

VA REGIONAL OFFICE, LOS ANGELES

Mr. Chairman and members of the Commission, thank you for the opportunity to testify today on the CARES Program as it relates to the Los Angeles VA Regional Office. We fully support the goals of the CARES Program.

We have worked closely with our counterparts in VHA to co-locate the VA Regional Office onto the grounds currently being occupied by the Greater Los Angeles, Healthcare System. We believe that such a move will support our strategic goal to improve the productivity, accuracy, and timeliness of benefits delivery. Moreover, both VBA and VHA will benefit VA as a whole.

The West Los Angeles co-location will improve service to veterans by providing “one stop shopping” for all veterans’ benefits and medical needs, and will continue to provide free parking and fully accessible facilities.

Operational efficiency will be improved by providing a state-of-the art facility with the latest in information technology, enhanced communication between claims examiners and physicians, and redesigned division work areas to increase and enhance workflow, accuracy and timeliness.

Net cost will be reduced by eliminating the payment of annual GSA rent. In addition, we will investigate opportunities to integrate various operational functions, which will potentially reduce cost still further.

This project will maximize the use of VA assets by using existing vacant space at the West Los Angeles Campus. At the same time, the new building will be designed to incorporate our world-class veterans museum.

Employee working conditions will be improved by providing a new and improved working environment with the latest information technology. Access to existing training and support facilities will further enhance employees’ productivity. The new facility will incorporate improvements to the overall work environment for visitors and employees with improved lighting, noise abatement, temperature control, health and safety features, and accessible accommodations for handicapped veterans.

Mr. Chairman, this concludes my prepared statement. I will be please to respond to any questions you or the members of the Commission may have.

**STATEMENT OF
COLONEL JOSEPH N. SMITH, USMC (RETIRED)
DIRECTOR, LOS ANGELES COUNTY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**

**BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES COMMISSION
SEPTEMBER 29, 2003**

Mr. Chairman and members of the commission:

Thank you for providing me the opportunity to express my views on the Department of Veterans Affairs' (VA's) initiative for Capital Asset Realignment for Enhanced Services (CARES). As a combat veteran and stakeholder advocate, I am honored to participate in today's proceedings.

The Draft National Plan is conceptually sound and promising, however, it does not go into sufficient detail to provide a comprehensive picture of how it would or could be implemented. When considering veteran's healthcare needs and services, and the resources needed to provide adequate, accessible and quality medical care, it is essential to have the pertinent data and planning assumptions. Of concern is the VISN-22 evaluation of the future demand for long-term care, mental health and domiciliary care. Given the large number of aging, low income veterans in the County, the return of combat veterans from Iraq and Afghanistan, many of whom are reservists and National Guardsmen, and the significant number of VA eligible incarcerated veterans, I believe the VISN's proposals for long-term care, mental health and domiciliary care are insufficient to meet the need.

While the CARES planning guidance noted that “the requirement for in-depth communications with vitally interested publics at “...all levels...” was integral to the process”, information to local stakeholders was inadequate. Prior to September 16th, local stakeholders were asked to evaluate a chart of projects with no comprehensive master plan. On the 16th, the VA announced the demolition of 17 buildings on the West Los Angeles and Long Beach campuses, but could not provide a list of the pertinent building numbers. A general verbal description of their location was given along with the promise to provide a map identifying buildings to be demolished and proposed new buildings. An incomplete map was received September 24th. VA response to stakeholder questions regarding compliance with the Cranston Act, historic preservation, and alternate uses of the buildings identified for demolition was vague at best. In short, the mandated “in depth communications” did not occur. Stakeholders stand ready to work as true partners with the VA and simply ask that they be treated as full partners. We are aware of many of the VA’s challenges and the fiscal constraints involved in fulfilling the mission, but we can’t provide meaningful advice without complete, accurate, and timely information and candid dialogue.

Since we are all interested in ensuring that our veterans have adequate, accessible, high quality medical care, our work is clearly unfinished. Consequently, I suggest that we continue to work as partners to achieve enhanced healthcare and cost savings.

In our work we should take a second look at the location of the medical facilities and contract service providers. Accessibility is a significant requirement and local traffic congestion and the availability of public transportation should be examined along with the

mileage involved. Community Based Outpatient Clinics are a great success, but there is a need for more of them. Too many of the County's eligible veterans are still not enrolled in the VA Healthcare System. Further, the VA is inconsistent in its demographic projections of workload over the period... for example; the VA projects a decline in workload, yet FY 2022 will represent a net increase in workload from FY 2001.¹

Considering the demolition of buildings on the West Los Angeles Campus, are there viable alternative uses for any of them? Could they help meet the conspicuous needs of our growing geriatric population or our homeless veterans? Could public-private partnerships be expanded to provide service from those sites? The success of the New Directions and the Salvation Army programs on that campus would seem to validate the alternative use of some of the structures.

I fully support the co-location of Veterans Benefit Administration and National Cemetery Administration facilities on a single Veterans Health Administration site. Clearly this helps provide cost efficiencies and resolve space utilization problems. In this regard, the mere identification of a proposed National Cemetery Annex on the West Los Angeles Campus is inadequate. The location of the annex needs to be examined not only in terms of construction requirements, but also its compatibility with other campus activities, and the wishes of veterans and neighborhood homeowners.

¹ CARES PLAN, CHAPTER 5, PAGE 3

I strongly support partnering with the Defense Department, to achieve cost savings, and prepare for contingencies involving terrorists or natural disasters. However, veterans' use of Department of Defense medical facilities poses the conspicuous problem of access. While identification of VA patients can be provided for access to DOD installations, will aged veterans be able to cope with the delay in service since active duty personnel will normally have priority?

More examination is also needed of the actual VA support of the Defense Department in the Federal Response to Domestic Incidents. The major issues are the VA's ability to concurrently handle the large inpatient requirements of a disaster while attempting to cover the loss of medical personnel who are members of the Military Reserve or National Guard. Many of these medical professionals may well have been called to active duty by their respective Service Secretary. Can the reduced or reorganized VA staff handle its current patients and the surge of disaster or war casualties? Will local replacement practitioners be prepared to handle the significant number of trauma cases associated with terrorist or natural disasters?

The CARES PLAN is of vital importance to our veterans and the nation. It deserves the comprehensive attention, which was intended and mandated. Your stakeholders want to help in completing the task. Let's do it right, while we have time, and if more time is needed, let's take it. Millions of veterans and service-members must live with the implementation of CARES and they deserve the best.

CARES COMMISSION HEARING
LONG BEACH, CALIFORNIA
SEPTEMBER 29, 2003

Statement by William C. Manes, Chairman
Orange County Veterans Advisory Council

The Orange County Veterans Advisory Council has been following the progress of the CARES Commission with great interest and, particularly, as the Commission's recommendations might impact on the Medical Center in Long Beach.

Orange County veterans, in general, are located somewhere between the Long Beach facility and the Medical Center in San Diego, but Long Beach is much closer to us, two clinics operated by Long Beach are located in Orange County, and so the vast majority of our residents would want to receive medical services from Long Beach.

Community Based Outpatient Clinics:

One of the concerns of our community is certainly the availability of the clinics. One is now located in Santa Ana, and another in Anaheim. We would certainly like to see one more in the South County area. Some time ago, we were advised that this third clinic was being planned, but it seems to have dropped out somewhere along the line.

Transportation Services:

One of the reasons that the third clinic is needed is to reduce the travel distance for the veteran to have access to medical services. Even with the clinics, there is still the need for many persons to travel to the major medical center and this involves great difficulties for many of our older veterans and those with disabilities. It is highly desirable that some means be developed to provide a system for transportation for those most in need. A suggestion would be to develop such a transportation system between the clinics and the Medical Center in Long Beach.

Reducing Overlapping Services:

One of the stated planning initiatives for the Network is to "Reduce overlapping services." I have not seen any details concerning this objective, but I have concerns that this could mean that there would be reductions in the types of medical services available at the major medical centers. If certain types of services are to be provided at a limited number of locations, then this would certainly increase the travel problems of the veterans – and their families. It is requested that the details of this objective be provided to the community and, if possible, an estimate be given of the numbers of current patients who would have to travel to other major medical centers for such care.

Care of Older Veterans:

Those of us who have daily contact with our veteran organizations become acutely aware of the aging of the veterans who served in World War II, Korea, and even Vietnam. Planning for the future needs of our veterans, such as this Commission is doing, must certainly include the provision of adequate geriatric specialty services, and nursing care, for our aging veterans.

Submitted:

William C. Manes
25665 Fishermans Drive
Santa Ana Point, CA 92629
E-mail: wmanes@cox.net

Telephone: (949) 248-7696
Fax: (949) 248-8623



NEW DIRECTIONS, INC.

11303 Wilshire Blvd., VA Bldg. 116
Los Angeles, California 90073-1003
Administration (310) 914-4045
Program (310) 914-5966
Fax (310) 914-5495

September 29, 2003

Richard Larson, Executive Director
CARES Commission (OOCARES)
810 Vermont Ave. NW
Washington, DC 20480

NEW DIRECTIONS SENIOR VILLAGE West Los Angeles Veterans Administration

The Veterans Administration is experiencing the graying of the veteran population. The VA reports that more than 38% of the veteran population is 65 or older. The need for affordable housing and health care has created a challenge for the Veterans Administration. In FY 1998, VA spent about \$2.5 billion (14% of the VA health care budget) on geriatric care.

According to the VA;

- Number of veterans age 65 or older is expected to peak at 9.3 million in year 2000, and again in 2015 with aging of Vietnam era veterans.*
- The number of veterans 85 and older will continue to rise until 2020.*
- More than 38% of the total veteran population is 65 or older compared to 13% of the US general population.*

According to a senior analyst at Merrill Lynch, "the number and proportion of older people in the U.S. population have grown and will continue to grow at a rapid pace. Aging in the 21st century will be characterized by a steep rise in the population age 85 and older and increased racial and ethnic diversity.

The 2000 US Census reported that an estimated 1,674,599 women, children and men were poor in Los Angeles County. The County poverty rate for people age 65 and older was 10.5% or an estimated 93,555 seniors. According to the National Association of Realtors, home prices are projected to rise over 6% in 2003 with the average cost of housing at \$167,800. The median home price in Los Angeles is \$307,900 that is up 16.2% from just a year ago.

I. Overview

New Directions, Inc. (NDI) is proposing the development of a 3 building, 300-unit "model" senior housing complex. The complex is dedicated to providing affordable housing for senior veterans on the Veterans Affairs Campus located in West Los Angeles.

NDI is a non-profit organization whose principal mission are the rehabilitation, re-education and housing of homeless veterans. The organization views the Senior Village as a natural extension of efforts to assist the veterans' community at large. When completed, the project will consist of two hundred (200) one bedroom units and one hundred (100) two bedroom units in three (3) buildings, generally 3-stories in height. The buildings will be located adjacent to the existing New Directions Regional Opportunity Center (building #116), a 3-story 60,000 square foot building, completed by NDI in May 1997 and behind building 257 where New Directions operates a 43 bed facility for veterans with co-occurring disorders.

II. Description of the Project

Veterans' Village (300 units) will be a three hundred-unit complex that will require approximately 180,000 net usable square feet on the grounds of the West Los Angeles Healthcare Center.

Design and construction will be funded and managed by New Directions and will meet all applicable VA Standards and Design criteria. The Department of Veterans Affairs will have full administrative and approval authority on all design and construction matters.

The location of this three building complex lends itself to senior housing because of its proximity to San Vicente Blvd. There is bus service, banks, grocery shopping and coffee and flower shops. In addition, restaurants, the cleaners and shoe repair shops are all within walking distance.

Seniors live happier, healthier lives when they are able to connect to a larger community. They feel safe when they interact with others, have meals together and support each other. That will be the premise to the development of the building, program and design of the complex.

III. Ground Lease/Project Funding

The Enhanced-Use Lease Agreement will be between the Department of Veterans Affairs (DVA) and New Directions, Inc. (NDI) for a term of 75-years. The VA would receive a land use fee, appropriate for the term of this agreement, to be negotiated. Under the terms of an Enhanced-Use Lease, New Directions would lease approximately 5 acres. Upon completion of construction New Directions would manage and maintain the buildings.

- Construction of improvements will be funded by a combination of construction loans, grants, and tax-exempt financing.
- Upon completion of construction of the new buildings New Directions will commence marketing and rental operations at the property.
- New Directions will be responsible for repaying the borrowed funds and providing services for the length of the agreements and the lease.

IV. Project Objectives/Benefits

The need for affordable housing in Los Angeles County is at a crisis level. The need for safe, clean, and well-run affordable housing where senior veterans can live with dignity is non-existent; and the veteran population grows older daily.

The complex is dedicated to serve active and independent senior veterans who are low to very low income. Since less than 10% of the patients at WLA have spouses, most of the units will be for single veterans. The individual apartments will be one and two bedroom apartments with several design possibilities and will range in size. All buildings will be handicap accessible and units will have kitchens and handicap accessible bathrooms.

The complex will operate as a village and those who can assist others either physically or by providing services will share their strength. Those seniors who want to work in food service, recreation or as gardeners will be given priority for employment.

VA doctors will work closely with ND staff to make sure prescribed medications are followed, appointments are kept and questions are answered. By providing an alternative to institutional care, including comprehensive services, and secure housing, the veteran will be less dependent on the VA system, thereby reducing extraordinary hospital and medical treatment costs.

V. Veterans and Local Community Issues

Given the history and complexity of stakeholders in the area, great care will be given to proper notification and involvement in the process. The proposed facility will provide direct benefits to our veterans and will not create an adverse environmental impact; therefore, we do not foresee any major issue between veterans and the local community.

VI. Summary

The development of the New Directions Senior Village will provide 300 units of affordable housing in an urban market in dire need of affordable housing and will serve a targeted group, put to good use vacant land

which is otherwise sitting idle, and provide the VA with a public relations vehicle.

There are several issues that make this project timely and a benefit to veterans as well as the Veterans Administration.

1. There is an affordable housing crisis in Los Angeles and funding is available both locally and at the State to create housing opportunities for special needs populations.
2. The Veterans Administration is mandated by Congress to provide alternatives to institutional care as well as extended care programs such as community based care.
3. The State Veterans Home will address the needs of veterans who need dependent care, but not those who are outpatients and are able to live independently. So many of our senior veterans are ill housed or homeless and lack transportation to care.
4. New Directions is experienced, able to create financial support to make this project a reality and to manage the complex in collaboration with the VA and the State Home.
5. The Senior Village project will create a vibrant model community that will be the first of its kind in the United States.
6. The project will ultimately translate into improved patient care. This will also result in the VA as being recognized as the number one "center of excellence and innovation" in the care of aging veterans.

VI. Exhibits

- a. Location Map
- b. Site Plan/Building Layout
- c. Unit Floor Plan

Toni Reinis
Executive Director

September 19, 2003

Honorable Everett Alvarez, Jr., Chairman
Honorable CARES Commissioners
c/o Mr. Richard E. Larson
Executive Director, CARES Commission
(00CARES)
810 Vermont Ave., N.W.
Washington, DC 20420

Submitted via facsimile, U.S. and electronic mail

RE: Network VISN 22, VA Desert Pacific Healthcare Network Market Plans

Dear Chairman Alvarez and Commissioners:

Thank you for the opportunity to address your Commission on September 29, 2003 at the VA Long Beach Healthcare System. As requested, I am submitting this document 10 days in advance. However, the short notification time (three days) and the complexity of the draft national CARES plan and process leave me unable to include all pertinent information and references at this time. Therefore I will be submitting additional comments for the record at the hearing.

At the outset, I would like to emphasize my sincere support for the CARES program's goal to modernize and improve healthcare delivery to all American veterans. My husband is a Vietnam veteran. My father, who served with the Flying Tigers under General Chenault, was a prisoner of war and died at age 53, severely haunted by his war experiences. There is no question in my mind that our veterans and their families deserve the highest level of healthcare.

The specific issues which concern me relate to the CARES public process, outreach and the Network 22 "Excess Land" initiative and include the following:

- Inadequate and questionable CARES "public/stakeholder" process and outreach relating to the Network VISN 22 and the West Los Angeles VA.
- Severely flawed VISN 22 Market Plan process and proposal to establish a Network Land Use Planning Charter /Committee ("LUPC").
- Ongoing lack of an inclusive, transparent, public, professional and credible comprehensive land use master plan for the most valuable 388 acres of VA property in the entire United States.
- Perpetuation of a long history of avoiding notice and comment on issues of public concern, misrepresentation of public process, inadequate disclosure of underlying data and conclusory determinations that shut out community stakeholders and elected officials from the decision-making process

1. Inadequate and questionable CARES “public / stakeholder” process and outreach as implemented by Network VISN 22 and the West Los Angeles VA.

There have been no comprehensive VA WLA-initiated outreach meetings open to all interested stakeholders in the multiple WLA stakeholder communities which include Brentwood, Westwood, Bel Air, West Los Angeles, Pacific Palisades and Santa Monica. Generally, the WLA VA has held meetings in small venues (typically Room 6400 at the Wadsworth Building which accommodates approximately 40 people). Frequently, the same select veterans and the same few community people are invited to attend while the general public and other stakeholders are excluded. No broader outreach is attempted; access to information is unpredictable and subject to the inconsistent discretion of the local VA representatives.

In my personal experience, notice of the meetings, if given at all, generally arrives late, with incomplete information, or even arrives after the meeting. For example:

a) The community and elected officials did not receive the Network CARES Commission Hearing flyer for the September 29th hearing (see exhibit 1) until a request was made through Congressman Waxman’s office. VAMC staff claimed the flyers were sent out, yet interested West Los Angeles stakeholders did not receive it. (see exhibit 2).

b) On September 16th the VAGLA Acting Director held a meeting that was open to “those individuals that I recommended be invited to address the commission” (quoting the Acting Director’s 9/5/03 e-mail; see exhibit 3). Yet, a letter from the Acting Director dated September 2, 2003, addressed “Dear Stakeholders”, states “You are also invited to attend a briefing on the CARES plan at the VA Greater Los Angeles Healthcare System, West Los Angeles Healthcare Center on September 16, 2003, from 1:00 pm – 2:00 pm.” (see exhibit 4).

“Dear Stakeholders” implies outreach to the wider public, including veterans and community members, yet such stakeholders were excluded from the September 16th meeting. The general public needs the same access to information as the special invitees, in order to “make sure [they]... have all the information [they]... need to ...address the commission” (see exhibit 3). Similar accessibility is needed for stakeholders to respond knowledgeably during the public comments period. Congressman Waxman’s staff requested that the Sept 16th meeting be opened to all interested parties (see exhibit 5). The response included the statement, “It is not open to the general public since the commission hearings are” (see exhibit 5). The information provided at the September 16th meeting is not a part of the record, was highly relevant to those interested in the CARES process, and should have been made available to those that wish to make comments.

c) An additional example of the two tiers of access to WLA CARES information can be found in a March 24, 2003, letter from the Director, Public and Congressional Affairs. Sent to “Dear Community Participant:” it stated, “In a continuing effort to keep you informed on changes regarding Land Use Planning I have enclosed the VA Desert Pacific Healthcare Network’s proposed ‘Land Use Planning Committee,’ charge. If you are a member of the One VA Committee, Mr. Dorman will discuss the Land Use Plan and field any questions at the regular scheduled April 9th meeting. If you are not on this committee and have questions, please contact Beverly Fitzgerald, Director of Public Affairs at (310) 268-340,” (see exhibit 6). The time and location of the meeting were omitted.

Eventually, as a result of the request of Lisa Pinto of Congressman Waxman’s office, and with short notice, the April 9, 2003 meeting was opened to the general public. At least six community

organizations and four elected officials sent representatives, including Brentwood Community Council, Brentwood Homeowners Association, Brentwood Glen Homeowners Association, Bel Air/Beverly Crest Neighborhood Council, Mountain Gate Association, Bel Air Homeowners Association, Veterans Park Conservancy, New Directions, Congressman Waxman, County Supervisor Zev Yaroslavsky, City Councilman Jack Weiss and City Councilwoman Miscikowski.

The April 9, 2003, meeting turned out to be the only meeting at which the general public could learn about the proposed Network 22 Market Plan, Land Use Planning Committee, before it was to be submitted to the VA, Washington DC. There were numerous representatives who strongly objected to the Network Land Use Planning Committee of six healthcare administrators as the vehicle to deal with “excess land” at the WLA VA. Many stressed that the proper process to address the “excess land” is to initiate a new 25-year land use master plan that was mandated by Congress and promised by the Secretary of Veterans Affairs. At this meeting, the public was told it was too late for the WLA VA or Network 22 to incorporate public input for the Network 22 CARES Plan including the Network 22 Land Use Planning Committee which continues to exclude veterans, elected officials and community stakeholders.

2. Severely flawed VISN 22 Market Plan process and proposal to establish a Network Land Use Planning Charter /Committee (“LUPC”)

As demonstrated above, the Network 22 effort to obtain stakeholders’ input and address their continuing land use planning concerns and the “excess land” issues fails to satisfy commonly accepted standards applicable to notice and comment. The WLA VA is well aware of stakeholders’ long-standing concern that the land use impacts of WLA projects be planned for rather than result from piece-meal or special interest development that fails to take into account stakeholder concerns. The abandonment of the WLA VA’s, \$ 500,000.00, severely flawed attempt to initiate a 25-year land use master plan without including stakeholders is a recent example. This attempt to exclude the public and professional land-use planners resulted in a totally inadequate plan that lacked an inclusive public process, transparency, professional land use planning expertise and excluded elected officials and community members. The enclosed June 4, 2001, letter to Secretary Principi documents the scrapped master plan issues (see exhibit 7).

The proposed CARES Network 22, Land Use Planning Committee (LUPC), solely comprised of six healthcare administrators, repeats the mistakes of the 25-year land use master plan exercise. It is even more selective and unresponsive to stakeholder issues. It even excludes veterans!

a) Conclusory statements in Appendix M of the National CARES Plan, exemplify the off-hand treatment given stakeholders’ input by the WLA VA, minimizing the concerns of the hundreds of thousands of veterans and community members regarding “Excess Land” utilization. In an attempt to ignore rather than address these concerns, the plan states, “[T]he California Market did not address specific stakeholder groups targeted or specific communication methods utilized. They instead focused on the issues encountered at their facilities.” “Greater Los Angeles stakeholders were concerned with the utilization of excess space at the facility and ensuring that it continues to be used to benefit veterans. There was a wide variety of concern regarding this land and as a result, the Land Use Planning Committee Charter was submitted with the market plan.” (See Appendix M, page 17; emphasis added.)

These conclusory and misleading statements identify the rationale for the LUPC as the issue of “excess *space*,” yet the LUPC is supposed to deal with “excess *land*,” and the CARES’ technical concerns and guidelines, along with the VA Office of Facility Management CARES guidelines for analyzing and addressing “excess *space*” are not appropriate for nor are they designed to deal with excess *land* issues.

b) The establishment of the LUPC, further raises fundamental questions about the adequacy of the data and quantitative processes used to arrive at the market initiative “gap” of “Excess Land” and the plan initiative of a “LUPC”.

No CARES quantitative data, criteria or analysis has been made available for public review. Such information is crucial for evaluating the size, location and characteristics of the Network 22 “Excess Land.” market initiative. The WLA VA Acting Director has stated that “most of the excess land is at the WLA VA.”

In hopes of finding additional data on the “excess *land*,” I have looked at the CARES website and reviewed most of the draft National CARES Plan, including the appendices and references. When I tried to open a potentially helpful reference link, “Space and Functional Surveys,” in August 2003, the link would not open beyond the first click instructions (see exhibit 8). I asked Congressman Waxman’s staff for assistance (see exhibit 9).

The CARES Office responded by e-mail: “The Space and Functional Surveys are not for public dissemination. We will continue to list it as a reference, but we will not provide public access to the database or reports from the database. The practical application of the data exists in the plans” (see exhibit 9).

A few days later, CARES explained that now the information was available, but: “The Space and Functional Survey data, in its current form, would not match the snap-shot of data that was entered into the CARES IBM application last Spring. The database has undergone updates, changes, and additions that would not allow a direct correlation of data from then to now and the database now includes some information that would be considered ‘sensitive’ from a ‘security’ perspective. VA ran a .PDF file report of the S&F data that was used in the CARES IBM market planning application” (see exhibit 10).

As of August 15, 2003, the CARES website states: “In the References section, Space and Functional Surveys by VISN has been added” (see exhibit 11). The VISN 22 West Los Angeles CARES Space and Functional data lists existing and vacant *space* in “GSF” without any references to existing or excess *land*. There is no data quantified in “acreage” (see exhibit 12).

The Commission should not tolerate what appears to be a sleight of hand. Despite diligent efforts to access the substantive information that led to the conclusory statements about excess *land*, it appears that I have been prevented from doing so. This is true for any member of the public and stakeholders as well.

Other questions abound. Would an earlier, August 10, 2003, “Space and Functional Surveys” link have contained VISN 22 “land” data that would have been listed on a “CARES Real Estate Inventory” sheet and used by VISN 22 to arrive at the market plan initiative of “Excess Land?” Additionally, if the information at the link on August 10, 2003, was referenced for the published draft CARES National Plan, why has the public been prevented from reviewing the referenced data utilized to establish the Plan?

For your ease of reference, an example of a CARES inventory sheet can be found at the website address: <http://www.va.gov/facmgt/capitalassets/spacefunctionalreuse.asp>. This “Owned Real Estate” inventory sheet lists “Total Acres,” “Out-Leased Acres,” and “Available Acres.” The data sheet is titled “CARES Infrastructure Database – Space & Functional” (see exhibit 13).

As recently as three days ago, at the meeting held by the WLA VA Acting Director, I voiced the frustration that the most significant issue to West Los Angeles stakeholders and surrounding communities is the stated market initiative “Excess Land” coupled with the “Network 22 Land Use

Planning Committee” Charter initiative. There is no meaningful data, analysis, or information in the draft CARES National Plan to aid stakeholders in preparing public comments on the proposed LUPC. I asked if the data is available. I was told it isn’t.

c) The VA Desert Pacific Healthcare Network Land Use Planning Committee Charter (see exhibit 14) does not speak to compliance with guidelines for developments established by federal regulations such as Section 106 of the National Historic Preservation Act or the National Environmental Policy Act (NEPA). There are two historic districts and at least 40 buildings which were certified as eligible for the National Register of Historic Places in 1981 (see exhibit 15) including two structures with “Landmark” status.

At meetings held on August 28, 2003 and September 16, 2003, the Acting Director replied to questions regarding the demolition of certified eligible historic buildings by stating that it has been determined in Washington DC that it is the “land that is historic, not the buildings.” It was further stated that the only buildings worth preserving or of historical significance are “the chapel, trolley station and possibly the governor’s mansion.” Additionally, it was indicated that 14 buildings would be demolished including numbers 158, 159, 205, 206, 207, 208, 209, 210, 213, 215 300. At least eight of these buildings are certified as eligible for the Register of Historic Places which is equivalent to being treated as Historic Places. Preservation, restoration and adaptive reuse of the historic buildings must be addressed through an inclusive and open comprehensive land use process. Most of these facts have not been made a part of the record. The public and stakeholders have not seen this information nor have they been provided with an opportunity to comment on it.

d) The membership of the proposed LUPC Charter is limited to VA employees in order to avoid stakeholder and land-use experts’ participation. The excuse given for this exclusion is that it is not necessary under the Federal Advisory Committee Act (FACA). It has been stated by the Acting Director to both Congressman Waxman’s staff and to me that the VA Network 22 has been advised “not to include outside stakeholders” because of FACA. I am not a lawyer, but a review of FACA indicates that the regulations apply to an advisory committee not composed wholly of Federal employees. Application of FACA would require that meetings have advance notice, a Designated Federal Officer in attendance, be open to the public and have minutes which are available for public inspection (see exhibit 16). It is unfortunate that a public agency such as the WLA VA, funded by our tax dollars, chooses to avoid commonly accepted notice and comment protocols by hiding behind such questionable interpretation of the law. I respectfully request the Commission to address this very important issue--- whether the LUPC should be subject to FACA in order to involve the public and provide commonly accepted notice and comment protocols.

3. Ongoing lack of an inclusive, transparent, public, professional and credible comprehensive land use master plan for the most valuable 388 acres of VA property with national historic and cultural significance.

Note: Issues 3. and 4. are addressed by the enclosed letters to the Secretary of Veterans Affairs Anthony Principi (dated 4/20/03, see exhibit 17 and dated 6/4/01, see exhibit 7) and to VA Desert Pacific Healthcare Network Director Kenneth J. Clark (dated 1/28/03, see exhibit 18).

4. Perpetuation of a long history of avoiding notice and comment on issues of public concern, misrepresentation of public process, inadequate disclosure of underlying data and conclusory determinations that shut out community stakeholders and elected officials from the decision-making process.

Note: Issues 3. and 4. are addressed by the enclosed letters to the Secretary of Veterans Affairs Anthony Principi (dated 4/20/03, see exhibit 17 and dated 6/4/01, see exhibit 7) and to VA Desert Pacific Healthcare Network Director Kenneth J. Clark (dated 1/28/03, see exhibit 18).

5. Recommendations

The following recommendations were submitted to the Honorable Secretary of Veterans Affairs Anthony Principi in the letter dated April 20, 2003 (see exhibit 17).

”Exclusionary decision-making undercuts the consultative process mandated by NHPA and NEPA. It leads to a wasteful expenditure of taxpayer dollars in times when such failure of stewardship can least be afforded. Until the VA embraces the inclusionary process you discussed with us in November 2001, it will merely continue to antagonize the community it should be working with, and produce legally inadequate plans that fail to provide the building blocks for the future.

We want no more promises that will be disregarded or broken by those who do not value public participation or informed decision-making. The Charter process is fatally flawed for the same reasons the LUAC process failed. In addition, neither NHPA nor NEPA consultation nor review procedures have been complied with. “

I respectfully request the following:

- a) The return to the process and planning for the implementation of an inclusive, transparent, public, professional and credible "new" 25-year land use master plan.
- b) The strict adherence to federal processes to identify, consider, mitigate and resolve issues related to environmental protection and the preservation of national historic resources.
- c) The proactive inclusion of local elected officials, Veterans representatives and community stakeholders in the land use planning process.
- d) The immediate implementation of an updated historic and cultural resources survey due to the passing of more than 20 years since the last survey was conducted. The current baseline of national cultural resources must be identified.
- e) All pending projects, including the 500 bed State Veterans Home (which has wide community support), must be publicly and thoroughly presented for review, and comply with the proper national and local historic and environmental impact review processes and mitigation measures. (The physical siting, architecture, landscaping, traffic flow, staffing and utilization plans will directly impact the surrounding communities. Please note that administrators are suggesting that the new kitchen for the State Veterans Home be built to cook meals for other entities beyond the WLA site. What is the impact of this proposal? Will it become a commercial endeavor such as when the WLA VA ventured into laundry services for hotels?)

f) An end to the long history of closed door project by project development approvals requiring eleventh hour opposition battles and escalating counteraction from stakeholders. The beginning of a new productive land use planning relationship between the VA and stakeholders, starting with a "new" 25-year land use master plan to foster an optimal and livable community for both Veterans and the surrounding neighborhoods, one that will honor the cultural and historic significance of this unique WLA site and the intent of the donors to provide an Old Soldiers' Home.

The above recommendations were unanimously adopted by the Brentwood Community Council (BCC) which represents over 30,000 residents, community businesses and commercial property owners. The BCC is the broadest based Brentwood Community organization composed of 18 voting members representing both residential and commercial interests. The Brentwood Community also includes many veterans, their families and extended families.

6. The CARES Commission's Charge

“You have been entrusted with performing an independent and objective review of CARES and with the development of a report with a recommendation to the Secretary.

Your report is meant to assure that the CARES data is reasonable and void of any major oversight or flaw. That decisions based upon that data meet CARES goals, and that input from the many stakeholders who care deeply for veterans is heard and considered.

The review is not expected to be a rubber stamp. In fact, it is a vital task, and one that all of us at VA are confident you will perform well.

At the same time, it is important to recognize that CARES is not a panacea for all of the issues that face VA health care. While the Department has an obligation to develop solutions to all of its challenges, it cannot do so comprehensively through the CARES process.”

The above quotation is from the Remarks of the Honorable Leo S. Mackay, Jr., Deputy Secretary, at the April 4, 2003 luncheon with the CARES Commission in Crystal City, Virginia.

For the reasons spelled out in this letter and the submissions of elected representatives and the Veterans' Park Conservancy, the CARES data is flawed as detailed in this submission, the data on which conclusory land use statements rely is not in the record and has not been available for public comment, and the involvement of the public and stakeholders has been stymied by these inadequacies and the lack of transparency. Mr. Mackey's charge, if fairly applied to the draft National CARES Plan's proposed VA Desert Pacific Healthcare Network Land Use Planning Committee Charter, has not been met. For all these reasons, the proposal must be rejected.

Thank you for your considerations.

Sincerely,

Flora Gil Krisiloff
 Chairwoman, Brentwood Community Council
 2001 Santa Monica Blvd., Suite 1165W
 Santa Monica, CA 90404

cc: Secretary of Veterans Affairs Anthony Principi
Congressman Henry Waxman
Senator Dianne Feinstein
Senator Barbara Boxer
Governor Gray Davis
Dr. Knox Mellon, State Historic Preservation Officer
Los Angeles County Supervisor Zev Yaroslavsky
Los Angeles Mayor James Hahn
Los Angeles City Councilwoman Cindy Miscikowski
Los Angeles City Councilman Jack Weiss
Veterans Park Conservancy
Los Angeles Conservancy

Enclosures: (see list of Exhibits on next page)

Exhibits:

1. Long Beach CARES Commission Hearing Flyer for September 29, 2003
2. 9/15/03 emails regarding Long Beach CARES Commission Hearing Flyer
3. 9/5/03 emails regarding CARES Commission public hearing clarifications
4. 9/2/03 Acting Director letter regarding 9/16/03 meeting and 9/29/03 CARES Commission Hearing
5. 9/2/03 emails regarding 9/16/03 meeting that is closed to the general public.
6. 3/24/03 Director, Public and Congressional Affairs letter regarding 4/9/03 meeting.
7. 6/4/01 letter to the Honorable Secretary of Veterans Affairs Anthony Principi
8. Instructions for accessing CARES website "Space and Functional Survey data"
9. 8/11/03 email regarding accessing CARES website "Space and Functional Survey data"
10. 8/14/03 email regarding accessing CARES website "Space and Functional Survey data"
11. Draft national CARES Plan website page on Draft National CARES Plan
12. CARES Space and Functional By CARES Category By Station
13. CARES Real Estate Inventory Sheet
14. VA Desert Pacific Healthcare Network Land Use Planning Committee Charter
15. Determination of Eligibility Notification, National Register of Historic Places
16. When FACA is and is Not Applicable to Interactions With the Private Sector
17. 4/20/03 letter to the Honorable Secretary of Veterans Affairs Anthony Principi
18. 1/28/03 letter to Network Director, Mr. Kenneth J. Clark

BOARD OF DIRECTORS
Gwynn H. Robinson, *President*
Maj. Gen., US Air Force, Ret.
Flora Gil Krisiloff, *Vice President*
Gary S. Maier, *Vice President*
Alexa Scharff, *Secretary-Treasurer*
Richard Anderson, US Army
Robert McKim Bell, US Army
Stan Brown, B/General, USAF, Ret.
Fred Cowan, US Army
Michele C. Coyle
Paul L. Edward, US Marine Corps.
Nancy Z. Freedman



*Honoring Our Veterans,
Cherishing the Land*

Thomas V. Jones
Sandra Krause
Glen McDaniel, US Navy
Mrs. John J. McMahon
Gerald Oppenheimer, US Air Force
Mrs. Donald Petroni
Frank E. Raab, Rear Admiral,
US Navy Reserve, Ret.
Thomas R. Saltarelli, US Navy
Mrs. Charles Z. Wick

Founder and Executive Director
Susan C. Young

September 19, 2003

Via U.S. mail, facsimile and electronic submission

Richard E. Larson,
Executive Director
CARES Commission
00CARES
810 Vermont Ave., N.W.
Washington, DC 20480

Facsimile: (202) 501-2196
www.carescommission.va.gov

RE: Notice; Draft National Capital Asset Realignment for Enhanced Services (CARES) Plan; 68 Fed. Reg. 50224

Dear Mr. Larson:

The following comments regarding the Draft National CARES Plan are submitted on behalf of the Veterans Park Conservancy (VPC), a local non-profit community organization dedicated entirely to benefiting veterans, their families, and the Los Angeles community by preserving and enhancing the 388 acres of historic public land at the West Los Angeles Medical Center. The VPC was organized in 1989, and for the past 14 years it has brought together veterans, government representatives, community organizations, private foundations and individual volunteers to work in cooperation with the Department of Veterans Affairs (VA) to fund and undertake various restoration and enhancement projects on the campus of the Medical Center. The group's activities have included landscaping, design, replacement of rusted chain-link fences with wrought iron and majestic pilasters, historic building and landmark renovations, and the installation of decorative walls and entry gates on the campus of the West Los Angeles Medical Center.

I. The Medical Center's Historic, Cultural and Natural Resources

The West Los Angeles Medical Center property was deeded to the United States government in the 1880s, with the condition that the land be used in perpetuity for the benefit of veterans. In 1887, the Pacific Branch of the National Home for Disabled Volunteer Soldiers—better known as the “Old Soldiers’ Home”—was established by Congress at this location in order to care for veterans of the Civil War. The Old Soldiers’ Home soon became a large, self-reliant community that included an elegant Victorian Chapel, spacious domiciles, infirmaries, tradesmen workshops, mess halls, beautiful gardens and bountiful farmland. Additional structures were created over the many years that this site was used to care for veterans, including the Wadsworth Theater in 1939, the Governor’s Mansion, and many others. In addition to providing medical care and living assistance for thousands of veterans, a portion of the property was also dedicated in 1889 as the Los Angeles National Cemetery. This hallowed ground has since become the final resting place for 85,000 of our nation’s veterans.

Today the West Los Angeles Medical Center property has evolved to become the site of a modern medical complex managed by the VA’s Veterans Healthcare Administration. Due to the property’s venerable history, however, the Veterans Administration finds itself in the unique position of being tasked not only with managing its healthcare facilities, but also with managing substantial cultural and historic resources at the site—including the National Cemetery, the grounds of the 19th Century Old Soldiers’ Home, the Victorian Chapel, the Wadsworth Theater, a Spanish-American War Memorial, the Veterans Parkway, historic gardens, and a chapel built in 1938 under Roosevelt’s WPA Program and recently dedicated by Congress as the Bob Hope Veterans Chapel. In fact, two of the buildings on the Medical Center property are listed on the National Register of Historic Places, while many other buildings and district areas have been deemed eligible for listing. Due to years of neglect, however, many of the individual sites are in need of repair and renovation, and all would benefit from a management plan developed in consultation with land use and historic preservation professionals.

The Medical Center Campus also includes 10-acres of green space adjacent to the Los Angeles National Cemetery. Site neighbors and other stakeholders such as VPC have proposed to work with the VA to transform this open space into a public Historic Park to honor and celebrate the history of our American veterans. This open area, graced with century-old trees, provides a valuable open space in densely urbanized West Los Angeles. Moreover, its proximity to the National Cemetery and the VA’s medical complex makes it an ideal natural setting for quiet reflection, solace and healing. This area was neglected for many years, but today the VPC has begun to focus on the area’s landscaping needs. In addition, the VA has approved the VPC’s offer to enhance the grounds with the same type of wrought iron fencing installed around the National Cemetery. Stakeholder groups have recommended several additional improvements, including large meadows, meandering pathways, historical sculptures, water features, and the restoration of an outdoor classroom. With these improvements, the area would be transformed into a Historic Park to be fully appreciated by veterans and their families when visiting or receiving care at the Medical Center.

II. Land Use Planning through CARES

While there is widespread public support for restoration of the historic buildings and the creation of a Historic Park at the Medical Center, different parties have different opinions regarding the best use of these resources. Therefore, neighbors and stakeholder groups have long pressed local VA administrators to establish a land use planning program for all of the non-medical property at the West Los Angeles Medical Center. Such a program should be open to all interested stakeholders, should encompass long-term (*i.e.*, 25-year and 50-year) planning horizons, and should include assistance/consultation from independent, unbiased professional land use planners and historic preservationists from diverse backgrounds. With this type of program in place, the VA would be much more likely to make the best decisions with regard to its very valuable resources.

In response to these requests, local VA administrators recently indicated that land use planning decisions for the West Los Angeles Medical Center would be made pursuant to the VA's National CARES Program. As a threshold issue, we believe that the decision to address this type of land use planning through the National CARES Program is a mistake that should be corrected. It is entirely inappropriate to make local historic, cultural and natural resource planning decisions through a national program—especially one that is focused exclusively on improving healthcare planning. Moreover, the CARES Program is designed to quantify (in square feet) and consider the use of “vacant space” in the VA system. The obvious intent and only appropriate application of this process is to consider more appropriate use of office building or healthcare facility space. The process has not been designed to even quantify—much less appropriately consider the use of—open land or historic resources that have value outside of the healthcare context.

The inappropriate fit between the design of the CARES Program and its application to land use planning is best demonstrated by the problems that have arisen in this case. Contributions to the Draft CARES Plan from the VA's Desert Pacific Healthcare Network (“VISN 22” or “the Network”) indicate that the Network has identified a need to make decisions regarding “excess land” and is proposing to create a committee composed entirely of VA healthcare administrators to consider proposals for making use of such “excess land.” Yet the Network has not made public any identification—nor even a quantification—of the land within its jurisdiction which it considers to be “excess.” We are extremely concerned that the “excess land” proposed to fall under this planning initiative may include the valuable historic, cultural and natural resources of the West Los Angeles Medical Center, and that the committee's proposed mandate to consider land use proposals may lead to attempted divestiture, commercialization or other inappropriate use of these resources without any notice to or opportunity to comment by the public.

VISN 22 should not be allowed to use the CARES Program to seek approval by the Commission or the Secretary for its land use planning proposal. Given the designated scope of the CARES planning process and the lack of information made available regarding the Network's intent, the Commission should refuse to include the Network's proposal in the Commission's recommendations to the Secretary. This will avoid an inappropriate “rubber stamp” approval at the national level of an ill-conceived local planning decision made without

public input. It will also allow local stakeholders and community groups to go back to the Network and advocate for the creation of an appropriate land use planning mechanism.

If the Commission decides excess *land* (not space) and land use planning with its attendant historic, cultural and natural resource impacts falls within the proper scope of the CARES Program, then the Commission should refuse to offer the type of “rubber stamp” approval that the Network seeks. The record before the Commission is bereft of any data or rationale that supports the Network’s conclusory decisions regarding excess *land*, or its failure to include stakeholders in the land use planning process for the West Los Angeles site. The Commission should either specifically disapprove the Network’s proposal and recommend that the Network develop an entirely new planning process for addressing excess *land* for the West Los Angeles site—one that illuminates and directly addresses the concerns, data to be used and other relevant criteria for land use decisions—or adopt several important changes to the proposal, as discussed below.

III. The Network’s Proposal

The Draft CARES Plan states that VISN 22 plans to form an advisory Land Use Planning Committee to help make decisions regarding “excess land.”¹ While the idea of a land use advisory committee has merit, the details behind this particular proposal reveal several serious problems with the Network’s concept of a Land Use Planning Committee. Specifically, the proposed Committee Charter (attached as Exhibit A) indicates that the Committee would not represent any interests outside of the VA’s healthcare administration; it would not undertake the type of long-term land use planning needed at the Medical Center; and it would not provide the opportunities for public comment and consultation required by the Administrative Procedure Act, the National Environmental Policy Act, and Section 106 of the National Historic Preservation Act.

A. Committee Membership

Neighbors and stakeholder groups that work in partnership with the VPC are strongly opposed to the proposed composition of the Land Use Planning Committee, which includes only VA healthcare personnel. The draft charter states that Committee membership will be appointed by the Network Director, and will be comprised of VA staff from the various Network facilities. The draft charter lists six committee positions, all of which are filled by VA healthcare administrators. While these individuals are undoubtedly very qualified and respected healthcare officials, they do not have the type of land use and historic preservation planning experience needed to make proper decisions with regard to the non-medical West Los Angeles Medical Center property. While the draft charter states that stakeholder input will be obtained on each project under consideration, there is no place reserved on the Committee for any outside stakeholder, community group, local government, or neighborhood representation. If the Network wishes to use a Land Use Planning Committee, it should be re-structured in

¹ See VISN 22 Market Plans, pp.15 & 34; Draft CARES Plan App. M, p.17.