

Several very important projects were either initiated, underway or completed under his guidance. Projects which improved the quality of life in the North Central States included, the flood control projects at Fort Wayne and Little Calumet in Indiana; west Des Moines, IA; Chaska, MN; Souris River Basin and Devils Lake, ND and the Chicago Shoreline Project. Under his leadership, the division made great progress in the Mississippi River and Illinois River System Navigation Study and the Upper Mississippi River System—Environmental Management Program [EMP]. The EMP has provided funding to restore and improve the environmental aspects of numerous sites along the Upper Mississippi River System. The Mississippi and Illinois Rivers Navigation Study is the largest navigation study undertaken by the U.S. Army Corps of Engineers. The recommendations being developed under this study will affect and influence the economic well-being of the Nation in the next century.

Under the leadership of Colonel Van Epps, the North Central Division achieved a program execution rate of 92 percent and the division has been ranked No. 1 or 2 nationwide among the U.S. Army Corps of Engineers in project costs and meeting schedules. Colonel Van Epps' compassionate and caring leadership earned him the respect and trust of the employees under his command. Consequently, Colonel Van Epps' strong commitment to public service has served the citizens of this part of the Nation with honor and professionalism.

Colonel Van Epps graduated from the University of Illinois at Champaign-Urbana with a bachelor of science degree in civil engineering and earned a master of science degree in industrial engineering—operations research—from Kansas State University. He is also a graduate of the engineer officer advanced course, the U.S. Army Command and General Staff College, and the National War College. In addition, he has received a certificate in executive education from the Duke University's Fuqua School of Business.

Prior to the assignment to this position, Colonel Van Epps served as the U.S. Forces Command Engineer for 3 years and he served as Assistant Deputy Chief of Staff for Personnel and Installation Management.

His previous experience with the U.S. Army Corps of Engineers includes commanding the Huntington (WV) District from September 1990 to August 1992; serving as an Assistant Director of Civil Works at the Corps Headquarters in Washington, DC; and working as a civil engineer and program manager in the Chicago district.

Colonel Van Epps was commissioned a second lieutenant upon graduation as the Distinguished Graduate of his Officer Candidate class in September 1967. During his initial assignment, he served as a platoon leader and company commander of the 518th Engineer Company—Combat, and as a staff officer in Headquarters 193d Infantry Brigade in the Canal Zone. Subsequent assignments include senior advisor to the combat engineer battalion of the 9th Infantry Division—Army of the Republic of Vietnam; Commander, Central Chicago Area, U.S. Army Engineer Recruiting Command; S-3 Officer and Executive Officer—Combat, V Corps, U.S. Army Europe; Commander, 299th Engineer Battalion—Combat at Fort Sill, OK; and Engineer Colonels Assignment Officer, U.S. Army Military Personnel Center in Alexandria, VA.

His military decorations include the Legion of Merit, Bronze Star Medal—with Oak Leaf Cluster, the Meritorious Service Medal—with four Oak Leaf Clusters, the Air Medal, and the Army Commendation Medal—with Oak Leaf Cluster.

Colonel Van Epps is married to the former Jane Henderson Ryan. They have three children: Geoffrey, who is also in the U.S. Army, Andrew and Amanda.

I know you will all join with me and his employees in saying thank you to him for his loyal and dedicated service to our great country and to the citizens of the North Central Division region. Colonel Van Epps has given a major part of his life to the U.S. Army and is truly deserving of great honor for a career well served in the U.S. Army. We owe him a debt of gratitude for his many years of dedicated service to this country. Thank you Colonel Van Epps for your service to this country.

EQUITY IN ALLOCATION OF VA HEALTH CARE RESOURCES, H.R. 1580

HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 13, 1997

Mr. GILMAN. Mr. Speaker, I rise today to introduce legislation to address some of the multitude of problems that have arisen out of the veterans equity resource allocation plan for VA health care.

In last year's veterans appropriations legislation, the Veterans Administration was mandated by Congress to develop and implement a more equitable method for allocating VA health care resources. In response, the VA has devised the veterans equity resource allocation [VERA] model and based their reallocation process on this plan.

The primary result of this has been the steady hemorrhaging of vital health care funds away from VA VISN's in the Northeast in favor of VISN's in the South and Southwest. While VA officials in the Northeast have gone out of their way to assure congressional offices that the quality of care will not decrease under VERA, this has not been the case.

While VERA is a noble effort, it is based on a fundamentally flawed model. As a research method, VERA is unfairly biased against older veterans in major metropolitan areas. These veterans are those in need of inpatient, comprehensive health care, and they will suffer if VERA is allowed to go forward as planned.

As it currently stands, the VERA model would reallocate health care resources based upon demand for VA health care. The argument that the VA has used with my congressional office is that there is greater demand for VA care in the South and Southwest, while the Northeast and Rust Belt have lower levels of demand.

Under current law, VA health care is freely available to all veterans for problems related to their service-connected disabilities. Non-service-connected care is available for World War I veterans, former prisoners of war, veterans receiving pensions and those who qualify under a means test. The means test is currently \$21,660 for a single veteran with no dependents, and \$25,660 for a married veteran.

The problem with a national means test, is that it benefits veterans living in low-income

areas, such as Arizona, West Virginia and Mississippi, and penalizes veterans living in high-cost areas, such as New York, Washington, and Chicago. After all, \$21,660 goes a lot farther in Jackson, MS, than in Manhattan.

A married veteran who is struggling to get by with an income of \$27,000 in New York City would be unable to take advantage of free health care through the VA. Yet a similar veteran making \$24,000 in Mississippi, would be living much more comfortably, as well as have the advantage of going to the VA for his health care. This shows that the means test does not accurately reflect the economic conditions for each geographic area.

The VERA model also fails to differentiate between the types of care delivered at VA facilities. Initially, it does appear that VA health care in the Southwest is delivered more efficiently than in the Northeast. The important point to consider, however, is the type of care delivered. VA hospitals in the Northeast tend to have more specialized care patients—spinal injury, alcohol/drug abusers, mental health patients, and homeless cases—which obviously cost more than the outpatient cases, which are more plentiful in the Southwest.

Logic would dictate that a true comparison be made between regions before any health care resources are reallocated. Yet the VA has not done this with the VERA model. Instead, the VERA model compares the apples of specialized care in the Northeast with the oranges of outpatient care in the Southwest.

This legislation corrects these inherent flaws within the VA model in three ways.

First, the bill would raise the income level in the means test by 20 percent for any veteran who lives in a standard metropolitan statistical area [SMSA] as defined by the Bureau of the Census. This would make the VA more accessible to veterans who live in high-cost areas, thus increasing the number of veterans who use VA in those regions. Consequently, there would be more outpatient cases treated in the Northeast and Rust Belt.

Second, the bill would move veterans with catastrophic health care expenses from category C—those would must meet the means test for non-service-connected care—to category A—those eligible for free non-service-connected care. These veterans are defined as those individuals whose medical expenses for the previous year exceeded 7.5 percent of their adjusted gross income.

Third, the bill would level the playing field between the Northeast and Southwest by removing the high-cost, inefficient specialty care programs from those funds which can be considered in reallocation calculations under VERA. The programs removed would include: readjustment counseling and treatment, counseling and psychiatric care for the mentally ill, drug and alcohol related programs, programs for the homeless, PTSD programs, spinal cord injury programs, aids programs and geriatric and extended care programs.

This provision protects the resources being used by those veterans most at risk, the majority of whom live in the Northeast and in major urban centers. The above programs help to remove these veterans from the immediate risk by providing them with sanctuary. They can then be diagnosed and treated after which they are reintegrated into society. This process takes time, and is expensive—some would say inefficient. Furthermore, it cannot be done very well on an outpatient basis—one

needs to remove substance abusers from the drug or alcohol in question before any treatment could be effectively initiated. The majority of VA facilities for such programs exist in the Northeast. It is foolish not to utilize them in the name of efficiency, especially when the comparison is between outpatient care and inpatient treatment—applies and oranges.

I believe that this bill adequately addresses the problems posed by the VERA-based model for VA health care reallocation. Rather than simply reacting to the VERA model, this legislation is proactive, and changes VERA to make for true equity in VA health care allocation. The VERA model does offer many constructive suggestions for improving the manner in which the VA delivers health care services. Yet these improvements should not benefit some veterans at the expense of others.

The veterans of the Northeast and the Rust Belt gave just as much for their country as their counterparts in the Sun Belt and Deep South. There is no reason why they should be punished with their VA health care, simply due to where they have chosen to live.

Accordingly, I urge my colleagues to join me in supporting this important legislation which will guarantee true equity in the allocation of veterans health care funding.

H.R. 1580

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

**SECTION 1. CRITERIA FOR REQUIRED COPY-
MENT FOR MEDICAL CARE PRO-
VIDED BY THE DEPARTMENT OF
VETERANS AFFAIRS.**

(a) EXCEPTION BASED ON PRIOR CATASTROPHIC HEALTH CARE EXPENSES.—Subsection (a) of section 1722 of title 38, United States Code, is amended—

(1) by striking out “or” at the end of paragraph (2);

(2) by striking out the period at the end of paragraph (3) and inserting in lieu thereof “; or”; and

(3) by adding at the end the following new paragraph:

“(4) the veteran’s expenses for medical care (as defined in section 213 of the Internal Revenue Code of 1986) for the previous year are in excess of 7½ percent of the veteran’s adjusted gross income for the previous year (as determined for purposes of the personal income tax under the Internal Revenue Code of 1986).”.

(b) ADJUSTMENT IN INCOME THRESHOLDS FOR VETERANS RESIDING IN SMSAS.—Subsection (b) of such section is amended by adding at the end the following new paragraph:

“(3) The amounts in effect for purposes of this subsection for any calendar year shall be increased by 20 percent for any veteran who resides in a Standard Metropolitan Statistical Area (SMSA), as defined by the Bureau of the Census.”.

(c) AMENDMENTS WITHIN EXISTING RESOURCES.—The Secretary of Veterans Affairs shall carry out the amendments made by this section for fiscal years 1998 and 1999 within the amount of funds otherwise available (or programmed to be available) for medical care for the Department of Veterans Affairs for those fiscal years.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect on January 1, 1998.

SEC. 2. SERVICES FOR MENTALLY ILL VETERANS.

(a) MEMBERSHIP OF COMMITTEE ON CARE OF SEVERELY CHRONICALLY MENTALLY ILL VETERANS.—Section 7321 of title 38, United States Code, is amended—

(1) in subsection (a), by inserting “and members of the general public with expertise

in the care of the chronically mentally ill” in the second sentence after “chronically mentally ill”; and

(2) by adding at the end the following new subsection:

“(e) The Secretary shall determine the terms of service and (for members appointed from the general public) the pay and allowances of the members of the committee, except that a term of service may not exceed five years. The Secretary may reappoint any member for additional terms of service.”.

(b) CENTERS FOR MENTAL ILLNESS RESEARCH, EDUCATION, AND CLINICAL ACTIVITIES.—Paragraph (3) of section 7320(b) of such title is amended to read as follows:

“(3) The Secretary shall designate at least one center under this section in each service network region of the Veterans Health Administration.”.

SEC. 3. ALLOCATION OF MEDICAL CARE RESOURCES FOR THE DEPARTMENT.

(a) IN GENERAL.—(1) Chapter 81 of title 38, United States Code, is amended by inserting after section 8116 the following new section:

“§ 8117. Allocation of medical care resources

“In applying the plan for the allocation of health care resources (including personnel and funds) known as the Veterans Equitable Resource Allocation system, developed by the Secretary pursuant to the requirements of section 429 of Public Law 104-204 (110 Stat. 2929) and submitted to Congress in March 1997, the Secretary shall exclude from consideration in the determination of the allocation of such resources the following (resources for which shall be allocated in such manner as the Secretary determines to be appropriate):

“(1) Programs to provide readjustment counseling and treatment.

“(2) Programs to provide counseling and treatment (including psychiatric care) for the mentally ill.

“(3) Programs relating to drug and alcohol abuse and dependence.

“(4) Programs for the homeless.

“(5) Programs relating to post-traumatic stress disorder.

“(6) Programs relating to spinal cord dysfunction.

“(7) Programs relating to AIDS.

“(8) Programs relating to geriatric and extended care.”.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 8116 the following new item:

“8117. Allocation of medical care resources.”.

(b) EFFECTIVE DATE.—Section 8117 of title 38, United States Code, as added by subsection (a), shall apply with respect to the allocation of resources for each fiscal year after fiscal year 1997.

TRIBUTE TO WADE SHEELER

HON. BRAD SHERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 13, 1997

Mr. SHERMAN. Mr. Speaker, I rise today to recognize the outstanding work of Wade Sheeler, a student in my community. Wade’s one act play “Vortex” recently won a national competition and was honored at the Kennedy Center’s America College Theater Festival, here in our Nation’s Capital.

While growing up in Woodland Hills, Wade’s love of theater and film was nurtured by his father taking him to see classic films at the Los Angeles Museum of Art. He continued his

study in radio, TV, and film at California State University, Northridge. Wade is currently a student at the California Institute of the Arts in the Directing for Theater, Video and Cinema Program. It seems his education and inclination toward theater have served him well, as “Vortex” is an exceptional work.

The storyline of the play is of a gunman on the run from the law that meets up with a mysterious holy man, and how the two must learn to trust and rely upon one another for their own survival. The enthralling relationship of these two men captivates the audience and proves to be the driving force of the play. In the one act production the audience gets a glimpse into the life and mind of Wade Sheeler. Indeed Wade poured himself into this work and his passion is evident in the play’s exhilarating highs and believable lows.

“Vortex” competed against hundreds of plays to win the National Short Play Award, truly a remarkable accomplishment. This feat is particularly impressive in light of the fact that most of the plays it was competing against were faculty-directed or produced, while “Vortex” was an entirely student-operated production. In recognition of this honor Wade will be awarded a membership in the Dramatist’s Guild and “Vortex” will be published.

I am pleased to represent such a talented individual as Wade. I wish him the best in what promises to be a long and inspiring career as a successful playwright.

**THE COURAGE TO STAND ALONE—
THE PUBLICATION OF LETTERS
AND WRITINGS OF CHINESE DEMOCRACY LEADER, WEI
JINGSHENG**

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 13, 1997

Mr. LANTOS. Mr. Speaker, I invite my colleagues to join me today in paying tribute to an outstanding voice for human rights in the People’s Republic of China, and to join me in demanding his immediate release from prison.

Wei Jingsheng, a former soldier and an electrician at the Beijing Zoo, has become the best known pro-democracy activist in China today. He challenged China’s authoritarian system first in the late 1970’s by mounting posters calling for freedom and democracy on the famous “Democracy Wall” in Beijing. For the “crime” of speaking out for democracy, he was jailed on charges of “counter-revolutionary” activities in 1979 and remained a prisoner of conscience until September 1993.

Immediately after his release from prison in 1993, Wei Jingsheng was threatened and intimidated by Chinese authorities for speaking out publicly in support of democracy and freedom of speech. He also continued to maintain contacts with foreigners, including my good friend, the Assistant Secretary of State for Democracy, Human Rights and Labor, John Shattuck.

Shortly after meeting with John Shattuck, Wei Jingsheng was again arrested, and in a blatant violation of Article 48 of the Chinese Criminal Procedure Law—which stipulates that a person can only be held for 10 days without charge—he was held incommunicado for almost 20 months. Prior to his trial, his family