically sharing uses like those the two teachers are proposing. The legitimate uses will come to the table later in the process. You (again referring to the teachers) can put in a request during the open and competitive process. It will be a public process. Ultimately, it will be the best overall value (mission support, value in dollars, etc.) for the VA. Local uses are very much a part of that. When Janet put her slides up, community compatibility is important. I want to bring to the audiences attention...as more land is available the more reuse dollars that may come to VA.
- **Question from Ron Spriggs:** We all know that wheels of bureaucracy move very slow. Why can't these parcels be used on a temporary basis?
  - **Response from Roger Kormendi (Re-use contractor):** That is possible, but is outside the scope of the CARES process
  - **Comment from Mr. Spriggs:** I disagree, this is inside the process.

- **Comment from Patricia Pittman:** Local management can still manage the campus during this process.
- **Comment from Mr. Spriggs:** When you say local management, I assume that you are referring to the Director? I would hate to lose opportunities like the one solicited by the Board of Education.
  - **Response from Dan Roth:** We can entertain those things. There is a process in place that goes to local, to the VISN and then to Washington. One proposal currently is being evaluated for the shorter term.
  - **Response from Jim Schiller (VA Assistant COTR):** There is a public process for the reuse. There would be a public solicitation/proposal process which includes a highest and best use assessment. In the interim, there are short term commitments that the VA can enter into, up to 3 years. I don't think we want to do anything to encumber the long term planning process. If we enter into any leases, we would likely do them for less than 3 years.
  - **Response from Dan Roth:** To understand what Roger said, the VA has said disposition (sale) will not be considered. What if EUL is entered into – can VA get out of it?
  - **Response from Roger Kormendi:** It depends on how the contract is written. You can put in a cancellation provision; however, it may decrease the value.
- **Comment from General Beavers:** Point of clarification on short term and long term leases. In deliberation of that, how much emphasis is put on VA mission and what is put on that space regarding services used by veterans?
  - **Response from Roger Kormendi:** Ultimately, when you have an open process, our job is to provide analysis – it will include a public body, they will then make that type of trade off. As part of the solicitation process, the VA can lay out their priorities, e.g., maximizing the dollar return, the services provided to veterans, etc.
- **Comment from Randy Fisher:** I understand the sale of property is not being considered and if a sale occurred, the money would go back to the treasury. Where does money go for EUL?
  - **Response from Roger Kormendi:** The proceeds stay with the VA and can go back to the local site and VISN.
  - **Response from Jim Schiller:** The funds from the EUL will go to the MCCF. Expenses can be directly offset.
- **Comment from audience member:** Since 1999, I've been part of the legislative team going to Washington to lobby for the VA healthcare budget. Since going to Washington. The budget has always been short by \$1 billion. It has been up to the veterans' organizations: Am Vets, American Legion, Disabled American Veterans, etc. It has been because of them that the money has become available. It is easier to get renovation money than new money. If you use the term life safety for requesting money, you



go to the top of the list. You don't go into 5 year planning money. It would be advantageous to look at the funding sources for the options. For example, if you choose BPO 5, you will be at the back end of the 10 year process. If you choose other options, with life safety, you will get to the top of the list. I believe that VISN 9 will keep the EUL money. They'll find something to do with it and Lexington will not get the money. We have to look at this campus for all the care for the local veterans.

- **Comment from Charlie Boland, with Chief Administration Office of Lexington Fayette County Government:** We are currently in lease negotiations regarding this property. I can offer more at the end, because I don't think I can stay within the three minutes.
  - **Response from Patricia Pittman:** You, like the school system, have interest in land and that is out of our scope.
  - **Response from Boland:** I understand, but we want to make clear our current negotiations. [handout]. We are in negotiations regarding Building 5 and the garages – we are looking for an emergency management facility. We also want to make it known that we would propose a 40 acre public safety campus that would basically give us a footprint for local emergency preparedness. We are looking immediately at building 5 and the storage facility. We would rather own or have long term control over the property than a short term lease. We want a longer term agreement so we can make capital improvements. I understand the VA's interest is how do we continue our mission? We have an interest that we believe is compatible, would help our local community, and not interfere with the mission of the campus. We have a long term interest in 4 or 5 reuse parcels.
- **Comment from Ron Spriggs:** Can we suggest to interested parties when they can come back and make their intentions known?
  - **Response from Patricia Pittman:** We don't have any role in this.
- **Comment from audience member (KY Dept of Veteran Affairs, member of US Veterans Affairs Committee on Women Pamela Luce):** I would like to have a 40 bed women's shelter as part of the Leestown campus. It would support the mission of the Leestown campus and the Secretary's initiative for homeless veterans. This facility could provide emergency services and child care for homeless women veterans. We will provide case management and residential treatment. We want to intervene for our women (she went on to give percentages of these women who were raped, etc.)
  - **Response from Patricia Pittman:** The scope of the LAP doesn't consider changing healthcare volumes and the re-use determinations will be made later.

- **Comment from an audience member (Employee from the Kentucky Dept. of VA Pat McKernan):** Thanks the LAP. Notices that the 5 options continue the homeless programs in building 29. Believes it is important to sustain that effort. I think we need to add another 40 bed unit to bring vets off the street and have them assessed. 33% of our homeless population is represented by our vets, only 22% of the general population is vets. Therefore, the demand is extremely high. The benefits are both financially and morally sound. Options are very well thought out and I support them.
  - **Response from Patricia Pittman:** We accept your statement.
- **Comment from an audience member (Anstell Harbin):** I propose to have a 100 bed Domiciliary (Dom) on this campus. There is a nursing home facility – but no facility for Dom. A 100 bed Dom would decrease the gap and provide other programs, e.g., mental health, stroke, substance abuse. The average age of homeless vets is 59. Elderly Dom patients are encouraged to participate in community programs such as, foster grandparents, etc. We know we are early in the process but we want to make our comments known.
  - **Response from Patricia Pittman:** We accept your statement.

**XIV. Break for LUNCH at 12:15pm**

**XV. Reconvene after Lunch at 1:15pm**

**XVI. LAP deliberations**

**BPO 1**

- **Question from Les Beavers:** Will these buildings be able to accommodate clinic space?
  - **Response from Brent Hussong:** Yes, the buildings can accommodate clinics, but it is not optimal. It is not a restrictive frame. Clinic functions will fit into those buildings.
- **Comment from Patricia Pittman:** Building #25 does have contract space. There is no reuse C parcel in this option.
- **Comment from Dan Roth:** Yes, it is true we can renovate any building, but what is optimal? Those buildings that are slated for renovation for clinics, I don't think will be good for clinics; I'll just go ahead and say it up front. My own personal opinion, the ambulatory component should have new construction.
- **Comment from Randy Fisher:** Many buildings on this campus have been used for clinics. I don't think they are going to give us money for major construction.
- **Question from Patricia Pittman:** Brent, what did you say about the floor plate?

- **Response from Brent Hussong:** If we were going to do new construction, we would look at a 90 foot floor plate.
- **Question from Randy Fisher:** What is the floor plate? Is it the foundation floor plate?
  - **Response from Brent Hussong:** The current floor plate is 40 feet. There may be less operational efficiency with renovation.
- **Question from the audience:** If this plan considers the primary clinic, would they reopen radiology and lab?
  - **Response from Randy Fisher:** We would have to bring some of that back.
  - **Response from Brent Hussong:** That workload and associated support services were considered in this option.
- **Comment from Patricia Pittman:** Any more discussion on this option?

## **BPO 2**

- **Comment from Randy Fisher:** You would never get the clinics into building 25.
- **Comment from Brent Hussong:** There is the same amount of renovation throughout the campus.
- **Question from Mr. Spriggs:** Can we get an understanding of the financial differences among the options?
  - **Response from Janet Hinchcliff:** The summary report shows an assessment of how the options compare to each other.
- **Comment from Mr. Spriggs:** Are just trends shown?
  - **Response from Janet Hinchcliff:** The assessment shows how they compare to each other for the various categories, e.g., BPO 1, 2, 3, and 4 are estimated to have similar operating costs within the defined range.
- **Question from Mr. Spriggs:** When will we see the full evaluation?
  - **Response from Janet Hinchcliff:** The more detailed cost analysis will come in Stage II.
  - **Response from Roger Kormendi:** In this particular option, buildings 27 and 28 are vacated. This option then accommodates some of the things brought forward earlier in the meeting such as the Women's home and the school board. Existing leased space to VOA in building 25 would be displaced in this option and could possibly be relocated in building 27 or 28.as part of the re-use
- **Comment from General Beavers:** Can you clarify what is occurring in the buildings in blue? Are they occupied?

- **Response from Brent Hussong:** They are VA buildings that are mainly used as storage.
- **Comment from General Beavers:** When you show something as green that is reuse. Do we show these buildings as going to red in any options?
- **Response from Brent Hussong:** Options 4 and 5.
- **Comment from Patricia Pittman:** This is my opinion – this CARES process, our recommendations and the Secretary will make a recommendation. The money has to come from somewhere – there is no guaranteed funding – we have to do what is best for Vets as we see it.

### **BPO 3**

- **Comment from Brent Hussong:** New addition will pick up additional square footage needed. In this option, the new construction could be sized to accommodate clinics so that the leased space in Building 25 might not need to be displaced.
- **Comment from General Beavers:** BPO 3 shows block for new ambulatory building. I like this concept because it is new construction.
- **Dan Roth also comments that he likes the concept of new space for clinical functions and favors options with new construction as opposed to renovated space**

### **BPO 4**

- **Comment from Brent Hussong:** All new outpatient construction is southwest of the current parking lot. Add parcel D for reuse.
- **Comment from Dan Roth:** The building here is not as favorable as in BPO 3; the consolidation in this plan is more spread out, isolating outpatient functions from the remainder of the hospital.
- **Comment from Patricia Pittman:** One of the pros is the speed to construct.
- **Comment from General Beavers:** Linking reuse parcels C and D is one advantage to this option.
- **Comment from Ron Spriggs:** What is the ease of implementation?
  - **Response from Brent Hussong:** Renovation takes longer. This option builds new space. An issue with parking is you have outpatient visitors coming in and out. Parking in this option is closer to the building.

- **Comment from General Beavers:** The downside is the location of the clinic. I prefer it in BPO 3.
  - **Comment from Patricia Pittman:** Why is that?
  - **Response from General Beavers:** BPO 3 is closer to gates and the front of the campus.

#### **BPO 5**

- **Comment from Patricia Pittman:** The footprint shown here is just a representation and it will not be exactly like this.
  - **Response from Brent Hussong:** It is proportionate.
- **Comment from Becky Estep:** I am not OK with giving up 77 acres. We've given up enough acreage on this campus.
- **Comment from General Beavers:** There is the perception that Leestown is no longer as it has been. It completely changes the footprint and the "use" of the campus...and 2/3's of it is available for reuse.
- **Comment from Randy Fisher:** We don't get money now to have clinics at Leestown. I don't like any of the options. If I had to choose one, I'd pick BPO 1. If you lease any of these parcels, you lose the money, it doesn't do anything for Lexington...it goes to the Fund or the Treasury.

#### **Other Options**

- **Question from Patricia Pittman:** Is there an option to add from the group?
- **Comment from General Beavers:** With right-sizing you get a better footprint with a new building – but both should go forward to study. I propose a mix between 3 and 4. I like the BPO 3 location of the clinic and I like reuse of BPO 4, because you add the D parcel for reuse.
- **Comment from Becky Estep:** What is the acreage?
  - **Response from Brent Hussong:** Same as BPO 4.
  - **Comment from Ron Spriggs:** What are the actual acreages involved in these parcels?
  - **Comment from Becky Estep:** The reason I put it that way, don't want to give up land, I agree with Randy, I think we are selling out Leestown.
  - **Response from Janet Hinchcliff:** Parcel D is about 16 acres.
- **Comments from General Beavers:** The most important part of parcel D – you have two buildings there for reuse, plus the land. May I clarify why I've proposed this new option? The land is not available in BPO 3, in BPO 4; you have some land now available.
  - **Response from Roger Kormendi:** Bringing C and D together, increases considerably the value of C. Now you have the ability to do a lot more with it.

- **Comment from Dan Roth:** Mr. Evans was talking about the beauty of the campus. I listened to Mr. Boland and the Kentucky DVA, the school Board, etc. I am here as a citizen, not as a VISN employee. These parcels, A and B, are what the county is talking about. The way I see this in the long term, the Kentucky DVA could use parcels C and D. The location of the ambulatory building should go up front as it is shown in BPO 3, not in the back as shown in BPO 4. I think, all in all, I agree with General Beaver's proposed new option. Last night, I wanted to vote for BPO 5, but I think this is the best compromise.
- **Comment from Janet Hinchcliff:** What you have done is created a new parcel call it G, modification of combining D and C.
- **Comment from Becky Estep:** I want the VA's primary function to be the main priority.
- **Comment from Audience:** Space currently occupied in Building 29 could move over to Buildings 27 and 28.
  - **Comment from Patricia Pittman:** That is something that can be discussed at local level.
- **Comment from Randy Fisher:** Are you saying the State will build on these parcels?
- **Comment from General Beavers:** Like on the battle field, you have targets of opportunity. This is a target of opportunity as we create better primary care. This is a great opportunity to build for the future.
- **Question from Ron Spriggs:** So is this option 3A or is this Option 6?
  - **Response from LAP Chair** – this is BPO 6.

#### XVII. More Public Comment

- LAP Chair opened for questions to ensure question period advertised in Federal Register was adhered with. No questions.
- **Question from Ron Spriggs:** Will those comments be added to the total?
  - **Response:** Yes.
- **Comment from the chairman of Bluegrass Military Affairs coalition:** Want to thank you all for comments, just been here since 1pm today. From my meetings with Secretary Principi, you've come up with a good footprint in this vision. There isn't a veteran in this area that doesn't want anything on this campus but use for veterans. We have a high number of people from this State who are stepping up and serving this country. I think those primary care clinics throughout Eastern Kentucky, as those clinics come into place, will attract more people to come on to this clinic. I would remind this panel what Secretary Principi did when we worked to keep this place. I commend you on your comments and I think this discussion is great.
- LAP Chair called for more comments – no further comments.

**XVIII. BPO Vote –**

**BPO 1 – Is there a motion to recommend BPO 1?**

- Mr. Roth – I think we keep it on the books to have a point of comparison. I move to recommend.
- Gen Beavers second, carried unanimously

**BPO 2 – Is there a motion to recommend BPO 2?**

- General Beavers moved, no second, did not carry
- Chair asked why no second on this. Mr. Fisher responds: not enough space in building 25 as it was proposed.

**BPO 3– Is there a motion to recommend BPO 3?**

- Gen Beavers moved, Mr. Spriggs second, majority carried (4 yes, 0 no, 2 abstain)

**BPO 4 – Is there a motion to recommend BPO 4?**

- No motion, had to do with location of primary care building – did not like the location.

**BPO 5 – Is there a motion to recommend BPO 5?**

- Dr. Roth moved, no second, option did not carry
- Chair asked why no second on this. Option goes against the Leestown campus design and makes available too much land for reuse.

**BPO 6 (NEW) – Is there a motion to develop and recommend BPO 6?**

- General Beavers moved, Mr. Spriggs second.
- Open Discussion
- **Becky Estep:** Are we going to discuss this further. When we leave here today, will we have the exact plan?
- **Response from Janet Hinchcliff:** Let's clarify option six for your review.
- **Randy Fisher:** Does it include all reuse parcels?
- **General Beavers:** Cut off small rectangle on parcel D to provide for more parking or remove the north corner of parcel D.
- **Becky Estep:** Are we going to discuss other services?
- **LAP Chair:** We heard about women's services, etc. We just need to decide what it might look like, we are just saying, leave these services behind.
- **Response from Roger Kormendi:** Once you put these into reuse categories – everything is still open. You can't specify what use it will be.
- **Becky Estep:** I want the Secretary to have the whole picture.
- **LAP Chair:** We will suspend the vote on BPO 6 and reconvene while Team PwC creates a site map for BPO 6.

**XIX. BREAK at 2:30pm**

**XX. Reconvene at 2:50pm**

**Proposed BPO 6 site map shown. Discussion.**

- **General Beavers:** I would like to amend the option to get rid of reuse parcels G and C. Only reuse parcels are A, B, E.
- **Mr. Spriggs:** Isn't this the same as baseline?
  - **Response:** No, the ambulatory clinic is new.
- **LAP Chair:** What is the total acreage of the reuse parcels?
  - **Response:** Approximately 38 acres.
- **Question regarding use of vacant space not subjected to reuse.**
  - **Response from Roger Kormendi:** – I don't know the rules if you don't put this out to reuse. It probably reduces the opportunity you will have for EUL.
  - **Comment from Dr. Roth:** That's what we want.
  - **Response from Roger Kormendi:** I don't understand why you would take it away from reuse to non-reuse. You may lose local control.
- **Randy Fisher:** A sharing arrangement already exists with the local VA.
- **General Beavers:** Any body can come in and use this space for reuse.
  - **Response from Roger Kormendi:** So you want to keep it for direct use for the vets?
- **Dr. Roth:** This keeps VA control.
- **Jim Schiller:** The Secretary's decision says to reduce the footprint. I don't think it is within the Secretary's decision to retain land and buildings in the footprint that are not supported by the workload projections. When you look at your reuse parcels and how they would be used, you would look at your criteria during the solicitation process. By saying this footprint supports the workload, you are overstating it.
  - **Response by Roger Kormendi:** By leaving it vacant, you are not complying with the Secretary's decision.
- **Ron Spriggs:** I have a question? What is the value of the surrounding parcel E? It is such a small parcel it may be less useful as parcel C, which is what we've already deleted.
- **General Beavers:** Footprint to me means the buildings, not the land.
  - **Response by Roger Kormendi:** The footprint includes land.
- **General Beavers:** Can we amend and bring the reuse options back?
- **Dr. Roth:** When a solicitation for EUL goes out, can it go out to include #1 priority for reuse is Kentucky DVA Domiciliary and Women's homeless facilities?
  - **Response by Roger Kormendi:** Yes
- Dr. Roth seconded, majority carried (4 yes, 2 no)
- **LAP Chair:** We would like to put #1 emphasis that reuse be considered for vets.



**XXI. Chair called for other Options**

- **General Beavers:** – An additional option, BPO 7, which is the same as BPO 6 without reuse parcels G and C.
- General Beavers moves, Ron Spriggs seconded, majority carried (6 yes, 0 no – unanimous).
- **Ms. Estep:** Let it be known that BPO 6 was majority and BPO 7 was unanimous.
- **General Les Beavers:** We heard from our stakeholders that open space is part of the Leestown mission, you have reduced the footprint because of A, B, E. Why are buildings included?
  - **Response by Brent Hussong:** We were asked by VA Central Office to identify vacant space so stakeholders could discuss the reuse potential. In Stage II, anything that remains vacant will have to be demolished to reduce the maintenance drain. You don't want to end up with vacant space.
- **LAP Chair:** Your budget is determined by workload, so vacant space is a drain.
- **Mr. Spriggs:** How will BPO 6 differ from BPO 7?
  - **Response from Floor:** In BPO 6, the buildings are available for reuse, whereas in BPO 7, if they are identified as vacant, they will either cost money to maintain or be demolished.
- **Mr. Spriggs:** Once it is available for reuse, or in the green area, it is up for grabs. I don't want it to be up for grabs. The commentary on BPO 7 let it be noted that it passed unanimously, but let the commentary stand. We will put into the comments that the veteran's services will come first.
- **Options the LAP recommends to the Secretary for further study are therefore: BPOs 1, 3, 6 and 7 as seen in the following table:**

BPO	Yes	No	Abstain	Not Recommended based on Motion not carrying to vote
1	6	0	0	
2				X
3	4	0	2	
4				X
5				X
*6	4	2	0	
*7	6	0	0	

\* Proposed by LAP in LAP Meeting

**XXII. Chair polled for potential dates for LAP 3**

- Potential Dates December 5<sup>th</sup>, November 16<sup>th</sup> or 17<sup>th</sup> as options – after that, it will be January.

**XXIII. Adjournment at 3:32**

- Chair asked if there was a move to adjourn. Dr. Roth moved, Becky Estep seconded, motion unanimously carried.