

VA TOWN HALL MEETING

FEMALE: Good evening. Good evening.

AUDIENCE: Good evening.

ELIZABETH CAMP: Hey. I didn't know if you all were here yet. It's hard to hear. My name is (ph) Elizabeth Camp. I am a psychologist from here in Louisville and I wanted to remind you all this evening that I have been retained as a (inaudible) moderator. I am not an expert in the VA or the VA system. I have a huge amount of respect and I hope that I am not missing any protocols or anything this evening while I'm with you and helping communicate some of your thoughts and feelings about updating the medical center. What I'd like to do first is invite Ken Scott. He is from the Military Officers Association of America Louisville Chapter and he's going to lead the pledge of allegiance for us.

KEN SCOTT: Ladies and gentlemen, please stand for the pledge of allegiance, please. I pledge allegiance to the flag of the United States of America and to the republic for which it stands one nation under God indivisible with Liberty and justice for all.

Please take your seats. This is the time I'm going to take a little time from I'm going to take a little time from (inaudible). This is the time to voice your opinion on the location of the new hospital. Now, a lot of us won't be around when it's built. (Inaudible). We have to speak for the younger veterans too. (Inaudible) take a few minutes. So

voice your instruction tonight of where you would like to see. Myself and my personal opinion is not downtown.

ELIZABETH CAMP: All right. (Inaudible). We started early. Thank you for coming out this evening. I know that we really appreciate you taking the time to come in here and sharing your thoughts and ideas with us. What I'd like to do first is introduce Mr. Wayne Pfeffer. He is the Medical Center director and I think he would like to welcome you.

WAYNE PFEFFER: I've learned my lesson. I should have Ken (inaudible) my remarks. He read them. So. Anyway. Thanks.

KEN SCOTT: I apologize.

WAYNE PFEFFER: No. That's okay. I'm being facetious. I do want to welcome you and I know it's inconvenient for people coming out I'd really appreciate you trying to help us make the decision. I do want to say up front that we are here for you and we're trying to put the VA in place as best served or our patients. So, you know, we are working for you and that's the reason why we're having these town halls. This has been a long term proposition. It's about a forty years in the making and I think it's our third secretary of veteran affairs that we're briefing and moving forward with it. So it's taking quite a while but we have come a long way and we're getting close to narrowing in on a site and that's the reason we're having the town hall so we can let you know where we're at and then more important find out what your thoughts are.

When we do brief the secretary, I want to introduce Mr. John Dandridge and he's my boss and our medical director and he came up from Nashville. He felt it important enough to personally hear the comments and he'll be in the room also with the secretary. And all your comments will be presented to the secretary. He has asked that we put Veterans' preference very high on the list. When we came up with these sites and Bob Maury who's the facility planner will go over the process where we're at and where we're going, but we had a number of criteria to be used to narrow down from the sites that we currently have.

So there was a lot of planning going into the site and where veterans live, the projections for the next twenty years or so of where our veterans will be living and so we really looked deeply into the locations and opportunities that best serve the veterans and you'll hear all that as the evening progresses. But - and each one has its own nuances, you know. Some take longer for (inaudible) in the course we still run a hospital and build a hospital.

So we have a staging we have to deal with parking and noise while we build and we want to minimize that. So that will take longer than just the flat piece of land. If you went downtown town it would be a little bit more complicated than the piece of land. So you'll see that everyone has a different cost even though we don't know the cost quite yet, we do know the variation in cost. So all that will be factored into the final decision.

But please listen to Bob explain the options and then we want to hear what your opinions are. Again, thank you very much for coming out. I really appreciate it.

ELIZABETH CAMP:

Okay. Thank you, Mr. Pfeffer. What I'd like to do next is go ahead and introduce the rest of the panel who's sitting here before you this evening. Next to Mr. Pfeffer we have Bob Maury. He's our facility planner at the local VA hospital or medical center and he put together a presentation for you shortly about the history of the process today and then the outline for the next steps today. Next to Mr. Maury is George Schwartzman. He is the Chief of Realty Property Services from Washington, D.C. So he's from the civil office with the VA and has come here this evening to spend some time with us. Next to Mr. Schwartzman is Jacklyn Post. She's a realty specialist who is also from the Realty Property Services in D.C. And here in our panel is (ph) Jeffrey Wizen and he is also a realty specialist from Realty Specialty Services in Washington, D.C.

So right now, I'd like to turn the board over the Mr. Maury and he is going to do a brief presentation for us about the process to this point and where we're going from here. So, Mr. Maury.

BOB MAURY:

Thanks, Liz. And as Liz said, my name is Bob Maury I'm facility planner and I've been involved in the hospital process since 2005. The purpose of this public meeting today is essentially two fold. First we want to inform you wants going on with the process. We also want to show you the

locations of the five candidate sites and - and then more importantly we're seeking your questions and comments instructing us on sites.

Now, I did this last time. I messed up with the splitter, so let's all hope I do it right. We're basically going to cover four things. Background, what's happened up to this point, site options, next steps and ask about a schedule based on where the decision is made. The Capital Assessment Realignment Enhanced services which was known as CARES goes back to 2004 called for additional studies to analyze the condition of the VA medical services nationwide. VA (inaudible) one of those sites that recommend for a replacement hospital. Following CARES the VA determined that the Robley Rex VA Medical Center had significant deficiencies that are required in an improved facility. And I think some of you today have heard before that some of the deficiencies that we have trouble with is it's a 1950s era building for the ceiling heights are only 12 feet, when the building was originally built, you have forty bed wards, you had no air conditioning, you have no computers. The problem we run into now is modern healthcare design requires an open concept. It's hard to do that with current placement.

Nowadays we have individual rooms. Each of those rooms has to be heated and cooled, so you have more requirements for what's called HVAC, which is our heating ventilation and air conditioning. And also we have a lot of heat requirements or heat generation caused by the use of

computers. And all the wiring and duct work and all that stuff has to go above the ceiling. Now you're not aware of it when you walk into the hospital but if you looked above the suspended ceilings they are cramped full of the things that you never see when you visit, but are required in order for the hospital to operate.

Modern healthcare design now usually calls for a ceiling height of 15 to 17 feet and we're working at 12. In addition to that, there were some life safety code issues concerning the (inaudible) where you don't have an emergency egress at the end of the hall because back in the 1950s it wasn't required. So those are the kind of items that we need to address that you can't go and do through renovation and that is the reason why they're recommending a replacement for the - of the hospital.

In 2009, the VA completed a feasibility study and that study looked primarily at the existing site of Zorn Avenue and also downtown co-located with the University of Louisville Medical Center and the question we want to answer is these two sites are being considered we really need to check on that and make sure that it's actually feasible to build a hospital. Some of the issues with this Zorn site is their report of occasional problems. We need to know what effect that might have on (inaudible). And the downtown site there - there were multiple issues as far as ownership probably what used to be there before they don't know (inaudible) like that.

The feasibility study looked at those two options and they entered a third option which is called Greenfield option. And I'll get a little bit more into that as we get into it. And what they found out was yes, you can build here on the Zorn site or downtown or the Greenfield but there will be specific challenges for each of those options. Because of the potential length of construction and additional cost involved with the along with the two earlier sites, the VA only has to put out advertisement requesting people that wanted to (inaudible) asking people that are interested in selling property to the VA as Greenfield.

In May of 2010 we had a site selection board that went out and looked at 23 sites. People - and these were all the sites that had met the criteria we had set. The criteria basically was it had to be a minimum of 25 acres and it had to be within a 15 mile range of the medical center in our town. In August of 2010 VA identified the top three Greenfield sites and due diligence has been underway since for the three Greenfields, plus downtown, plus our facility on Zorn.

The site - there are basically three site options or three options. One is three Greenfield sites which as I said before was that one on 25 Belfort acres located within a 50 mile boundary of University of Louisville Medical Center and also bounded by the Ohio River and located in Jefferson County. Site number two is the downtown site which is similar to the 25 acres and then option number three was the reconfiguration of the Robley Rex VA Medical Center.

This is a satellite map of the area of Louisville. And just to give you a point of reference. Right here - it's hard to see with the way my map's set up, but this little push pin shows you where the existing medical center is off of 71.

Downtown is here. In fact, you can see hospital curb right in there. And then the three sites are located Branchville Road which is off of Waterson just past 71, Factory Lane, which is just off of James Snyder. It's actually across the interstate from - from Baptist, and then third side is (inaudible) land, which is down towards the southeast.

(Inaudible) has 53.6 usable acres with no known environmental issues, with option to subdivide, (Inaudible) roadways and properties approximately 12 1/2 miles from the medical center downtown. When we talk about views we're talking about restaurants, shops, those types of things.

They're located within two or three miles of site.

Background is has 222 usable acres. Now, we would not purchase 222 acres if that site's selected, but we would be able to subdivide it to get the amount of property we need for the medical center. It's approximately 15 miles from the U of L.

It's adjacent to sites of two new hospitals. That will be Baptist and I believe the other is Jewish. And there are employees available at the general assembly. Brownsville Road has about 35 acres and as you can see on the map right there it's close to several major thoroughfares. The property is eight miles from the U of L Medical Center. It's close to

retail (inaudible) including shops and restaurants many of which are within walking distance. The partial has access to all the required utilities and public transportation including bus service is there.

And I forgot to mention that on the other two slides but there is also a (inaudible) available for those who (inaudible) also.

What you see here is the downtown site. This area is bounded by Broadway, Jackson, South Clay Street and then Chestnut runs through the section of it. It is adjacent as we said before to the U of L Medical Center. There are also amenities available within walking distance. Public transportation is available. Robley Rex. I don't think there's anything I need to tell you about that site. You guys know as well as I do.

MALE: Bob, who is staffed with the 15 mile radius from the U of L medical center?

BOB MAURY: Let me go ahead and finish the presentation then we'll have the questions.

MALE: Okay. Thank you.

BOB MAURY: I'll be happy to answer that.

MALE: Thank you.

BOB MAURY: The next steps that we're going to do is we're going to complete the due diligence activities which are currently underway for all site options by the late summer of this year. The findings were activities along with comments that we received from you in the earlier meeting today, plus a

research survey or a veteran's survey that we have planned for the next couple months. And we totally provided the secretary so that he'll have a clear understanding of what your desires are.

Based on - and all that will be presented to the secretary for consideration in the fall of this year. Based on Secretary's site selection, the VA will then undertake land acquisition activities. If downtown or a Greenfield site is chosen or preconstruction activities if Louisville - if our hospital is chosen.

Just some estimated schedules. Of course all this is subject to change based on what happens. And actually why don't we do a little side mark that previously people were kind of upset because it was taking so long for us to get to this point. Because they were promised in 2006 that the hospital will be fast tracked. Now, we had a couple things that occurred right after the announcement. We had Hurricane Katrina which took out the hospital in New Orleans and also in Gulfport, Mississippi. So where we were near the top of the pact for getting the funding for the hospital because of the necessity to replace them they went ahead and then also it was at the time that the VA started developing centers for trauma injuries that we were receiving from all the (inaudible). So those

So those two things are a part of the reason why we didn't want to split these (inaudible) open (inaudible). But we're now back on track and come very close to the end of site selection.

If we do option one, which is the Greenfield site, of the Greenfield sites, that could be - oh, I'm sorry. Site (inaudible) site we're hoping will occur in the fall of 2011. If that occurs in 2011, then if we choose - if the option one refill site is chosen they could acquire the site as early as spring of 2012. If we go with option two, which is downtown there is a (inaudible) of property. Some are private, some are commercial. There's a number of steps you have to go through because you can't just throw own out. You have to go through eminent domain. If they don't want to sell and even if they want to sell there is a law that requires us to pay to relocate. The earliest that could be completed would be spring of 2013 or 2014. If - if everybody fought tooth and nail, could be longer. But the early assessment would be 2014. If we go with Option 3, obviously there will be not site acquisition with this.

Once we have acquired the property we still need to do design construction again. Again, there are different time frames based on you can't really start the designs until you have a partner because how you design your hospital is going to be a large part based on the footprint on the property you put it on. So if we go to the Greenfield sites, the designer could begin in as early as the summer of 2013. If we go

downtown spring of 2015. If we do Robley Rex winter of 2013.

Construction, again, Option 1 Greenfield site will take about 36 months from the time they award the contract, 48 months if you downtown and that's because you're going to have to do a lot of demolition before you start because there are already things on the property. And then 72 months if we build at the existing site.

MALE: Why?

BOB MAURY: The - well, I will say we'll answer that question a little bit later, but it's a good time to put that in right now. If we, you know, if we build on our existing site, we're still going to have breakdown the operational hospital. So we're - if we build on Greenfield site, you can build everything at one time. Project goes down, building goes up. Everything. If you're going to build on the existing site the first thing you're going to have to build is a parking garage and then you're going to have to relocate all of the people - all of the parking spaces that are out there now into the garage where you don't have a construction site. And additionally on the construction site you're going to have to have a site staging and you're going to deal with construction traffic. And has anybody here (inaudible) down the hill?

ELIZABETH CAMP: Yeah.

BOB MAURY: (Inaudible)? Imagine what it would be like driving up the hill in a bus when you have a tractor trailer coming down.

Be very - you're also - we would have to have to do a lot more phasing which means rather than doing them all at once you're doing it in pieces. Because you're doing it in pieces it takes longer. Because it takes longer, it costs more money. And that's - that's the reason why they're estimating 72 months to do it. Not saying it can't be done but it's going to take a while to get it done). And then the old caveat there is construction dates will be dependent on finding of construction fund. We already have \$75 billion dollars. That was secured in 2009 through the efforts of Congressman Yarmuth and Senator McConnell. That money is earmarked for site acquisition and to initiate the design of the hospital. And that money saves - nobody touches that money until we (inaudible) on the property. And then it's going to be used for those two things.

Once they get through the estimate design of the project, then we need a much more accurate estimate of what it's going to cost. We've got a little bit of heat from people who say, you know, well how much is this going to cost? I can't really tell you because we don't really know how it's going to be designed. If - if you build it laterally which means horizontally it's not going to cost as much to build vertically. So we can't really give you a good answer until we know that.

On the other hand while we know we're going get the money, we're not real clear - because you don't know - you know, you're working on a (inaudible) of VA. And if you have

another Hurricane Katrina that may push construction back a year or two while they're addressing more severe issues.

And the VA works just like our bank accounts do. We have a fund with that money and we have to put it where it could do the best good for everybody not just for us. Does that answer your question about 72 months?

MALE: Yeah.

BOB MAURY: Okay. And with that I just want to say - I'll say to you veterans thank you for your service and it's been kind of interesting going through these. Sometimes you get an (inaudible) this number one veteran. I've served my country since I was 17 years old. I see myself serving my country as I serve my veterans. All these people up here on the stand may either be veterans or not veterans, but they made their career serving us as veterans. Now, with that I'll shut up.

MALE: Well, if you could answer my question on who would establish a 15 mile radius?

BOB MAURY: We will get to the question. I'm just putting it off.

MALE: You're putting it off?

BOB MAURY: Only for a moment.

ELIZABETH CAMP: All right. Thank you, Mr. Maury. You kind of have an idea up to this point what is going on, you know, what the time line is after today. We wanted to give everyone a chance today to participate and provide from it. I'm going to go through a few handout rules. I guess the military (inaudible).

But just some guidelines so that we have some more instruction on how this evening will play out. First of all, this is intending to be here informally so for to be able to come up and ask questions, for you to provide feedback and ask questions of the panel so that they can respond. So feel free to move around. Next, I'd like to ask that people turn off their cell phones and pagers. I know sometime we forget that and I don't want them going off in an inopportune moment. So if you wouldn't mind checking on that.

When you came in you were provided a handout. That's a copy of the slides and there's also a handout where you may make any written comments about this evening. If you don't get a chance or you choose not to come up and provide some verbal feedback if you would want to write down any comments, we've got some boxes outside the door where you can drop those off or you can mail those in. We'd ask that if you choose to mail them in that you mail them before next Friday which is May 20. Okay. So if you choose to mail your comments out after this evening, please have them post marked by May 20th.

(Inaudible) so that we can try to gives as many people an opportunity to speak as possible is we can set a three minute limit on your chance to share whatever you're choosing to share this evening. We're going to have two lines here with each of the microphones. We ask that you patiently wait in line and have the opportunity to speak. As you speak, you'll notice on the far right hand side of the stage we have some

lights. (Inaudible)? All right. The green light means go. That means you have a full three minutes. We're going to give you a warning at two minutes letting you know you probably need to be wrapping things up. That's when you get the yellow light and then we'll have the red light. It means your three minutes are up and it means you kind of wrap things up so that we can make sure we get a chance for everyone who would like to speak - to speak out.

I hope I'm (inaudible) here to the microphones. So if there is anyone who has some trouble getting around they may not be able to get to a microphone, if you kind of wave your hand we've got a remote mike that we will bring out for you.

Okay. We want to make sure that it's inquisitive and everyone gets a chance if you have some trouble getting up to the mics. So I ask that you go ahead and you're your lines. I will also give some warning in about twenty minutes out from the end. I don't want us to have a real long line and not have enough time for everyone. So I'll try to keep track of time there too. So I invite you to go ahead and come up to the mics and then I'll recognize each person as we go and ask everyone to remain respectful. We want to be sure to hear from as many people as possible. Okay. So, well you were the first, so start with this one.

MALE:

Oh, thank you. And we appreciate you folks being here. The reality of the building a totally knew the hospital is financially impossible for the state because (inaudible). The veterans that I know who I've spoken to would like for us to

at least have a place in part at the existing site. Yes, a new hospital would be very nice especially if old (inaudible) but it's not practical. It's not financially practical. So until we can build us a new hospital we hope that it will be an existing site. Give us a parking garage so we don't have to walk so far to our appointments (inaudible).

ELIZABETH CAMP:

Thank you. Oh, sorry. (Inaudible).

MR. MAURY?

Yes. I Dan Dandridge and I work directly for the (inaudible). I a little VA fighter pilot network, came back questioned twice and I didn't want to take up these three minutes or whatever with the answer. We just in consideration the possibility that a decision could be made to replace the hospital somewhere else other than U of L. We also took the consideration that our affiliations are very important to us here. We are (inaudible). So one of the things we did was to look at across the country where we have (inaudible) and also the map right the ones on the back (inaudible). But we looked at general distances between us and a decision was made based on that 15 miles (inaudible) was a comfortable distance that if that was taken at the perimeter that would be workable if the decision were made to not (inaudible). So that's (inaudible).

MALE:

If I can have a few minutes. My mindset of that new hospital is a complex like a campus with all the buildings necessary to support the hospital's vision which is vital to us sitting here tonight. I have talked to hundreds of veterans at the hospital as Mr. Pfeffer would say. I'm very close to the

operation of the hospital. I have not heard one veteran say they want it downtown. My concept is to take the old hospital, make it a nursing home for veterans our age. The - you don't want to tear that thing down because it's a good facility. And Mr. Pfeffer and his staff have done a nice job up there representing the VA hospital. Now, I hope George and Jackie and Jeff will take back the true message to Secretary (inaudible) that we don't want it downtown. I don't. Now, I'm not speaking for everybody in here. We don't want it downtown and I think one of the green sites is the place to go to build a complex suitable to what we have to use. We're all veterans. We all have seen the old hospital. It'll be a beautiful nursing homes for guys reaching my age and older. Well, thank you very much. I appreciate it.

ELIZABETH CAMP:

Thanks.

JAKE SPARKS:

Well, my name is Jake Sparks. I'm a Marine veteran and I use the VA and I still work, so I am familiar with the desire I have downtown. And during the last selection we had a doctor from the VA come out to (inaudible) to talk to us, and he was pretty succinct in explaining why they went downtown. The guys and powers that be if you (inaudible). They went downtown so that they can enjoy their practices down there and use the facilities there. And if they have to they can go to the next building over and take care of veteran maybe or send their assistants, their, you know, practicing doctors there. But they don't want to be committed to actually going out serving the veterans. Right? And I - I

believe that's true. We want a facility that's all ours. We don't want to be running through the maze to hospitals downtown in streets finding parking and everything else. We want a facility like Joan said that's a campus where the doctors come there to help us not just punch a ticket and be there if they have to be. We want them to actually be committed to our veterans.

And I really think it's important that you treat the location of this like you would any other place where you have customers. You serve the customers first not the powers that be, the company directors or whatever. You say where the veterans live, where they're comfortable being at and that's where you put the facility. You should have a nice flat area - nice, flat and open where you can grow. If you put it downtown by U of L where you can grow on if we ever have to expand? Nowhere. And all the slides you just show us today is an example of what shouldn't be down there. It's going to take longer, it's going to cost more. It's absolutely ridiculous to even have that on the table anymore. So I have to ask to make sure that you - you listen to all these veterans at all these meetings because I have every single one.

And I want to point out another thing is when John Yarmuth first got into office he had a meeting over on Proval Road where all of the veterans organizations and they approached me and some other guys and said hey, you young veterans let's get a big group of you together that want to have the hospital downtown and you won't be offended or intimidated

by being down there. I told him hey, I don't think any of the young veterans want it down there either. It's not just the old guys. And you know what you never heard from him again. They want to present a panel of veterans young or old who didn't want it downtown. So that's part of the example of the powers that be trying to influence our - what should be our decision. Thank you.

FEMALE:

I just wanted to drop in for a moment and say thank you for your comments but that really is the purpose of this meeting tonight. The one that they had earlier this afternoon and I just wanted make it clear that we are taking your comments back to (inaudible). He is going to make a decision based on the facts and - and that's just really something that I just wanted to articulate to you tonight. So, you know, you're putting together our proposed (inaudible) for each option and taking the veterans (inaudible) serving and you know, I think some of the comments that you touched on (inaudible) the right way. So thank you.

CHRISTOPER SMIRK:

I am Christopher Smirk the Regional Commander in the military I was in Pearl Harbor. All my uses are actual uses of the veterans facilities. If I may cut through both the dialogue and question and answer tonight, I believe based on your earlier representation of the public meeting we're a little shall we say chasen to your comment of our voice is important because by a show of hands how many people would want to see the downtown construction? Two? Okay. And you see those hand? How many did you see?

MALE: We had somebody (inaudible).

CHRISTOPHER SMIRK: Three?

MALE: Yes.

CHRISTOPHER SMIRK: That's okay. How many people would not want a downtown construction?

MALE: Hands?

CHRISTOPHER SMIRK: If you have a possibility of being able to readjust the importance of your options right there, we keep seeing the downtown given some sort of precedence and priority even if the three sites that you're looking at, Options 1, 2 and 3, downtown site is give Option 2 and Robley Rex is Option 3. Things just on this this afternoon, if nothing else could you reorder your Options 1, 2 and 3 because we may be interesting in deciding Option 2 is anywhere but downtown and Option 3 if you're going to have an Option 3 would be downtown. And believe me we have been through meeting after meeting after meeting. We've been told that our comments are valued and yet we constantly see the downtown being thrown back in our face and to a man, almost a woman, most of the people if not the 97 percentile, every time you ask us we do not like and do not want to build downtown.

MALE: Yes. (Inaudible).

CHRISTOPHER SMIRK: We still don't (inaudible). If I find a way how much money will you save or not have to spend out of your bank book

right now if you use existing property that we already own at Zorn Avenue?

MALE:

Well, it would be money just let you know that the order of the options presented here have absolutely no correlation to wanting favor over another whatsoever. I am not aware of any single option that's been given any priority over another one. This is very (inaudible) process that's ongoing. We are currently through contractors looking at all the environmental impact associated with picking either of the options and as I mentioned before and I believe Mr. (inaudible) has outlined, there are a lot of considerations that the secretary will look at. He will have a presentation that's probably going to be a multi union type presentation. I doubt that he will simply look at the people presenting and say okay, thank you I made my decision. He's going to ask a lot of questions.

Those of you who know who the Secretary is, he is a veteran and I believe he is a disabled veteran, but he certainly does want you knowing him - knowing him personally I can tell you that's going to be a very educated and very conscientious decision with all the factors in mind - mind and most notably there will be the consensus of the veteran sentiment that he will consider and consider very dearly. That's probably not the only consideration, but it's certainly a very important one and that's why we have a meeting. And second part of the question as far as saving money, while we do not have their

cost estimates for this hospital it is generally that the current site at Zorn is not necessarily the cheapest option.

As a matter of fact, because of the simplicities of making that site work and the length of time associated with putting the instruction together it may in fact be one of the more expensive options irrespective of the fact that we own the land. We're talking about a facility that is likely to cost seven hundred million dollars. While land is obviously not cheap. But when you consider the percentage of the main value versus the overall cost of that medical center, it is going to be a relative small percent.

CHRISTOPHER SMIRK:

Those numbers obviously are informative as well as necessary. But you make your PowerPoint brief because if you go to Greenfield you're going to have pay for - for obviously real estate. If you go downtown you're going to have to buyout a lot of existing property owners and tear down buildings And, of course, obviously we understand that need at the 85 acres plus or minus that we have at Zorn Avenue. I hope your answers aren't counting against my three minutes because I'm looking at red right now. Because I appreciate your long answer. However, and I need to point out someone has to start putting a precedence and an ordinal condition to the fact that your hearing from here, multiple meetings again and again and again that the veterans don't want downtown. So sooner or later someone's going to have to say it's their least favorite option at least by the end user. Number two, if we have the possibility of actually working

and registering that. We would be happy to fill out whatever forms. But we are a group of people who have seen for gosh knows how many years study after study after study after study after study for bridges. And we anticipate that that same study after study can still go on as far as VA hospitals. Hopefully, it won't be quite as drawn out because all of us here will no longer be here if you take the same track and have 30 years of study for the VA hospital like the bridges that we don't have.

So if you're going to give us hard numbers as to the acquisition of property, we can look at the possibility of purchasing Greenfields versus those (inaudible) we can probably have more excited and interested in something like that. But please give us a break and stop with our - we value your interest, we value your input and then having to ask us the same thing again six, ten months later and all our answers haven't changed, but your options seem not to change too much either. I'll give you back the mic.

MALE:

We're going to provide you with the site cost estimate when we get them. As far as the relative cost of each option for construction, we won't have that till we do our design. But when we do have it we will also share that with you and I'm sorry, but I don't think that to the extent that I'm available I will stop saying that your opinions and your consensus is going to be very important. So I'm sorry about that, but it is, and very much a consideration for the secretary.

ELIZABETH CAMP:

Yes?

FEMALE:

Hi. I'm a Navy wife and I'm a minority because I'm going to get up here and talk. I don't want the hospital downtown. It cannot be downtown for the simple reasons - unfortunately I'm not getting younger. God knows (inaudible) I was. My husband is not getting younger either. At some point in time he's going to - he's as disabled veteran. He's going to have to have very, very expensive medical care. I am not going to be able to push him five miles wheelchair after by the grace of God I find a place to park downtown. You know, it's - it's ridiculous. Your - the hospital needs to be downtown for the doctors. You know, what that doctor makes a million a year. I don't. He can drive. He has a car. He can get dropped, but the wives and children that are going to have to care for disabled veterans our needs need to be looked at and need to be taken seriously because we're going to have to take care of them. And the other thing, the most - one of the most disturbing things to me about this is this meeting was kind of hush hush. It wasn't very well publicized until 48 hours ago. What are you all trying to hide?

MALE:

Yeah.

FEMALE:

You know? What are you trying to hide? It was not - it didn't start getting out there until about 48 hours ago. I mean it could have been something too.

MALE:

I regret that - you know, I regret that notification was received, but -- we sent forty thousand letters out about three weeks ago. We had two Sunday paper ads, the TV and radio stations have run the public service. I'm sorry if you didn't

get the word, but there was a lot (inaudible) than 48 hours ago. But I apologize it didn't come to you.

FEMALE: Well, --

MALE: I didn't hear it on the TV.

FEMALE: It wasn't on TV. And it just got in the newspaper - hang on.

MALE: It was in Sunday's.

FEMALE: It was in Sunday's paper. So it's a little longer - maybe 96 hours. But still. You know, you're trying to hide something - come on. We're all adults. But the VA- and the other thing there is 62 acres right off of Firm Valley Road - flat land, gorgeous land. It is less than a mile from Jefferson Mall. You may look at that --

MALE: Well, what we did is we, uh, publicized desirability of the land --

FEMALE: That was --

MALE: -- and people - and people came to us with land they had available. We had realtors when we had private people - we had 23 different people produce land. We didn't knocked on doors and say do you have land. So if that land was presented to us we actually did a survey of the number of people walk the terrain of all 23 properties. So every property that became available was a success, but, you know, we didn't go around the community looking for --

FEMALE: Why didn't you?

MALE: I don't think that would be very practical.

FEMALE:

If I can just jump in for a moment? You know the (inaudible) mentioned before with the area which we looked for land focused on veteran population as exist and how it was projected out in the future and (inaudible) need. When we combine the (inaudible) in the paper, we ran for I think at least --

MALE:

It was three weeks.

FEMALE:

Thank you. For three weeks in the real estate section. So all brokers (inaudible) that land and (inaudible) go. Anyone (inaudible) in real estate would know that. We also put it online so that those (inaudible) around you know that it's available. Everyone who submitted information that's (inaudible) and met all the requirements. And it came up to more than 25 available contiguous acres (inaudible) in that one unit area. Both sides were ranked by a site (inaudible) it was made up of different areas of the agency and we had (inaudible) objective criteria that was way before we got site information in so we evaluated all this against each other and rank them based on things that (inaudible) location, adaptability, availability of utilities, you know, traffic impasse, all of those, the environmental concern and all those type of thing and the one that rose to the top the (inaudible) Greenfield site we're looking at now are the ones that the secretary wanted us to explore, along with exploring is the existing medical center and what reconfiguration that would need as well as the possibility that you go downtown.

So we're in the process of real estate environmental due diligence and all the options and not one (inaudible) closing comments. That (inaudible) will go on it's (inaudible).

Okay. Sir?

WILLIAM BIVEL:

Okay. My name is William Bivel. I'm a retired Navy captain. I'm here today to represent the Military Officers Association of America the Louisville Chapter. One of the things you're heard is taking the option of downtown Louisville off the (inaudible) which we agree upon. That's our number one positions. Six months ago I (inaudible) of other M.O.A.A. chapter members from Tennessee and Kentucky and Fort Knox. One of the elements they brought up was what's happening to the VA Hospital in Louisville? We at Nashville, we - we have VA facility at Murfreesboro, Tennessee which is about an hour - an hour and a half from Nashville and now it's downtown Nashville. And they said why haven't you don't that in Louisville? And then we had the tell them. Well, excuse me, our VA centers only between five and 10 minutes from downtown Louisville. And they said what?

So when you talk the secretary, make sure you understand them because those people in other MOAA Chapters in Kentucky and Tennessee did not understand that. They thought the VA center was at least an hour away. And you have to understand we have a lot of people going to this VA center, which I'm sure you do in your analysis that are out of state or out of Louisville and they can come in here and if

they can do downtown, all right, good gracious. They're not going to come away with a positive attitude of what we've done or what you have done. So I understand there are other sites in consideration. I can't say at this time what would be the preferred site until we see your analysis. But if we do know or at least our position is that the downtown site is not the way to go and we would like as indicated here take it off the option. Thank you.

MALE:

First of all I'd like to thank the panel for coming out and listening to our comments. I know you're holding two meetings a day. I'm in two meetings tomorrow and I appreciate you coming out and giving us some details about this. I'm a World War - I mean a Vietnam era veteran and I have used the VA facility but I found and I hope I'm able to use the facility and I do note that the VA facility in Lexington was built from outside of them and into the medical complex and I come from a long family of military veterans and they say how much greater the facility is and they can pull up at the U.K. medical center and the other hospitals that are downtown. I plan on moving downtown for my retirement. Downtown is developing very rapidly and I think that we have to look at the veterans that are going to be using this facility for 50 or 60 years from now. And I think it's only logical to move it down into the medical complex (inaudible) so many services that the VA cannot provide and so many people are transported downtown

(inaudible) to get to these facilities so I think it's only logical to locate.

And appreciate all the veterans that have served our country for so many years. I thank every military veteran every time I see them or any one in - in service. And I think we have to look at 50, 60 years down the road because this facility that's being built will be used beyond most of our lifetime. And I think we have to look at them and where they can get the best service and I think it's going to be downtown. And I know that all these people that are use - use some place on Zorn Avenue they don't like to see it change, but most likely it won't be completed till a lot of them are gone. And I think we have to look it the future as to how we can best serve our veterans. Thank you very much.

MALE: Thank you. (Inaudible).

CHUCK ROGERS: Hopefully you can hear me. My name is Chuck Rogers and I'm service (inaudible) and I'm going to the VA medical center in Louisville for almost 30 years and I don't (inaudible) when I was 20 years old while I was in the military and, um, the VA medical center sort of have the - communicated extremely convenient from downtown. You know it's five or ten minutes from downtown and, you know, it's for the use of the veterans the staff members and I (inaudible) and while there's parking issues the present location (inaudible) to rectify that the parking garage is indicated it's in the plans, you know, I - I conducted (inaudible) survey of several veterans and current hospital

employees asking where would you like it to be? Would you like it downtown? Everybody wants it where it is. It's a good place to, um, and, you know, given the option.

You know, you could - if you wanted to build a new hospital you could build a new one up on the hill. Build a parking garage as well. Use the old facility as a nursing home. You can downsize if needed be, you know, and it would be convenient to have a hospital close to the nursing home if that was the option to take. You know the main people that are in favor of placing the VA medical center downtown appears to be doctors, medical students and those associated with the University of Louisville. And in my opinion, you know, placing it downtown would be a huge mistake. I feel we exacerbated many problems that currently exist with traffic, parking in the downtown and parking in the downtown Louisville and the best option we have is constructing a new medical center at the Zorn Avenue Campus. The campus has been convenient for many years and will continue to be convenient in the future.

FEMALE:

Thank you.

MALE:

Hi. My name is John (inaudible). I'm an Iraq veteran and I'm also the manager of Churchill Legion Post 29 and 21. The majority of my members that I've spoke with like the majority of the veterans here we are opposed to anything downtown. It is a nightmare traffic wise, parking, everything. They had every strike possibly you can make

against them except for the University of Louisville, which wasn't (inaudible) a big thing in our sports team.

FEMALE: Thank you.

JOHN: But one of the things that we feel that is if - it's not feasible to basically meet all of the OSHA requirements needed to bring the current VA Medical Center up to code, they would be to go for one of the (inaudible) of all those ones listed the one over on Brownsboro Road is looking the most promising because it had everything just (inaudible) ready to go (inaudible) almost. Also - and the one thing that's also we always wondered in our end of town is whether any consideration given to any parts of Western Jefferson County or south western Jefferson County. We're good enough to have chemical factories and stuff like that dumped in and economy projects dumped down there but what about something for, you know, the veterans and stuff like that.

FEMALE: Well, sir, when we advertise is we did look for the moderate (inaudible) hospital bound (inaudible) Jefferson County. We did look at a (inaudible) sites much more that (inaudible) were add in that channel area and I would say (inaudible) number of sites that we looked at had serious concerns that caused them not to rise to the top and (inaudible) and those concerns we included in the environmental examination right here (inaudible). Oh, and there were also (inaudible). So, you know, we did validate sites in that area but the characteristics of that side and the overall perspective of

them caused them not to rise to the (inaudible) of the Greenville site that we wanted.

MALE: And also one further question what do you need construction of the new VA. Would Greenbrier be used in any construction?

FEMALE: Yes.

MALE: Thank you.

FEMALE: Yes.

FEMALE: Thank you. Sir?

JOHN HOLSQUAL: I'm John Holsqual, a submarine veteran. I partied two months on a sub. Anyway, cut to the chase said that Yarmuth got the money for the hospital okay but (inaudible) before that and (inaudible) she claimed she got the money and then the Yarmuth beat (inaudible) and he claims he got the money and I question him on that. I said man, you better go back and check things out. And I said I'm here to tell you I was there right here and both of them said they got them money for it. It turned into a political cluster. That's how I see it. But anyway they have - they say that the ceilings aren't high enough. Well, for the x-ray you just go add on to the back of the x-ray station, make higher ceilings. The partying thing you can use the whole medium of Zorn Avenue for the construction trucks to come in and then when the building's finished you can put it back together again. That's a no - that's a no brainer.

But the parking garage could start in Zorn Avenue and stair step going up. That's another no brainer. You can get a thousand plus cars in a parking garage up there, and then you could build up through the hospital. I mean it's on solid rock. And that - the existing hospital was built to stay as a now retired - retired iron worker, I worked on a 40 story building and a 30 story building downtown and that was no bid deal as far as getting the big cranes and semi-trucks in for steel and everything. I mean it just went like clockwork. Of course the people had to go around. But as far as the bottling up of traffic on Zorn Avenue, no, forget it.

They can use that medium out there and then like I said replacing back to where it was. That's all. Okay. The downtown drawback for me, I know two nurses - two nurse friends of mine are packing pistols when they go to work and come back from work. It's a high crime rate. And smiling (inaudible) for life I've talked to him about it and nothing was done. But it's - it is a high crime rate. Just go down to university hospital any time of day or night you'll see them hanging out there. It's scary for me getting older I'm not going to get beat up anymore. You know what I'm saying? I don't have any right going downtown. I hate to say it but I do. But the parking its - I seen - I got one thing I feel I can't read all (inaudible).

I'm against it. I'm against having it anywhere except where it is now because you can build up like a high rise and I check with some airplane pilots from - that fly in and out of

Stamford Field. It's not on a fly away. So you could build a high rise there. Right across the road there they're building a multi-million dollar high rise condominiums. And so it - it wouldn't hinder the flight pattern I'm saying, but anyway I'm against going downtown and I want to thank the VA hospital for being there. They took me through a stroke, sewed me up a bunch of times and just I swear by it.

MALE: Yeah.

JOHN HOLSQUAL: I swear by it. Thank you.

MALE: Thank you. Yeah.

FEMALE: Thank you.

ROBERT MEL: My name is Robert Mel. I have a few questions. One thing if we put down downtown you gotta worry about factories with chemical spillage or buildings blowing up. You also have to worry about trying to get off of 65 and getting into Broadway down in that area. It gets all the way backed up for four more inches back to try to get off. Two like the gentleman said high crime. If you put it in one of the Green areas you got high crime and you got factories out there. If you stay where we are, leave the building that we have add on to it the stuff that you cannot put in that building then rooms or whatever the case may be and then where the low part is where the trucks come in for dropping off loads and stuff like that, put - put a garage right down there and bring it all the way up and that'll save a lot of money instead of - we - we don't have any crime up there. We don't have these guys

trying to rip the veterans off if we stay where we're at.

We've never had any crime on top of the hill. So why look for trouble if you don't need to? You know? That's all I gotta say.

FEMALE:

Thank you.

MALE:

My name (inaudible). I want to thank you, ladies and gentlemen for the opportunity to express our opinion on location of what might be the future veterans hospital. On behalf of the (inaudible) veterans World War II we are in total objection to having a hospital placed downtown for some very practical reason. Number one, where would our veteran recuperating sit down in the sunshine if they - if this is a concrete enclosed facility downtown? The (inaudible) one way streets so confusing to so many people who live here all their lives would be almost impossible to negotiate from strangers coming into the city. I have an occasion visited an emergency room in one of the hospitals downtown recently. Someone was critically injured. Trying to find the entrance of that place was almost impossible because of the restriction of space, you don't have these wide open entrances as we do in hospital in - in outlying areas. So, again, I think it would a shame and insane almost to put a facility of this nature for veterans who are aging - we will not be here to see the (inaudible) veterans, but for the younger people coming up, I beg of you don't restrict them to a facility downtown that's almost impossible to negotiate. Thank you.

FEMALE:

Thank you. Staton?

STATON HALE:

My name is Staton Hale. I'm a Vietnam veteran and as far as having trucks going up the hill, the tractor trailer trucks going up the hill, why can't you widen the road a little bit abtain tractors and trailers and widen the road going up that hill and they've done it. I've seen them do it and bus will come down with it. And as far as moving downtown we're not (inaudible). We're not (inaudible) workshop. You know, traffic going be - all kinds of traffic going be down there. There's going to be no parking and the older veterans, you know, it's going be bad on them because they're going to have harder time finding (inaudible) and getting to it and right now we can't find a (inaudible) place to park downtown. And I been down to the VA center down on 9th Street and you can't even find a parking spot down there to go to the VA center. So I - you know, I believe VA should leave the hospital upon Zorn Avenue and save a lot of money and build right up there instead of going downtown where it's all going to be a total mess.

And I believe that a lot of veterans want to stay up on Zorn Avenue and, you know, I fought the war for two years and I fought to get my pension and my disability and now I'm going to have to fight another war to keep a hospital up on the hill. You know, I mean, uh, is this going be a never ending story? You know and - but it just don't seem right. You know the veterans have enough problems as it is and you're making it worse. And as far as me if it goes to go

downtown I'll go to Fort Knox. You know it'll be farther for me to go but it'd be easier for me to get there because I live on the south end and (inaudible) and if I don't drive but I won't have the have to hustle and bustle of going downtown and find a parking spot. And, uh, you know, I believe the veterans are here to keep the hospital on the hill and they all should do the same. And, uh, that's all. Thank you.

FEMALE:

Thank you.

MIKE YALE:

My name is Mike Yale. I'm currently a volunteer at the hospital. We've had a lot of discussions down in the volunteer room about the location of this hospital and I - I would like to say that if you put it downtown I think you will be surprised at how many volunteers you will lose because we won't ride downtown to volunteer. I won't ride downtown to volunteer. A lot of other (inaudible) have made that same comment. It's just you're not going to go down and fight the traffic and park your vehicle in a high crime area in order to volunteer at the hospital. It's not going to happen. I wouldn't be surprised how many (inaudible) but I think we're going to lose 30 percent of all your current volunteers. It - it - it'll be significant.

The other location that I'd like to have you think very seriously about is Brownsboro Road. Any of us who have ever spent thirty minutes in line on the waters and expressway of that exit of Brownsboro Road trying to get off the waters and expressway to Brownsboro Road I think anybody that's ever done that will tell you that's not a very

good location either. You can literally spend thirty minutes sitting there stopping on the expressway. That's probably the worst exit in this entire city to get off of an expressway to get on to sixth street. I can tell you any of the other three locations I have no problem with though. The Robley Rex location is good, Fegan Bush good. Uh, Factory Lane would be okay. They're all convenient but please reject that downtown location and also very seriously think about rejecting that Brownsboro location. That's all I've got to say. Thank you.

MALE: Yes.

FEMALE: Thank you. (Inaudible)

BOB MAURY: I'm (Inaudible). In case you're not aware any of the sites that we discussed where parking as part of the site so, uh, whether it be on top of the hill or downtown or whether they'll build parking for the veterans at the site. So I just want to make sure everybody is aware of that.

MALE: And my million dollar (inaudible) veteran. I got (inaudible) we'll call it that. Where you though I like it downtown is going get first - first priority for x-rays, radiology, MRIs whatever because we are paid for by our services. Down there you got all the insurance. Companies that pay for the insurance with medical care. They think the other patient first think I think of 40 days for the veterans and the facility for their treatment, for whatever. Other people their insurance will pay them instead of double paying on them.

Because a lot of doctors they won't - they won't take the Tri-Care for (inaudible). They want to get a percentage of - and I'm a disabled veteran. My (inaudible). My Tri-Care for wife - that my wife soon after they won't take it for the same reasons why they took it. So that's the same reason why (inaudible). They're going to make - sent them (inaudible) bills. And the reason why downtown is bad I've got a (inaudible) for a post office. When the - when the heavy rains still came through last year and I still have to shut down with all the trees, we went to the (inaudible) complex which is wide enough for two semi compacts side by side come back to Dade Hospital. They work fast here. When trees that fell down shut the hill down. You know, coming from the housing area that was on top of the hill (inaudible). That's all I have to say.

JULIA SMITH:

Hello. Thank you again for taking. I'm Julie Smith and I'm a retired disabled veteran from the Air Force. I have not lived in Louisville a long time, so this is my retirement place. I'm not from here, so I understand what everybody is saying about downtown. You (inaudible) put a VA facility down on Main. It was difficult. From what I've seen tonight and went through these - I would be a big proponent of the Factory Lane. I'm kind of two sided. One I like going to Zorn. They've been very good to me and that is a good easy access. It's a good site. It seems safe. Um, but I have worked in some facility planning before and I know the problems that there are with revamping an older facility.

I do - would like to know though if - if it is built at a different site or one of the Green sites is there plans already if that happens to revamp that, um, which I thought was a great suggestion. I hadn't thought about the nursing homes for veterans. Or is there something in the works to reuse that facility if it - if it does happen that way? And then I have another question on the - if I get it right seventy-five million is what they set aside for this. I know it's going to cost way more than that. So what - what is the plans there - where's the rest of that funding going to come from? I mean you can put seventy-five million in just the equipment alone going into the facility.

So I just kind of - I didn't hear anybody say anything about okay then where does that funding come once you start the site -- and then how much input into those locations was given to the huge influx of this? I mean I - I know myself some of my disabilities have involved (inaudible). I worked through them. I stayed overseas. I did my deployments. I worked through them. There's a whole lot of men and women that are working through those overseas. They're still handling that day to day pain and anything else they have to go through. We they come home and when they retire, we're going to see huge influxes of people that need to go to that facility. How much expansion of other services would be put into that?

That kind of leads me back to everything I've heard tonight and what I've seen on here as proponent for the Factory Lane

only because it's easy access. Just for the limited time I've been driving around Louisville area, easy access, there's room for expansion. It's not in the - it seems like a safe area. I believe where I'm seeing that is by the Kroger facility and outline Ford Truck plant or something close to there. But I'm a proponent for that. I'm - I think that would be easier access for people to get in and off of the freeway and it's not far from 71 or from 65 that it could be reached easy for people. But I kind of wondered how - how much was taken into that Ford of the thousands of us in this area where Fort Knox expanding we're - we're going to have huge influx of people that will need services and possibly --

ELIZABETH CAMP:

Okay. You got quite a list of questions there. Let's have our panel answer them?

BOB MAURY:

Thank you. Thank you for those questions. The first question I think was regarding the current site of Zorn. Zorn is as you have not seen or heard is very much a viable option for the Secretary to select from for the new medical facility. So from that standpoint there is no plan to what will be done with Zorn since Zorn is very much in - in play. If for whatever reason the Secretary makes a determination that Zorn is not the site of the new VA medical center, there will be a separate decision making process that will go in to okay once we merge to a new facility what will happen with the existing one. We're just not there yet and we really should be there. The money - you're absolutely right. 75 million has been appropriated in 2009 and authorized by Congress. I

certainly have no comment about whether or not it was the former Congresswoman or the current Congressman who - who got the money. The point is that the VA does have it and it is to be used for the site acquisition assuming it's not at Zorn and the design contract for this new medical center, which is going to cost several hundred million regardless of where it is. The last part I believe you were asking about veteran input into the selection of the Greenfields site, veteran input to the Greenfield sites was very much considered by virtue of having Mr. Pfeffer's and a variety of other practitioners with the VA medical center system who serve you on the panel and those considerations were certainly among some of the considerations I'm sure they have heard and I'm going to go ahead and not ad lib. I don't want to ad lib. I don't know if you want to add to that.

WAYNE PFEFFER:

Yeah. We did take into account and came up with criteria to decide which property would be the most valuable and we did have a map of the veteran population now and the veteran population projected till 2025 and we looked at areas that seem to be the most logical for the flow of veterans and as was mentioned we had 23 vital sites to look at and some might have had a little more veteran population but they had significant problem over the land itself so we weaned it out to come up with what we would consider the top three was the three that were presented. So the veteran population flow was strongly specific

FEMALE:

Okay. (Inaudible).

ROY BESSER SMITH: My name is Roy Besser Smith. I'm a retired U.S. Army disabled veteran. I want to thank you for the service that the VA provides. My father was a, uh, wounded prisoner of World War II. My grandfather was a Vietnam veteran. Um, both of them when they could get into the facilities had to drive an hour and a half downtown Columbus, Ohio or my brother takes a van up into Michigan. Like I said an hour and a half. We are better spoiled where you're located right now for our convenience. Don't mess that up and make us one of those guys that have to go out of our way to go downtown in a prime area and go to what the gentleman said before. You know, I'm not packing but sometimes you wonder about it. I also have - my wife is a volunteer at the current facility has hundreds and hundreds of hours a year. She won't go downtown because (inaudible). Question I have is no matter where the facility is put, if it stays at Zorn or goes to one of the other areas, the only satellite little clinic offices we have out there now move back into that facility or they may stay where they are because that's (inaudible).

BOB MAURY: Yes, sir. When we did the original (inaudible) space for the new facility, we kept all of the primary care clinics outside of the hospital. So those are not included in the space plan for the new hospital.

ROY BESSER SMITH: If and when we decide to do - be at Zorn is the process I'm understanding it sounds like it's part remodel and part tear it down and start new at the Zorn Avenue site. Is there any which way you're leaning?

ELIZABETH CAMP: Uh, you know, as I think we've discussed before, if Zorn is the chosen site. Uh, you'll have to do construction in phases in order to keep healthcare operations running current to the construction process. And I believe there are two different options. Sorry. You all hear me okay?

MALE: Yeah.

FEMALE: I believe there are a few different options that are on the table. We're in very preliminary design because we don't (inaudible), and it depends on the option. It'll all depend on the Zorn building being torn down versus reconstructed (inaudible) that building. There would also be environmental or historic concerns that ought to go be addressed and worked through before we figure out how we're going to work through that particular service on the building. I don't have a specific reminder, but I (inaudible) things that we were working through right now.

MALE: Just to add to that, I think we're definitely looking a major reconfiguration and major revitalization of the existing facility that being done it would essentially be a brand new medical center, but, yes, it would take approximately six years to give a date and that's just part of the consideration. But we're not looking at, you know, cleaning it up and throwing (inaudible). This is going to be a state of the art facility that's clean. We're going to have all the latest and greatest in the facility regardless of where it is.

MALE: Okay. Thank you.

FEMALE:

Sir?

MALE:

Good afternoon. Thank you for being here. I'm a (inaudible) ex-Navy. I see this (inaudible) downtown especially but I (inaudible). So that will create a big problem for the vets going downtown. Where the center is located now is basically easy to get off - easy access to get into the facility and to get out. What seems to be our biggest problems there now is the part. The parking is completed and you can't construct a building that house the (inaudible) same things that we're doing now at that particular area. It would help all of us. As I get older I'm not going to be able to go downtown. Right now I don't like to go but in an emergency I will. And I will (inaudible) to stay up here (inaudible) and do whatever we need to do to that. Thank you.

FEMALE:

Okay.

BUD SANDERS:

Yes. My name is Bud Sanders, retired U.S. Army. I'm not going to take much of your time. Thank you all so very much for coming down here. God you got tough skin. I don't mean to (inaudible) on of you sitting up there. I've been in a similar position before. God bless you all. The only --

MALE:

(Inaudible).

MALE:

The only thing I'd like to say is two points. I'm not talking (inaudible) I'm going to say (inaudible). Number one the primary point of issue here is where can the best support be provided and I think most all would agree with that.

Personally and I think collocating and multiple, large medical (inaudible) conflicts coexisting within downtown will allow untold (inaudible) which I'm not going to deal with in detail. So, therefore, I do support a downtown location. The other part I will make is I have - I do not agree with the MOAA spoken here. I - I'm an MOA guy. He didn't speak for me. That's all right. I will tell you this. I've used downtown complexes as well as my wife and the VA since I've retired in this city since 1985. We have multiple chances to go downtown and use the Jewish Transplant Center, the hand (inaudible) and the Hand Center and numerous clinics. Also numerous doctors. I have absolutely no problem, zero navigating downtown roads. There is no congestion when I go downtown. If I know where I'm going I go ahead a day ahead of time and (inaudible) new locations and when I get ready to go the next day I know exactly where I'm going. Parking is a no-brainer. I can park downtown as easy as I can park (inaudible) any day of the week. Thank you all for your time and God bless you all. I've given you the (inaudible).

FEMALE:

Sir?

MALE:

Thank you. Thank you very much. I'm here representing my 87 year old veteran father, my younger brother, which is a veteran and myself which is a veteran. My - my dad uses the VA hospital here on Zorn Avenue frequently. In fact, he's got an appointment tomorrow and he will be in up there around 7:30 (inaudible). But we were discussing this option

Thursday at lunch and one of the things that I find with my dad and my mom they cannot navigate the streets of Louisville because they have to come all the way from Rinesville, Kentucky to get this - to get service up here. I have to chauffeur - I have - I live in Louisville. They live in (inaudible). My brother lives down in Brandon Gardens.

Contrary to what the gentleman just before me said what works for him doesn't work for my dad. He's not going to make a trip up here the day before to know where the hell he's going. Now that's the truth. Anytime that they're going up here to use the hospital my mother was up here to use Jewish not too long ago because she happened to cut her finger off, they called me to - to meet them so that I can chauffeur them to downtown. I've worked downtown for 30 years. I know what the traffic mess is downtown both in mornings and in afternoon. So any site the consensus of the three of us at lunch is no not downtown. Option - the other options are fine.

Just remember that these people are getting younger and like they said before, convenience for these people not to have to navigate but to just to get off an expressway and go right to where they're going. Thank you.

BILL LECHER:

Thank you for this opportunity. My name is Bill Lecher. I'm a Korean vet. I live in Indiana and I find one of my (inaudible) getting to Zorn is a piece of cake. I don't want to go downtown. I have to go downtown occasionally. I don't want to go downtown. However, if you look at the timing on

your schedule here, I think one of the Greenfield projects would be the thing to do and I prefer the Brownsboro Road one because it would be almost this convenient as Zorn where you go a couple more miles and you could be there. Entertain support, contained, but this is easy just get in and out veteran's hospital at Zorn.

ELIZABETH CAMP:

Thank you.

RONALD CARR:

I'm Ronald Carr and I'm a Vietnam veteran. Not a Vietnam. I beg your pardon. Korean Veteran. I have use of (inaudible) facility downtown. I mean the last time I was down there I was there for four hours and it cost me eight bucks to park. And this - we can't afford that kind of parking downtown. I prefer - it's my own opinion the Brownsboro Road site simply because you've got all the interstates that are feeding it and also the gentleman was talking about the exit there, well, they got the new exit at Westport Road they can - they can funnel traffic in off of Westport Road and the veterans hospital there also. It would make a much better site and there's plenty of parking spots, it's cheaper, you get it done faster and you'll have the whole thing done and before some of us (inaudible) are gone. Thank you all.

MALE:

I have to take - I just want to take a moment to confirm I don't think it's escaped anybody here that very few people want to be downtown. I - I just do want to confirm that veterans I'm not aware of veterans having to pay for parking at any VA medical center in the country and regardless of

where this hospital is built that will certainly continue to be a case.

ELIZABETH CAMP:

I also - I just want to jump in and say something that we - we said at the (inaudible). We're in the process of examining the impact that our medical center will have on any of the site options that these (inaudible) applies to and this does include traffic impacts, talking, all the things that we all hear about. Uh, so you know I want to make you all aware of that and it may seem that (inaudible) that there will be a public hearing just for that environmental process. There'll be another opportunity for you to provide input and hear some of the things that have been analyzed and accept all the site options. So (inaudible).

KENNETH RICHARDSON:

My name is Kenneth Richardson. I'm Vietnam veteran and I also want to thank each of you for coming to share your thoughts with us and for us to share ours with you. As you said it is (inaudible) is not where we want to be. I work downtown. If I didn't have my own parking place I wouldn't go. But I won't have one in the hospital and so that is a consideration. I'm glad that you addressed that for us. As far as these meetings, a lady had some questions over here about that and I did read this in the newspaper. I did hear about it on the radio and I also saw a report on TV about these meetings. But even before that I received a letter a little over a week ago or two weeks ago advising me of the meetings and that's why I decided to come because my cousin's name

was at the bottom of the letter. So I thought I'd press your luck.

But I just want to say that as far as the location other than downtown I have no problem with any of the other locations. I think any of those will suit most of our veterans and it seems that you have taken into consideration where our veterans will be living and that that is playing into the decision that will be made. And so I just would like to thank you for that because none of us know for sure where we're going to be 10 years from now. But it looks like the quickest way to get a new hospital is with one of the green areas that have been discussed. And my personal opinion is the quicker for you to get done the better we'll all be. Because the longer we wait the more expensive it gets and the more likely that it is it will be delayed even more. Thank you.

ELIZABETH CAMP:

Thank you.

MALE:

There's one question that has not been addressed very well. I think there was one or two people that mentioned what are we going to do if we move to another location the Louisville Hospital. And the indication was the hospital like a nursing home (inaudible). And (inaudible) one of the (inaudible) did not make the job and I asked him what his plans were on this subject if he were elected. And when he told me I said I believe that most veterans would agree with your plan and give it a solid vote and you would get a vote from them. And that's not this - well, I'm going to tell you now that's not been discussed here at all. His idea if the hospital was to be

relocated was to go ahead and relocate it as most of us said we didn't want downtown to the medical center, but with this provision. The patients that were inpatients from the VA would be the only ones using that new hospital facility and the present facility will continue to be used for outpatient clinics. And I thought about it for a while and I think that's sounds workable. So we just toss that to the panel for - they're taking that back also to Washington again. Thank you for - what you've done for us today.

MALE:

I'm (inaudible) and I actually live in Indiana. I make the drive from Jeffersonville to (inaudible) from where I work to the VA. This week I did it three times. I've had cancer, I did my treatment at the Brown. It takes me longer to leave my job and go to the Brown than it does take me to get to Veterans at Zorn. Even with traffic on the bridge I - once I get through the bridge at Kennedy I'm right at Zorn Brownsville Road is right up the road. I have no problem with that. But downtown is a problem. I missed four treatments for my radiation because of traffic. So that's why I say we don't do the downtown location. Traffic piles up. And anyone that's ever done it six and a half weeks straight can tell you downtown will - like all these people say - is a nightmare. And I went afternoons, mornings and evenings. Traffic downtown is just bad.

MALE:

I agree with people and I disagree with people. So my opinion is I would like to see it on (inaudible) Road. The other gentleman mentioned that the new Westport exit which

opened this year is on GPS now. Very easy to get to off and on. The other thing that really concerns me is the - the original administrative office is downtown. It's a horrible place to go. You have to find a parking place two or three blocks away, then you walk over there or if you finally figure out there's a tunnel going across the street and then to find what part of the building and say I've only been there a couple times and I've had to hunt each time. My question is is it going to be located with the new hospital? The regional office.

BOB MAURY:

That information was originally part of the (inaudible) recommendation. When the BVA has pulled out of that. Certainly (inaudible). So as of right now there is no plan to do that.

MALE:

I've had the - the opportunity to live in a few different places and I'm currently retired. I've been out for about 20 years. I just spent the last few years - my father is a retired vet from WWII and I spent a lot of time in VA hospitals in Kansas just trying to get care for him and, uh, one of the things that really came up and that's why I brought that up too there's no place - there's not in a nursing home any size for veterans and if we use the one on Zorn as a nursing home it wouldn't have to be just for this part of the country. You could bring people in from a lot of different places. That was - that - we - we went through a lot of money out of my pocket, my brother and the rest of our family take care of our dad who was a retired military officer. When we actually had to sell

off everything he had, spend the money down so that he could have a place to stay. And it still didn't work out good even the state office. So that's something I really would like to see you consider in Washington DC. Let's use these old hospitals and remodel and - and it'd be a nice place for veterans to spend their last few years.

So and the other thing is though I - I just - it's beyond me to understand why we can't put that office in the same hospital. Wichita, Kansas. There I - I work as a retired veteran like I said. I spent quite a bit of time in hospitals from Agent Orange. There the day I was diagnosed with prostate cancer the doctor said walk down here two doors, go down about 50 feet to the administrator's office and I have 100 percent disability within 15 minutes. Here normally if you - if you want to go down there and get anything done you have to go through the American Legion office or VFW. And you have an appointment with them. So that's time that I could - I could spend with my grand kids rather than waiting and time is more precious to me these days. So, anyway, Brownsboro Road, move the office up there and you'll make me a real happy camper. Thank you. Good luck and (inaudible).

ELIZABETH CAMP:

Sir?

BOB KELLER:

Yeah. My name's Bob Keller. I'm president of our local VA chapter. We started this process when Ann (inaudible) in Congress and this is the third or four time you get public hearing and I already told them the same thing. My chapter decided and voted several times. Keep Zorn. Keep it open.

Remodel it whatever you're going to do but do not go downtown. One (inaudible) reason that I hope they didn't mention the reason the VA was established in the first place was to serve the need of the veteran. If you ever go downtown and I'm totally afraid that the functions of the combined hospitals and the specialty clinics, all this divine will diminish the services to veterans because we will be second class citizens again.

The primary focus of all those medical centers downtown would stop being veterans and start cutting services for those specialty clinics. And I know the way that (inaudible) from the VA facility. They said that if they did that we could keep our own identity but with the cost of due to technology being what it is if we go downstairs - downtown Louisville and start sharing U of L we will be second class citizens. We are not here to benefit University of Louisville. We are not here to benefit the doctors. We're coming to the University of Louisville.

I've always told VA (inaudible) doctors from VA anyway having to (inaudible) sharing the whole nine yards (inaudible) are not anyway, but the (inaudible) facility not getting up on that okay. Fine. But the services of the VA is elected to veterans and only veterans and going downtown we lose. So the principle is not against the downtown location. Keep it on Zorn Avenue.

FEMALE:

One - one question I forgot to ask was if you build a new VA hospital at whatever location, what is the life span of that

hospital? With the technology that's coming up now what are you all - what provisions are you making for future technology?

MALE: General ballpark figure are hospitals are (inaudible) 50 years. Now, obviously, our current hospital goal isn't 50 years now. It's conceivable that the buildings can be retrofitted and maintained to some point beyond, but the idea is that design of the hospitals will last 50 years.

FEMALE: Ma'am?

FEMALE: Well, I'm - I'm primarily here to listen. I'm just representing the Women's Overseas Services and I'd just like to say is anybody recommending Brownsboro Road live in that area because it is a traffic disaster, most of the time at 22 and 42 and Morrison and now that the Westport Road is open it's - it's even quadrupled the traffic on Westport Road and there's even more traffic in that area and the only (inaudible) I could think of would be on the curve by the Dairy Queen and that's terrible there. So that's just - that's (inaudible).

FEMALE: (Inaudible).

MALE: I've got a repeat. I don't know if y'all looked into the old Marine hospital down Portland. It's beautiful down there for the retired veterans or old folks home, whatever you want to call it. Now, I was a PTSD up in Porttown (inaudible). They had fire drills. Okay. You had the, uh, alcohol and drugs folks on the first floor. You had the PTSD down on the 2nd floor and you had the bed ridden veterans on the third floor.

Okay. When the fire drills would happen I stuck my nose into it I says what about the old dudes that's bedridden? What do you do with them? Shove them out the window or what? There was no way that these folks could have gotten out of the hospital if there was a fire. And I - that's something to look at but they told me I'm out of my league or shut my mouth or whatever. That's the (inaudible) told me to keep your mouth shut. Well, damn. But Anyway I think it's something that needs to be looked at where we're going to put the bedridden guys. Not on the third floor. There's no way to get out. Unless you get chutes. I think they (inaudible).

MALE: Torpedo chutes up there.

FEMALE: Yeah.

MALE: Well, the (inaudible) Westport Road agent. You should have laid it on (inaudible) Avenue before they did the Westport Road exit. If you ever lived over there you know what I'm talking about. They extended long - they came off (inaudible) Road and then the fire industry (inaudible) and it's a big help for the people that live over there now, sir. But seriously I don't want to put the lady down. But I would assume that if somebody I guess UPS (inaudible) if somebody could go (inaudible) UPS surely fro the veterans hospital we could manage to get a couple more acres off (inaudible) and then that would help (inaudible) Brownsboro Road.

MALE: As (inaudible) mentioned earlier the ongoing sites right now (inaudible) National Environment Policy Act or NEPA considering all of these things - the access the traffic impact, the existence or the lack of existence of roads and clearly any assistance regarding any of the sites will take into consideration what access there is and what access we may need and obviously if need be we'll partner up with (inaudible) to try to get better access assuming that there's limited access to the ultimate option that's selected.

FEMALE: And add in addition to that that the number we cite in hospital that would have a significant impact on this (inaudible) recognize that. As far as the traffic flow we all can contribute to expanding (inaudible) or (inaudible) working with (inaudible) on that type of thing, but you make that (inaudible). So, you know, maybe you're looking at the site right now and saying (inaudible). But how we configure it once it's developed. But there are costs associated with that (inaudible).

MALE: Just one question and that is, uh, the address you said comments, you all would take comments (inaudible) to (inaudible) so if you can give us the address that would be great.

ELIZABETH CAMP: The question is could we provide the address. If those of you who can get home you want to mail in comments would be back by May 20th. And the address will be the VA Medical Center.

WAYNE PFEFFER: Or it's the address of the hospital. I gave her (inaudible) Zorn Avenue 40206. Now, what you want to do is you want to put attention 00FP for facility planner.

MALE: And thank you all very much for the due diligence that you do and for the opportunity that we've had to come and give our (inaudible) that the secretary is listening to veterans. It's (inaudible) that the politicians were going to shut the downtown hospital down and (inaudible) I'm encouraged that that's not going to happen and what is really going to happen is what the veterans need - truly need. Whether it be green space or whether it be revitalization the VA Center with the new VA hospital and I thank you all for (inaudible).

FEMALE: Oh. Sorry. You have a comment?

MALE: Yeah. I just got one comment. (Inaudible) is building a brand new hospital and new (inaudible) building a brand new hospital at Fort Knox. Also nursing home next to the cemetery is being built next to the cemetery is being built, the national cemetery out there.

BOB MAURY: That's right. Cemeteries - okay. Cemetery is being built on behalf of the Kentucky Department of Veterans of Affairs.

FEMALE: All right. Hearing no further comments, I'm about to turn the floor over to Mr. Dandridge.

MR. DANDRIDGE: Thank you. Well, I introduced myself earlier, but let me just say that I truly, first of all appreciate the service of this country. I appreciate the time you've taken to come here this evening to share your thoughts and your concerns with us as

it relates to the - the various options that are being considered. I assure you that you will not dismiss (inaudible) the things you brought (inaudible) here today. Our responsibility is to make certain that the secretary fully understands each of the options, fully understands that the pros and cons associated with the options and fully understand what veterans centers are with respect to each of the options. And then to exercise his responsibility which is an awesome responsibility to make a decision and then when that decision has to be made in the context of VA and VA (inaudible) overall addressing challenges such as replacement of the New Orleans hospital and the (inaudible) to ensure the veterans across the country their needs are being met. And, again, concern feelings (inaudible) give a serious consideration. I am part of that (inaudible) process.

So being here helps me to be (inaudible). Some of you commented that well you've done this several times previously. Yes, you have. I also referenced that we've had secretarial changes and (inaudible) administration won't have the benefit of having questions asked and answered when they're watching so that they can appreciate what (inaudible). So that's why (inaudible) me too. And I'm not surprised although I heard. I mean consistently what we've heard is no way downtown. It doesn't take a rocket scientist to appreciate that sentiment. I mean there have been a few who've said being here (inaudible) medical (inaudible) makes

sense. You know that's (inaudible). (Inaudible). I mean no one can deny no way downtown is the feeling you express.

Next step? You know were going to think of some additional form to get input. You have a lot of people come out tonight. We're going to try to get even more veterans.

So we're thinking about either supplementing this with telephone survey or maybe even a meal out so that when we go back tot the secretary we can say we heard from, you know, 2,000 veterans and this is how their sentiments we're saying. And then we'll be proceeding along the timeline that we - we indicated to you and hopefully we'll have an obstacle that you will see and certainly the veterans that all of us will see and be able to use in the interviews in the future. Thank you for coming. And thank you for the (inaudible).

(Inaudible) here and taking time to hopefully inform you (inaudible) answer your questions as well. Thank you.

FEMALE:

Okay. We're going to take (inaudible) out tonight. Thank the panel for participating. We very much appreciate your time and your interest and helping shape the VA medical center of the future. Again, if you have any written comments there's boxes outside the door or you're welcome to drop them in the mail and mail them to the VA medical center again at - to the attention of 00FD --

MALE:

FP.

FEMALE:

Oh. 00FP. Facility Planner. Okay. If you would drop those in the mail we appreciate you sharing them back with us and

thank you for service with our country and thank you for the family to come out and support them this evening.