CARES – BOSTON STUDY SITE

Local Advisory Panel – Public Meeting
University of Massachusetts Campus Center Ballroom, Columbia Point
September 27, 2005, 9:30 PM – 4:00 PM

I. Participants

Local Advisory Panel Members:

- Joyce A. Murphy – Chair (President, Caritas Carney Hospital)
- Michael J. Miller, MD, PhD – (Chief Medical Officer, VISN 1)
- Vincent Ng – (Director, Providence VAMC)
- Thomas Materazzo – (Assistant to the Mayor, City of Boston)
- Thomas Moore, MD – (Dean for Academic Programs and Clinical Programs, Boston University Medical College)
- Thomas Kelley – (Secretary, Department of Veterans Services, Massachusetts)
- Henry (Hank) Bradley – (American Legion)
- Diane Gilbert – (CEO, Gilbert Consulting Firm,)

VA:

- VA CARES Central Office: Allen Berkowitz, Ph.D.; Jay Halpern;
- VA Central Office - Congressional Affairs: Kevin Caulfield
- VISN 1 Director: Jeannette Chirico-Post M.D.
- VISN 1 Support Staff : Gail Goza-MacMullan, Ph.D.; Wayne Szretter, Susan MacKenzie, Ph.D.; Steve Mamis; Diane Keefe; George Poulin; Joe Costa; Gregory Binus, MD, Glenn Benson

Team PwC:

- PricewaterhouseCoopers: Lori Luther, Nancy Vesey, Rick Battaglia, Anthony Houston, and Michael Bobbin
- Perkins + Will: Steve Broadhead
- Economics Research Associates: Shuprotim Bhaumik

Public: Approximately 100 – 115 people (in addition to those mentioned previously)

9:36 AM

II. Welcome: Joyce A. Murphy

- Welcome and remarks.
- Introduction of Local Advisory Panel Members and other key members.
- Recognition of distinguished visitors including United States Representatives Stephen F. Lynch and John F. Tierney.
- Overview of meeting agenda and objectives.
- Questions and concerns during morning session should be recorded on the yellow comment cards that were passed out during the meeting.

- Public comments are limited to 3 minutes per speaker.

III. The Pledge of Allegiance: Led by WWII veteran, Ray O'Brien.

IV. Testimony by Distinguished Visitors (all following testimony has been paraphrased):

Testimony by U.S. Congressman John Tierney: We all know the VA system was born out of World War II. At that time, we were concerned that we could not care for all of our returning veterans. The government created a vast system of support. We now have a new generation of veterans returning home. We must make sure the VA is enhanced for returning veterans. This country would not turn its back on the new generation of veterans returning home. Regrettably, the Business Plan Options (BPOs) have not shown the detailed analysis behind the recommendations. It is unacceptable that PricewaterhouseCoopers will give recommendations without showing the underlining evidence for their conclusions. It is not clear how the six discriminating criteria were analyzed for their recommendations. The consultant's documents only go into enough detail to show that costs are above the baseline. The quality of care that veterans are receiving from the current facilities cannot be replicated if any of the services were moved. I have the privilege of representing the Edith Nourse Rogers Memorial VA center in Bedford, with its GRECC and Alzheimer's units which have a unique quality of care that cannot be easily duplicated in other areas. Six of the nine options displayed today would move all inpatient services from Bedford to other facilities. During the first CARES process, then Secretary Principi reversed his decision to close Bedford. Stakeholders should ask their questions now rather than later. All options that hurt the quality of care that our veterans receive should be rejected. This study not only affects the Boston veterans but all veterans throughout the country. We will do all we can do to expand our support to veterans. All of the nine options that were recommended today should be rejected. Absent of the detail data at this point, I don't think you have the data necessary to suggest any options to go forward. I respectfully ask the panel to reject all the recommendations without further empirical evidence. Just as we did following WWII, the federal government has obligation to provide care to our veterans returning home. I know you will take into full consideration my comments brought forth.

Testimony by U.S. Congressman Stephen Lynch: I would like to thank the University of Massachusetts for hosting us this morning and the Local Advisory Panel for allowing me to enter my remarks. This is process driven and we do appreciate the gravity of the task before you. The letter from the Massachusetts United States Congressional Delegation should be entered into the record for this meeting. It is important to remember who we are serving in this whole process, and who should have our support. Aristotle wrote about courage, the greatest form of courage is shown by the citizen soldier and the same can be said today about our veterans. Veterans are the best Americans; they are the Americans that shoulder the burden for all of us. We need to make sure to take care of our veterans. We give nothing in

terms of granting to veterans; they have earned every bit of honor and the services they receive by serving their country. We owe them. One of my most disappointing experiences in Congress was when I was placed on the Veteran's Committee. I am not partisan, but my Republican colleagues treated the VA as an entitlement – let me reiterate something – we give nothing to our veterans – they have earned everything – we give them nothing – they have earned it by their service. I am disappointed about this proposal – When I sat on that committee, we advocated on behalf of veterans – we have advocated more funding for veterans programs – we have been rebuffed by the VA acting on behalf of the Bush Administration. During one of the appropriation committees we did not receive adequate funding. Those of us who are advocates of the veterans are constantly asking for more money. Finally the VA came forward and admitted they were short 1.4 billion dollars for veterans. Proper assumptions or accurate assessments were not made coming to these recommendations. We believe that the underlying data in the recommendations is faulty. We do not recommend any of the nine options. There is a lack of trust because we have not seen the full support behind our veterans. I want to thank the National Guard down in Louisiana for their efforts. There is a lack of the trust because of the margin between the service given to veterans and what we would like to see. We can only service veterans because of the great staff at the VA. If we made a full commitment to our veterans we could meet our goal to give them the dignity, respect and quality of healthcare to our veterans. I do not recommend any of the nine options

Comment by Joyce Murphy: Thanked the Congressmen for speaking.

Mayor JOHN T. YUNITS, Jr. (Mayor of Brockton): I have not seen a good idea come out of Washington since the Peace Corp. I am upset that the consultants did not contact the local officials for their input. The property at Brockton was always intended to service veterans. The land is incredibly valuable and it will not be sold off to be used by non-veteran parties. We understand the obsolescence of some buildings on the campus. Our staff is already looking at enhanced use lease on those grounds. We have spoken with other local providers who might use some of that land. We serve very difficult cases at Brockton and we should continue the services. I encourage you to go back to the local officials and get their input. We still stand today to continue to serve veterans as we always have. Veterans are urged to get back to elected officials with their input. The veterans in Brockton should not be abandoned and they will continue to be treated as always. Don't make radical decisions. We will work with you and find a way to make it happen.

V. Process and product for Stage I: Nancy Vesey

- Nancy Vesey: The focus is to do additional studies on previous CARES studies. The study will identify the optimal approach to provide veterans with healthcare equal or better than is currently provided in terms of access, quality and cost effectiveness.

VI. Data Used in Study: Wayne Szretter

- Presentation by Wayne Szretter
- The presentation will be posted to the public website: www.va.gov/CARES. A summary of the BPOs is available for reference at this meeting

VII. Stakeholder Feedback Analysis: Nancy Vesey

- Received 94 forms of stakeholder input from January 1, 2005 - June 30, 2005, mostly from veterans and veterans' family members. The top 2 concerns were access and maintain current services and facilities.
- We received 2 written letters form the affiliates: Boston University School of Medicine and Harvard School of Medicine. The affiliates concerns were focused on distance from university and the number of sites.
- The input was incorporated into the development of Business Planning Options.
- In addition, we have received 23 forms of input form stakeholders since August 15th and will be collecting input for 10 days after this Local Advisory Panel meeting. We will incorporate this additional feedback into the next level of analysis.

VIII. Business Plan Options Presentation: Nancy Vesey

- Nancy presented the options as grouped on slide 29, the option overview slide. The Local Advisory Panel asked questions or made comments after each grouping
- Nancy noted the following in her presentation:
  - The objective is to provide veterans with healthcare equal to or better in terms of quality, access and cost effectiveness. (A more detailed analysis on access will occur in Stage II and a patient origin analysis will be conducted.)
  - Process review: The process is supported by four Local Advisory Panel meetings – this is the second of 4 meetings. We are here to present preliminary options to the Local Advisory Panel.
  - Secretary decision overview: We are to study the feasibility of consolidating all medical centers into one facility; anchored by a state of the art tertiary care center, with groupings of community based outpatient clinics.
  - This study has three separate studies going on
    1) Healthcare study;
    2) Capital Planning study; and
    3) Re-use study.
  - The purpose of Local Advisory Meetings:
    1) Review options;

2) Can add an option not presented;
3) Present the options that will maintain quality and access in a cost effective manner.

- Members of Local Advisory Panel can ask questions and members of public can ask questions.
- The Local Advisory Panel will send forward options that the Secretary will then decide to study further or modify for further study.

- Steve Broadhead and Shuprotim Bhaumik (Team PwC) gave an overview of the site plans for each of the four sites: Bedford, Brockton, Jamaica Plain and West Roxbury.

  Question from Diane Gilbert (LAP member): When you looked at spacing, did you look at the Community Based Outpatient Clinics to take some of the workload?

  Comment by Steve Broadhead (Team PwC): We only looked at the four campuses in the capital planning portion of this study regarding physical structures and physical condition.

  Question from Vince Ng (LAP member): We heard from the Mayor of Brockton. When will local input be incorporated?

  Comment by Shuprotim Bhaumik (Team PwC): We will look at local input in further detail in Stage II.

  Comment by Joyce A. Murphy (LAP Chair): We have heard from our local officials. Let us please communicate the process of input to them so they understand the process and understand that their input will be heard and considered further in Stage II.

  Question from Diane Gilbert (LAP member): When will you speak with local officials; when will you look at their input?

  Comment by Steve Broadhead (Team PwC): We will study the input further in Stage II.

- Ms. Vesey and Dr. Rick Battaglia from Team PwC presented each of the nine Business Plan Options (BPOs):

1. BPO 1: Baseline

Question from Tom Kelley (LAP member): This might be better question for the VA not PwC. When looking at the demand projection over the next 20 years, why is nursing home care and long term care not provided in this option?

Comment by Nancy Vesey (Team PwC): The nursing home beds are in the model. Maybe a point of clarification should be made. By VA policy, the nursing home beds are held constant.

Question by Dr. Michael Miller (LAP member): We assume there will be some reduction during the consolidation. Why don't we see a savings in operating costs?

Comment by Nancy Vesey (Team PwC): This shows less than 5% difference from current costs. The cost evaluation presented here is

a very high level analysis. A more detailed costing analysis will be done in Stage II.

2. **BPO 2: Move all services to West Roxbury**
3. **BPO 3: Move all services to Jamaica Plain**
4. **BPO 4: Move all services to Brockton**

As determined in the Administrative Local Advisory Panel meeting and incorporated in the operating procedures for the Local Advisory Panel, questions will be grouped for like BPOs. The following questions and answers pertain to BPOs 2, 3 and 4.

Question from Diane Gilbert (LAP member): Keeping the focus on the needs of the veterans, what does meeting the access needs of the veterans mean? Can you explain? What exactly is it? I'm thinking of 5:00 pm on any given day.

Comment by Nancy Vesey (Team PwC): Team PwC used VA guidelines for primary access – 30 minute drive time; acute care access – 1 hour drive time; and tertiary care access – 4 hour drive time.

Comment by Dr. Rick Battaglia (Team PwC): As a reminder, a more detailed study on access will occur in Stage II.

Comment by Dr. Michael Miller (LAP member): Only a small amount of beds are in the actual demand count. I think we have something like 151 acute care beds. The nursing home care is not included.

Comment by Dr. Allen Berkowitz (VA Central Office): In the Boston area, all access guidelines are well exceeded. Although when you consolidate campuses, you may have minor decrease for some points of access; you will still well exceed the guidelines. The access guidelines are not about beds. They are about where the facility is located in regards to the enrolled population.

Question from Dr. Tom Moore (LAP member): What does temporary disruption mean? Do you suggest that the programs are kept onsite during construction and renovation?

Comment by Steve Broadhead (Team PwC): The key to any good project is proper phasing. We will further study and analyze the most appropriate project planning and phasing per the Secretary's direction on an option.

Question from Vince Ng (LAP member): What will you look at in the Stage II access study? Will you look at drive times? Will you look at public transportation?

Comment by Nancy Vesey (Team PwC): The team will look at public transportation and commute times in the Stage II access analysis.

Comment by Tom Materazzo (LAP member): I don't know what you looked at for input, but based on the Bedford meeting you should only have one option. I don't know how you came up with nine options. Any enhancement of services would be an enhancement to the baseline rather than come out with nine options. The way I understand the process, if you

(speaking to the public) speak, as a user, and feel there is no finer care than VA care, and then say it. The VA has great staff. The problem is there is not enough of them. That is where we should focus our energy. The acronym of CARES would lead you to believe we will enhance medical services. Really it's about capital enhancement; that is money. As the congressman just stated, it's about the money. We have a $1.4 billion shortfall. We need to enhance the funding.
Summary by Joyce A. Murphy (LAP Chair): For BPO 1, if we were to keep services in community near close proximity of veterans, given the data, regarding decline of veteran population. We heard that folks are most concerned with maintaining community access. We realize that we have 150 acres and old buildings, let's make sure we use money wisely.
Comment by Dr. Michael Miller (LAP member): One of the options that wasn't there was to use portions of these campuses to build state of the art facilities on part of the campuses. This is an option that will focus access beyond the guidelines. We would like to find an option that focuses on bringing about operating efficiencies in these campuses.

5. BPO 5: Move all services to new urban location.
Question from Dr. Tom Moore (LAP member): What is the price tag for this mega complex?
Comment by Joyce A. Murphy (LAP Chair): For your information, the LAP did express some concern with the price tag of these options).
Comment by Nancy Vesey (Team PwC): Again, a more detailed level of costing will be conducted in Stage II.

6. BPO 6: Right-size Bedford and Brockton; consolidate West Roxbury and Jamaica Plain on the West Roxbury Campus.
7. BPO 7: Right-size Bedford and Brockton; consolidate West Roxbury and Jamaica Plain on to new urban site.

As determined in the Administrative Local Advisory Panel meeting and incorporated in the operating procedures for the Local Advisory Panel, questions will be grouped for like BPOs. The following questions and answers pertain to BPOs 6 and 7.

The Chair asked the Panel for questions. No questions were brought forth by the members of the Panel.

8. BPO 8: Right-size West Roxbury and Jamaica Plain; consolidate Bedford and Brockton on the Brockton Campus.
9. BPO 9: Move Bedford and Brockton to West Roxbury campus. Move services at West Roxbury to Jamaica Plain campus.

Comment by Hank Bradley (LAP member): On the subject of moving Brockton and Bedford. The GRECC program at Bedford is an outstanding program. Families feel so relaxed there. I feel moving that program out of there would be so adverse to what we are trying to do. The nursing home and mental health programs down at Brockton is wrong move as well.
Question from Dianne Gilbert (LAP member): Since Jamaica Plain is the smallest campus – Sorry, what I mean is in moving Bedford and Brockton to West Roxbury; these are two large sites; how will you fit these sites on to the West Roxbury site?
Comment by Nancy Vesey and Steve Broadhead (Team PwC): The West Roxbury site can accommodate the buildings. The buildings would be approximately eight stories.
Question from Vince Ng (LAP member): I think some of the options looked at suburban sites. You say they were not moved forward, why?
Comment by Nancy Vesey (Team PwC): The density and zoning of the buildings would not allow for that construction.
Clarifying question from Vince Ng (LAP member): I'm not sure I understand.
Comment by Nancy Vesey (Team PwC): The zoning requirements in a suburban area would be extremely difficult.
Comment by Dr. Michael Miller (LAP member): Route 128 is the Biotech highway of New England. I find it difficult to understand you can find an urban plot but not a suburban site.
Comment by Shuprotim Bhaumik (Team PwC): When looking at the footprint for large amount of land, it would be difficult to find such a plot in a properly zoned suburban area. Also, looking at putting medical use of land in a residential area may be more difficult.
Question from Vince Ng (LAP member): I understand that tertiary care facility is best located at an urban facility. For Bedford and Brockton sites, we are looking at more suburban area.
Comment by Steve Broadhead (Team PwC): When looking at a suburban site, you can't get much better than the Brockton site.
Question by Dr. Tom Moore (LAP member): For the two in town facilities (West Roxbury and Jamaica Plain), those have pretty much merged together. How about an option moving Bedford and Brockton together?
Comment by Nancy Vesey (Team PwC): We do have options that bring Bedford and Brockton together (BPO 8 and 9) and we have options that combine West Roxbury and Jamaica Plain (BPO 6, 7 and 9).
Comment by Tom Kelley (LAP member): Why not an option keeping Bedford and Brockton right sized, and move West Roxbury to Jamaica Plain?
Comment by Joyce Murphy (LAP Chair): Let's look at an option moving West Roxbury to Jamaica Plain.

Question from Diane Gilbert (LAP member): No matter what option was chosen, isn't it true too, that Congress may not approve any of these options?
Comment by Dr. Allen Berkowitz (VA Central Office): This is a process that does have to go through Congress. However, as a reminder, we did get money to build three new hospitals (Denver, Las Vegas, and Orlando). Whatever you put forward must be approved by Congress. It is a competitive process, but you have to start with your best analysis and that is what we are doing today.
Comment by Diane Gilbert (LAP member): I want to piggy back on Dr. Miller's comment about operations. I realize this is heavily concentrated on buildings. I understand this is a capital planning project. What about telemedicine? Virtual reality care? You will still need domiciliary care that the private sector does not do as well. The driver must be what is the care to be delivered and how best will it be provided. It will likely go beyond outpatient care and into home care. I would ask PwC to look at this change in care going forward.

- The presentation and a supporting narrative are posted to the public website: www.va.gov/CARES. A summary of the BPOs is available for reference at this meeting.

- Summary of closure of questions raised by Local Advisory Panel at first meeting (Joyce A. Murphy, LAP Chair)
  1) Clearly the concerns raised by you and other constituents were really all about access. You are accustomed to getting your care at community based locations. There is a concern that a change in location may be difficult to readjust to another location, especially for those veterans with handicaps.
  2) We also heard about mental illness concerns and Alzheimer's care.
  3) In a nut shell, we heard concerns about specialty programs and access with a special note of programs for veterans with mental illness and Alzheimer's.

Chair Joyce A. Murphy called a small break and asked the public to place their questions regarding the presentations on the yellow cards provided. After approximately a 10 minute break, the meeting reconvened with like questions being placed together thematically and answered by members of Team PwC, the LAP Support Team and the representatives from VA Central Office.

IX. Questions and Answers from Local Advisory Panel and Public regarding the Presentations:

A. Questions regarding demand data:

The audience provided five similar questions regarding the demand projections. The theme of the questions is do the projections take into consideration the soldiers currently in new conflicts.

Response (Allen Berkowitz, VA Central Office):

All of the demand forecasts were developed by a Healthcare actuarial firm and have been supplied to PwC and their job as the contractor is to present options. The following responses address the questions on enrollment of new veterans. There is a difference in enrollment and HC projections. Enrollment is based on the number of veterans that live in a specific area and this is updated every year. Higher priority groups (1, 2, and 3) have higher enrollment. About 700,000 veterans died in the past year and about 290,000 new veterans enrolled. The mortality rate highly outweighs the number of new veterans enrolling each year. First time in our history, we have large numbers of active reservists and National Guard. Those National Guard and reserve veterans who had previously served on active duty are accounted for in the model. For those National Guard and reserve soldiers whom were not previously on active duty, but whom will return from these conflicts having served on active duty; the model does not count them. We've never had that circumstance in our history. We understand the model has a shortfall of about 50,000 veterans when considering this new type of veteran group. The enrollment piece of the picture is that the amount of veterans dying each year is larger than the amount of new enrolled veterans each year. The model does take into account planning for additional veterans from the Iraq and Afghanistan conflict. Of course, if there is a new war and we will continue to make adjustments to the model, but not major adjustments.

B. Questions regarding re-use:

Questions related to re-use, folks have asked: where does the money go? For example, let's imagine Brockton – say we consolidate to a smaller footprint. The Mayor, for example, said there may be proposals that come from the community. We would hope that the proposals benefit veterans. We might hear considerations for senior services for veterans.

Response (Jay Halpern, VA Central Office):

Our first and foremost priority is for the veteran. The VA land will not be sold; it is not policy to sell VA land. We look to construct enhanced use lease programs. A developer might say I'll pay you for the land and will then enter into a lease with the VA. The developer could also give consideration, which is for example, build a building on the land. If there are proceeds from a developer on the land the money will go to help veterans. If there is vacant space it will also be used for veterans. Adding to Dr. Berkowitz's comments from earlier; the reason for this study is Congress asked for a study that analyzed 20 years into the future so the VA would be prepared when forecasting for veterans in the future. With the consultants' input and your input the VA is trying to find the best way to suit veterans. The Secretary will make decisions in 2006. Our budget for implementing these options will not

begin until 2009. You really won't begin to see these options come to life until 2010 or 2011.

C. Questions regarding the contractor and the presentations (Response/Comments by Nancy Vesey and Rick Battaglia, Team PwC):

Question: Why was the entire East Market not considered?
Comment: The entire East Market of VISN 1 was not considered because of the Secretary's Decision. This is detailed in the slides which are available on the web.
Question: Can you further define the assumptions made for trends and assumptions?
Comment: There is a second document (summary doc) available to the public and it is posted on the web for further information
Question: Regarding the ease of moving patients.
Comment: For any of the options where services are moved it will be a staged transition of services with the least impact on the quality of services.
Question: Why focus on the separation of Psychiatry and Medical Services.
Response: People that have psychiatric issues are not isolated from having medical issues and visa versa. We cannot ignore either when caring for the patient. It does not mean you have to bring them together. If they remain separate, it is incumbent upon the VA to provide the services at each campus. It doesn't rule out and say there is bad quality when services are separated.
Question: Why do doctors feel it is better for disabled veterans to go out of their way and travel than doctors to travel?
Response: Physicians are not always in one hospital and one facility. It is difficult for them to provide the appropriate coverage if they are frequently moving from facility to facility. The longer a doctor is traveling the less time they have to see patients.

D. Questions regarding general conditions of the facilities (Response by Steve Broadhead, Team PwC):

Question: What are the general conditions of facilities?
Response: The VA assess all of their buildings. Regardless of the options, significant renovations will be needed by 2023.
Question: Do all the options consider homeland security needs?
Response: Yes, all the BPOs consider security
Question: Is access via car and parking incorporated in the options?
Response: All the options consider between 5,000 and 7,000 parking spaces.

Comment by Vince Ng (LAP member): Boston VA is a premier facility.
Comment by Dr. Tom Moore (LAP member): Residents and students commute and don't live in these facilities.

Question by Tom Kelley (LAP member): How much does the PwC contract cost tax payers?
Response from Dr. Allen Berkowitz (VA Central Office): A $9.7 million contract was awarded to PwC in a public, competitive bid.

LUNCH BREAK

X. Open Testimony Visitors (all following testimony has been paraphrased):

Testimony 1: If I flex my muscles, please forgive me. I spoke to the committee at the last meeting. I spoke about keeping Bedford open. Today I want to speak about research. Billions of dollars have been spent on implements of war, later on rehabilitating countries, on conquering outer space, now on Katrina and other hurricanes. There is no finer care than what is done for the veterans. Now these veterans are giving their brains. They are giving their brains for research at the brain bank at Bedford. Now we hear of downsizing the VA regarding cost effectiveness, which to me means money. If research can eradicate this horrible disease…cutting back on research should not be done. The Bedford VA should maintain intact.

Testimony 2: Representative from the Joint Committee on Veterans and Federal Affairs, Boston State House – representing 70 members of the Massachusetts General Assembly. The representative read a letter from the Massachusetts General Assembly noting the following: Of the nine options, at least eight will significantly change the care to veterans. Disruptions could be drastic without a clear plan. Veterans' healthcare should not be sacrificed for the sake of the bottom line. Moving veterans from their familiar environments will not be balanced by the creation of one mega facility. We remain concerned that the nine recommendations do not take into consideration the mental health needs of the veterans. If any options, we recommend to the Secretary that they reject options two through nine and accept the Baseline option, only. We hope you take these matters into consideration. This letter is signed by more than 70 members of Massachusetts General Assembly.

Testimony 3: None of the options show improvements to the current level of Healthcare. Access is in drive-times and this is poorly defined as 30 minutes. The year 2013 has the highest demand for veteran services. Options two through four reduce access to primary care. Option one does nothing to improve access. I am upset that my testimony from the first meeting was summarized by PwC.

Testimony 4: The only option we have to work with is option one and we should improve all the facilities in this option. We are not giving the best to our veterans. We should add more 24/7 ER rooms, at least two or three should be added. All veterans deserve convenient healthcare. What if a

disaster hits in Massachusetts? There needs to be a back-up plan. All the facilities cannot consolidate because the other three are needed as back up facilities. We need to improve on what we already have. Update what we already have, just like our elected officials, our veterans deserve the best. Our veterans need more doctors. People should be ashamed if they would rather the disabled veterans travel than the doctors. More staffing is needed to fix this problem. As a legislative officer – we need to add more doctors. Doctors get to experiment and learn on the veterans, it's a give and take. Give them taxi service, because gas is crazy.

Testimony 5: I care about all veterans, but especially interested in Spinal Cord care. I've been in VA system for 40 years. Our membership comes from all over New England; they rely on inpatient care for spinal cord at West Roxbury. The available beds are not adequate for our membership. We have access and beds, but we need more staff. Healthcare is stretched too thin as it is. The teaching hospitals sided with the Paralyzed Veterans of America to maintain West Roxbury as the inpatient hospital, so not sure what the issue is for the teaching hospitals to consolidate. The nine options without much cost associated don't mean much to me, the only option is option one.

Testimony 6: Used Brockton and Bedford for treatments. There is no reason to cut back on these facilities. There will be a lot of problems if we close them. The VA has research that other facilities do not have. Please keep all facilities open.

Testimony 7: Does not agree with definition of East Market. The islands are not included in the study. These people cannot be forgotten. It is ridiculous, that the eastern part of Massachusetts was taken out and now taken southeastern part of Massachusetts and forgotten about them. Do you have other facilities? How much consideration has been given to upgrading the administration and management staff before we start moving patients around?

Testimony 8: This is the greatest country in the world. We are lucky for what we have. Leave the things the way they are. I've been all over the world; they all want to come here. We are lucky for what we've got. Don't be penny wise and pound foolish, I am from a building family. It will cost us twice as much to build. I want us to do repairs. I belong to the club there in Bedford and they are doing a good job, the nurses are very good, the aids are very good, the doctors are excellent. God bless America. Never knew Brockton was so great. Toughest time when I got back from WWII, there wasn't room at West Roxbury or Jamaica Plain, they took me at Brockton. I finally got into the one in Chelsea, the soldier's home there. Thank God they helped me. The VA started coming along…I was so mad, I wanted to fight them. Like I'm telling you, I'm grateful for what I've got. This is our country, if

we can beat everybody, why can't we take care of our veterans? If we are the greatest generation, then say it and mean it. Thanks for listening to me.

Testimony 9: I have been in the VA system almost 50 years. You want to know about transportation, you can take the train from South Station to Brockton, get off the train and take the bus to Brockton. To come into Boston, is a living heck. I've worked two and half years in the ambulance. I've lost a patient, because people don't have consideration for ambulances. You people should go to these facilities, unannounced, go to building three and look at the tunnel, have the ability to walk a patient on a snowy day. They have a gymnasium for rehabilitation, an Olympic size pool for rehabilitation; they also have a bowling alley. The main issue is the transportation issue, when you get older, you can't drive because you use public transportation. West Roxbury and Jamaica Plain are in a bad fix transportation wise.

Comment from Joyce Murphy (LAP Chair): Each of the LAP members was offered a chance to visit each campus and I, as chair, did visit each campus.

Testimony 10: At the last CARES meeting we said, leave the hospitals alone. We know we are short of money, hate to say this, but the money you paid PwC, should be used for veterans. The Jewish War veterans say, leave the hospitals as they are. Let's give the hospitals the money they need. All the veterans have asked the VA for mandatory money. I say, let's leave the system the way it is.

Testimony 11: There were 2.75 to 3.5 Million veterans who fought in WWII, same as in the Vietnam War. We need to take a time out…lots has happened since last CARES meeting. Three VA facilities were wiped out in the Gulf. Rebuilding these campuses would be an ideal opportunity to enhance those campuses. Kudos to the VA for their evacuation during Katrina and Rita. VA commitment to veterans is paramount. Over 55,000 Iraqi and Afghani veterans have already enrolled; this war is probably going to take 10 years. West Roxbury is ideal for spinal cord programs. Veterans are a unique population we should not be put in same category as the general population. PwC, you need to learn how to speak "vetranese". I feel sorry for the kids who have to travel, the doctors, but veterans have to travel as well.

Testimony 12: The FEMA trucks from Bedford are at the Gulf now. Bedford ranked 4th in outpatient clinics. Building 5 is on the table to turn into assisted living. We have a high rating, not because of the footprint or the buildings, it is because the people. I am a volunteer out there. If you want to consolidate West Roxbury to Jamaica Plain, you won't lose staff – they are 10 miles apart. If you close Bedford, you will lose staff. When this happened before, Secretary Principi said leave Bedford alone. You are talking about losing some damn good people if you start closing these facilities.

Testimony 13: If one consolidated facility must be used I recommend Brockton as the facility.

Testimony 14: We are still talking about shortage of nurses. I built my house for wheelchair access and I am between, not far from Jamaica Plain and West Roxbury; and I can drive, so I can make it to the sites. The new wing in West Roxbury is good, but must take care of wheelchair patient. From VA, got some literature said all VA employees will speak English and English only.

Testimony 15: This is an outstanding study if this was looking at a car, and these were manufacturing studies. Veterans are not a commodity. I used to tell my soldiers, be concise and tell the whole story. This report is concise, but it's not the whole story. I used to tell a story to my troops. "The commanding officer says, 'take care of the prisoners; the soldiers shoot the prisoners and leader said, 'why did you do that?' The soldier said, 'you told me to take care of them, so I did.'" The point of the story is, someone in Washington said. "Take care of the veterans." Thank you.

Testimony 16: I served with the Marines in South Pacific. One gripe I have, doesn't affect me at all, I get my stuff. I see the old timers at the pharmacy, they can't make their co-payment. They can't take all their medications. If we can spend all the money that we spend on Iraq, these guys are going to be gone soon. I read my brochure pretty thoroughly. They want to put some of the veterans in nursing homes; my question is will they be in VA nursing homes?

Testimony 17: I am a veteran and I did work for the VA for 11 years as a Respiratory Therapist. I have a problem, they came up here with footprint – if you don't use Brockton for VA, and you lose it. You are going have to pay to decontaminate the site to give it back to Brockton. Do you know about the fire, water, sewage, and other things on the site? I haven't heard a word about that. I think you really missed the ball. I live close to Brockton. I like the site. If you don't use it, you will lose it. We really have to look at this. I think all options should be put on hold until we look at these other things.

Testimony 18: I work with veterans. I think it is unconscionable for us Veterans begging for healthcare. It is not an entitlement. I find it incredible, that we can find $9.7 million to pay you people who don't have to worry about where your doctors are. We have to come here and beg for healthcare that we were promised years ago. I find this methodology to be unbelievable. You say put people in urban area, where are these people going to park? Now you got us pitting one veteran against another. We will not go quietly into the night.

Testimony 19: I'm a Persian Gulf war veteran. This organization, VA organization has to take care of all the veterans. The American Medical Association wants to send us outside the system. Excuse me if I say something wrong. I understand we have to get rid of the hospitals, because it is a sore spot in the eyes of the VA. The DoD is sending off some alarms. I want you to get the real numbers on neurology veterans coming back from 1980's. We would like at least two hospitals here.

XI. Local Advisory Panel Deliberations

Deliberation by Dr. Michael Miller: The plans that are presented seem to pit one facility against another facility. Comments about access continue to be important. It is important for veterans to get to each of the facilities. The only option that seems to be acceptable is BPO 1. One if the options that I have considered that was not brought up by PwC group. We know what the projections are for increased specialty care. Construction of tertiary center at West Roxbury, I think would be reasonable and become state of the art telemedicine area. And at our other facilities, if the campuses are having problems for numerous old buildings, why not construct state of the art facilities at each of these campuses. This will help with operational efficiencies as well.

Deliberation by Hank Bradley: BPO 1 with improvements, plus a disaster recovery plan is the best option. The staff and the placement of spinal cord patients needs top priority. Spinal Cord Injury programs must be given priority, they need to be give ground floor priority – my brother was in a chair for 47 years. Another area I looked at and think we should look at, was a study published in December 2004, it was by Gary Nugent, the retired CEO from Cincinnati VA. He looked at five VA facilities, Birmingham, Albuquerque, Providence, Milwaukee, and Cincinnati. They looked at the 1999 fiscal year. The VA funded the study for $3 million dollars. The study looked at the scenario where all the care done at these facilities for 1999 was paid at Medicare rates. The study found that it would have cost the VA $3 billion dollars more for the care.

Deliberation by Dr. Tom Moore: I think we all heard loud and clear at least the same level of access to care must be maintained. Briefly, I don't support any of the options that move services from Bedford and Brockton. I do think the facilities need renovation, but the access that these sites provide is paramount. Regarding the two downtown facilities – they are forced to provide redundant services. To me it makes sense to consolidate these campuses. A big concern that I have is with healthcare delivery going to more high-tech, it will be difficult to maintain staff and equipment to provide these high-tech systems. We learned today that it might take 8-10 years for

these facilities to come on-line. Whenever you start planning for these facilities, somebody should make sure that the monies needed for care and improvement of the buildings in the interim is done. Not sure who has the responsibility for this, but somebody should make sure that these monies are made available.

Deliberation by Vince Ng: In our culture, if it is farther than a 10 minute drive, then it is too far. Access to these facilities is difficult. The current level of access needs to be maintained. I fully agree with the deliberation by Dr. Michael Miller. Bedford and Brockton can be more efficient and right-sized and can be consolidated into one facility to make more efficient. Right-sizing doesn't mean closing, means right-sizing of footprint, making operations more efficient. I would like the consultants to look at that. If there is excess land, we should look for ways to enhance the VA revenue. There is not enough data presented today to make an informed decision.

Deliberation by Diane Gilbert: This obviously is a critical subject and one that is charged. I want to thank the VA for this public process. CARES started on the wrong foot and I think we have an opportunity to put it back on the right foot. What is the right foot? Maximizing the healthcare for veterans. We need to look at the healthcare system for veterans. You need to determine what it is that you need. One of the things we can't lose sight of, is that healthcare is a business operation. You have to think of costs. When talking about access, why spend a lot of money in recreating sites that we already have. Let's look at right-sizing. I think in the Boston area, we have the opportunity to consolidate West Roxbury and Jamaica Plain to either campus or another campus. One of the biggest issues is staffing. One of the critical questions about residents and staff traveling, every minute spent on the highway is a minute there are not participating in care, research, they are not learning. We should look at creating a strategic plan for the VA. We need to look at care in 2013 or 2023. Looking at things like telemedicine. Until you begin to look at a strategic plan, you can't decide what is in these buildings. Others spoke about having a back up plan; we can't have one mega facility, because we don't have a back-up plan. We need to look at creating a strategic plan and bring forward ideas from communities and each dollar we save from being smart is put back into the veterans system. Let's try to come up with ideas from a strategic perspective so we can right-size with what we have.

Deliberation by Tom Kelley: I am concerned with the numbers used for projections. While the numbers may be reasonable, I don't think the services like Spinal Cord Injury programs, brain injury and Post Traumatic Stress Disorder (PTSD) are being adequately considered. One of the main themes in CARES is to maintain or enhance the level of access to services. I think talking about closing services is hard to maintain. The probability of $1B plus being made available is highly unlikely. To follow-up on what Diane just said,

we've been trying for years to use some land at Brockton for homeless and female veteran needs. Also trying to bring services to Bedford VA, which is another painful process. One area that really wasn't discussed much is the impact of these various contemplated actions on staff of these various sites. I'm talking about current staff, future staff, etc. I would hate to see anything jeopardize the care of the staff. Many of the comments from the last meeting were about Bedford. I find it very, very difficult to support anything that closes Bedford.

Deliberation by Tom Materazzo: I hope PwC has heard what you have to say. I'd like to take a few moments to look at this process. We made these suggestions to Principi, and he resigned. We had our first meeting with PwC and their chief representative resigned. Is it connected? PwC needs to pay attention to what we are talking about here, because I don't think they listened very well the first time. If PwC is really looking at enhanced services, I ask them to look at this again to realign the services. None of them are embracing any of the options that your are proposing. The last time around I hope that at least eight of the nine are not considered. My acronym for cares is "Can Anyone Really Expect Services." I hope at the next meeting they focus on enhancing the services.

XII. Meeting Summary by Joyce A. Murphy (LAP Chair):

Let me summarize what I've heard today. People would like further study of BPO 1 – understand there needs to be right-sizing, that could give alternative income for right-sizing. Additional option of building assisted living, nursing home, mental illness, women's care, etc. How can we enhance and maintain services at the current campus looking at future demands and needs of evolution of care.

I think clearly I heard we need to keep Bedford and Brockton open. That is very, very clear. We must maintain access. Also understand that the campuses will look different; we must be open to this. We didn't see the consolidation of West Roxbury to Jamaica Plain; we would like to see other consideration of this [new BPO]. We would like to see more on financial data and demand data.

Comment by Tom Kelley (LAP member): Expressed concern about the Causeway street clinic and what will happen to this clinic.
Response by Joyce A. Murphy (LAP Chair): We hear you, but this is not in our purview today.
Comment by Jay Halpern (VA Central Office): Let me be clear as to what the panel must do. You must be specific on what you feel about each option. The Secretary will ask the contractor to analyze three to six options in more detail and study the options sent forth from the LAPs.

Comment by Dr. Michael Miller (LAP member): Several of these options consider right sizing. I'm not clear on what right sizing is. My proposal is that we develop built programs on Bedford and Brockton site.
Comment by Dr. Tom Moore (LAP member): What about the summary statement on the in-town campuses? We agree there needs to be a Boston facility. We are open to bringing the Boston facilities together on either campus or a new campus. Under no circumstances will we support closing Bedford and Brockton.

Options for Further Study and therefore options sent forward to the Secretary – Joyce A. Murphy (LAP Chair):

a. BPO 1 – moving forward

b. BPO 2 – failed

c. BPO 3 – failed

d. BPO 4 – failed

e. BPO 5 – failed

f. BPO 6 – moving forward

g. BPO 7 – moving forward

h. BPO 8 – failed

i. BPO 9 – failed

j. **BPO 10 – [ADDED] modification of BPO 6.** West Roxbury consolidated to Jamaica Plain, with right-sizing of Bedford and Brockton. West Roxbury is to be designated for re-use. Add an additional Community Based Outpatient Clinic in urban area near West Roxbury.

Meeting adjourned at 2:40 PM.