

WISCONSIN STATE
LEGISLATURE
COMMITTEE HEARING
RECORDS

1995-96

(session year)

Assembly

(Assembly, Senate or Joint)

**Committee on
Veterans and
Military Affairs
(AC-VMA)**

Sample:

Record of Comm. Proceedings ... RCP

- 05hr_AC-Ed_RCP_pt01a
- 05hr_AC-Ed_RCP_pt01b
- 05hr_AC-Ed_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

➤ **

➤ Miscellaneous ... Misc

➤ **95hr_AC-VMA_Misc_pt01**

➤ Record of Comm. Proceedings ... RCP

➤ **

Dear Representative Terry M. Musser

I am writing to express my support for the Air National Guard and the proposed Hardwood Range expansion.

The Air National Guard currently makes up over one third of the Air Force. In addition, the Air National Guard has never been busier. In fact, the Air National Guard today makes up over 35% of total Air Force capabilities. I want these men and women to serve this country and come back home to their families, homes and civilian jobs. To do this, they need our support and training opportunities that prepare them to perform at their best.

I am a tax payer. I want our government to operate as cost efficiently as possible. I also believe we need a strong military for the occasions when our interests are challenged. The Air National Guard does both. They perform 35% of the missions with 18% of the people, and only 6% of the Air Force budget. They are training more intensely then ever with the most technically advanced equipment available. They are citizens who work and live in our communities as full time employees, and are members of the armed forces in their spare time. This is an enormous commitment that all of us need to support.

Units that train in Volk Field managed airspace are flying in some of the most sensitive areas in the world today. In March, 1996, the 185th Fighter Wing, Sioux City, Iowa, spent a month enforcing the "No-Fly Zone" in northern Iraq. In October, 1996, the 132nd Fighter Wing, Des Moines, Iowa was performing the same sensitive mission. In early 1997, Wisconsin's own 115th Fighter Wing, located in Madison will deploy to perform real world missions. These units are trained at Volk Field and Hardwood Range.

"I urge you to support this proposal." (The men and women who serve this country with so much pride and dedication have earned that support.)

Thank You,

Stephen J. Clabots



STEPHEN J. CLABOTS
3310 EVERGREEN DR
PLOVER, WI 54467-3724



HO-CHUNK NATION

OFFICE OF THE PRESIDENT

December 19, 1996

Major General Jerome Berard
Wisconsin National Guard
2400 Wright Street
Madison, WI

Dear Jerome:

This letter concerns over 7,000 acres of land located in Wood, Jackson, Clark and Juneau counties including Visual Route (VR) 1616 and Falls One and Two (MOA's). These areas continue to be targeted for continued and expanded use by the Air National Guard. As a sovereign, the Ho-Chunk Nation continues to oppose the use and expanded use of these areas. As President of our Nation, I want to go on record stating that I object to any use of airspace over or near our sovereign lands.

The following types of sites are considered sacred to Ho-Chunk people. As such, they are viewed as delicate in their environments and sensitive to the toxic emissions as well as the vibrations and noise disruptions caused by low-flying aircraft. This includes religious sites where ceremonies are held, sites where traditional medicines are harvested, and sites where pre-Columbian petroglyphs and pictographs are located.

Although media coverage focused on our nearby casinos and bingo halls, our highest concern include communities where our children and elders live. We simply do not want these types of high level noises interrupting our homes and backyards.

For these reasons, I object to the use and in particular, the expanded use of airspace on and near our traditional lands.

Finally, we have requested to have input into the AF-32-7065, Cultural Resources Management and AF-32-7061, Environmental Impact Analysis Process report and The Nation has not been contacted to date. We deem it highly important that our perspective be included and that we obtain the documents as requested.

We are a sovereign Native American Nation who have been historically mistreated and manipulated by the federal and state governments. We view the use and expanded use of the areas described above as a continuance of this type of treatment. We strongly object to the use and expanded use of these areas.

Sincerely,

President Chloris A. Lowe Jr.

CC:

US Senator D. Feingold
517 East Wisconsin Ave., Rm 408
Milwaukee, WI 53202

US Senator Herbert R. Kohl
14 West Mifflin St. Suite 312
Madison, WI 53703

Congressman Thomas E. Petri
845 S. Main St., Rm. 160
Fond du lac, WI 54935

Congressman David R. Obey
Federal Building
Wausau, WI 54403

Congressman Ron Kind
219 Pearl Street
LaCrosse, WI 54601

Senator Dale W. Schultz
P.O. Box 7882
Madison, WI 53707-7882

Senator David A. Zien
P.O. Box 7882
Madison, WI 53707-7882

Senator Kevin Shibilski
P.O. Box 7882
Madison, WI 53707-7882

Senator Rodney C. Moen
P.O. Box 7882
Madison, WI 53707-7882

Representative Terry M. Musser
P.O. Box 8953
Madison, WI 53708

Representative Barbara Gronemus
P.O. Box 8952
Madison, WI 53708

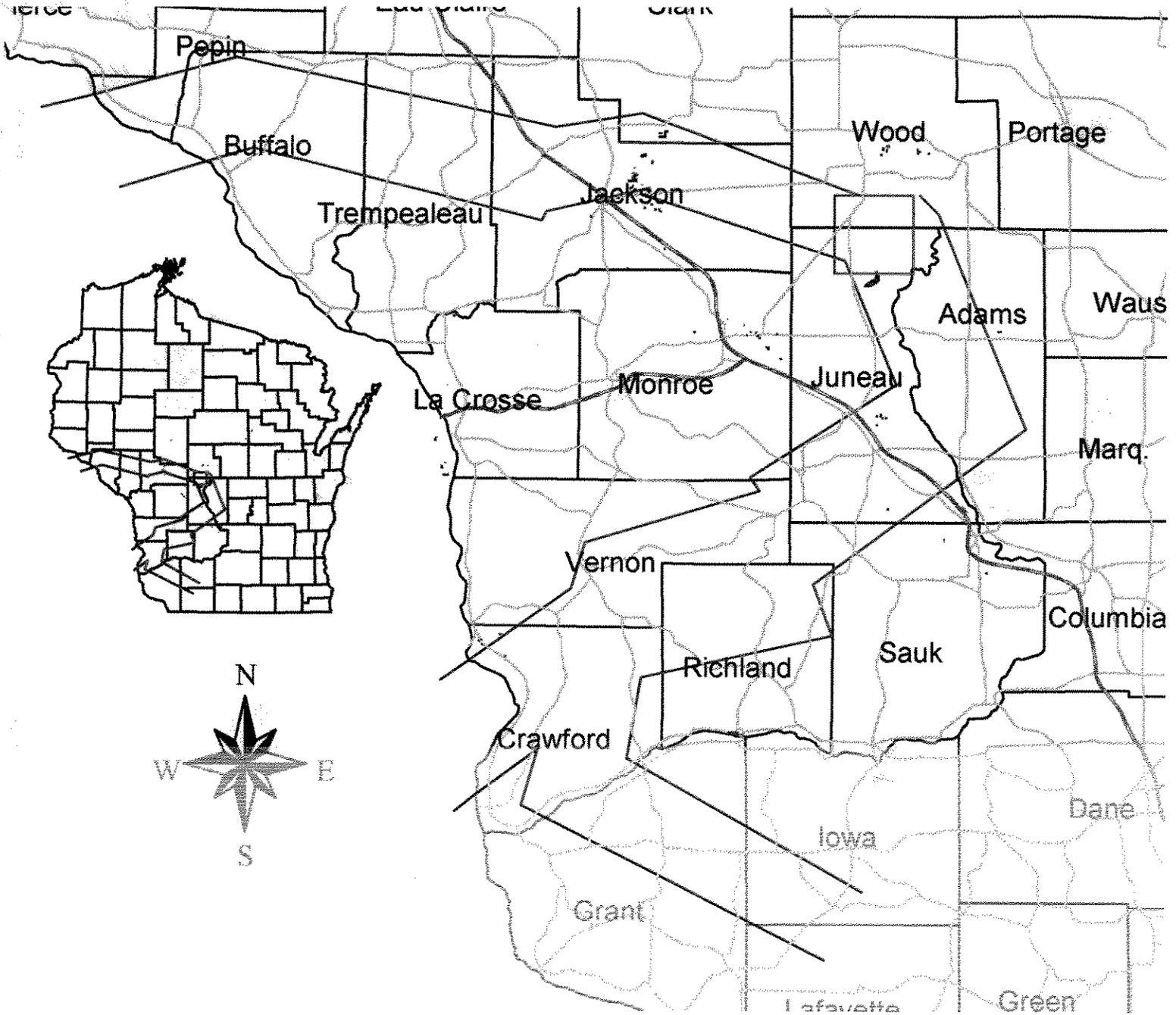
Representative Robert K. Zukowski
P.O. Box 8953
Madison, WI 53708

Representative Donald W. Hasenohrl
P.O. Box 8952
Madison, WI 53708

Representative Marlin D. Schneider
P.O. Box 8953
Madison, WI 53708

Representative Sheryl K. Albers
P.O. Box 8952
Madison, WI 53708

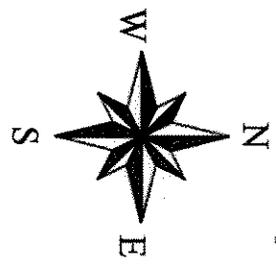
Proposed Low Level Flight Corridor



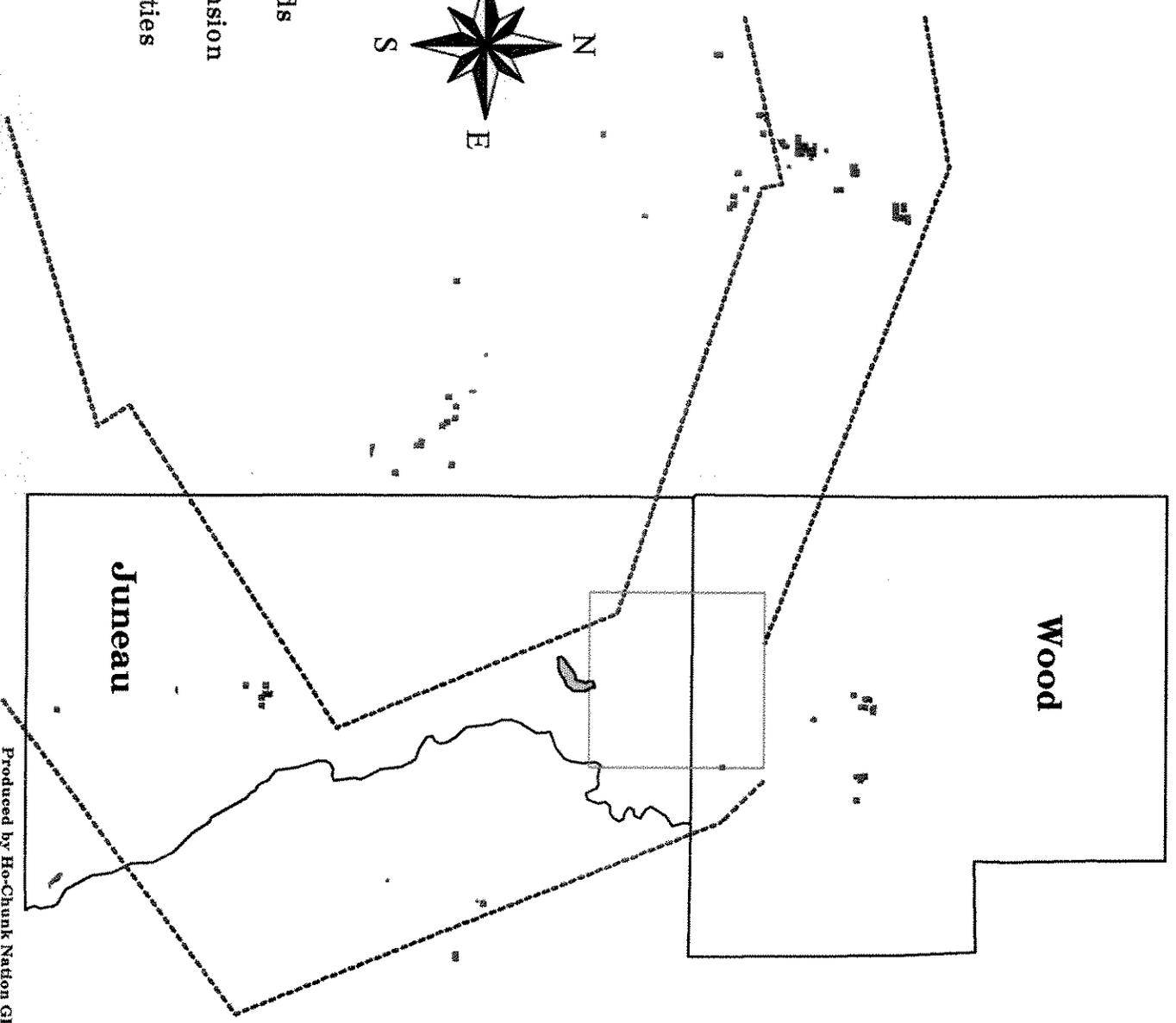
-  Interstate Highway
-  Ho-Chunk Land
-  Roads
-  Cranberry Creek Mounds
-  Proposed Low Level Flight Corridor
-  Hardwood Range Expansion
-  County Boundaries



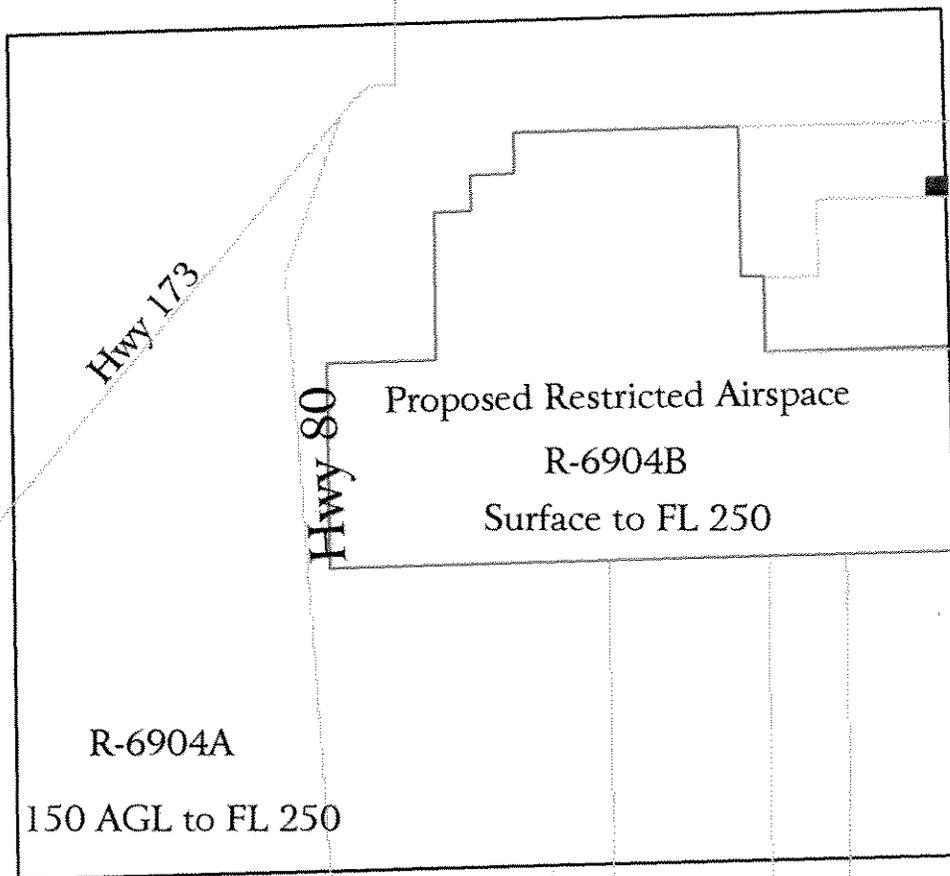
Archaeological Sites in Flight Corridor



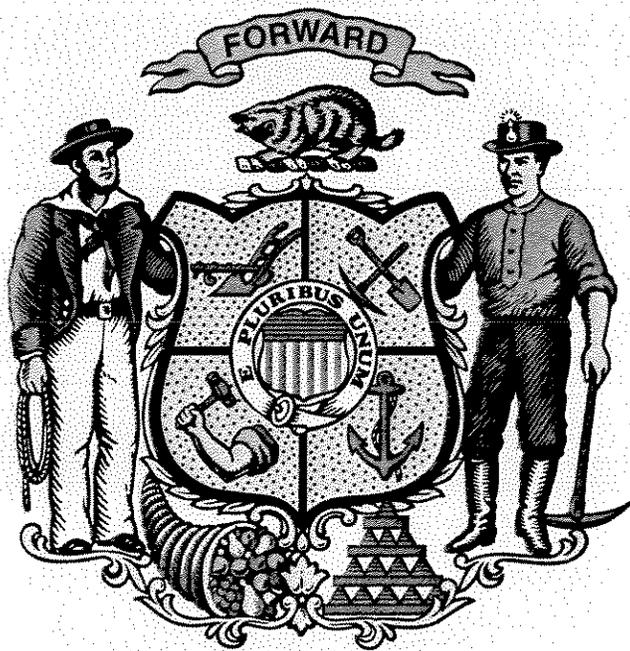
- Legend**
- Cranberry Creek Mounds
 - Tribal Lands
 - Hardwood Range Expansion
 - Flight Corridor
 - Wood and Juneau Counties



Tribal Lands Located in the Modified Restricted Airspace R-6904



- ### Legend
- Roads
 - Chakh-Hah-Chee Housing
 - Restricted Area R-6904A
 - Restricted Area R-6904B



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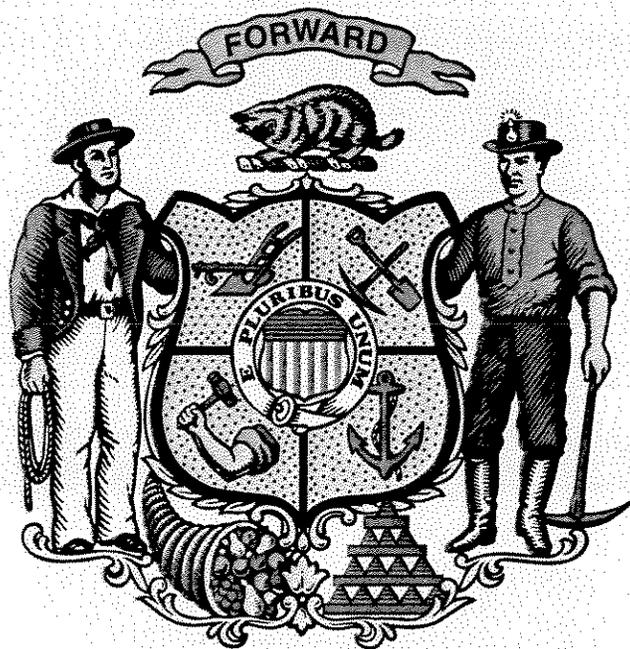
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I urge you to support this proposal. The men and women who serve this country with so much pride and dedication have earned that support.

Thank You,

Albo C. Winter CMSGT 22+ yrs
Robert AF + Guard



HISTORY - VA MEDICAL CENTER, TOMAH, WI

What was once a federal government vocational school for Indian children is now a well-equipped up-to-date medical center for American military veterans.

In 1891, on the current Veterans Administration Medical Center grounds in Tomah, was an Indian School. It was constructed in that year on a 200-acre donated farm. The Indian School, which included a small hospital (Building #2) was in operation until 1937, and was in its prime in 1927.

At that time the late L.M. Compton was superintendent of the school and the enrollment was close to 400 children. The students attending the school were predominantly from the Winnebago and Chippewa tribes of west central Wisconsin.

The City of Tomah had donated a 200-acre farm which was to be operated in connection with the school to aid in teaching the children modern farming practices, according to the supplement. Later, the acreage of the farm was increased to 380 acres. On that farm, one of the finest herds of Holstein cattle in the country was developed. The Indian School also took part in shipping breeding stock from the herd to all parts of the country. During the time Mr. Compton was superintendent the farm continued operation, however subsequent superintendents dissolved the farming operations as part of the

Indian School. The school was officially closed in 1934 with the end of the school year in 1935 being the final time the buildings would be used for that purpose. Speculation was high at that time as to the further use of the school; however, the Indian Hospital continued its service to Indians in the 16 counties of the district. The hospital had begun with congressional appropriations of \$87,000 as part of the Indian School grant which included \$157,000 the hospital had for maintenance and other building projects at the local institution in 1930. At the time these funds were granted, it was already doubtful how much longer the Indian School would be in operation.

The Indian students who had been attending the school were assimilated by public schools following the closure of the federal facility.

The school buildings remained closed until 1943 when the Department of Defense took over the property. The federal government remodeled the school buildings and improved them before opening a military radio school. It was operated to capacity throughout World War II, and trained over 3,400 servicemen.

Following the property's use as a radio school for the Defense Department, the buildings again became vacant at the close of WWII. The title was transferred to the State of

Wisconsin with occupancy by several state institutions being considered. On February 13, 1945, the property was transferred to the Veterans Administration. In the fall of 1946, the new \$4,500,000 neuro-psychiatric hospital was completed.

The Tomah Newspapers supplement in 1953 stated that practically all of the former Indian School buildings were remodeled and made ready for use by the hospital. A number of large, new brick hospital structures were also completed.

On March 4, 1947, the VA's 123rd hospital became operational when it received 63 World War I veterans who had been patients at the VA Hospital at Mendota, WI.

The number of patients and staff increased rapidly. Within a few years, the patient population averaged 1,120 with a hospital staff of 650 employees. The staff at the time when the patient level was at its peak included 15 doctors and dentists, 40 nurses, and 300 attendants. The hospital was equipped with the finest medical and treatment equipment available during that period. The 1953 Tomah Newspapers supplement stated that there were 676 people employed at that time and made note that the payroll was important to Tomah's economic well-being then as it is now.

The Tomah VAMC has since gone through many internal changes now, as described in its "Mission Statement", the medical center is a 775-bed

facility providing comprehensive primary and secondary care in medicine, psychiatry and long term care.

Over the years, many improvements have been made in treatment, modalities, equipment, staffing, and building designs and reconstruction.

The Tomah VAMC is one of 172 veteran's care facilities throughout the United States. This medical facility has evolved from a 1,120 bed psychiatric hospital to the present 775 bed medical center which is staffed by approximately 1000 full and part-time employees with an annual budget of 39 million dollars.

Over 600,000 veterans reside in the geographic area served by this medical center. The average age of the veterans has increased from 58.0 years in 1981 to 61.0 years in 1990. This age advancement has increased the demand for general medicine, long term, and nursing home care beds at this facility along with a marked increase in services provided through the outpatient clinic.

The medical center's philosophy of providing high quality comprehensive medical service to all eligible veterans will continue on into the new century.

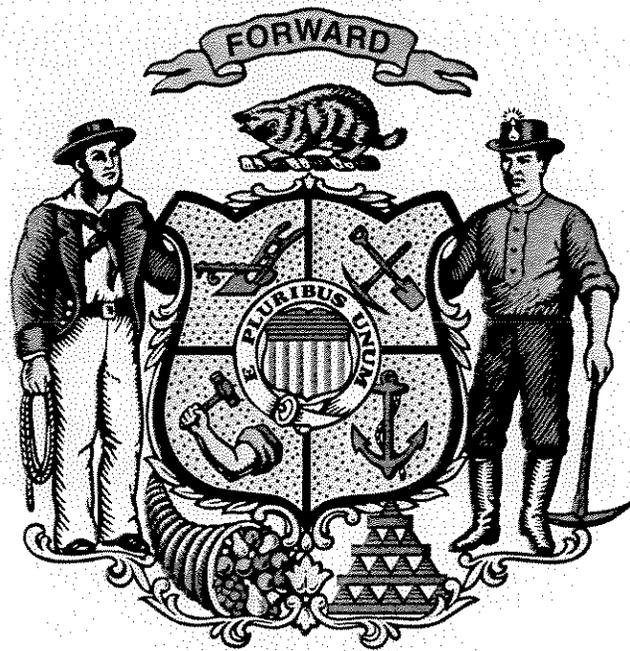
DIRECTOR'S OF VAMC TOMAH

G.D. Rice, M.D.	1946 - 1950
J.B. Bounds, M.D.	1950 - 1952
B.F. Jackson, M.D.	1952 - 1957
T.E. Dredge, M.D.	1957 - 1962
A.S. Mason, M.D.	1962 - 1963
H.E. Wilkinson, M.D.	1963 - 1968
J.L. Brannon	1968 - 1970
W.B. Hawkins, M.D.	1970 - 1973
R.H. Denning	1974 - 1976
J.L. Kurzejeski	1976 - 1977
S.M. Ford	1977 - 1979
F.G. Klunk	1979 - 1983
D.L. Ziegenhorn	1983 - 1984
J.E. Crisman	1984 - 1987
J.M. Presley, Ph.D.	1988 - 1991
R. G. Sellers	1991 -

Note:

This historical synopsis is provided by the VAMC Historical Archives Committee. Credits are given to the Tomah Monitor-Herald/Special Edition, City of Tomah, 100th Anniversary Jubilee, dated June 27, 1983.

If you are interested in becoming involved with the VAMC Historical Archives, please contact Darryl Urban at Extension 6004, or contact Laura Bishop at Extension 6225.



Dear *Representative Musser*:

With the reorganization of the Veterans Health Organization into 22 Veterans Integrated Service Networks come many changes aimed at dramatically improving continuity of care, efficiency of operation, and patient satisfaction. Related to this reorganization is a program consolidation proposal within VISN # 12 for which we at the Madison VA would like your support.

Currently there are 3 VA Hospitals within this VISN which perform open heart surgeries. (Madison, Milwaukee, and Hines). Within the next several months, Dr. Joan Cummings, Director VISN # 12, will make a decision as to which of these 3 hospitals will retain their open heart programs. A consulting agency has completed its study comparing outcomes of the three hospitals, and has indicated these outcomes being equal, although all intra-agency comparisons of the program show our outcomes to be better. Dr. Cummings is indicating that access and cost are the two factors that she will now base her decision on.

We feel this program is crucial to the survival of our in-patient hospital base. We feel we have a great deal to offer our cardiac patients. Our excellent patient satisfaction, exceptional outcomes, and the high-tech tertiary care we are able to provide our patients, in addition to an ever expanding out-patient base, make our facility exceptionally attractive. There are several factors which we feel make our program unique. Our affiliation with the structurally attached University Hospital plays a beneficial role by providing our patients access to top quality surgeons who are readily available at all times. Additionally, the Madison VA is home to the VA's largest and most successful heart and lung transplant program. (The three other VA sites which perform transplants are Salt Lake City Utah, Richmond VA, and Buffalo NY). This program has many common links with the open heart program, and there is speculation as to whether the transplant program could survive independently.

The "four domains of value" as listed in "Prescription for Change-The Guiding Principles and Strategic Objectives Underlying the Transformation of the Veterans Health care System" (3/96, Kenneth W Kizer, M.D., M.P.H. Under Secretary for Health) are as follows:

1. Cost/price.
2. Quality.
3. Customer satisfaction.
4. Access

"Prescription for Change" also states ... "health care costs will continue to be the major driving force in the industry. Nonetheless, quality of care and customer service will become more important issues".

- Cost

It is my understanding that costs regarding the open heart program are comparable between the three hospitals.

- Quality

Although our program is considered to be "small" in volume, (128 operations for coronary artery bypass grafting, commonly referred to as CABG's, in FY 95, and 140 in FY 96), our mortality statistics can be included with those which rate exemplary. Since the programs existence in Jan '72 (Approx. 24 years), our mortality rate averages 2.22%. In the past three years, our mortality rate has been 1.19%, with the past year being 0.7%. These statistics are outstanding.

- Customer Satisfaction

Madison VA Hospital has been named a Site of Excellence as a result of the latest VHA Customer Feedback Center survey of discharged inpatients. The 1995 National Survey Report places Madison as the second highest in the VA Healthcare System. Veterans were asked to complete a 47 item questionnaire seeking information on the admission and discharge process, hospital staff, and the patients' overall stay. The results list Madison as a Site of Excellence at least once in each of the following Customer Service Standards: Emotional Support; Courtesy; Physical Comfort; Timeliness/Access; Transition to Outpatient Care; Coordination of Care; Education and Information; and Family Participation. We are honored our patients felt so highly of the care they received.

- Access

Demographics show our cardiac patients come from Northern Ill, Michigan, Iowa, South Dakota, Northern Nebraska, in addition to our surrounding area. Of first time patients with Coronary Artery Disease, statistics collected since Jan 1, 1987 on 936 patients revealed patients traveled the following distances: 220 patients traveled 50 miles or less, 319 patients traveled 50-100 miles, 130 patients traveled 100-150 miles, 42 patients traveled 150-200 miles, 136 patients traveled 200-250 miles, 89 patients traveled >250 miles. As you can see, the geographic area we serve is rather broad. Patients have been referred here from some distance because our program is known for excellent outcomes in dealing with high risk patients. Many patients, especially those from Northern Illinois, have verbalized they prefer to come to Madison rather than go to the Chicago area hospitals.

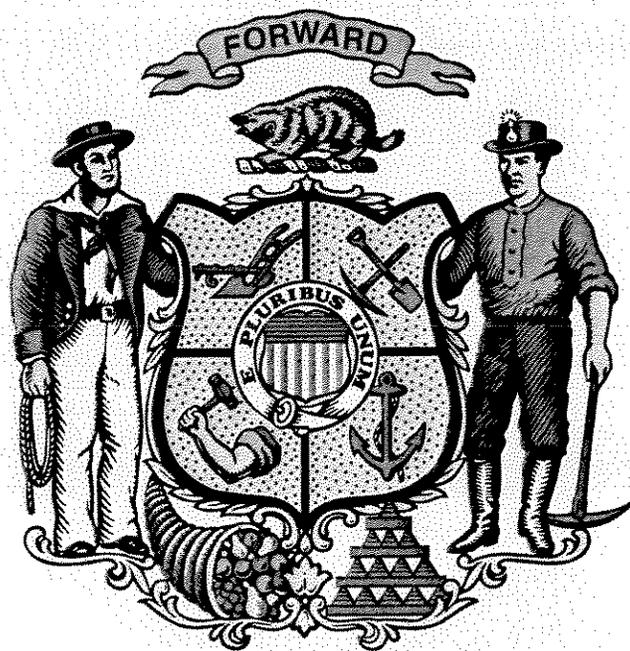
In summary, we at the Madison VA hospital are extremely proud of the high quality care our dedicated employees provide our Veterans. By retaining our open heart program, we can continue to provide our cardiac patients with the excellent care they deserve. I would like to share with you just a small sampling of the feedback we have received from some of our former CABG patients (names have been withheld to protect patient identity).

- ◆ "I'm doing great. I can never say enough about the wonderful care and treatment I have received at the VA... Thank you so much for your involvement in making my heart healthy."
- ◆ "This is my 4th anniversary since my bypass surgery. Have had no problems and can think of no place I could have had better care or better surgeons. I really appreciate the VA... Thank you once again."
- ◆ "Doing fine with heart. Best hospital I have been and great people. Thank you all."
- ◆ "...I have nothing but good things to say of my operation, great doctors and nurses. Thanks."
- ◆ "Thank you for a very fine hospital. Also the very good care. God bless everyone."
- ◆ "Everytime I have been a patient or outpatient, the treatment has been excellent and the staff involved top notch."
- ◆ "It's been 5 years since my bypass surgery and I'm getting along pretty good. I have the highest praise for the VA hospital. The Doctors, nurses, aids, even custodians are all tops to me."
- ◆ "...Having had three minor surgeries plus a 5 bypass heart surgery, I can't speak well enough for all the attention I received after the many days I spent at the VA in Middleton."

- ◆ "There is not a day that passes that I do not think of the outstanding care I received from all the staff. Keep up the excellent work!!!"
- ◆ "...I can't say enough about the wonderful care I have received and wonderful attitude of VA employees."
- ◆ "I would like to say thank you to all the doctors and nurses at the VA Hospitals both Madison and Tomah. Over the past years, I have received the best care and treatment. Everyone in the VA is great. Keep up the fine work. Thank you again."
- ◆ "I would like to thank Dr. Charles Canver and his staff for the perfect job they did on me in '95. I had open heart surgery with 4 bypass. At present, I work out on a bike one hour a day plus 100 push ups, 50 crunches, and when weather permits, walk approximately 3 miles per day. Also pump iron for about one half hour per day. I feel like a new person and I might add cross country skiing was great."
- ◆ "Keep up the good work. We veterans need the VA hospital and their excellent care. Thank you."

We understand the need for consolidation of services within the VA, but are concerned that each hospital keep the services in which they have demonstrated excellence when compared with other VA's and the private sector. Our cardiothoracic surgery program has consistently shown exceptional outcomes and patient satisfaction. Please give us your support in keeping this program.

Amy C Hayes RN



Homeless veterans offered a helping hand

Imagine for a moment that you have just spent the day searching for a job. Perhaps you worked at a part-time job today. As the day ends, you leave work, but you have nowhere to go, no place to eat, no bed to sleep in. You know there is a shelter in town, but it's already full. It is getting cold outside; starting to snow. You need a place out of the elements. That place might be an abandoned car, building, steam grate, or a makeshift shelter in the woods.

Sadly, this scenario is the reality which faces thousands of homeless veterans in the State of Wisconsin tonight.

Now imagine being a homeless veteran seeking assistance and learning that there is a place that offers safe, secure, supportive shelter, along with an opportunity to improve employment skills, locate housing, have health care needs met, and receive assistance with applying for veterans benefits. Such a place does exist. Through a cooperative effort of the Federal Department of Veterans Affairs Medical Center in Tomah, the Department of the Army, Fort McCoy, and the Wisconsin Department of Veterans Affairs, the Veterans Rehabilitation Program (VRP) is a reality, providing help for homeless veterans. Through this cooperative effort, homeless veterans (male and female) are afforded the opportunity to put their lives back together and break the cycle of homelessness.

Once a homeless veteran is identified by either family, friends or social service agencies, the veteran is referred to the county Veterans' Service Officer to determine eligibility for federal and state veterans benefits. Upon eligibility verification, the veteran is referred to the VRP site at Fort McCoy. Transportation to the site is arranged and the veteran is picked up at a pre-arranged point, if necessary.

Upon arrival at the site, the veteran is provided clean clothing, personal hygiene items, as well as a bed and locker. The veteran is then interviewed by the site director. The VA social worker completes an in-depth assessment of psychosocial

needs. Next, the veteran visits VAMC, Tomah for a complete physical exam and diagnostic testing. Significant medical or psychosocial problems are treated.

The veteran then returns to the site at Fort McCoy for a two-week period of adjustment, which includes further rehabilitation evaluation. During the first few days of this period, the social worker refers the veteran to the Physical Medicine and Rehabilitation Service, VAMC, Tomah, for a comprehensive evaluation and appropriate testing to determine the development of a Rehabilitation Treatment Plan. This plan will give the veteran an assignment and assist him in developing skills to re-enter the job market. Upon completion of the evaluation, the veteran is provided the opportunity to be assigned to the Intensive Therapy Program or the Compensated Work Therapy Program. The partici-

part is exposed to a daily routine to strengthen skills in the development of a positive work experience.

During what is planned as a five-month residency in the Vocational Rehabilitation Program, the homeless veteran is provided extensive counseling, medical care, job search assistance, relocation guidance, legal assistance and other services as needed. The VA and the State Department of Veterans Affairs provide this assistance in an effort to break the cycle of homelessness. The veterans who are currently participating in this unique program have quickly dispelled the stereotyped picture of a homeless person. They work together, play together, offer mutual support and strength. The camaraderie is evident by just walking through their area of "The Fort." They show what they can do by cooperating together. I recently heard it summed up by one of the homeless vets who said, "We may be homeless, but we are not helpless."

Homelessness is not confined to one particular segment of society. We see homelessness in large metropolitan areas, suburbs and rural communities throughout our nation, truly making it a national problem.

To progressively deal with this problem, the Department of Veterans Affairs (VA) has taken a pro-active approach under the leadership of Secretary of Veterans Affairs Jesse Brown. Every VA medical center has a social worker designated as a homeless coordinator, providing assistance to homeless veterans, as well as those at risk of becoming homeless.

These are just a few of the innovative programs sponsored by the VA to assist our nation's homeless veterans. This offers a hand up, not a handout. If you desire additional information, please contact the VA Medical Center, Tomah, at (608) 372-1771. For information on the Vocational Rehabilitation Program, call 269-0234, and ask to speak with the site director.

Bob Gutsche is a social worker, Health Care, for Homeless Veterans, Tomah VAMC.

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--Bob Gutsche

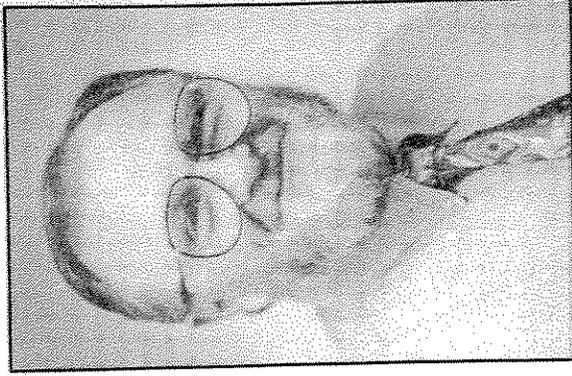
In addition to these efforts, the Transitional Housing Loan Program provides loans of up to \$4,500 to non-profit organizations providing transitional housing assistance to homeless veterans with substance abuse problems.

A grant per diem program provides loans and per diem payments to public and non-profit providers who provide transitional assistance to homeless veterans.

Currently, 57 program sites exist for homeless, chronically mentally ill veterans. These sites provide extensive outreach treatment and case management, directed toward homeless veterans with mental health problems, as well as substance abuse problems.

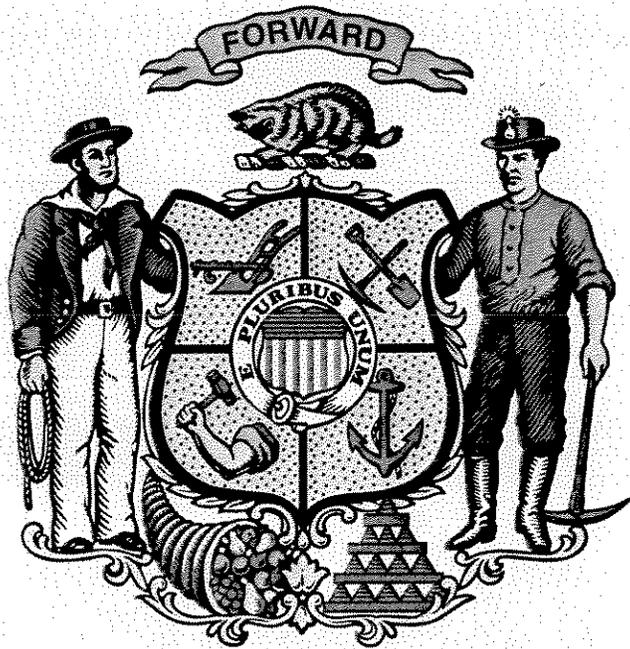
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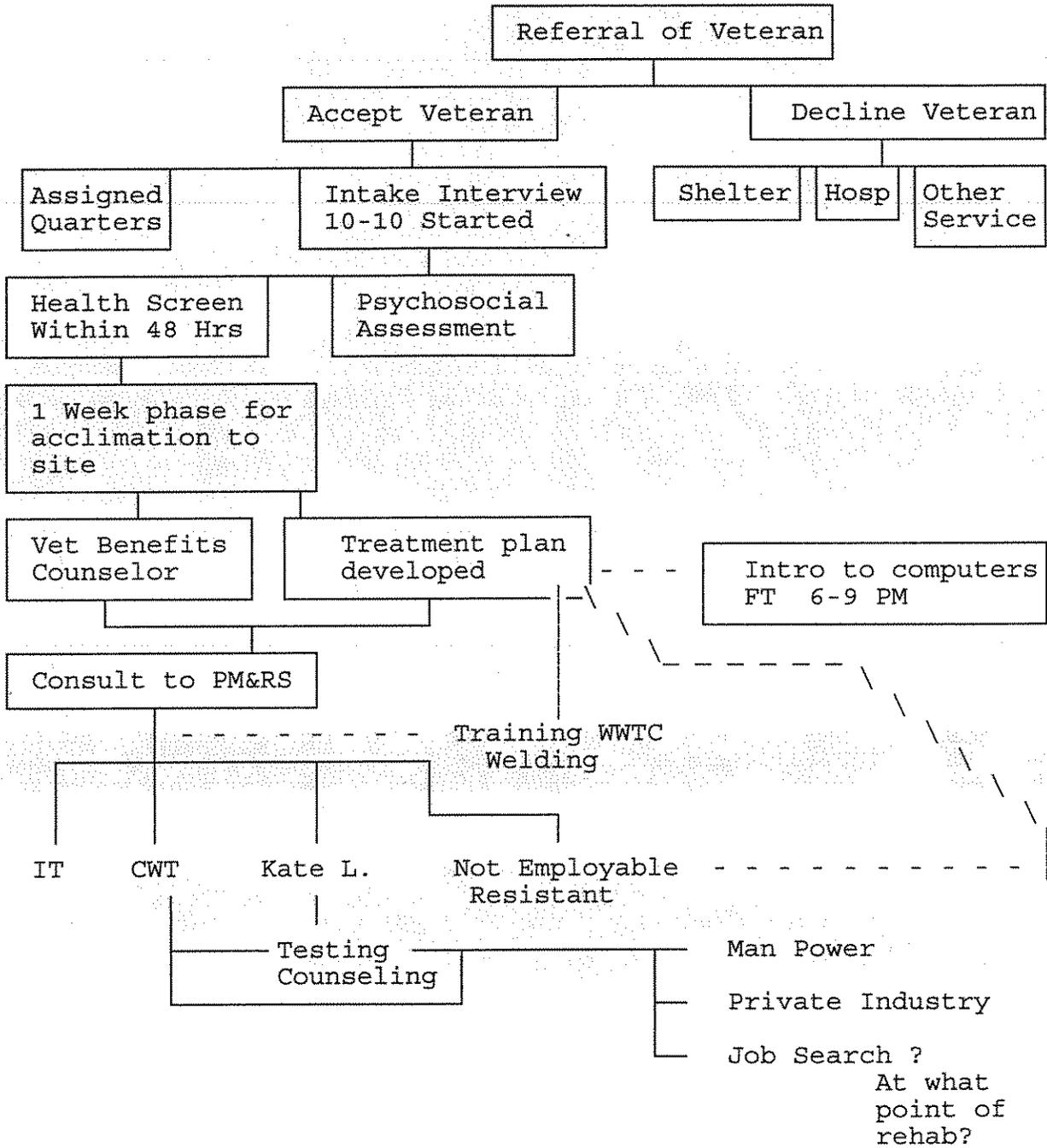


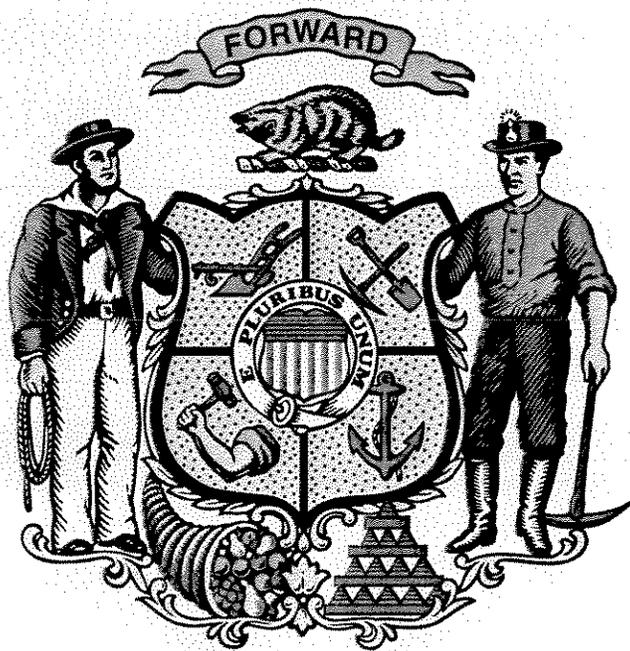
BOB GUTSCHE

Guest Opinion



VRP - FT McLox





WISCONSIN IMMIGRANT AND REFUGEE COALITION

16 North Carroll Street, Suite 800 • Madison, WI 53703-2716 • (608) 257-1888 • (608) 257-2172 FAX

Wisconsin Immigrant and Refugee Coalition calls for action: A Five Point Program Addressing the Needs of Immigrants and Refugees

Pending SSI and Food Stamp cutoffs to legal immigrants and refugees, as well as unacceptable delays in an already cumbersome naturalization process, are creating incredible hardships in the lives of thousands of people all over the state. The desperation felt by people who because of advanced age or disability are no longer able to either work or negotiate the citizenship process is extreme.

The Wisconsin Immigrant and Refugee Coalition is a group that includes service providers, religious organizations and representatives of the immigrant communities working to meet the needs of this vulnerable population.

WIRC urges immediate consideration of the following items by the Wisconsin legislature and Congressional Delegation.

Provision of stop-gap state funding which will help local communities provide assistance to the 4,600 people losing SSI benefits this October. The cost of six months of benefit replacement for Wisconsin's impacted population is estimated at approximately \$13.5 million.

Provision of Food Stamps funding to the 7,200 individuals who are losing this Federal benefit and rely on Food Stamps for basic survival. Recent federal legislation allows States to directly purchase Food Stamps from the USDA, thus avoiding the creation of a new State program. The estimated cost for one year is \$5 million.

Allocation of one-time citizenship initiative funding to provide resources to individuals who have the ability to naturalize but have had difficulties accessing the process. \$750,000 in grants would allow local communities to provide outreach and assistance to immigrants.

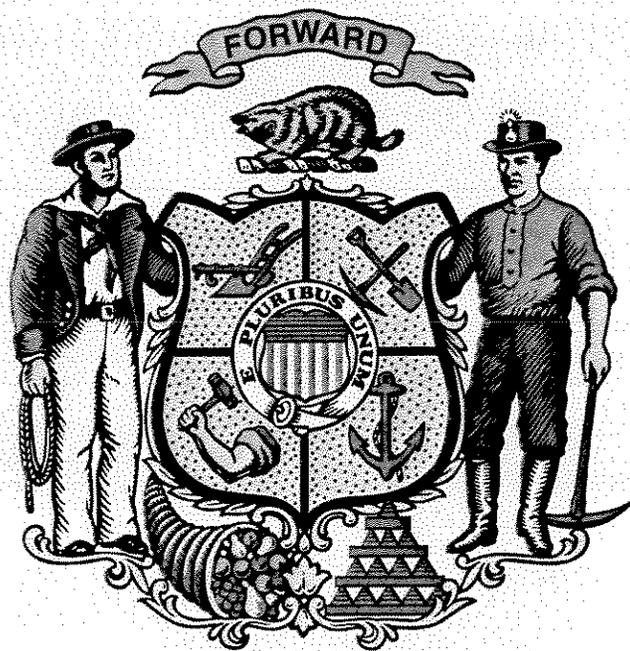
Congress must address the backlog at the Milwaukee Immigration and Naturalization Service Office. Immigrants and refugees will pay an unacceptable price for INS delays of a year or more. Loaning staff from neighboring states will help alleviate the crisis.

Congress should restore benefits that were cut under the Welfare Reform Act of 1996. Under this law Congress took away a system that had been in place for several decades. Over 40% of the cuts in spending under the Welfare Bill comes from the immigration population, which represents just 6% of those receiving benefits.

WISCONSIN IMMIGRANT AND REFUGEE COALITION

16 North Carroll Street, Suite 800 • Madison, WI 53703-2716 • (608) 257-1888 • (608) 257-2172 FAX

American Civil Liberties Union
The Arc-Wisconsin
Centro Hispano
Elder Law Center Coalition of Wisconsin Aging Groups
Hunger Task Force of Milwaukee
Hmong Refugee Committee
Interfaith Conference of Greater Milwaukee
International Institute of Wisconsin
Jewish Social Services of Madison
LaCrosse Hmong Mutual Assistance Association
League of Women Voters of Wisconsin
Lutheran Office for Public Policy
Lutheran Social Services of Wisconsin and Upper Michigan
Madison Jewish Community Council
Milwaukee Jewish Council for Community Relations
Milwaukee Jewish Family Services
Milwaukee Jewish Federation, Inc.
100 Days Committee
Policy Group on Welfare Reform
United Migrant Opportunity Service Inc.
United Refugee Services of Wisconsin
Wausau Area Hmong Mutual Association
Wisconsin Catholic Conference
Wisconsin Coalition for Advocacy
Wisconsin Coalition of Independent Living Centers
Wisconsin Council on Children and Families
Wisconsin Council of Rabbis
Wisconsin Interfaith Impact
Wisconsin Jewish Conference
The Wisconsin Nutrition Project
Wisconsin United Coalition of Mutual Assistance Associations
Wisconsin Primary Health Care Association



45.43 County veterans' service officer. (1) Election. (a) Except as provided under par. (b), the county board shall elect a county veterans' service officer who shall be a Wisconsin resident who served on active duty under honorable conditions in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces, except service on active duty for training purposes, for 90 days or more in time of war as set forth in s. 45.35 (5) (a) to (h) or, if having served less than 90 days, was honorably discharged for a service-connected disability or for a disability subsequently adjudicated to have been service-connected; who served in Grenada, Lebanon, Panama, Somalia or a Middle East crisis under s. 45.34; who served under section 1 of executive order 10957 dated August 10, 1961; or whose service entitled the veteran to receive the armed forces expeditionary medal established by executive order 10977 on December 4, 1961, the Vietnam service medal established by executive order 11231 on July 8, 1965, the navy expeditionary medal or the marine corps expeditionary medal.

(b) In counties with a county executive or county administrator, the county executive or county administrator shall appoint and supervise a county veterans' service officer who shall have the qualifications prescribed under par. (a). The appointment is subject to confirmation by the county board unless the county board, by ordinance, elects to waive confirmation or unless the appointment is made under a civil service system competitive examination procedure established under s. 59.07 (20) or ch. 63.

t. Do you remember — that
Senate who did not qualify —
was it the 90 days
you wanted change?
I think so!
not sure