

**Walla Walla VA Medical Center
Local Advisory Panel Public Meeting
September 30, 2005
Wildhorse Resort and Conference Center
Pendleton, OR**

➤ **Start Time at 9:00 AM**

➤ **Participants:**

- LAP members present: Tim Williams, LAP Chairman, Director, VA Puget Sound Health System; Morre Dean, President, Walla Walla General Hospital; Alan Prentiss, MD, Chief of Staff, VAMC Spokane; Jim Kuntz, Executive Director, Port of Walla Walla; Duane Cole, City Manager, City of Walla Walla; Leo Stewart, Vice Chairman, Confederated Tribes of the Umatilla; Marilyn Galusha, MSN, Director of Nursing Education, Walla Walla Community College; Fay Lyon, Disabled American Veterans; and John King, Director, Washington State Department of Veterans Affairs
- LAP members absent: Alice Thomsen, Commander, Veterans Coalition; and Gail Weaver, Vice President for Continuum of Care, Yakima Valley Memorial Hospital.
- Team PwC: Scott Burns, Adrienne Setters, Brett Burt
- Perkins and Will: Russell Triplett
- Economics Research Associates: Michael Wright
- Other VA Participants: Allen Berkowitz, VHA Associate Director, Office Strategic Initiatives; AJ Allen, Network Planner, VISN Support Team Lead; Roxanne Sisemore, Facility Planner, Walla Walla VA Medical Center

➤ **Welcome and Introductions (Tim Williams):**

- Honor guard and presentation of the colors
- Pledge of Allegiance
- Invocation - presented by Antone Minthorn, Chairman, Confederated Tribes of the Umatilla
- Introduction of Local Advisory Panel (LAP) members and others present

➤ **Purpose of Meeting and Review of Agenda (Tim Williams):**

- Reviewed today's agenda
- Provided overview of Meeting Objectives
- Summarized purpose of meeting: to review all options presented from the contractors
- Instructed that the LAP deliberate on each of the options at the end of the public comment period at today's meeting

➤ **Review of Administrative Meeting and Standard Operating Procedures Review (Tim Williams):**

- Reviewed Standard Operating Procedures (SOP)
 - Sign-in sheet is available for those who wish to provide oral testimony
 - Public comment portion will begin at 1:00 PM and end by 4:00 PM

- Each speaker is allocated three minutes
- Members of the public can also provide comments through the website or submit written comments
- LAP must have a quorum of six members
- Items reviewed regarding Walla Walla forecasted workload data issues
 - Dr. Allen Berkowitz presented demand data to the LAP during Administrative Meeting on previous day
 - Reviewed inpatient, outpatient, and mental health demand
 - LAP asked clarifying questions about the data
 - LAP expressed concern about demand model in relation to mental health
 - LAP asked VA Central Office to continue to work on unresolved data issues

➤ **Current State and Initial Business Options (Scott Burns, PwC):**

- Recapped first public LAP meeting of May 4, 2005
- Presented project overview timeline for all CARES sites contracted with Team PwC
- Reviewed 2004 Secretary's Decision
- Reviewed what is being studied at Walla Walla – Healthcare, Capital Planning and Re-Use Planning Options
- Discussed purpose of today's public LAP meeting
 - To review business plan options developed independently by Team PwC
 - To present the opinions of the contractor relating to each business plan option
 - To address LAP questions about the CARES process and the business plan options
 - LAP may add options for further consideration by the Secretary
 - LAP will deliberate and recommend to the Secretary which options to be further studied at the conclusion of this public meeting
- Reviewed Walla Walla Stakeholder/Public Input
 - Reviewed categories of Stakeholder concerns
 - Identified key concerns for Walla Walla VAMC
- Presented
 - Walla Walla site plan
 - Walla Walla site overview
 - Walla Walla services overview
- Presented an overview of current status and summary of enrollment projections through the projection period (year 2023)
- Reviewed the business plan option development process
- Presented seven Healthcare Options, seventeen Capital Planning options, and five Re-use Opportunities
 - A total of seven BPOs passed through the initial screening criteria of access, quality and cost by Team PwC for Stage I consideration
- Reviewed notable Stakeholder Input into business plan options (BPOs)
- Provided a summary of options for Walla Walla
- Discussed Walla Walla VAMC Campus re-use parcels for BPO re-use/redevelopment
- Reviewed the following options developed for consideration in Stage I:

- BPO 1: Baseline Option
 - BPO 2: Contract all Inpatient Care, Construct New Ambulatory and Outpatient Mental Health
 - BPO 3: Contract Inpatient Medicine and Nursing Home Care; New Ambulatory Care, Outpatient and Inpatient Mental Health and PR RTP at Walla Walla and CBOCs
 - BPO 4: Contract for all Inpatient and Outpatient Care
 - BPO 5: Construct all new inpatient and outpatient facilities—replacement of Walla Walla VAMC
 - BPO 6: Relocate services and construct new facilities in Tri-Cities Area
 - BPO 7: Relocate services to Tri-Cities; Contract Inpatient Medical and Nursing Home; Expand Ambulatory, and Outpatient Mental Health in New Walla Walla facilities (CBOC)
- Reviewed re-use/redevelopment options that support or complement needs of veterans
 - Provided overview of parcels on Walla Walla campus and potential re-use/redevelopment options
 - Presented options not selected for assessment in Stage I
 - Discussed next steps for the LAP and the stakeholders/public in the CARES process
 - Responses and comments to the Business Plan Options will be collected for 10 days following the LAP meeting—due to the website and/or mail stop address by October 11, 2005 in order to be included in the completion of Stage I report to the Secretary; these sites will be open throughout the CARES process
 - Provided the CARES website (<http://www.va.gov/CARES>) and mail stop address:
Walla Walla WA Site Study
VA CARES Studies
P.O. Box 1427
Washington Grove, MD 20880-1427

➤ **LAP Member Questions/Comments:**

- Chairman Williams asked that Team PwC remain available to respond to questions from LAP members, and that those be reviewed by Business Plan Option. He also asked LAP members to be sure they understand each option and to ask clarifying questions as needed.

➤ **Business Plan Option 1:** Baseline Option

- Jim Kuntz: Options are broad and well thought-out. Re-emphasized that, ultimately, the LAP members are making a recommendation and if one of our recommendations does go through, it has to be funded. At that point in time, the VA has to do an underlying demand forecast, and want to make sure that there is

caution when recommending options. If the forecast changes by the time for implementation, the project may not go through.

- Alan Prentiss: There is access at the various remote sites around the State (of Washington), depends upon what type of access you are speaking about.
- Duane Cole: Have you considered what to do with the Pre-Civil War houses under this option?
 - Burns: The buildings would be maintained as they are currently. Buildings will be effectively secured with minimal capital investment.
 - Duane Cole: We may need to understand what that means going forward. We need to intercede sometime soon and may want to take a look at those buildings before we lose the houses.
- Marilyn Galusha: I understand the option.
- Leo Stewart: Walla Walla facility is an important tribal area and that consideration be given to the reliance of the Confederated Tribes of the Umatilla, among others, for continued use of the Walla Walla VAMC campus. He understands the option.
- Fay Lyon: Concerns about bringing the facilities up to current (facility) standards to get the most service for the dollar. Maintaining houses that are historical are not giving service to the veterans.
 - Scott Burns: Once we get the approved Business Plan Options back from the Secretary, we will be looking at the capital costs of each option in Stage II and corresponding detailed analyses of each of those selected Business Plan Option
- John King: Discussion about drive time in the presentation. Are there comparisons of access for each of the options?
 - Scott Burns: Moving care to Tri-Cities may increase access by relocating VA services to a market of higher veteran-patient density.
- John King: If drive time becomes negative, worried about whether you can replicate what you have in Walla Walla with regard to site, surroundings, etc.
 - Scott Burns: Drive time is based on actual driving time and not distance. Depending upon whether we maintain services on the Walla Walla campus or move to another site affects the drive time and access. No specific site location has been determined, nor selected for VA functions if relocated from Walla Walla to an alternative location, such as in the Tri-Cities.
- Dean: Urge the LAP and the public to understand the contractor is required to put forth a Baseline option (BPO 1), but cautions everyone to not only look to keep things the same. The current situation is not working, and reminds everyone, if we keep things the same, we could continue to have these issues in the future.

- **Business Plan Option 2:** Contract all Inpatient Care, Construct New Ambulatory and Outpatient Mental Health
 - Duane Cole: Questions about the risk scale.
 - Scott Burns: BPO 2 presents fewer issues with risk for this site. 'Moderate' is about as high of risk that would be seen with any of the options relative to the Walla Walla site, given the available open land, ability to construct new facilities without disruption to current patient care activities. 'High' risk would be characteristic of a dense, urban site such as that in downtown Manhattan (NY) where there is limited land and flexibility in phasing new project construction.
 - Marilyn Galusha: Would this plan contract out services into the local area, specifically psychiatric services?
 - Scott Burns: Team PwC would look more specifically in Stage II at the regional healthcare community and the ability by contracted providers to provide services such as those offered by the VA. Team PwC recognizes that certain programs, particularly in behavioral health, are specific to veterans and not provided in the private sector. Contracting may provide an opportunity for those private sector providers, who might contract with the VA to provide care, to offer these same treatment protocols to both veterans and current (private) patients.
 - Morre Dean: If this option is recommended for further study, we know the answer to the results, there is no capacity of other providers for inpatient psychiatry services
- **Business Plan Option 3:** Contract Inpatient Medicine and Nursing Home Care; New Ambulatory Care, Outpatient and Inpatient Mental Health and PR RTP at Walla Walla and CBOCs
 - No LAP member questions, everyone expressed an understanding of this Business Plan Option.
- **Business Plan Option 4:** Contract for all Inpatient and Outpatient Care
 - Alan Prentiss: Discussed special VA programs that may be difficult to contract out to other providers, how will you (Team PwC) assure an ability by regional/local private sector providers to undertake such contracting for care; and address the specific concerns about the electronic medical record and how will this be handled throughout the private sector?
 - Scott Burns: Other providers would have much to gain from the VA's experience with the VA's electronic medical record system. We have not looked into this at the high level. We are currently studying the ability to have those programs identified as potential for contracting with regional/local private sector providers to accommodate VA programs and services.
 - Tim Williams: It is possible to work with private sector providers and the electronic medical record system using scanning technologies to embed files and maintain patient charts.

- Marilyn Galusha: It is very expensive to contract out for substance abuse/detoxification patients
 - Russell Triplett: Planning horizon is 2023. We don't know what will happen in 2023, but care may be delivered differently.
- Fay Lyon: What about localized contact points like there are currently at the VA, where will the contact point be if services are moved off Walla Walla campus?
 - Scott Burns: I appreciate the comment. There are a host of logistical issues that will need to be addressed once the options are agreed upon in Stage II, including such issues of patient transportation and ensuring veterans know whom to contact and where to go to receive care.
- John King: (Question to Tim Williams): When it comes to contracting out, besides the University of Washington, what other experience does the VA have with contracting services?
 - Tim Williams: There are several contracts in both large and small communities to handle services for the veterans. We will have to look into the options at Walla Walla, most of his experience with contracting has occurred West of Yakima in and around the Puget Sound area.
- John King: Asked the consultants to look at the information sharing and barriers of this process and also barriers across the nation in terms of access and quality and whether barriers exist and how they are handled.
- **Business Plan Option 5:** Construct all new inpatient and outpatient facilities—replacement of Walla Walla VAMC
 - Duane Cole: As we move forward, I would like to see the LAP members consider the Nursing Home option in Eastern Washington. Is the phased construction on parcel E solid, or can this be moved around?
 - Scott Burns: Nothing is in concrete. The inclination is that parcel E is a clean site, and far enough away from patient care so construction of new facilities on the campus wouldn't be disruptive to patients. It is also close to the current main entrance, important to elderly veterans and wayfinding, and the topography presented an opportunity. Team PwC considered locating the NHCU on parcel A, but felt other issues outweighed it. Parcel A, also has the highest re-use potential given its proximity to the commercial corridor of Poplar Street.
 - Dean: On the access portion (Assessment Table), the contractor stated it would have 'no material impact', though his assumption would be that the drive time would improve.
 - Burns: Yes, that is true; access would improve for those services.
- **Business Plan Option 6:** Relocate services and construct new facilities in Tri-Cities Area
 - Alan Prentiss: Would this proposed Ambulatory Care/Outpatient Mental Health facility be a 24-hour operation or a Community Based Outpatient Clinic (CBOC)?
 - Scott Burns: Would possibly be similar to what is currently on the Walla Walla campus (available for 24-hour care), although this is another logistical issue that may be worked out in Stage II.

- Duane Cole: What is being offered now by the VA at its CBOC in the Tri-Cities area? How does it currently compare with what is currently offered at Walla Walla?
 - Scott Burns: We are looking at services and programs on an inpatient and outpatient basis in terms of CARES Implementation Categories (CICs) of patient care and want to accommodate demand of the current services offered at Walla Walla and balance that with those services that are currently provided and may continue to be provided (over the projection period) in Tri-Cities. This BPO may offer a collocation opportunity.

- Duane Cole: I am having trouble understanding how this plan would serve veterans in terms of access (by not constructing new facilities to accommodate Inpatient Medicine/Observation beds and Nursing Home Care Unit beds).
 - Scott Burns: It is not practical for the VA to build small units based on the projected volumes from the numbers provided by the VA to Team PwC. (Current projections for Walla Walla yield 6 Medicine/Observation beds and 20 Nursing Home Care Unit beds).

- Duane Cole: What about the reduction of Walla Walla VAMC's FTEEs and the Human Resource impact?
 - Scott Burns: As with any business that relocates functions from market to market, it is difficult to project the impact of moving services on FTEE (from the Walla Walla area to the Tri-Cities). Ideally, this may not be an issue, but may if selected as a BPO for further study in Stage II.

- Duane Cole: Question about the land available for the suggested new site in the Tri-Cities.
 - Scott Burns: This has not been investigated, the market research was completed only at the Walla Walla area for possible re-use of the campus by non-VA entities by the Team PwC subcontractor, Economics Research Associates. Further research is required if this BPO is selected for further study in Stage II.

- Duane Cole: Can you explain One-VA integration?
 - Scott Burns: For the Walla Walla campus, Team PwC has stretched the definition of 'One-VA integration.' In other CARES sites, such as West Los Angeles, there are additional opportunities to collocate a columbarium (urn wall) and/or cemetery with the VA's National Cemetery Administration (NCA), and/or provide administrative areas for claims processing within the Veterans Benefit Administration (VBA). There have been discussions between the Walla Walla VAMC administration and the NCA with regard to a possible cemetery, but these discussions have not yielded any specific plan.

- Marilyn Galusha: Do you look at the increasing hardship that will impact rural veterans?
 - Scott Burns: Good point, we are trying to work through the process to accommodate for the current services on campus and should consider the impact on rural veterans in Stage II. Team PwC understands those Business Plan Options that have been identified for further study in Stage

- II. Enhancing access (i.e., minimizing drive times) must consider all veterans being served by the VA in this catchment area.
- Marilyn Galusha: We don't have land owned by the VA in Tri-Cities, but we do have 88 acres in Walla Walla.
 - Leo Stewart: Walla Walla provides a nice area for the veterans. He expressed concern about moving services from Walla Walla. Also mentioned the sweat lodge (located on parcel C) and how Native American Indians, as well as other veterans, use it for healing purposes; Leo Stewart would like the sweat lodge to remain on the campus and made available for continued use.
 - Scott Burns: Concur that this is an asset not only for the Native American Indian population, but also for other veterans, Any re-use of parcel C would have to acknowledge the sweat lodge and retain access to it.
 - Russell Triplett: As the sweat lodge relates to the healing environment, this component of healing will need to be included in future consideration of the site and access to parcel C.
 - Leo Stewart: People travel from Montana and Alaska to use the sweat lodge and would like to emphasize the importance of this lodge.
 - Fay Lyon: Who maintains the sweat lodge?
 - Leo Stewart: VA maintains it, but people from the tribes are responsible for supporting and helping to maintain.
 - John King: In reviewing the data, it's apparent that Walla Walla County and Umatilla provide for 40% of discharges; the density is a misleading variable. Would like to see more information on veteran patient origin. If we move services to Tri-Cities, we will be moving patients from Walla Walla to Tri-Cities. John King's experience is that veterans tend to move close to where the services are provided and the Tri-Cities Community Based Outpatient Clinic has full panels of patients. The LAP needs to emphasize in this process that a CBOC in Walla Walla should be built first, before other projects are undertaken in Tri-Cities.
 - John King: Will we have more providers in the area by 2023? Brings caution to starting at ground level with no land or services for people who may not use them to the extent they do in Walla Walla. John King voiced concern about 'blue sky assumptions' and 'best practices'.
 - Morre Dean: I would like to clarify with the contractor regarding population in Tri-Cities, is this only veterans or overall population? I urge the contractor to look at this veteran population in terms of numbers and "the center" to determine the best service area.
 - Morre Dean: Clarify the difference between BPO 6 and BPO 7. Is the only difference renovation versus new construction?
 - Scott Burns: Yes, BPO 6 would renovate Walla Walla's Building 74 (Ambulatory Care) to accommodate forecasted workload and provide easement to this location for patient access through other parcels (A and B) that may have been made available to non-VA entities for re-use/redevelopment. BPO 7 provides for new Ambulatory Care and Outpatient Mental Health in new construction on parcel E.

- **Business Plan Option 7:** Relocate services to Tri-Cities; Contract Inpatient Medical and Nursing Home; Expand Ambulatory, and Outpatient Mental Health in New Walla Walla facilities (CBOC)
 - John King: Question/comment addressed to the VA Secretary: How can this process ensure that care will be improved if you do not consider the aging of the veteran community? Long-term care is growing exponentially. It is not responsible to flat line nursing home care at 20 beds for Walla Walla VAMC. I ask the consultants to broaden the scope to join with the State of Washington Department of Veterans Affairs for re-use potential. We need to use the 88 acres as a partnership with the state government and private providers, and for the VA to use this land as the best re-use potential.
 - Morre Dean: Were re-use options based on methodology or was this a brainstorming effort that is interchangeable?
 - Scott Burns: The re-use options, or designation of the parcels that comprise the Walla Walla campus, were based on a number of things, including topography, composition of existing buildings and designation as historic districts, and the adjacent retail corridor (Poplar Street), to name a few. We also considered the market place intelligence collected by ERA for possible re-use by non-VA organizations that may have an interest in the Walla Walla campus.
 - Morre Dean: Was there local input for the discussion?
 - Scott Burns: Yes, based on interviews that Mike Wright, (ERA) completed within the community in support for his report and Team PwC's development of the BPOs before the LAP for consideration.
 - Morre Dean: Urged the LAP that the building of assisted living facilities should be considered for veterans.
 - John King: The implementation of the Secretary's Decision and selection of BPOs for further study by the contractor in Stage II will result in further investigation.
 - Duane Cole: The City of Walla Walla is considering partnering with the VA for a cemetery (not on the Walla Walla VAMC campus). Also, the Walla Walla Task Force study incorporated data provided by the VA and looked at the resident veteran population and where patients are traveling from (patient origin). It clearly shows that Walla Walla is in the center of the service area's population. The City of Walla Walla is and has been accepting the veteran population and the Walla Walla VAMC site is coming up on its 95th year of operation. We have had issues with trying to recruit people into the community and would like to be able to continue to offer many community attributes that make it a good place to live. People who work at the VA in Walla Walla have expressed that they want to make sure the facility remains in Walla Walla. It is important to consider all of this when deciding which Business Plan Option is best.

➤ **Break at 12:00 PM and Reconvened at 1:00 PM**

➤ **Open Testimony & Deliberations:**

➤ **Testimony 1: Don Chrismer, American Legion, State of Oregon**

- For clarification, we have a sweat lodge at White City SORCC, as well as Walla Walla VAMC,
- Feel that we need a new facility in Walla Walla; thus I support BPO 5.
- I think it is a big mistake to relinquish any of the land except for veteran use.

➤ **Testimony 2: Jerry Cummins, Member of Walla Walla City Council**

- Submitted document to the LAP and contractors
- Walla Walla City Council supports the government decision to support quality care.
- Oppose closure of current facility at Walla Walla VAMC.
- Access, quality and cost need to be reviewed.
- Would like to dismiss the following BPOs: BPO 2, 4, 6 and 7 from consideration.
- Leaves BPOs 1, 3, 5 for further study in Stage II; Mr. Cummins recommends that the LAP consider these 3 options.
- Residences on Walla Walla campus are among the 10 historic houses in the whole State of Washington that are pre-Civil War era; so should consider this in future planning of the Walla Walla campus.
- The study has missed the key issue of what health care services for veterans are; and it is more than those identified for Walla Walla VAMC over the projection period. Walla Walla VAMC should become a referral center for veteran care.
- Veterans deserve quality healthcare.

➤ **Testimony 3: Barbara Clark, Member , Walla Walla City Council**

- Urge LAP members to keep focus on three factors:
 - Purpose of the study is to select an option to provide the best possible healthcare for veterans.
 - Veterans have unique healthcare needs different from a civilian healthcare system.
 - Walla Walla has a strong multidisciplinary system.
- Walla Walla is centrally located within the service area and is on a historical site that connects patients and providers.
- Please watch the arrows [included in the Assessment Tables of the Summary Report] and be sure that PwC can justify every one of those assessments.
- Refuse to accept Team PwC's criteria as an adequate substitute.
- Suggest BPOs 2, 4, 6, 7 be rejected and be replaced by BPO 1, with additions.
- BPO 5 should be included along with the Montrose concept [consideration of private/public partnerships for development of services on/with VA programs].

➤ **Testimony 4: Larry Watson, American Legion**

- Lives in Tri-Cities
- Tri-Cities has everything that Walla Walla does (i.e., amenities).
- He travels from Tri-Cities to Walla Walla for care at the VA campus and doesn't mind the drive; he loves it.

- The drug and alcohol facility at Walla Walla VAMC is one of the best in the nation.
- Need to keep the program on the Walla Walla VAMC campus.
- Every plan leaves out Nursing Home facilities (in new construction; though is provided in a proposed contract arrangement with local/regional providers).
- Prefer to build a new facility on the campus using parcels B and C.

➤ **Testimony 5: David Whitson, VFW Post 4060**

- In FY 2000, there were more than 50,000 veterans living on the east side of the Cascades in Oregon; this population is grossly underserved.
- Opposed BPO 6 and 7 in relocating services to Tri-Cities.
- Moving a facility closer to the population would help the VA's numbers but will not help the veterans.
- Not sure if acceptable replacement services are available in the community at private sector providers.
- We (regional veterans) don't need another empty promise.
- Support Option BPO 1 – Baseline; it provides closer access to primary, acute and tertiary care.
- Testimony on behalf of VFW Post 4060; speaker invites the committee to look at local resources to see what can be provided in the private sector.

➤ **Testimony 6: Dick Stewart, Post 4587**

- Healthcare services should stay at Walla Walla VAMC.
- Moving healthcare to other locations only shifts costs.
- VA facilities in Portland, Seattle, and Spokane are operating at full capacity.
- Support BPOs 1, 3, and 5.

➤ **Testimony 7: Wayne Kinney, Representative from Senator Ron Wyden's office**

- Asked the audience to share a moment of silence for the two Pendleton Native American Indians who recently died in the Iraq War.
- Referenced letter to the LAP, provided by Senators Wyden, Smith, Murray, and Cantwell. Letter expressed support for a clear plan on how and when the VA plans to move forward with any option and for the LAP to examine each option carefully and select those that best keep the needs of veteran in mind.

➤ **Testimony 8: Judy Olsen, Representative from Senator Patty Murray's Office**

- Read sentences from joint two-page letter addressed to the LAP by Senators Patty Murray, Ron Wyden, Gordon Smith and Maria Cantwell
- At a previous CARES public meeting, [former VISN Director] Dr. [Leslie] Burger stated the services that the VA wanted to reduce were not available in Southeast Washington nor Northeast Oregon.
- We hope that you will examine each option carefully.

➤ **Testimony 9: Marja McCheseny, Professor Walla Walla Community College - School of Social Work**

- Supports BPO 5

- Three to six students from the Walla Walla Community College conduct their practicum at Walla Walla VAMC each year since 1988.
- Read letter from current student in Medical Social Worker program:
 - The students letter expressed thanks to the Walla Walla VAMC staff in assisting with the growth in her career and is currently performing her practicum work at the facility
- Partnerships, like this affiliation, are valuable for the community and should be maintained.

➤ **Testimony 10: Tim Larson, Walla Walla College – School of Social Work**

- Currently enrolled in the school of Medical Social Work at Walla Walla Community College
- Appreciates the opportunity to serve at the VA facility in Walla Walla; has gained much from the clinical rotation that the affiliation provides
- This learning environment is not offered in the private sector, given the types of programs and care provided to veterans in behavioral medicine
- Urge to keep Walla Walla VAMC open for the sake of future generations

➤ **Testimony 11: Antone Minthorn, Chairman, Board of Trustees, Confederated Tribes of Umatilla Indian Reservation**

- Here to voice support of keeping the existing facility open at Walla Walla VAMC and investing capital for improved services
- Native American Indians have served in the US military for over 200 years.
- There are close to 200,000 Native American Indian veterans today across the USA.
- Native American Indians travel from Montana and Alaska to use the Walla Walla VAMC facility.
- The VAMC site holds many historical moments, in particular for Native American Indians.
- The Walla Walla VAMC is a centrally located facility for many tribes.
- If the Walla Walla VAMC is closed, many veterans would be without services in the community and close to home.

➤ **Testimony 12: Traci Murray, Vietnam Veteran**

- Opposed to moving services farther away from the current Walla Walla VAMC location
- Contracting-out services is concerning, particularly for people with specialized problems
- Every time you cut back FTEE, you cut back access to care.
- Would like to have found out about this CARES process and this public LAP meeting through the radio or newspaper instead of via friends (word-of-mouth)
- Would like to receive more information from the media about CARES and the next steps for the Walla Walla VAMC LAP deliberations

➤ **Testimony 13: Buddy Georgia, Walla Walla VFW Service Officer**

- Testified both verbally and through written comments at the first public hearing

- Not pleased with the results of reporting his comments (via the CARES website and mail stop addresses)
 - Submitted document regarding PTSD and domestic violence was not posted
 - Submitted document testimony of the expense of the people who go to Seattle and Portland was also not posted
 - Submits to the panel that this does not bode well to transparency, feels that we are wasting our time
- Placing the new facility in parcel C would serve the veterans more effectively, given its central location on the campus and tranquil setting next to the parade grounds.
- BPO 1 – Baseline maintains the status quo
- Supports BPO 5

- Tim Williams asked the contractor to investigate Mr. Georgia's statements and ensure this information is posted on the website

➤ **Testimony 14: David Warkentin, Walla Walla Chamber of Commerce**

- Expressed thanks to the LAP and VA employees
- He wonders what would happen if we did an analysis of the divestment of the Walla Walla VAMC.
- Spoke in regard to BPO 6 and 7, and questions the supporting analyses supporting relocation of VA services and programs to the Tri-Cities
- The rural nature of the Walla Walla VAMC provides the environment that is not offered in Tri-Cities.
- Asking that veterans who live in rural areas be respected
- Veterans need specialized care when they return from military service.
- There is a need to improve facilities in order to meet modern standards.
- Since early 1920s, VAMC Walla Walla has been serving veterans in the area and we need to continue to reward the veterans for their service to the country.

➤ **Testimony 15: Jerry Perren, VFW, Enterprise Oregon**

- It is difficult to drive to Walla Walla in the winter from rural areas [within the service area].
- Supports BPO 1 - Baseline
- There is not enough emphasis on existing Walla Walla VAMC facilities and making full use of them for continued use by veterans.
- Encourages LAP members to look carefully at the existing facilities with the exception of the hospital structure.

➤ **Testimony 16: Roger Rasico, VFW Commander Post 922**

- Recommended improved services and facilities for Walla Walla
- Opposed closing facilities at Walla Walla VAMC

➤ **Testimony 17: Morry Daley, CORD Homeless Veteran Program**

- Healthcare service is greatly needed in the area.
- He is an ex-patient of the VA healthcare system.

- There are people coming home [discharged from active military status] with dual diagnoses and need the programs to support them (e.g., PTSD).
 - Believes veterans helping veterans is the way to go
 - Supports keeping Walla Walla VAMC open
- **Testimony 18: Mark Jeager, VFW 922, Desert Storm Veteran**
- Veterans coming from La Grande, OR and other surrounding areas are not being considered [patient origin analysis in support of locating VA programs and services].
 - Local hospitals have not been considered in La Grande, OR
 - Tri-Cities has a greater veteran density, but the veterans have greater drive times to get there from rural Idaho and Oregon.
 - Please consider all these issues when making a decision on BPOs for further study.
- **Testimony 19: Jaime Herrera, Representative Cathy McMorris's Office**
- This process is an important concern for Rep. Cathy McMorris.
 - Veterans healthcare is important.
 - Dedicated to finding a solution for healthcare in Walla Walla
 - She invited VA Secretary Nicholson to visit the area of Walla Walla.
 - Feels strongly there is a community need to develop a small number of Business Plan Options for the Secretary to consider.
- **Testimony 20: Carol Grisham, Disabled Veteran**
- The presentation brought up a number of questions that need to be addressed
 - We don't know from the risk assessments what is really going to happen.
 - It would be nice to know costs associated with BPOs.
 - BPOs 2, 3 and 4 should be thrown out automatically, based on proposal to contract with other providers for patient care.
 - Agrees with capital planning aspects of BPOs 6 and 7 [relocating selected VA programs to the Tri-Cities] because she is from Tri-Cities
 - Doesn't mind the travel to Walla Walla VAMC
 - Likes BPO 5, but would like it go further
 - She has traveled to Seattle VAMC for care eight times in the past six weeks.
 - She feels having a tertiary care facility in the [Inland North Market] area would be a good answer.
 - Thinks we all should be working towards giving better care to veterans
- **Testimony 21: VA Patient, Enterprise, Oregon – VFW AJ I would suggest omitting the city name to protect privacy**
- Has PTSD and is bipolar
 - Is here to present oral testimony and alive because of the care provided to him by the VA staff at Walla Walla VAMC
 - Feels like the Walla Walla VAMC facility should be improved because of the people coming home from active military service
 - We need the VA facility in Walla Walla, and he requests that it not be shut down.

➤ **Testimony 22: Ron Esselstyn, 100% Service Connected Veteran**

- Walla Walla VAMC is working wonderfully for him.
- He receives excellent care, close to home and doesn't feel like a number.
- The VA employees [at Walla Walla VAMC] do it best.
- He has used VA medical centers in Seattle and Portland and they seem to be overwhelmed with patient care volumes.
- Appreciates the small town care he receives from the Walla Walla VAMC
- It is too hard and expensive to drive to other facilities outside of the Walla Walla market area.

➤ **Testimony 23: Patrick Donnelly, Disabled Veteran**

- Went through the chemical dependency program at Walla Walla
- Farming-out mental health care services to the outside world [local/regional private providers] will not work

➤ **Testimony 24: Sarah Royse, Commander for Disabled American Veterans**

- Concerned about the transportation issues with moving services to other locations from the Walla Walla VAMC campus
- It is hard to make an appointment as a new patient within the VA healthcare system.
- We need the VA hospital in Walla Walla.
- If more staff is added, then more people will use the facility.

➤ **Testimony 25: Kathryn Knaack, Professor at Walla Walla Community College**

- Walla Walla VAMC provides service for students to complete practicum rotations.
- If students lose the Walla Walla VAMC facility, then they would lose 40-50% of the current practicum opportunity.
- There are 260 nursing students at Walla Walla Community College who have signed the petition to keep the Walla Walla VAMC facility open.
- Request to expand the VA Mental health services at Walla Walla VAMC
- There is a shortage of mental health services in the community available to both veterans and other patients.
- She and her family also support the Walla Walla VAMC facility staying in Walla Walla.

➤ **Testimony 26: Mona Purcell, Second-Year Student, Walla Walla Community College**

- Against closing the Walla Walla VAMC hospital
- Closing this facility would impact her nursing program for clinical rotations.
- If the Walla Walla VAMC is not a clinical option then the college would have to cut back on enrolled students in its clinical training programs.
- Her husband utilizes the services that the VA provides.

➤ **Testimony 27: Former Patient of the Walla Walla VAMC Facility**

- Walla Walla is a 'holy ground.'

- Appreciates what [LAP member] Mr. [Leo] Stewart said about the facility
- There is a healing that can happen at Walla Walla VAMC that cannot happen anywhere else.
- Appreciates the people at the Walla Walla VAMC facility
- Expressed appreciation to the tribes in support of their support of the Walla Walla VAMC campus and the CARES process

➤ **Testimony 28: Don Henry, La Grande, Oregon**

- Read an article from the paper, written by Jerry Ryan
- Feels we shouldn't look at 2023, should look at today

➤ **Testimony 29: Ron Fry**

- There are several other questions he would have liked to be answered [through this CARES process and from the preliminary Stage I report presented before the public comment period].
- He would like to see the impact from the CARES study on the care of veterans.
- Did PwC take into consideration the population of only the VA Patient Care Enrollment Group Categories or all the people who are eligible for VA care?
- Is concerned that the VA's contractor is comprised neither of veterans nor of physicians

➤ **Testimony 30: Former Patient of Walla Walla VAMC**

- Most of his thoughts have already been stated.
- God Bless the VA Medical Center.
- God Bless our troops in Iraq and Afghanistan, and
- God Bless America.

➤ **Testimony 31: Willis Logan, Member of VFW**

- Most of his comments have been stated.
- During the winter, the local roads to Spokane, Portland and Seattle are closed.
- Support BPOs 1, 3, 5
- There are 69,000 people in the catchment area of Walla Walla that depend on care provided locally.

➤ **Testimony 32: Veteran and Walla Walla VAMC patient**

- Veteran of four tours of duty
- Something must be done to personalize this [CARES] process.
- In Walla Walla, there is no decent mental health service, beside that provided by the VA, that understands the needs of the veteran.
- The VAMC in Walla Walla has helped him with his personal struggles.
- Wishes he could speak to the people in Washington D.C who are making the decision

➤ **Testimony 33: Veteran Patient**

- We should tear down houses and use money for medical care for veterans.

- She has used the Walla Walla VAMC for mental health and reports that it is overloaded and has too many patients.
- Speaker suggests that the VA can't 'afford' to close the Walla Walla VAMC facility because a lot of people with PTSD can't handle driving to and in Seattle [to get VA-sponsored clinical services].
- This side of the mountain needs a VAMC like that in Seattle [providing a full range of acute, specialty and tertiary clinical programs].
- The money spent for consulting services in this CARES process could be better used for VA healthcare.
- Need to remember women veterans in consideration of future plans for delivering regional veteran healthcare.

➤ **Testimony 34: Teresa Paradiso, Psychiatric Social Worker**

- Employee of the Walla Walla VAMC for 14 years
- The care provided at the Walla Walla VAMC is phenomenal.
- It has a unique system that is more than the buildings on the campus.
- Has 8,500 veteran patients on her care panel
- Hope that consultants [Team PwC] can take the passion of what Walla Walla provides back to DC [in its reports to the Secretary].

➤ **Testimony 35: Wade Moberg, Buffalo Design**

- Read following questions into the record:
 - Have the contractors considered that more growth could be realized if Walla Walla VAMC were modernized?
 - Would like more explanation on the drive time analyses, how were thresholds calculated/determined?
 - Why was the Nursing Home eliminated from consideration when capacity is full?
 - Could the contractors explain how and who will fund the mitigation?
 - Could contractors provide different models as control for the 88 acres for the re-use consideration?
 - How will the overall cost effectiveness for BPO 7 be lower than BPO 3, single new facility on existing site?

➤ **Testimony 36: Crystal Taylor, Second-Year Nursing Student, Walla Walla Community College School of Nursing**

- Against closing the Walla Walla VAMC
- Travels from Pendleton to Walla Walla for clinical rotations
- Walla Walla VAMC is necessary for her BSN and Masters program curriculum
- Feels pain in her heart towards closing the Walla Walla VAMC facility for those who have sacrificed for our country.

➤ **Testimony 37: Patient, Resident of Walla Walla**

- Patient of Walla Walla VA since September 11, 2001
- Came from the VA system in Las Vegas, and feels that if the Walla Walla campus becomes like Vegas, it would be bad [services are contracted to regional private sector providers until new VAMC construction in Las Vegas is completed]

- Feels money is going to population centers and not the outlying, rural areas.
- **Testimony 38: Mark Bousquet, Disabled Veteran, Patient of Walla Walla VAMC**
 - Waited fourteen months to get the surgery he needed at tertiary level VAMC
 - Has to travel to Portland twice a month, and Walla Walla five times a month
 - Speaker can't drive and relies on his wife to drive him; requiring a management of his/her schedules in order to plan for long-distance trips to Portland for clinic visits.
 - He supports BPO 5; though he would like a medical delivery system at Walla Walla VAMC that is similar [in scope of services offered] to Portland VAMC.
- **Testimony 39**
 - Recently returned from Iraq and is a PTSD patient at Walla Walla VAMC
 - Can't drive to Seattle for care due to concerns of managing condition in high traffic/congestion of getting to and around downtown Seattle.
 - Wife works in facilities and can't always be available to drive him to appointments.
- **Break at 3:15 and Reconvened at 3:30**
- **LAP Deliberations:**
 - Tim Williams reviewed the LAP deliberation process. He asked that LAP members, for each option, consider the positive and negative comments from the LAP and the public, as summarized by A.J. Allen. After hearing the presentation by Ms. Allen on each option, he would poll each LAP member for assurance that they understood the option and the comments and for their decision whether or not to support the option for further study in Stage II. He also noted that, at this time, the LAP could suggest changes to existing BPOs or propose new BPOs.
- **BPO 1: Baseline Option**
 - Several public comments to support this option (Baseline)
 - No comments from the LAP in support but some concerns
 - Concern about foundation of buildings and maintenance of historic structures that may have limited value to the VA in the provision of patient care to veterans.
 - Comment about the value of property for Native American Indian veterans
 - Drive time standard is not met in relation to other options
 - John King: I move until more information is provided, BPO 1 is the best option. John King believes there is missing information for supporting other BPOs.
 - Williams: Votes will take BPO to the next level of study, by recommending to the Secretary that BPOs warrant further consideration. There are no limits on the number of options that may be advanced for consideration by the Secretary for further study in Stage II.
 - Williams: Now we are at a conceptual phase.

- Scott Burns: You are supporting or endorsing BPOs, combination of healthcare, capital and re-use planning attributes. You can also state if you want to change a BPO. You are voting to recommend to the Secretary those BPOs you believe should be subjects for further study.
- Marilyn Galusha: If we go with BPO 1 – Baseline, will it be red flagged?
- Scott Burns: This BPO will go forward, but is worthwhile to gain input on it from the LAP to be conveyed to the Secretary. All VA services will remain at the Walla Walla VAMC. Walla Walla VAMC facilities, under this BPO will be modern, safe, and secure upon execution through the year 2023.
- **Vote: 6 Yes for further study (unanimous)**
- **BPO 2:** Contract all Inpatient Care, Construct New Ambulatory and Outpatient Mental Health
 - Several public concerns regarding this option (too expensive, etc.)
 - LAP concerns as well, including lack of services available for contracting with the community
 - John King: Proposed studying all options with the amendment he will suggest. Narrative submitted from John King (10/7/05): Reuse considerations should include the following: The Federal VA form a partnership with state and local governments, nonprofit organizations and private business to develop housing for veterans. The VA could then provide a continuum of healthcare in the form of Home Care, Hospice Care and skilled nursing, especially for low to no income veterans who would be eligible for such care.
 - Comments in support of proposed amendment: Demographic projections indicate that over the next twenty years, the increase of veterans 65 years old and older will grow significantly. Those 85 years and older will experience up to a 300% increase and of those, 50% or more will suffer from Dementia. To develop high diversity housing for low to no income veterans on the grounds of the Medical Center would be a progressive way for the Federal VA to provide the least cost, least restrictive means of healthcare, in a manner that provides dignity and compassion to veterans. Veterans would be able to "age in place.
 - Duane Cole: A local study, incorporated in the Walla Walla Task Force proposal, was completed and looked at the fourteen surrounding counties and found there is not the support system available to contract the care out to the private sector.
- **Vote: 6 No (unanimous)**
- **BPO 3:** Contract Inpatient Medicine and Nursing Home Care; New Ambulatory Care, Outpatient and Inpatient Mental Health and PR RTP at Walla Walla and CBOCs
 - No public or LAP comments in support of this option
- **Vote: 6 Yes for further study (unanimous)**

- **BPO 4:** Contract for all Inpatient and Outpatient Care
 - No public or LAP comments in support of this option
 - Several public comments opposing this option

 - Marilyn Galusha: It is projected that by 2020, there will be a shortage of nurses in Walla Walla as well as the balance of the USA. The State of Washington has given money to the Walla Walla Community College for nursing programs; the community needs the VAMC Walla Walla facility to support these programs.

- **Vote: 6 No (unanimous)**

- **BPO 5:** Construct all new inpatient and outpatient facilities—replacement of Walla Walla VAMC
 - Several LAP and public comments in support of this option, if funding is made available
 - This option had the largest amount of support from both the LAP and the public.

- **Vote: 6 Yes for further study (unanimous)**

- **BPO 6:** Relocate services and construct new facilities in Tri-Cities Area
 - No public comments in support of this option
 - Strong opposition towards relocation of the services from Walla Walla to the Tri-Cities
 - No specific comments from the LAP in support

- **Vote: 6 No (unanimous)**

- **BPO 7:** Relocate services to Tri-Cities; Contract Inpatient Medical and Nursing Home; Expand Ambulatory, and Outpatient Mental Health in New Walla Walla facilities (CBOC)
 - No public comments in support of the option
 - Public strongly opposed relocation of services from Walla Walla to the Tri-Cities; Tri-Cities is not the place to move services
 - Concerns about replicating services now provided at Walla Walla VAMC elsewhere

 - Fay Lyon: Mixed feelings about this BPO, feels that this BPO deserves further study and suggests that recommending it for further study will help determine the implications of moving services from Walla Walla to another location, in this case, the Tri-Cities.

- **Vote: 2 Yes, 4 No**

- **Overall Results:**
 - BPOs: 1, 3, 5 will move forward and are recommended for further study in Stage II.

- BPOs: 2, 4, 6, and 7 are NOT recommended for further study in Stage II.

➤ **Additional Comments:**

- Duane Cole: Concern about the Lewiston area and how to address this in this process
- AJ Allen: Outside of the CARES Business Plan Study process, planning for enhanced VA clinical programs is underway for Lewiston, completed under separate analyses outside of the scope of work for this current project, yet within the VISN strategic planning efforts. Chairman Tim Williams called for any additional business. Hearing none, Tim Williams called for the Color Guard to retire the colors.

Meeting Adjourned 4:30 PM