

Community Foundation has been able to support hundreds of charitable organizations in Delaware who deal with a wide range of causes; such as the arts, education, environmental concerns, health care, substance abuse and violence prevention, affordable housing, social services, and other philanthropic and religious organizations.

Mr. Speaker, in closing, I would like to thank the Delaware Community Foundation for its hard work on behalf of our citizens, and for providing effective and responsible philanthropy that has enhanced the quality of life of many Delawareans; the Foundation's mission is truly inspiring. Like the hundreds of other community foundations throughout the United States, the Delaware Community Foundation continues to offer an invaluable service to our great Country.

INTRODUCING H.R. 5524, RURAL VETERANS HEALTH CARE ACT OF 2006

HON. MICHAEL H. MICHAUD

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 6, 2006

Mr. MICHAUD. Mr. Speaker, today I am introducing H.R. 5524, the Rural Veterans Health Care Act of 2006, to strengthen and improve access to health care for rural veterans.

The Memorial Day weekend has recently passed us by. The holiday reminded us all of the great sacrifices made by our Nation's veterans and their families. It is important that we honor our veterans with action and not just words. We must not forget that we have soldiers in harm's way in Iraq and Afghanistan, and they too have earned the support of a grateful nation, just as generations before them.

Meeting the needs of our veterans and their families should be a top priority. While the Department of Veterans Affairs (VA) does a good job in delivering quality medical care, treatment is sometimes harder to access for veterans in rural areas.

Rural communities have always answered their Nation's call to service. Nationwide, more than 44 percent of recent U.S. military recruits come from rural areas. This tradition of service is true in my home State of Maine where approximately one in six residents is a veteran—one of the highest proportions in the country. Across the country, one in five veterans who is enrolled to receive VA health care lives in a rural area.

Veterans who live in rural settings are often older and have more physical and mental health diseases as compared to veterans who live in suburban or urban settings. According to the 2005 Institute of Medicine report, *The Future of Rural Health*, "the smaller, poorer, and more isolated a rural community is, the more difficult it is to ensure the availability of high-quality health services."

It is important that we address the unique challenges that rural veterans face in accessing health care. At my request last summer, the House Veterans' Affairs Subcommittee on Health held a hearing at Eastern Maine Community College in Bangor to raise awareness of this issue and to search for solutions. The field hearing focused on rural veterans' access

to primary care and gave the Chairman and me the opportunity to hear directly from veterans and health care providers in Maine.

It was clear to the Chairman and me that if our rural veterans are going to get the care they deserve, the VA needs to have a focused effort to increase access to quality health care for those living in non-urban areas of our country.

My legislation is a result of the findings from the Maine field hearing, an ongoing dialogue between my office and Maine veterans and health care providers, and reports published by the Institute of Medicine that focused on improving health care in rural areas.

Specifically, my bill would help rural communities address the needs of returning veterans who are serving in Iraq and Afghanistan by requiring the VA to conduct an extensive outreach program to these veterans who reside in rural communities. The VA would be required to collaborate with employers, state agencies, community health centers, rural health clinics and the National Guard to conduct this extensive outreach program to ensure that returning troops have access to the benefits they have earned.

The legislation would also build on the strength of the Vet Centers program. Vet Centers are located in the community outside of the larger VA medical facilities, in easily accessible, consumer-oriented facilities. They are highly responsive to the needs of local veterans. In 2005, the 206 Vet Centers saw over 132,853 veterans. For nearly one out of four veterans seen at Vet Centers, these centers are their access to VA programs and benefits. This core group of veteran users primarily received counseling for military-related trauma. My bill would require the VA to expand its presence in rural areas and to establish a pilot program to have mobile Vet Centers that could help reach veterans in the most rural and remote areas.

Consistent with the promise made to veterans in the CARES process, my legislation would hold the VA accountable for improving access for rural veterans through Community Based Outpatient Clinics (CBOCs) and other access points by requiring the VA to develop and implement a plan for improving veterans' access to quality care in rural areas. The May 2004 Secretary's CARES decision identified 156 priority CBOCs and new sites of care nationwide. The VA Secretary would also be required to develop a plan for meeting the long-term care needs of rural veterans, expanding adult day-care and respite care programs for rural veterans, expanding the use of telemedicine to enhance the care of rural veterans, and expand access to mental health care for rural veterans.

The 2005 groundbreaking Institute of Medicine report on *The Future of Rural Health* recommended that the federal government incorporate a rural focus in planning and developing a national health information infrastructure. The VA has been a leader in developing an electronic medical record system to enhance patient safety and improve quality of care. This legislation recognizes that VA has a leading role and responsibility to help rural veterans and their providers. The bill would establish a health information technology pilot to ensure a continuum of quality of care for veterans that rely on VA provided care, VA fee-basis care and contracted care. The pilot would have the VA partner with a range of

providers including community health centers, rural health clinics and critical access hospitals, where appropriate.

Rural veterans, veteran service organizations and other experts need a seat at the table to help the VA consider important program and policy decisions that affect rural veterans. The legislation would establish a Rural Veterans Advisory Committee to harness the knowledge and expertise of representatives from other federal agencies, academic affiliates, veterans and other experts to recommend opportunities to meet the challenges of veterans' rural health care.

This legislation would also put VA in the forefront of researching, developing and evaluating innovative approaches in the delivery of rural health care by establishing four Rural Health Research, Education, and Clinical Care Centers. These centers of rural health care excellence will conduct research on rural health services, allow the VA to pioneer models for furnishing services to treat rural veterans, provide education and training for health care professionals, and develop and implement innovative clinical activities and systems of care. These centers would maximize the investment of federal tax dollars by collaborating with Department of Health and Human Services Rural Research Centers.

Health workforce shortages and recruitment and retention of the health care workers are key challenges to rural veterans' access to care and quality of care. Rural Americans face a unique combination of factors that create disparities in health care not found in urban areas. Only 10 percent of physicians practice in rural areas despite the fact that one-fourth of the U.S. population lives in these areas. State offices of rural health identify access to mental health care and concerns for suicide, stress, depression, and anxiety disorders as major rural health concerns. The 2005 IOM report recommended that the federal government initiate a renewed, vigorous and comprehensive effort to enhance the supply of health professionals working in rural areas.

The VA's involvement in medical and nursing education of future rural providers is essential. Almost 28,000 medical residents and 16,000 medical students receive some of their training in the VA every year. In addition, over 32,000 associated health students, including future nurses, pharmacists, dentists, audiologists, social workers, psychologists, physical therapists, optometrists, respiratory therapists, physician assistants and nurse practitioners, receive training through the VA.

This legislation would place VA at the forefront of enhancing the rural education and training of health professionals. The legislation requires the VA Secretary to institute additional rotations for medical residents in rural areas; establish programs to enhance the education, training, recruitment and retention of nurses in rural areas; and create programs to enhance the education, training, recruitment and retention of allied health professionals in rural areas.

Helping homeless veterans in rural and remote locations recover, rehabilitate and re-integrate into society is complex and challenging. The VA has no specific programs to help community providers who focus on homeless veterans in rural and remote locations. This legislation would authorize special grants to community providers to meet the needs of homeless rural veterans.

Native American, Native Hawaiian and Native Alaskan veterans have unique needs. This legislation would expand VA's health care presence in these rural and remote communities.

Rural America has always answered the call to service. We should do everything we can to ensure that rural veterans have the same reasonable access to the high quality care available through the VA as veterans in suburban and urban areas. I urge my colleagues to support the Rural Veterans Health Care Act of 2006.

THE AMERICAN LEGION,
Washington, DC, June 5, 2006.

Hon. MICHAEL MICHAUD,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE MICHAUD: On behalf of the 2.7 million members of The American Legion, I would like to express our support for your legislation addressing rural veterans health care.

The American Legion understands the dire straits that many veterans who reside in rural and highly rural areas find themselves. As the Global War on Terror and the ongoing conflicts in Afghanistan and Iraq continue to escalate, the need for the nation's Active Duty, National Guard and Reserve service members to deploy not once, twice, but three times is becoming the rule and not the exception. The need for the Department of Veterans Affairs (VA) to reach out to these veterans, many of them in rural communities, has reached an unprecedented scale. The time is now for VA to take responsibility to bring those veterans in and provide them the services they not only need, but also earned.

Adequate and directed outreach, rural mental health services, trained medical staff, rural health research and homeless rural veterans are all key components of your legislation that address the growing dilemma that is access to rural health care.

The American Legion believes this legislation will go a long way in addressing this crucial issue and we thank you for your continued leadership and support of America's veterans and their families.

Sincerely,

STEVE ROBERTSON,
Director,
National Legislative Commission.

VIETNAM VETERANS OF AMERICA,
Silver Spring, MD, June 2, 2006.

Hon. MIKE MICHAUD,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN MICHAUD: Vietnam Veterans of America applauds your initiative in introducing a bill—a bill that is sensible, necessary, and long overdue—that promises to significantly improve health care delivery to veterans living in rural areas. These veterans have been underserved for far too many years; your bill, when passed, can correct this oversight.

We are particularly pleased that your bill calls for an expansion of the very effective Vet Center program into rural areas; the establishment of a Rural Veterans Advisory Committee; additional rotations of medical residents to rural areas; and programs to enhance the education, training, recruitment, and retention of health care professionals in rural America.

With more than four in ten enlistees coming from rural areas, passage of your legislation will serve to send a clear message: that their needs, when they become veterans, will not be overlooked.

On behalf of VVA members and their families, I thank you for your concern about

rural veterans and your desire to ensure that they get better access to the quality health care they have earned by virtue of their military service.

Sincerely,

JOHN ROWAN,
National President.

MILITARY ORDER OF THE PURPLE HEART,
Springfield, VA, June 5, 2006.
Hon. Mike Michaud,
Washington, DC.

DEAR MR. MICHAUD: The Military Order of the Purple Heart (MOPH), whose membership is comprised entirely of combat-wounded personnel, is pleased with your efforts to improve health care for veterans in rural areas. Health care provided by the Department of Veterans Affairs should be available to all those enrolled in the system without regard to the area in which they live. For too long those veterans living in rural areas have been neglected.

MOPH thanks you for this effort and will assist you in any way possible to help enact this legislation.

Respectfully,

JAMES D. RANDLES,
National Commander.

HONORING THE AVIATION ACCOMPLISHMENTS OF JOE HAWKINS

HON. BART GORDON

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 6, 2006

Mr. GORDON. Mr. Speaker, I rise today to recognize the outstanding accomplishments of Joseph C. Hawkins, a resident of my hometown of Murfreesboro, Tennessee. Joe recently became the first Tennessean to receive the prestigious National Aviation Maintenance Technician of the Year award, which is sponsored by the Federal Aviation Administration and the General Aviation Manufacturers Association. Recipients of this award must demonstrate exceptional generosity and a keen knowledge of professionalism.

For nearly 30 years, Joe has been an airframe and power plant technician. He currently dedicates his time as an Assistant Professor in the Aerospace Department at my alma mater, Middle Tennessee State University, where he teaches a wide variety of classes and practical labs and also serves as an advisor for students interested in careers in the field.

This is not the first time Joe has been recognized for his outstanding accomplishments in aviation. In 2006, Joe received the Professional Aviation Maintenance Association's Award of Merit for his demonstration of safety and professionalism.

Joe's achievements and service in the aviation field are exceptional. He serves as an inspiration to other Tennesseans in the department of aviation and education. Once again, I congratulate him on this prestigious award.

CELEBRATING THE BIRTH OF
ZACHARY CHARLES STICKNEY

HON. JOE WILSON

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 6, 2006

Mr. WILSON of South Carolina. Mr. Speaker, today I am happy to congratulate LCDR and Mrs. Charles Stickney USN of Prattville, Alabama, on the birth of their new baby son. Zachary Charles Stickney was born on April 15, 2006, at 8:00 a.m., weighing 7 pounds and 11 ounces. He has been born into a loving home, where he will be raised by parents who are devoted to his well-being and bright future. His birth is a blessing.

RICHARD C. MERRYMAN

HON. SHELLEY MOORE CAPITO

OF WEST VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 6, 2006

Mrs. CAPITO. Mr. Speaker, owning a home is an important part of the American dream. It is more than a roof over our heads; home ownership builds economic stability and, over the long term, creates equity to finance education, business startups and retirement. People with equity in their homes not only take greater pride in them, they also become more involved in their communities.

Richard C. Merryman recently joined the nearly seventy percent of Americans who enjoy the satisfaction of owning their own home. Richard is a handicapped individual who obtained a 502 Direct loan along with a West Virginia Housing Development Fund (WVHDF) leveraged loan to build a new handicap accessible home. It was the first leveraged loan in the Eastern Panhandle of West Virginia.

The nationally known partnership between the WVHDF and West Virginia Rural Development (WVRD) has provided critical gap financing for many homeowners who otherwise could not qualify for a homeownership loan. WVHDF specializes in providing affordable mortgage financing for residents of West Virginia, as well as financing for developers to rehabilitate or construct affordable apartments and subdivisions. The Rural Housing Programs of West Virginia work to improve the quality of life for rural Americans by ensuring that they have access to safe, well-built, affordable homes.

Richard exemplifies the spirit and determination of those who have risen above significant adversity in order to achieve the dream of homeownership. He was previously on Social Security disability but is now employed as a greeter at the Wal-Mart in Martinsburg, WV. Richard moved into his new home in April 2006.

I applaud Richard and the men and women who work to achieve the dream of homeownership and who have built better lives and greater opportunity for all Americans.