



ANGELO SANTABARBARA, PE  
Assemblyman 111<sup>th</sup> District

THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY

CHAIR  
Committee on  
People with Disabilities  
COMMITTEES  
Energy  
Governmental Employees  
Mental Health  
Racing and Wagering

April 6<sup>th</sup>, 2026

Freedom of Information Act Officer  
U.S. Department of Veterans Affairs  
Office of General Counsel (024)  
810 Vermont Avenue, NW  
Washington, DC 20420

Re: FOIA Request – Schenectady Community-Based Outpatient Clinic Closure

Dear FOIA Officer:

Pursuant to the Freedom of Information Act (5 U.S.C. § 552), I request access to and copies of records related to the planned closure of the Schenectady Community-Based Outpatient Clinic in Schenectady, New York.

This request covers the period from January 1, 2024 to the present.

I request the following records:

1. Decision-Making Records

All internal memoranda, reports, briefing materials, and recommendations related to the decision to close the Schenectady Community-Based Outpatient Clinic, including any cost-benefit analyses, financial evaluations, or utilization studies.

2. Communications

All emails, correspondence, and internal communications among VA staff, leadership, and regional offices referencing the Schenectady clinic or its closure.

All communications between the VA and:

- Members of Congress or their offices
- New York State officials or agencies

### 3. Access and Impact Analysis

Documents analyzing the impact of closure on patient access to care, including travel time and distance projections, patient volume redistribution, and capacity assessments at receiving facilities.

### 4. Alternatives Considered

Any documents evaluating alternatives to closure, including maintaining operations, reducing hours or services, or relocation/consolidation options.

### 5. Complaints and Concerns

Records of patient complaints, internal concerns, or risk assessments related to access to care connected to this closure.

### 6. Implementation Planning

Plans, timelines, or operational documents detailing how the closure will be carried out and how patients will be reassigned.

I request that all records be provided in electronic format where available.

If any portion of this request is denied, please cite the specific exemption(s) relied upon and release all reasonably segregable non-exempt portions.

Please confirm receipt of this request and provide a tracking number.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Angelo Santabarbara". The signature is fluid and cursive, with a large loop at the end.

Angelo Santabarbara, PE

**Member of the New York State Assembly**

111th District | Representing areas of Montgomery & Schenectady Counties