

# APPROVED

**VA Palo Alto Health Care System  
Livermore Division  
Local Advisory Panel Meeting  
Public Meeting  
February 9, 2007  
Building 90 (Nursing Home Dining Room)**

- **Start Time: 9:00 AM**
- **Participants:**
  - **LAP members present:** Al Perry, Chair; Ellen Shibata, MD; William Ed Schoonover; Tom Vargas
  - **LAP members not present:** Guy Houston, Beverly Finley
  - **PricewaterhouseCoopers (PwC) Consultants:** Scott Burns, Kristin Porter, Devi Patel
  - **Perkins + Will:** Russell Triplett, AIA
  - **Re-use Contractor (Jones Lang LaSalle):** Kim Burke
  - **VA Central Office:** Allen Berkowitz, OSI; Jay Halpern, Special Assistant to the Secretary; Karen Williams, OAEM; Claude Hutchinson, OAEM
  - **Other VA Participants:** Lisa Freeman, Director, VA Palo Alto Health Care System and CARES Support Team Chair; Jason Nietupski, CARES Support Data Lead, Facilities Planner and CARES Support Team Member; Robert Goldman, LVD Admin Site Mgr. and CARES Support Team Member; Kerri Childress, Public Affairs Officer, VISN 21, Public Affairs Officer for Palo Alto Health Care System and CARES Support Team Member; Lyn Gillespie, Project Manager - Office of Facilities Management, detailed to VACO OAEM
  - **Members of the Public:** Approximately 130 members of the public
- **Opening Comments:** Al Perry
  - Welcome to the fourth and final LAP meeting. This first LAP meeting was in May 2005.
- **Pledge of Allegiance:** Led by Ed Schoonover
- **Business:** Al Perry
  - Thanks everyone for coming to be a part of this process. Thanks to Ms. Freeman, Director, VA Palo Alto Healthcare System (VAPAHS), and thanks the VAPAHS staff.
  - Provided a brief overview of the CARES process and the goals of the CARES studies. Livermore is one of 18 sites across the nation where the Secretary looked at Business Plan Options. As a result of this process no veteran will lose services.
  - One of today's goals is to collect stakeholder input. Written statements from stakeholders carry equal weight to oral statements. Stakeholders can provide input via the internet on the VA CARES website, and today is not the last time you can provide input.
  - PricewaterhouseCoopers has been selected as the Contractor for the study and there are subcontractors as well. The purpose of today's meeting is to

## APPROVED

review the findings from the PricewaterhouseCoopers Capital Planning study and the OAEM-commissioned reuse study. Secretary Nicholson will make the final decision for the site; neither the Contractor, nor the LAP makes the final decision.

- The LAP process is established in federal law.
- Introduced the LAP members, present and absent.
- Reviewed the public comment period procedures. The public must sign-up to give testimony on a first-come/first-serve basis, and everyone is given three minutes to speak. Prefers that statements are made instead of asking questions. The statements are given equal weight to comments received in writing. The media is present at the meeting. Those making public statements may have their picture taken by the media. Public comment period begins at 11:30 AM.
- Review of Administrative Meeting. No decisions are made by the LAP or by the VA during the administrative meeting; all views on the proposed options are discussed in the public (open forum) meeting.
- Mr. Perry asked the LAP to raise any remaining questions they have.
  - Mr. Schoonover: Asked if there was a list of acronyms handed out and if the term "stand-alone" was defined.
    - Dr. Berkowitz: There is such a handout, prepared by PricewaterhouseCoopers in support of the presentation.
    - Mr. Perry: Mr. Burns will define the term "stand-alone" in his presentation.

### ➤ **CARES Process Next Steps:** Jay Halpern

- Welcomes everyone on behalf of Secretary Nicholson. Today, there will be a presentation on the Contractor's analysis. Comments will be gathered and presented to the Secretary. There are basic timelines presented by the Contractor, but they are subject to the VA internal funding process. The movement of specialty and outpatient services from the Livermore campus is not an issue that is on the table for discussion today, only the nursing home care unit (NHCU).
- Read the charge of the LAP from the Secretary. Gave an overview of the CARES process next steps, including review by the Secretary of the contractor report following the fourth LAP public meeting.
- Mr. Perry: Thanks Mr. Halpern and Mr. Berkowitz for coming from Washington to the LAP meeting.

### ➤ **Presentation of Stage II Study Results:** Scott Burns

- Thanks the public and the VAPAHS for their support during the CARES process and preparation of the LAP meeting.
- PwC will present the results of their Stage II study.
- Team PwC is comprised of PricewaterhouseCoopers staff from the Washington and West Coast offices, along with staff from Perkins + Will. Additionally the Office of Asset Enterprise Management is working with Jones Lang LaSalle on the reuse study for this site.
- Presented the slides on the Stage II study results.
- Mr. Perry: Although the Secretary's Decision directed the VA to have a nursing home in the "Livermore area", this is interpreted broadly and, as shared in previous LAP meetings, and does not mean exclusively within the Livermore city limits.

## APPROVED

- Mr. Perry: Reiterates that this is not the period where the public can make comments.
  - Mr. Burns: All of the BPOs selected by the Secretary at the conclusion of Stage I and presented today are still on the table for discussion.
- Mr. Perry: Asks the LAP if they have any clarifying questions about BPO 1. Need to be clear about the differences between BPO 1 and BPO 8.
  - No questions from the LAP.
- Mr. Burns: Wants to clarify that upgrading to meet 'safe, modern, and secure standards' is a different from what will result from building a new facility. With a new facility there would be significant changes including private rooms, adjoining private bathrooms, wider hallways, and ancillary support spaces.
- Mr. Burns: Clarified the implications of a stand-alone NHCU (Nursing Home Care Unit) facility as opposed to co-located with other VA clinical programs and services.
- Mr. Perry: Asks the LAP if they have any clarifying questions about BPO 2.
- Mr. Perry: Clarified that despite the LAP vote from previous meetings all of the BPOs presented today are still on the table for discussion.
- Mr. Perry: There are two options that involve a stand-alone NHCU on the Livermore campus and one option that relocates the NHCU to the Central Valley, co-located with the Community Based Outpatient Clinic (CBOC). Has your analysis included consideration of the seismic risk of the Livermore site versus the Central Valley site?
  - Mr. Burns: The study did not consider this in great detail, but the buildings will accommodate any seismic requirements.
  - Mr. Triplett: Our analysis did not go to that level of detail. The Seismic Zone 4 where Livermore is located has more seismic risk than Seismic Zone 3 where the contemplated Central Valley site is located.
  - Mr. Perry: To clarify from layman's terms, you are saying that there is a higher seismic risk here at the Livermore site than in the Central Valley?
  - Mr. Triplett: Yes. However, the building's design will address those risks.
- Mr. Perry: In the event that a resident here at Livermore had a heart attack or stroke, do we know how long it takes for an ambulance to get to the Livermore facility?
  - Dr. Shibata: Currently, it takes an ambulance 11 to 13 minutes to get to the Livermore campus.
  - Mr. Perry: How much longer would it take then for the ambulance to get to the closest emergency facility?
  - Dr. Shibata: The closest emergency facility is in Pleasanton.
  - Mr. Perry: How long would it take to get to the Pleasanton facility?
  - Dr. Shibata: The same time. There would also be ambulance travel time with a co-location model; a CBOC does not contain a full Emergency Room.
  - Mr. Perry: There would be different distances in the Central Valley to emergency facilities.
- Mr. Vargas: Could you describe the type of building you would be looking at building in BPO 4 on the smaller site in the Central Valley?

## APPROVED

- Mr. Burns: We have drafted a Stage II report with capital planning, financial analysis, and tradeoff analysis and it will be finalized and posted on the website upon inclusion of today's proceedings. As contemplated, the structure in BPO 4 will likely be two stories. A single story structure could be considered but would require a larger footprint and site.
- Mr. Vargas: The capital cost considers a two-story structure.
- Mr. Triplett: For all BPOs in which the NHCU is replaced we considered two-story structures. There may be other issues that come up in BPO 4 that will require a larger building footprint.
- Mr. Vargas: In the report, BPO 4 specifically discussed a multi-story structure and this was not specifically listed in other BPOs.
- Mr. Triplett: When the project is planned for an actual site an adjustment to the footprint may be necessary.
- Mr. Vargas: Trying to get to an "apples-to-apples" comparison of the BPOs. Some options require more acreage which drives their cost. Shouldn't you be able to build a new facility on 3.5 acres regardless of the site location?
- Mr. Burns: We looked at various parcels on the campus and we have to consider the easements.
- Mr. Vargas: You would have to consider the easements in all the BPOs.
- Mr. Triplett: The difference in acreage between BPO 4 and BPO 2 is minimal when looking at the long-term analysis of the options from a financial perspective.
- Mr. Vargas: The non-recurring capital investment net of reuse is the highest for BPO 2. Why is this and what assumptions lead to that conclusion?
- Mr. Burns: This figure is a combination of the investment in the new facility and the reuse proceeds.
- Mr. Vargas: Both BPOs 2 and 4 build a new facility. Why is there a \$3 million difference between the BPOs?
- Mr. Burns: There is more land required under BPO 2, including the driveway to the new parcel and those needs are reflected in less reuse opportunity in comparison to BPO 4; happy to revisit assumptions with the regard to the reuse offsets and associated acreage that need to be checked.
- Mr. Triplett: Part of this equation is that BPO 2 utilizes the existing campus and its associated infrastructure for site utilities which are maintained which drives that difference.
- Mr. Vargas: Assuming that it costs more to build new. Under BPO 8 or BPO 1 there won't be those costs?
- Mr. Triplett: There are costs to build new. There are subtleties in the analysis that go into that comparison.
- Mr. Perry: It is well within your responsibilities as a LAP member to request a recalculation or reconsideration of this comparison.
- Dr. Shibata: For BPO 1 why did you split the beds into two buildings (Buildings 62 and 90)?
- Mr. Triplett: Given limitations of existing buildings, we shifted the load from Bldg 90 to 62 to facilitate upgrading to modern, safe and secure standards. To make for an efficient campus and to

## APPROVED

minimize vacant and underutilized space, we consolidated functions within existing buildings as much as possible.

- Dr. Shibata: Building 62 would have clinical support?
- Mr. Triplett: Yes.
- Mr. Perry: Calls for a break.

### ➤ **Break:** 10:35 - 10:50

- Mr. Perry: Reviewed the ground rules for the public comment period for those that arrived late to the meeting.

### ➤ **Presentation of Enhanced-Use Leasing (EUL) Program and Reuse Report:** Karen Williams, OAEM, followed by Kim Burke, Jones Lang LaSalle

- Ms. Williams presented on the EUL Program and Ms. Burke presented on the Livermore reuse analysis.
- Mr. Perry: Opened the floor for questions from the LAP members.
- Mr. Vargas: What is the typical length of an (Enhanced Use) lease term?
  - Ms. Williams: Leases can go up to 75 years, but 50 years is the typical length because the developer makes improvements to the land.
- Mr. Vargas: Are proceeds from lease programs earmarked for this campus or service area?
  - Ms. Williams: Yes, because they are Livermore proceeds, but when the dollars go to Washington they are for the good of VA and can't be guaranteed to come directly back to Livermore. There is a budget cycle in Washington and it depends on when the funds enter the budget cycle and what capital investment they would offset.
- Dr. Shibata: Skilled nursing was pointed out under the assisted living reuse option, does that mean you would have a full continuum of nursing home care even if the VA nursing home is moved to the Central Valley.
  - Ms. Williams: The EUL project at Fort Howard involved a full continuum of care, but the services offered there are not exclusively for veterans; they are veteran preference. Because of the way that VA provides care, we would need to look at the possibility to co-location. The remainder of the units would be available to non-veterans. Skilled nursing would be more difficult to provide because VA has requirements for how they provide nursing home care.
  - Dr. Shibata: Did you also say that there may be ancillary services that the inhabitants could use?
  - Ms. Burke: Ms. Williams defined a process for issuing a solicitation to a developer and the reuse depend on what developer proposed. We wouldn't define that they had to provide certain services.
  - Dr. Shibata: You would specify in the RFP though that you want to have certain services, correct?
  - Ms. Williams: What the developers' concepts plans contain is part of how we judge them in the competitive process.
- Dr. Shibata: Do you explore options for dual uses like senior housing plus a conference center?

## APPROVED

- Ms. Williams: Yes.
    - Ms. Burke: This goes back to Mr. Vargas's questions. There can be a combination of long and short-term uses.
  - Mr. Schoonover: You stated that the money received from leasing is not earmarked?
    - Ms. Williams: Yes it is earmarked for Livermore; it just depends on where the funds enter the budget cycle.
  - Mr. Schoonover: If the proceeds go into a general fund, what is to say they couldn't go to building a nursing home somewhere else?
    - Mr. Halpern: Doesn't want to give the idea that we wouldn't be able to use the revenues to construct at Livermore. Imagine we get the revenues in 2010 but we are not ready for construction yet at Livermore. We would use the funds for other VA projects and then when the Livermore project needs funding we will use other money. We would shift the dollars around to make sure it goes to the best use at the appropriate time.
  - Mr. Perry: Would we automatically go into the EUL process right away?
    - Ms. Williams: We would start the process right away to receive revenues as quickly as possible.
    - Mr. Perry: The Secretary would have the prerogative to decide whether to rebuild on campus or not?
  - Mr. Perry: To what extent does the VA control architecture requirements on the Livermore campus; for instance permitting buildings that are above a certain level?
  - Ms. Williams: It is VA's property and we have a lot of control over what is built and how.
  - Dr. Shibata: Many stakeholders expressed that they value the beauty of the site. If you put other structures on site, is it possible to maintain the scenic quality of the campus?
  - Ms. Williams: We try to maintain the site and reuse existing buildings. We don't envision that reuse would rebuild on every part of the campus.
  - Ms. Burke: Some of the buildings are 55 years old and subject to regulatory requirements.
  - Mr. Vargas: You characterized two reuse options that are likely to be accepted by the community. What feedback did you get during your analysis process and who did you talk to in to in the community?
  - Ms. Williams: When we do a real estate assessment we ask our real estate advisors to talk to the planners to enquire about what the municipality will allow.
  - Ms. Burke: We talked with (Livermore) city planners, Alameda County, the Sierra Club, and people who interpret the zoning code. We also looked at public records for recent proposals for local development and zoning codes.
- **Presentation of Stage II BPO Tradeoff and Next Steps:** Scott Burns
- Mr. Burns presented on the Stage II BPO tradeoffs and next steps.
  - Mr. Vargas: Is the thought that the information going to the Secretary would be tweaked as necessary?
  - Mr. Burns: We need to consult with the VA about the difference in our analysis and the reuse analysis. The materiality of this is expected to be minimal over the 30-year period.

## APPROVED

- Mr. Vargas: When this difference is listed as a weakness for BPO 2 the materiality seems greater.
- **Comments from Congressional Representatives:**
  - Mr. Perry: Welcomes Congressman McNerney.
  - Comments from Congressman McNerney:
    - Thanks Chairman Perry and the panel for allowing his remarks today. His district encompasses the Livermore area. Appreciates the veterans for their service. His son joined the service and encouraged him to run for Congress. We need to make sure that veterans receive the services they need. Visited a young man at Walter Reed Hospital who was wounded in Iraq, and he is receiving wonderful treatment. He joined the Veterans Committee in the House of Representatives to serve the veterans that live in his district. The House passed a continuing resolution on a budget that approved 3.6 billion dollars more for veterans' services beyond the 2006 budget. We need to expand veterans' services. New veterans are coming home from the Afghanistan and Iraq conflicts that will need services. The Livermore facility has a distinguished history of serving veterans throughout the Tri-Valley area. The intention is to work to keep this facility open and expand services to veterans with Post Traumatic Stress Disorder (PTSD). It is also important to expand services in French Camp (Stockton area). There is no reason why this facility should be closed at Livermore to open the French Camp facility. Thank you for allowing me to address the panel and thanks to the veterans for their service.
    - Mr. Perry: Thanks the Congressman for his attendance in person.
  - Comment from Representative of Congresswoman Ellen Tauscher:
    - Care and services provided at Livermore VA are of high quality. Supports maintaining services for veterans and their families. Supports keeping the nursing home on the Livermore campus through renovations or construction. Is concerned about the options that would relocate services, as they would affect access for East Bay veterans. Is also concerned about the relocation of services to new facilities. Any implementation plan should show commitment to maintenance of services. Will hold VA to its commitment to a clinic in East Bay. The country made a promise to veterans and their families to provide services of the highest quality.
  - Comment from Representative of Congressman Dennis Cardoza:
    - Thanks all of those involved in the CARES process. There has been a lot of talk of relocating services to the Central Valley. The population in the Central Valley has been increasing and consequently the number of veterans is increasing in that area as well. There is also an increase in traffic, and he was rear-ended the day before the last LAP meeting. Vigorously supports relocation of the facility to the Central Valley.
  - Comment from State Senator Nakanishi:

## APPROVED

- Supports the French Camp location in the Central Valley as the site for the new VA NHCU facility. Co-locating with the CBOC in French Camp will make services more accessible to veterans.
- **LAP Questions and Comments on BPOs:** LAP Members
  - Mr. Vargas: Would like to request as a LAP member that as the EUL process moves forward that the LAP is kept informed in the process.
  - Dr. Shibata: There has been reference to access to services being an important factor. Would like to state that access to a nursing home is different than access to outpatient services. Patients do not go from home to the nursing home like patients go from home to an outpatient clinic. You have to think about where the veterans are coming from. They are coming from VAMC Palo Alto to Livermore's NHCU. We have referenced the rapidly expanding population in the Central Valley region. At previous LAP meetings information was presented that showed that 40% of patients come from the East Bay and 60% come from the Central Valley. This is not as unbalanced as we might be making it out to be. Has supported co-location as a concept because patients benefit from incremental clinical support. In the Secretary's 2004 decision it was stated that if the NHCU is freestanding, the VA must provide contractual agreements with regional (non-VA providers) for clinical services. It will be set it up differently, but it can be supported. Would not worry the most about the issue of 911 services because many nursing home patients elect not to receive those types of services, and if needed they can be set up in referral agreements with other local providers.
  - Mr. Schoonover: Leasing the property and having contractors build a nursing home is an excellent idea that benefits both parties.
  - Mr. Perry: No further questions.
- **Lunch:** 12:00 - 1:00
- **Public Statements, Questions and Comments:** Al Perry
  - Mr. Perry: Reviewed the procedures for the public comment period. Secretary Nicholson is interested in what stakeholders have to say.
  - Gave an overview of Secretary Nicholson's personal background.
  - Knows that many people are passionate about keeping the Livermore facility or bringing a nursing home to the Central Valley and asks that everyone is respectful of each other's views on this matter.
  - **Testimony 1:** Representatives of Scott Haggerty, President of Board of Supervisors, First District of Alameda County.
    - Thanks the LAP members. Has no official stance on a specific option, but asks that VA does not close the Livermore facility. Closure would have a devastating affect on access for veterans.
  - **Testimony 2:** Alameda County Veterans Service Officer.
    - Many veterans that he represents are elderly, disabled or low income. Supports BPOs 1, 2 and 8 that keep the NHCU on the Livermore campus. Access would be affected if the NHCU is moved elsewhere.
  - **Testimony 3:**
    - California's population has grown substantially. Today's combat survival rates are far greater than WWII or Vietnam and there is



## APPROVED

- an increasing need for services. The facility must move to the Central Valley and, thus, supports BPO 4.
- **Testimony 4:** Member of Stockton City Council and represents Ed Chavez.
    - Supports the placement of the facility in French Camp (BPO 4).
  - **Testimony 5:** Present of Modesto blue star mothers.
    - Mother of a soldier. VA should be adding facilities because we are at war and more soldiers are coming home that need services.
  - **Testimony 6:** Representative of the American Legion.
    - Thanks for the presentation on the Trauma Unit on television. Supports building a brand new facility in French Camp (BPO 4) with easy access to emergency services.
  - **Testimony 7:**
    - Local veteran population is most concentrated around French Camp. Supports the location of the new facility at the French Camp site (BPO 4). Land and building costs are less expensive in the Central Valley.
  - **Testimony 8:**
    - There are more gangs per capita in Stockton than anywhere in the US. Stockton has the highest level of respiratory illness due to air quality. It is unhealthy for PTSD veterans to be in that environment. Veterans would not prefer to look at a freeway rather than the serene setting of Livermore. Livermore has more to offer than any other site proposed. Favors keeping the NHCU on the current site
  - **Testimony 9:** Karl Ross Post 16, American Legion Representative
    - Proud mother of a soldier. Started an organization that sends boxes to troops overseas. Would like to see this facility remain open and open a new facility in Stockton/French Camp (BPO 4).
  - **Testimony 10:**
    - A patient at the Livermore medical center. Has been a patient all over the world, and thinks that Livermore is one of the finest facilities he's ever seen. The campus setting is relaxing. Would like to keep the facility on the Livermore campus.
  - **Testimony 11:** Supervisor of 4th District, San Joaquin County
    - The county is interested in locating the nursing home on the San Joaquin General Hospital site in San Joaquin County, French Camp (BPO 4). A proposal for this was submitted to the LAP and the VA. The county offered the VA a site large enough to accommodate VA facilities and a nursing home, and the lease for this property would be one dollar per year.
  - **Testimony 12:**
    - The most efficient use of VA resources would be to co-locate the nursing home with other facilities in San Joaquin County. Supports BPO 4 with a new facility built in San Joaquin County.
  - **Testimony 13:** County Administrator for San Joaquin County
    - Offered an eight-acre parcel on the San Joaquin County General Hospital site to the VA for construction of new facilities. This land would be leased to the VA at no cost. Provided a summary of key benefits offered by the County that would reduce the non-recurring capital investment of BPO 4. Ran an ad in the newspaper and received hundreds of letters of support.

## APPROVED

- **Testimony 14:** President and CEO of San Joaquin Partnership
  - The duration to build on the Stockton site would be shorter because the planning and parceling has already been accomplished. The cost differential in wages in San Joaquin would be a savings to VA. There is a 20-24% cost differential between cost of construction in Livermore and San Joaquin. There is access to commuter trains in San Joaquin. Favors BPO 4.
- **Testimony 15:** Director of Healthcare Services for San Joaquin County
  - Reiterates support for relocating medical facilities in Stockton at French Camp (BPO 4). There would be benefits to veterans through co-location of services with a hospital. In addition to services offered by VA, veterans would have convenient access to many other services. This is a unique opportunity for two government agencies to share resources and lower the cost of operations.
- **Testimony 16:**
  - It is a fact that over 70% of the patients and 60% of the residents at Livermore have residency in the Central Valley. Wants to put a face on the patients that would benefit from a new facility in Stockton/French Camp. Knows veterans that physically were unable to make it to Livermore for the meeting. Favors BPO 4.
- **Testimony 17:**
  - Is from Livermore and came from Palo Alto, and before that was in Washington, DC. Feels that the Livermore VA should stay open because they do an excellent job, especially in therapy. Favors options that keep NHCU on current site.
- **Testimony 18:**
  - Frustrated because Livermore wasn't on the blueprint of CARES in the beginning, and then behind closed doors the Secretary decided to take action in VISN 21. The first decision was an 8-hour-a-day facility. This scenario doesn't make any sense; the Livermore VA is already co-located. Confused at the idea that all of the veterans and community groups are worked up because of a decision that the Secretary made. The decision should be made for the veterans.
- **Testimony 19:**
  - Facilities should not be closed at Livermore and favors retaining the NHCU on the current campus. There are plenty of veterans who need the services at Livermore. Is a Blue Star Mom, and recently her son was called back to Iraq. Also supports a new facility in the San Joaquin Valley at French Camp.
- **Testimony 20:** Member, County Board of Supervisors, Stanislaus County
  - Has worked with veterans from several counties. The growth in San Joaquin Valley is increasing and the veterans of Stanislaus County are under-served. Stanislaus County proposes a 15-acre area for redevelopment that is adjacent to County social services offices and many other public service functions. The County has training grants and contracts to expand healthcare. Wants to be partners with the VA. Favors BPO 4.
- **Testimony 21:** Stanislaus County Veteran Service Officer

## APPROVED

- Stanislaus County is experiencing huge population growth and with it the need for veterans' services is growing as well. The County offers a nursing home and a co-located clinic. Favors BPO 4.
- **Testimony 22:**
  - Vietnam veteran with a son in the Gulf War. There is a consensus on three things; there is rapid population growth, we want better access for veterans, and 60% of the veterans served at Livermore come from the Central Valley. Supports a new facility in the Central Valley, but is confused why we have to choose which area to have services. Services are needed in both areas.
- **Testimony 23:** Stanislaus County, Chief Executive Office representative
  - Philosophy is that Stanislaus County is providing the best service to veterans. The County has offered land but most importantly wants the best for veterans. Favors BPO 4.
- **Testimony 24:**
  - Husband volunteered to go overseas during Vietnam. She has many relatives that have contributed as veterans. Loves the veterans at Livermore. Would like to see the Livermore facility stay, but also supports expanding services at Modesto.
- **Testimony 25:** Ruler of the Fremont Lodge, BPOE
  - It would best serve veterans if we opened a center in the Central Valley and kept the center in Livermore.
- **Testimony 26:** Member of American Legion, Disabled American Veterans
  - Supports BPO 4 and the proposal to build new nursing home facility at the French Camp location.
- **Testimony 27:**
  - Retired from active duty. Looking forward to the VA hospital coming to Stockton because he was born at the San Joaquin General Hospital and would like to go full circle there. Favors BPO 4.
- **Testimony 28:** Representing Post 74, American Legion
  - There were veterans' hospitals in Modesto and Livermore in the 1930s. Need a facility farther in the Valley in Modesto or San Joaquin. It is a long trip to Livermore and a facility closer to veterans is needed. Favors BPO 4.
- **Testimony 29:** Disabled American Veterans Service Officer
  - Lives in Stockton and travels every day to Livermore. In a perfect world we would have Livermore, Stockton and Modesto facilities. The Valley needs a nursing home, and whether they keep the Livermore facility they also need one in the Valley. They also need a clinic in the Valley. Has family members who are veterans with PTSD and they get lost if they have to travel far to VA facilities. Access to the Livermore hospital is difficult.
- **Testimony 30:** HR Manager from City of Livermore
  - The City of Livermore opposes closure of the Livermore VA. The City passed a resolution formally opposing the loss of the facility. If the Livermore hospital closes the services offered would be too spread out and would put a strain on the veterans. Supports the options that keep the services on site at Livermore.

## APPROVED

- **Testimony 31:**
  - Was a battalion surgeon in Germany. Has a medical degree from Stanford and has practiced in Livermore. Impressed with quality of care at Livermore. Supports maintaining the nursing home on the Livermore site.
- **Testimony 32:** First Vice Commander American Legion, Post 74
  - Represents veterans in the Central Valley counties. Supports a new nursing home in Stanislaus County. Asked the Board of Supervisors in Stanislaus County for 15 acres for a new facility. This 15-acre area is level ground, with access to utilities and bus service. Many veterans are living in local private nursing homes and could benefit from a VA facility. Favors BPO 4.
- **Testimony 33:**
  - Served in the Marine Corps for five years and served in Iraq. Has seen the heartache of the Vietnam veterans in her family. We need the Livermore facility and need another facility in Stockton. We should lose the focus of the younger generation in Iraq. Iraq veterans are coming home with injuries and without insurance.
- **Testimony 34:**
  - Is WWII veteran. Modesto is centrally located in the San Joaquin Valley and is a good location for a new facility. A 15-acre area of land has been offered and more land could be provided if needed. Had a stroke and was rushed to the nearest hospital. If he had to go much farther he would have died. VA should give veterans more help with the cost of transportation.
- **Testimony 35:**
  - Was born in Livermore, worked here for 13 years, and was on the screening committee for the first patient at Livermore. Supports keeping the nursing home facility on the Livermore campus. The CARES process has been going on too long and it's too much pain on everyone. Is the VSO manager for Stanislaus county veterans, and thanks the Secretary for the new veterans' center. Hopes the Livermore facility stays, and another clinic is built in Stanislaus County.
- **Testimony 36:**
  - Disabled veteran and a patient of Livermore. Supports moving to Stockton. Veteran access to Stockton is better. Urges everyone to think about the veterans. Thanks the panel for their time.
- **Testimony 37:** Represents the Alameda County Commission on Aging and Health Committee
  - Sang a song about maintaining the Livermore facility.
- **Testimony 38:**
  - Loves the tranquility and peace of the Livermore campus. Supports keeping the facilities on the Livermore campus. They just put in a new roof on the nursing facility and are putting in a covered walkway. Is would be a shame to waste these improvements.
- **Testimony 39:**
  - Is an Army veteran. Is just getting to the age where he may need the nursing home facility and they may close it. Has seen many

## APPROVED

Bay Area facilities closed. The Bay Area has 14 million people, and facilities are needed in both locations.

- **Testimony 40:**
  - Is a wife, LVD volunteer and is proud to help the veterans. Lived in Sonora for 13 years. Husband is at the LVD nursing home, and has moved to be closer to him. If you send veterans somewhere else, where will the families go? There is no bus service from town to the Livermore facility. Veterans need the facility in Livermore, and they should also build a facility in French Camp. It would be better to have centrally located services.
- **Testimony 41:**
  - Navy veteran. Questions the leasing concept of putting money back into the VA. We may never see these funds; look at the Social Security system. The quality of life is an important aspect of the Livermore campus; and greatly values the peaceful pastoral landscape. Questions the "either/or" choice at Livermore; this is a technique for manipulating people. The general population is growing in both of these areas. Both areas need and deserve facilities.
- **Testimony 42:**
  - Volunteer and Air Force Vietnam veteran. People do not realize that this is not only a facility; it is a home away from home. Almost everything the veterans get at Livermore has to be donated. The veterans need both facilities in Livermore and Stockton. We are doing very little for the homeless veterans. If we have to sell part of the land to stay on the Livermore campus, he supports that.
- **Testimony 43:**
  - Is a 40-year resident of the area and a wife of a doctor at the Livermore facility. Encouraged by hearing people speak of the beauty of the Livermore campus. \$2 billion dollars a week is spent on the war in Iraq and the war is generating thousands of veterans. We must save money for veterans. We need the Livermore nursing home and a Central Valley facility. We should not dispose or lease the Livermore site. It has the potential for being a respite for veterans.
- **Testimony 44:**
  - Is long-time resident of Alameda County. Would like to see VA provide both facilities; one in Livermore and one in the Central Valley. Would die before he sent his wife to the Valley to visit him.
- **Testimony 45:**
  - Is 36-year resident of Tri-Valley (Livermore/Pleasanton/Dublin) and a WWII veteran that has many family members who are veterans. Recently became a patient at the Livermore facility and has received excellent care. The developers will benefit more from this situation more than the veterans. Supports maintaining the Livermore facility and building a facility in the Central Valley.
- **Testimony 46:**
  - Is US Navy Korean veteran. If the politicians can adjust their districts to get more votes than the VA can adjust its districts too. Supports maintaining the Livermore facility. Will not travel to receive services. There is a traffic problem caused by inadequacy

## APPROVED

of (California Department of Transportation) CalTrans' planning and execution. Disappointed that supporting figures were not displayed in the presentation.

### ➤ **LAP Deliberations:**

- Mr. Perry: Is moved by the sincerity and depth of the testimony. In Eugene Oregon in 1994, veterans lined up to discourage a clinic being located in their neighborhood, but at this meeting veterans support a facility coming to their area... and applauded the support of Livermore and Central Valley residents for speaking in favor of new VA facilities within their communities.
- Mr. Perry: Gives an overview of the LAP deliberation process:
  - The LAP will make their comments publicly. The decision for this site is not up to either the LAP nor PricewaterhouseCoopers; it is up to the VA Secretary. The LAP and public statements will be entered into the record. We are just a step in a very complex process.
  - The LAP will speak one by one and enter their recommendations, comments and opinions into the public record. The LAP is not obligated to reach a consensus.
- Mr. Vargas: Are we talking about questions or comments during this period?
  - Mr. Perry: Any remaining questions and final comments.
- Deliberation of Mr. Vargas:
  - BPO 1: Concurs with everything that has been said to-date. It is the least desirable of the BPOs that keeps the facility on the Livermore campus.
  - BPO 2: During the course of the meeting, he made several comments about the immateriality of some of the weaknesses in the presentation related to BPO 2. The strengths of BPO 2 are that it serves the East Bay population of veterans, provides for the most desirable and efficient footprint for a new building, and is better than BPO 4 because that site may have limitations. This BPO affords the greatest options. It capitalizes on healing setting of the site. The Bay Area will continue to experience growth, and being in the title insurance business he looks at population growth and projected growth. There are as many housing units built in the Bay Area as other areas. There will be a growing need to serve the veteran population. Is pleased with the conclusions for the potential reuse options for the site; especially providing a continuum of senior housing. Believes that this property should be committed to serving veterans. There is an issue of access to the Palo Alto VA facilities; it will be a difficult trip for physicians and veterans to go out to the Central Valley. When analyzing ease of implementation and likelihood for community support related to reuse options; the potential reuse must be connected to the VA mission to be supported by the public. We can't do another senior housing community that doesn't relate to the VA mission. The models are out to 2023 and this is a relatively short period of time, especially when considering what our nation is facing. The land asset that we have in Livermore is unique and

## APPROVED

offers an opportunity to meet those future needs. If we enter into a 50-year lease, we won't have the option. Has heard strong stakeholder support for maintaining the Livermore campus. Overall prefers BPO 2.

- BPO 4: There is a need for veteran services in the Central Valley, and the population is under-served there. There is a greater day-to-day need for the clinic than the nursing home, but there will be nursing home needs as well. There should be a clinic there but that is not part of our charge. BPO 4 has site limitations and cannot provide multi-level continuum of care housing. It is hard to match the scenic quality of Livermore. Do not underestimate the opposition from the community to reuse of the campus and don't overestimate the reuse revenues factored into BPO 4. BPO 4 heavily relies on complete reuse of the site and that is a weakness.
- BPO 8: Second most preferred BPO, but doesn't add anything and will be disruptive to patients during construction.
- Asks the Secretary to reconsider his decision based on the change in environment in the country; we are battling terrorism and this will change future needs for services.
- Mr. Perry: Thanks to Mr. Vargas for his deliberation and input.
- Deliberation of Dr. Shibata:
  - Favors BPOs 2 and 4 and not BPOs 1 and 8. Will not rank BPOs 2 and 4 and does not feel a need to choose between those BPOs as both areas deserve VA facilities. There is rapid growth in the Central Valley, but she has been in Livermore for over 15 years and can understand the positive aspects of the scenic Livermore site. You can't put a price tag on that; it does help with the healing process. The growing number of Iraq veterans have different needs than other generations of veterans. This causes consternation in clinical staff when they only can provide some of the help these veterans needs. Supports providing services at Livermore of the same quality as in VAMC Palo Alto. Supports keeping the Livermore facility, and urges the Secretary to reconsider his decision to provide nursing home beds at Livermore and in the Central Valley. A major weakness for keeping the nursing home on the Livermore campus is the lack of co-location because the clinic is no longer here. The Secretary should reconsider that decision as well. There are logistical and clinical quality issues when you separate functions. As a LAP member, is disappointed in the lack of evidence of her clinical input being taken into account in the documents. You have to take a patient/veteran centered clinical perspective into account. Hopes that when Secretary makes his final decision, the clinical perspective is considered as carefully as the numbers.
  - Mr. Perry: Thanks to Dr. Shibata for her deliberation.
- Deliberation of Mr. Schoonover:
  - The stand-alone nursing home has weaknesses. If the clinic is removed, the nursing home will be a stand-alone center. Agrees with speakers that Livermore should stay here but not as a stand-alone facility. Seeks further clarity on "stand-alone".

## APPROVED

- Mr. Burns: From the VA perspective "stand-alone" means that only the nursing home would be on the campus under those BPOs where other services are not provided. In these BPOs, there would be affiliation agreements contracted by the VA.
- Mr. Schoonover: The Livermore should stay and another facility should be built in the Central Valley. Read the description of BPO 4 in the Stage II Preliminary Report. Stockton and Modesto have made the VA a fine offer, but Modesto has a better offer than Stockton. There are three major hospitals in Stanislaus County, and Modesto has offered more free land if the VA needs to expand. Stockton has continuous traffic noise. The Modesto Junior College has a nurse training program. Would like the Secretary to consider this input for BPO 4.
- Mr. Perry: Thanks to Mr. Schoonover for his deliberation.
- Deliberation of Al Perry:
  - Gives a "helicopter view" of the distribution of VA nursing home beds in the area: 120 in Livermore, 150 in Menlo Park, 120 in San Francisco, 120 in Martinez, 60 in Fresno and none in Sacramento, Stockton and Modesto.
  - Sees options from two vantage points: as a potential family member of a patient and as a health care administrator, and as a son of an 85 year-old father that may be in a nursing home some day. There are three BPOs that keep the nursing home here and one BPO that moves it to Central Valley. If the VA is the finest healthcare system in America, the VA Palo Alto Health System, including this Nursing Home, is in the top 10 VA systems in the country. If the nursing home stays on campus, the best option is BPO 2. Emphasizes that the Livermore campus is a bucolic setting and the value of that is substantial. Hopes that when the options are presented to the Secretary, the VA's most senior geriatrician is there who can describe the advantages of the BPOs. Likes BPO 2 because you can build on the campus without making the lives of residents and staff miserable for six years of renovation. Renovating an entire complex is traumatic to patients and frustrating for staff. There is something appealing about the rich history of Livermore hospital. The weakness of staying on campus is the stand-alone issue. The concern is how long it would take to get to "definitive" off site clinical care. Running a stand-alone facility is also a very expensive and inefficient way to provide care, and doesn't know of another stand-alone nursing home that exists in the VA system for that reason. Would encourage the contractor to emphasize the seismic risk of the different areas. You are in a higher seismic area here at Livermore. If you can minimize seismic risk, that is something to consider. Would be concerned with reuse options in BPO 2 if chosen. Be careful not to disturb the scenic setting.
  - If the nursing home remains on the Livermore campus, the second best option is BPO 8. In this BPO, after six years of construction you might have a modern facility, but you pay the price with lengthy and complicated phased renovation.



## APPROVED

- BPO 1, the Baseline option, is a "non-starter" option. All you would get is a facility that meets code. This building was designed 25 years ago and does not currently meet modern standards for nursing homes.
- If the Secretary has to pick an option, he supports choosing BPO 4. This is the option that most closely meets the CARES criteria and CARES goals. Also this BPO has the greatest reuse potential. Patients will be undisrupted here until the new facility is ready in the Valley. Consolidation of services is a benefit, with close proximity to primary and specialty care clinics. Potentially the occupants would be close to a pharmacy, imaging, and other benefits. A specialty clinic could provide services that patients need. The higher population of veterans is in the Central Valley and that area has a lower seismic risk. We have to think in terms of the war in Iraq. In this war for every death there are 17 injuries. People will be killed and injured even if troop-levels are reduced. There is a very high number of veterans coming back and registering for services including many who will need nursing home care. Urges Mr. Halpern to look at new demographic and OIF (Operation Iraqi Freedom) numbers to see if projections need to be changed. Would expect the Secretary to have the latest statistics.
- Mr. Perry prepares to make his closing statements.
  - Member of the Public: Concerns that the chair is too succinct. Asks to give her testimony (arrived late).
  - Mr. Perry: Will allow her to testify.
- **Testimony 47:**
  - Continuation of services is of primary importance. Opposes all of the BPOs. Urges the LAP to recommend that the Livermore facilities be maintained with all services. The building was built in 1925 and should be designated a historic building for public service, not private. It is imperative that sub-acute facilities be fully operational at Livermore. The best use of this land is to serve health needs of veterans.
- Mr. Vargas: In regards to seismic risk, part of the Secretary's earlier decision is to build an East Bay clinic on the Hayward Fault and this has received a lot of press. The Livermore site in may be even more crucial to provide services to East Bay veterans in the event of a major earthquake. The Livermore site has been seismically upgraded.
- Mr. Perry: The next step is that comments will be taken by PwC and incorporated into the final report which will go to the Secretary. Then the Enhanced-Use Lease (EUL) process will begin.
  - Ms. Williams: Clarifies that the EUL process doesn't start immediately. A healthcare footprint (capital plan for VA use) has to be designed first.
- Mr. Perry: Stakeholders have 14 days to submit written input (through to Feb. 23) and this input will received equal weight to oral testimony.
- Thanks to everyone involved in the CARES process at Livermore.

**Meeting Adjourned 4:01 PM**