

CANANDAIGUA VA MEDICAL CENTER

**Local Advisory Panel Meeting - Public Meeting #4
Building 5 - Auditorium
April 10, 2007, 1:00 PM – 4:00 PM**

➤ **Participants:**

Local Advisory Panel (LAP) Members present:

- Amo Houghton, Chair and Former U.S. Congressman
- George Basher, Director, NYS Division of Veterans Affairs
- Ralph Calabrese, Korean War Veteran
- Samuel J. Casella, Canandaigua Veterans Advisory Council
- Lawrence Flesh, MD, Chief Medical Officer, VISN 2
- Earle Gleason, Director, Yates County Veterans Service Agency
- Daniel T. Hayes, PhD, President, Finger Lakes Community College
- Helen Sherman, Director, Ontario County Office for the Aging

Other VA Participants:

- Allen Berkowitz, PhD, Acting Director, Office of Strategic Initiatives
- Karen Williams, Senior Advisor, Office of Acquisition and Enterprise Management (OAEM)
- Donna Dardaris, VISN Capital Asset Manager
- Brandon Gardner, VISN Support Team
- Mike McElroy, Central Office, Assistant COTR
- Kathleen Hider, VISN Communications Support
- Dan Ryan, VISN Communication Support
- Robert Babcock, MD, Canandaigua VAMC Chief of Staff
- David Hill, Chief Engineer, Canandaigua

Team PwC:

- Melissa Glynn, PhD
- Janet Hinchcliff
- Matthew Jarm
- Michael Bobbin
- Jeffrey Keilman, Perkins + Will

Reuse Contractor (Pruitt Group):

- Tom Rosenfeld

Public:

- Approximately 140-160 attendees

Start at 1:25 PM

➤ **Welcome and Opening Remarks:** Amo Houghton (LAP Chair)

- Called the public meeting to order.
- Welcomed Senator Hillary Clinton.
- Pledge of Allegiance was led by Ralph Calabrese.
- Distinguished Remarks: Senator Hillary Clinton (New York)

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(Senator Clinton's remarks have been paraphrased and summarized below. This is not intended to be a verbatim transcript of her speech)

- Thanked all attendees and personally thanked Amo Houghton for his efforts as LAP Chair and his support of the Canandaigua campus. She is here today to promote the future of this facility and campus and wants it to continue to be an integral part of serving our veterans. This is her third visit to the campus and is again reminded of the importance of this VA center to so many people for so many years. She has been involved with a great deal of struggle to help keep this campus open. This center has a significant amount of history and importance to both the veterans and the community. She thanked the VA for hosting this fourth LAP meeting today and asked that this critical line of communication remain open. The only options considered should present a positive future for the Canandaigua center.

This community has shown more support and has written more letters than any other VAMC facility in the country. This gives absolute clarity in saying that this facility has the full support of the entire community (inc. elected state and local officials, veterans, faculty and staff, etc.). She was very pleased that all of the options consider a future for this campus and that the options consisting of the shifting of services off of the campus have all been rejected. Unfortunately, the VA has already gone ahead with the phasing out of the eight remaining acute inpatient psychiatry care beds here and she is very disappointed that this decision has moved forward. She stated that at no point did she support the elimination of these beds.

Stated that the LAP will provide their recommendations to the Secretary and asked that when they consider each option they keep their commitment to veterans by providing premium healthcare services. It is especially important to focus on how to continue to deliver high quality care to the veterans in the Canandaigua area. She urged the panel to consider the impact on veterans for the five remaining options.

She spent the morning at the Syracuse VA in an effort to solve the problems that veterans are commonly faced with; including lost /misplaced medical records, issues similar to those found at Walter Reed, and the growing backlog of disability claims and compensation. There are so many issues that must be addressed, which is one of the reasons she supports mandatory funding for what is needed to adequately fund the VA moving forward.

The next question that needs to be answered is if whether there is a guarantee of future funding for the option that Secretary

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Nicholson selects for this campus. Furthermore, will the options ever actually be realized and what will happen to the vacant facilities. It is critical for the VA to give the veterans and local community concerns consideration when making decisions. She announced her support for a new community panel to continue advocating for the concerns of the community and the campus to make sure the veterans are given the full support they deserve. This panel will focus a spotlight on the efforts here. Additionally, this panel and she will continue to work with Secretary Nicholson to make sure that all of the problems plaguing the VA are addressed.

The new injury severely impacting the veteran community is traumatic brain injury (TBI). She has passed legislation, namely the "Heroes at Home Act" to support those veterans suffering from TBI as there is an estimated 10% of the Veterans from Iraq and Afghanistan affected. Furthermore we need to provide more support, through training of family members as they are often the care givers to veterans.

She gave an example of an interview she had with a veteran at Walter Reed with TBI, who received proper physical care; however could not receive proper care for his brain trauma injuries. She stated that the veterans should receive some kind of compensation.

The disability claims system needs to be addressed, as she wants to clean up the back log and also reanalyze all of the denied claims. She is convinced that people are ready to look at these issues. She stated that she recently asked Senator Daniel Inouye (Hawaii), a medal honor recipient from the invasion of Italy, if he felt that veterans now are receiving the same level of care as they did in the past? Senator Inouye responded that he did not feel that the current veterans are receiving the same high level of care as they once were. She stated that we owe the same quality of care to all of our veterans. We are now in the longest war ever fought with an all volunteer force and they deserve the same care that was provided in the past.

There needs to be a new mission to care for, respect, and love our veterans so that they know they are in a safe place and will be given everything they need. She is proud to stand with the community on behalf of the Canandaigua medical center so that those serving the veterans can continue to properly serve those who served us. We need to make the right decisions for the facility moving into the future. Thanked all of the attendees and the LAP for allowing her to speak today.

➤ **Review of Administrative Meeting:** Mr. Casella

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- The LAP met during an administrative meeting this morning from 9:00AM - 12:00PM.
 - In the Administrative Meeting the LAP spent two hours reviewing the contents of the presentation and discussing the logistics for the public meeting.
 - The objective and goal of today's meeting is to provide recommendations to the Secretary.
 - Thanked all of the people involved with this effort on behalf of the LAP.
- **Restatement of Standard Operating Procedures:** Mr. Casella
- Reviewed the standard operating procedures and the agenda for the meeting today.
 - Mr. Houghton: Requested that the LAP members introduce themselves.
 - The LAP Panel members each introduced themselves.
 - Mr. Houghton: Introduced the VA and the contractors involved with the study.
- **Review of Stage II Summary Report:** Ms. Hinchcliff
- Presented the CARES study process and results of the Stage II Study.
 - Ms. Hinchcliff: The space requirements for a Mental Health Center of Excellence has already been factored into each of the options.
- **Review of Reuse Report:** Ms. Williams and Mr. Rosenfeld
- Ms. Williams: Leasing will allow the land to come back to the VA at some point in the future.
- **Overview of VA's Enhanced Use Leasing Program (EUL):** Ms. Williams and Mr. Rosenfeld
- **Review of Stage II Summary Report (continued):** Ms. Hinchcliff
- Completed the presentation of the CARES study process and the results of the Stage II Study, including the Stakeholder and LAP input and the strengths and weaknesses of the options.
- **Open Testimony:**
- Mr. Houghton: Officially called the public comment period to order.

(All testimony has been paraphrased and names are used only if written testimony was submitted or if testimony was provided on behalf of state or local official)

- Testimony 1:
 - Is the same number of patient beds that are currently being used, planned for use 20 years from now? If so, where are those numbers coming from? Secondly, why is 75 years being looked at regarding lease terms?
 - Dr. Berkowitz: The demand forecast for planning assumption is based on the veteran enrollment projections. For

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outpatient care it was forecasted that there will be little growth in the number of clinic stops in the next few years, to be followed by a decline further out in the 20 year forecast. A planning decision was made that the level of nursing home beds would be maintained at their current utilization over the forecast period. The eligibility of enrolled veterans for long-term care, is for Priority 1A veterans.

- Ms. Williams: The 75 year period is part of legislation and will not necessarily be the term entered into for the leases. 75 years is the upward limit of the term; however the actual range will be decided upon based on the specific lease.
- Testimony 2:
 - The VA budget was cut back many years ago. An example of this was a Master Sergeant being thrown out on the street instead of receiving treatment. We need to go back to the way things used to be at the VA.
 - Mr. Houghton: There is a difference between the Army hospitals and the VA hospitals. I don't believe that the VA is a culprit in this situation. Furthermore, the VA budget this year is \$90 billion which is an increase of almost 80% in the last six years. The VA is spending a lot of the money on the care that they provide.
- Testimony 3
 - What's the cost to make one of the current buildings here acceptable and practical for use? When all is said and done we are looking at one thing, this campus is still closing. You have fooled everyone here. Tell the veterans that you have because it is the truth. We need to have another meeting in the future for the veterans instead of these meetings which are all about you. It's not about who you are or what you have done, it's about the veterans.
 - Dr. Flesh: First of all this building is not closing and it is unfair to the people in this room to relay such misinformation. There are five options on the table providing both inpatient and outpatient care on the grounds of this facility. When all is said and done the Canandaigua campus will have outpatient and inpatient services just as they are here today. When reuse is discussed they are referring to the old buildings which are not being used.
 - Audience: What exactly is being closed?
 - Audience: I want you to guarantee to me that Secretary Nicholson will agree with this? He is not accountable to the Senate or Congress and therefore has done nothing for the military and the veterans.
 - Mr. Calabrese: I will not turn my back on the veterans. I am here today for one reason which is the veterans' best interest. When you all say that this place is closing down it means that you have been defeated. I will not allow this

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place to close down. Congressman Houghton is on this panel out of his own personal effort in order to help the veterans, even if I don't always agree with him. We all have to get out and inform our elected officials on how we feel.

○ Testimony 4:

- Are you all still allowing for programs like day treatment? I am a female veteran with PTSD (Post Traumatic Stress Disorder) and I need female doctors. I recently lost my female doctor who was providing me with my treatment. Where are we supposed to go now?
 - Dr. Berkowitz: The VA is providing care for a wide range of outpatient services. This outpatient care provided for more than 50,000 clinic stops here last year and we are not going to reduce that capacity. The second part of your question regarding whether or not people are getting the right care is beyond the scope of this study.
 - Dr. Flesh: Any particulars about specific care are not appropriate for this forum. You need to have a discussion with Dr. Babcock. There will be no changes or disruptions in care provided; the only changes are what buildings the care will be provided in. In response to the earlier question, I cannot tell you what the Secretary will do; however we are all here in good faith and believe that the Secretary will move forward with one of our recommendations. There was a commitment made by Secretary Principi that care provided today will continue into the future.
 - Audience: If you bring back the acute psychiatry beds then maybe I will believe you.

○ Testimony 5:

- Every time I have been here before I was told to shut up. My suggestion is to get more money into the VA budget which I informed Hillary of today. Our country needs national health care and we need it badly. The best health care right now is in the private sector

○ Testimony 6:

- I'm a social worker currently working at the VA. In 1994 when downsizing occurred here, it was not because of a decrease in need, but rather because the patients were being directed elsewhere. I don't understand the logic of already spending millions for renovation and now possibly shutting these same buildings down for new facilities. I also don't understand why they named this place a Center of Excellence for mental health care, but yet the inpatient psych beds were removed from the campus. There is a high risk population here and I think the campus needs to be revitalized to meet all their needs. Services will be interrupted as there can not be continuity of care when buildings are closed down.

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- Mr. Houghton: There are good, sound buildings that aren't currently being used here. The question is what should be done with them as vacant buildings are expensive to maintain. My understanding is that there is no lessening of the importance of mental health care here; however it will be on an outpatient basis. The inpatient needs will be sent to facilities where there is a critical mass, which will allow for more efficient care.
- Mr. Calabrese: Who made the decision to get rid of the psych beds? Did they do adequate research? I didn't want those beds to go and I think there will be a greater need in the future for them here. It is up to all of you to stand up and fight harder. The committee is here to evaluate everyone's opinions but we need to do what is best for our veterans. I believe that mental health care is going to be more important than physical health care in the future.
- Testimony 7:
 - I'm representing the local Sheet Metal Workers who maintain a strong support for veterans. I have not heard anything today about how we can enhance services to veterans. This is a beautiful facility and it doesn't need to be considered for reuse. There are 45,000 veterans in this region and the hospital intends to only care for 150 of them, which is a mere fraction. Where are the other veterans supposed to go? There is no contingency for growth here, as so much of the space is earmarked for reuse. This is unacceptable and I will encourage all of my friends in the labor community to dispute this in a legal fashion. In any plan that you make please make a recommendation for some contingency space and do not give it all to reuse.
- Mr. Houghton: If anyone here doesn't testify in person there is also a comment sheet to capture your feedback.
- Testimony 8:
 - Since the beginning of the CARES commission a lot has changed including the active conflicts. Veterans are coming back from these wars with a lot of injuries that have never been seen before and the VA is often not able to provide proper rehabilitation. This is not only traumatic to the service members but also on their families. Furthermore, the people serving include women, people with families, guardsman, etc. whom all need to be considered. One of the options for reuse could be hospice services. The VFW strives for a full continuum of health care for veterans. There are three major things that need to be addressed which are accessibility, timeliness and quality of care. I hope an emergency room will be included in whatever happens, as it is very necessary.
- Testimony 9:
 - I'm concerned about the one floor layout of the nursing home as it seems like it would be very expensive to operate. Additionally, I

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understand that we are under a Priority 1A requirement of 70% or more service connected however if a CCRC is established for reuse will this be open to all veterans?

- Dr. Berkowitz: The industry standard for nursing home care is a single floor facility design. This model allows for single patient rooms with private bathrooms. This design is more efficient and is better for quality of life of the occupants. In regards to your second question, there have been no preferences thus far of who is eligible for living in a CCRC (Continuing Care Retirement Communities) on campuses where they have been established. In those situations the veterans have paid for those services, although they have received preference.
- Mr. Basher: In my experience spouses are eligible to move into these homes. It should be noted that there will be expenses associated with this. The VA currently only provides certain pieces of health care services, which is dictated by Congress. The best concept for the reuse is to augment those services in order to provide a full continuum of care.
- Audience: Will the state allow another nursing home to be located here?
- Mr. Basher: I'm not speaking on behalf of the state.
- Ms. Dardaris: I recommend that we need to put more money into assisted living.
- Ms. Sherman: I didn't agree with the removal of the psych beds. When it was announced that this VA campus was going to close, the community outcry kept the hospital here. The LAP is charged with recommending the best configuration to the Secretary for the delivery of care to our veterans. These buildings will not all be filled up in the future; therefore we need to determine how to use the options to best benefit the veterans.
- Testimony 10:
 - These buildings can be utilized for programs and services that benefit the veterans. We have to acknowledge both the positive and negatives. We provided options last time on how to best use this land for the veterans. Please listen to some of our options.
 - Mr. Houghton: They will be considered.
- Ms. Dardaris:
 - The reuse options presented were only options. For instance at the Batavia campus there is currently an assisted living complex for veterans and their spouses. At that same campus there is a EUL with a community developer who plans to build transitional housing to benefit homeless veterans. The transitional housing will be partially paid for by community money. Buildings that might not be able to deliver 21st century medical care still have the potential to

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deliver other services. I think that there is a misconception that reuse has to be commercial; however the reality is that they could very well be used for veteran services.

- Audience: Do you believe that the space here should be used for veterans?
 - Ms. Dardaris: I feel that they should use the space to enhance services for veterans.
 - Testimony 11:
 - This facility has not closed down, but it has been down sized. The needs of the veterans here are many and varied, none of which will not be going away. I'm disappointed with the loss of the acute psych care. I'm in favor of the options that build new facilities, while still maintaining the buildings currently here as the space will be needed at some point in the future.
 - Testimony 12: Commander of the local American Legion Post.
 - I explained the options to our membership and we submitted between 50-75 comment sheets expressing our support for BPO 9. This option will allow for continuing care as well as a modern single story nursing home. I suggest that the new facility be put up without destroying the outward façade.
 - Testimony 13: Commander of the Disabled American Veteran (DAV) of New York.
 - I appreciate that this panel exists as it allows for the veterans and community to express their concerns. If the veterans and community really look at the options presented they will realize that many of their concerns have already been addressed. The DAV would support the options that build new facilities, as they will always put quality of health care first. The option that the DAV of New York primarily supports is BPO 7. This option appears to provide for all of the concerns that were addressed today. This option will provide the best care and also attract quality faculty and staff to the campus. Option 7 also appears to allow for parcel 2 to be integrated into the entire campus, providing further continuity. This is hallowed ground and the campus should be preserved as a memorial to those who served our country. In turn this means that almost the entire facility could be used for reuse. The VA however is not charged with reuse as their mandate is specific and is focused on providing quality care for our veterans. The decision was made by the former Secretary to build a new facility which is right back to where we are today.
- **LAP Comments on BPOs and Q&A:** Mr. Houghton
- Mr. Houghton: We would like to tally the number of votes, by the LAP members, for each of the options.
 - BPO 1: 0 votes from the LAP
 - BPO 2: 6 votes from the LAP

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- Dr. Berkowitz: On behalf of Jay Halpern it is important that the Secretary knows the reasoning behind your recommendations.
 - BPO 6: 0 votes from the LAP
 - BPO 7: 2 votes from the LAP
 - BPO 9: 5 votes from the LAP
 - In order of preference BPO 2, 9, 7, and 6
 - Dr. Flesh: I happen to like BPO 2 over 9, but in either case they get the facilities up faster, which will allow for better veteran care sooner. If the Secretary decides that he has to do something on the existing campus, then we should keep the front of the campus intact and renovate and build a new nursing home on the second part of the campus utilizing the current tunnel system. There are 5,000 people that work everyday in this network and we are all trying to do the best for the veterans given the resources allocated from the government. CARES is about making this campus more efficient in order to turn every cent spent into better health care.
 - Mr. Calabrese: I like option 9. This option will maintain the veterans' services while they are building the nursing home. They might have to take down one building, but they will not move the administration building to the golf course. Veteran care will continue to be provided without losing the identity of the campus. Whether or not this campus gets the funding for the nursing home will not impact or disrupt any of the other services in this option.
 - Mr. Casella: I have supported BPO 9 from day one as I helped develop it. It will maintain the campus and it's grounds, including the tunnel system. Any buildings that are empty when this is completed should be first and foremost used for veterans. If options 2 or 7 occur, all of these building, including this auditorium, will go up for reuse. Everyone keeps talking about how this is a unique location and therefore we should look to house our veterans here, even if it's through reuse. Please keep in mind that once this facility is gone it is gone. The reuse dollars for any of the options is about the same regardless of which one is actually selected, so that shouldn't be a factor. I understand that during the renovation there will be some disruption; however in any other option besides Option 9 something other than what is currently being done will be moved onto the campus.
 - Mr. Houghton: Reiterated that he agrees with Sen. Clinton as there should be a community group established for the remainder of this process. There is still a lot of work to be done and a lot of feedback to be collected. I will be in touch with the Secretary as soon as I collect all of it and carry on the feeling of the LAP.
- **Closing:** Mr. Houghton
- Adjourned the meeting and thanked LAP members.
 - Thanked public for comments and for their patience in this process.

Adjourned at 4:07 PM