

**Boston Feasibility Study
Edith Nourse Rogers Veterans Memorial Hospital (Bedford VAMC)
Local Advisory Panel Public Meeting
May 13, 2005**

**Auditorium, Building 78
Start Time: 9:00 A.M.**

Participants

Meeting Participants:

- Local Advisory Panel Members Present: Joyce A. Murphy, Ph.D.; Michael J. Miller, M.D.; Vince Ng; Thomas Materazzo; Thomas Moore, M.D.; Thomas Kelley; Henry (Hank) Bradley; and Diane Gilbert
- Local Advisory Panel Members Absent: Ray Dolin, M.D.

Meeting Presenters:

- VISN 1 Representative: Vincent Ng
- VISN 1 Data Lead: Wayne Szretter
- PricewaterhouseCoopers (PwC): Jeanene Johnson

Meeting Recorders:

- PricewaterhouseCoopers (PwC): Anthony Houston and Nancy Wilkinson

Public Attendance: 128

Opening Remarks and Introductions – 9:08 A.M.

- Welcome: Joyce A. Murphy, Ph.D., Chair, Local Advisory Panel
 - Expressed appreciation to Dr. Allen Berkowitz, Contract Officer Technical Resource (COTR); Mr. Jay Halpern, Federally Designated Official; Dr. Jeannette Chirico-Post, VISN 1 Network Director; and all Medical Center Directors from the VISN in attendance
 - Expressed a special welcome to United States Representatives Barney Frank and John F. Tierney
 - Introduced Local Advisory Panel members starting with the Chair
- Pledge of Allegiance: Congressional Medal of Honor recipient Mr. Tom Hudner led the Pledge of Allegiance
- Overview of Meeting Agenda: Joyce A. Murphy, Ph.D., Local Advisory Panel Chair
 - Described that the Local Advisory Panel was appointed to review options developed by PwC and to ensure that public comments are incorporated into the option development process; emphasized the importance of listening to stakeholders
 - Explained that questions will not be taken during the presentation; it was further explained that questions should be documented on the yellow

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Question Cards being distributed and that these questions would be answered following the last presentation

- Requested the audience to turn off or silence all cell phones and pagers
- Reminded the audience that there will be a public comment period following the morning presentations
- Introduced presenters: Vincent Ng, Wayne Szretter, and Jeanene Johnson
- Instructed the audience on procedures for public comment:
 - The names of those who have signed up to provide commentary will be listed on the screen in the order that they will speak
 - Speakers will be restricted to a three-minute timeframe. A lighting system will be used: a yellow light indicates one minute remaining, a red light indicates that the time to speak has expired
 - The public will be asked to make their comments so as to make their key points first when they speak

Presentations

- VA CARES: The Secretary's Decision and the Statement of Work (SOW): Vincent Ng, LOCAL ADVISORY PANEL Member
 - Highlights of VA from the last 10 years
 - Transformed from a hospital based system to a patient focused system with emphasis on ambulatory care
 - Stated that over 92% of all veterans in VISN 1 are within 30 minutes drive time or 30 miles distance of Primary Care services
 - Reported that the VA has an electronic medical record (EMR) which has enhanced access and operations
 - Reported that the VA has become a leader in patient safety, including a medical error reporting system and a bar code medication system which has significantly reduced medication errors
 - CARES History
 - Reviewed the March 1999 GAO report which called for a look at the infrastructure and realignment of capital, stating that we could better redirect our resources to improve access and quality
 - Discussion of the VISN 1 Markets
 - Defined the VISN 1 markets as Far North Market as Maine; North Market as Vermont and New Hampshire; West Market as Massachusetts (west of Worcester and Connecticut); East Market as Massachusetts (east of Worcester and Rhode Island)
 - Emphasized that today's presentation and the study will focus on the Boston area and the East Market
 - The Secretary's May 2004 Decision
 - Reported that most of the VISN 1 CARES plan was adopted by Secretary
 - Stated that the Secretary wanted to further study the feasibility of consolidating the four Boston facilities into one modern center

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- Stated that the Secretary wanted the study to look at specialty outpatient clinics, providing services closer to where veterans live
 - Stated that the Secretary also wanted the study to look at long-term care (LTC) services
 - o Scope of Work
 - Stated PwC was selected by the VA as the contractor for the next phase of CARES
 - Indicated options to be developed by PwC will include consolidation and improvements enabling the Boston VA to deliver state-of-the-art medical care
 - Invited the public to be active in process
 - o Explained that the VA is an essential part of Boston's renowned medical school and hospital system
 - o Expressed that the CARES process is the start of a new and exciting journey to redesign the current system to meet the needs of future veterans
- Report from Local Advisory Panel Administrative Meeting: Joyce A. Murphy, Ph.D., Local Advisory Panel Chair
 - o Reported a summary of the Local Advisory Panel Administrative Meeting held May 12, 2005
 - Local Advisory Panel is to provide advice and accurately capture and incorporate stakeholder input in the option development process
 - Everything is on the table, including the current state
 - A new medical center might be an option
 - Local Advisory Panel was created in 2004 as a directive from the Secretary
 - Local Advisory Panel members are to participate as individuals; members represent a wide range of relevant expertise
 - o Read highlighted sections from the Standard Operating Procedures (SOP)
 - o Confirmed a quorum was present and that the meeting could proceed
 - o Requested a vote to accept the SOP; motion was made and seconded with a subsequent vote to unanimously adopt the SOP
- Forecasting VA Health Care Demand Presentation: Wayne Szretter, VISN 1 Data Lead
 - o Introduced the data models
 - o Explained 'Special Services' such as, Spinal Cord Injury (SCI), Long Term Care (LTC)
 - o Described that the demand model is sensitive to changes in policy, technology, and changes in care delivery
 - o Explained market share (enrolled veterans/total veteran population)
 - o Explained benefit priority levels 1-8

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- Profiled the East Market
 - Veteran Population Projections: decreasing in VISN 1 and in East Market
 - Inpatient Demand Projections: decreasing in VISN I with a modest decrease in East Market for the next twenty years
 - Profiled facility demand, including Inpatient (IP), Outpatient (OP), Inpatient Psychiatry (IP Psych), Psychiatric Residential Rehabilitation Treatment Program (PRRTP) and Domiciliary Care
 - Reviewed SCI data
 - Reviewed long-term care policy and budget assumptions
 - Explained that Chronic SCI and LTC patient population data was not yet available from the VA Central Office
- Dr. Murphy reminded the audience that questions would be answered after completion of all presentations, using the yellow Question Cards
- CARES Business Plan Methodology Presentation: Jeanene Johnson, Boston Site Leader, PwC
- Detailed PwC's history and experience working with government on highly sensitive projects, such as TriCare, a west coast study and the September 11 Victims Fund
 - Reviewed overall project methodology
 - Explained that once an option has been approved, the option will have to compete, in a given year, against other VA capital projects
 - Described the role of the VA in the study process
 - Described that participation by the public will be continuous throughout the study

Chair called for a break at 10:20 A.M.

Chair called to reconvene at 10:40 A.M.

Questions Asked via Question Cards, Joyce A. Murphy, Ph.D., Local Advisory Panel Chair

- Identified local Patient Representative, Deborah Outing to assist with any issues raised related to patient care
- Questions about the Contractor answered by Jeanene Johnson, PricewaterhouseCoopers

Question: Is PwC federally funded?

Answer: No, PwC is a privately held company and not a federally funded organization

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➤ Questions concerning the VA processes and practices answered by Vincent Ng, VA representative member of the Local Advisory Panel

Question: How can CARES be trusted when budget cuts are happening to veteran hospitals nation-wide?

Question: Why must this be done? This was just done last year and completed. Why is this being done again?

Answer: What we are doing today is a continuation of what was started three to four years ago as directed by Congress and the Secretary. We must look at the feasibility of combining the VA site at Boston. There are no conclusions yet.

Question: How can VA look at this realignment? It is very costly.

Answer: The VA operating budget is an annual process approved by Congress, conducted with much deliberation. CARES is a process and not necessarily about cutting resources.

Question: Why are VA hiring practices so out of whack, especially regarding nurses?

Answer: Nursing salaries are developed at a local level, based on local competitive regional salaries.

➤ Questions regarding demand data answered by Wayne Szretter, VISN 1 VA Data Lead

Question: Do the demand projections take into consideration the Iraq war and returning veterans?

Answer: Yes, the 2003 model does; the rate of separations from Department of Defense, (DOD) is tracked annually.

Question: Instead of downsizing, has the forecast taken into consideration the increased longevity of veterans?

Answer: Yes, the model is based on actuarial calculations, which does take into consideration the increase in longevity of patients and the incidence and type of services needed.

Question: Of the 100 Alzheimer's Beds at Bedford, how many other locations have similar beds?

Answer: "I do not know how many beds there are elsewhere, but I can tell you that we do take care of Alzheimer's patients at our other VAMC's".

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Question: More veterans will be forced out of HMO's as the economy changes. Have we taken this into consideration?

Answer: The model takes into consideration HMO reliance. If the trend changes, the demand model will reflect this.

➤ General questions/comments read by Joyce A. Murphy, Ph.D., Local Advisory Panel Chair

Comment: Given the location of Bedford, don't you think Bedford campus is best for veterans?

Comment: Don't hold meetings in July and August as most Veteran Service Organizations (VSO) hold conventions at that time

Brief Description of Testimony/Public Statements

➤ Testimonial 1

- The wife of a retired Army and VA Chaplin discussed the experiences of her husband who resides in the Geriatric Research, Education and Clinical Center (GRECC) at Bedford. She stated:
 - All specialists provide outstanding care to him in the GRECC unit
 - The Bedford site provides easy access for families (and parking) and that they are made to feel welcome at all hours
- She concluded that the program is renowned across the country; it should remain at Bedford because it has expansion capabilities

➤ Joyce A. Murphy, Ph.D., Local Advisory Panel Chair read excerpts from a letter signed and submitted to the Local Advisory Panel by United States Senators Edward M. Kennedy and John F. Kerry and United States Representatives Edward J. Markey; Barney Frank, Richard E. Neal; John W. Olver; Martin T. Meehan; James P. McGovern; John F. Tierney; Michael E. Capuano; William D. Delahunt; and Stephen F. Lynch

- "We all agree that we owe an enormous debt to the courageous men and women who have served our nation so well."
- "The goal of the CARES process is something we all support."
- "We must ensure that veterans receive the right care, at the right time and at the right place."
- "We must objectively evaluate the best ways to provide quality health care and services to more veterans in more locations, now and in the future..."

She summarized additional points:

- Expressed concern about the option to consolidate the four Boston area medical centers into one modern hospital, sighting challenges with finding a location that will not disrupt current services and challenges with funding

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- Supported the previous CARES recommendation to support the Bedford hospital mission, suggesting that to relocate it might pose a serious risk to patients
- Strongly recommended that the services at the Causeway Street Outpatient Clinic be maintained

- Testimonial 2
 - Served on national boards regarding public works with expertise in infrastructure
 - Spoke in favor of keeping the Bedford site open
 - Received excellent patient and family treatment at Bedford
 - Has received care at Tufts, Harvard, MGH, and Lahey Clinic and considers the care at Bedford to be comparable

- Testimonial 3
 - A parent of a Veteran in 6B (Domiciliary) who has been an advocate for her son for the last 32 years and is also on the NAMI (National Alliance of Mentally Ill) Veterans Committee, expressed two concerns:
 - Will accept a necessary relocation, but everyone must understand that these types of patients do not always manage change well
 - Must retain a park like atmosphere; large space is not needed; privacy is important

- Testimonial 4
 - A wife of Veteran in the GRECC inpatient facility concurred with the previous testimony
 - Recommended decentralizing facilities and not in favor of one facility
 - Emphasized that many wives visit their husbands everyday and therefore need easy access to the programs where their husband receive care

- Testimonial 5
 - Veteran with multiple medical problems spoke of both the chronic and acute medical needs of many veterans, including those returning from active duty
 - Emphasized the need for a relaxing and healing environment

- Testimonial 6
 - Advised the committee and the VA that the veterans deserve better

- Testimonial 7
 - A Navy retiree expressed his support in keeping the Brockton Urgent Care open; he identified that specialists are readily available
 - Expressed keeping Brockton Women's clinic operational (currently open two days per week); there are 1,500 female veterans currently in the

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system and 600 women veterans are at Brockton; more women veterans are expected in the future

- Testimonial 8
 - A Vietnam veteran, volunteer employee at Brockton Women's Center stated that the Brockton Women's Center does a great deal for women veterans
 - Spoke of women veterans 'falling through the cracks' and the good work that the Center does, providing privacy and sanctity for women
- Testimonial 9
 - The past commander of Jewish War veterans who requested that the hospitals be left alone; there's no need for consolidation
 - Concerned with funding for consolidation as there seems to be insufficient funds to do needed improvements now
- Testimonial 10
 - A counselor for veterans expressed the importance of continued urban access for veterans, mostly women and minorities, with mental health issues; also, the homeless who typically migrate to the urban areas
- Testimonial 11
 - Stated, "It would be a tragedy to take Bedford away as it is very difficult to travel to Jamaica Plain, especially for an early morning appointment."
 - Did not want the daily reported deaths in Iraq to be an afterthought
- Testimonial 12
 - A veteran stated that he has had many years in dealing with VA; he concluded, "It's all a scam."
- Testimonial 13
 - A grandchild of a veteran wanted everyone to know that if Bedford moved to Boston, we'd be taking her grandfather away from her
- Testimonial 14
 - A wife expressed that her husband is a member of American Veterans with Alzheimers' group and that her husband has been on the Alzheimer's unit since 1999
 - Advocated that the GRECC unit remain at Bedford; she stated, "it is a valuable, world-recognized program."
 - Recommended improvements be made at Bedford
 - Discouraged any disruption to services as disruption would not only affect patients, but families and staff as well

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- Testimonial 15
 - Presented a copy of a November 5, 2004 letter to Secretary Principi written by Commander James Williams, District 15, Department of Massachusetts, Veterans of Foreign War, who was unable to attend today's meeting and asked that copies be distributed to all Local Advisory Panel Members
 - Referencing this letter, he stated he agreed with the recommendation to improve the system as a whole and to allocate 1% of every DOD contract exclusively to VA health services - an answer to any healthcare budget concern

- Testimonial 16
 - A volunteer at Lowell clinic described how the VA diagnosed his medical condition when others could not
 - Described that the daily buses from Lowell to Jamaica Plain are full and that the recent cuts at Jamaica Plain have not been good

- Testimonial 17
 - A past member of a Secretary's advisory committee on CARES realignment stated that the VA, as a national healthcare delivery model, is being used as a political football
 - Stated that people forget, since 2000, the VA budget has increased by 47%
 - Stated VA is governed by law, and there's a need to work with members of congressional delegations
 - Quoted 1,096 cuts to nursing positions this year in addition to other VA employees
 - Quoted 58,000 Iraqi veterans and Afghanistan veterans have enrolled for VA service which is expected to increase to 300,000
 - Recommended to maintain and keep those things we do well and to consolidate services as necessary

- Testimonial 18
 - A veteran spoke of receiving outstanding care at Bedford and suggested the facility be enhanced
 - Suggested that the facilities could be better utilized, especially for the returning men and women who will need 'a place like this'

Break for Lunch at 11:37 A.M.

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Continuation of Public Comment Period, Reconvened at 12:32 P.M.

- Testimonial 19, Congressman Barney Frank
 - Reported that Hanscom Air Force Base in Bedford would not be closed
 - Suggested that great programs should continue at campuses like Bedford;
 - Stated how impressed he was with, and how fiercely the GRECC program has been defended, something he has rarely seen in all his years of public life
 - Stated, “The VA is not just first rate medical care; it is about allowing veterans to socialize together. We must continue to allow the veterans to be among those with shared experiences.”
 - Expressed skepticism that tearing down facilities is the right approach, as it only addressed the physical side of medicine and not the emotional side
 - Stated that a single large facility, in Boston, might adversely impact the families of patients
 - Suggested that when we need to find money we can; he rejected the notion that we need to save money however, agreed that more efficiency is likely needed
 - Recommended that the focus be on delivering the best medical care, not cost
 - Suggested that, as a government entity, the Department of Veterans Affairs, needs to do more

- Testimonial 20, Jeannette Chirico-Post, M.D., VISN 1 Network Director
 - Thanked the members of the Local Advisory Panel for participating in the CARES process
 - Stated VISN 1 is an integrated healthcare system that provides the right care, in the right place, in the right time and with the right cost
 - Stated 9,300 employees of the network provide care in the best way; 92-93% of our veterans have access to care within thirty minutes serving 230,000 veterans
 - Stated VISN 1 operates 1,900 inpatient beds, has 26,000 admissions, and 1.3 M outpatient visits;
 - Stated VISN 1 also has developed consistent standards of care and benchmarks; the VA is a leader in quality and patient satisfaction
 - Reported VISN 1 is experiencing a decline in enrolled veterans and an increase in age of enrollees
 - Reported that advances in medical technology will provide the same level of care to veterans with limited access
 - Emphasized the need to assure a seamless transition for new veterans returning from action
 - Expressed pride for the existing research and education relationships, centers of excellence in cardiac surgery and mental and behavioral health science

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- Stated many infrastructure systems have significant problems that need immediate attention; she emphasized that these issues need to be addressed before program initiatives in the CARES process
- Concluded that the Secretary's Decision for Boston of consolidating the four facilities into one mega facility will not compromise the VISN 1 mission in delivering services to our veterans

- Testimonial 21
 - A veteran, accessing services in Brockton expressed concerned with outsourcing care to non-VA facilities
 - Stated veterans have unique and special needs and that they are best cared for among other veterans

- Testimonial 22
 - A hospital volunteer and disabled veteran expressed being discouraged at needing to come before this committee again
 - Supported the award winning Bedford Compensated Work Therapy (CWT) program, one of the largest in the US
 - Stated, "We have spent \$6M on our long-term care, and they want to close it? That does not make a lot of sense."
 - Expressed concern that the minor changes in routine to those being cared for on the Alzheimer's unit could be catastrophic
 - Spoke of the strong volunteer service at Bedford

- Testimonial 23, Congressman John Tierney
 - Stated that Hanscom Air Force Base will be staying open and gaining jobs
 - Emphasized that it is imperative that the demand for VA services be met and be accessible for all members
 - Reported that congressional members of Massachusetts have written a letter to Local Advisory Panel
 - Expressed concern about the consolidation onto one campus in Boston; stated ease of access will be costly as it will be difficult to find real estate
 - Stated Bedford provides incredible programs; GRECC is premier Alzheimer research center providing cost effective continuity of care
 - Urged everyone to take a moment to talk to family members, staff and patients at the facility, "They will tell you how important it is to keep Bedford here."
 - Stated that we must live up to our commitment to providing the best care to veterans

- Testimonial 24
 - Past commander to DVA (Disabled Veterans of America) and volunteer driver for VA transporting patients from Bedford to Manchester to Brockton stated the driver service is a savings to the VA; the DVA has volunteered over 15,000 miles

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- Expressed concern that the driver volunteer program will lose drivers if there is a consolidation of facilities to one urban location

- Testimonial 25
 - Expressed thanks to all the people who came
 - Stated, “CARE” implies gratitude, not just capital asset realignment
 - Stated, “People who sacrifice their lives for a flawed foreign policy should not be punished. Every action has an equal and opposite reaction, remember that.”

- Testimonial 26
 - A disabled Vietnam veteran, residing near Lowell, Massachusetts stated that it might be necessary to consolidate facilities as there are empty rooms
 - Suggested that either Bedford or Brockton be the site for consolidation, as a Boston location would be too challenging to access
 - Stated that Bedford is a beautiful campus with expansion capabilities

- Testimonial 27
 - A volunteer at Bedford stated they were in favor of the community support program in building 7
 - Stated, “it is the only program of its kind for drug problems, depression, etc.”
 - Stated, “this program should be replicated in other VA facilities as patients come to this program from all over the country.”

- Testimonial 28
 - A daughter of a GRECC patient told her journey of how she searched to find an appropriate residential facility to care for her father who was a World War II veteran with dementia. She stated, “... in Bedford, this is the best circumstance that he could possibly have. I’ve encountered a whole new family; we look out for each other. To disrupt this facility, would be devastating. I speak for all those family members, please do not change this.”

- Testimonial 29
 - A wife stated that her husband, as a member of the GRECC unit is the ultimate stakeholder
 - Stated that she highly valued the research aspect of her husband’s care
 - Stated, “We’ve seen a lot of graphs; these graphs need a face. My husband is the face of these graphs.”

- Testimonial 30
 - A veteran spoke of coming before the previous CARES committee when there was talk about closing Bedford

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- Expressed, “We are not beds, we are veterans. Veterans were put in here for one reason, because we couldn’t make it on the outside.”
 - Stated that there is no need for another hospital, but if one is built, it should be on Bedford VA land
- Testimonial 31
- President of American Veterans with Alzheimer Disease Association stated that he previously lobbied the CARES Commission on the last go around and was assured that there would be no change to the integration of patient care and research at Bedford; asked that the unit at Bedford not be jeopardized
 - Expressed an understanding about the economic circumstances of the VA, but asked that the needs of veterans with Alzheimer’s be considered
 - Requested assurance that Bedford be considered as the location for consolidation as it is accessible and has expansion potential

Local Advisory Panel Deliberation, Joyce A. Murphy, Ph.D., Local Advisory Panel Chair

- Reiterated that there is a two-week period following the Local Advisory Panel meeting for the public to continue to provide comments via the CARES website at:

<http://www.va.gov/cares>

- Called for Local Advisory Panel members to recount what we’ve heard today

Diane Gilbert

- Thanked the VA for the opportunity to participate on the panel and stressed that as panel members they are listening; that the panel’s charge is to collect stakeholder data
- Stated, “Veterans are our number one priority.”
- Stated that there are currently 19,000 women who have served in Iraq and 35 women have lost their lives; it is important for the Contractor, PwC to think about women’s health issues
- Stressed the importance of considering special services for homeless veterans
- Described how the closure of Causeway Street resulted in a loss for approximately 7,000 veterans; encouraged PwC to consider how changes affect a veteran’s ability and willingness to come to a facility
- Emphasized that the plan must provide adequate, designated space for research and education
- Suggested that PwC is not only to consider the possibility of consolidation, but also plans to reorganize existing facilities

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- Urged that any recommendation be made with a defined timeline, as the worst thing that can happen is for people to not know what is happening

Hank Bradley

- Concurred with Ms. Gilbert's comments
- Emphasized the importance of considering the veterans in the GRECC unit as well a Spinal Cord Injury (SCI) along with other services
- Stated everything is to be considered; all comments are being recorded
- Stated Local Advisory Panel members will be getting all public thoughts and comments will ensure that the public's comments will be incorporated into the option development
- Emphasized that this is not a done deal; that the meeting today, has been held so that we can give consideration to these ideas
- Suggested that the healthcare system must work for all those who've served and for all those who will utilize the services in the future

Thomas Materazzo

- Acknowledged the positive nature of the commentary
- Expressed concern that there are veterans who do not have access to care and that the cost to veterans has changed
- Stated that veterans have earned the right to benefits and services
- Encouraged everyone to continue to be vocal, so that the erosion of veteran benefits will not occur

Vincent Ng

- Stated that the VA healthcare system is the best in the world, and we are proud of what we do in serving our veterans
- Acknowledged that everyone who spoke did so from their hearts and that the panel members felt this and it meant a lot to them
- Suggested that those who spoke cautioned the panel to not only look at bricks and mortar but to look at privacy, emotional support, and all those intangibles
- Stressed that we must put a human face to our projection numbers; and to make sure the VA healthcare system is here when veterans need it
- Instructed PwC to take into account that the VA wants to deliver the right care, at right time, at right place, at right cost, with the best outcome
- Highlighted that the Mission of VA is to take care of veterans when they need us and that research and education must be served
- Summarized, "We don't want to forget about the needs of our future veterans, we want to make sure we are prepared for them."

Thomas Kelley

- Thanked everyone for their input; reminded the audience that everyone in the audience is a true stakeholder

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- Stated, "There is no one here from the general public. We are missing their input. Why aren't they here?"
- Stated, "Any option decision effects real people, real faces – the panel is keenly aware of this."

Thomas Moore, M.D.

- Expressed that he was impressed and moved by the careful delivery and compassion of the speakers; heard passion about programs, not necessarily about the buildings
- Stated he expected options for improvements to buildings with the current level of access
- Stated that the GRECC Unit should be commended for their input; suggested that other programs be represented and put on their own campaign
- Emphasized VA affiliations with Boston and Harvard University as teaching and education allows veterans more access to quality care
- Expressed the opinion that any 'mega-plex option' must incorporate research and education space so that the VA system is attractive in terms of recruiting physicians
- Concluded by stating, "Physicians are your advocates."

Michael Miller, M.D.

- Expressed that he heard those present speak about great patient care and the need to keep care at the VA in the future
- Stated that outsourcing might compromise the uniqueness of the VA services
- Summarized that the need to pay attention to the families of the veterans as constituents

Joyce A. Murphy, Ph.D., Local Advisory Panel Chair

- Stated that she was not surprised about the passion expressed; the VA provides high quality, compassionate care
- Reinforced that she heard particular concern about the Alzheimer Unit and access to care, especially for disabled veterans
- Stated the committee also heard about the special concerns of women's health and mental health programs
- Guided the contractor to look at the faces of our veterans and think of the entire spectrum of VA services
- Thanked everyone for their comments and concerns; they will be taken to heart
- Reminded attendees that comments and concerns will be placed into the record
- Assured attendees that Local Advisory Panel representation will remain available until 4:00 P.M. to ensure that everyone will be heard

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Meeting Close

At 1:50 P.M., Dr. Joyce A. Murphy requested select members of the VA and PwC staff to remain in the auditorium until 4:00 P.M. to receive and record any further comments from interested parties. No further input was received during this time and the meeting was concluded at 4:00 P.M.