

**Meeting Summary for Third Local Advisory Panel (LAP)
Public Meeting
Boston Study Site
The Shaw's Center
1 Lexington Avenue, Brockton, MA
September 18, 2006 10:00 A.M. - 5:15 P.M.**

➤ **Participants:**

Local Advisory Panel (LAP) Members:

- Joyce A. Murphy – Chair (Vice Chancellor and Chief Operating Officer, Commonwealth Medicine, UMASS Medical School)
- Michael J. Miller, MD, PhD. – (Chief Medical Officer, VISN 1)
- Vincent Ng – (Director, Providence VAMC)
- Thomas Materazzo – (Former Assistant to the Mayor, City of Boston)
- Thomas Moore, MD – (Associate Provost for Clinical Research, Boston University Medical College)
- Thomas Kelley – (Secretary, Department of Veterans Services, Massachusetts)
- Henry (Hank) Bradley – Director, Veterans Services for the City of Quincy, MA; Past National Vice Commander, American Legion.
- Diane Gilbert – (CEO, Gilbert Consulting Firm)

Presenters and VA:

- Jay Halpern – (Special Assistant to the Secretary, VACO)
- Melissa Glynn, PhD – (Partner, PwC)
- Nancy Vesey (Team PwC Site Lead, PwC)
- Allen Berkowitz, PhD – (VHA, COTR; Acting Director, Office of Strategic Initiatives)

Other Participants:

- Melissa Stevens (Core Team, PwC)
- Matthew Jarm (Core Team, PwC)
- Steve Broadhead (Capital Planning, Perkins & Will)

Members of the Public: 45-55

Started at: 10:10AM

- I. **Welcome:** Joyce A. Murphy
 - Ms. Murphy welcomed everyone and made opening remarks.
 - **The Pledge of Allegiance:** Led by Ed Parks (WWII veteran and ex-POW)
 - Ms. Murphy introduced the Local Advisory Panel Members and other key members.

- Introduction was made of a representative from Congressman Barney Franks' office.
- Ms. Murphy introduced Debra Outing and Debora McLaughlin as patient representatives/advocates.
- Ms. Murphy announced that sign language assistance would be available for the entire meeting upon request.
- Ms. Murphy provided a background of the CARES study and past Boston meetings and noted the following:
 - 1st meeting was held in May 2005; 2nd meeting was held in September 2005.
 - CARES was developed to identify the infrastructure that veterans will need for healthcare in the 21st century and to redirect money from maintenance of facilities to health care delivery.
 - GAO identified that nationwide, VA was diverting \$1million a day unnecessarily to provide heat, light, and maintenance to unused facilities.
 - PricewaterhouseCoopers (PwC) was selected as the contractor for this phase of CARES.
 - Boston is one of 18 study sites in the nation.
 - Purpose of current Boston study is to analyze the consolidation of the four current medical campuses (Bedford VAMC and the three campuses of Boston HCS: Brockton, Jamaica Plain, and West Roxbury). There are 4 options currently moving forward based on the Secretary's decision.
 - Reiterated that the baseline option calls for maintaining what currently exists (locations) and what is needed to upgrade the facilities to an acceptable level of care.
 - 2012 is the earliest time for a change in facility or other actions based upon the Secretary's Decision.
 - Boston panel (LAP) was established in 2004 to provide advice and capture input of stakeholders for option development considering access, quality, and cost.
- Ms. Murphy gave an overview of meeting agenda and objectives.
 - Purpose of Stage II is to look at the Secretary's Decision and determine how to narrow those options down.
 - Target date to complete Stage II report is December 31, 2006; however the Secretary's Decision date is not known.
 - Report on Administrative Meetings.
 - Pre-administrative meeting conference call was held on September 14, 2006 to discuss the options, presentation, and details for this meeting.
 - Administrative meeting held this morning at 8:00AM (September 18, 2006) to further review and discuss logistics as well as finalize the presentation for today's meeting.
 - Meeting summary for the public LAP meeting will be made available on the VA CARES website.

- Requested that any questions about the presentations be submitted on the yellow index cards to be addressed later in the meeting.
- Reiterated that comments and concerns can also be submitted on comment forms, through the VA CARES website or through mail submission.
- Restatement of Standard Operating Procedures for Commenting on Options.
 - 3 minute limit for testimony.
 - Based on the input received from the stakeholders a summary will be provided at 4:30 PM by the LAP.
 - In 10 days the approved meeting summaries will be posted on the VA CARES website.
 - Stated that if the stakeholders giving testimony do not want their names included in the meeting minutes they need to state that during their testimony.

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

- **U.S. Congressman John Tierney:**
 - Presented a letter signed by Massachusetts Senator [Ted] Kennedy and Senator [John] Kerry and 10 members of Congress from Massachusetts expressing their concerns of the on-going proceedings.
 - Reviewed the history of CARES and the decisions made since 2003, stating that the 2003 draft report of the CARES Commission reversed recommendations for closing. A single new facility was taken off the discussion table; however, unfortunately, the option of consolidation was not removed entirely from discussion.
 - During last years meeting the LAP opposed consolidation. Team PwC stated that no further studies would take place for several options that involved consolidation. The present Secretary, however, decided in July to keep looking at options involving closure and it appears that we are in the same place where we began three years ago.
 - Bedford plays a crucial role to providing care to veterans. A large number of veterans receive care from Bedford's domiciliary and GRECC units. Any consolidation would have a great impact on families visiting their loved ones as well as a negative impact on hospital employees who would seek other employment.
 - Those individuals charged with evaluating these options have a tough job to do. This country spends hundreds of millions of dollars in Iraq and Afghanistan and there is no clear evidence that this Administration actually knows the level of casualties or what the need of care will be. It appears that the Administration is "best-

casing” how many veterans will need long-term care as well as the services needed.

- A CBOC is not capable to meet the needs or soften the blow from the elimination of Bedford. A CBOC replacing the Bedford facility is not progress.
- This is not an exercise to help the VA capital infrastructure; this will impact veterans and their families.
- Congressman Tierney thanked the audience and the LAP for considering his statements during their review of the options today.
 - **Comment from Ms. Murphy:** Stated that the letter would be submitted into the record.
- **Mayor James Harrington (Mayor of Brockton):**
 - Concerns about how far the veterans must travel for their services.
 - Options appear to have no adverse affects on Brockton; however, any decisions made should make sure that the appropriate services and staff are taken into consideration to support the healthcare needs.
 - Mayor Harrington thanked everyone for the invitation.
- **Representative Christine Canavan (State Representative 10th Plymouth District):**
 - Registered nurse, as well as daughter, daughter-in-law, and wife to veteran.
 - Realizes that she is a state elected official; however wants to voice her support for the veterans and for the Brockton VA.
 - It is a shame that as a country we forget to feed small children and forget our veterans when they become seniors, as well as younger service men injured.
 - Requested that the LAP decisions provide quality, good healthcare to our veterans.

III. **Presentation of PwC Recommended Business Plan Options (BPOs):**

Melissa Glynn, PhD

- Dr. Glynn presented the related content in the LAP presentation.
- Dr. Glynn reiterated the collection methods for receiving comments and feedback from the stakeholders.
- Dr. Glynn paused for any questions or comments from the LAP members. (All of the following questions and comments have been paraphrased)
 - **Comment from Ms. Murphy:** This question and comment period is for the LAP members. The public will have an opportunity for commenting later either through the yellow question cards or the oral testimony session.
 - **Comment from Ms. Gilbert:** The LAP has spent a lot of time listening to stakeholders concerns. Based on this, as well as the LAP members own experience, the LAP recommended to look at right-sizing Bedford or Brockton and consolidating either Jamaica Plain to West Roxbury or visa-versa. PwC should first consider

access problems as a primary issue, especially during summer traffic of Bedford to Brockton and with Boston. Second, PwC should investigate the impact of moving Alzheimer's patients from their current facility before closing any of them, because it's their home and their family's home. Third, PwC should discuss with those in the medical profession (residents and allied health) the impact going to other sites will have on recruiting people, particularly if training facilities are moved or if programs are eliminated.

- **Comment from Mr. Materazzo:** The Consultant should reflect the views of the LAP members and what they convey regarding the wishes of the stakeholders. From everything that I have heard the closing of Bedford should be off the table completely. Our obligation as LAP members is not to save money but to provide efficiency. The VA is now acting like a hospital and treating people like patients, as opposed to when it was first set-up. There is a paradox occurring as it is the "best of care with the worst of times" and the emphasis from the Consultants should be the wishes of the stakeholders. The stakeholders are looking for the services to be continued at the facilities that are currently being provided but in a more efficient and economic manner.
- **Question from Mr. Ng:** One of the components of the study is nursing home care of which there is still some discussion around the projection model. Has this model been finalized and what models would be utilized in the Stage II projections?
 - **Response for Dr. Glynn:** PwC has been directed to model long term care requirements based on the current nursing home care bed size at Brockton and Bedford. [The VA nursing home census reflected in FY 2003 (baseline year) will be the target for FY2023. Any additional need identified in the future could be accommodated by nursing home capacity in the community or other alternatives.]
- **Comment from Dr. Miller:** Requested that the contractor take into consideration OIF/OEF (Operation Iraqi Freedom and Operation Enduring Freedom) veterans, especially since West Roxbury is designated as a poly-trauma care site for Boston. The needs of this specific population need to be carefully considered.

Comment from Mr. Bradley: There are a number of Bedford families concerned about the Alzheimer's patients that would be moved. Mr. Bradley stated that we are dealing with grown women and men that are being trained to function for themselves again, and now we propose moving them to Brockton. This unit in particular should be given consideration to remain where it is.

IV. **Presentation of Secretary's Decision and Approved BPOs for Further Study:** Jay Halpern

- Mr. Halpern presented the related content from the LAP presentation.

- Mr. Halpern stated that the purpose of the CARES study is to provide an understanding on what is needed for care in the future.
 - This is just the beginning of the study.
 - Reiterated that the baseline option may be the right option; however, future needs should be evaluated.
 - Reiterated that special programs would be carefully studied.
 - Noted this study will have to intensely address the impact of travel.
 - Detailed analysis will be done on the Bedford veterans that would have to go to Brockton based on the applicable options.
- Mr. Halpern stated that given the time horizon for implementation no existing patients at Bedford would be adversely impacted.
- Mr. Halpern noted that over \$300 million will be needed just to keep facilities reasonably modern.
- Mr. Halpern stated that every dollar saved is a dollar that can be put into better care. Any proceeds from space available would be used to help improve services in this area.
- Mr. Halpern reiterated that one aspect of the study is capital funding as 172 VA facilities across the country need funding.
- Mr. Halpern noted that the purpose of this public hearing is to provide a forum for stakeholders to tell the Consultant of their needs and what should be studied moving forward.

(All of the following questions and comments have been paraphrased)

- **Question from Mr. Bradley:** If outpatient services were maintained in Bedford where would the services be? What would be the reason to get rid of the property if new land would ultimately have to be rented?
 - **Response from Mr. Halpern:** Part of the study would entail the cost to lease land and construct an outpatient facility. One of the alternatives would be to move off campus and find another facility, but that may not be the decision.
 - **Comment from Mr. Bradley:** The VA has a habit of downsizing and the fear of this program is that things will slowly be contracted out.
 - **Comment from Mr. Halpern:** The VA is currently building new hospitals in Orlando and Denver; the purpose of this study is, therefore, not to downsize, but to provide quality service and to evaluate if money is being used efficiently.
 - **Comment from Mr. Bradley:** More things can be done in an outpatient setting in the future.
- **Question from Dr. Miller:** One of the options that was not accepted included right-sizing and renovating Brockton to bring it up to standards. Why was this rejected?
 - **Response from Mr. Halpern:** It was not necessarily rejected. If services are moved from Bedford to Brockton, then Brockton would still be updated. This includes the nursing home at Brockton.
- **Question from Mr. Nq:** Of the 18 studies, 10 decisions have been made already. Why are some processes in other areas ahead of Boston, and

how will Boston be ensured equal ground in terms of competing for money for capital projects?

- **Response from Mr. Halpern:** The Boston decisions did take a lot of time and are a little behind, however, seven sites still have not even been announced. There is a back log on capital investment decisions that need to be made on Boston capital projects that will hopefully move up when this decision is made.
- **Comment from Dr. Moore:** How exactly this process is moving is not clear. At every meeting it appears that everyone that testified seems to lean towards Bedford being maintained. However the one thing that came back for discussion is whether Bedford should be closed. Mr. Halpern stated that access will be considered, but shouldn't that have been looked at already? If it is not known where the patients come from then how was this decision made? Additionally, the implementation process needs to be studied as the LAP should have that information when making their decision. What happens with the LAP feedback in the process and are the things coming back reflecting that feedback?
 - **Response from Mr. Halpern:** The LAP recommendations were looked at and discussed. The idea of the whole process was to start with many options and then narrow them down in Stage I. The implementation challenges will be addressed as implementation would be a complicated multi-stage process. Access was not studied in detail during Stage I.
- **Comment from Mr. Kelley:** The LAP already adamantly recommended the continuation of inpatient services at Bedford. What are the factors that led to the Secretary's rejection of the recommendations provided?
 - **Response from Mr. Halpern:** The draft plan prepared by the VA proposed moving Bedford to Brockton and the CARES commission rejected it; stating a study was needed to look at the entire healthcare system and how we want to make our capital investments.
- **Comment from Mr. Materazzo:** This is a great presentation from the perspective of the VA. The purpose of this meeting is to gather input from the constituents. Healthcare delivered by VA has progressed from free care to requiring co-pays to higher co-pays. People are looking at that and wondering if there is already a predetermined option that is going to come out of this or if the VA really wants to address the comments of the stakeholders. CARES is really about the money. There is always money for war but not for the care of those who served. Anyone who puts on a uniform for this country deserves to be treated by the VA. This may not be economically feasible, but it does need to be considered.
 - **Response from Mr. Halpern:** He does not disagree. 35 billion dollars a year are spent on VA care. In terms of process, the LAP recommendations have been listened to.
- **Comment from Ms. Gilbert:** Given the criteria used for assessing options in Stage II, a possible outcome is that there is not enough information to

recommend closing Bedford. Ms. Gilbert questioned the process stating that many of the LAP members provided testimony to the CARES Commission. She noted that they were told in advance that not closing Bedford was one of the decisions made by the commission. With the upcoming elections will there be another round of decisions and options?

- **Response from Mr. Halpern:** The decision from the CARES commission was to conduct the study and that is what we are doing now. There is not enough information to take any action right now, which is why these options are being studied. If there is a new Congress and Secretary it is not known what will happen. The process is moving along now, and recommendations are being made accordingly.

V. Presentation of Stage II Study Process and Methodology: Nancy Vesey

- Ms. Vesey provided an overview of what she will be discussing and then presented the related content in the LAP presentation.
- Ms. Vesey stated that the target submission date for the Stage II report is sometime in December and LAP meeting #4 will be sometime early next year.
- Ms. Vesey explained that the CAI scores are used to assess a building in terms of layout, code, accessibility, etc. A "4" is acceptable for clinical buildings, while a "3" is acceptable for non-clinical.
- Ms. Vesey noted that Option 11 is a new option that was presented to the Consultants by the Secretary in his Decision.

(All of the following questions and comments have been paraphrased)

- **Comment from Ms. Gilbert:** Option 10 is not an option recommended by the LAP as it includes the consolidation of Brockton and Bedford.
 - **Response from Ms. Vesey:** This option was modified by the Secretary to now include consolidation of Bedford to Brockton.
- **Comment from Mr. Materazzo:** This is very frustrating as input has been provided on three occasions. How can the message get through?
- **Comment from Dr. Moore:** The data gathering needs to be handled carefully. Precision needs to be used to capture information from the people who do the research and also on the impact of changes to the facilities. This needs to be represented in the next stage of the study.
- **Comment from Mr. Nq:** Access is a major issue and detailed studies need to be done on the placement of the CBOCs. The studies need to address the existing CBOCs including where they are and if they need to be enhanced. The study should also address accessibility. He heard mention of new parking structures and wants to see a detailed analysis on parking situations. This should include the baseline option and any possible parking enhancements required for this option. Proceeds should come back to Boston and not be spread around the VA.
- **Comment from Dr. Miller:** The study is to look at enhancing a tertiary care center. There is concern about the age and condition of facilities in Bedford and Brockton.

- **Comment from Mr. Bradley:** Stated that he will hold off on comments until later.

Ms. Murphy announced a short break to reconvene at 12:50 PM. She requested that anyone who wants to give oral testimony needs to use the sign-up sheets and restated the ground rules for the public testimony session.

Break from: 12:05 PM - 12:50 PM

VI. Open Testimony: Joyce A. Murphy

- Ms. Murphy reviewed procedures of open testimony and reminded the audience that the other facets for comment submission include the website and through mail.
- Ms. Murphy reiterated that the earliest possible time for any changes to facilities would be 2012.
- Comments and questions received through submitted question cards: (All of the following responses have been paraphrased)
 - Pertaining to access issues:
 - **Comment(s):** Traffic should be considered, including an initiative to review public transportation from Bedford to Brockton.
 - **Comment(s):** Concern that the public notification of this meeting was released too close to the actual meeting date.
 - **Response from Ms. Murphy:** The meeting was published in the public registry (Federal Register) two weeks prior to the actual meeting. Additionally, the media was notified and flyers were distributed at the time the notice was published in the Federal Register. Next time an effort will be done to provide the public with more advanced notice.
 - **Comment(s):** Who pays for ambulance rides?
 - **Response from Ms. Murphy:** This is an area of further discussion. Right now the Boston EMS and private providers provide ambulance service for the area.
 - Dr. Berkowitz addressed two of the comments:
 - **Comment(s):** How much has the PwC contract cost VA, both as of now and over the project life?
 - **Response from Dr. Berkowitz:** PwC was one of several bidders and won the contract based on quality. It is a fixed \$10.6 million contract. On average that comes out to \$500,000 per study site. Even with the delay the project cost is still \$10.6 million as a fixed price contract.

- **Comment(s):** Comments pertaining to the CBOCs and criteria used to evaluate them.
 - **Response from Dr. Berkowitz:** CBOCs are a valid response at the local level and gives primary healthcare services without the need for traveling long distances. There are two sets of standards for CBOCs. One is travel time as the VA strives to have at least 70% of enrollees within 30 minutes drive time of a CBOC. The second is volume of services. Therefore balancing travel time and volume of services is something being looked at.
 - **Response from Dr. Berkowitz addressing the Causeway Clinic:**
 - It is considered to be expensive to maintain this small clinic when it is only a few miles from Jamaica Plain.
 - A request was made to close the Causeway Clinic; however Senator Kennedy put into legislation that the clinic could not be closed without the completion of the CARES Stage II study.
 - There is a need to evaluate the Causeway Clinic and all CBOCs to maintain the 70% of enrollees within 30 minutes of a CBOC. The CBOCs in the Boston system currently allow 90% of enrollees to be within the 30 minute drive time standard. The CARES commission report included 156 proposed new CBOCs in order to improve access across the country. Dr. Berkowitz noted that to date about 48 of these CBOCs have been opened.
 - Dr. Glynn addressed one of the comments.
 - **Comment(s):** By combining all these services to Brockton will the staff and services be able to meet all of the needs?
 - **Response by Dr. Glynn:** This pertains to the second phase of the study. The study looks at the services and staff that will be needed to provide the same level of care as well as the impact on the staff. It is not currently being considered that the existing staff would take on any increases in workload.
 - Open Testimony begins (all of the following testimony has been paraphrased):

Testimony 1: William Boyle

- Why is the Jamaica Plain urgent care cut off at 5:00 PM?

- Why is it that when someone comes in for a heart issue at Brockton, they have to sit at the Brockton hospital on weekends?
 - **Comment from Ms. Murphy:** No one here is able to respond to those questions but we will forward them appropriately.
- If they ever move the Alzheimer's patients, 70% will be dead within six months of the move. Mr. Boyle stated that his wife had Alzheimer's and she never wanted to leave.

Testimony 2: Eileen Pike

- Mr. Halpern is very interested in a zip code study so here is a petition for the commission with 700 names on it (submitted the petition).
- Wife of Robert Pike who submitted over 15,000 names in petition to spare Bedford and the GRECC.
- Has the backing of the entire Massachusetts Congressional Delegation.
- Access to Bedford is not difficult as many major routes converge there.
- Traveled 1.5 hours to get to Brockton today and Brockton is not any closer to the universities.
- Wants the care for her dying husband to be provided locally.

Testimony 3: Laura Madi

- Father is a resident at the Bedford facility Alzheimer's units. He is provided with an experienced level of care that could not be provided for him at home.
- To move him would be disruptive and traumatic.
- Appreciated the fact that no changes would be done until 2012, but stated that other veterans need to be considered and they need to be taken care of as well as their family members.
- GRECC at the Bedford facility now allows doctors to participate in research and direct patient care. However, if they move they'll have to battle traffic and distance to take care of their patients.
- Why is a population, like those needing acute psychiatric care and/or suffering from Alzheimer's, who can't speak for themselves, being targeted? The move to Brockton would decimate the ability of families to visit on a daily basis.
- It took 1.5 hours to get to Brockton today. There is no direct public transportation to get here.
- Don't just look at the zip codes but look at the population. The majority of those visiting (those patients) are elderly and can't travel far.

Testimony 4: Alba C. Thompson

- Veteran of WWII and Korean War.

- Thanked Dr. Post and her staff for their services and also Dr. Murphy for listening to the people.
- It is a democracy and please be strong when evaluating the options and listen to our opinions.
- A full believer in the CBOC as they allow hospitals to focus on more arduous cases and requested that places like Plymouth, who lost their planned CBOC, be reexamined stating that Plymouth is now 3,000 people larger than 3 years ago.
- Ms. Thompson stated that "The priorities at the national level are screwed up". If you want to support the troops you do not do this by adding a decal to your vehicle.

Testimony 5: Richard J. Hand Jr.

- Stated that it is a shame that more of the general public are not here to support our troops.
- It is being stated that the numbers are dwindling so that those veterans who are still here do not matter.
- Secretary Nicholson has a tough decision and I wouldn't want to be in his position. You shouldn't get rid of all the property because you do not know if you will ever need it again.
- Stated that it is a shame that this meeting was announced on such a short notice, as he only received 10 days notice.
- Secretary Nicholson has already made up his mind, so how much more input is needed.
- Requested that Mr. Halpern tell the Secretary that the veterans need full care 24/7.
- Thanked Mr. Lawson for putting up with him, stating that the veterans need more care not less.

Testimony 6: George Guertin

- Stated that the American Legion appreciated the opportunity to speak.
- The American Legion has been present at all the CARES meetings and feels compelled to ask PwC how accurately the testimonies are being heard and recorded. All of the prior testimony has rejected the option that consolidates Bedford, however, it arises again. The American Legion rejects all other options except the baseline.
- There is a law called the Veterans' Millennium Healthcare Act that states that the VA maintains the number of beds that was previously determined as called on by the act.
- Noted that some of the projected demand numbers are not even being shared. For example the mental health demand numbers are completely invisible to the American Legion.
- There was mention made to drilling down further on access issues to CBOCs through zip code studies. The CBOCs maintain normal business hours and where he lives is not the same zip code for the

CBOC he uses. He requests that zip codes are not used solely to analyze access.

- If no changes are made until 2012 then \$90 million of the \$300 million will already have been used to just maintain the status-quo.
- The ES in CARES stands for enhance services and we fail to see any enhancement in services in any of the options presented.

Testimony 7: Charles Shena

- Stated that the Paralyzed Veterans of America (PVA) is against the reduction of services and moving the SCI away from West Roxbury.
- SCI patients come to West Roxbury from all over New England and they cannot drive the extra 8 to 10 miles in traffic at Jamaica Plain.
- The PVA will do everything possible to keep all (acute SCI) services at West Roxbury.

Testimony 8: Joseph Guay

- Stated that the New England chapter of the PVA wants the consolidation (of tertiary care) to take place at the West Roxbury facility.
- He lives in New England and commutes from Rhode Island, therefore, a move would only add to this commute.
- West Roxbury has the facilities already in place, such as larger bathrooms, larger elevators, and specialized services.
- The footprint is better at West Roxbury, including the amount of parking for disabled patients as compared to Jamaica Plain.

Testimony 9: Barbara Walsh

- Stated that it took her 5 hours to get here (Brockton) starting out at 7:00 AM this morning.
- The Alzheimer's unit at Bedford is close to the Boston hospitals.
- Stated that she has concerns on the impact of changes on the patients and their families.
- Will the staff patient ratio improve with a change? There is not enough staff at the Alzheimer's facility at Bedford. The staff works as hard as they can but patients are left in bed because they do not have enough staff to get them out of bed.
- Some families have sold their homes to be close to their family members.
- Stated that the patients are people, family members, not bed or patient numbers. These are fathers, brothers, children and loved ones.

Testimony 10: Joseph Walsh

- A strong advocate against any of the VAMCs closing or downsizings.

- There needs to be greater funding to improve existing facilities and add to the new facilities. The money of the country should go to those that provided service to our country.

Testimony 11: Barbara Curry

- Stated that her father entered GRECC program at Bedford which was recommended by doctors outside of the VA community. He was a doctor for 40 years and knew the need for quality care.
- The GRECC was established in 1975 as a national network of Centers of Excellence. The program is nationally known and respected. The research done at Bedford is critical and should remain intact.
- How is the VA going to replace 10 to 20 years of staff and their research currently at Bedford?
- The elderly population will increase by 1.4 million veterans by 2010.

Testimony 12: John Cleary

- Stated that he has recently been told that he has cancer and is being treated at Brockton.
- Stated that he cannot believe that this is happening again.
- It was proven that the Alzheimer's unit cannot be replicated to the standard at which it currently operates.
- It is a shame that they are moving the veterans to hospitals when we should be moving the hospitals to the veterans.
- Stated that CARES is taking the care out of CARES.
- The poll from the panel was for Bedford to stay open and then PwC comes back with an option to close it.

Testimony 13: Ed O'Brien

- Stated that it took about an hour to get to Brockton since he had to travel 75 miles from home.
- Would prefer to go to Bedford than here.
- Stated that the pool at Bedford is hardly ever used, but that he uses it twice a week.
- Stated that he has a lot of upcoming appointments (showing paperwork of his coming appointments) and that it is quite a trip to come to Brockton for those appointments.

Joyce announced a break at 1:40PM

Joyce reconvened meeting at 1:48PM

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

Stated that she will ask each member of the LAP to summarize what they heard and give their recommendation on how PwC should follow up (all of the following questions and comments have been paraphrased):

- **Comment from Ms. Gilbert:** Thanked the audience. We (LAP) will do our best to consolidate the comments to transmit through PwC to the Secretary. Things that need to be addressed or considered:
 - There needs to be continued support throughout the community to keep all four facilities open.
 - Projections need to be updated to address the global situation and conflicts. The figures should represent the potential and accurate needs going forward.
 - Need to re-look at the CARES Commission report as well as the recommendations to not close Bedford.
 - Examine all of the facilities now and in the future.
 - Study the employment and staffing at the hospitals, stating that the VA hiring process has significant implications on staffing. There is a lot of specialty staff that may not easily be replicated who need to be taken into consideration.
 - Access should be studied by actually driving the routes during rush hour, which should include driving on route 24 during the summer.
 - The Causeway Clinic or any CBOC should not be closed until there have been studies to make sure that sufficient care will be provided to every veteran.
 - Explore and assess opportunities for 24/7 patient care.
 - The Consultant should spend time analyzing patients with mobility issues.
 - The entire family should be addressed in the study, not just the patient.
 - Study the possibility of re-use parcels being used for long-term care facilities for the veterans.
- **Comment from Mr. Materazzo:** Stated that he would like to take this opportunity to comment on the process. The LAP is the local advisory panel and their role is to provide advice. It was noted from the beginning that PwC would make their own decisions regardless of what is heard from the stakeholders and the LAP. What was heard today is the almost unanimous voice to keep all four facilities open. The LAP and the stakeholders want to keep all of them open. Mr. Materazzo further stated that he would like PwC to fully reflect this testimony in their report to the Secretary. Additionally, the research in the area of geriatrics and SCI, and the impact of any disruption, may not be able to be estimated.
 - **Comment from Mr. Halpern:** To correct the record, PwC did not recommend the closure of Bedford.
- **Comment from Mr. Kelley:** Agrees strongly with what Ms. Gilbert and Mr. Materazzo stated about not closing Bedford and the

gathering of accurate data. Stated that he would like to remind PwC that in MA, 24,000 troops have been discharged from the Armed Forces since 2001 and by policy are all entitled to enroll in the VA system within two years of their return. He stated that he would like a commitment from PwC and the Secretary that if they elect to use the VA system, they will receive services as they are entitled. Geriatrics and SCI research should not be disrupted.

- **Comment from Dr. Moore:** The LAP should reject all but the baseline option. It is not appropriate that everything be left the way it is at the current facilities. There could be consolidation and even re-use potential, but the services should be kept where they are now. Dr. Moore requested that the director of Boston HCS, Mike Lawson, address whether or not it makes sense to consolidate West Roxbury and Jamaica Plain.
 - **Comment from Mike Lawson (BHS Medial Center Director):** The move of one facility to accommodate the other would be logistically difficult. Parking and elevator access at both sites are already limited. Mr. Lawson deferred to the panel to make the ultimate recommendation.
 - **Comment from Dr. Moore:** Based on Mr. Lawson's input he solidifies the endorsement of the baseline.
- **Comment from Mr. Nq:** The previous panel members did a good job. He urged that Mr. Halpern makes sure that the Secretary receives the message that there is a real passion about Bedford. The projection models need to be finalized and agreed upon so that everyone is comfortable with the projections for the coming years. Some of the program shifts should be studied so that access is maintained if not enhanced and to address the impact on veterans and their families. The baseline has potential for re-use with minor adjustments to buildings and should be applied during Stage II analysis. Capital asset dollars should be completed on equal footing at Boston. The LAP has done a good job relating their input, the Consultants have done their share and the Secretary has listened, however, direct contact between senior leaders and the LAP is necessary to make sure that the Secretary hears first hand from stakeholders. Mr. Nq suggested that there be some type of forum with the Secretary and stakeholders before final decisions are made.
- **Comment from Dr. Miller:** Stated that the ES in CARES stands for enhanced services, however more attention has been given to closing facilitates as opposed to enhancing services. Enhancing and expanding services at South Shore and North Shore are important to look at for the stakeholders. The first option (baseline) mentions modernization which needs to be studied and defined. If it is determined to mean fixing the roofs then this will do little to move

forward. This could, however, be an opportunity to have state-of-the-art nursing home and tertiary care centers.

- **Comment from Mr. Bradley:** Stated that his feelings are aligned with the panel. Everyday there are at least 20 family members of Alzheimer's patients who go to the clinic and help take care of their loved ones. Mr. Bradley stated that he spoke with the current staff at Bedford, and they said that they might try a move to Brockton, however they may not continue. Alzheimer's is not the only area to address; other areas include how much the VA will get into the real-estate business and where the money will go. He requested that the report back to the Secretary state that the four locations remain and be updated as needed.
- **Comment from Ms. Murphy:** Ms. Murphy stated that as Chair she would like to encapsulate what she heard, stating that all of the options that eliminate Bedford should be eliminated and no longer considered. The remaining option (baseline) should then be analyzed, factoring in that only 75% of space is utilized for veteran services, in order to determine on how to re-use or sell the remaining space.
 - **Comment from Mr. Materazzo:** Along with leaving things the way they are, one of our early recommendations was to right-size.
 - **Response from Ms. Murphy:** The 25% that is not used needs to be studied to decide how to re-use, sell, or lease in order to bring money into the VA for use in Boston.
- **Comment from Ms. Murphy:** Recommendations will be presented at a 4th LAP meeting in early 2007 prior to submission to the Secretary. Ms. Murphy stated that she hoped to see everyone back for the 4th and final LAP meeting sometime in the New Year. She then thanked all of the audience for their time in coming to the meeting and all of the VA people in the area and the folks from DC.
- **Comment from Ms. Murphy:** Stated that she would like to hold a vote to go on record with the LAP's recommendations [Confirmed that panel was in agreement]. Ms. Murphy stated that for the record there was a unanimous vote that only the baseline should be analyzed, focusing in on the appropriate use of the excess 25% not being utilized for veterans services.

Meeting adjourned at 2:20 PM.