OUTPATIENT SERVICES FOR VETERANS LIVING IN AND AROUND THE LA SALLE COUNTY, ILLINOIS AREA

FIELD HEARING

BEFORE THE

SUBCOMMITTEE ON
HOSPITALS AND HEALTH CARE

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

ONE HUNDRED FOURTH CONGRESS

SECOND SESSION

APRIL 22, 1996

Printed for the use of the Committee on Veterans' Affairs

Serial No. 104–19

U.S. GOVERNMENT PRINTING OFFICE

25–741 CC WASHINGTON : 1996

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402
ISBN 0-16-052961-1

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OUTPATIENT SERVICES FOR VETERANS LIVING IN AND AROUND THE LASALLE COUNTY, ILLINOIS AREA

MONDAY, APRIL 22, 1996

U.S. HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to notice, at 9 a.m., at the VFW Hall, LaSalle, IL, Hon. Tim Hutchinson (chairman of the subcommittee) presiding.

Members present: Representative Hutchinson, Evans, Weller, and Hastert.

OPENING STATEMENT OF CHAIRMAN HUTCHINSON

Mr. HUTCHINSON. Good morning. If I could have your attention, please, as Congressman Hastert makes his way to the front. The Subcommittee on Hospitals and Health Care will now come to order.

I would like to welcome all of you this morning. I am Tim Hutchinson. I am the Chairman of the Subcommittee on Hospitals and Health Care of the House Veterans' Affairs Committee. This morning the subcommittee meets as part of its oversight responsibility to conduct a field hearing on the outpatient needs of the veterans residing in LaSalle and Kankakee Counties.

I'm pleased to be here this morning to learn firsthand about the problems which veterans face in accessing needed health care services in today's rapidly-changing health care environment.

As health care changes, so must the VA. In a bipartisan manner, which is reflected by the members here today at this subcommittee hearing, the Committee on Veterans' Affairs has given the VA the ability to implement the VISN structure which decentralizes decision making and hopefully will ultimately translate into improved services for all veterans. The ability of VA to provide accessible, cost-effective health care services is an integral part of the reorganization that was endorsed by the Veterans' Affairs Committee.

In the last few months, I've been approached by a number of members on the issue of veterans' access to outpatient services. I'm delighted that the subcommittee's first field hearing in this 104th Congress will explore this issue on behalf of my good friend and my fellow committee member, Jerry Weller.

Normally, these subcommittee hearings are conducted in Washington, DC, as is evidenced by the fact that this is the first field

hearing that the subcommittee has held. Congressman Weller I believe deserves great credit in his insistence and his persistence that his constituents here in Illinois have an opportunity to testify to the subcommittee. It's difficult, obviously, for many to travel to our Nation's capitol to attend committee meetings there, and the interest in this subject and the need that we'll be addressing and hearing testimony on this morning is obviously great. The interest is great, evidenced by this crowd that we have this morning. So I'm glad that we could accommodate Mr. Weller's request, and Jerry is truly a member of the VA Committee who has been a forceful advocate on behalf of veterans. I think his success in previous projects bodes well for success in his efforts on this area as well.

This hearing will function as a prelude to a subcommittee hearing on this very issue which I will chair on Wednesday in Washington. Because of the intense interest in this issue from not only members, but also the VA and local communities, I asked the General Accounting Office to examine the establishment of access points and the long-term implications of these clinics on the practice of medicine and their potential budgetary implications for the VA in the future. The GAO report will be released this coming Wednesday at our subcommittee hearing in Washington.

It's gratifying to see the community's interest in developing a relationship with the VA. Because all health care is locally-driven, I am convinced that the best way to serve veterans is through the development of community partnerships.

I'd like to thank all the members of the Illinois delegation for their participation at this important hearing and the people of LaSalle County for the warm hospitality which has been extended to me and to my staff. I look forward to the testimony of our witnesses.

At this time I'd like to recognize my colleague, a member of our committee, a friend, Lane Evans, ranking member on the Subcommittee on Compensation, Pension, Insurance and Memorial Affairs, for his opening statement.

OPENING STATEMENT OF HON. LANE EVANS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

Mr. EVANS. Thank you, Mr. Chairman. We're very pleased that you have the opportunity to join us today, and we understand there's been some tornado damage and losses of life in your district. We have a little bit of experience here in this part of Illinois with tornadoes, so we doubly appreciate you being here, when a lot of other people probably would not, under those circumstances, be able to accommodate us, so we're very appreciative of you being here.

I want to thank my two colleagues from Illinois for joining us as well. I worked directly with Congressman Weller on a variety of veterans' issues, including Joliet Arsenal, an issue last year where we had a hearing. Pleased to be back in your district, Jerry.

Access to VA health care too often has been an obstacle to our Nation's veterans. In January of 1996, the General Accounting Office released the report conducted at my request to explore options to improve veterans' access to VA facilities. The conclusions were not surprising. They found that veterans face significant problems

in obtaining VA health care, in particular because of the long travel times due to the scattered nature of VA health facilities. The report also found that a higher percentage of vets who use VA health facilities suffer from service-connected disabilities but were less likely to have insurance and to have lower incomes than those using non-VA facilities. In essence, it concluded that the vets who need care the most had the hardest time getting access to the VA system. This is no different in LaSalle County or in Bureau County which is located in my congressional district. For veterans who live in this area, obtaining outpatient health care from the VA medical facility can be difficult and time consuming because the closest outpatient facility is 60 miles away, but the closest VA hospital over 100 miles away. Even in good weather, hours of time-consuming travel are needed to obtain the most basic health care. I believe our veterans deserve better. Considering the fact that over 30,000 veterans in LaSalle, Bureau and other counties of this area face these obstacles, it would only seem reasonable that an outpatient clinic should be established to meet their needs.

I hope today that we will lay out that case clearly and start a process to insure it becomes reality. I look forward to working not only with my colleagues, but every veteran here today. Thank you, Mr. Chairman, for the time.

Mr. HUTCHINSON. Thank you, Mr. Evans. [Applause.]

Mr. Weller, you're recognized for an opening statement.

OPENING STATEMENT OF HON. JERRY WELLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

Mr. WELLER. Thank you, Mr. Chairman, and I do want to thank you very much for bringing this very special hearing to the Illinois valley area. Particularly it's a real honor having the first field hearing under your chairmanship being conducted right here in our local area. It means a lot to me personally, but it also means a lot to the veterans that join us. As you can see, there's a lot of interest in this issue, judging from the turnout we've had today. I also want to thank my friend Lane Evans, who I work with in a bipartisan fashion. He's just about four or five miles from this district here, so I very much appreciate his interest and the cooperative relationship he and I have, as well as the attendance today of the chief deputy whip of the U.S. House of Representatives, a familiar face for everyone here, Denny Hastert, who once represented this area. I want to thank you all for participating today in this hearing which is very important to local families, particularly local veterans here in the Illinois Valley, LaSalle County veterans, and of course, we're also going to discuss interest in the Manteno Veterans' Home and outpatient services there in Kankakee County.

To understand the sacrifices of this Nation's veterans, we need only look at the more than 1 million of America's finest citizen soldiers who have died defending the personal and economic freedoms enjoyed throughout this country and many nations of the world. We'll recognize the more than one-and-a-half million Americans who returned home with service-related disabilities. Likewise, I think we all agree we would not be sitting here today, working towards a better tomorrow for all Americans, without the sacrifices every veteran has made.

For that very reason, I am pleased to be here today to say that we have not forgotten that one of the most important aspects of this Nation's obligation to our veterans is to provide adequate health care. I'm proud to say that the House this past year voted to increase veterans' health administration funding from 16-and-a-half billion to almost $17 billion, a $500 million increase over this past year. While we're committed to balancing the budget and living within our means, we also realize our commitment to our veterans, and we plan to honor it. Even while we're working to eliminate the federal budget deficit, we're still increasing VA funding by $40 billion over the next 7 years, and increasing the VA health administration by $500 million for this year. And also, because we recognize many veterans and their families, people like my mom and dad, are seniors dependent on Medicare, I also want to point out that in our budget we increased funding for Medicare, health care for our seniors, by $724 billion, a 62 percent funding increase, over the next 7 years.

So along this line, I'm proud to report that after local veterans' groups have worked closely with the U.S. Department of Veterans Affairs to see that a new outpatient clinic was brought to Joliet, it's now up and running, successfully serving hundreds and thousands of local veterans. I'd also like to point out that Dr. Joan Cummings, who is going to be testifying today, was extremely instrumental in making the Joliet clinic a reality, and we very much appreciate her extraordinary efforts.

But today we're here to see that we deliver veterans' outpatient services to the area surrounding the LaSalle Veterans' Home and also the Manteno Veterans' Home in Kankakee County. I'm very pleased that the Health Care Subcommittee has scheduled this important hearing today to discuss outpatient services for our local veterans. I'm looking forward to hearing today's testimony, and hopefully it will go a long way to answer a few questions that I have regarding veterans' health care in rural areas and bedroom areas such as ours.

One of the great concerns of the aging American veterans' population is a means of meeting the growing need for affordable, readily-available health care services. I'm not speaking necessarily about serious illnesses that absolutely require hospitalization, but rather, about the relatively minor ailments and problems which nowadays can usually be treated effectively on an outpatient basis. Unfortunately there are hundreds of thousands of veterans who live in small towns and rural communities and are many miles away from the nearest hospital or other health care facilities. In order for these veterans to take advantage of the health care benefits they've earned through service to our Nation, they are instead forced to make long, expensive trips to larger communities.

The Illinois Valley, for example, is home to thousands of veterans. In fact, it's estimated that over 43,000 veterans live in LaSalle County and neighboring counties, yet only a tiny fraction of these veterans ever use the VA's health care services because veterans, especially in the LaSalle, Peru, Otto, and Streator areas of LaSalle County, must travel more than 60 miles to get a VA health care facility.

For example, the 1995 annual report of the LaSalle County Veterans' Assistance Commission, whose superintendent Martin Rue will be testifying with us today, states that from 1994 through December of 1995, the VAC in this rural country transported more than 700 low income veterans to VA health care facilities. Accordingly, the LaSalle County VAC spent $30,000 in transportation fees alone in 1995. It is estimated they will spend over $50,000 in 1996, this year, to transport veterans to Hines and other VA hospitals. Clearly, area veterans, local veterans here in Illinois Valley, as well as the Kankakee area, can be better served. I believe veterans' outpatient care services need to be delivered in LaSalle County and the Illinois River Valley, and I'm committed to working in a bipartisan fashion towards this goal.

Again, Mr. Chairman, I want to thank you for extending this courtesy of conducting this hearing right here in the local area, and I look forward to hearing this morning's testimony to address a growing local need. Thank you.

Mr. HUTCHINSON. Thank you, Congressman Weller. [Applause.]

As Jerry mentioned, we're very honored, very privileged to have the chief deputy whip of the U.S. House of Representatives, and a very powerful force in health care reform in general in this Congress; he has been really the moving force in the health care reform efforts in the House of Representatives, but also a proponent and advocate for veterans. And so we're glad to have Denny Hastert, and Mr. Hastert, you're recognized.

OPENING STATEMENT OF HON. J. DENNIS HASTERT, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ILLINOIS

Mr. HASTERT. Thank you, Mr. Chairman. Certainly we appreciate you having this hearing down here in LaSalle County. It's down here because that's how we think of things geographically; it's not, certainly, the southern part of the State, but it's a very important area. I represented this area for a number of years, and then when Jerry came in, and a little bit before that they moved me up to Northern LaSalle County, so I represent Earlville, Mendota, and that area in LaSalle County. But I know the special efforts that you took to leave your family in an area that's been somewhat devastated by tornadoes, and we appreciate you coming here today. I know that Representative Ewing, who represents Livingston County, just adjacent to us, wanted to be here today but he is drawn back to his district because of tornadoes down in the area between Kankakee and Decatur. So that's where he's at, taking care of those emergency issues. But one of the things I think you can be sure of, Mr. Chairman, this area, especially in the Ottawa and LaSalle/Peru area, certainly the veterans are a very, very proud group of people, and I've worked with them very closely in past years and they, especially people like Marty Rue, I've dealt with for years and years, and other familiar faces in this group, certainly are great advocates of the veterans' issues and veterans in this country.

According, as Jerry said, to recent statistics, there's about 12,500 veterans living right here in LaSalle County. But when you add in Livingston and Lee County and DeKalb County and Kendall County, and those areas around, in Kankakee County, that touch this

area, Grundy County, there are well over 50,000 veterans. So it's critically important that necessary VA services be available to these veterans, and in reasonable proximity to their homes.

But that's not the situation today. Veterans in LaSalle County who require VA services have been forced, on many occasions, to travel great distances for that care. Veterans have traveled to Chicago and Joliet and Peoria, even as far away as Danville and Iowa City, to obtain these services. Quite often this travel becomes a hardship for the veteran and his family, depending on the individual veteran's medical condition. He may be unable to drive himself to a far-off VA facility or his treatment may require repeat visits to a VA facility over a short period of time. An inpatient treatment could even force a veteran to be separated from his loved ones because of the distance and time involved to visit.

I recently led an effort in the House in the past, some common sense health care reform for all Americans that makes insurance more available, so people have affordability, so they can move from job to job or job to early retirement and still get insurance and do away with pre-existing condition penalties that were always there. With my colleagues that are here today and our friends in the Senate, who are working on that bill as we speak, we hope to send the bill to the President soon.

One of the points, I reminded my colleagues, however, that accessibility to health insurance meant little if it wasn't affordable. Here today, ironically, what we have is the reverse. The services are there for the veterans, but because of the distances they need to travel, it's not accessible. I'm happy to be part of this effort to make the services that you are owed as a veteran, who fought for your country, more accessible.

Let me say also that we can provide those services in a cost-effective manner. I know that Dr. Cummings will address the creative way the VA is undertaking to meet the needs of our aging veterans population, and we'll also hear testimony about delivering services efficiently through a joint public/private partnership. That's welcome news. If we are to balance the budget and still care for our seniors, the poor, the disabled and our veterans, we're going to need to continue to rethink how we address our problems.

I want to especially thank Jerry Weller for being persistent on this issue and doing a great job in the U.S. Congress in representing veterans in this area that he represents. I also want to thank our colleague, Lane Evans, coming on over from Rock Island, that his district comes up to Bureau County, to be here today, also.

We're working hard trying to find new ways to serve those seniors. Just the other day we passed the repeal of the earnings test on Social Security so those folks between the age of 65 and 70 can work and not be penalized by the IRS and be charged, on a marginal tax basis, twice the amount that millionaires have to pay on their income tax. So we're getting things done. Bear with us. We appreciate your attendance here today, and we're going to try to work with you to get something done here in LaSalle County. Thank you very much. [Applause.]

Mr. HUTCHINSON. Thank you, Congressman Hastert. As some of the other members have alluded, in my district last night, there was a devastating tornado that ravaged the largest city in my dis-

trict, Fort Smith, AR. The downtown was virtually destroyed, and there's been several deaths and we're not sure how many injuries. Because of that, I've had to rearrange my flight plans and will be excusing myself early from the hearing. So I hope that you'll forgive me and be understanding about that, but I do need to get back to Fort Smith because of the tragedy there last night. I know Congressman Ewing really wanted to be here today. His district was struck by tornadoes. Mr. Evans said that there were tornadoes in his district that caused injury.

So what I would like, before we have the first panel come, is for all of us to bow and have a moment of silence, as we remember those victims and their families this morning. [Pause.]

We will hear testimony from three panels this morning. The first panel is composed of Dr. Joan Cummings, the Network Director for Veterans Integrated Service Network Divisions, Division Number 12, and the former Director of the Hines VA Medical Center, and she is accompanied by Mr. John DeNardo, the current Hines Director, and Dr. Gerry Tikoff, the Chief of Staff. So if the first panel would come to the table.

Each witness is requested to summarize your testimony, as your full testimony will be entered into the record. We will operate under the 5-minute rule, so please summarize your testimony within 5 minutes, and then each member will have 5 minutes to ask questions in each round of questioning.

STATEMENT OF JOAN E. CUMMINGS, M.D., NETWORK DIRECTOR, VETERANS INTEGRATED SERVICE NETWORK NO. 12, DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY JOHN DENARDO, DIRECTOR, HINES VA HOSPITAL AMD GERRY TIKOFF, CHIEF OF STAFF, HINES VA HOSPITAL

Dr. CUMMINGS. Thank you, Mr. Chairman. Mr. Chairman, I thank you for the opportunity to represent the Department of Veterans Affairs and VISN 12 at this hearing. VISN 12 has LaSalle County in its primary service area. We are working to improve our ability to provide appropriate and necessary care to local veterans. As has been mentioned, there are approximately 12,500 veterans in this county. We are currently serving, or have provided service to, slightly over 900 of these veterans in the past 3 fiscal years. The patients are seen primarily at Hines, Joliet Clinic, West Side VA in Chicago, Peoria Outpatient Clinic, Danville or Iowa City.

As you're probably aware, there's also a State Veterans Home in LaSalle. That home is provided support and backup care by Hines Hospital. Not all of those veterans have required visits or hospitalizations at Hines but VA does support care for these veterans through our per diem and our partnership in the inspection process of the State home.

As part of the VISN planning process we're evaluating our patterns of care and our relationships and sharing agreements with community agencies and with community leaders, to optimize the access to care for our veterans. One example of this is our sharing with the Will County Health Department in Joliet. This came about as part of the Joliet Clinic's care for veterans with psychiatric disorders. This sharing allows us to obtain 24-hour crisis hotline coverage for these veterans at a distance from our main fa-

cility and while VA doesn't provide this service directly, we work in partnership with the Health Department. Investigating other arrangements such as this will allow us in the future to improve access for veterans within our resources.

Flexibility in planning or implementing sharing or partner agreements with the community, for example, private practitioners, public health system, the Institute of Hygiene to name a few, could be simplified if VA were given expanded authority to enter into innovative contractual relationships for providing health care services, especially at the local level. This would definitely allow for better use of our resources and this would enhance, I think, the access to care issue for veterans.

Mr. Chairman, this concludes my statement. I'm pleased to respond to any questions.

[The prepared statement of Dr. Cummings appears on p. 72.]

Mr. HUTCHINSON. Mr. DeNardo, you're recognized.

Mr. DENARDO. Sir, I have no prepared comments.

Mr. HUTCHINSON. Dr. Tikoff.

Dr. TIKOFF. I similarly have no prepared comments.

Mr. HUTCHINSON. Dr. Cummings, let me begin the questioning today. Understanding the interest in establishing access points for veterans within your VISN, have you done any kind of studies to document the needs in LaSalle County for an access point? You mentioned a number of veterans served and so forth, but beyond that, have there been any other studies?

Dr. CUMMINGS. Yes, Mr. Chairman. Part of that data is part of what we're looking at for our whole VISN. We are using demographic data and have looked at matching veterans service, the veterans census data with a veterans questionnaire and veterans survey that's done. The purpose of this is to look at areas where we can improve services, particularly for those veterans who may have difficulty in accessing other care, that is, for those uninsured or category A, service-connected veterans. We know, as has been alluded to, that service-connected veterans in our category A are much less likely to have insurance. We've been able to identify throughout VISN 12 areas that we need to look at further in terms of providing access. That is one area that we've had preliminary discussions with communities. That demographic process allows us to target underserved areas where there are veterans who we believe are at higher risk because of income or employment status.

Mr. HUTCHINSON. And in your opinion, LaSalle County fits that demographic model?

Dr. CUMMINGS. Yes, yes, it would, sir, in the sense of having a significant population where there's access because of the distances that have already been mentioned.

Mr. HUTCHINSON. VISN 12, as I understand it, has a mix of both urban hospitals and rural hospitals within the VISN. What is your policy as director in relation to the establishment of these access points as far as the relationship between the urban and the rural? Do you believe that rural areas should have a higher priority? Has the Veterans Health Administration established any criteria to guide you in your planning on where these access points should be, where they should be located, what should be given the priority?

I know, of course, the VISN organization is fairly new, but have they yet brought down any guidelines on the efforts to create more of these access points and where they should go?

Dr. CUMMINGS. There actually are draft criteria being developed. We've taken a look at some things. A lot of the issues in those draft criteria relate to access and travel and accessibility.

I might add that when you look at travel and accessibility, there are some places, for example, on the south side of Chicago, where the access, because of transportation, is very difficult to VA facilities, also in terms of cost.

So the criteria are being developed that look at issues of access, travel, cost to the veterans, as well as the population, as there's a significant population that needs access to the system.

Mr. HUTCHINSON. Dr. Cummings, understanding that the establishment of access points must come from existing resources within the VISN network, do you have an estimate on how much your network can support, based on preliminary estimates of the fiscal 1997 budget projections? Do you have any kind of feel for how this would fit into your budget plans?

Dr. CUMMINGS. I don't have specific data on that. We're having a meeting of all of our facilities in several weeks to look at the proposed 1997 budget. As you know, it has not been out there in front of us that long.

I do believe, though, that we have the opportunity, and if there were the flexibility to work with local agencies, this would allow us to divert some money. I think it's important for the committee to remember that if we are able to intervene with outpatient care earlier, we may actually be able to decrease some inpatient care. In our VISN we've had a significant decrease in inpatient beds. Many of the facility directors believe that can be taken further. That's enhanced if veterans or patients are seen earlier in their disease. So I believe we have opportunity to move resources to some of these areas in the coming year, but I'm afraid I don't have specific numbers.

Mr. HUTCHINSON. Mr. Evans.

Mr. EVANS. Mr. Chairman, thank you. Doctor, do you need to wait for the development of formal VA criteria concerning placement of outpatient clinics, or can you go ahead and try to launch those facilities here or elsewhere in the network?

Dr. CUMMINGS. There is no mandate on us waiting, and I think the draft criteria are ones that many of us have sort of intuitively used. I think Dr. Kaiser's issue of looking the value of the care, which includes access, cost, satisfaction, and quality would drive how these criteria are being developed. So we've not received a mandate to not look at planning and wait for these criteria.

Mr. EVANS. I salute you for your broad vision. I think we're going to need that in the future, and working with partnerships is also something Congressmen have alluded to as more of a need. We appreciate the common approach.

Thank you, Mr. Chairman.

Mr. HUTCHINSON. Thank you, Mr. Evans. Mr. Weller, you're recognized.

Mr. WELLER. Thank you, Mr. Chairman. Dr. Cummings, again I appreciate the extraordinary assistance you've given to my district

already. Of course, as you know, I always come back asking for more. I do appreciate everything that you've done and your participation today in presenting testimony.

In your testimony, you talked about how you're looking for new ways of doing things. Of course, Congressman Hastert pointed to that, as well. How can we do a better job with the resources we have and deliver quality health care for veterans and do it more efficiently, which allows us to provide more services, do a better job of managing those dollars.

In your testimony, you alluded that you may need some additional authority given to the VA regarding your ability to contract, say, for example, with existing local health care providers in rural areas, for example, such as the Illinois Valley area. I was wondering, could you elaborate on what type of authority you feel you would need?

Dr. CUMMINGS. Yes, sir, I could, just briefly. As you may be aware, VA is restricted to contracting with health care providers to either governmental agencies, medical schools or scarce medical specialists. As we move into an area of primary care, there may be some circumstances where we would like a partner for primary care that currently doesn't fall within that statutory language.

In many areas, an access point may not need to be bricks and mortar. It may be a partnership, such as we have with the Health Department. But we could do the same kind of partnership with a practice group or a medical society or various other community agencies, if that contractual authority were expanded to let us do that. And that expanded authority, I believe, is something that would assist us to develop these partnerships. I think we would get far more use of resources if we partner with the community rather than try and duplicate services.

Mr. WELLER. Just to make sure I have a clear understanding. Say for example, a local hospital is interested in working on a partnering relationship, would you have that authority now?

Dr. CUMMINGS. We have the authority with a medical school and our affiliate. I think the specific example that I would use for primary care is if we knew a physician that we wanted to contract in a rural area and wanted to do, whether capitated basis or contract for care for a certain number of veterans, we can't currently do that.

Mr. WELLER. You cannot?

Dr. CUMMINGS. No.

Mr. WELLER. Now, a local hospital that is not an educational facility, you can or cannot contract them?

Dr. CUMMINGS. I believe that we can't at the moment. It may be if it's owned by a State or county government, we might have some chances.

Mr. WELLER. But a not for profit or a for-profit hospital, right now you do not have the authority?

Dr. CUMMINGS. We could not, right.

Mr. HUTCHINSON. Would the gentleman yield?

Mr. WELLER. Sure.

Mr. HUTCHINSON. Just on the issue of contract authority, I would like the audience to know and the panel to know that the contract authority issue is dealt with in eligibility reform, which we will be

marking up in the subcommittee on April 30. So hopefully that which you lack now in that authority, will be taken care of.

Mr. WELLER. Thank you for clarifying that.

Just one follow-up question. I was wondering, you're comparing the cost of delivering quality care between the traditional bricks and mortar approach. In the past somebody would want to build a facility to deliver health care, whereas you're looking for different ways through your partnerships. Do you have cost comparisons? If we can use the Joliet facility for an example what the difference is in providing health care, the difference between an outpatient facility as traditionally traveling up to Hines Hospital, the cost of delivering that health care.

Dr. CUMMINGS. Those are very difficult to make. The Joliet facility we didn't build. That is leased space. So I don't have a comparison between that and the clinic. I think what we're going to see over time is the VA is moving to measure, especially when we move to capitation, we will be able to look at what are we spending per patient, and I think some of those things may be more clear. But I don't really have the figures that would compare that.

I think most of us would believe that it certainly would be less expensive than trying to build your own facility if we were able to join with someone else, but I don't have dollars for that.

Mr. WELLER. If you have access in your agency to get some actual figures, if someone has done an analysis, I'd very much like to see them if you can share them with the subcommittee.

Dr. CUMMINGS. I'll certainly find out if we do. I'll let you know if we do, sir.

(NOTE: Dr. Cummings was unable to locate any such analysis as requested by Congressman Weller.)

Mr. WELLER. Thank you. That concludes my questioning. Thank you, Mr. Chairman.

Mr. HUTCHINSON. Thank you, Mr. Weller. Mr. Hastert.

Mr. HASTERT. Thank you, Mr. Chairman. A couple of questions, basically to fall back on something Jerry was asking about and Chairman Hutchinson talked about, your authority to contract.

Is that rules or regulations or does it have to be legislative?

Dr. CUMMINGS. It is statute, legislative.

Mr. HASTERT. Let me, for the benefit of the audience, just kind of walk through a situation. If they had an outpatient care center—say it happens to be here in LaSalle County someplace—what type of things could they go and get treated, as opposed to having to go to Iowa City or up to Hines or someplace like that? What would be the routine types of things, just for the benefit of the audience, that they could get taken care of?

Dr. CUMMINGS. It would be what we generally call primary or basic care. The evaluation of minor ambulatory illnesses can often be done in a primary care setting—hypertension, preventive treatments, vaccinations, annual reviews of physicals, some diagnostic testing. Much of what veterans would generally get in their own physician's private office could be done and would be done, we think, in primary care. I think we also would have an ability to provide specialty services depending on the need and on the volume. There are some services that clearly would make more sense for the testing to be done at our facility, but if they were a high

volume specialty services in a certain area we might want to look at exploring that. But most of what people get in their primary care for their ongoing care, especially for chronic disease where follow-up care is needed, we could do that locally.

Mr. HASTERT. In essence, you could do really a lot of the tests, blood tests, and those types of things you could do here without somebody traveling all those miles to get it done. What about routine practice. Say, you had a pulmonary patient and he could come in and get checked and do his whatever exercises or whatever treatments he could do in an outpatient care instead of having to travel all those miles?

Dr. CUMMINGS. I think that is quite possible, yes, sir.

Mr. HASTERT. I don't want to put a number on it or percentage on it, but we could guess that probably 75 to 80 percent of all the things that somebody would have to go to a veterans' hospital for on a routine basis, they could probably get most of those things here. I mean if somebody is really sick or if you need an operation or something like that, we know it has to be done in the hospital. But the checkups, the blood tests, treatments that you get, the follow-up treatments, these could all be done right close to the home.

Dr. CUMMINGS. Yes, certainly it could. I think the one caution we need to make, as we switch from more inpatient to outpatient, is we're doing a fair amount of very sophisticated and therefore, often more expensive tests as outpatients. As we do more of that, I would think that some of the very technical equipment driven testing you might still want to do that, but most of the followup and the checking to make sure that the treatment is progressing well could be done more locally.

Mr. HASTERT. So the normal things that somebody would have to go back to the doctor's office for, routine checks and those types of things, you could get done in an outpatient facility, which would really save people a lot of miles.

Dr. CUMMINGS. I think so.

Mr. HASTERT. I really appreciate your work on this, working with Jerry and certainly your efforts in Joliet, which I also used to represent once upon a time. I really appreciate your work.

Mr. HUTCHINSON. Thank you, Mr. Hastert. Do other members have questions of this panel?

Well, may I commend you and compliment you, and I think Washington, DC could learn a lot from your brevity and your specific answers. So thank you very much, and you're dismissed.

Dr. CUMMINGS. Thank you. [Applause.]

Mr. HUTCHINSON. The second panel this morning is composed of Mr. Robert Foster, Director of the Illinois Department of Veterans Affairs; Mr. Martin Rue, the Superintendent of Veterans Assistance Commission of LaSalle County. If the second panel would come. And at this time, with great regret, I'm going to excuse myself and ask Mr. Weller to take the chair of the subcommittee.

Let me extend to all of the participants in the panels my appreciation, and I want the audience here to know today that the subcommittee will take all of the testimony that we're gathering today very seriously and take the recommendations of Mr. Weller very seriously as we progress on this issue, I think a very important issue. Thank you. [Applause.]

Mr. WELLER (presiding). A warm round of applause to thank Chairman Hutchinson. [Applause.]

We certainly send our prayers with Congressman Hutchinson and with the bad news that came from his home town this last evening, and I think we all understand his desire to get home and look after the needs of his neighbors.

Panel 2 includes the Director of the Illinois Department of Veterans Affairs and the Superintendent of the Veterans Assistance Commission of LaSalle County. With that, I'd like to ask Mr. Foster, and as was pointed out earlier, your entire testimony, if you'd like to submit that for the record and summarize, as we are observing the 5-minute rule. Again I want to thank you for participating and enjoy the real privilege of working with you and thank you for your leadership in serving as Illinois chief advocate for veterans. So with that, I ask if you would submit your testimony.

STATEMENTS OF ROBERT FOSTER, DIRECTOR, ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS, AND MARTIN J. RUE, SUPERINTENDENT, VETERANS ASSISTANCE COMMISSION OF LA SALLE COUNTY

STATEMENT OF ROBERT FOSTER

Mr. FOSTER. Thank you, Mr. Chairman, Honorable members of the committee. It is a pleasure to appear before you to offer testimony on the position of the Illinois Department of Veterans Affairs on the establishment of VA outpatient services at our Manteno Veterans' Home and in the LaSalle community.

As the Director of the Illinois Department of Veterans Affairs, I am charged with the responsibility of providing and advocating for all of Illinois' veterans. I'm responsible for a variety of health care and benefit programs, which includes the administration and oversight of four long term care health facilities at Quincy, Manteno, Anna and here at LaSalle. Also under my direction are 43 field service offices located throughout the State of Illinois which provide direct access to the State's some 1.1 million veterans, their dependents and survivors in obtaining any state and Federal benefits and entitlements.

First and foremost, I believe that the U.S. Department of Veterans Affairs health care delivery system can and must continue to exist in any future national health care environment. However, if it is to continue then it must provide service to more veterans.

The establishment of VA outpatient services in the LaSalle and Manteno areas would certainly accomplish the goal of reaching out to veterans. The most current VA demographics show 43,110 veterans residing in LaSalle and contiguous counties while there are 59,120 veterans in Kankakee and bordering counties.

The attitude of the U.S. Department of Veterans Affairs and that of Congress to seek the expansion of health care services into local communities and to investigate the feasibility of entering into agreements with local hospitals and health care providers for the community based treatment of veterans is certainly refreshing.

Our four State Veterans Homes offer quality care ranging from domiciliary to skilled nursing care. Unfortunately, we can only provide care to our resident members, and even then it requires the

assistance of the Federal Department of Veterans Affairs facilities. This means our residents must often be transported to the nearest VA medical center. For example, during calendar year 1995, a total of 785 residents were transported from our Manteno Veterans' Home to the VA Medical Center at Hines. There were 278 trips made by Manteno Veterans' Home staff while another 60 trips were made by ambulance. Hines is 50 miles from Manteno, and if traffic is not heavy the trip takes one hour and 15 minutes one way. Due to the varying appointment times, a veteran with an early appointment may have to spend long hours in a waiting room before another veteran with a later appointment is ready to return to the home. These trips are not only expensive for the State of Illinois, but also difficult for many of our frail and infirm veterans who have to leave early, spend a long day and return home late. Veterans of the State of Illinois have earned and deserve better.

The Iowa City VA Medical Center operates an outpatient clinic on the campus of our Veterans' Home in Quincy that serves veterans from the surrounding communities. During federal fiscal year 1995, there were 10,001 visits to the clinic. Inasmuch as I appreciate this service to Western Illinois' veterans, the clinic has not been staffed properly to expand services to our resident veterans at the Quincy Home, and we're hopeful that the U.S. Department of Veterans Affairs will also consider rectifying that situation. A one-way trip from the Quincy Veterans' Home to Iowa City Medical Center is 135 miles.

The location of VA outpatient services in the LaSalle and Manteno community to make health care more accessible would be an excellent solution and certainly has the support of the Illinois Department of Veterans Affairs.

Finally, we at the state level are excited about the possibility of expanding federal health care for veterans and pledge our complete cooperation with the United States Department of Veterans Affairs in accomplishing that goal.

Thank you, Mr. Chairman.

[The prepared statement of Mr. Foster appears on p. 74.]

Mr. WELLER. Thank you, Director. Next, I'll ask Martin Rue, the Superintendent of the Veterans Assistance Commission of LaSalle County, to give your testimony.

Marty, thanks for being here.

STATEMENT OF MARTIN J. RUE

Mr. RUE. Thanks for this opportunity.

Welcome to our area, to the committee and Mr. Chairman, who took the time to come up and put on this official hearing.

The concerned veterans in the Illinois Valley are grateful for the opportunity to at least have our voices heard in Washington, DC concerning a plight that's been ongoing with us since 1980. In fact, in 1985 the Illinois Department of Veterans Affairs noticed this problem of a lack of medical care in our rural areas and joined with us in a quest to try and locate an outpatient care facility in our area. In fact, I've submitted with the testimony as an exhibit, a letter from their department discussing this issue.

Currently, the requests of our veterans in the Illinois Valley area has been for health care services. Our closest, as has been stated,

outpatient medical care facility is over 60 miles from our Illinois Valley area. The closest VA hospital is well over 100 miles from our rural area. What we need is some kind of health care services in our geographically remote rural setting. We have no mass transit system and there is no other state or federally-funded transportation system to get our veterans from this area to the closest VA provider, which would be over 60 miles away. The only way our eligible veterans can receive quality VA medical care is to drive to a VA medical facility. Normally they must find a neighbor, friend or relative who is willing to take off work to travel that 60 miles. They further realize that they'll be gone for practically the entire day. If we go to the closest outpatient medical care facility, it takes over an hour and a half one way to get to that facility. By the time the veteran is examined, gets his tests and waits for his prescriptions, we're talking about another 2 to 3 hours. He must then travel back home, so we're looking at an eight hour day for those individuals.

Some of our veterans travel to Hines VA Hospital. A round trip to Hines is over 200 miles. A third of our veteran populace uses Iowa City, which is over 300 miles round trip. They also utilize Danville VA Hospital, which is a 280-mile round trip. As I had stated earlier, the only way that they can get there is through someone providing their transportation assistance.

I have included in my testimony four types of cases in which we had assisted our veterans. One of them pertains to a veteran who was pensioned because of his limited income and resided in a nursing home. The second veteran was also in a nursing facility, but those two particular cases, one veteran was in a full body cast and the other individual had IVs extending from his body. Both required ambulance transportation. This cost our LaSalle County VAC well over $700. In the event that these individual do not go to the VA Hospital for these announced examinations, then those veterans are not entitled to receive the needed medication. Their medication can cost $200 to $300 a month, if the VA doesn't send it to the nursing home. Our doctors here are not permitted to write the veterans' prescriptions for the VA to fill.

We have numerous organ transplant patients here in LaSalle County. It saddens me to see a veteran who has had an organ transplant be required to travel 300 miles in order to be eligible for their medication. In many instances they have it sent through the VA outpatient medical pharmacy. If it doesn't get here on time, they then have to go to local pharmacy and pay $500 or more out of pocket in order to get the medication they need. We've interacted on many of those cases.

Another problem we're having here in our rural area is that veterans from our urban and metropolitan areas are coming out here to live. These veterans have incurred diseases that are terminal. Some of these terminal disease are HIV and other cancers. Those veterans' medication could cost $600 to $700 a month. They are on fixed income and cannot afford to pay of pocket. To make their life in their final stages more bearable they should not have to travel 200 to 300 miles in order to get their medication. The sad thing is, in their final stages of life, it's physically impossible to make those trips. It further causes more trauma to their body. I feel it would

be wiser to have that access to VA quality health care available locally.

I concur with the VA's attempt to reach out to geographically remote areas and provide the quality health care services that are veterans need. I concur with VA Under Secretary for Health Dr. Kenneth Kizer's attempt to revamp the VA health care system and make access to quality medical care for our veterans who reside in rural areas in the State of Illinois, better. To date we have not had that happen here in the LaSalle County area.

LaSalle County is the fourth largest county in the State of Illinois, and we are ranked 16th in our State in total veteran population. We have over 12,500 veterans in the LaSalle County, another 3,500 from Bureau County and 4,000 for Livingston County. All of those eligible veterans would be willing to travel less than 30 miles or less than 30 minutes to receive VA medical benefits. Of the 12,500 veterans in LaSalle County, over 75 percent are war era veterans. That means they're entitled to the full range of medical benefits but yet can't get to the VA facilities to receive those entitlements.

I submit to you that the U.S. Department of Veterans Affairs is medically underserving our rural area. We need, as Representative Evans has stated in one of his letters to us, access to quality medical care. I'm grateful to Congress and the VA for addressing our problem and trying to take care of our medical needs. I would like to remind you also that I believe that was intent of our past President and statesman from Illinois, President Lincoln, when he made the statement, "To care for him who shall have borne the battle, and his widow and his orphan."

I grant you that it may appear that it's not fiscally sound to build a VA medical outpatient care facility. I do understand that we do have licensed health service providers in our area that are willing to enter into a contract with the U.S. Department of Veterans Affairs. They would be willing to offer a full array of all medical services that we're entitled to receive. We also have a health planning board in LaSalle County that would be able to take care of those veterans who need help with mental treatment. Case in point, we have veterans in our area who are receiving grants for mental health services through Veteran Outreach in Springfield, IL. They contract with LaSalle County Mental Health to provide the treatment, as Dr. Cummings was alluding to with the Joliet facility for mental disorders. The problem that we have is those doctors are not authorized to write prescriptions for our veterans. Our veterans have to go to Iowa City, which is a 300 mile round trip almost monthly, just to get a VA doctor to write the order for their prescription. I would encourage that we look strongly at entering into a contract with the local health service providers and try and do all we can to make quality health care accessible in our area.

I have over 6,000 signatures here which I'll be submitting after I testify to this committee. These are people from our area who are in total support of this type of facility. I am also submitting in the testimony all the units of government, veterans' groups, labor and grass roots people who are also in total support of getting a clinic located in our area. We have over 30,000 people who would benefit from this. As I had stated earlier, we have no subsidized transpor-

tation systems. I can assure your committee, we do have all the assets in place that would benefit a VA outpatient care facility. We have needed highways, airports and a junior college that could provide any education and training needed. We have a highly trained workforce in the immediate area. We further have a Veterans' State Home that could benefit from this service. You could make our dreams come true which dates back to July 29th of 1986. Way back then it was obvious that our area had a dire need for an outpatient medical care facility. That need has only increased over the years. We ask you to concur with us and pass the legislation that's necessary, to make it available for Dr. Cummings and her group to offer these contracts. I would encourage your committee and the U.S. Department of Veterans Affairs to strongly consider entering into contractual services with our local hospitals or health service providers. I further ask that they be required to provide a total array of quality medical care. For their service, I believe they should be paid at a rate no less than Medicare. At that rate, these facilities would be more than happy to service our needs.

That's all I have to say. Please read my testimony. [Applause.]

[The prepared statement of Mr. Rue, with attachments, appears on p. 29.]

Mr. WELLER. Martin Rue, you've definitely been a person, over the years as I've worked with you, who reinforces the old adage, persistence pays off, particularly with your leadership and the major role that you played in bringing the LaSalle Veterans' Home to LaSalle several years back. I want to thank you for your testimony and without objection, the letters of support from various local governments, local organizations, are submitted for the record, along with your testimony.

Mr. RUE. Thank you.

Mr. WELLER. If I could begin my questions. First, I'd like to direct my first question to Director Foster. Of course, you state in your testimony you're a strong advocate of bringing veterans' outpatient services to the Illinois Valley, as well as the Manteno Kankakee area, and I was wondering what, in your opinion, as a leader for veterans, what do you feel is the best strategy for delivering outpatient care here in the Illinois Valley?

Mr. FOSTER. Basically the creation of an outpatient clinic here that would provide not only primary care, but also that would allow specialists from Hines Hospital to come to the clinic on a scheduled basis to provide such things as special care for pulmonary patients and things of that nature. Inasmuch as I support any concept to opening outpatient clinics in rural areas of Illinois, the outpatient clinic at Quincy Veterans' Home that happens to be on the grounds of our home has not provided any care at all for the residents of the home.

I'd like to state that I certainly appreciate the efforts of Congressman Evans to have that clinic located at the Quincy Veterans' Home. He worked long and hard for that endeavor and it has certainly been a benefit to the veterans of Western Illinois. I would just like to see the future development of these clinics to include specialists for a variety of special nursing and health care needs, such as pulmonary doctors and so on.

Mr. WELLER. With a quick yes or no, if we're successful, which we'll be pursuing given the authority that Dr. Cummings referred to, to allow VA to have greater flexibility in contracting with existing health care providers already in the community, if we're successful in getting that statutory change made by passing legislation, getting it signed into law, would you support that option as a way of delivering outpatient care?

Mr. FOSTER. Absolutely. I'd be 100 percent in support of that.

Mr. WELLER. Thank you, Director. Mr. Rue, as I understood from your statement, you also support the option of contracting with existing health care providers once the authority is given to the VA, is that correct?

Mr. RUE. Correct. It alleviates duplication of services. We have the medically trained personnel on hand. They're all licensed. I see nothing wrong with them providing that VA quality medical care. I think it's fiscally responsible.

Mr. WELLER. If it's located in the local community, it's far more convenient, as several people have pointed to in their statements, as well as in their testimony. You provide transportation assistance to low income veterans who need help now. Would you continue to provide that even if they're receiving the services right here in this community?

Mr. RUE. Yes. There will still be the need. As I stated in my written testimony, in the past 3 years the LaSalle County VAC has averaged over $30,000 a year in expenditures. This year we're going to be spending, close to $60,000. We could cut that cost practically in half and create less trauma on the individual having to be out of their home with medical ailments for 6 or 8 hours a day. For those traveling to Iowa City they may be gone for 12 hours before they get back home.

Mr. WELLER. I've talked with a lot of veterans and everyone here I know is a friend of yours, and you're very active working with local veteran service organizations here in the Illinois Valley area. You indicate in your testimony there's about 700 veterans that you've provided transportation assistance in this past year.

Mr. RUE. Yes. There were over 700 veterans that the LaSalle County VAC has provided with transportation.

Mr. WELLER. Okay.

Mr. RUE. But their income limitations are low. They're not nearly half as high as the means test which the VA uses. There's that group of veterans out there, that we can't even provide the service for. With the health care changes, I understand, they're going to make access to VA medical care open to all veterans, using third party reimbursement. That's at least better than a third of those veterans I can't assist. So we're looking at 12,000 initially who would be utilizing that service.

Mr. WELLER. So you would see a significant increase in veterans who would participate in the VA health care system if it was more convenient.

Mr. RUE. Most definitely. We have no subsidized transportation system. It takes us 3 days bringing limited public transportation to get a veteran to a VA health care facility. That's why we have to provide private transportation, which at 20 cents a mile cost us over $30,000 average per year for the last 3 years.

Mr. WELLER. Okay. Thank you, Mr. Rue. I recognize my time has been used up. I recognize my friend here, Mr. Evans, for his questions.

Mr. EVANS. Thank you, Mr. Chairman. Bob and Martin, I think you've weighed out a compelling case in terms of statistics and in terms of real human need here for this clinic. I thought maybe it would be good to do a little poll here before we let you go.

Would everyone here today in favor of a clinic please raise their hand? [Laughter.] [Applause.]

Is there anybody against? We don't really see that unanimous kind of support in Congress for a lot of different things, so it's good to see that. We appreciate it very much.

Are there things that we can do, though, before we may be able to get a clinic or a service agreement, Martin, to deal with some of the specific problems that you're having? For example, it occurred to me that if you're taking some veterans all the way to Iowa City, we might save them about 50 to 55 miles if they were to access the Bettendorf Outpatient Clinic. Is that a possibility for certain veterans?

Mr. RUE. Right. The Peoria Outpatient Care is over 60 miles from here. Many times it takes 3 to 4 months to get into that facility because of the number of veterans needing care. When Bettendorf was opened, you used to be able to walk in there. There are no more walk-ins. They can't take them. The veterans had rushed there to get into the facility. Joliet has just opened. I would presume it wouldn't take a long period of time, with 34,000 veterans in Will County alone, that at that facility we won't be able to access it.

Mr. EVANS. Are there other things we could do in terms of trying to speed up the pharmacy, in terms of getting prescriptions, so that people don't have to incur those costs?

Mr. RUE. Yes. We have doctors I believe here who should be entitled to write prescriptions and follow up on medical treatment instead of having our veterans run to the VA to check their levels, and make sure they don't become toxic. That all could be done here. I don't know if the VA can enter into an immediate contract like that, but that would save us literally thousands and thousands of dollars.

Mr. EVANS. It's something we ought to explore, Mr. Chairman.

Mr. WELLER. Okay. Thank you, Mr. Evans. I recognize Congressman Hastert for any questions.

Mr. HASTERT. Thank you, Mr. Weller. Bob, one of the things just for the record we need to make plain here, in no way if we brought in outpatient care would that impact on the veterans' home here, is that right, or around the state?

Mr. FOSTER. Yes and no, Congressman. We're talking two facilities; one in Manteno and one in LaSalle. At the Manteno facility, we would actually provide and maintain the building structure and so on. We have available space there for a clinic. However, at LaSalle we do not have room at our current nursing home in the community, and it's not very feasible to expand that home, either. I guess here, if we do a clinic, if we provide a clinic in LaSalle it would probably have to be through an existing medical structure, such as one of the local hospitals or something of that nature.

Mr. HASTERT. Last fall we passed a piece of legislation that was a tough part of the telecom bill that we've done in telemedicine. So it's, Marty, going along with your testimony, certainly it's doable to take pulse and tests and X-rays and anything else you'd want to do and move them over the telephone wires or over the air from a centrally-located outpatient clinic to any hospital in the country or for that matter, the world, if you wanted to be able to access. It's certainly a heck of a lot cheaper than an ambulance and the time and expense to move somebody. So I think those technologies are there. I think our job is to be able to cut away the old archaic legislation that we have that builds the walls so that we don't the ability to access these things.

We worked together a long time, especially back in the old days when we were working on the LaSalle Home. Do you think that, for instance, if you were able to network into what we call our provider service network or some type of health care administrative group, that then, even things like home health care where somebody is bedridden and can't get into a nursing home or veterans home and would have to go into a long term situation, into a hospital, even home health care then would become a possibility. How would that affect a lot of people here?

Mr. RUE. That would cut our costs in LaSalle County by probably two-thirds of what we spend currently. We're the 16th county in the State of Illinois as far as veteran population in and all our other 15 counties there is access to quality VA medical care through contractual services in a pharmacy or through VA hospitals within 30 miles of each one of those counties. Some of those counties have two or three VA medical facilities, as Dr. Cummings has talked about.

The other thing that's nice about our area here is we have doctors who have been trained in the VA hospital system. So all we're asking the VA, is to send personnel from their department to determine the veterans eligibility. We have the professional services already here.

Mr. HASTERT. So you have the screening process and then as far as the symptoms and what the prognosis and what the prescriptions are, you could handle that be telecommunication is you had to.

Mr. RUE. Locally. Right.

Mr. HASTERT. I just want to commend both Bob, you've been working on this thing for a long, long time and Marty, I know your dedication, especially here in LaSalle County. And it's with good ideas back home, the common sense that we get from the Illinois Valley and the Fox Valley and those areas, that we can take back to Washington, that makes things work. So I appreciate your work and your good ideas.

Mr. RUE. I'm just grateful that these veterans behind me and throughout LaSalle County gave me the opportunity to work with them.

Mr. HASTERT. You've been doing a good job for a long time. [Applause.]

Mr. WELLER. Mr. Evans, do you have any other questions for this panel?

Mr. EVANS. No, sir.

Mr. WELLER. Again, I want to thank Martin Rue and Bob Foster for your leadership and also for taking time to testify today. What that points out, with the crowd here, Bob and Marty, you've got a lot of veterans behind you literally, in your work and efforts to bring outpatient services to the Illinois Valley and the Kankakee area. So again thank you very much for your testimony.

Mr. RUE. Thank you, and we'll be looking for that come June. [Applause.]

Mr. WELLER. The third and final panel is composed of Mr. Ralph Berkley, Chief Executive Officer of the Illinois Valley Community Hospital, if he'd come forward, and Mr. Thomas Whelan, Acting Administrator of St. Mary's Hospital in Streator, if you would both join us. As we pointed out to the two previous panels, your entire statement will be submitted for the record in its entirety if you wish. We would ask that you summarize your statement.

So with that, we'll begin with Mr. Berkley. If you would present your testimony, representing Illinois Valley Community Hospital.

STATEMENTS OF RALPH B. BERKLEY, CHIEF EXECUTIVE OFFICER, ILLINOIS VALLEY COMMUNITY HOSPITAL AND THOMAS WHELAN, ACTING ADMINISTRATOR, ST. MARY'S HOSPITAL

STATEMENT OF RALPH B. BERKLEY

Mr. BERKLEY. Thank you, Mr. Chairman, committee members, good morning. I'm the Chief Executive Officer of Illinois Valley Community Hospital located in Peru, IL.

In 1994 the hospital, along with 26 other LaSalle County agencies and businesses, came together for the purpose of conducting community health needs assessment. One of the highest priorities identified was the need for improved access to health care.

After 2 years of considering strategies and planning, the hospital, in collaboration with two local health care agencies, is moving forward with development of a primary health clinic. The proposed clinic will be located in LaSalle, with convenient interstate highway access.

As has been testified this morning, LaSalle County veterans currently travel 60 miles or more to VA outpatient or inpatient facilities. Thus, the need exists for conveniently located, affordable, quality outpatient access point for area veterans.

In a time when health care costs are growing and health care needs are growing at an even greater rate, Illinois Valley Community Hospital realizes that duplication of services will only add to the cost problem of health care. To that end, we stand prepared to collaborate with the Department of Veterans Affairs in the provision of a primary care access point.

It is our belief that a collaborative effort between the VA and our community based primary care clinic will provide the best avenue for meeting the needed access points for our residents and the veterans. To that end, we've met with Illinois providers of veterans' health care services and have toured the primary care clinic in Joliet.

Again, it is our philosophy that a collaborative effort between the primary care clinic and the VA would possess the needed capacity

and services to meet the needs of areas veterans now traveling in excess of 60 miles for care.

Illinois Valley Community Hospital supports the development of an outpatient access point for area residents and stands ready to actively develop the needed services in conjunction with local health care agencies and the VA.

I thank you for the opportunity of giving this testimony.

[The prepared statement of Mr. Berkley appears on p. 77.]

Mr. WELLER. Thank you, Mr. Berkley. [Applause.]

Mr. Whelan.

STATEMENT OF THOMAS WHELAN

Mr. WHELAN. It appears that Dr. Cummings has a vision for this geographical region to provide needed medical services as close to her customers as possible. As an administrator, I realize that visions do not become reality overnight, but with strong leadership and grass roots support, such as Mr. Rue and his people, eventually the appropriate balance of quality medical services being made accessible at a reasonable cost can be found, and I cannot stress that cost efficiency issue enough.

In establishing an outpatient access locally to 12,000-plus veterans in LaSalle County and 4,000-plus veterans in Livingston County and the thousands more veterans in the adjoining counties of Bureau, Putnam and even Marshall, the Department of Veterans Affairs can give back to these veterans for the years of dedicated service and loyalty. The medical services should range from physician office visits to diagnostic testing, from therapeutic treatments to medications, and should also include the myriad of community based services such as day care services, chemical dependency and mental health services and home health care.

I would propose that an outpatient facility not be built, but that the Department contract with local providers that most of our veterans are familiar with and with whom they have developed a longstanding relation. This innovative approach would put the Department on par with the HMO's, PPO's and other competitive managed care entities who have adopted this approach to provide accessible, low cost quality health care.

I would further propose that St. Mary's Hospital, its staff and its related medical staff stand ready to provide those needed services in the LaSalle County area. We are uniquely located in the triangle of three interstates, I–39, I–80 and I–55, and service more people than any other hospital in the Illinois Valley. And yet, because of the change in medicine from inpatient to outpatient, still has the capacity to adequately service more. We have one of the lowest wait times in the emergency room in the State and operate our other outpatient services as efficiently.

But regardless of the provider or providers, be it known that St. Mary's Hospital feel strongly that outpatient services to our veterans in LaSalle County and beyond should be provided locally, more accessibly than is presently available and cost effectively. With the government, the providers and the customers working together, we can make this vision a reality.

Thank you very much for your time and your consideration and the support in this caring issue.

[The prepared statement of Mr. Whelan appears on p. 70.]

Mr. WELLER. Thank you, Mr. Whelan. [Applause.]

Before I begin my questioning, I always like to point out, when I talk with folks from St. Mary's Hospital in Streator, I got my start at St. Mary's Hospital. I was born at St. Mary's Hospital here in LaSalle County almost 39 years ago. It's always good to see Illinois Valley, but at least now I have a little personal tie there to St. Mary's.

Let me just begin my questioning here with, does either Illinois Valley or does St. Mary's, have any contractual or any relationship with the VA whatsoever, as of today?

Mr. BERKLEY. We do with the State Home in LaSalle. We do work with them.

Mr. WELLER. What type?

Mr. BERKLEY. We do some diagnostic work for them, admissions. And one of our physicians on our staff covers that home so we have a relationship with them. As far as the national Department, no.

Mr. WELLER. Does St. Mary's?

Mr. WHELAN. A few years back St. Mary's Hospital was recognized as a provider for adult day care service, but that contract has expired and it had to do with accessibility and being able to come out and evaluate the facility I believe. I also believe that we may have a contract for home health care services on a limited basis.

Mr. WELLER. With the U.S. VA?

Mr. WHELAN. I believe so.

Mr. WELLER. You both made it very clear that you stand ready to provide services if the opportunity comes forward and hopefully with legislation we intend to move later these next few weeks, that opportunity will be there. Could each of you specifically give an example, perhaps, of someone in your community who has shown or told you how they personally could have benefited had they been able to use outpatient services through your local hospital? Do you have any examples?

Mr. BERKLEY. I think Marty Rue gave you some clear examples of the type of patients who now need to go either to Iowa City or to Hines or areas like that, and we certainly run across a similar type of situation. I think that those type of patients could clearly benefit from an outpatient access point. I think, as Tom said, regardless of where that is, we're within a 60 mile radius in this area of any type of VA facility. It makes sense to locate that in a geographic center where many people can take advantage of it. So I think you're going to see a significant increase in utilization, just because of the convenience, that type of thing being local.

Mr. WELLER. Thank you, Mr. Berkley. Mr. Whelan.

Mr. WHELAN. I, too, agree there has been a case where a patient that did have cancer needed to go to the VA facility on a regular basis to get assessed and get the prescriptions written by a physician there because they could not access the area, as Mr. Rue referred to. And just recently, I believe last week, we had an individual who could potentially qualify for adult day care services but because we did not have a relationship established, is not able to receive the services in our community.

Mr. WELLER. Kind of building on the statements that you both made, since the Medicare trustees came out with their annual re-

port a year ago in April, stating about the future solvency of Medicare if the Congress and President do nothing, Medicare runs out of money in the year 2002. Of course, I've talked to almost 60 senior citizen organizations and I called Medicare town meetings in the past, since that report came out, talking about what we can do to strengthen Medicare, and one of the most important points the seniors made, number one is they want to preserve their personal relationship with their local doctor and their local hospital. I think you've reinforced that argument by saying that you stand ready to do the same when it comes to VA health care, because your local veterans know you and they trust you because of that relationship they've built up over the years. I think that's a good example of the case that you've built this morning.

With that, I think I've used up my time. I call on Mr. Evans.

Mr. EVANS. Mr. Chairman, thank you. I guess my questions deal with the specific proposals at this time. We're in new territory, for the VA Committee to be looking at these kinds of issues.

Mr. Berkley, do you have a specific proposal for the VA at this time, or is further planning required?

Mr. BERKLEY. No, further work in planning is required.

Mr. EVANS. Is there anything you can give to us for the record, if not today, sometime in the near future, which would be a summary of what your plan is?

Mr. BERKLEY. Yes, we can provide that to you.

Mr. EVANS. I think that would be certainly helpful to us.

My understanding, from reading your testimony, would be that this would be a local primary care clinic, not specifically oriented just to veterans.

Mr. BERKLEY. That's correct, it would not be.

Mr. EVANS. Would veterans have priority of access in this clinic or at least other assurances of timely care?

Mr. BERKLEY. Oh, absolutely. We certainly would have to sit and work the whole schedule out as far as how we would handle that, but absolutely we would see that. It's going to depend on volume and other things to schedule the whole clinic operation. But we see a need for a primary health care clinic regardless, and therefore, it makes sense to us that if we can do something in conjunction with the VA, dual use the space, it would certainly be cost efficient to do such.

Mr. EVANS. Is that what you also see, Mr. Whelan?

Mr. WHELAN. I, too, am in new territory, as Acting Administrator effective March 1. Jimmy D. Lansford, who is a veteran and has been involved in this activity carried the process. So I'm just trying to pick up the ball. I, too, do not have any official plans as such, but we do have an outpatient clinic at this point in time set up on various days. We also bring in specialists. And I would foresee a situation where a couple a days a week that that facility would be established specifically for veterans and have the physicians available to provide services on those days.

Mr. EVANS. Do you both foresee a cooperative agreement between your two hospitals in this regard? Is that a possibility?

Mr. WHELAN. Sure.

Mr. BERKLEY. Sure, that's a possibility.

Mr. EVANS. Mr. Chairman, thank you.

Mr. WELLER. Thank you, Mr. Evans. I call on my friend Mr. Hastert, if he has any questions.

Mr. HASTERT. Thank you, Mr. Chairman. One of the things that you see here, and Ralph, we appreciate you being here and Mr. Whelan, what you see is private entities that are willing to compete, because that's what you're talking about, having the best services at the best price and offering the most things for folks. And believe me, that's how we're going to get people served in this and that's what we're trying to move our whole health care system to, people compete to take care of you. You don't have to go someplace and stand in line, and we know veterans' hospitals have done great things, and they're there and they serve a purpose. If you need to be there for long term or have an operation or hip replacement or something like that, that's the place to go to. But for the routine care and the prescriptions and the screenings and those types of things, there's great opportunity and there's great facilities right here and if these folks are willing to compete to cut down the waiting time and to give you better service, that's probably the way we ought to go.

Although I don't sit on the Veterans' Committee, I am chief deputy whip, and I can tell you, Jerry, you and Representative Evans deliver the bill to the floor and we'll get it passed. I can guarantee that. [Applause.]

One of the things I wanted to say to you folks, one of the things that we hope to be able to deliver to you which is another tool that you could use, hopefully to provide a service network, that you can go out there and even better cut those costs, so we can cut out the middle man and make sure that there is good efficient health care and we can hold down those costs so what people pay for is only what they get. So that they can get that good service and they're not paying somebody else in the middle just to manage the thing.

So do you see those facilities, actually what you're doing is a pretty creative thought here, to be able to serve a whole population of people just in a thumbnail, how would you do it?

Mr. WHELAN. I would have to say that, because of our location, we probably wouldn't service the whole population. I'm not sure how far these guys want to travel. They don't want to travel 60 miles, and I don't blame them, and maybe 30 miles from this area to the Streator area might be too far. That's why my idea for St. Mary's Hospital would be more on a couple of afternoons or a couple of mornings a week to provide mainly for the veterans in the community.

Mr. HASTERT. So a cooperative effort would be something that we certainly could work out.

Mr. WHELAN. Oh, sure.

Mr. HASTERT. So you're saying basically in this legislation, and I understand you're a little bit reticent to say what we're going to serve before you see the legislation. I warn you, don't figure out what you're going to serve until you see the legislation. But I think the creativeness on this end, on the private sector, is there. Congressman Weller and my good friend from Rock Island, Lane Evans, I know that you'll put together a good product and we're waiting to see it. Thank you very much.

Mr. WHELAN. Thank you.

Mr. BERKLEY. If I may respond to Congressman Hastert.

Mr. WELLER. Sure, Mr. Berkley.

Mr. BERKLEY. I think when we look at it from the private side in putting together a full array or continuum of care from the outpatient to the inpatient side, adult day care, home health, all those things, I think both Tom and I work very hard at putting that full continuum of care there for the residents of our particular areas that we serve. I think from the VA's standpoint, those same type of services should be available to the veterans in their communities. We're providing it now and I think by contractual relationships it just further enhances the whole care that's provided, and there are cost effective means of providing health care and something that I think we'll see the success in the future from an overall health care standpoint, but certainly for the veterans who deserve the same type of care and array of services that are available to the other residents in the area.

Mr. HASTERT. Thank you and thanks for your participation. Thank you, Mr. Chairman.

Mr. BERKLEY. Thank you.

Mr. WELLER. Thank you, Mr. Berkley. Thank you, Mr. Whelan. [Applause.]

The third panel concludes the three panels, the testimony submitted by the three panels and I would like to, before we adjourn the hearing, just conduct a little bit of housekeeping. I do want to acknowledge that we do have three individuals, who are people I've worked with in many ways. One I'm particularly proud he's a constituent, and that's the state commander of the American Legion, Ralph Adler of Marseilles, who is right here from LaSalle County. I know Ralph is here somewhere in the room. Let's acknowledge his presence. [Applause.]

I also noted that we had in the audience State Representative Steve Spangler, who has been very supportive of this effort at the state level. LaSalle Mayor Paul Murphy has joined us, as well. [Applause.]

These type of hearings just don't happen by themselves. A lot of work gets done behind the scenes, and of course, those of us who are members of the committee, we're usually up front, but it's people behind the scenes that really do a lot of work. I particularly want to thank the staff of this subcommittee and the Veterans' Affairs Committee for their good work in organizing this first field hearing for the subcommittee. I particularly want to thank them for their special efforts.

In case anyone here in the audience, who wishes to submit a statement, we are going to keep the record open for an additional 10 working days, if anyone would like to submit an additional statement regarding the subject matter, regarding veterans' outpatient health care here in the Illinois Valley or in the Kankakee area, around the Manteno Veterans' Home. We'll keep the record open 10 days. And of course, submit that information directly to the Veterans' Affairs Committee.

I particularly want to thank Congressman Hutchinson, the chairman of the subcommittee, who unfortunately had to leave. We thank him for scheduling this hearing. I also want to thank my friends Lane Evans and Dennis Hastert, both for taking time out

of their schedules, leaving their districts, to be here to attend what I consider to be a very, very important hearing, particularly for the veterans of my district. I think it's been a particularly helpful hearing because I think it really laid out the case for what we need to be doing in the future for veterans' health care and that's looking for new ways of delivering quality and affordable health care for our veterans, and of course, outpatient health care is one of those solutions. Veterans, of course, have enjoyed bipartisan support in the past and of course, we're continuing to work because they do deserve bipartisan support in the future.

So I look forward to working, from a parochial standpoint, working with my neighbor to the west, Representative Evans, and my neighbor to the north, Representative Hastert, in a bipartisan fashion to get the job done, because I believe that this hearing has greatly laid out the case and the need for bringing veterans' outpatient care to the Illinois Valley, as well as to the Kankakee area.

So with that, I want to thank everyone for participating, and this hearing is adjourned.

[Whereupon, at 10:30 a.m., the subcommittee was adjourned.]

APPENDIX

April 22, 1996

Honorable Congressman Tim Hutchinson
1005 Longworth Building
Washington, DC 20515

Mr. Chairman and Members of the Committee:

The Concerned Veterans of our Illinois Valley are grateful for this opportunity to discuss our lack of access to the United States Department of Veterans Affairs Medical Facilities. This problem we have been trying to resolve ever since 1985. In fact the Illinois Department of Veterans Affairs conferred with us and stated that they would also be contacting our federal government in an attempt to procure a V.A. outpatient medical care facility for our area. In a letter from Illinois Department of Veterans Affairs Director David V. Hardwick's Office to Ray Passeri, Executive Secretary of the Illinois Health Facilities Planning Board on July 29, 1986 they express their desire for a United States Department of Veterans Affairs outpatient clinic. I submit to you a copy of that letter marked exhibit 1. I will further add, that ever since 1986 we have been in constant contact with our state and federal elected representatives as well as other leaders of national and state veteran organizations explaining the plight of our rural veterans. We have also been in contact with the United States Department of Veterans' Affairs Secretary Jessie Brown and administrative personnel at Hines VA Hospital in Hines, Illinois and Iowa City VA Hospital in Iowa City, Iowa. To date, our lack of V.A. outpatient medical care still exists. I will include the above mentioned contacts for your record.

In LaSalle County, Illinois we have a Veterans Assistance Commission which is required by the State of Illinois Compiled Statutes to provide financial assistance to those veterans who are honorably discharged and their families who have no adequate financial means to provide for themselves. We are further required to follow closely the Rules and Regulations of the Illinois Department of Public Aid as far as asset limitation and other sources of income. Currently, our greatest request from our veteran community is for transportation to our United States Department of Veterans' Affairs Health Care Facilities. Our closest VA Outpatient Medical Facility is over 60 miles from our LaSalle Illinois area. The closest United States Department of Veterans' Affairs V.A. Hospital is over 100 miles. What we must remember is that in our geographically remote rural setting there are no mass transit system that will take our veterans to United States Department of Veterans' Affairs medical facilities nor are there state or federal subsidized transportation systems available for our veterans use. The only way our veterans can access the United States Department of Veterans' Affairs medical care is by having someone drive them to that facility. For the

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most part, there are three United States Department of Veterans' Affairs hospitals that our area veterans use depending on the specialty medical care that they need. They are Hines V.A. Hospital in Hines, Illinois which is 200 miles round trip from the LaSalle, Illinois area. Another is Iowa City V.A. Hospital which is about 300 miles round trip from our area. The other is Danville V.A. Hospital which is about 280 miles round trip from our area. As you can see, the distance practically requires the veteran to be away from home for as much as eight hours in order to be examined and receive their needed medical supplies and prescriptions. I have had to provide veterans with transportation to V.A. Hospitals that were in nursing homes on a United States Department of Veterans' Affairs pension because of their limited income. They were either in a full body cast or flat on their backs with I.V.'s and tubes extending from their body. If these veterans did not go to the United States Department of Veterans' Affairs hospitals for their examinations, then the VA would not mail the nursing homes the medication the veteran needed which cost hundreds of dollars per month. Had we had a United States Department of Veterans' Affairs outpatient clinic here the veteran would not have had to travel to the United States Department of Veterans' Affairs hospitals for those medical supplies. We have also had numerous veterans who have had organ transplants. These veterans are also required to travel long distances to the VA in order to receive their medication, which prevents their body from rejecting the transplant. They are then mailed their medication from the VA hospital outpatient pharmacy with a limited number of refills. If that pharmacy does not mail out their drugs in a timely fashion the veteran must purchase this medication locally which may cost them between $500 and $600 for a month. If we had outpatient pharmaceutical services here that would not happen. We have veterans that are receiving mental health treatment at our mental health center for their service connected disabilities. The cost of care is being paid for through a federal grant from our Springfield Illinois Veterans Center. Approximately once a month our veterans must travel to a VA hospital in order to have their doctor write their prescription. This could all be done locally. We have also had numerous veterans who were on fixed income and have moved to LaSalle County because it is less expensive to live here than in an urban area. Some of these veterans have been suffering from terminal diseases such as H.I.V. In their final stages of life it is impossible to expect them to have to travel 60 miles or more in order to receive their medications.

I totally agree with VA Secretary Jessie Brown and VA Under Secretary Dr. Kriezer that the VA medical hospitals must revise their practices and reach out to our veterans in geographically remote areas. By doing this they would be able to provide access to quality primary medical care to those veterans who reside in our rural areas of the State of Illinois. To date I have not seen that happening. In fact there seems to be an attempt to locate those outpatient care facilities in Illinois Metropolitan

or urban veteran areas. Some of those sites are within 35 miles from a United States Department of Veterans' Affairs hospital and currently have a transportation system in place to take the eligible veterans from the metro or urban area to the VA hospital and back. This to me does not make the VA hospital more efficient nor competitive as is the private sector of health care. It merely duplicated services and increases VA cost of providing quality medical care. I see no logical or fiscal responsibility taken into consideration when a VA outpatient primary care facility is located in an urban or metro area when for $2 or $3 round trip you can get on a mass transit system or other state subsidized transportation system and be taken right to a VA hospital. In those situations the veterans can afford the cost of transportation or other state or federal agencies will pay for the transportation cost. Lets face reality, this type of revamping of the United States Department of Veterans' Affairs health care does absolutely nothing for those thousands and thousands of veterans who reside in our rural areas which have no mode of transportation available to them other than privately owned automobiles. Those veterans must find a neighbor, friend or relative that is willing to take a day off of work in order to get them to the VA health service provider. It usually takes an hour and a half to drive to the VA health care facility and then expect two hours in waiting for examinations, tests, or medications. They then must pay the driver for the round trip cost of transportation which at 30 cents a mile would cost a minimum of $36. That figure is only based on having to drive 60 miles one way as we have to from the City of LaSalle area of Illinois. I ask you, how can an indigent veteran afford such a fee? Here in LaSalle County our Veterans Assistance Commission has averaged in the past three years a cost of $30,000 a year for this type of transportation at 20 cents a mile and expect to pay almost $50,000 for the year of 1996. I submit our annual report showing the transportation costs and number of veterans traveling to our United States Department of Veterans' Affairs health service providers.

LaSalle County geographically is the 4th largest county in the State of Illinois. We rank 16th as far as veteran population goes in the State of Illinois with 12,460 veterans of which 9,970 of those are wartime veterans. This is in accordance with the United States Department of Veterans' Affairs Report dated July 1, 1994. Over 75% of those veterans residing in LaSalle County in Illinois are wartime veterans. As I view those counties in Illinois that have a higher veteran population than we have I notice that there is a United States Department of Veterans' Affairs Health Care Facility within a 35 mile radius of those counties or a transportation system available to those veterans in need of VA medical services. I submit to you, that we live in a Unites States Department of Veterans' Affairs medically under served area that is denied access to all VA quality health care services to treat our area veterans illnesses and disabilities. This goes totally against the words of one of our past Presidents, Abraham Lincoln, when he looked back and noted the

sacrifices our veterans made for our nation with their blood, sweat, hardships, and pain. His pledge was that we as a nation must provide needed medical care for our veterans when he said, "To care for him who shall have borne the battle, and for his widow and his orphan."

I grant you that it may appear to Congress that it is fiscally irresponsible to expect to maintain and control a physical structure that is over a hundred miles away from the United States Department of Veterans' Affairs sponsoring hospital. It may even appear that the United States Department of Veterans' Affairs sponsoring Hospital would find it cost prohibited and to demanding to expect their medical personnel to travel such a distance to provide quality medical care for our area veterans. If that be the case, I would think that they would be able to contract the needed medical services from local properly licensed health service providers. Should they choose that avenue then all they would need would be a United States Department of Veterans' Affairs personnel that would be able to determine the veterans eligibility for VA medical care. The area hospital or medically staffed clinic that would enter into that type of contract would have to have all the staff, labs, and equipment needed to provide the quality medical services that the United States Department of Veterans' Affairs would require. For their medical services provided they should be reimbursed at a rate comparable to at least medicare for the services they provide. Let us remember that it is the goal of the United States Department of Veterans' Affairs outpatient medical clinics to see about three thousand veteran per year with each veteran being treated three times for a total of nine thousand visits per clinic.

For your benefit this proposed facility is supported by the following:

1.) Concerned Veterans of the Illinois Valley
2.) Area State and Federal Legislators
3.) LaSalle County Board
4.) City of LaSalle and surrounding cities
5.) Illinois Valley Chamber of Commerce
6.) Local modes of news media
7.) Grass Roots people

In fact, we have over 6,000 signatures on petitions from area people in support of a United States Department of Veterans' Affairs outpatient clinic. Our local area is centrally located to our over 12,000 veterans. We would be able to provide medical services for over 30,000 veterans in need of help. Our area provides the following:

1.) Easy highway access to the City of LaSalle, Illinois utilizing Route 80 and Route 39. No congestion and adequate parking.

2.) Airport within minutes of the City of LaSalle, which is usable year round. Can handle all business planes should federal personnel need to come in and check on operations.

3.) Highly trained work force in immediate area. All the medically skilled businesses that the United States Department of Veterans' Affairs would require are available for possible contracting of services.

4.) Centrally located to over 30,000 veterans that would benefit from a United States Veterans Outpatient Care Facility.

5.) Would definitely compliment our Illinois State Veterans' Homes Program in the City of LaSalle, Illinois.

6.) I.V.C.C. Junior College has one of the states best nursing programs and is always ready to provide other training programs that are needed.

You could make our dream come true which dates back to July 29, 1986. Way back then it was obvious that our area had a dire need for a United States Department of Veterans Affairs outpatient medical facility. That need has only increased over the years. We ask you to concur with us and provide our LaSalle City area with a United States Department of Veterans' Affairs outpatient medical care facility. Our area veterans' population more than justifies the need for a United States Department of Veterans Affairs clinic in the LaSalle, Illinois area.

I would encourage your Committee and the United States Department of Veterans' Affairs to strongly consider contractual services to a local hospital asking that they provide a total array of quality medical services including mental health treatment.

Sincerely yours,

Martin J. Rue

Martin J. Rue, Superintendent
VAC of LaSalle County

Exhibit 1

RECEIVED
JUL 29 1986
PLANNING BOARD

STATE OF ILLINOIS
DEPARTMENT OF VETERANS' AFFAIRS
P.O. Box 5054 208 West Cook Street Springfield, Illinois 62705 217/782-6641

DAVID V. HARDWICK
DIRECTOR

THOMAS R. JONES
ASSISTANT DIRECTOR

July 29, 1986

Mr. Ray Passeri
Executive Secretary
Illinois Health Facilities
Planning Board
Floor 2
535 West Jefferson
Springfield, Illinois 62761

Dear Mr. Passeri:

On July 10, 1986, the Illinois Health Facilities Planning Board issued "an intent to deny approval" of the proposed LaSalle Veterans' Home. The concerns stated by members of the Board at their July 10, 1986 Meeting can be broadly classified in the following categories: Health, social and business activities and associated operating costs; Facility design as characteristics of programs, site, and U.S. Veterans' Administration Criteria for State Nursing Homes; costs of construction for this Facility as contrasted to private facility construction.

Looking at Health, social and business activities, and associated operating costs, or in general our programs of services, we are acceding to the needs of the Illinois veteran population for nursing care. Statutorily the Department of Veterans' Affairs is directed to operate and maintain veterans' homes subject to eligibility criteria for a veteran who, "Is disabled by disease, wounds or otherwise, and by reason of such disability is incapable of earning a living." Given the Department has the needed health services the veteran upon admission to a Department Veterans' Home becomes a member in this setting for the duration of his/her exercision of the privilege of residence. The State accrues the responsibility for quality care of the veteran upon his/her decision to reside in a State Veterans' Home with associated personal and financial liability for the veteran.

Programs are driven by needs of the clientele and while the Illinois veteran population will be on a downward trend, the elderly population is projected to grow dramatically during the next fifteen years. In 1986 over 240,000 Illinois veterans were 65 years of age or older, this same age group will grow to 315,000 in 1990, 372,000 in the year 2000 and then a downward projection to an estimated 320,000 in the year 2020 and an estimated 275,000 Illinois veterans age 65 or older in the year 2030. With the aging Illinois veteran population, and the Departments' experience of continued demand for skilled nursing care at the Quincy Facility resulting in a waiting list for this care, the Department's direction is skilled nursing care.

As yet another part of social well being, religious preferences are recognized in Veterans' Homes and chaplains are contracted with to provide spiritual solace to the veteran.

In the pharmacy services area, the State of Illinois has a central purchasing organization. Due to volume acquisitions of pharmaceuticals, competitive prices for these consummables are obtained. As a cost effective method State operated pharmacies are a pattern in our Facilities.

Laboratory services are a time consideration, and provide those analytics regarded by medical staff in demanded time; a laboratory is one of the strongest diagnostic tools available to a physician.

Contracted services as developed in terms of bringing the service to the resident, and are dental, audiology, ophthamology, barber/beauty shop. This mode of bringing the professional services to the resident is for the express purpose of non-disruption of the person in his/her home; he/she does not have to be burdened with moving to an external site and waiting for the service.

As a future service and program direction, the use of the LaSalle Veterans' Home, in cooperation and with approval of the U.S. Veterans Administration, as an outpatient clinic is being strongly considered.

Our needs' assessment for outpatient clinics is based upon usage of the Hines and Peoria Veterans' Administration Hospitals which presently serve the geography of the LaSalle Veterans Facility. There were 52,096 outpatient clinic visits to the Peoria Veterans' Administration Hospital and 223,051 outpatient clinic visits to the Hines Veterans Administration Hospital in Federal Fiscal Year 85. (October 1, 1984 through September 30, 1985). Using distance as a criterion, there are 9,400 veterans aged 65 years of age or older within a 50 mile radius of LaSalle, excluding those veterans living within 25 miles of Peoria. If we accept that one half of the resident veterans are affected by distance - traveling to either Peoria or Chicago if in a 25 mile radius of LaSalle will occur in one half of the choices and one quarter of the choices if 50 miles of travel is required to either LaSalle or Peoria and Hines Veterans Administration Hospital for outpatient services - we have a potential of 3,500 outpatient clinic visits per year . The Department of Veterans Affairs intends to pursue development of an outpatient clinic service at the LaSalle Veterans Home.

Other services that are common to any operating facility: dietary, housekeeping, physical plant and grounds, administration, and laundry are included as necessary Facility elements which leads to the operating costs for these total groups of activities at the LaSalle Veterans' Home.

Congressman George Sangmeister
1032 Longworth House Office Building
Washington, D.C. 20510

December 30, 1993

Dear Congressman Sangmeister:

The Concerned Veterans of the Illinois Valley are very pleased to see that the Federal Veterans Administration is improving medical services by providing out-patient medical clinics. They have added one in Quincy, Illinois and are scheduled to open one in Decatur, Illinois this summer. It is also our understanding that you were the representative that requested the funding for the out-patient medical clinic to be located in Joliet, Illinois.

We need your expertise in requesting the dollars needed from Congress to fund a Federal V.A. out-patient medical facility for the LaSalle, Illinois area. There is currently a State Veterans Home in LaSalle, Illinois. That area would be ideal for a complimenting Federal V.A. out-patient medical facility. In fact, the Department of Veterans Affairs in Springfield, Illinois testified to the need in 1986 before the Illinois Health Facilities Planning Board. Hines V.A. Hospital would be a willing sponsor of this satellite facility.

We would appreciate your introducing the necessary paperwork to Congress to see that monies are provided in their next budget for our out-patient medical care clinic. Our area veterans must travel over 60 miles for this care. It cost our LaSalle County Veterans Assistance Commission almost $30,000 in medical transportation and reimbursement for eligible veterans last year.

We will patiently await your response. Refer all correspondence to the following:

Martin J. Rue
1434 Plain Street
Peru, IL 61354

Sincerely yours,

Martin J. Rue

Martin J. Rue, Spokesperson
Concerned Veterans of the Illinois Valley

Jim Housby - Labor Representative

Ralph Allen American Legion

George Watts 4018 Chairman National Pearl Harbor Remembrance Co.

Richard Foltynewicz

Samuel S. Maggio Marine Corps League Del.

[illegible] VFW 4018 VFW

John R. Crawley - CMV-1229-LASALLE-ILL

LANE EVANS
17TH DISTRICT, ILLINOIS

COMMITTEES
HOUSE ARMED SERVICES COMMITTEE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
HOUSE COMMITTEE ON NATURAL RESOURCES

Congress of the United States
House of Representatives
Washington, DC 20515-1317

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MONMOUTH, IL 61462
131 SCOTLAND, MACLAN PLAZA
MACOMB, IL 61455

May 4, 1994

Mr. Martin Rue
119 West Madison
Courthouse, Room 103A
Ottawa, IL 61350

Dear Mr. Rue:

Thank you for contacting my office about the establishment of a new Department of Veterans' Affairs' outpatient health care facility in your area.

After serving their nation, veterans deserve nothing less than high quality health care from an accessible provider. I am always highly supportive of efforts to establish VA health care facilities in medically under-served areas.

As you know, your Member, Congressman George Sangmeister, is a senior member of the House Committee on Veterans' Affairs and has been actively pursuing an outpatient health care facility for his local veterans. Accordingly, I am very willing to work with Congressman Sangmeister and provide whatever assistance he desires on this issue.

As Co-Chairman of the Vietnam-era Veterans in Congress (VVIC) and Chairman of the Subcommittee on Oversight of the House Veterans' Affairs Committee, I will continue to fight to ensure that veterans receive their rightful benefits. Thank you again for contacting me.

Sincerely,

Lane

LANE EVANS
Member of Congress

PRINTED ON RECYCLED PAPER

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ONE HUNDRED THIRD CONGRESS

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CHAIRMAN

U.S. House of Representatives

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335 CANNON HOUSE OFFICE BUILDING

Washington, DC 20515

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June 6, 1994

Mr. Martin J. Rue
1434 Plain Street
Peru, IL 61354

Dear Mr. Rue:

Thank you for your letter concerning the health care needs of our Nation's veterans and the President's proposal for health care reform.

Over the years, VA has offered America's veterans specialized treatment for service-connected medical problems and has functioned as a safety net for those with low incomes. The vast majority of the more than two million veterans who annually seek health care from VA are indigent or have disabilities that were incurred or aggravated during their military service. For both of these groups, often referred to as "core" veterans, VA health care is an option they cannot afford to lose. There is little doubt that many would fall through the health care cracks without it.

That is why we were so pleased when President Clinton announced that his proposed Health Security Act would maintain VA as an independent health care option for not only core veterans but would expand access to veterans who currently are denied health care services due to inadequate VA resources. Under the President's plan, veterans with service-connected disabilities or low incomes who choose VA as a provider will pay *nothing* for their care, no copayments or deductibles. Higher income veterans whose conditions are not related to military service would be responsible for a fair share of the cost of their treatment just as other citizens but, for the first time ever, they could bring their Medicare coverage to VA.

It is clear to anyone who has used or observed the VA that it has not always been given the revenue it needs to carry out its mission. The President's reform proposal attempts to address this by authorizing Medicare reimbursements for the care of certain veterans and by providing for VA to retain employer premium payments. This means revenue would come from other sources if the President's plan is approved, but federal appropriations would still be the key funding source.

As past VA budgets clearly show, appropriations have not provided adequate funding. VA health care funding remains vulnerable to pressures to reduce government spending and to competing priorities facing Congressional appropriators.

With this concern in mind, I and other members of the Veterans' Affairs Committee are working to make certain that core veterans who enroll in the VA plan under the President's Health Security Act are *guaranteed* health care, in other words, a true entitlement.

Our legislation would establish a special account in the U.S. Treasury into which fixed payments for each service-disabled or low income veteran enrollee would be deposited. Insurance and other reimbursements would be placed into the account to cover basic health benefits for higher income non-service-connected enrollees.

In order to survive, VA must be able to compete, and to compete it must be on a level playing field with other health care options from which veterans will choose. This equality can be achieved only if VA has adequate resources and can offer a package of health services comparable to that of other providers. Also, on April 28, the House passed H.R. 4013, which I introduced, which would exempt the Veterans Health Administration from the workforce reduction of 252,000 FTEE being imposed by the Administration. It provides the Secretary of Veterans Affairs with the flexibility he needs to manage the VA's health care system.

In our view, the financing mechanism of the President's plan must be strengthened. Still, it is an excellent plan for veterans. As a matter of fact, to President Clinton's great credit, it is the only major health reform proposal that really attempts to address veterans and VA. Veterans should rally behind it.

Sincerely,

G. V. Montgomery

G. V. (SONNY) MONTGOMERY
Chairman

GVM:lif

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United States Senate
COMMITTEE ON FOREIGN RELATIONS
WASHINGTON, DC 20510-6225

July 23, 1994

Mr. Martin J. Rue
Superintendent
LaSalle County Courthouse
Room A 103
119 West Madison Street
Ottawa, Illinois 61350

Dear Mr. Rue:

Let me say that I am embarrassed that this response to your letter has been so long delayed. I wish to apologize sincerely for the fact that I am only now replying to your letter of last year.

The truth of the matter is, I have learned recently that a portion of my incoming mail was misplaced. Of course, that is no excuse for this terrible oversight. Please be assured that I have handled the matter appropriately and that I will not tolerate such an incident in the future.

Unfortunately, I do not have the resources to answer properly all of the recently uncovered letters. In this response, I wish only to convey my greatest apology and to reassure you of my continuing interest in the views and opinions of those who take the time to write to me. I hope that this matter will not discourage you from writing to me in the future.

I appreciate your understanding.

Sincerely,

Jesse Helms

JESSE HELMS

JH:mrl

JOHN D. ROCKEFELLER IV, WEST VIRGINIA, CHAIRMAN
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JOHN H. MOSEMAN, MINORITY CHIEF COUNSEL/STAFF DIRECTOR

United States Senate
COMMITTEE ON VETERANS' AFFAIRS
WASHINGTON, DC 20510-6375

September 13, 1994

Mr. Martin J. Rue
1434 Plain Street
Peru, Illinois 61354

Dear Martin,

Thank you for writing to express your concerns regarding the fiscal year 1995 budget and VA health care services. I appreciate your taking the time to get in touch with me on behalf of those who signed your letter, and I regret the delay in getting back to you.

Martin, in your letter you raise several significant issues which I would like to address. With reference to the elimination of some 5,000 VA employees, I want you to know that I, too, am deeply concerned about these proposed reductions. I believe that staffing cuts from the Veterans Health Administration would make it enormously difficult for VA to thrive in a competitive health care market. This Committee is currently evaluating various strategies that would protect VA from having to cut its health care personnel.

In regard to the fiscal year 1995 budget for VA, I am pleased to tell you that significant increases for VA medical care and other areas were included in the conference report on VA's appropriation bill. For example, the total medical care appropriation is $111 million more than the Administration's request. The Senate will be voting on the conference report in the coming weeks.

You also wrote of your support for a separate VA health care system. I agree that the preservation of VA would maintain a valuable resource that is of great benefit to veterans and non-veterans alike. I firmly believe national health care reform would provide a chance to make the necessary improvements to VA medical care and access to VA services for all veterans.

In July I introduced S. 2309, the "Veterans Health Care Reform Act of 1994," which would vastly strengthen VA's ability to improve access to quality health care for all veterans. The provisions of my bill would enable VA to function as an independent health care system while affording veterans all the options that other Americans would receive under national health care reform, in addition to the option of joining a VA health care plan.

Mr. Martin J. Rue
September 13, 1994
Page 2

For any veteran who needs medical care, my bill would provide them with care, either through a VA health plan or through a non-VA plan, depending on which option they choose. Veterans who choose a VA plan would remain eligible for extra services that other Americans would not have in their standard benefit package, such as custom prosthetics and better access to long-term care. And VA health care services would be expanded by providing additional outpatient service locations in the communities where veterans live. This would help veterans in the La Salle community.

My bill was intended to be part of a larger national health care reform bill. However, as you know, Congress has had an extremely difficult time working out an agreement on these issues. I have been very disappointed with some of my colleagues who have treated the health care issue more like a political contest and who seem determined to deny the President the chance to sign a health care reform bill into law. Sadly, it will be the veterans, the hard-working people, the seniors, and the health care providers of our nation who will be the losers if the special interest groups and partisan politicians have their way.

I assure you that I am doing my best to represent the interests of our veterans in this stage of the legislative battle. I am hopeful that Congress will understand that we can't just turn our backs on the problems with our current health care system. I will continue to fight for solutions that respond to the most urgent needs, with the hope that we will be allowed to pass a bill that guarantees all Americans basic health care coverage that won't disappear when they need it most.

Again, Martin, thank you for sharing your thoughts with me. I truly believe that comprehensive health care reform provides a great opportunity to expand veterans' access to medical care, and I am happy to know that you and your fellow veterans feel the same.

Sincerely,

John D. Rockefeller IV
Chairman

This letter sent to majority and minority leaders of Congress V.A. Committee.

April 4, 1994

Honorable G.V. Montgomery
2184 Rayburn House Office Building
Washington, DC 20515

Dear Congressman Montgomery:

We write you in total dismay of the lack of response to our letters asking for help for our honorably discharged veterans in need of medical care. It was our understanding that if we served our nation honorably during her hours of need under the draft system, that should we ever need medical care in the future our government would provide that care through the United States Department of Veterans Affairs Medical Services. This justified our government paying her soldiers six or more times less in monthly wages than our peers were being paid by the other public or private corporations. Our government saved billions of dollars per year by not having to pay her soldiers similar wages based on what the other public or private sector had to pay per job. Now that our veterans, through age, are in need of medical care, they find it impossible to travel over 60 miles one way for medical services.

We were elated when Department of Veterans Affairs Secretary, Jessie Brown and First Lady Hillary Clinton announced to our national veterans organization leaders that the V.A. Health Care System would remain in tact separate from National Health Care, and adequately funded. We were grateful that they could feel our pain and felt it was necessary to add three to four hundred more out patient care facilities so that the V.A. could be competitive with the private sector which would guarantee the V.A. a chance of success. We were impressed with their compassion when they said that the needed monies would be provided in the 1995 V.A. budget so that the V.A. could build the out patient care facilities in "remote geographic areas which would provide care for our rural veterans." Once again in our lives we felt proud hearing that our government appreciated our sacrifices for them and they were going to adequately fund what were our entitlements. This made us feel as though we would no longer be treated as third class citizens. We again knew why we should trust our government and were very thankful for our government not deserting us in our hour of need. Anxiously we awaited the unveiling of the 1995 Presidential Budget.

Much to our disbelief, it fell short by better than 2.5 billion dollars needed by the V.A. in order to fund veteran services. It further provided for an additional six plus billion dollars in cuts over a period of five years. This would guarantee the financial failure of the V.A. Health Care System. To add fuel to the fire, Congress also passed legislation requiring more programs be added by the V.A. Health Care Services, but not the additional monies needed to provide the professional staff and additional equipment or construction to implement quality care. The 1995 proposed budget not only does not provide adequate dollars to fund the above needed programs, it also asks the V.A. to eliminate 5,000 positions at the V.A. in their "medical system and benefits sections." We ask you, how can anyone expect the V.A. Health Care System to survive in a competitive market when they have had a deficit of 2.5 billion dollars per year for the past three or four years? Each year it has been the veteran funded facilities that have been asked to try and operate with devastating budget reduction in order that illegal aliens, criminals and non-veterans could receive increases in their welfare programs. We veterans have been asked to bare the burden of balancing the budget, when the Prisoners of War that we had captured were brought to our country and given jobs, homes, money in their pockets and medical. Our people were denied medical treatment do to the means test, but yet billions of dollars were provided to foreign nations for food, economic growth, or special favors even though their government or people are anti-American and killed our soldiers. Many of these nations condone or harbor terrorists and their activities. We ask why foreign nations and their people deserve our United States tax dollars when our veterans who have served our nation honorably can not obtain needed medical care due to V.A. budgetary constraints? We further feel it is time that our government adequately funds our V.A. budget so that our V.A. can hire the needed personal, purchase needed equipment and build the needed buildings to implement our entitlement programs. We veterans have suffered long enough.

In our area we are asking for a V.A. out patient care clinic. Our veterans must travel over 60 miles in order to receive medical care. Many of them can not even get an appointment for four or five months do to lack of staff. Walk ins may not receive treatment. These things are not happening because our V.A. facilities do not want to treat us, but because of budgetary cut backs and lack of medical staff. If we need complex medical care or surgery, we must travel over 100 miles to the closest V.A. Hospital.

We need your help in seeing that we in the rural community get an Out Patient Clinic to treat your veterans. We served you without question and now we are asking you to serve us. Help our Representatives get the monies needed to provide our Medical Clinic. We should not have to travel 60 to 100 miles for medical care.

Please send your response to our Spokes Person:

Martin J. Rue
1434 Plain St.
Peru, IL 61354

Thank you for your time and favorable response.

Sincerely yours,

Martin J. Rue

Martin J. Rue

George Watts - American Legion
Samuel S. Maggio Marine Corps League
C. Nick Pacetti, VFW Post 4668
Robert L. Anderson Ottawa AL 32
Hugh J. Kidal H.L. 237
Louis J. Vertigan LaSalle VFW 4668
Nick Nekrasiuy Post 426 AM Legion
Richard Toltymewicz Ottawa Ill
Joseph Gwaszek Post 1229 CWV
Commander Clarence Fessler Legion Peru post 375
Ralph Adler Chairman LaSalle County Veterans Assistance Comm.
Leonard Lowe AMVETS Post 78
James Housby Labor Representative

TOTAL GENERAL ASSISTANCE AND TRANSPORTATION
December 1992 thru November 1993

DECEMBER:	General Assistance	$3,169.03
	Transportation	$2,740.57
	Em. Medical	$ 6.00
JANUARY:	General Assistance	$3,444.06
	Transportation	$2,513.13
	Em. Medical	$ 6.00
FEBRUARY:	General Assistance	$4,406.13
	Transportation	$1,797.91
	Em. Medical	$ 12.00
MARCH:	General Assistance	$3,662.03
	Transportation	$3,080.90
APRIL:	General Assistance	$4,419.70
	Transportation	$2,816.51
MAY:	General Assistance	$3,613.95
	Transportation	$2,173.32
	Em. Medical	$ 63.19
JUNE:	General Assistance	$3,155.61
	Transportation	$2,692.93
JULY:	General Assistance	$3,042.40
	Transportation	$2,570.39
	Em. Medical	$ 91.75
AUGUST:	General Assistance	$2,867.56
	Transportation	$2,347.60
SEPTEMBER:	General Assistance	$3,328.02
	Transportation	$2,167.78
OCTOBER:	General Assistance	$2,742.88
	Transportation	$1,940.86
	Em. Medical	$ 70.94
NOVEMBER:	General Assistance	$3,178.74
	Transportation	$1,725.60
	Em. Medical	$ 40.00

TOTAL General Assistance - $41,030.11
Transportation - $28,567.50
Emergency Medical - $ 289.88
(554 trips to VA facilities)
(589 veterans taken to VA facilities)

TOTAL GENERAL ASSISTANCE AND TRANSPORTATION
December 1993 thru November 1994

DECEMBER:	General Assistance	$5,422.98
	Transportation	$1,655.46
JANUARY:	General Assistance	$3,071.26
	Transportation	$1,574.72
FEBRUARY:	General Assistance	$2,643.93
	Transportation	$1,886.72
MARCH:	General Assistance	$2,702.33
	Transportation	$2,297.28
APRIL:	General Assistance	$3,439.56
	Transportation	$2,120.22
MAY:	General Assistance	$2,694.28
	Transportation	$1,988.58
JUNE:	General Assistance	$2,233.78
	Transportation	$2,463.20
JULY:	General Assistance	$2,481.62
	Transportation	$2,321.26
AUGUST:	General Assistance	$1,957.54
	Transportation	$2,764.92
SEPTEMBER:	General Assistance	$2,647.97
	Transportation	$3,175.36
OCTOBER	General Assistance	$1,986.29
	Transportation	$2,445.06
NOVEMBER	General Assistance	$2,210.35
	Transportation	$2,244.24

TOTAL General Assistance - $33,491.89
Transportation - $26,937.02
Emergency Medical - $ -0-
(462 trips to VA facilities)
(509 veterans taken to VA facilities)

TOTAL GENERAL ASSISTANCE AND TRANSPORTATION
December 1994 thru November 1995

December	General Assistance	$3,398.57
	Transportation	$2,726.38
January	General Assistance	$1,579.70
	Transportation	$2,837.20
	Emergency Medical	83.99
February	General Assistance	$2,600.17
	Transportation	$2,604.26
March	General Assistance	$2,044.97
	Transportation	$3,286.78
	Emergency Medical	710.00
April	General Assistance	$2,092.17
	Transportation	$3,023.58
May	General Assistance	$2,124.79
	Transportation	3,666.00
	Emergency Medical	13.47
June	General Assistance	$2,101.98
	Transportation	$3,925.40
July	General Assistance	$2,224.72
	Transportation	$3,344.40
August	General Assistance	$1,428.72
	Transportation	$3,247.00
	Emergency Medical	$426.00
September	General Assistance	$1,843.47
	Transportation	$3,483.00
	Emergency Medical	429.00
October	General Assistance	$1,095.96
	Transportation	$2,514.80
November	General Assistance	$1,261.36
	Transportation	$4,352.90

TOTAL GENERAL ASSISTANCE	$23,796.58
TRANSPORTATION	$39,011.70
EMERGENCY MEDICAL	$1,662.46

(684 TRIPS TO VA FACILITIES)
(781 VETERANS TAKEN TO VA FACILITIES)

COUNTY OF LA SALLE
VETERANS ASSISTANCE COMMISSION

MARTIN J. RUE
Superintendent
(815)433-1761

LaSalle County Courthouse
Room A103
119 W. Madison Street
Ottawa, Illinois 61350

Totals from December 1995 - to April 15, 1996

December 1995 -	General Assistance	$1858.09
	Transportation	2828.10
	Trips to VA	36
	Veterans taken	45
January 1996	General Assistance	$2256.81
	Transportation	3517.50
	Trips to VA	64
	Veterans taken	48
February 1996	General Assistance	$3285.16
	Transportation	3626.70
	Trips to VA	45
	Veterans taken	53
March 1996	General Assistance	$3799.72
	Transportation	3276.78
	Trips to VA	45
	Veterans taken	55
April 15, 1996	General Assistance	$2307.18
	Transportation	1916.70
	Trips to VA	25
	Veterans taken	29

Total General Assistance $15,814.14
Total Transportation $15,165.78
Total trips taken 215
Total veterans taken 230

AS YOU CAN SEE WITH ONLY THE FIRST QUARTER OF THE YEAR PASSED, WE HAVE EXPENDED $15,165.78 IN TRANSPORTATION. THE SECOND PART OF APRIL WILL COST AT LEAST ANOTHER $2,000 FOR TRANSPORTATION. AT THE RATE WE ARE GOING WE WILL SPEND OVER $50,000 FOR TRANSPORTATION FOR UNITED STATES DEPARTMENT OF VETERANS' AFFAIRS MEDICAL CARE.

VETERAN POPULATION BY SEX, COUNTY AND PERIOD OF SERVICE AS OF JULY 1, 1994

COUNTY	TOTAL VETERANS	WARTIME VETERANS									PEACETIME VETERANS		
			PERSIAN GULF		VIETNAM ERA		KOREAN CONFLICT						
		TOTAL	TOTAL	NO PRIOR WARTIME SERVICE	TOTAL	NO PRIOR WARTIME SERVICE	TOTAL	NO PRIOR WARTIME SERVICE	WORLD WAR II	WORLD WAR I	TOTAL	POST-VIETNAM ERA	OTHER PERIODS
SEX: BOTH SEXES (CONTINUE													
FRANKLIN	5,070	4,100	180	150	1,450	1,410	860	750	1,780	10	970	360	610
FULTON	4,520	3,630	220	190	1,180	1,140	790	700	1,590	10	880	360	520
GALLATIN	830	670	20	10	210	200	150	130	330	*	160	40	120
GREENE	1,730	1,440	50	40	460	450	300	260	690	*	290	100	190
GRUNDY	3,560	2,710	160	140	1,140	1,110	590	530	930	*	850	370	470
HAMILTON	910	770	30	20	210	210	190	170	380	0	140	40	90
HANCOCK	2,410	1,990	60	50	620	600	460	410	940	*	420	150	280
HARDIN	610	470	20	20	190	190	100	80	180	*	130	70	70
HENDERSON	1,010	790	40	30	300	290	180	170	300	*	230	90	140
HENRY	5,430	4,350	170	140	1,530	1,480	990	880	1,840	*	1,080	340	750
IROQUOIS	3,410	2,720	90	70	960	940	650	580	1,130	*	700	230	470
JACKSON	5,500	4,290	510	480	1,540	1,510	810	710	1,580	*	1,220	650	570
JASPER	980	800	30	20	230	220	210	180	370	0	190	60	130
JEFFERSON	4,080	3,350	160	140	1,170	1,140	750	660	1,410	*	730	320	410
JERSEY	2,420	1,860	120	100	730	720	420	380	650	*	560	280	280
JO DAVIESS	2,570	1,960	100	90	760	740	450	410	730	*	600	240	360
JOHNSON	1,550	1,110	100	90	420	410	260	240	370	0	440	270	170
KANE	28,730	21,710	1,440	1,240	9,940	9,760	4,390	3,970	6,720	10	7,020	3,090	3,930
KANKAKEE	10,290	8,180	480	420	3,180	3,110	1,700	1,510	3,140	*	2,120	870	1,250
KENDALL	3,870	2,970	180	150	1,440	1,410	610	560	860	0	900	330	560
KNOX	8,460	5,190	300	260	1,710	1,670	1,220	1,080	2,120	*	1,330	580	750
LAKE	51,920	39,700	2,540	2,190	17,410	17,090	8,220	7,430	12,970	30	12,210	5,620	6,590
LA SALLE	12,460	9,970	510	440	3,410	3,320	2,140	1,880	4,320	10	2,490	1,050	1,450
LAWRENCE	1,760	1,400	50	40	440	430	350	310	610	*	360	160	210
LEE	3,900	3,060	230	210	1,170	1,150	690	630	1,080	*	840	380	470
LIVINGSTON	4,160	3,230	180	150	1,250	1,220	650	580	1,280	*	930	450	480
LOGAN	3,330	2,590	210	190	970	950	550	490	950	*	750	340	410

ROBERT H. MICHEL
18TH DISTRICT, ILLINOIS

RAY LaHOOD
CHIEF OF STAFF

Congress of the United States
House of Representatives
Washington, DC 20515-1318

February 10, 1994

Mr. Martin J. Rue
1434 Plain ST
Peru, IL 61354

Dear Mr. Rue:

Thank you for contacting me regarding federal funding for a Veterans Administration out-patient medical facility in LaSalle, Illinois.

As you know, LaSalle/Peru is located within the boundaries of Rep. Sangmeister's district. It has been a long-standing practice here in Congress to allow a Representative to respond to the needs and concerns of his/her own constituency. I see by your correspondence that you have contacted Rep. Sangmeister about this subject and are awaiting a reply. If Rep. Sangmeister should call on the Illinois Delegation for assistance in this matter, I would be more than happy to look into the situation. Thank you again for bringing this matter to my attention.

Sincerely,

Robert H. Michel
Member of Congress

RHM:jem

☐ 2112 RAYBURN BUILDING
WASHINGTON, DC 20515-1318
(202) 225-6201

RESPOND TO:

☐ 100 NE MONROE, ROOM 107
PEORIA, IL 61602-1094
(309) 671-7027

☐ 236 WEST STATE STREET
JACKSONVILLE, IL 62650-2002
(217) 245-1431

GEORGE E. SANGMEISTER
11TH DISTRICT, ILLINOIS

COMMITTEE ON
THE JUDICIARY

COMMITTEE ON
PUBLIC WORKS & TRANSPORTATION

COMMITTEE ON
VETERANS' AFFAIRS
CHAIRMAN, Subcommittee on
Housing and Memorial Affairs

Congress of the United States
House of Representatives
Washington, D.C. 20515

PLEASE RESPOND TO:

WASHINGTON
1032 LONGWORTH BUILDING
WASHINGTON, D.C. 20515-1311
(202) 225-3635

JOLIET
101 NORTH JOLIET STREET
JOLIET, IL 60431
(815) 740-2023

OTTAWA
102 W. MADISON STREET
OTTAWA, IL 61350
(815) 433-0085

CALUMET CITY
213 GOLD COAST LANE
CALUMET CITY, IL 60409
(708) 862-2690

May 19, 1994

The Honorable Jesse Brown
Secretary Of Veterans' Affairs
Department Of Veterans' Affair
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Brown:

I am writing on behalf of my constituents who are seeking VA funding to build an outpatient clinic in LaSalle County, a rural part of my district.

Since coming to Congress in 1989, I have been a member of the Veteran's Affairs Committee and have worked to ensure that our rural veterans have access to needed health care. With the President pursuing national health care reform, I am worried this issue will be overlooked. For this reason, I am requesting that the Department of Veteran's Administration look into the feasibility of building an out-patient clinic in LaSalle County. Currently, there is not a VA health care facility within a 60 mile radius. This means veterans must travel up to 120 miles to receive medical care.

I would appreciate it if you could look into this matter, which is of the utmost importance to rural veterans. Thank you in advance for your consideration.

Sincerely,

George E. Sangmeister
Member of Congress

GES:ep

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

GEORGE E. SANGMEISTER
11TH DISTRICT, ILLINOIS

COMMITTEE ON
THE JUDICIARY

COMMITTEE ON
PUBLIC WORKS & TRANSPORTATION

COMMITTEE ON
VETERANS' AFFAIRS
CHAIRMAN, Subcommittee on
Housing and Memorial Affairs

Congress of the United States
House of Representatives
Washington, D.C. 20515

PLEASE RESPOND TO:

WASHINGTON
☐ 1032 LONGWORTH BUILDING
WASHINGTON, D.C. 20515-1311
(202) 225-3635

JOLIET
☐ 101 NORTH JOLIET STREET
JOLIET, IL 60431
(815) 740-2028

OTTAWA
☐ 102 W. MADISON STREET
OTTAWA, IL 61350
(815) 433-0085

CALUMET CITY
☐ 213 GOLD COAST LANE
CALUMET CITY, IL 60409
(708) 862-2590

May 19, 1994

Martin Rue
100 Madison Street
LaSalle County Court House
Ottawa, Il 61350

Dear Mr. Rue:

Thank you for contacting my office regarding a possible Veteran Administrations' outpatient clinic. I appreciate your taking the to share your views and concerns with me.

I have written to Secretary Jesse Brown of the U.S. Department of Veterans' Affairs requesting that he look into the feasibility of building a clinic in LaSalle County (see enclosure). Since coming to Congress in 1989, I have been a member of the House Veterans' Affairs Committee and I have continually fought for increased funding of the VA health care system. I am disturbed by the number of veterans, such as the ones who live in LaSalle County, who must travel long distances to receive medical care. Be assured that I will continue to aggressively push for more clinics so veterans will have access to needed services.

On a related issue, you will be pleased to know that the Department of Veterans' Affairs has announced funding for an outpatient clinic in Joliet. Although this would still require some travel for LaSalle County veterans, it would be closer than going to Iowa City or Chicago.

Again, thank you for sharing your concern. I remain committed to seeing that veterans health needs are addressed. Please continue to contact me whenever you feel I can be of assistance.

Sincerely,

George E. Sangmeister
Member of Congress

GES:ep
Enclosure

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

AUG 17 1994

RECEIVED
AUG 19 1994
GEORGE E. SANGMEISTER

The Honorable George E. Sangmeister
United States House of Representatives
Washington, DC 20515

Dear Congressman Sangmeister:

This is in reference to your letter on behalf of constituents who are interested in establishing a Department of Veterans Affairs Outpatient Clinic (VAOPC) in LaSalle County, Illinois.

I share your concern that access to medical care is an important consideration for VA. Please be assured that VA will continue to explore various options to improve veterans' access to care.

There are currently three VAOPCs within 60 miles of LaSalle County. These are located in Peoria, Rockford and Joliet, Illinois. In addition, the Crown Point VAOPC and the four Chicago-area VA medical centers are within 100 miles. We will continue to evaluate the availability of VA health care in LaSalle County, but as I am certain you understand, we must utilize scarce resources for those areas of the country with the greatest need.

We appreciate your interest in our Nation's veterans.

Sincerely yours,

Jesse Brown

Jesse Brown

JB/nb

Mr. Carroll Williams, Director
National Veterans Affairs and
Rehabilitation Commission
The American Legion
1608 K St. NW
Washington, D.C. 20006-2847

DRAFT

Dear Mr. Williams,

This is in response to your letter regarding criteria that the Department of Veterans Affairs uses to approve the establishment of new outpatient clinics, particularly the Joliet, IL community-based clinic.

The Joliet clinic had been under consideration for some time, both at the regional and national levels before Congress directed VA to establish it in the FY 1991 Appropriations bill using existing funds. .The clinic was approved after the FY 1994 Appropriations bill earmarked funds for its establishment.

The Veterans Health Administration (VHA) has published criteria for the establishment of new outpatient services remote from VA medical centers. The criteria are designed to improve access for a greater number of veterans dispersed across large geographical areas. The criteria for establishment of a community-based clinic such as Joliet include: 1) projected workload of at least 3,000 annual visits, 2) distance of 100 miles or 3 hours travel time from clinic site to nearest VA facility, 3) more than one-half of counties in targeted service area are designated Health Manpower Shortage Areas, 4) emergency back-up services are available within 20 minutes travel time, and 5) alternative arrangements for providing outpatient care have been determined not to be feasible or cost-effective. The Joliet clinic site met all the criteria except distance.

VHA agrees that VA should provide more preventive and primary community health care services to effectively compete under a reformed health care system. The establishment of primary care access points which are either leased VA facilities, sharing agreements, or contracted services with private sector health care providers is one of VHA's highest priorities with the advent of health care reform. Field facilities have been asked to begin planning for off-site primary care access points that involve innovative, non-traditional approaches to providing these services so that we can meet the chalienge of health care reform.

Sincerely yours,

Jesse Brown

BStephens:bs 8/23/94 1928 172 17 13 108 1018 Contr#384664

COA

Weller

LRB8813148CBcb

HOUSE JOINT RESOLUTION 119

WHEREAS, There are in excess of 1,120,000 aging veterans currently residing in the State of Illinois; and

WHEREAS, The average age of Vietnam veterans is 42 years, and the average age of Korean veterans is 62 years; and

WHEREAS, The average age of World War II veterans is 76, and the World War I veterans are in excess of 92 years of age; and

WHEREAS, Many of the veterans from the LaSalle area are not able to travel to the nearest facility for treatment; and

WHEREAS, In many cases, the trip would be very stressful and extremely difficult for the patients to acquire necessary medication and outpatient services; and

WHEREAS, Veterans have earned the right and deserve the freedom to choose a medical provider which is more accessible; and

WHEREAS, The Illinois Department of Veterans' Affairs is requesting that the United States Department of Veterans' Affairs authorize outpatient medical services for veterans at the centrally located existing quality medical facilities located in LaSalle; and

WHEREAS, Some 50,000 veterans within a 60-mile radius of the LaSalle area would use the LaSalle Outpatient Clinic; and

WHEREAS, In addition, LaSalle is centrally located between Peoria and Hines Veterans Hospitals, and LaSalle currently maintains a veterans home; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE EIGHTY-EIGHTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that we urge the United States

Department of Veterans' Affairs to authorize veterans to get outpatient medical services in LaSalle; and be it further

RESOLVED, That a suitable copy of this resolution be presented to President Bill Clinton, Secretary of the United States Department of Veterans' Affairs Jesse Brown, the President of the Senate and Speaker of the House of Representatives of the United States Congress, each member of the Illinois Congressional delegation, Governor Edgar, Lt. Governor Kustra, and the Commander-in-Chief of the Veterans of Foreign Wars.

RESOLUTION

WHEREAS, AMVET Post 78 is a member of the LaSalle County Veterans Assistance Commission which has assumed the State of Illinois Statutory obligation charged in the Military Veterans Assistance Act to provide the needed services of our county honorably discharged veterans, and

WHEREAS, The vast majority of these veterans that we have assisted have no financial means to provide for themselves and they also are the same group of veterans that the United States Department of Veterans Affairs Health Care Services are mandated by Federal Regulations to provide quality medical care, and

WHEREAS, Our rural counties are in remote geographic areas which have no public transportation system and do not receive any State or Federal subsidies to address our public transportation plight of our honorably discharged veterans who have no means to provide for themselves, and

WHEREAS, Our LaSalle County Veterans Assistance Commission spent almost $30,000 in fiscal year 1993 at $.20 a mile reimbursement in order to get our eligible veterans to V.A. medical services. This cost could be alleviated with building a V.A. Out-Patient Medical Facility in the City of LaSalle, Illinois area. This would further be a great compliment and possible added support to our current LaSalle Veterans Home Program which is also located in LaSalle, Illinois, and

WHEREAS, A V.A. Out-Patient Medical Facility located in the City of LaSalle, Illinois has support of the following:

1) Concerned Veterans of the Illinois Valley.
2) Area State and Federal Legislators (Ill. HJR 119).
3) LaSalle County Board.
4) City of LaSalle and surrounding cities.
5) Illinois Valley Chamber of Commerce.
6) Local modes of news media.
7) Area service organizations.
8) Grass Roots people. Over 4,000 signatures of support.

We would be able to provide medical services for over 30,000 veterans in need of help, and

THEREFORE BE IT RESOLVED, That we Illinois AMVETs assembled at this 1994 State of Illinois Convention support the building of a United States Department of Veterans Administration Out-Patient Medical Facility located in the City of LaSalle, Illinois and request that our Nation Department also pass this resolution at their National Convention this year, and

BE IT FURTHER RESOLVED, That a copy of this resolution be sent to the following:

1) President of the United States Bill Clinton
2) Chairman of House Veterans' Affairs Committee G.V. "Sonny" Montgomery
   Minority Leader Bob Stump
3) Senate Veterans' Affairs Committee Chairman John (Jay) Rockefeller, IV
   Minority Leader Frank Murkowski
4) Secretary of Veterans Affairs Jesse Brown

RESOLUTION

WHEREAS, LaSalle V.F.W. Post 4668 is a member of the LaSalle County Veterans Assistance Commission which has assumed the State of Illinois Statutory obligation charged in the Military Veterans Assistance Act to provide the needed services of our county honorably discharged veterans, and

WHEREAS, The vast majority of these veterans that we have assisted have no financial means to provide for themselves and they also are the same group of veterans that the United States Department of Veterans Affairs Health Care Services are mandated by Federal Regulations to provide quality medical care, and

WHEREAS, Our rural counties are in remote geographic areas which have no public transportation system and do not receive any State or Federal subsidies to address our public transportation plight of our honorably discharged veterans who have no means to provide for themselves, and

WHEREAS, Our LaSalle County Veterans Assistance Commission spent almost $30,000 in fiscal year 1993 at $.20 a mile reimbursement in order to get our eligible veterans to V.A. medical services. This cost could be alleviated with building a V.A. Out-Patient Medical Facility in the City of LaSalle, Illinois area. This would further be a great compliment and possible added support to our current LaSalle Veterans Home Program which is also located in LaSalle, Illinois, and

WHEREAS, A V.A. Out-Patient Medical Facility located in the City of LaSalle, Illinois has support of the following:

1) Concerned Veterans of the Illinois Valley.
2) Area State and Federal Legislators (Ill. HJR 119).
3) LaSalle County Board.
4) City of LaSalle and surrounding cities.
5) Illinois Valley Chamber of Commerce.
6) Local modes of news media.
7) Area service organizations.
8) Grass Roots people. Over 4,000 signatures of support.

We would be able to provide medical services for over 30,000 veterans in need of help, and

THEREFORE BE IT RESOLVED, That we Illinois V.F.W. members assembled at this 1994 State of Illinois Convention support the building of a United States Department of Veterans Administration Out-Patient Medical Facility located in the City of LaSalle, Illinois and request that our Nation Department also pass this resolution at their National Convention this year, and

BE IT FURTHER RESOLVED, That a copy of this resolution be sent to the following:

1) President of the United States Bill Clinton
2) Chairman of House Veterans' Affairs Committee G.V. "Sonny" Montgomery
   Minority Leader Bob Stump
3) Senate Veterans' Affairs Committee Chairman John (Jay) Rockefeller, IV
   Minority Leader Frank Murkowski
4) Secretary of Veterans Affairs Jesse Brown

Motion was made & duly seconded & unanimousley approved by members present at meeting of La Salle V.F.W. Post #4668 on June 16, 1994.

Attest: Felix Borisek, Adjutant Attest: C. Nick Pacetti, Commander

Felix F. Borisek adjutant C. Nick Pacetti, Commander

RESOLUTION

WHEREAS, Jonesville Marine Corps League is a member of the LaSalle County Veterans Assistance Commission which has assumed the State of Illinois Statutory obligation charged in the Military Veterans Assistance Act to provide the needed services of our county honorably discharged veterans, and

WHEREAS, The vast majority of these veterans that we have assisted have no financial means to provide for themselves and they also are the same group of veterans that the United States Department of Veterans Affairs Health Care Services are mandated by Federal Regulations to provide quality medical care, and

WHEREAS, Our rural counties are in remote geographic areas which have no public transportation system and do not receive any State or Federal subsidies to address our public transportation plight of our honorably discharged veterans who have no means to provide for themselves, and

WHEREAS, Our LaSalle County Veterans Assistance Commission spent almost $30,000 in fiscal year 1993 at $.20 a mile reimbursement in order to get our eligible veterans to V.A. medical services. This cost could be alleviated with building a V.A. Out-Patient Medical Facility in the City of LaSalle, Illinois area. This would further be a great compliment and possible added support to our current LaSalle Veterans Home Program which is also located in LaSalle, Illinois, and

WHEREAS, A V.A. Out-Patient Medical Facility located in the City of LaSalle, Illinois has support of the following:

1) Concerned Veterans of the Illinois Valley.
2) Area State and Federal Legislators (Ill. HJR 119).
3) LaSalle County Board.
4) City of LaSalle and surrounding cities.
5) Illinois Valley Chamber of Commerce.
6) Local modes of news media.
7) Area service organizations.
8) Grass Roots people. Over 4,000 signatures of support.

We would be able to provide medical services for over 30,000 veterans in need of help, and

THEREFORE BE IT RESOLVED, That we Illinois Marine Corps Veterans assembled at this 1994 State of Illinois Convention support the building of a United States Department of Veterans Administration Out-Patient Medical Facility located in the City of LaSalle, Illinois and request that our Nation Department also pass this resolution at their National Convention this year, and

BE IT FURTHER RESOLVED, That a copy of this resolution be sent to the following:

1) President of the United States Bill Clinton
2) Chairman of House Veterans' Affairs Committee G.V. "Sonny" Montgomery
   Minority Leader Bob Stump
3) Senate Veterans' Affairs Committee Chairman John (Jay) Rockefeller, IV
   Minority Leader Frank Murkowski
4) Secretary of Veterans Affairs Jesse Brown

RESOLUTION

WHEREAS, Oglesby American Legion Post 237 is a member of the LaSalle County Veterans Assistance Commission which has assumed the State of Illinois Statutory obligation charged in the Military Veterans Assistance Act to provide the needed services of our county honorably discharged veterans, and

WHEREAS, The vast majority of these veterans that we have assisted have no financial means to provide for themselves and they also are the same group of veterans that the United States Department of Veterans Affairs Health Care Services are mandated by Federal Regulations to provide quality medical care, and

WHEREAS, Our rural counties are in remote geographic areas which have no public transportation system and do not receive any State or Federal subsidies to address our public transportation plight of our honorably discharged veterans who have no means to provide for themselves, and

WHEREAS, Our LaSalle County Veterans Assistance Commission spent almost $30,000 in fiscal year 1993 at $.20 a mile reimbursement in order to get our eligible veterans to V.A. medical services. This cost could be alleviated with building a V.A. Out-Patient Medical Facility in the City of LaSalle, Illinois area. This would further be a great compliment and possible added support to our current LaSalle Veterans Home Program which is also located in LaSalle, Illinois, and

WHEREAS, A V.A. Out-Patient Medical Facility located in the City of LaSalle, Illinois has support of the following:

1) Concerned Veterans of the Illinois Valley.
2) Area State and Federal Legislators (Ill. HJR 119).
3) LaSalle County Board.
4) City of LaSalle and surrounding cities.
5) Illinois Valley Chamber of Commerce.
6) Local modes of news media.
7) Area service organizations.
8) Grass Roots people. Over 4,000 signatures of support.

We would be able to provide medical services for over 30,000 veterans in need of help, and

THEREFORE BE IT RESOLVED, That we Illinois American Legion Members assembled at this 1994 State of Illinois Convention support the building of a United States Department of Veterans Administration Out-Patient Medical Facility located in the City of LaSalle, Illinois and request that our Nation Department also pass this resolution at their National Convention this year, and

BE IT FURTHER RESOLVED, That a copy of this resolution be sent to the following:

1) President of the United States Bill Clinton
2) Chairman of House Veterans' Affairs Committee G.V. "Sonny" Montgomery
   Minority Leader Bob Stump
3) Senate Veterans' Affairs Committee Chairman John (Jay) Rockefeller, IV
   Minority Leader Frank Murkowski
4) Secretary of Veterans Affairs Jesse Brown

RESOLUTION NO. 149
AUTHORIZE FUNDING FOR OUTPATIENT CLINIC AT LASALLE, IL

The Chicago area network is currently assessing the need to enhance primary care access in Illinois. The needs of veterans nationwide must be considered in assessing initiatives such as new clinics, and any proposal to establish a primary care clinic in this area of Illinois will be prioritized along with other proposals designed to meet veterans' health care needs.

There are VA outpatient facilities to accommodate western Illinois veterans in Peoria and Rockford, Illinois, as well as in Bettendorf, Iowa. A clinic in Crown Point, Indiana, accommodates northeastern Illinois veterans. November 28, 1994, an outpatient clinic for primary care opened in Decatur. In addition, a clinic is expected to open in Joliet in April 1995. Joliet and Peoria are less than 60 miles from the center of LaSalle County.

R E S O L U T I O N

WHEREAS, The LaSalle County Veterans Assistance Committee of the LaSalle County Board is responsible for "general oversight of the distribution of all money appropriated by the County for the benefit of military veterans..." as charged by the Illinois Compiled Statutes Chapter 300, Section 4, Article 9; and

WHEREAS, LaSalle County veterans have no United States Veterans Administration health care facilities within a 60 mile radius of said County to provide for their acute medical needs. This has caused the necessity for our veterans to have to travel over 120 miles in order to receive medical treatment that they need; and

WHEREAS, LaSalle County veterans organizations and the Mayor of the City of LaSalle have expressed a strong desire to alleviate that problem by requesting that a United States Veterans Administration locate an Out-Patient Care Facility in the City of LaSalle, Illinois; and

WHEREAS, The LaSalle County Veterans Assistance Committee of the LaSalle County Board concur with the necessity for a United States Veterans Administration Out-Patient Care Facility to be located in LaSalle, Illinois which would additionally compliment our State of Illinois Veterans Home program; and

THEREFORE, BE IT RESOLVED, that the LaSalle County Board join in support of a United States Department of Veterans Affairs Out-Patient Care Facility to be located in LaSalle, Illinois; and

BE IT FURTHER RESOLVED, that a copy of this Resolution be sent to the following:

1) U.S. Senator Carol Moseley Braun
2) U.S. Senator Paul Simon
3) U.S. Representative George Sangmeister
4) U.S. Representative Dennis Hastert
5) U.S. Representative Thomas Ewing
6) U.S. Representative Lane Evans
7) U.S. Representative Robert Michel

DATED: February 14, 1994

ATTEST:

Mary Jane Wilkinson
LaSalle County Clerk

We, the undersigned members of the LaSalle County VAC Committee, do hereby recommend to the LaSalle County Board for approval, the attached Resolution.

Respectfully Submitted,

Wesley J. Freebairn, Chairman

Ruth (Betty) Woodrich

Arthur D. Madden

Clarence Daugherity

Glenn Combs

Joseph J. Panzica

Kenneth Krogulski

RESOLUTION

WHEREAS, The Illinois Valley Area Chamber of Commerce, serving a 400 square mile area throughout La Salle, Bureau and Putnam Counties, promotes the general industrial, commercial and civic welfare of the area; and

WHEREAS, La Salle County veterans have no United States Veterans Administration health care facilities within a 60 mile radius of said County to provide for their acute medical needs. This has caused the necessity for our veterans to travel over 120 miles to receive needed medical treatment; and

WHEREAS, La Salle County veterans organizations and the Mayor of the City of La Salle have expressed a strong desire to alleviate this problem by requesting that a United States Veterans Administration locate an Out-Patient Care Facility in the City of La Salle, Illinois; and

WHEREAS, The Board of Directors of the Illinois Valley Chamber of Commerce (IVAC) concur with the necessity for a United States Veterans Administration Out-Patient Care Facility to be located in La Salle, Illinois which would additionally compliment the State of Illinois Veterans Home program; and

THEREFORE, BE IT RESOLVED, that the Illinois Valley Area Chamber of Commerce, by unanimous vote of its Board of Directors, join in support of a United States Department of Veterans Affairs Out-Patient Care Facility to be located in La Salle, Illinois; and

BE IT FURTHER RESOLVED, that a copy of this Resolution be sent to the following:

1) U.S. Senator Carol Moseley Braun
2) U.S. Senator Paul Simon
3) U.S. Representative George Sangmeister
4) U.S. Representative Dennis Hastert
5) U.S. Representative Thomas Ewing
6) U.S. Representative Lane Evans
7) U.S. Representative Robert Michel

Dated: February 22, 1994

Attest:

Barbara L. Koch

Executive Director

Illinois AMVETS Paper
Nov. 1994

VAC CHAIRMAN

Marty Rue

Our Veterans Assistance Commissions throughout the State, who are complying with the changes of our Illinois Compiled Statutes, have noticed a vast increase in the number of cases in their assistance programs. Some of this is the result of the huge military down-sizing coupled with the lack of employment in our areas. Many of our Veterans do not have the training or transferable skills which would make them marketable in our high tech society. This has forced them to apply for State or federal entitlement programs in order to obtain the bare necessities of life.

Another area of grave concern to our comrades is the non availability of medical services. We must demand that Congress provide the needed money to expand VA medical care to our geographically remote areas. Our Veterans who are jobless or working for minimum wage can not afford to go to the private sector for medical care. They cannot afford the transportation cost to travel over 60 miles to receive VA medical care. It is our obligation to see that these Veterans get their needed health care. We must not permit our politicians to shirk these Veterans by locating VA outpatient care facilities in close proximity to our VA hospitals. This type of political pork will not make the VA competitive to the private sector and will cause the demise of our VA health services. With the limited resources of the VA they cannot afford to duplicate services by locating outpatient care facilities within 40 miles of VA hospitals.

The US Department of Veterans Affairs "has published criteria for the establishment of new outpatient services remote from VA medical centers. The criteria are designed to improve access for a greater number of Veterans dispersed across large geographical areas. The criteria for establishment of a community based clinics" are as follows:

1. Projected workload of at least 3,000 annual visits.

2. Distance f 100 miles or three hours travel time from clinic site to nearest VA facility.

3. More than one-half of counties in targeted service area are designated Health manpower Shortage Areas.

4. Emergency back-up services are available within 20 minutes travel time.

5. Alternative arrangements for providing outpatient care have been determined not to be feasible or cost effective.

With the above mentioned criteria, which was written by the VA, we must not permit politicians to violate that policy for political pork barrel reasons. If we do, only our tens of thousands of Veterans in geographically remote areas will suffer.

In conclusion, we must demand that no National Health Care Proposal be considered that does not guarantee our VA health care system will survive. It must be adequately funded so that they can hire the personnel they need to provide total quality health care for our Veterans.

We need a health Care medical facility. Help us suffering and dying veterans!!!! All our medical out patient facilities are being built in urban areas or close to VA Hospitals. Someone must care for us. Once the new one are opened, they have already stated they will not take walk-ins.

GAO: Most VA Patients Indigent, Need Special Treatment

By Ken Jedermann
Stars and Stripes Staff Writer

A new government study shows that most of the more than two million veterans who seek help from the VA every year are indigent and need special treatment for disabilities incurred in their military service.

"This further confirms what I've been trying to point out to OMB and others for years," said House Veterans Affairs Committee Chairman G.V. "Sonny" Montgomery (D-MS). "We don't have affluent veterans coming to the VA hospital door, we have poor veterans who in many instances would go without needed medical treatment if the VA were not around."

According to the GAO, of the 2.2 million veterans who used VA medical centers in 1991, two-thirds had family incomes under $20,000. The study further revealed that 37 percent of VA patients 65 and older, and nearly half of those under 65, had incomes under $10,000.

Twenty-two percent of the patients had annual incomes under $5,000. Sixteen percent had incomes below $2,500.

Sixty percent of veterans using VA hospitals are unemployed, the report said. Retirement money accounted for most patient's incomes.

"This is what one of my colleagues would call 'a blinding glimpse of the obvious'," said John Hanson, The American Legion's director of veterans affairs. "Congress has written a script for itself. You have to be either indigent or disabled to get into the VA, so the VA turns out to be used by indigent and disabled veterans."

The report showed that the VA's greatest asset is its specialized medical knowledge of disability care: prosthetics, rehabilitation for the blind, treatment for spinal cord injury or combat-related stress and much more.

The GAO patient profile reports that approximately 965,000--or 44 percent--of those using the VA have service-connected disabilities. The GAO statistics show that more than 40 percent of veterans with disabilities use the VA system.

"The VA is filling a critical void," said Montgomery. "Service-connected veterans need the specialized care at which VA excels."

The report does not answer the central question regarding the VA under the Clinton health plan: will veterans who are not indigent or disabled use the VA if other medical facilities are available?

"People say that the VA is only used by poor veterans

See GAO, Pg. 14

GAO

From 1

who have no other place to go," said David Gorman, deputy national legislative director for the Disabled American Veterans. "But last year the VA recovered half a billion dollars from veterans who have health care but chose to use the VA."

"I go to the VA," he said. "I'm employed and I have health insurance, but I choose to go to the VA because I believe I can get better treatment for my disability."

"We honestly think that more veterans would like to use the VA," agreed Hanson. "But it has to overcome its bad image, created by all these stifling regulations."

The President's Health Care Security Act would maintain the VA as a health care alternative for all veterans. But critics of the plan fear that if too many veterans choose alternative plans, the VA could wither.★

Feb 26 - March 3, 1996

Report Says HMOs Don't Want Veterans

By Mark Allen Peterson
Stars and Stripes Staff Writer

Efforts by the VA to expand veterans access to medical care—a key component of the VA's current reorganization plan—may be more difficult than originally thought, according to a recent federal report.

That's because many private-sector health care providers see veterans—and the VA—as a business risk.

The General Accounting Office said this month that veterans access to VA health care "could improve significantly if medical centers used all means at their disposal to expand access."

But the 6 Feb. report said that while the VA currently encourages medical centers to contract with local health care facilities, local providers may not be interested in contracting with the VA.

"Even if VA chose to do so, it might have difficulty contracting for veterans health care," the report said.

Private-sector officials interviewed by the GAO said providers would be cautious about contracting with the VA because they see veterans as sicker than the rest of the population.

Health care providers also question the VA's willingness to reimburse them at an adequate level to make a profit, the GAO said.

The report recounted that one VA medical center had opted to build a new outpatient clinic after three local health maintenance organizations refused to contract with them.

The HMOs said the veterans would pose too great an underwriting risk.

HMO officials also said primary care physicians would be unwilling to work with the VA because if conditions required hospitalization, the doctors would have to relinquish control.

The report said doctors felt it would be difficult to track patients if they were seeing two sets of physicians—those at the VA and those at the HMO.

And many providers felt contracting with the VA would mire

See HMOs, Pg. 13

HMOs

From 1

them in red tape and government regulations, the report said.

The report said that while outside contracting would be cost-efficient, it would also create new problems.

"VA operated facilities typically require a substantial capital investment, which increases VA's costs over the short term," the report said. For the same dollar expenditure, the GAO said, the VA could contract for care at a number of locations, enhancing the access to services of veterans in the area.

But the report warned that outside contracting was difficult to control. The GAO cited a 1987 audit of VA contracts with outside firms that found the VA had paid for services it had never received.

VA-operated facilities could potentially lessen the risk of fraud, waste and abuse, the report said.

In addition, VA-run hospitals and clinics may be the only option in rural and inner-city areas suffering from shortages of physicians.★

Daily Times 10/14/93

Can VA compete with Mayo Clinics?

By WENDY KOCH
Daily Times Washington Bureau

WASHINGTON — Veterans' hospitals would have to compete with the Mayo Clinics of U.S. medicine under President Clinton's health care proposal, a senior official said Wednesday.

"We think we can be competitive," Veterans' Secretary Jesse Brown told a Senate panel. "Our best bet is health care reform."

Brown repeatedly welcomed the Clinton plan, saying if offers veterans' hospitals the chance to provide comprehensive care to all veterans. "For the first time in history, they can practice real medicine."

But the plan poses risks as well, cautioned Sen. Jay Rockefeller, D-W.V., chairman of the Senate Veterans Affairs Committee's health panel. "Health care is not only an incredible opportunity. It's also an incredible briar patch."

The White House proposal would dramatically revamp how the nation's 171 veterans' hospitals operate. They would remain independent but would have to compete with other health plans to attract veterans' and their families.

Currently, they face no competition. They have a total, guaranteed funding source in the U.S. Treasury. They also have a guaranteed stream of patients: veterans with low incomes or service-connected disabilities. They treat other veterans only if enough money remains.

But with the Clinton plan, funding could come from multiple sources — employer premiums, individual contributions, Medicare. Veterans' hospitals could end up with more money, IF they can attract enough business.

"Obviously we have a problem with our image," acknowledged Brown. He said the problems at a few veterans' hospitals have received so much media attention that they've tarnished the entire group.

Brown argues that most veterans' hospitals provide first-class treatment, owing partly to their affiliation with premier medical schools.

To get that message out, he said, the Department of Veterans' Affairs plans to launch advertisements touting VA quality.

He expects, despite the challenges, that the VA would thrive. He said it has experience, unlike many likely competitors, with the global budgets featured in the Clinton plan.

Also, he said veterans will be given inducements to choose a VA plan. For those now guaranteed care, the federal government would pick up any premium costs employers don't cover. It would also pick up all co-payments and other charges.

Veterans would be offered a broader benefits package than the standard one required of other health plans. They could, for example, receive counseling for post-traumatic stress disorder, a benefit unavailable in other standard plans.

"We have a lot to offer," said Brown, confidently.

But to pay for all these extras, Sen. Rockefeller said the VA will have to attract more veterans, including those with higher incomes. Currently, only one of every 10 veterans uses the VA system.

LA SALLE COUNTY BOARD

Edward R. Lambert
Chairman

Ottawa, IL 61350
Phone 815-434-8200

April 15, 1996

Congressman Tim Hutchinson
1005 Longworth Building
Washington, D.C. 20515

Dear Congressman Hutchinson:

This letter is to inform you that the LaSalle County Board is in favor of a U.S.D.V.A. Out Patient Medical Care Facility to be located in the LaSalle, Illinois City area. This area is ideal due to the fact that we have over 12,000 War Era Veterans. Also that this area is centrally located to this large number of veterans in LaSalle County.

Over the past three (3) years LaSalle County has authorized the expenditure of appropriately $30,000.00 per year to transport the above mentioned Veterans to the closest V.A. Health Service Provider. This year we are anticipating on spending $50,000.00 for transportation.

We urge your assistance in this matter. If you have any questions, please feel free to call Martin J. Rue, Superintendent of V.A. Commission at 815-433-1761.

Sincerely,

MERVIN J. EASTWOLD, Chairman
VAC Committee

Patricia Cogdal

Arthur D. Madden

Larry Martens

Joseph Panzica

Glenn Combs

Melva Allender

111 East Spring Street
Streator, Illinois 61364
(815) 673-2311

St. Mary's Hospital

April 18, 1996

The Honorable Tim Hutchinson
3D District, Arkansas
United States House of Representatives
Chairman, Subcommittee on Hospitals & Health Care
1005 Longworth Building
Washington, DC 20515

Dear Mr. Chairman:

My name is Thomas Whelan. I am the Acting Administrator at St. Mary's Hospital, Streator, located in the southern part of LaSalle County, Illinois. St. Mary's Hospital would like to thank you for the opportunity to allow us to voice our opinion on a possible VA outpatient access in LaSalle County, and to commend you and your Subcommittee, the Veterans' Affairs Committee chaired by Representative Weller of our Congressional District and the United States Department of Veterans' Affairs and their leadership in exploring the expansion of medical services to our veterans.

It appears that Dr. Cummins has a vision for this geographical region to provide needed medical services as close to her customers as possible. As an administrator, I realize that visions do not become reality overnight, but with strong leadership and grass roots support - such as Mr. Rue and his people - eventually the appropriate balance of quality medical services being made accessible at a reasonable cost can be found.

I cannot stress the cost efficiency issue enough in the provision of quality health care because that is a large part of what providers owe to their customers if they are going to keep a satisfied customer. And in this competitive environment of health care today, providers must recognize that their existence depends on satisfied customers. That is why the key stakeholders are gathered together today - to identify a win-win solution to this challenge.

In establishing outpatient access locally to 12,000+ veterans in LaSalle County, the 4,000+ veterans in Livingston County and the thousands more veterans in the adjoining counties of Bureau, Putnam and even Marshall, the Department of Veterans' Affairs can give back to these veterans for the years of dedicated service and loyalty. The medical services should range from physician office visits to diagnostic testing, from therapeutic treatments to medications, and should include the myriad of community-based services such as day care services, chemical dependency and mental health services and home health care.

The Honorable Tim Hutchinson
April 18, 1996
Page 2

I would propose that an outpatient facility not be built, but that the Department contract with local providers that most of our veterans are familiar with and with whom they have developed long standing relations. This innovative approach would put the Department on par with the HMO's, PPO's and other competitive managed care entities who have adopted this approach to provide accessible, low-cost quality health care.

I would further propose that St. Mary's Hospital, its staff and its related medical staff stand ready to provide those needed services in the LaSalle County area. The hospital is uniquely located in the triangle of three interstates - I-39, I-80 and I-55 and services more people than any other hospital in the Illinois Valley. And yet, because of the change in medicine from inpatient to outpatient, still has the capacity to adequately service more. We have one of the lowest wait-times in an Emergency Room in the State and operate our other outpatient services as efficiently.

Regardless of the provider or providers, be it known that St. Mary's Hospital feels strongly that outpatient services to our veterans, in LaSalle County and beyond, should be provided locally, more accessibly than is presently available, and cost effectively. With the government, the providers and the customers working together, we can make this vision a reality.

Thank you for your time and consideration of this important and caring issue.

Sincerely,

Thomas Whelan,
Acting Administrator

TW/maa

Statement of Joan E. Cummings, M.D.

Network Director

Veterans Integrated Services Network #12

Before the

Subcommittee on Hospitals and Health Care

Committee on Veterans' Affairs

U.S. House of Representatives

April 22, 1996

Mr. Chairman:

I thank you for the opportunity to represent the Department of Veterans Affairs and Veterans Integrated Services Network (VISN) 12 at this hearing. VISN 12 has LaSalle County in its primary service area and we are working to improve our ability to provide appropriate and necessary care to local veterans. There are approximately 12,500 veterans in this county and we are currently serving or have provided service to slightly over 900 of these veterans in the past three fiscal years. These patients are primarily seen at Edward Hines, Jr. Hospital, Joliet Clinic, West Side VA Medical Center, Peoria Outpatient Clinic, Danville, VA Medical Center, and Iowa City VA Medical Center.

As you are probably aware there is also a State Veterans Home in LaSalle and that home is provided support and backup care by the Edward Hines, Jr. Hospital in Hines, IL. Not all of those veterans have required visits or hospitalizations at Hines but VA does support care for those veterans through our per diem and our partnership in the inspection process.

As part of our VISN planning process we are evaluating our patterns of care and our relationships and sharing agreements with community agencies and leaders to optimize the access to care for our veterans. One example of that is our sharing with the Will County Health Department in Joliet as part of the Joliet Clinic's care for veterans with psychiatric disorders. This allows us to obtain twenty-four hour crisis " hot line" care for these veterans at a distance from the main facility. Investigating other arrangements such as this will allow us in the future to improve access for veterans within our resources.

Flexibility in planning or implementing sharing or partner agreements with the community (for example, private practitioners, public health system, and the Institute of Hygiene to name a few) could be simplified if the VA were given expanded authority to enter into innovative contractual arrangements for providing health care services. This would definitely allow better use of our resources.

This concludes my statement. I would be pleased to respond to your questions.

STATE OF ILLINOIS
DEPARTMENT OF VETERANS' AFFAIRS
P.O. Box 19432, 833 South Spring Street, Springfield, Illinois 62794-9432
Telephone: 217/782-6641 • Fax: 217/524-0344 • TDD: 217/524-4645

ROBERT FOSTER
DIRECTOR

GEORGE CRAMER
ASSISTANT DIRECTOR

Mr. Chairman and members of the committee:

It is a pleasure to appear before you to offer testimony on the position of the Illinois Department of Veteran's Affairs on the establishment of V.A. Outpatient Services at our Manteno Veterans' Home and in the LaSalle Community.

As the Director of the Illinois Department of Veteran's Affairs, I am charged with the responsibility of providing and advocating for all Illinois Veterans. I am responsible for a variety of health care and benefit programs which includes the administration and oversight of four long term care health facilities - at Quincy, Manteno, Anna and here at LaSalle. Also under my direction are 43 Field Service Offices located throughout the State of Illinois which provide direct access to the States some 1.1 million veterans, their dependents and survivors in obtaining State and Federal benefits and entitlements.

First and foremost, I believe that the U.S. Department of Veterans Affairs' health care delivery system can and must continue to exist in any future national health care environment. However, if it is to continue then it must provide service to more veterans.

The establishment of V.A. Outpatient Services in the LaSalle and Manteno areas would certainly accomplish the goal of reaching out to veterans. The most current V.A. demographics show 43,110 veterans residing in LaSalle County and contiguous counties while there are 59,120 in Kankakee and bordering counties.

The attitude of the U.S. Department of Veterans Affairs and that of Congress to seek the expansion of health care services into local communities and to investigate the feasibility of entering into agreements with local hospitals and health care providers for the community based treatment of veterans is certainly refreshing.

Our four State Veterans Homes offer quality care ranging from domiciliary to skilled nursing care. Unfortunately, we can only provide care to our resident members, and even then it requires the assistance of Federal Veterans Affairs facilities. This means our resident veterans must often be transported to the nearest V.A. Medical Center. For example, during calendar year 1995, a total of 785 residents were transported from our Manteno Veterans' Home to the Hines V.A. Medical Center. There were 278 trips made by Manteno Veterans' Home staff while another 60 trips were made by ambulance. Hines is 50 miles from Manteno and if traffic is not heavy, the trip takes one hour and fifteen minutes one way. Due to varying appointment times, a veteran with an early appointment may have to spend long hours in a waiting room before another veteran with a later appointment is ready

to return to the Home. These trips are not only expensive for the State of Illinois but also difficult for many of our frail and infirmed veterans who have to leave early, spend a long day and return to the Home late. Veterans of the State of Illinois earned and deserve better.

The Iowa City V.A. Medical Center operates an outpatient clinic on the campus of our Quincy Veterans Home that serves veterans from the surrounding communities. During federal fiscal year 1995, there were 10,001 visits to the clinic. In as much as I appreciate this service to Western Illinois' veterans, the clinic has not been staffed properly to expand services to our resident veterans at the Quincy Home and we are hopeful the USDVA will also consider rectifying that situation. A one way trip from Quincy to the Iowa City Medical Center is 135 miles.

The location of V.A. outpatient services in the LaSalle and Manteno community to make health care more accessible would be an excellent solution and certainly has the support of the Illinois Department of Veterans' Affairs.

Finally, we at the State level, are excited about the possibility of expanding federal health care for veterans and pledge our complete cooperation with the U.S. Department of Veterans' Affairs in accomplishing that goal.

Thank you Mr. Chairman.

Illinois Valley Community Hospital
925 West Street, Peru, Illinois 61354
815-223-3300

TESTIMONY OF
RALPH B. BERKLEY
BEFORE
THE SUB-COMMITTEE ON HOSPITALS AND HEALTHCARE

APRIL 22, 1996

Mr. Chairman and committee members:

Good Morning!

My name is Ralph Berkley and I am the Chief Executive Officer at Illinois Valley Community Hospital located at 925 West Street, Peru, Illinois.

In 1994 Illinois Valley Community Hospital along with 26 other LaSalle County agencies and businesses came together for the purpose of conducting a community health needs assessment. One of the highest priorities identified was the need for improved ***access to healthcare***.

After two years of considering strategies and planning Illinois Valley Community Hospital in collaboration with two local community health agencies is moving forward with the development of a primary care clinic. The proposed clinic will be located in LaSalle with convenient Interstate Highway access.

It is my understanding that LaSalle County veterans currently travel 60 miles or more to VA outpatient access points. Thus the need exists for a conveniently located, affordable, quality, outpatient access point for area veterans.

In a time when healthcare costs are growing and healthcare needs are growing at even a greater rate, Illinois Valley Community Hospital realizes that duplication of services will only add to the cost problems for healthcare. To that end we stand prepared to collaborate with the Department of Veterans' Affairs in the provision of a primary care access point.

It is our belief, that a collaborative effort between the Department of Veterans' Affairs and our community based primary care clinic would provide the best avenue for meeting the needed access point for residents of the area as well as veterans. To that end, we have met with Illinois providers of veterans' healthcare services and toured a primary care clinic.

Again, it is our philosophy that a collaborative effort between the primary care clinic and the Veterans' Administration would possess the needed capacity and services to meet the needs of the area veterans now traveling in excess of 60 miles for primary care.

Illinois Valley Community Hospital supports the development of an outpatient access point for the area veterans and stands ready to actively develop the needed services in conjunction with local healthcare agencies and the Veterans' Administration.

I thank you for the opportunity of presenting this testimony and look forward to working with the Veterans' Administration and our local agencies on development of the needed primary care clinic.

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