

SJR

10

Support Assured Funding for Veterans Health Care



*Today's soldiers...
are tomorrow's veterans*

THE PARTNERSHIP FOR

Veterans Health Care

BUDGET REFORM

The Partnership for Veterans Health Care Budget Reform

Representing America's Veterans

This We Believe

The American Legion
1608 K Street, N.W.
Washington, DC 20006
(202) 861-2700
www.legion.org

AMVETS (American Veterans)
4647 Furber Blvd
Lansing, MI 48216
(301) 456-6600
www.amvets.org

Blind Veterans Association
477 H Street, N.W.
Washington, DC 20001
(202) 371-8800
www.bva.org

Disabled American Veterans
807 Maine Avenue, S.W.
Washington, DC 20024
(202) 554-1501
www.dav.org

Jewish War Veterans of the USA
1811 R Street, N.W.
Washington, DC 20036
(202) 265-6200
www.jvw.org

Military Order of the Purple Heart
of the U.S.A., Inc.
5413-B Backlick Road
Springfield, VA 22151
(703) 642-5360
www.purpleheart.org

Paralyzed Veterans of America
801 11th Street, N.W.
Washington, DC 20006
(202) 872-1300
www.pva.org

Veterans of Foreign Wars
of the United States
200 Maryland Avenue, N.E.
Washington, DC 20002
(202) 543-2219
www.vfwc.org

Vietnam Veterans of America
8605 Cameron Street, Suite 401
Silver Spring, MD 20910
(301) 585-6000
www.vva.org

Americans are once again deployed around the world, answering our nation's wartime call to arms. Like so many brave men and women who honorably served before them, these soldiers are fighting to preserve freedom, liberty, and security. Many have already made the ultimate sacrifice. Also like those who fought before them, today's veterans deserve the respect of a grateful nation when they return home.

Unfortunately, without urgent changes in health care funding, our new veterans will soon discover their battles are not over. They will be forced to fight to preserve a health care system designed specifically to meet their unique needs. They will inherit an ongoing struggle to ensure that America fulfills its promise: to make the veterans health care system accessible to all veterans who need it.

The Partnership for Veterans Health Care Budget Reform—the American Legion, AMVETS (American Veterans), Blinded Veterans Association, Disabled American Veterans, Jewish War Veterans of the USA, Military Order of the Purple Heart of the U.S.A., Inc., Paralyzed Veterans of America, Veterans of Foreign Wars of the United States, and Vietnam Veterans of America—is united in the belief that no veteran should be forced to fight for the care he or she has earned by virtue of his or her military service.

We believe it is time to guarantee health care funding for all veterans who need medical care. Health care rationing must end. It is time the promise is kept.

Many sick and disabled veterans are forced to wait six months or longer for an appointment in a Department of Veterans Affairs (VA) facility. The VA must have a predictable, reliable funding stream to meet the specialized health care needs of veterans.

Access to quality health care for veterans has been compromised in recent years by budget shortfalls, rising medical costs and dramatically increased demand for care. The current funding formula, in which the VA must compete with other agencies for scarce budget dollars, must be replaced. The only way the VA can fulfill its mission is for Congress to guarantee the direct funding it needs to operate.

The men and women who are currently deployed must be assured the VA health care system will be there for them when they need it—now and in the future. Congress should be mindful of George Washington's words: "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by their nation."

Support Assured Funding for Veterans Health Care

Contents

Today's VA	2
Who Uses the VA Health Care System	5
Funding Reform is Needed Now	7
Frequently Asked Questions	9
Supporting Decisions	11

THE PARTNERSHIP FOR

Veterans Health Care

BUDGET REFORM

Today's VA

The Department of Veterans Affairs (VA) is the largest integrated health care system in the United States and has four critical health care missions:

- To provide health care to veterans
- To educate and train health care personnel
- To conduct medical research
- To serve as a backup to the Department of Defense and support communities in time of emergency

The VA operates 157 hospitals, with at least one in each of the 48 contiguous states, Puerto Rico and the District of Columbia. It operates more than 850 ambulatory care and community-based outpatient clinics, 132 nursing homes, 42 residential rehabilitation treatment programs and 88 home-care programs. More than 193,000 employees support the VA health care system.

The VA provides a wide range of specialized services to meet the unique needs of veterans including spinal cord injury and dysfunction care and rehabilitation, blind rehabilitation, traumatic brain injury care, post-traumatic stress disorder treatment, amputee care and prosthetics programs, mental health and substance abuse programs, and long-term care programs. These services are incomparable resources that often cannot be duplicated in the private sector.

The VA also manages the largest medical education and health professions training program in the United States. VA facilities are affiliated with 107 medical schools, 55 dental schools and more than 1,200 colleges and universities. These affiliations foster first-rate health care and state-of-the-art medical science. Each year, about 81,000 health professionals are trained in VA medical centers. More than half of the physicians practicing in the United States today received some of their professional education in the VA health care system.

The VA also conducts research on some of the most critical health issues today. VA researchers have played key roles in

developing the cardiac pacemaker, the CT scan, the radio-immune assay technique and improvements in artificial limbs. The first liver transplant in the world was performed by a VA surgeon. VA clinical trials established the effectiveness of new treatments for tuberculosis, schizophrenia and high blood pressure. Because three out of four VA researchers are practicing physicians, their research often immediately benefits patients. Functional electrical stimulation, a technology using controlled electrical currents to activate paralyzed muscles, is being developed at VA clinical facilities and laboratories. Through this technology, paraplegic patients have been able to grasp objects, stand, and even walk short distances. VA contributions to medical knowledge benefit all Americans.

VA has proven it provides cost-effective, high quality, comprehensive health care services to our nation's veterans. In a study published in the *New England Journal of Medicine*, May 29, 2003, "Effect of the Transformation of the Veterans Affairs Health Care System on the Quality of Care," researchers found dramatic improvements in the quality of care to veterans after the system-wide reengineering in the mid-1990s, and that care in VA was significantly better than that in the Medicare fee-for-service program.

Furthermore, in the Nugent study, "Value for Taxpayers' Dollars: What VA Care Would Cost at Medicare Prices," published in the *Medical Care Research and Review*, December 2004,

The Federal Budget

The entire federal budget is divided between discretionary and direct programs.

Discretionary programs are those programs which the Administration and Congress control through the budget and appropriations process. VA medical care is a discretionary program.

Direct programs are often referred to as entitlements, because all recipients of these funds meet specific criteria and are entitled to payments. Social Security, Medicare, Medicaid, VA compensation and pension, and congressional salaries are direct programs and receive guaranteed appropriations.

Currently, nearly 90 percent of all federal health care spending is already guaranteed (direct or mandatory) spending.

researchers concluded that the VA is able to provide a richer benefit package at lower cost than veterans would be able to obtain through the private sector under the Medicare fee-for-service program.



Even though the VA is unquestionably a success story, Congress typically provides an annual discretionary appropriation for veterans health care that falls far short of actual needs.

To ensure health care programs and

services are readily accessible for veterans, funding needed over the years has not kept pace with medical inflation, let alone the increased demand for services. The enrollment for VA medical care increased 134 percent between fiscal years 1996 and 2004; funding, however, only increased 34 percent during the same period when adjusted to 1996 dollars.

Who Uses the VA Health Care System?

In fiscal year (FY) 2004, the VA provided care to more than 5.1 million patients, including approximately 100,000 homeless veterans, more than 20,000 veterans with catastrophic spinal cord injuries and nearly 100,000 veterans diagnosed with post-traumatic stress disorder. These veterans fall into one of eight categories:

- **Priority Group 1:** Veterans with service-connected disabilities rated 50 percent or more.
- **Priority Group 2:** Veterans with service-connected disabilities rated 30 or 40 percent.
- **Priority Group 3:** Veterans who are former POWs or were awarded a Purple Heart, veterans with disabilities rated 10 and 20 percent and veterans awarded special eligibility for disabilities incurred in treatment.
- **Priority Group 4:** Veterans receiving aid and attendance or housebound benefits and veterans determined by the VA to be catastrophically disabled, although some may be responsible for co-payments.
- **Priority Group 5:** Veterans who are determined to be unable to pay the expenses of needed care.
- **Priority Group 6:** All other eligible veterans not required to make co-payments. This includes veterans of the Mexican border period or World War I; veterans seeking care solely for certain conditions associated with exposure to radiation, for any illness associated with combat service in a war after the Gulf War or during a period of hostility after November 11, 1998, for any illness associated with participation in tests conducted by the Defense Department as part of Project 112/Shipboard Hazard and Defense; and veterans with zero percent service-connected disabilities who still receive compensation.
- **Priority Group 7:** Nonservice-connected veterans and noncompensable zero percent service-connected veterans with income above the VA's national means test threshold and below the VA's geographic means

test threshold based on the Department of Housing and Urban Development (HUD) index.

- **Priority Group 8:** Nonservice-connected veterans and zero percent noncompensable service-connected veterans with incomes above the HUD index who agree to pay co-payments. In January 2003, the VA closed enrollment to all new Priority Group 8 veterans seeking enrollment due to insufficient resources.



The VA is also obligated to provide two years of free health care to veterans who served in Iraq and Afghanistan. Every active-duty servicemember, Reservist or National Guard member who serves in a theater

of combat operations is eligible for the full range of VA care for injuries or illnesses he or she believes is related to combat service. Veterans who enroll with VA under this authority will retain enrollment eligibility even after their two-year post discharge period ends under current enrollment policies.



Funding Reform Is Needed Now

Early in his first term, President Bush signed Executive Order 13214 creating the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans. In its final report, the Task Force targeted health care funding reform as critical to the success of any VA-DoD collaboration of services. The Task Force also identified a significant mismatch between the demand for VA services and the availability of adequate funding which, if left unresolved, would delay veterans' access to care and threaten the quality of care provided.

In Recommendation 5.1, the Task Force noted:

The federal government should provide full funding to ensure that enrolled veterans in Priority Groups 1 through 7 are provided the current comprehensive benefit in accordance with VA's established access standards. Full funding should occur through modifications to the current budget and appropriations process, by using a mandatory funding mechanism, or by some other changes in the process that achieve the desired goal.

In January 2003, the Secretary of Veterans Affairs suspended the enrollment of Priority 8 veterans because of insufficient resources to accommodate all eligible veterans seeking care and treatment from the VA. These veterans, the Task Force stated, "do not know from year to year whether they will have access to VA care, and as an organization, the VA cannot effectively plan or budget, given this uncertainty." Declaring the situation regarding Priority 8 veterans unacceptable, the Task Force



recommended that the President and the Congress should work together to resolve the status of this group.

Although the Secretary of Veterans Affairs suspended the enrollment of Priority 8 veterans initially as a "temporary" measure, VA planning documents do not assume that Priority 8 veterans will ever be permitted to enroll in the system.

And as resources continue to precipitously decline and more veterans are seeking health care services, veterans from other priority groups may also be barred from the system.



It is clear the current method of funding VA medical care is flawed. We strongly urge the Administration and Congress to act on the recommendations of the Task Force, and to reform the method for funding veterans health care to ensure a predictable and reliable funding stream. Providing health care to our nation's sick and disabled veterans is part of the cost of national defense and should be a top priority for our government.

Frequently Asked Questions

Does direct funding create a new entitlement?

- No. Direct funding neither creates an individual health care entitlement nor changes the VA's current mission, eligibility requirements, or medical benefits package.
- Direct funding only changes the way funds are provided for VA health care.

Will direct funding result in runaway costs?

- No. The Secretary of Veterans Affairs will retain the right to make an annual enrollment decision based on available resources.
- Although eligibility reform opened the VA health care system to all veterans, the vast majority of veterans choose other health care options.
- Direct funding will ensure that the VA receives a reliable, predictable, and consistent funding stream to provide timely, high-quality health care.

Will Congress lose oversight if direct funding of the VA health care system is instituted?

- No. As with other direct funded federal programs, Congress would retain oversight of VA programs and health care services.
- The VA will still be accountable to Congress for how its funds are spent and how well its health care programs are managed.
- Currently, almost 90 percent of federal health care spending is direct rather than discretionary. Only funding for active duty military, Native Americans, and veterans health care are left to the discretion of Congress.



Care for veterans who have served our nation with honor—and who are by law eligible to receive medical care from the VA—must be considered part of the continuing cost of the national defense. Congress must institute a rational, reliable means of funding the medical operations of the VA. What is needed is a mechanism that will enable every VA facility to provide quality care to sick and disabled veterans in a timely, cost-effective manner.

Providing for the health care needs of veterans should not be pitted against the needs of military families, or costs of a strong national defense. Caring for veterans is an American responsibility.

Open discussion on budget reform by our elected officials is necessary to determine a viable long-term solution to the VA's funding crisis. The time to act is now.



Supporting Documents

- *FY 2004 Performance and Accountability Report – Office of the Budget, Department of Veterans Affairs.* (November 2004)
- *Final Report 2003 – The President’s Task Force to Improve Health Care Delivery for Our Nation’s Veterans.* (May 2003)
- *A System Worth Saving – The American Legion.* (September 2003)
- *The Independent Budget for Fiscal Year 2006 – AMVETS, DAV, PVA, and VFW.* (February 2005)
- *White Paper: The Position of Vietnam Veterans of America on Health Care Funding for All Veterans – Vietnam Veterans of America.* (July 2003)
- *White Paper: America’s Health Care Crisis: Where Does Veteran’s Health Care Stand? – Disabled American Veterans.* (2005)

Supportive Notes

The following notes are intended to provide additional information and support for the main text. They are organized into several sections, each addressing a specific aspect of the topic.

Section 1: Introduction

This section discusses the background and context of the study. It highlights the importance of understanding the underlying mechanisms and the need for further research in this area.

Section 2: Methodology

The methodology section describes the experimental design, data collection methods, and the statistical analysis used to interpret the results. It ensures the transparency and reproducibility of the study.

Section 3: Results

The results section presents the findings of the study, including key observations and trends. It provides a detailed analysis of the data and discusses its implications for the field.

Section 4: Discussion

The discussion section interprets the results in the context of existing knowledge. It identifies the strengths and limitations of the study and suggests directions for future research.

Section 5: Conclusion

The conclusion summarizes the main findings and reiterates the significance of the study. It emphasizes the contributions made and the potential impact on the field.



The American Legion
1608 K Street, N.W.
Washington, DC 20006
(202) 861-2700
www.legion.org



AMVETS (American Veterans)
4647 Forbes Blvd.
Lanham, MD 20708
(301) 459-9600
www.amvets.org



Blinded Veterans Association
477 H Street, N.W.
Washington, DC 20001
(202) 371-8880
www.bva.org



Disabled American Veterans
807 Maine Avenue, S.W.
Washington, DC 20024
(202) 554-3501
www.dav.org



Jewish War Veterans of the USA
1811 R Street, N.W.
Washington, DC 20009
(202) 285-8280
www.jwv.org



**Military Order of the Purple Heart
of the U.S.A., Inc.**
5413-B Backlick Road
Springfield, VA 22151
(703) 642-5360
www.purpleheart.org



Paralyzed Veterans of America
801 18th Street, N.W.
Washington, DC 20006
(202) 872-1300
www.pva.org



**Veterans of Foreign Wars
of the United States**
200 Maryland Avenue, N.E.
Washington, DC 20002
(202) 543-2239
www.vfwdc.org



Vietnam Veterans of America
8605 Cameron Street, Suite 400
Silver Spring, MD 20910
(301) 585-4000
www.vva.org

ALASKA STATE LEGISLATURE

Co-chair, Joint Armed Services
Committee

•
Senate Resources Committee

•
Senate Judiciary Committee

•
Senate Transportation Committee



Session:
State Capitol, Rm. 115
Juneau, AK 99801
(907) 465-2435
Fax: (907) 465-6615

Interim:
716 W. 4th Ave, Ste. 540
Anchorage, AK 99501
(907) 269-0120

SENATOR BILL WIELECHOWSKI

May 9, 2007

Senator Bettye Davis, Chair
Senate Health, Education & Social Services Committee
State Capitol, Room 30
Juneau, Alaska 99801

Dear Senator Davis:

I am writing to request a hearing on SJR 11, "A Resolution Supporting federal funding for veterans' health care and urging the United States Congress to ensure adequate funding for veterans' health care."

While our legislatures do all we can for our vets and our returning soldiers, our federal government has the primary responsibility for meeting the needs of our veterans. We need to call on them, as a state, to adequately fund critical veteran services.

I intend to request that representatives from the appropriate departments and from legislative legal services be present to answer any questions that may arise. Further, I would like to allow public testimony to be taken statewide by electronic means.

Included with this letter you will find the latest version of this bill, a Sponsor Statement, and other background materials.

Thank you for your consideration of this request.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Wielechowski".

Senator Bill Wielechowski

ALASKA STATE LEGISLATURE

Co-chair, Joint Armed Services
Committee

•
Senate Resources Committee

•
Senate Judiciary Committee

•
Senate Transportation Committee



Session:
State Capitol, Rm. 115
Juneau, AK 99801
(907) 465-2435
Fax: (907) 465-6615

Interim:
716 W. 4th Ave, Ste. 540
Anchorage, AK 99501
(907) 269-0120

SENATOR BILL WIELECHOWSKI

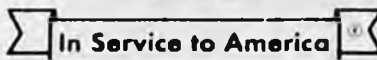
SJR 11 – Supporting Adequate Funding for Veteran’s Health Care Sponsor Statement

We owe our veterans a debt of gratitude that can never fully be repaid. One of the things we can, and must, do for our veterans is to honor the promises we have made to them. This starts with providing those veterans with access to the quality health care they deserve.

The press has documented the neglect of Walter Reed Army Medical Center, and former Secretary of Veterans Affairs Anthony Principi has publicly stated that the Department of Veterans Affairs has been struggling to provide health care to the rapidly rising number of veterans who require it.

As the state with the largest per capita number of veterans, it is essential that we send a clear signal of our commitment to care for our military personnel both on active duty and as veterans. While our legislature tries to do all we can for our vets and returning soldiers, our federal government has the primary responsibility of meeting the needs of our veterans. We need to call on Congress, as a state, to adequately fund critical veteran services.

We respectfully request the Alaska State Legislature to support this resolution to provide adequate federal funding for veterans’ health care. Thank you.



ALASKA STATE COUNCIL

Alaska State Legislature

The House/Senate Joint Committee on Military and Veterans Affairs will soon introduce a Joint Resolution in support of **ASSURED FUNDING FOR VETERANS' HEALTHCARE**. We request your full and impassioned support of this important official statement by Alaska for those who injured while standing guard for America. You will join over twenty other states finally speaking out on this critical issue. We hope you will carry this resolution to your respective national legislative organizations and ask for a similar action by them. You will find many there doing the same.

In 2004 nine national Veteran Service Organizations, for the first time, came together and agreed that the highest priority for veterans across the nation was moving veteran healthcare funding from the "discretionary" budget to an assured funding mechanism. Following this historic agreement these nine national veteran organizations annually call on Congress to pass a federal law changing the manner of funding for veterans healthcare. All of these bills or amendments have failed, consistently on partisan votes. Veteran healthcare must not be a partisan issue. It is a moral obligation of our nation, a "contract" signed with the blood of those willing to stand guard for America.

What are the key questions in the minds of legislators when they consider this issue?

1. Does direct funding create a new entitlement?

No. Direct funding neither creates an individual health care entitlement nor changes the VA's current mission, eligibility requirements, or medical benefits package. Remember these are "earned" rights.

2. Will direct funding result in runaway costs?

No. The Secretary of Veterans Affairs will retain the right to make an annual priority enrollment decision based on available resources. The vast majority of our veterans choose other healthcare options, although many may be registered with the VA, they do not use its programs or facilities.

3. Will Congress lose oversight if direct funding of the veterans healthcare system is instituted?

No. As with other direct funded federal programs, Congress will retain oversight of VA programs and healthcare services. The VA will still be accountable to Congress for how its funds are spent and how well its healthcare programs are managed. Almost 90% of federal healthcare spending is direct rather than discretionary. Only funding for our active duty military, Native Americans, and veterans healthcare are left up to the annual partisan battles. Veteran healthcare should not be a partisan issue. These are "earned" rights by men and women injured while standing guard for America.

4. Why should the Alaska State Legislature support this resolution?

Alaska has the highest per capita number of veterans in America. [74,500 according to the 2000 US Census] We have already identified over \$1 Billion in **annual** federal revenue to Alaska's veterans and their families, and this does not include military retirement, National Guard, reserve, active duty.

or military contracts in Alaska. Stated simply, it is in the financial best interest of Alaska to ensure federal funding for veteran healthcare. Otherwise our state and local governments will have to cover, in many cases, the costs of medical services to our veterans.

Americans believe this is a "contract" a moral obligation of our nation to those who voluntarily step forward to stand guard for America. We MUST honor this service, we must care for those injured while in service.

Unfortunately both of our national political parties have played the smoke and mirrors game on veteran healthcare funding. Claims of significant increases in funding do not honestly report that most of it is to keep up with medical cost inflation and new demands as a result of the war we are now engaged in. It does not honestly report on these distortions of the VA healthcare system nor candidly place this care in the context of our overall national healthcare needs or system costs.

One of the greatest problems in Alaska is that we do not know where our veterans are. VVA supports a volunteer group of private retired military pilots and planes that go into rural Alaska to find our veterans and "connect" them to the services they legally are due. The VA is currently serving less than 20% of our veterans. We have again asked for legislation that would allow the voluntary registration of all Alaskan veterans through the Permanent Fund Application form, so that our Alaska Department of Military and Veterans Affairs and our Congressionally Charters Veteran Service Organizations can find and advise our veterans on their, and their families, legal rights. If we could but double the percentage of Alaska veterans served, we would significantly increase the annual federal injection of funds and service far beyond the current \$1 Billion each year. Please consider this other legislative item soon. It's in Alaska's best interest and in the best interest of thousands of our veterans and their families.

With the recent national media attention to the problems of veteran healthcare highlighted by a facility at Walter Reed Hospital, now is the time to act.

We are asking state legislatures, national legislative organizations, the National Conference of Mayors, the National Governor's Association and any other national organization that cares about veterans to pass a simple resolution calling for Congress to act on assured funding for veteran healthcare.

We ask you to join, the nine national Veteran Service Organizations and states across America, in calling upon Congress to change the way veteran healthcare is funded. It is time we honored the "contract" and assured funding for veteran healthcare. They deserve nothing less.

We have been working closely with the Alaska State Legislature's Joint Military and Veterans Affairs Committee Chairs and their staff to craft an appropriate resolution for Alaska.

It is an honor.

**Ric Davidge, President, Alaska State Council
& Chairman/CEO, Alaska Veterans Foundation, Inc**

PS- Legislators and staff have an open invitation to attend any of our monthly business meetings, held the first Tuesday of each month at 6:30pm in the John Thomas Building on 3rd and Cordova.

FYI - some recent happenings/examples:

On 8 MAR 07 Senator Charles Schumer (D-NY) told a Washington, DC newspaper; "Nationwide, veterans are facing a healthcare funding shortfall of more than \$2.8 billion in the midst of a growing nationwide scandal over inadequate treatment of wounded soldiers returning from Iraq and Afghanistan". He pledged to promote, support, and vote for full mandatory funding of veteran's healthcare and services. Full funding for Veterans Healthcare is something all veterans would like to see achieved. A group of veterans has initiated "Operation Firing for Effect" (OFFE) to help achieve that goal. On 19 MAR, while visiting the VA Medical Center in Canandaigua New York, Sen. Schumer took time to meet with Operation Firing For Effect representatives and to sign their Resolution calling for full mandatory funding of veteran's healthcare and services. This Resolution posted at http://offe2008.org/public_html/resolution.htm has been adopted and passed by several U.S. northeast cities and townships, including the Mayor of Chicago, Illinois, Richard Daley, the Governor of Oregon, Ted Kulongoski, plus over 500,000 labor union members in New York State.

The healthcare system is essential to provide vets with adequate healthcare. The links shown provide documentation on the conditions noted:

On 22 AUG 86, the VAMC in Atlanta Georgia released a Memorandum changing their procedures for self injections for diabetic insulin users. The change in policy was as follows; "Effective for new prescriptions written after 2 SEP 86, you should use each disposable insulin syringe two times before throwing it away". The only possible reason for this new policy was budgetary. This change in procedure was an attempt to cut the year's insulin syringe budget in half. Apparently, the VA needed funds elsewhere, and decided this very questionable and risky injection procedure was a good idea. Well known Georgia veterans rights advocate Jere Beery led a successful public campaign to have this unsafe practice stopped immediately. This one small example illustrates how budget restraints affect the quality of healthcare our veterans receive. Mandatory full funding would guarantee that our veterans would never be asked to use a dirty syringe again. Documentation; <http://jerebeery.com/va-syringe-usage.htm>

Although the telephone has been around for well over a century, it wasn't until 1996 that all VA hospitals nationwide were equipped with bedside telephones. Up until that time, unless you could make it to the pay phone down the hall, patients made no calls, much less received any. In 1995, Mr. Francis Dosio of PT Phone Home and the Communication Workers of America Union took up the concept veterans activist Jerry Beery had started several years earlier and launched a nationwide project to install bedside phones in every VA hospital in the country. All of the labor and equipment was donated but the story was never publicized as it highlighted the failure of our Congress to provide such necessities for our hospitalized veterans. The VA didn't have to pay anything for the bedside phone project as all of the funds were donated from the private sector. Assured funding would ensure that our veterans do not have to depend on public donations of this magnitude for the most basic of amenities and services. Documentation; [http://jerebeery.com/bedside telephones in va hospita.htm](http://jerebeery.com/bedside_telephones_in_va_hospita.htm).

In 1998, the VAMC in Atlanta attempted to implement parking fees for all veterans visiting the facility. Vietnam combat veteran Jere Beery openly challenged the parking plan and stimulated public outrage which halted the idea before it was enforced. Mandatory full funding would guarantee that our veterans are never again ask to pay to access the healthcare services they have earned. Documentation; <http://jerebeery.com/va%20parking%201.htm>.

In 2006, two veterans died after they were refused entrance and lifesaving treatment at the VA hospital in Spokane Washington. The reason; they arrived after the emergency room had closed. Mandatory full funding would insure that all VA hospitals with a pre-existing emergency room could maintain 24/7 emergency services for critically ill veterans. Documentation; http://jerebeery.com/offe_extremely_concerned_about_d.htm.

In 1978, travel reimbursement for veterans traveling to a VA hospital for a scheduled appointment was 11 cents per mile, which was when gas was 49 cents a gallon. This reimbursement amount has remained unchanged for 29 years. In this case, Mandatory full funding would provide the funds to increase this allowance and allow for the payment of travel pay to fluctuate with the rising cost of fuel.

Currently, the VA has a backlog of over 90,000 claims waiting processing. Many veterans are required to wait well over a year for their VA rating decision. Under-staffing is the primary reason for these delays. Mandatory funding would make it possible for the VA to hire additional staff to process and expedite claims.

Low wages offered by the VA make it difficult to entice and retain high quality medical professionals. Doctors, nurses, dentist, psychiatrist, counselors, and nutritionist all make significantly more money in the private sector. Mandatory funding would allow for increases in salaries which would attract more medical professionals into the VA healthcare system.

Mandatory funding would also insure that future medical research done by the VA would not be restricted by budget constraints.

For additional info on OFFE refer to Refer to http://offe2008.org/public_html/index.htm. [Source: OFFE Gene Sims msg. 29 Mar 07 ++]

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: _____

Bill Version: _____

SJR 10

() Publish Date: _____

Revision Date/Time (Note if correction): _____

Title SJR 10 Reuse Galena Air Base

Dept. Affected: _____

RDU _____

Component _____

Sponsor Senator Wielechowski

Requester (S) Health, Education & Social Services Committee

Component No. _____

Expenditures/Revenues

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type—Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Prepared by: (S) HEALTH, EDUCATION & SOCIAL SERVICES COMMITTEE

Phone 465-3822

Division _____

Date/Time _____

Approved by: /s/ Senator Battya Davis, Chair

Date 5/8/2007

Agency _____



GALENA CITY SCHOOL DISTRICT

GALENA, ALASKA 99741

PHONE (907) 656-1205

FAX (907) 656-2238

SUPERINTENDENT

Jim Smith

May 8, 2007

To: Health, Education, and Social Services Committee
 Re: Proclamation of Support for Senate Joint Resolution No. 10

Serving in my eighth year here in Galena and as an Alaska School Administrator I present support for the educational options provided through high school boarding schools of choice.

Rural Alaska Educational Challenges:

- | | |
|---------------------------------|--|
| Declining Enrollments | Increased Energy Costs |
| Teacher Shortages | Increased Retirement Costs |
| Increased Native Drop-out rates | Rising Village Social Problems |
| Low Rural Student Test Scores | Need for Available Vocational Training |
| Access to Health Services | |

Regional Learning Center Solutions Presented in the Galena Facilities:

- Availability of Excellent Facilities, Infrastructure with Minimal Costs
- Four Hundred Beds Available with Potential of More
- Supportive Community Positioned in the Center of the Alaskan Interior
- Controlled Living Environment and Support of Native Culture
- Presents a High Graduation Rate
- Strong AYP Student Test Scores
- Available Post Secondary Certified Training Programs
- Supports Family Choice
- Minimal Drop-out Rate
- Currently serving One-hundred Students from Forty-five Alaska Communities
- Operates a Successful Resiliency Life Program in Student Residence Halls
- Provides Safe Harbor for Students in Need
- Supports Cultural Focus from all Areas of the State of Alaska

On behalf of the Galena City School District, we offer our sincere appreciation for this consideration of support on behalf of the children of Alaska.

Respectfully Submitted,

James E. Smith
 Superintendent

ALASKA STATE LEGISLATURE

Co-chair, Joint Armed Services
Committee

•
Senate Resources Committee

•
Senate Judiciary Committee

•
Senate Transportation Committee



Session:
State Capitol, Rm. 115
Juneau, AK 99801
(907) 465-2435
Fax: (907) 465-6615

Interim:
716 W. 4th Ave, Ste. 540
Anchorage, AK 99501
(907) 269-0120

SENATOR BILL WIELECHOWSKI

SJR 10 – Supporting Facility Reuse of Galena Air Base Sponsor Statement

In 2005, the Defense Base Realignment and Closure Commission began the process of closing the Air Base in Galena, AK. The facilities, valued at more than \$150 million, must be reused, or they face demolition. The United States Air Force departure is to be completed in October 2008.

The Galena Economic Development Council, which includes the City of Galena, the Loudon Village Council, and the Galena City School District, has proposed that the facilities be used for regional educational services. These include regional and statewide boarding schools, an interior military youth academy, and a correspondence school. An integral part of the community and the economy, the Air Base would house and educate students from all over Alaska.

The Alaska State Legislature should support Galena's reuse of United States Air Force facilities for educational services and urge the governor, the United States Air Force, and the Alaska Congressional Delegation to assist the City of Galena in its effort to implement a viable and long-lasting reuse of the Galena Air Base. Thank you.

SENATE JOINT RESOLUTION NO. 10
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY SENATORS WIELECHOWSKI, Kookesh

Introduced: 5/2/07

Referred: Health, Education and Social Services

A RESOLUTION

1 **Supporting the reuse of facilities at the Galena Air Base to provide regional educational**
2 **services.**

3 **BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 **WHEREAS**, in 2005, the Defense Base Realignment and Closure Commission
5 demonstrated a willingness to close the Galena Air Base in place of Eielson Air Force Base,
6 thereby eliminating one important forward operating location and severing ties with the
7 community; and

8 **WHEREAS** the Galena Air Base constitutes a critical aspect of Galena's economy and
9 culture; and

10 **WHEREAS** the economic vitality of Galena is also important to the economic health
11 of the Fairbanks North Star Borough and adjacent communities; and

12 **WHEREAS** the Defense Base Realignment and Closure Commission recommended a
13 2011 deadline for the community to achieve economic viability, but the United States Air
14 Force set a new, earlier closure date of October 2008; and

15 **WHEREAS** the United States Air Force will be leaving facilities with a value greater
16 than \$150,000,000 for reuse or mandatory demolition; and

1 **WHEREAS**, the Galena Economic Development Council, which includes the City of
2 Galena, the Loudon Village Council, and the Galena City School District, have proposed that
3 the United States Air Force facilities left behind when the Galena Air Base is closed be used
4 for regional educational services; and

5 **WHEREAS** the state has contributed resources and property in support of Galena's
6 reuse plan; and

7 **WHEREAS** in 2005, the State Board of Education and Early Development, asked the
8 legislature, the governor, and the education community to collaborate on a system of
9 statewide boarding schools that meet the needs of Alaska's students; and

10 **WHEREAS** the Association of Alaska School Boards has resolved to support school
11 districts operating regional boarding high schools; and

12 **WHEREAS**, because of increased enrollment demands, the Department of Military
13 and Veterans' Affairs is seeking a location for an interior military youth academy; and

14 **WHEREAS** the community operates a successful vocational high school boarding
15 program and the Galena City School District operates a statewide correspondence school
16 serving more than 3,800 children; and

17 **WHEREAS** Galena has demonstrated a record of success in education and the ability
18 to reuse Air Force facilities; and

19 **WHEREAS**, under AS 24.20.675, the Joint Armed Services Committee has a duty to
20 review the effect on communities of and work on specific realignment activities;

21 **BE IT RESOLVED** that the Alaska State Legislature supports Galena's reuse of
22 United States Air Force facilities for regional educational services and urges the governor, the
23 United States Air Force, and the Alaska Congressional delegation to join with the Alaska
24 State Legislature in assisting the City of Galena in its effort to implement a viable and long-
25 lasting reuse of the Galena Air Base.

26 **COPIES** of this resolution shall be sent to the Honorable Michael W. Wynne,
27 Secretary of the Air Force; and the Honorable Ted Stevens and the Honorable Lisa
28 Murkowski, U.S. Senators, and the Honorable Don Young, U.S. Representative, members of
29 the Alaska delegation in Congress.